

Peach State Health Plan: Planning for Healthy Babies® Inter-Pregnancy Care (IPC) - Preferred Drug List (PDL)



This Preferred Drug List is searchable. Here is how to search for a medicine:

1. Press Control F to open the search tool
2. Type the medicine name into the text box
3. Press Enter

Planning for Healthy Babies®: Inter-Pregnancy Care (IPC) Pharmacy Program

Peach State Health Plan covers all forms of birth control for Planning for Healthy Babies®: Inter-Pregnancy Care (IPC) women. We also cover some medicines to help IPC women with their chronic diseases like diabetes and high blood pressure. The pharmacy team works with doctors and pharmacists to be sure the medicines to prevent pregnancies and the medicines to keep you healthy are covered on the Inter-Pregnancy Care Preferred Drug List (IPC-PDL). Your doctor must write a prescription for these all of these medicines.

Planning for Healthy Babies®: Inter-Pregnancy Care Preferred Drug List (IPC-PDL)

The Peach State Health Plan Inter-Pregnancy Care Preferred Drug List (IPC-PDL) is the list of covered drugs. The IPC-PDL tells you the drugs you can get at local pharmacies. The list is updated every three months by the Peach State Pharmacy and Therapeutics (P&T) Committee. The group is made up of the Peach State Health Plan Medical Director, Pharmacy Director, and several Georgia doctors, pharmacists, and specialists.

The Inter-Pregnancy Care Pharmacy Program does not pay for all medicines. Only these kinds of medicines are covered:

- Birth control
- Antibiotics used to treat Sexually Transmitted Infections (except HIV/AIDS and Hepatitis)
- Folic Acid and Multivitamins with Folic Acid
- Medicines for lower vaginal tract and vaginal skin infections
- Medicines to treat Urinary Tract Infections (UTIs)
- Medicines to treat chronic diseases

Some drugs have limits on age, dose, and maximum quantities. These medicines need a prior authorization (PA) if the doctor thinks you need more than the limit.

You can call Member Services to talk to someone about the list of drugs Peach State Health Plan covers. The Member Service phone number is 1-800-704-1484 (TTY/TTD 1-800-255-0056). You can also use the "Drug Lookup" Tool in the secure member webpage to see if your medicine is covered. You can get to the tool by using this link <https://members.envolverx.com/>.

Pharmacy Benefit Manager (PBM)

Peach State Health Plan works with CVS/Caremark to pay for pharmacy claims. CVS/Caremark is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

Some drugs are only paid for when you get them from a Peach State Health Plan specialty pharmacy. Specialty pharmacies y can be found using the Find A Provider tool on the Peach State Health Plan website at www.pshp.com.

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The Peach State Health Plan Pharmacy Director and Medical Director review the PA requests for these drugs.

These drugs are not usually available at local pharmacies. Be sure to call the specialty pharmacy for a refill before you run out of medicine. Drugs that specialty pharmacies provided are marked in the PDL. This list is on the Peach State Health Plan website at www.pshp.com. Please call Member Services if you have any questions about the PDL.

Dispensing Limits

The pharmacy can give you up to 31 days' supply of each new prescription or refill. There may be some medicine, like Depo-Provera, that is given once and lasts 84 days. 80% of the days' supply or 25 days must have passed before the medicine can be refilled for IPC-PDL drugs that are not controlled. Controlled Substances must have 90% of the supply used before the medicine can be refilled. You will need a new prescription for some controlled medicines.

Appropriate Use and Safety Edits

Your safety is very important to Peach State Health Plan. One of the ways we look out for your safety is through point-of sale (POS) edits when the medicine claim is sent by the pharmacy. These edits are based on the Food and Drug Administration (FDA) approvals. One example would be only allowing one drug in the same therapy class each month.

More information about the drugs that are part of the edits can be found in the **Appropriate Use and Safety Edits** document on the Peach State Health Plan website at www.pshp.com.

Prior Authorizations (PA)

Some medicines on the IPC-PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Pharmacy Services on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at www.pshp.com. The completed form and doctor notes to show your history should be **faxed to Pharmacy Services at 1-833-582-2342**. A request can also be sent using the secure electronic Prior Authorization portal by Cover My Meds at www.covermymeds.com.

Peach State Health Plan will cover the medicine if:

- There is a medical reason you need that specific medication.
- Other medications on the PDL have not worked.

All reviews are done by a Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Pharmacy Services sends your doctor a fax. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

Step Therapy

Some drugs on the IPC-PDL may require another drug to be used first. This is called Step Therapy. If you filled that required drug with Peach State Health Plan already, the step therapy medicine will be covered. If you have not tried the IPC-PDL medicine, your doctor will need to

send in a PA form with other medicine you have tried. If Pharmacy Services does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Quantity Limits

Peach State Health Plan may limit how much of a medicine you can get at one time. If the doctor feels you need a larger amount, a PA may be sent to Pharmacy Services. If Pharmacy Services does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Medical Necessity Requests

Only medicines listed on the IPC-PDL are covered for Inter-Pregnancy Care women. If you need a medicine that is not on the IPC-PDL, your doctor can make a medical necessity (MN) PA request for the medicine. There are medicines on the IPC-PDL to treat most conditions covered by P4HB-IPC. For medicines not on the IPC-PDL, Peach State Health Plan requires:

- Doctor's notes to show you tried at least two IPC-PDL medicines in the same class and used for the same diagnosis; or
- Doctor's notes to show you are allergic or cannot take at least two IPC-PDL medicines in the same class; or
- Doctor's notes to show you cannot take any of the IPC-PDL agents for your diagnosis.

All reviews are done by a Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Pharmacy Services sends your doctor a fax. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

72 Hour Emergency Supply Policy

State and Federal law says a pharmacy can give you a 72 hour (3 day) supply of medicine if you are waiting on PA review. Pharmacies will be paid for the 3 day supply even if the PA is not approved. The pharmacist can use professional judgment to decide if the medicine is urgent. The 72 hour supply is not allowed for Controlled substances that need a PA. The pharmacy must **call Pharmacy Services at 1-866-399-0928** for assistance to send the 72 hour supply for payment.

Exclusions

Only drug categories listed on the Peach State Health Plan IPC-PDL are covered for Inter-Pregnancy Care women. All other drug categories are not covered.

Drugs Covered Under the Medical Benefit

Peach State Health Plan covers some vaccines and medicines under the medical benefit for Planning for Healthy Babies® Inter-Pregnancy Care women. These medicines cannot be filled at a local pharmacy. The doctor can bill Peach State Health Plan for them. For questions about which vaccines and injectable drugs are covered, call Peach State Health Plan's Member

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Services Department.

Some birth control must be given in the doctor's office. Intrauterine Devices (IUDs), like Mirena, Liletta, Skyla, and Paragard, can be placed during your family planning office visit. Implantable contraception, called Nexplanon, can be inserted during your family planning office visit, too. If you have questions about birth control, ask your doctor.

Over-the-Counter Medications

The Peach State Health Plan IPC-PDL covers some OTC medicines. These OTCs are covered when your doctor writes a prescription for one of them.

Tobacco Cessation Medications

Tobacco Cessation is when you quit smoking cigarettes. These are the medicines Peach State Health Plan covers: generic nicotine replacement products (gum, lozenges, and patches) and bupropion SR (Zyban). You will need a prescription from your doctor for these medicines.

Generic Drugs

Brand-name drugs will not be covered without PA when an acceptable generic is available. Generic drugs have the same active ingredient, work the same as brand-name medicines. If you or your doctor feels a brand-name is needed, your doctor can ask for PA. We will cover the brand-name drug if there is a medical reason you need the brand-name. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other medicine. It will also tell you about the appeal process.

Filling a Prescription

You can have medicine filled at a Peach State Health Plan pharmacy. You can find a pharmacy by calling Peach State Health Plan Member Services. You can also look for a pharmacy close to you using the Provider-Lookup tool on the website. You will need to give the pharmacist your prescription and Peach State Health Plan ID card. Your pharmacy may ask for other forms of identification, like driver's license or state ID.

Ordering, Prescribing and Referring (OPR) Provider Requirements

Georgia Medicaid and the Center for Medicaid and Medicare Services (CMS) want your doctor to be listed with Georgia Medicaid. Peach State Health Plan and Pharmacy Services check pharmacy claims to be sure the pharmacy and doctor on your prescription are enrolled with Georgia Families®. If a non-enrolled doctor writes your prescription, the prescription will be rejected. Your pharmacy will not be able to fill prescriptions for you if it is not enrolled in Georgia Families®.

Copayments

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Co-pays are not required for Planning for Healthy Babies® Inter-Pregnancy Care women.

Contact Information

Peach State Health Plan Member Services: 1-800-704-1484
Fax: 1-800-659-7518
Peach State Health Plan Member Services TTY/TDD: 1-800-255-0056
Pharmacy Services Prior Authorizations: 1-866-399-0928
Fax: 1-833-582-2342
CVS/Caremark Pharmacy Help Desk: 1-844-297-0513

Language Assistance

Do you need this book translated? Do you need help understanding this book? If you do, call Peach State Health Plan's Member Service line at 1-800-704-1484. If you are hearing impaired, call our TDD/TTY at 1-800-255-0056. To get this information in large font or audiotape, call Member Services. Interpreter services are provided free of charge to you. Peach State Health Plan has a telephone language line available 24 hours a day, 7 days a week.

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	Age Limit: Drug is limited to a specific age
<i>PA</i>	Prior Authorization: Review required before prescription can be filled
<i>QL</i>	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both prescription and over the counter coverage
<i>SP</i>	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
<i>ST</i>	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.

CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
<i>ADHD</i>	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12. After that 30 days can be filled. Edit resets if no fills in 4 months.
<i>Test Strips</i>	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days EXCEPTIONS: The below members may get up to 200 strips per 30 days • Members who are less than 18 years old • Members with a Gestational Diabetes or Diabetes in Pregnancy

STANDARD ABBREVIATIONS

Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated
AERB	Aerosol, breath activated
AERO	Aerosol
AJKT	Auto-injector Kit
AUIJ	Auto-injector
CAPS	Capsule
CHEW	Tablet Chewable
CONC	Concentrate
CP12	Capsule ER 12 HR
CP24	Capsule ER 24 HR
CPCR	Capsule ER
CPDR	Capsule Delayed Release
CPEP	Capsule Enteric Coated Particles
CPSP	Capsule Sprinkle
CREA	Cream
CSDR	Capsule Delayed Release Sprinkle
DEVI	Device
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EX	External
GRAN	Granules
IJ	Injection
IMPL	Implant
INHA	Inhaler
INJ	Injectable
IUD	Intrauterine Device
IV	Intravenous
LIQD	Liquid

Dose Form	Dose Form Description
LOTN	Lotion
LOZG	Lozenge
LPOP	Lollipop
MISC	Miscellaneous
NA	Nasal
NEBU	Nebulization solution
OINT	Ointment
OP	Ophthalmic
OPHT	Ophthalmic
OR	Oral
PACK	Packet
PEN	Pen-injector
PNKT	Pen-injector Kit
POT	Potassium
POWD	Powder
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PSTE	Paste
PT24	Patch 24 Hour
PT72	Patch 72 Hour
PTCH	Patch
PTTW	Patch Biweekly
PTWK	Patch Weekly
RE	Rectal
S.O.P.	Sterile Ophthalmic Preparation
SHAM	Shampoo
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOLN	Solution

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Dose Form	Dose Form Description
<i>SOLR</i>	Solution Reconstituted
<i>SOPN</i>	Solution Pen-injector
<i>SOSY</i>	Solution Prefilled Syringe
<i>SRER</i>	Suspension Reconstituted ER
<i>STRP</i>	Strip
<i>SUBL</i>	Tablet Sublingual
<i>SUER</i>	Suspension Extended Release
<i>SUPN</i>	Suspension Pen-injector
<i>SUPP</i>	Suppository
<i>SUSP</i>	Suspension
<i>SUSR</i>	Suspension Reconstituted
<i>SUSY</i>	Suspension Prefilled Syringe
<i>SYRP</i>	Syrup
<i>T12A</i>	Tablet ER 12 Hour Abuse-Deterrent
<i>TABS</i>	Tablets

Dose Form	Dose Form Description
<i>TB12</i>	Tablet ER 12 Hour
<i>TB24</i>	Tablet ER 24 Hour
<i>TBCR</i>	Tablet ER
<i>TBDP</i>	Tablet Dispersible
<i>TBEC</i>	Tablet Enteric Coated
<i>TBEF</i>	Tablet Effervescent
<i>TBPK</i>	Tablet Therapy Pack
<i>TBSO</i>	Tablet Soluble
<i>TEST</i>	Diagnostic Test
<i>TINC</i>	Tincture
<i>TROC</i>	Troche
<i>VA</i>	Vaginal
<i>VI</i>	Visual Indicator
<i>WAFR</i>	Wafer
<i>XR</i>	Extended Release

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 (Use dextroamphetamine sulfate)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	P	Try methylphenidate ER, or Adderall XR, or dexamethylphenidate ER; Clinical Edit: ADHD; QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPS	P	Try methylphenidate ER, or Adderall XR, or dexamethylphenidate ER; Clinical Edit: ADHD; QL(1 ea daily); ST
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
caffeine citrate SOLN OR	P	QL(45 ml per fill retail)
Anti-Obesity Agents		
IMCIVREE	P	SP; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old); ST
clonidine hcl (adhd) TB12	P	
guanfacine hcl (adhd)	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use clonidine hcl (adhd))	NP	
STRATTERA (Use atomoxetine hcl)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old); ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Stimulants - Misc.			<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (Use <i>methylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use <i>methylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl TABS</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	RITALIN TABS 10 MG, 20 MG (Use <i>methylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)
FOCALIN TABS (Use <i>dexmethylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	RITALIN TABS 5 MG (Use <i>methylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)
METHYLIN SOLN 10 MG/5ML (Use <i>methylphenidate hcl</i>)	NP	QL(900 ml per 30 days retail); AL(At least 3 yrs old)	ALTERNATIVE MEDICINES		
METHYLIN SOLN 5 MG/5ML (Use <i>methylphenidate hcl</i>)	NP	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)	Alternative Medicine - B's		
<i>methylphenidate hcl CPCR</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)	REMIFEMIN MENOPAUSE RELIEF TABS	NP	
<i>methylphenidate hcl SOLN 10 MG/5ML</i>	P	QL(900 ml per 30 days retail); AL(At least 3 yrs old)	Alternative Medicine - G's		
<i>methylphenidate hcl SOLN 5 MG/5ML</i>	P	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)	<i>ginger (zingiber officinalis) CAPS 250 MG</i>	P	OTC; QL(4 ea daily)
<i>methylphenidate hcl TABS 5 MG</i>	P	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)	Alternative Medicine - M's		
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	P	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)	MELATONIN SUBL	P	QL(1 ea daily)
<i>methylphenidate hcl TB24 36 MG</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	<i>melatonin TABS 3 MG, 5 MG</i>	P	OTC; QL(1 ea daily)
			<i>melatonin TBDP 3 MG</i>	P	QL(1 ea daily)
			AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
			Aminoglycosides		
			ARIKAYCE	P	SP; PA
			BETHKIS NEBU (Use <i>tobramycin</i>)	NP	SP; PA
			KITABIS PAK NEBU (Use <i>tobramycin</i>)	NP	SP; PA
			<i>neomycin sulfate TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOBI PODHALER CAPS	P	SP; PA	ADALIMUMAB-FKJP PSKT	P	PA
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA	HADLIMA PUSHTOUCH SOAJ	P	PA
<i>tobramycin sulfate SOLN IJ</i>	P	PA	HADLIMA SOSY	P	PA
<i>tobramycin sulfate SOLR</i>	P	PA	HULIO AJKT	NP	SP
<i>tobramycin NEBU</i>	P	SP; PA	HULIO PSKT	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			HYRIMOZ SOAJ 40 MG/0.4ML	NP	SP
Antirheumatic - Enzyme Inhibitors			HYRIMOZ SOSY 40 MG/0.4ML	NP	SP
OLUMIANT	P	SP; PA	YUSIMRY	P	PA
RINVOQ 30 MG, 45 MG	P	SP; PA	Interleukin-1 Blockers		
XELJANZ XR TB24	P	SP; PA	ARCALYST	P	SP; PA
XELJANZ SOLN	P	SP; PA	Interleukin-1 Receptor Antagonist (IL-1Ra)		
XELJANZ TABS	P	SP; PA	KINERET SOSY	P	SP; PA
Antirheumatic Antimetabolites			Interleukin-1beta Blockers		
METHOTREXATE	P		ILARIS SOLN	P	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP; PA	Interleukin-6 Receptor Inhibitors		
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP; PA	ACTEMRA ACTPEN SOAJ	P	SP; PA
REDITREX SOSY	P	SP; PA	ACTEMRA SOLN	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ACTEMRA SOSY	P	SP; PA
ADALIMUMAB-ADAZ SOAJ	P	PA	KEVZARA SOAJ	P	SP; PA
ADALIMUMAB-ADAZ SOSY	P	PA	KEVZARA SOSY	P	SP; PA
ADALIMUMAB-FKJP AJKT	P	PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			ADVIL TABS (<i>Use ibuprofen</i>)	NP	OTC
			ALEVE ARTHRITIS TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 ea daily)
			ALEVE TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 ea daily)
			ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NP	
			CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	NP	RX/OTC	<i>meloxicam TABS</i>	P	
<i>diclofenac potassium TABS 50 MG</i>	P		MOBIC TABS (Use <i>meloxicam</i>)	NP	
<i>diclofenac sodium TBEC</i>	P		MOTRIN CHILDRENS CHEW (Use <i>ibuprofen</i>)	NP	OTC
<i>etodolac CAPS</i>	P		MOTRIN INFANTS DROPS SUSP (Use <i>ibuprofen</i>)	NP	OTC
<i>etodolac TABS</i>	P		<i>nabumetone</i>	P	
FELDENE CAPS (Use <i>piroxicam</i>)	NP		NALFON CAPS (Use <i>fenoprofen calcium</i>)	NP	
<i>fenoprofen calcium CAPS 400 MG</i>	P		NAPROSYN SUSP (Use <i>naproxen</i>)	NP	
<i>flurbiprofen TABS</i>	P		NAPROSYN TABS 500 MG (Use <i>naproxen</i>)	NP	
<i>ibuprofen lysine</i>	P		<i>naproxen sodium TABS 220 MG</i>	P	OTC; QL(2 ea daily)
<i>ibuprofen CHEW</i>	P	OTC	<i>naproxen sodium TABS 275 MG, 550 MG</i>	P	
<i>ibuprofen SUSP 100 MG/5ML</i>	P	RX/OTC	<i>naproxen SUSP</i>	P	
<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	P	OTC	<i>naproxen TABS</i>	P	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P		NEOPROFEN (Use <i>ibuprofen lysine</i>)	NP	
<i>ibuprofen TABS 200 MG</i>	P	OTC	<i>piroxicam CAPS</i>	P	
INDOCIN SUSP	P		<i>sulindac TABS</i>	P	
INDOMETHACIN	P		TIVORBEX CAPS (Use <i>indomethacin</i>)	NF	
<i>indomethacin sodium</i>	P		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>indomethacin CAPS 25 MG, 50 MG</i>	P		OTEZLA TABS	P	SP; PA
<i>indomethacin SUPP</i>	P		OTEZLA TBPK	P	SP; PA
INFANTS ADVIL SUSP (Use <i>ibuprofen</i>)	NP	OTC	Pyrimidine Synthesis Inhibitors		
<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	P		ARAVA (Use <i>leflunomide</i>)	NP	QL(1 ea daily)
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P		<i>leflunomide</i>	P	QL(1 ea daily)
<i>ketorolac tromethamine TABS</i>	P	QL(20 ea per 30 days retail); AL(At least 17 yrs old)	Selective Costimulation Modulators		
LODINE TABS (Use <i>etodolac</i>)	NP		ORENCIA CLICKJECT SOAJ	P	SP; PA
			ORENCIA SOLR	P	SP; PA
			ORENCIA SOSY	P	SP; PA

Georgia Inter-Pregnancy Care

Updated October 1, 2023

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	NP	OTC
Analgesic Combinations			TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NP	OTC
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)	TYLENOL CHILDRENS SUSP (Use acetaminophen)	NP	OTC
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NP	OTC
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)	TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NP	OTC
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NP	OTC
ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily); AL(At least 12 yrs old)	TYLENOL TABS (Use acetaminophen)	NP	OTC
Analgesics Other			Analgesics-Peptide Channel Blockers		
<i>acetaminophen CHEW</i>	P	OTC	PRIALT	P	SP; PA
<i>acetaminophen ELIX</i>	P	OTC	Salicylates		
<i>acetaminophen LIQD 160 MG/5ML</i>	P	OTC	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	OTC
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	OTC	<i>aspirin CHEW</i>	P	OTC
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	OTC; QL(12 ea per 30 days retail)	ASPIRIN SUPP 300 MG	P	OTC; QL(12 ea per 30 days retail)
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P	OTC	<i>aspirin TABS 325 MG</i>	P	OTC
<i>acetaminophen TABS 325 MG, 500 MG</i>	P	OTC	<i>aspirin TBEC 81 MG, 325 MG</i>	P	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC; QL(12 ea per 30 days retail)	BUFFERIN (Use <i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NP	OTC
INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)	<i>diflunisal TABS</i>	P	
OFIRMEV SOLN IV (Use <i>acetaminophen</i>)	NF		ECOTRIN ARTHRITIS PAIN TBEC (Use <i>aspirin</i>)	NP	OTC
			ECOTRIN REGULAR STRENGTH TBEC (Use <i>aspirin</i>)	NP	OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ECOTRIN TBEC (<i>Use aspirin</i>)	NP	OTC	<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids; QL(21.4 ml daily)
<i>salsalate</i>	P		<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(240 ml per fill retail)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate SUPP</i>	P	Clinical Edit: Opioids; QL(18 ea per fill retail)
Opioid Agonists			<i>morphine sulfate TABS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>codeine sulfate TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)	<i>morphine sulfate TBCR</i>	P	QL(3 ea daily)
CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)	MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NP	QL(3 ea daily)
DILAUDID TABS 8 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily)	OXAYDO TABS 5 MG	P	Clinical Edit: Opioids; QL(6 ea daily)
DILAUDID TABS 2 MG, 4 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)	<i>oxycodone hcl CAPS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	QL(0.34 ea daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(90 ml per fill retail)
HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids; QL(2 ea daily)	<i>oxycodone hcl SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)
<i>hydromorphone hcl TABS 2 MG, 4 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>oxycodone hcl T12A</i>	P	QL(2 ea daily); PA
<i>hydromorphone hcl TABS 8 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily)	<i>oxycodone hcl TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily)
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>meperidine hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	OXYCONTIN T12A	P	QL(2 ea daily); PA
<i>methadone hcl TABS 5 MG</i>	P	QL(6 ea daily); PA	ROXICODONE TABS 5 MG, 15 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)
<i>methadone hcl TABS 10 MG</i>	P	QL(10 ea daily); PA	ROXICODONE TABS 30 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)
ULTRAM TABS (Use <i>tramadol hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	<i>tramadol-acetaminophen</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
Opioid Combinations			ULTRACET (Use <i>tramadol-acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<i>acetaminophen w/ codeine SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily); AL(At least 12 yrs old)	Opioid Partial Agonists		
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)	BELBUCA FILM	P	PA
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)	BUNAVAIL FILM BU 0.7 MG-4.2 MG	P	PA
<i>butalbital-aspirin-caffeine w/cod</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)	BUPRENEX SOLN (Use <i>buprenorphine hcl</i>)	NP	PA
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	Clinical Edit: Opioids; QL(180 ml daily)	<i>buprenorphine hcl FILM</i>	P	PA
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	P	QL(2 ea daily); PA
<i>oxycodone w/ acetaminophen SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	P	QL(3 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 ea daily)
			<i>buprenorphine hcl SOLN</i>	P	PA
			<i>buprenorphine hcl SUBL</i>	P	PA
			SUBLOCADE SOSY	P	2 rtl MAX fill; 30 rtl day(s) supply; SP; PA
			SUBOXONE FILM SL 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 ea daily)
ZUBSOLV SUBL	P	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
AVEED SOLN	P	SP; PA
METHITEST TABS	P	
TESTOPEL PLLT	P	SP; PA
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(4 ml per 30 days retail)
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ml daily)
<i>testosterone enanthate SOLN IM</i>	P	QL(4 ml per 30 days retail)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	NP	
<i>hydrocortisone (intrarectal)</i>	P	
Rectal Combinations		
ANALPRAM-HC LOTN EX	P	QL(62 ml per 30 days retail)
<i>phenylephrine-shark liver oil-cocoa butter</i>	P	OTC; QL(12 ea per 30 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	P	OTC; QL(31 gm per 30 days retail)
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(744 ml per 30 days retail)
<i>alum & mag hydrox-simethicone SUSP</i>	P	QL(744 ml per 30 days retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	OTC
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	OTC; QL(100 ea per 30 days retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	OTC
TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
TUMS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	OTC
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	P	SP; PA
EMVERM CHEW	P	QL(1 ea per 14 days retail)
<i>pyrantel pamoate SUSP 144 MG/ML</i>	P	OTC; QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	NP		<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P		<i>clorazepate dipotassium TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>isosorbide mononitrate TABS</i>	P	QL(2 ea daily)	<i>diazepam SOLN OR 5 MG/5ML</i>	P	AL (6 months to 12 years old)
<i>isosorbide mononitrate TB24</i>	P	QL(1 ea daily)	<i>diazepam TABS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
NITRO-BID OINT	P		<i>lorazepam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
NITRO-DUR PT24 (Use nitroglycerin)	NP		<i>oxazepam CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>nitroglycerin CPCR</i>	P		TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>nitroglycerin PT24</i>	P		VALIUM TABS (Use <i>diazepam</i>)	NP	QL(4 ea daily); AL(At least 18 yrs old)
<i>nitroglycerin SUBL</i>	P		XANAX TABS (Use <i>alprazolam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
NITROSTAT SUBL (Use <i>nitroglycerin</i>)	NP		ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			Antiarrhythmics Type I-A		
Antianxiety Agents - Misc.			<i>disopyramide phosphate CAPS</i>	P	
<i>buspirone hcl 15 MG</i>	P	QL(4 ea daily)	NORPACE CR CP12 150 MG	P	
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily)	NORPACE CAPS (Use <i>disopyramide phosphate</i>)	P	
<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily)	<i>quinidine gluconate TBCR</i>	P	
<i>hydroxyzine hcl SYRP</i>	P		<i>quinidine sulfate TABS</i>	P	
<i>hydroxyzine hcl TABS</i>	P		Antiarrhythmics Type I-B		
<i>hydroxyzine pamoate CAPS</i>	P		<i>mexiletine hcl</i>	P	
<i>meprobamate</i>	P		Antiarrhythmics Type I-C		
VISTARIL CAPS (Use <i>hydroxyzine pamoate</i>)	NP		<i>flecainide acetate</i>	P	
Benzodiazepines			<i>propafenone hcl TABS</i>	P	
<i>alprazolam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)			
ATIVAN TABS (Use <i>lorazepam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	P	
<i>dofetilide</i>	P	
TIKOSYN (<i>Use dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	P	SP; PA
TEZSPIRE SOSY	P	SP; PA
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA	P	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ml per 20 days retail)
TUDORZA PRESSAIR	P	QL(1 ea per 30 days retail)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	P	QL(1 ea daily)
<i>montelukast sodium PACK</i>	P	QL(1 ea daily)
<i>montelukast sodium TABS</i>	P	QL(1 ea daily)
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>Use roflumilast</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>roflumilast</i>	P	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	P	QL(1 ea daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily)
<i>budesonide (inhalation) SUSP</i>	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT HFA	NP	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 gm per fill retail); AL(Up to 12 yrs old)
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NP	QL(2 ea daily; 60 ea per 30 days retail)
<i>albuterol sulfate AERS</i>	P	QL(8.5 gm per fill retail; 17 gm per 30 days retail)
<i>albuterol sulfate AERS</i>	P	QL(18 gm per fill retail; 36 gm per 30 days retail)
<i>albuterol sulfate AERS</i>	NP	
<i>albuterol sulfate AERS</i>	P	QL(6.7 gm per fill retail; 13.4 gm per 30 days retail)
<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ml daily)
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ml per 30 days retail)
ALBUTEROL SULFATE NEBU	P	
<i>albuterol sulfate SYRP</i>	P	
<i>albuterol sulfate TABS</i>	P	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 30 days retail)
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	P	QL(2 ea daily; 60 ea per 30 days retail)
<i>ipratropium-albuterol SOLN</i>	P	QL(12 ml daily)
<i>levalbuterol tartrate</i>	P	QL(0.5 gm daily)
PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	NP	
PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail; 2 ea per 30 days retail); AL(At least 4 yrs old - Up to 18 yrs old)
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	NP	
SEREVENT DISKUS	P	QL(60 ea per fill retail)
SYMBICORT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	NP	
<i>terbutaline sulfate TABS</i>	P	
VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	NP	QL(0.5 gm daily)
Xanthines		
THEO-24 CP24	P	
<i>theophylline ELIX</i>	P	
<i>theophylline SOLN</i>	P	QL(475 ml per fill retail)
<i>theophylline TB12</i>	P	
<i>theophylline TB24</i>	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	P	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPB	P	QL(2.47 ea daily)
ELIQUIS TABS	P	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA (<i>Use fondaparinux sodium</i>)	NP	SP; PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	SP
<i>enoxaparin sodium SOSY</i>	P	SP; PA
<i>fondaparinux sodium</i>	P	SP; PA
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP; PA
FRAGMIN SOSY	P	SP; PA
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	SP
LOVENOX SOSY (<i>Use enoxaparin sodium</i>)	NP	SP; PA
ANTICONSULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)	DIACOMIT CAPS 500 MG	P	QL(6 ea daily); SP; PA
DIASTAT ACUDIAL GEL 20 MG (<i>Use diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT CAPS 250 MG	P	QL(12 ea daily); SP; PA
DIASTAT ACUDIAL GEL 10 MG (<i>Use diazepam (anticonvulsant)</i>)	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT PACK 250 MG	P	QL(12 ea daily); SP; PA
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT PACK 500 MG	P	QL(6 ea daily); SP; PA
<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	EPIDIOLEX	P	SP; PA
KLONOPIN TABS (<i>Use clonazepam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)	FINTEPLA	P	SP; PA
NAYZILAM	P	QL(10 ea per 30 days retail); PA	<i>gabapentin CAPS</i>	P	QL(9 ea daily)
VALTOCO 10 MG DOSE LIQD	P	QL(10 ea per 30 days retail); PA	<i>gabapentin SOLN</i>	P	
VALTOCO 15 MG DOSE LQPK	P	QL(10 ea per 30 days retail); PA	<i>gabapentin TABS 800 MG</i>	P	QL(4 ea daily)
VALTOCO 20 MG DOSE LQPK	P	QL(10 ea per 30 days retail); PA	<i>gabapentin TABS 600 MG</i>	P	QL(6 ea daily)
VALTOCO 5 MG DOSE LIQD	P	QL(10 ea per 30 days retail); PA	KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	Use levetiracetam IR; ST
Anticonvulsants - Misc.			KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(16 ml daily)
BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP; PA	KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	
BANZEL TABS (<i>Use rufinamide</i>)	NP	SP; PA	KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 ea daily)
BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA	KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 ea daily)
<i>carbamazepine CHEW</i>	P		LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP	
<i>carbamazepine SUSP</i>	P		LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	Use lamotrigine IR; ST
<i>carbamazepine TABS</i>	P		LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	
<i>carbamazepine TB12</i>	P		<i>lamotrigine CHEW</i>	P	
			<i>lamotrigine TABS</i>	P	
			<i>lamotrigine TB24</i>	P	Use lamotrigine IR; ST
			<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ml daily)
			<i>levetiracetam TABS 1000 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 ea daily)
<i>levetiracetam TABS 500 MG</i>	P	QL(6 ea daily)
<i>levetiracetam TB24</i>	P	Use levetiracetam IR; ST
<i>MYSOLINE (Use primidone)</i>	NP	
<i>NEURONTIN CAPS (Use gabapentin)</i>	NP	QL(9 ea daily)
<i>NEURONTIN SOLN (Use gabapentin)</i>	NP	
<i>NEURONTIN TABS 600 MG (Use gabapentin)</i>	NP	QL(6 ea daily)
<i>NEURONTIN TABS 800 MG (Use gabapentin)</i>	NP	QL(4 ea daily)
<i>oxcarbazepine SUSP</i>	P	
<i>oxcarbazepine TABS</i>	P	
<i>primidone</i>	P	
<i>rufinamide SUSP</i>	P	SP; PA
<i>rufinamide TABS</i>	P	SP; PA
<i>TEGRETOL SUSP (Use carbamazepine)</i>	NP	
<i>TEGRETOL TABS (Use carbamazepine)</i>	NP	
<i>TEGRETOL-XR TB12 (Use carbamazepine)</i>	NP	
<i>TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)</i>	NP	QL(6 ea daily)
<i>TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)</i>	NP	QL(8 ea daily)
<i>TOPAMAX TABS 200 MG (Use topiramate)</i>	NP	QL(3 ea daily)
<i>TOPAMAX TABS 100 MG (Use topiramate)</i>	NP	QL(4 ea daily)
<i>TOPAMAX TABS 25 MG, 50 MG (Use topiramate)</i>	NP	QL(6 ea daily)
<i>topiramate CPSP 25 MG</i>	P	QL(8 ea daily)
<i>topiramate CPSP 15 MG</i>	P	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate TABS 200 MG</i>	P	QL(3 ea daily)
<i>topiramate TABS 100 MG</i>	P	QL(4 ea daily)
<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 ea daily)
<i>TRILEPTAL SUSP (Use oxcarbazepine)</i>	NP	
<i>TRILEPTAL TABS (Use oxcarbazepine)</i>	NP	
<i>ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)</i>	NP	
<i>zonisamide CAPS</i>	P	
Carbamates		
<i>felbamate SUSP</i>	P	
<i>felbamate TABS</i>	P	
<i>FELBATOL SUSP (Use felbamate)</i>	NP	
<i>FELBATOL TABS (Use felbamate)</i>	NP	
GABA Modulators		
<i>GABITRIL (Use tiagabine hcl)</i>	NP	
<i>SABRIL PACK (Use vigabatrin)</i>	NP	SP; PA
<i>SABRIL TABS (Use vigabatrin)</i>	NP	SP; PA
<i>tiagabine hcl</i>	P	
<i>vigabatrin PACK</i>	P	SP; PA
<i>vigabatrin TABS</i>	P	SP; PA
Hydantoins		
<i>DILANTIN (Use phenytoin sodium extended)</i>	P	
<i>DILANTIN</i>	P	
<i>DILANTIN INFATABS CHEW (Use phenytoin)</i>	P	
<i>DILANTIN-125 SUSP (Use phenytoin)</i>	P	
<i>phenytoin sodium extended 100 MG</i>	P	

Georgia Inter-Pregnancy Care

Updated October 1, 2023

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium SOLN</i>	P	
<i>phenytoin CHEW</i>	P	
<i>phenytoin SUSP</i>	P	
Succinimides		
<i>ethosuximide CAPS</i>	P	
<i>ethosuximide SOLN</i>	P	
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	
Valproic Acid		
DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	QL(7 ea daily)
DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NP	QL(3 ea daily)
DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	QL(8 ea daily)
DEPAKOTE TBEC 250 MG (<i>Use divalproex sodium</i>)	NP	QL(3 ea daily)
DEPAKOTE TBEC 125 MG (<i>Use divalproex sodium</i>)	NP	QL(2 ea daily)
DEPAKOTE TBEC 500 MG (<i>Use divalproex sodium</i>)	NP	QL(7 ea daily)
<i>divalproex sodium CSDR</i>	P	QL(8 ea daily)
<i>divalproex sodium TB24 250 MG</i>	P	QL(3 ea daily)
<i>divalproex sodium TB24 500 MG</i>	P	QL(7 ea daily)
<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 ea daily)
<i>divalproex sodium TBEC 125 MG</i>	P	QL(2 ea daily)
<i>divalproex sodium TBEC 250 MG</i>	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>valproate sodium SOLN OR 250 MG/5ML</i>	P	
<i>valproic acid CAPS</i>	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 ea daily)
<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 ea daily)
<i>mirtazapine TABS 15 MG</i>	P	QL(3 ea daily)
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 ea daily)
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 ea daily)
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NP	QL(1 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily)
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily)
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	P	QL(3 ea daily)
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 ea daily)
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 ea daily)
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 ea daily)
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 ea daily)
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NP	QL(4 ea daily)	<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 ea daily)	<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NP	QL(2 ea daily)	<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 ea daily)	<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NP	QL(1 ea daily)	<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 ea daily); AL(At least 12 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old)
ZULRESSO	P	SP; PA	<i>fluoxetine hcl CAPS 40 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	P	QL(4 ea daily)
NARDIL (<i>Use phenelzine sulfate</i>)	NP		<i>fluoxetine hcl SOLN</i>	P	QL(600 ml per 30 days retail); AL(Up to 6 yrs old)
PARNATE (<i>Use tranylcypromine sulfate</i>)	NP		<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>phenelzine sulfate</i>	P		<i>fluoxetine hcl TABS 20 MG</i>	P	QL(4 ea daily)
<i>tranylcypromine sulfate</i>	P		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 ea daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 ea daily)
SPRAVATO 56MG DOSE	P	SP; PA	LEXAPRO TABS 5 MG (<i>Use escitalopram oxalate</i>)	NP	QL(4 ea daily); AL(At least 12 yrs old)
SPRAVATO 84MG DOSE	P	SP; PA	LEXAPRO TABS 10 MG (<i>Use escitalopram oxalate</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old)
Selective Serotonin Reuptake Inhibitors (SSRIs)			LEXAPRO TABS 20 MG (<i>Use escitalopram oxalate</i>)	NP	QL(1 ea daily); AL(At least 12 yrs old)
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(4 ea daily)	<i>paroxetine hcl SUSP</i>	P	QL(40 ml daily); PA
CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(2 ea daily)	<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 ea daily)
CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(1 ea daily)			
<i>citalopram hydrobromide SOLN</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 ea daily)	VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NP	QL(1 ea daily); PA
<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 ea daily)	<i>vilazodone hcl TABS</i>	P	QL(1 ea daily); PA
<i>paroxetine hcl TB24</i>	P		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PAXIL CR TB24 (<i>Use paroxetine hcl</i>)	NP		CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	NP	QL(1 ea daily); AL(At least 7 yrs old)
PAXIL SUSP (<i>Use paroxetine hcl</i>)	NP	QL(40 ml daily); PA	<i>desvenlafaxine succinate 100 MG</i>	P	QL(4 ea daily); ST
PAXIL TABS 20 MG (<i>Use paroxetine hcl</i>)	NP	QL(3 ea daily)	<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 ea daily); ST
PAXIL TABS 10 MG (<i>Use paroxetine hcl</i>)	NP	QL(6 ea daily)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
PROZAC CAPS 10 MG, 20 MG (<i>Use fluoxetine hcl</i>)	NP	QL(4 ea daily)	EFFEXOR XR CP24 150 MG (<i>Use venlafaxine hcl</i>)	NP	QL(2 ea daily)
PROZAC CAPS 40 MG (<i>Use fluoxetine hcl</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)	EFFEXOR XR CP24 37.5 MG (<i>Use venlafaxine hcl</i>)	NP	QL(4 ea daily)
<i>sertraline hcl CONC</i>	P	QL(6 ml daily)	EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NP	QL(5 ea daily)
<i>sertraline hcl TABS 100 MG</i>	P	QL(2 ea daily)	PRISTIQ 25 MG, 50 MG (<i>Use desvenlafaxine succinate</i>)	NP	QL(1 ea daily); ST
<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 ea daily)	PRISTIQ 100 MG (<i>Use desvenlafaxine succinate</i>)	NP	QL(4 ea daily); ST
ZOLOFT CONC (<i>Use sertraline hcl</i>)	NP	QL(6 ml daily)	<i>venlafaxine hcl CP24 75 MG</i>	P	QL(5 ea daily)
ZOLOFT TABS 25 MG, 50 MG (<i>Use sertraline hcl</i>)	NP	QL(4 ea daily)	<i>venlafaxine hcl CP24 150 MG</i>	P	QL(2 ea daily)
ZOLOFT TABS 100 MG (<i>Use sertraline hcl</i>)	NP	QL(2 ea daily)	<i>venlafaxine hcl CP24 37.5 MG</i>	P	QL(4 ea daily)
Serotonin Modulators			<i>venlafaxine hcl TABS</i>	P	
<i>nefazodone hcl</i>	P		<i>venlafaxine hcl TB24 150 MG</i>	P	QL(2 ea daily)
<i>trazodone hcl TABS 300 MG</i>	P	QL(2 ea daily)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	P	QL(1 ea daily)
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P		Tricyclic Agents		
TRINTELLIX	P	QL(1 ea daily); AL(At least 18 yrs old); PA	<i>amitriptyline hcl TABS</i>	P	
			<i>amoxapine</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
ANAFRANIL 75 MG (<i>Use clomipramine hcl</i>)	NP	
<i>clomipramine hcl</i> 75 MG	P	
<i>desipramine hcl</i> TABS 25 MG	P	QL(2 ea daily)
<i>desipramine hcl</i> TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
<i>doxepin hcl</i> CAPS	P	
<i>doxepin hcl</i> CONC	P	
<i>imipramine hcl</i> TABS	P	
NORPRAMIN TABS 25 MG (<i>Use desipramine hcl</i>)	NP	QL(2 ea daily)
NORPRAMIN TABS 10 MG (<i>Use desipramine hcl</i>)	NP	
<i>nortriptyline hcl</i> CAPS	P	
<i>nortriptyline hcl</i> SOLN	P	QL(20 ml daily)
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ml per 30 days retail); PA
SYMLINPEN 60 SOPN	P	QL(6 ml per 30 days retail); PA
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>)	NP	QL(2 ea daily)
<i>alogliptin-metformin hcl</i>	P	QL(2 ea daily)
<i>alogliptin-pioglitazone</i>	P	
<i>glipizide-metformin hcl</i>	P	
<i>glyburide-metformin</i>	P	
KAZANO (<i>Use alogliptin-metformin hcl</i>)	NP	
OSENI (<i>Use alogliptin-pioglitazone</i>)	NP	
OSENI	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl-metformin hcl</i> TABS	P	QL(2 ea daily)
SEGLUROMET	P	QL(2 ea daily)
SOLQUA 100/33	P	QL(0.6 ml daily); PA
Biguanides		
<i>metformin hcl</i> TABS 500 MG	P	QL(4 ea daily)
<i>metformin hcl</i> TABS 850 MG, 1000 MG	P	
<i>metformin hcl</i> TB24 500 MG	P	QL(4 ea daily)
<i>metformin hcl</i> TB24 750 MG	P	QL(3 ea daily)
Diabetic Other		
BD GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
CVS GLUCOSE	P	QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
CVS SOFT GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
DEX4	P	QL(50 ea per 30 days retail)
DEX4 FAST ACTING GLUCOSE	P	QL(50 ea per 30 days retail)
DEX4 NATURALS	P	QL(50 ea per 30 days retail)
DEX4 POUCH PACK	P	QL(50 ea per 30 days retail)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
<i>glucagon (rdna)</i>	P	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NP	QL(1 ea per fill retail)
GLUCO TO GO CHEW	P	OTC; QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE	P	QL(50 ea per 30 days retail)	SMART SENSE GLUCOSE TABLETS	P	QL(50 ea per 30 days retail)
GLUCOSE INSTANT ENERGY	P	QL(50 ea per 30 days retail)	TGT GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC; QL(50 ea per 30 days retail)
GNP GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)	TRUEPLUS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	UP & UP GLUCOSE	P	QL(50 ea per 30 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	VALUE PLUS GLUCOSE	P	QL(50 ea per 30 days retail)
GOODSENSE GLUCOSE	P	QL(50 ea per 30 days retail)	WALGREENS GLUCOSE	P	QL(50 ea per 30 days retail)
HY-VEE GLUCOSE	P	QL(50 ea per 30 days retail)	WALGREENS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
KORLYM	P	SP; PA	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
KROGER GLUCOSE	P	QL(50 ea per 30 days retail)	<i>alogliptin benzoate</i>	P	
LEADER GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)	NESINA (<i>Use alogliptin benzoate</i>)	NP	
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	Incretin Mimetic Agents		
LONGS GLUCOSE	P	QL(50 ea per 30 days retail)	ADLYXIN STARTER PACK PNKT	P	QL(0.2 ml daily); PA
MEIJER GLUCOSE	P	QL(50 ea per 30 days retail)	ADLYXIN SOPN	P	QL(0.2 ml daily); PA
PREFERRED PLUS GLUCOSE	P	QL(50 ea per 30 days retail)	BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail); PA
PX GLUCOSE	P	QL(50 ea per 30 days retail)	BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 30 days retail); AL(At least 18 yrs old); PA
RA GLUCOSE	P	QL(50 ea per 30 days retail)	BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 30 days retail); AL(At least 18 yrs old); PA
RELION GLUCOSE	P	QL(50 ea per 30 days retail)	TRULICITY	P	QL(2 ml per 28 days retail); PA
SM GLUCOSE	P	QL(50 ea per 30 days retail)	Insulin		
SM GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	ADMELOG SOLOSTAR SOPN	P	QL(1 ml daily)
SMART SENSE GLUCOSE	P	QL(50 ea per 30 days retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADMELOG SOLN IJ	P	QL(40 ml per 30 days retail)	NOVOLIN 70/30 SUSP	P	OTC; QL(40 ml per 30 days retail)
BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)	NOVOLIN N FLEXPEN RELION SUPN	P	OTC; QL(1 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	P	OTC; QL(1 ml daily)	NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ml daily)
HUMULIN 70/30 SUSP	P	OTC; QL(40 ml per 30 days retail)	NOVOLIN N RELION SUSP	P	OTC; QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ml daily)	NOVOLIN N SUSP	P	OTC; QL(40 ml per 30 days retail)
HUMULIN N SUSP	P	OTC; QL(40 ml per 30 days retail)	NOVOLIN R RELION SOLN IJ	P	OTC; QL(40 ml per 30 days retail)
HUMULIN R SOLN IJ	P	OTC; QL(40 ml per 30 days retail)	NOVOLIN R SOLN IJ	P	OTC; QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(1 ml daily)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	P	QL(1 ml daily)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 30 days retail)	NOVOLOG MIX 70/30 RELION SUSP	P	QL(40 ml per 30 days retail)
INSULIN GLARGINE SOLN	P	Viartis Brand Only; QL(1 ml daily)	Insulin Sensitizing Agents		
INSULIN GLARGINE SOPN	P	Viartis Brand Only; QL(1 ml daily)	ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	NP		pioglitazone hcl	P	QL(1 ea daily)
INSULIN LISPRO KWIKPEN SOPN	NP		Meglitinide Analogues		
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(1 ml daily)	nateglinide	P	QL(3 ea daily)
INSULIN LISPRO SOLN IJ	NP	QL(40 ml per 30 days retail)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	OTC; QL(1 ml daily)	STEGLATRO	P	QL(1 ea daily)
NOVOLIN 70/30 FLEXPEN SUPN	P	OTC; QL(1 ml daily)	Sulfonylureas		
NOVOLIN 70/30 RELION SUSP	P	OTC; QL(40 ml per 30 days retail)	AMARYL 1 MG, 2 MG (Use glimepiride)	NP	QL(4 ea daily)
			AMARYL 4 MG (Use glimepiride)	NP	QL(2 ea daily)
			glimepiride 1 MG, 2 MG	P	QL(4 ea daily)
			glimepiride 4 MG	P	QL(2 ea daily)
			glipizide TABS	P	

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide TB24</i>	P	
GLUCOTROL XL TB24 (Use <i>glipizide</i>)	NP	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	
<i>glyburide TABS</i>	P	
GLYNASE (Use <i>glyburide micronized</i>)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	P	OTC
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	P	OTC
PEPTO-BISMOL MAX STRENGTH SUSP (Use <i>bismuth subsalicylate</i>)	NP	OTC
PEPTO-BISMOL TO-GO CHEW (Use <i>bismuth subsalicylate</i>)	NP	OTC
PEPTO-BISMOL CHEW (Use <i>bismuth subsalicylate</i>)	NP	OTC
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i>)	NP	OTC; QL(8 ea daily); RX/OTC
IMODIUM A-D TABS (Use <i>loperamide hcl</i>)	NP	OTC; QL(8 ea daily)
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i>)	NP	
<i>loperamide hcl CAPS</i>	P	OTC; QL(8 ea daily); RX/OTC
<i>loperamide hcl TABS</i>	P	OTC; QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		

Drug Name	Drug Tier	Requirements/Limits
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox PACK</i>	P	SP; PA
<i>deferasirox TABS</i>	P	SP; PA
<i>deferasirox TBSO</i>	P	SP; PA
<i>deferiprone TABS</i>	P	SP; PA
EXJADE TBSO (Use <i>deferasirox</i>)	NP	SP; PA
FERRIPROX TWICE-A-DAY TABS	P	SP; PA
FERRIPROX SOLN	P	SP; PA
FERRIPROX TABS (Use <i>deferiprone</i>)	NP	SP; PA
JADENU SPRINKLE PACK (Use <i>deferasirox</i>)	NP	SP; PA
JADENU TABS (Use <i>deferasirox</i>)	NP	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	P	SP; PA
BRIDION	P	SP; PA
<i>deferoxamine mesylate</i>	P	SP; PA
DESFERAL 500 MG (Use <i>deferoxamine mesylate</i>)	NP	SP; PA
SM IPECAC SYRUP	P	
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	P	QL(4 ea per 90 days retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl SOSY</i>	P	QL(4 ml per 90 days retail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD (Use <i>naloxone hcl</i>)	NP	QL(4 ea per 90 days retail); RX/OTC
VIVITROL	P	SP

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	P	QL(50 ml per 30 days retail)
<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 ea per 14 days retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(2 ea daily)
<i>ondansetron TBDP</i>	P	QL(2 ea daily)
<i>ZOFRAN TABS 4 MG (Use ondansetron hcl)</i>	NP	QL(2 ea daily)
Antiemetics - Anticholinergic		
<i>ANTIVERT CHEW (Use meclizine hcl)</i>	NP	OTC; RX/OTC
<i>dimenhydrinate TABS</i>	P	OTC; QL(24 ea per fill retail)
<i>DRAMAMINE CHEW</i>	P	OTC; QL(24 ea per fill retail)
<i>DRAMAMINE TABS (Use dimenhydrinate)</i>	NP	OTC; QL(24 ea per fill retail)
<i>meclizine hcl CHEW</i>	P	OTC; RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin TABS</i>	P	QL(6 ea daily)
<i>terbinafine hcl TABS</i>	P	QL(90 ea per 120 days retail)
Imidazole-Related Antifungals		
<i>DIFLUCAN SUSR (Use fluconazole)</i>	NP	QL(70 ml per fill retail)
<i>DIFLUCAN TABS 150 MG (Use fluconazole)</i>	NP	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>DIFLUCAN TABS 50 MG (Use fluconazole)</i>	NP	QL(3 ea per 14 days retail)
<i>DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)</i>	NP	
<i>fluconazole SUSR</i>	P	QL(70 ml per fill retail)
<i>fluconazole TABS 150 MG</i>	P	QL(2 ea per fill retail)
<i>fluconazole TABS 50 MG</i>	P	QL(3 ea per 14 days retail)
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<i>itraconazole CAPS</i>	P	QL(1 ea daily); PA
<i>SPORANOX PULSEPAK CAPS (Use itraconazole)</i>	NP	QL(1 ea daily); PA
<i>SPORANOX CAPS (Use itraconazole)</i>	NP	QL(1 ea daily); PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	P	OTC
<i>chlorpheniramine maleate TABS</i>	P	OTC; QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
<i>BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl)</i>	NP	OTC; QL(240 ml per fill retail)
<i>BENADRYL ALLERGY EXTRA STRENGTH TABS</i>	P	QL(4 ea daily)
<i>BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl)</i>	NP	OTC; QL(4 ea daily)
<i>BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)</i>	NP	QL(4 ea daily)
<i>BENADRYL ALLERGY TABS (Use diphenhydramine hcl)</i>	NP	OTC; QL(4 ea daily)
<i>clemastine fumarate TABS 1.34 MG</i>	P	OTC; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl CAPS</i>	P	QL(4 ea daily)	<i>loratadine SOLN</i>	P	OTC; QL(240 ml per fill retail)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)	<i>loratadine TABS</i>	P	OTC; QL(1 ea daily)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	OTC; QL(240 ml per fill retail)	<i>loratadine TBDP 10 MG</i>	P	OTC; QL(1 ea daily)
<i>diphenhydramine hcl TABS 25 MG</i>	P	OTC; QL(4 ea daily)	XYZAL ALLERGY 24HR TABS (Use <i>levocetirizine dihydrochloride</i>)	NP	RX/OTC
Antihistamines - Non-Sedating			ZYRTEC ALLERGY TABS (Use <i>cetirizine hcl</i>)	NP	QL(1 ea daily)
ALLEGRA ALLERGY TABS 180 MG (Use <i>fexofenadine hcl</i>)	NP	QL(1 ea daily)	ZYRTEC CHILDRENS ALLERGY SOLN OR (Use <i>cetirizine hcl</i>)	NP	QL(240 ml per fill retail); RX/OTC
ALLEGRA ALLERGY TABS 60 MG (Use <i>fexofenadine hcl</i>)	NP	QL(2 ea daily)	Antihistamines - Phenothiazines		
<i>cetirizine hcl CHEW</i>	P	QL(1 ea daily)	<i>promethazine hcl SOLN 6.25 MG/5ML</i>	P	AL(At least 2 yrs old)
<i>cetirizine hcl SOLN OR</i>	P	QL(240 ml per fill retail); RX/OTC	<i>promethazine hcl SUPP</i>	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>cetirizine hcl SYRP OR</i>	P	QL(240 ml per fill retail); RX/OTC	<i>promethazine hcl SYRP</i>	P	AL(At least 2 yrs old)
<i>cetirizine hcl TABS</i>	P	QL(1 ea daily)	<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
CLARITIN ALLERGY CHILDRENS SOLN (Use <i>loratadine</i>)	NP	OTC; QL(240 ml per fill retail)	Antihistamines - Piperidines		
CLARITIN REDITABS JUNIORS TBDP (Use <i>loratadine</i>)	NP	OTC; QL(1 ea daily)	<i>ciproheptadine hcl SYRP</i>	P	
CLARITIN REDITABS TBDP 10 MG (Use <i>loratadine</i>)	NP	OTC; QL(1 ea daily)	<i>ciproheptadine hcl TABS</i>	P	
CLARITIN SOLN (Use <i>loratadine</i>)	NP	OTC; QL(240 ml per fill retail)	ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
CLARITIN TABS (Use <i>loratadine</i>)	NP	OTC; QL(1 ea daily)	Angiotensin-like Protein Inhibitors		
<i>fexofenadine hcl TABS 60 MG</i>	P	QL(2 ea daily)	EVKEEZA	P	SP; PA
<i>fexofenadine hcl TABS 180 MG</i>	P	QL(1 ea daily)	Antihyperlipidemics - Combinations		
<i>levocetirizine dihydrochloride TABS</i>	P	RX/OTC	<i>ezetimibe-simvastatin</i>	P	QL(1 ea daily); ST
			VYTORIN (Use <i>ezetimibe-simvastatin</i>)	NP	QL(1 ea daily); ST
			Bile Acid Sequestrants		
			<i>cholestyramine light PACK</i>	P	
			<i>cholestyramine light POWD</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine PACK</i>	P		<i>rosuvastatin calcium TABS</i>	P	Try simvastatin or atorvastatin; QL(1 ea daily); ST
<i>cholestyramine POWD</i>	P		<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 ea daily)
COLESTID FLAVORED GRAN (<i>Use colestipol hcl</i>)	NP		ZOCOR TABS 80 MG (<i>Use simvastatin</i>)	NF	
COLESTID GRAN (<i>Use colestipol hcl</i>)	NP		ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	QL(1 ea daily)
COLESTID TABS (<i>Use colestipol hcl</i>)	NP		Intestinal Cholesterol Absorption Inhibitors		
<i>colestipol hcl GRAN</i>	P		<i>ezetimibe</i>	P	ST
<i>colestipol hcl TABS</i>	P		ZETIA (<i>Use ezetimibe</i>)	NP	ST
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NP		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
QUESTRAN PACK (<i>Use cholestyramine</i>)	NP		JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP; PA
QUESTRAN POWD (<i>Use cholestyramine</i>)	NP		Nicotinic Acid Derivatives		
Fibric Acid Derivatives			<i>niacin (antihyperlipidemic) TABS</i>	P	
<i>fenofibrate micronized 134 MG, 200 MG</i>	P	QL(1 ea daily)	<i>niacin (antihyperlipidemic) TBCR</i>	P	
<i>fenofibrate micronized 67 MG</i>	P	QL(2 ea daily)	NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NP	
<i>fenofibrate TABS 160 MG</i>	P	QL(1 ea daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>fenofibrate TABS 54 MG</i>	P	QL(3 ea daily)	LEQVIO	P	SP; PA
FENOFIBRATE TABS	P	QL(1 ea daily)	PRALUENT SOAJ	P	SP; PA
<i>gemfibrozil TABS</i>	P	QL(2 ea daily)	REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
LOPID TABS (<i>Use gemfibrozil</i>)	NP	QL(2 ea daily)	REPATHA SURECLICK SOAJ	P	SP; PA
HMG CoA Reductase Inhibitors			REPATHA SOSY	P	SP; PA
<i>atorvastatin calcium TABS</i>	P	QL(1 ea daily)	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NP	Try simvastatin or atorvastatin; QL(1 ea daily); ST	ACE Inhibitors		
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NP	QL(1 ea daily)			
<i>lovastatin TABS 40 MG</i>	P	QL(2 ea daily)			
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 ea daily)			
<i>pravastatin sodium</i>	P	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCUPRIL (Use quinapril hcl)	NP		AVAPRO (Use irbesartan)	NP	QL(1 ea daily)
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	NP	QL(2 ea daily)	BENICAR (Use olmesartan medoxomil)	NP	Use losartan or irbesartan; QL(1 ea daily); ST
benazepril hcl 40 MG	P	QL(2 ea daily)	candesartan cilexetil	P	
benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 ea daily)	COZAAR (Use losartan potassium)	NP	QL(1 ea daily)
captopril	P	QL(3 ea daily)	DIOVAN TABS (Use valsartan)	NP	QL(1 ea daily)
enalapril maleate TABS	P	QL(2 ea daily)	irbesartan	P	QL(1 ea daily)
fosinopril sodium	P	QL(1 ea daily)	losartan potassium	P	QL(1 ea daily)
lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	QL(2 ea daily)	MICARDIS (Use telmisartan)	NP	QL(1 ea daily)
lisinopril TABS 2.5 MG	P	QL(1 ea daily)	olmesartan medoxomil	P	Use losartan or irbesartan; QL(1 ea daily); ST
LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	NP	QL(1 ea daily)	telmisartan	P	QL(1 ea daily)
LOTENSIN 40 MG (Use benazepril hcl)	NP	QL(2 ea daily)	valsartan TABS	P	QL(1 ea daily)
PRINIVIL TABS 20 MG (Use lisinopril)	NP	QL(2 ea daily)	Antidiuretic Antihypertensives		
quinapril hcl	P		CARDURA (Use doxazosin mesylate)	NP	
ramipril CAPS	P	QL(2 ea daily)	clonidine hcl TABS	P	
trandolapril 4 MG	P	QL(2 ea daily)	doxazosin mesylate	P	
trandolapril 1 MG, 2 MG	P	QL(1 ea daily)	guanfacine hcl	P	
VASOTEC TABS (Use enalapril maleate)	NP	QL(2 ea daily)	methyldopa TABS	P	
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril)	NP	QL(2 ea daily)	MINIPRESS CAPS (Use prazosin hcl)	NP	
ZESTRIL TABS 2.5 MG (Use lisinopril)	NP	QL(1 ea daily)	prazosin hcl CAPS	P	
Agents for Pheochromocytoma			terazosin hcl	P	
DEMSEER (Use metyrosine)	NP	SP; PA	Antihypertensive Combinations		
metyrosine	P	SP; PA	ACCURETIC	P	QL(3 ea daily)
Angiotensin II Receptor Antagonists			ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	NP	QL(3 ea daily)
ATACAND (Use candesartan cilexetil)	NP		ACCURETIC 25 MG-20 MG (Use quinapril-hydrochlorothiazide)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NP	QL(4 ea daily)	EXFORGE (Use amlodipine besylate-valsartan)	NP	Use losartan or irbesartan; ST
amlodipine besylate-benazepril hcl	P	QL(1 ea daily)	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	Use losartan or irbesartan; ST
amlodipine besylate-olmesartan medoxomil	P	Use losartan or irbesartan; ST	fosinopril sodium & hydrochlorothiazide	P	QL(1 ea daily)
amlodipine besylate-valsartan	P	Use losartan or irbesartan; ST	HYZAAR (Use losartan potassium & hydrochlorothiazide)	NP	QL(1 ea daily)
amlodipine-valsartan-hydrochlorothiazide	P	Use losartan or irbesartan; ST	irbesartan-hydrochlorothiazide	P	QL(1 ea daily)
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NP		lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	P	QL(2 ea daily)
atenolol & chlorthalidone	P	QL(2 ea daily)	lisinopril & hydrochlorothiazide 25 MG-20 MG	P	QL(1 ea daily)
AVALIDE (Use irbesartan-hydrochlorothiazide)	NP	QL(1 ea daily)	losartan potassium & hydrochlorothiazide	P	QL(1 ea daily)
AZOR (Use amlodipine besylate-olmesartan medoxomil)	NP	Use losartan or irbesartan; ST	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	NP	QL(1 ea daily)
benazepril & hydrochlorothiazide	P	QL(1 ea daily)	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	NP	QL(1 ea daily)
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NP	Use losartan or irbesartan; QL(1 ea daily); ST	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG	P	QL(2 ea daily)
bisoprolol & hydrochlorothiazide	P	QL(1 ea daily)	metoprolol & hydrochlorothiazide TABS 50 MG-100 MG	P	QL(1 ea daily)
candesartan cilexetil-hydrochlorothiazide	P		MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NP	QL(1 ea daily)
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG	P	QL(2 ea daily)	olmesartan medoxomil-amlodipine-hydrochlorothiazide	P	Use losartan or irbesartan; ST
captopril & hydrochlorothiazide 25 MG-50 MG	P	QL(3 ea daily)			
DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NP	QL(1 ea daily)			
DUTOPROL TB24	P	QL(1 ea daily)			
enalapril maleate & hydrochlorothiazide	P	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	Use losartan or irbesartan; QL(1 ea daily); ST
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 ea daily)
<i>telmisartan-amlodipine</i>	P	
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
TENORETIC 100 (Use atenolol & chlorthalidone)	NP	QL(2 ea daily)
TENORETIC 50 (Use atenolol & chlorthalidone)	NP	QL(2 ea daily)
<i>trandolapril-verapamil hcl</i>	P	
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	Use losartan or irbesartan; ST
TWYNSTA (Use telmisartan-amlodipine)	NP	
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(1 ea daily)
ZIAC (Use bisoprolol & hydrochlorothiazide)	NP	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMEYL	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Vasodilators		
<i>hydralazine hcl TABS</i>	P	
<i>minoxidil 2.5 MG</i>	P	QL(3 ea daily)
<i>minoxidil 10 MG</i>	P	QL(10 ea daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS</i>	P	
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	NP	
BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	NP	
<i>methenamine-hyosc-methylene blue-sod phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	P	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
Carbapenems		
<i>ertapenem sodium IJ</i>	P	SP; PA
INVANZ IJ (Use ertapenem sodium)	NP	SP; PA
Glycopeptides		
FIRVANQ SOLR OR (Use vancomycin hcl)	NP	QL(300 ml per fill retail)
VANCOCIN CAPS 250 MG (Use vancomycin hcl)	NP	QL(8 ea daily)
VANCOCIN CAPS 125 MG (Use vancomycin hcl)	NP	QL(4 ea daily)

Georgia Inter-Pregnancy Care Updated October 1, 2023
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 ea daily)	<i>methenamine mandelate</i>	P	
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 ea daily)	<i>nitrofurantoin</i>	P	QL(40 ml daily)
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ml per fill retail)	<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>vancomycin hcl SOLR IV 500 MG</i>	P	QL(14 ea per 30 days retail)	<i>nitrofurantoin monohyd macro</i>	P	
<i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>	P	QL(14 ea per fill retail)	ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Leprostatics			Antimalarial Combinations		
<i>dapsone</i>	P		COARTEM	P	QL(24 ea per fill retail)
Lincosamides			Antimalarials		
CLEOCIN 150 MG, 300 MG (<i>Use clindamycin hcl</i>)	NP		<i>chloroquine phosphate TABS 500 MG</i>	P	QL(1 ea daily)
CLEOCIN PEDIATRIC GRANULES (<i>Use clindamycin palmitate hydrochloride</i>)	NP	QL(300 ml per fill retail)	<i>chloroquine phosphate TABS 250 MG</i>	P	
<i>clindamycin hcl 150 MG, 300 MG</i>	P		DARAPRIM (<i>Use pyrimethamine</i>)	NP	SP; PA
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)	<i>hydroxychloroquine sulfate 200 MG</i>	P	
Monobactams			KRINTAFEL	P	QL(2 ea per 30 days retail)
CAYSTON	P	SP; PA	<i>mefloquine hcl</i>	P	
Oxazolidinones			PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NP	
SIVEXTRO TABS	P	QL(6 ea per fill retail); PA	<i>primaquine phosphate TABS</i>	P	
Pleuromutilins			PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NP	
XENLETA TABS	P	SP; PA	<i>pyrimethamine</i>	P	SP; PA
Urinary Anti-infectives			ANTIMYASTHENIC/CHOLINERGIC AGENTS		
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NP		Antimyasthenic/Cholinergic Agents		
MACRODANTIN 50 MG, 100 MG (<i>Use nitrofurantoin macrocrystal</i>)	NP		MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NP	
			MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide TABS 60 MG</i>	P		<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP; PA
<i>pyridostigmine bromide TBCR</i>	P		CISPLATIN SOLR	P	SP; PA
RUZURGI	P	QL(10 ea daily); SP; PA	CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	P	SP; PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			<i>cyclophosphamide SOLN</i>	P	SP; PA
Antimycobacterial Agents			CYCLOPHOSPHAMIDE SOLN	P	SP; PA
<i>ethambutol hcl TABS</i>	P		CYCLOPHOSPHAMIDE SOLN	P	SP; PA
<i>isoniazid SYRP</i>	P		<i>cyclophosphamide SOLR IJ</i>	P	SP; PA
<i>isoniazid TABS</i>	P		EVOMELA	P	SP; PA
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NP		LEUKERAN	P	
MYCOBUTIN (<i>Use rifabutin</i>)	NP		<i>melphalan</i>	P	
<i>pyrazinamide</i>	P		<i>melphalan hcl</i>	P	SP; PA
<i>rifabutin</i>	P		MYLERAN TABS	P	
<i>rifampin CAPS</i>	P		TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>Use temozolomide</i>)	NP	SP; PA
TRECTOR	P		TEMODAR SOLR	P	SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>temozolomide CAPS</i>	P	SP; PA
Alkylating Agents			TEPADINA (<i>Use thiotepa</i>)	NP	SP; PA
ALKERAN (<i>Use melphalan</i>)	NP		<i>thiotepa</i>	P	SP; PA
ALKERAN (<i>Use melphalan hcl</i>)	NP	SP; PA	TREANDA SOLR (<i>Use bendamustine hcl</i>)	NP	SP; PA
BELRAPZO SOLN	P	SP; PA	VIVIMUSTA SOLN	P	SP; PA
<i>bendamustine hcl SOLR</i>	P	SP; PA	YONDELIS	P	SP; PA
BENDAMUSTINE HYDROCHLORIDE SOLN	P	SP; PA	ZEPZELCA	P	SP; PA
BENDEKA SOLN	P	SP; PA	Antimetabolites		
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i>	P	SP; PA	ALIMTA SOLR (<i>Use pemetrexed disodium</i>)	NP	SP; PA
			<i>azacitidine SUSR</i>	P	SP; PA
			<i>capecitabine</i>	P	SP; PA
			<i>cladribine 10 MG/10ML</i>	P	SP; PA
			<i>cytarabine SOLN</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DACOGEN (Use decitabine)	NP	SP; PA	LENVIMA 14 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
decitabine	P	SP; PA	LENVIMA 18 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
fludarabine phosphate SOLN	P	SP; PA	LENVIMA 20 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
FLUDARABINE PHOSPHATE SOLN	P	SP; PA	LENVIMA 24 MG DAILY DOSE	P	QL(3 ea daily); SP; PA
fludarabine phosphate SOLR	P	SP; PA	LENVIMA 4 MG DAILY DOSE	P	QL(1 ea daily); SP; PA
FOLOTYN	P	SP; PA	LENVIMA 8 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
FOLOTYN (Use pralatrexate)	NP	SP; PA	MVASI	P	SP; PA
mercaptopurine TABS	P		ZALTRAP	P	SP; PA
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	P		ZIRABEV	P	SP; PA
methotrexate sodium TABS 2.5 MG	P		Antineoplastic - Antibodies		
ONUREG TABS	P	SP; PA	ADCETRIS	P	SP; PA
PEMETREXED 500 MG/20ML	P	SP; PA	ARZERRA	P	SP; PA
pemetrexed disodium SOLR 100 MG, 500 MG	P	SP; PA	BAVENCIO	P	SP; PA
PEMFEXY	P	SP; PA	BESPOUSA	P	SP; PA
pralatrexate	P	SP; PA	BLENREP	P	SP; PA
PURIXAN SUSP	P		BLINCYTO	P	SP; PA
TABLOID	P	SP; PA	DARZALEX	P	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P		EMPLICITI	P	SP; PA
VIDAZA SUSR (Use azacitidine)	NP	SP; PA	ENHERTU	P	SP; PA
XELODA (Use capecitabine)	NP	SP; PA	GAZYVA	P	SP; PA
Antineoplastic - Angiogenesis Inhibitors			IMFINZI	P	SP; PA
CYRAMZA	P	SP; PA	JEMPERLI	P	SP; PA
INLYTA	P	SP; PA	KADCYLA	P	SP; PA
LENVIMA 10 MG DAILY DOSE	P	QL(1 ea daily); SP; PA	KEYTRUDA	P	SP; PA
LENVIMA 12MG DAILY DOSE	P	QL(3 ea daily); SP; PA	KIMMTRAK	P	SP; PA
			LIBTAYO	P	SP; PA
			LUMOXITI	P	SP; PA
			MONJUVI	P	SP; PA
			MYLOTARG	P	SP; PA
			OPDIVO	P	SP; PA
			PADCEV	P	SP; PA
			POLIVY	P	SP; PA

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POTELIGEO	P	SP; PA	PORTRAZZA	P	SP; PA
RIABNI	P	SP; PA	TAGRISSE	P	SP; PA
RITUXAN	P	SP; PA	TARCEVA (Use erlotinib hcl)	NP	SP; PA
RUXIENCE	P	SP; PA	VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP; PA
TECENTRIQ	P	SP; PA	VIZIMPRO	P	SP; PA
TIVDAK	P	SP; PA	Antineoplastic - Hedgehog Pathway Inhibitors		
TRUXIMA	P	SP; PA	DAURISMO	P	SP; PA
UNITUXIN	P	SP; PA	ERIVEDGE	P	SP; PA
YERVOY	P	SP; PA	ODOMZO	P	SP; PA
ZEVALIN Y-90	P	SP; PA	Antineoplastic - Hormonal and Related Agents		
ZYNLONTA	P	SP; PA	abiraterone acetate	P	SP; PA
Antineoplastic - Anti-HER2 Agents			anastrozole	P	
HERCEPTIN 150 MG	P	SP; PA	ARIMIDEX (Use anastrozole)	NP	
KANJINTI 420 MG	P	SP; PA	AROMASIN (Use exemestane)	NP	
MARGENZA	P	SP; PA	bicalutamide	P	QL(1 ea daily)
OGIVRI	P	SP; PA	CAMCEVI	P	SP; PA
PERJETA	P	SP; PA	CASODEX (Use bicalutamide)	NP	QL(1 ea daily)
TRAZIMERA	P	SP; PA	ELIGARD SC 22.5 MG, 30 MG, 45 MG	P	SP; PA
TUKYSA	P	SP; PA	ELIGARD KIT SC 7.5 MG	P	SP; PA
Antineoplastic - BCL-2 Inhibitors			EMCYT	P	SP; PA
VENCLEXTA STARTING PACK TBPB	P	SP; PA	ERLEADA 60 MG	P	SP; PA
VENCLEXTA TABS	P	SP; PA	EULEXIN	P	
Antineoplastic - Cellular Immunotherapy			exemestane	P	
ABECMA	P	SP; PA	FARESTON (Use toremifene citrate)	NP	PA
BREYANZI	P	SP; PA	FEMARA (Use letrozole)	NP	
CARVYKTI	P	SP; PA	FIRMAGON 80 MG	P	SP; PA
TECARTUS	P	SP; PA	flutamide	P	
Antineoplastic - EGFR Inhibitors			hydroxyprogesterone caproate (antineoplastic)	P	SP; PA
ERBITUX	P	SP; PA	letrozole	P	
erlotinib hcl	P	SP; PA			
EXKIVITY	P	SP; PA			
gefitinib	P	SP; PA			
GILOTRIF	P	SP; PA			
IRESSA (Use gefitinib)	NP	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	P	SP; PA	XPOVIO 60 MG TWICE WEEKLY	P	SP; PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	P	SP; PA	XPOVIO 80 MG TWICE WEEKLY	P	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	P	SP; PA	Antineoplastic Antibiotics		
LUPRON DEPOT (3-MONTH) KIT IM	P	SP; PA	<i>daunorubicin hcl SOLN</i>	P	SP; PA
LUPRON DEPOT (4-MONTH) IM	P	SP; PA	DAUNORUBICIN HYDROCHLORIDE SOLN (Use <i>daunorubicin hcl</i>)	NP	SP; PA
LUPRON DEPOT (6-MONTH) IM	P	SP; PA	DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	P	SP; PA
LYSODREN	P	SP; PA	ELLENCE SOLN	P	SP; PA
<i>megestrol acetate SUSP</i>	P		<i>epirubicin hcl SOLN 50 MG/25ML, 200 MG/100ML</i>	P	SP; PA
<i>megestrol acetate TABS</i>	P		<i>mitoxantrone hcl 2 MG/ML</i>	P	SP; PA
NUBEQA	P	SP; PA	<i>valrubicin</i>	P	SP; PA
ORGOVYX	P	SP; PA	VALSTAR (Use <i>valrubicin</i>)	NP	SP; PA
<i>tamoxifen citrate TABS</i>	P		Antineoplastic Combinations		
<i>toremifene citrate</i>	P	PA	DARZALEX FASPRO	P	SP; PA
TRELSTAR MIXJECT	P	SP; PA	HERCEPTIN HYLECTA	P	SP; PA
XTANDI CAPS	P	SP; PA	INQOVI	P	SP; PA
XTANDI TABS	P	SP; PA	KISQALI FEMARA 200 DOSE	P	SP; PA
YONSA	P	SP; PA	KISQALI FEMARA 400 DOSE	P	SP; PA
ZOLADEX	P	SP; PA	KISQALI FEMARA 600 DOSE	P	SP; PA
ZYTIGA (Use <i>abiraterone acetate</i>)	NP	SP; PA	LONSURF	P	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			OPDUALAG	P	SP; PA
WELIREG	P	SP; PA	PHESGO	P	SP; PA
Antineoplastic - Immunomodulators			RITUXAN HYCELA	P	SP; PA
POMALYST	P	SP; PA	VYXEOS	P	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors			Antineoplastic Enzyme Inhibitors		
AYVAKIT	P	QL(1 ea daily); SP; PA	AFINITOR DISPERZ TBSO (Use <i>everolimus</i>)	NP	SP; PA
Antineoplastic - XPO1 Inhibitors					
XPOVIO	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP; PA	IMBRUVICA TABS	P	QL(1 ea daily); SP; PA
ALECENSA	P	SP; PA	INREBIC	P	SP; PA
ALIQOPA	P	SP; PA	ISTODAX (OVERFILL) SOLR (<i>Use romidepsin</i>)	NP	SP; PA
ALUNBRIG TABS	P	SP; PA	JAKAFI	P	QL(2 ea daily); SP; PA
ALUNBRIG TBPK	P	SP; PA	KISQALI	P	SP; PA
BALVERSA	P	SP; PA	KOSELUGO	P	SP; PA
BELEODAQ	P	SP; PA	KYPROLIS	P	SP; PA
<i>bortezomib SOLR IJ</i>	P	SP; PA	<i>lapatinib ditosylate</i>	P	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	P	SP; PA	LORBRENA	P	SP; PA
BOSULIF	P	SP; PA	LUMAKRAS	P	SP; PA
BRAFTOVI 75 MG	P	SP; PA	LYNPARZA TABS	P	QL(4 ea daily); SP; PA
BRUKINSA	P	SP; PA	MEKINIST TABS	P	SP; PA
CABOMETYX TABS 40 MG	P	QL(2 ea daily); SP; PA	MEKTOVI	P	SP; PA
CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily); SP; PA	NERLYNX	P	SP; PA
CALQUENCE	P	SP; PA	NEXAVAR (<i>Use sorafenib tosylate</i>)	NP	SP; PA
CAPRELSA	P	SP; PA	NINLARO	P	SP; PA
COMETRIQ KIT	P	SP; PA	PEMAZYRE	P	SP; PA
COPIKTRA	P	SP; PA	PIQRAY 200MG DAILY DOSE	P	SP; PA
COTELLIC	P	SP; PA	PIQRAY 250MG DAILY DOSE	P	SP; PA
<i>everolimus TABS</i>	P	SP; PA	PIQRAY 300MG DAILY DOSE	P	SP; PA
<i>everolimus TBSO</i>	P	SP; PA	QINLOCK	P	SP; PA
FARYDAK	P	SP; PA	RETEVMO	P	SP; PA
FOTIVDA	P	SP; PA	ROMIDEPSIN SOLN	P	SP; PA
FYARRO	P	SP; PA	<i>romidepsin SOLR</i>	P	SP; PA
GAVRETO	P	SP; PA	ROZLYTREK	P	SP; PA
GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP; PA	RUBRACA	P	SP; PA
IBRANCE CAPS	P	SP; PA	RYDAPT	P	SP; PA
IBRANCE TABS	P	SP; PA	SCEMBLIX	P	SP; PA
ICLUSIG	P	QL(1 ea daily); SP; PA	<i>sorafenib tosylate</i>	P	SP; PA
IDHIFA	P	SP; PA	SPRYCEL	P	SP; PA
<i>imatinib mesylate</i>	P	SP; PA	STIVARGA	P	SP; PA
IMBRUVICA CAPS	P	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate</i>	P	SP; PA	AZEDRA DOSIMETRIC	P	SP; PA
SUTENT (<i>Use sunitinib malate</i>)	NP	SP; PA	AZEDRA THERAPEUTIC	P	SP; PA
TABRECTA	P	SP; PA	Antineoplastics Misc.		
TAFINLAR CAPS	P	SP; PA	ACTIMMUNE	P	SP; PA
TALZENNA	P	SP; PA	ALFERON N	P	SP; PA
TASIGNA	P	SP; PA	<i>arsenic trioxide</i>	P	SP; PA
TAZVERIK	P	SP; PA	BESREMI	P	SP; PA
<i>temsirolimus</i>	P	SP; PA	<i>bexarotene</i>	P	SP; PA
TIBSOVO	P	SP; PA	HYDREA (<i>Use hydroxyurea</i>)	NP	
TORISEL (<i>Use temsirolimus</i>)	NP	SP; PA	<i>hydroxyurea</i>	P	
TURALIO	P	SP; PA	INTRON A SOLN	P	SP; PA
TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP; PA	INTRON A SOLR	P	SP; PA
UKONIQ	P	SP; PA	MATULANE	P	SP; PA
VELCADE SOLR IJ (<i>Use bortezomib</i>)	NP	SP; PA	PHOTOFRIN	P	SP; PA
VERZENIO	P	QL(2 ea daily); SP; PA	PROLEUKIN	P	SP; PA
VITRAKVI CAPS	P	SP; PA	SYNRIBO	P	SP; PA
VITRAKVI SOLN	P	SP; PA	TARGRETIN (<i>Use bexarotene</i>)	NP	SP; PA
VONJO	P	SP; PA	<i>tretinoin (chemotherapy)</i>	P	SP; PA
VOTRIENT	P	SP; PA	TRISENOX (<i>Use arsenic trioxide</i>)	NP	SP; PA
XALKORI	P	SP; PA	Chemotherapy Adjuncts		
XOSPATA	P	SP; PA	KEPIVANCE	P	SP; PA
ZEJULA CAPS	P	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
ZELBORAF	P	SP; PA	<i>dexrazoxane hcl</i>	P	SP; PA
ZOLINZA	P	SP; PA	KHAPZORY	P	SP; PA
ZYDELIG	P	SP; PA	<i>leucovorin calcium TABS</i>	P	
ZYKADIA TABS	P	SP; PA	<i>levoleucovorin calcium SOLN 250 MG/25ML</i>	P	SP; PA
Antineoplastic Enzymes			<i>levoleucovorin calcium SOLR</i>	P	SP; PA
ASPARLAS	P	SP; PA	<i>mesna SOLN</i>	P	SP; PA
ERWINASE	P	SP; PA	MESNEX SOLN (<i>Use mesna</i>)	NP	SP; PA
ONCASPAS	P	SP; PA	MESNEX TABS	P	SP; PA
RYLAZE	P	SP; PA	TOTECT	P	SP; PA
Antineoplastic Radiopharmaceuticals					

Drug Name	Drug Tier	Requirements/ Limits
VORAXAZE	P	SP; PA
Mitotic Inhibitors		
ABRAXANE	P	SP; PA
<i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	P	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (<i>Use docetaxel</i>)	NP	SP; PA
<i>docetaxel SOLN</i>	P	SP; PA
DOCETAXEL SOLN (<i>Use docetaxel</i>)	NP	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP; PA
<i>etoposide CAPS</i>	P	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP; PA
HALAVEN	P	SP; PA
IXEMPRA KIT	P	SP; PA
JEVTANA	P	SP; PA
MARQIBO	P	SP; PA
<i>paclitaxel protein-bound particles</i>	P	SP; PA
PACLITAXEL PROTEIN-BOUND PARTICLES	P	SP; PA
<i>vincristine sulfate</i>	P	SP; PA
Oncolytic Viral Agents		
IMLYGIC	P	SP; PA
Topoisomerase I Inhibitors		
CAMPTOSAR (<i>Use irinotecan hcl</i>)	NP	SP; PA
HYCANTIN CAPS	P	SP; PA
HYCANTIN SOLR (<i>Use topotecan hcl</i>)	NP	SP; PA
<i>irinotecan hcl</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>topotecan hcl SOLN</i>	P	SP; PA
TOPOTECAN HCL SOLN	P	SP; PA
TOPOTECAN HCL SOLN (<i>Use topotecan hcl</i>)	NP	SP; PA
<i>topotecan hcl SOLR</i>	P	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	P	
LODOSYN (<i>Use carbidopa</i>)	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	P	
<i>trihexyphenidyl hcl TABS</i>	P	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	P	
<i>amantadine hcl SOLN</i>	P	
APOKYN SOCT	P	SP; PA
<i>apomorphine hydrochloride SOCT</i>	P	SP; PA
<i>bromocriptine mesylate CAPS</i>	P	
<i>bromocriptine mesylate TABS 2.5 MG</i>	P	
<i>carbidopa-levodopa TABS</i>	P	
<i>carbidopa-levodopa TBCR</i>	P	
DHIVY TABS	P	
GOCOVRI CP24	P	SP; PA
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NP	
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NP	
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 ea daily)
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 ea daily)
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	P	
<i>selegiline hcl TABS</i>	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
LITHIUM	P	
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	P	
Antipsychotics - Misc.		
GEODON (Use <i>ziprasidone hcl</i>)	NP	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA (Use <i>lurasidone hcl</i>)	NP	
<i>lurasidone hcl</i>	P	
NUPLAZID CAPS	P	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	P	QL(1 ea daily); PA
<i>ziprasidone hcl</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
INVEGA HAFYERA	P	SP; PA
INVEGA SUSTENNA	P	SP; PA
INVEGA TRINZA	P	SP; PA
PERSERIS PRSY	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA	P	SP; PA
RISPERDAL SOLN (Use <i>risperidone</i>)	NP	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i>)	NP	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone SOLN</i>	P	QL(4 ml daily); AL(At least 5 yrs old)
<i>risperidone TABS</i>	P	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone TBDP</i>	P	QL(2 ea daily); AL(At least 5 yrs old)
Butyrophenones		
HALDOL DECANOATE 100 (Use <i>haloperidol decanoate</i>)	NP	
HALDOL DECANOATE 50 (Use <i>haloperidol decanoate</i>)	NP	
<i>haloperidol decanoate</i>	P	
<i>haloperidol lactate CONC</i>	P	
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 ea daily)
<i>haloperidol TABS 20 MG</i>	P	
Dibenzapines		
<i>clozapine TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS (Use <i>clozapine</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>loxapine succinate</i>	P	QL(4 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 25 MG, 50 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
<i>quetiapine fumarate TABS 100 MG, 200 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
<i>SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)</i>	NP	QL(2 ea daily); AL(At least 10 yrs old)
<i>SEROQUEL TABS 100 MG, 200 MG (Use quetiapine fumarate)</i>	NP	QL(4 ea daily); AL(At least 10 yrs old)
<i>SEROQUEL TABS 25 MG, 50 MG (Use quetiapine fumarate)</i>	NP	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
<i>ZYPREXA RELPREVV</i>	P	SP; PA
<i>ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)</i>	NP	QL(1 ea daily); AL(At least 10 yrs old)
<i>ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)</i>	NP	QL(4 ea daily); AL(At least 10 yrs old)
<i>ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)</i>	NP	QL(2 ea daily); AL(At least 10 yrs old)
Dihydroindolones		
<i>molindone hcl</i>	P	QL(4 ea daily)
Phenothiazines		
<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 ea daily)
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 ea daily)
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl TABS</i>	P	
<i>perphenazine TABS</i>	P	QL(4 ea daily)
<i>prochlorperazine</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	P	QL(3 ea daily)
<i>trifluoperazine hcl TABS</i>	P	QL(2 ea daily)
Quinolinone Derivatives		
<i>ABILIFY MAINTENA PRSY</i>	P	SP; PA
<i>ABILIFY MAINTENA SRER</i>	P	SP; PA
<i>ABILIFY MYCITE</i>	P	PA
<i>ABILIFY TABS (Use aripiprazole)</i>	NP	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole SOLN OR</i>	P	QL(750 ml per fill retail); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole TBDP</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>ARISTADA</i>	P	SP; PA
<i>ARISTADA INITIO</i>	P	SP; PA
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate LIQD</i>	P	OTC; QL(946 ml per fill retail)
<i>HIBICLENS LIQD (Use chlorhexidine gluconate)</i>	NP	OTC; QL(946 ml per fill retail)
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate-lamivudine-zidovudine</i>	P	QL(2 ea daily)	EMTRIVA CAPS (<i>Use emtricitabine</i>)	NP	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ml daily)	EMTRIVA SOLN	P	QL(24 ml daily)
<i>abacavir sulfate TABS</i>	P	QL(2 ea daily)	EPIVIR SOLN (<i>Use lamivudine</i>)	NP	QL(30 ml daily)
APTIVUS CAPS	P	QL(4 ea daily); ST	EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NP	QL(1 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 ea daily)	EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NP	QL(2 ea daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P		EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NP	QL(1 ea daily)
BIKTARVY	P	QL(1 ea daily)	<i>etravirine 200 MG</i>	P	QL(2 ea daily)
CIMDUO	P	QL(1 ea daily); ST	<i>etravirine 100 MG</i>	P	QL(4 ea daily)
COMBIVIR (<i>Use lamivudine-zidovudine</i>)	NP	QL(2 ea daily)	<i>fosamprenavir calcium TABS</i>	P	QL(4 ea daily)
COMPLERA	P	QL(1 ea daily)	FUZEON SOLR	P	SP; PA
CRIXIVAN 400 MG	P	QL(6 ea daily)	GENVOYA	P	QL(1 ea daily)
<i>darunavir TABS 600 MG</i>	P	QL(2 ea daily); ST	INTELENCE 200 MG (<i>Use etravirine</i>)	NP	QL(2 ea daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 ea daily); ST	INTELENCE 100 MG (<i>Use etravirine</i>)	NP	QL(4 ea daily)
DELSTRIGO	P	QL(1 ea daily)	INTELENCE 25 MG	P	QL(4 ea daily)
DESCOVY 200 MG-25 MG	P	QL(1 ea daily); PA	INVIRASE TABS	P	QL(4 ea daily); ST
DESCOVY 120 MG-15 MG	P	QL(1 ea daily); PA	ISENTRESS HD TABS	P	QL(2 ea daily)
DOVATO	P		ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
EDURANT	P	QL(1 ea daily)	ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 ea daily)	ISENTRESS PACK	P	QL(2 ea daily)
<i>efavirenz CAPS 200 MG</i>	P	QL(1 ea daily)	ISENTRESS TABS	P	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	JULUCA	P	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	KALETRA SOLN (<i>Use lopinavir-ritonavir</i>)	NP	QL(480 ml per 30 days retail)
<i>efavirenz TABS</i>	P	QL(1 ea daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(4 ea daily)
<i>emtricitabine CAPS</i>	P	QL(1 ea daily)	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(6 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 ea daily)	<i>lamivudine SOLN</i>	P	QL(30 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine TABS 150 MG</i>	P	QL(2 ea daily)	REYATAZ CAPS 300 MG (<i>Use atazanavir sulfate</i>)	NP	
<i>lamivudine TABS 300 MG</i>	P	QL(1 ea daily)	REYATAZ PACK	P	QL(6 ea daily)
<i>lamivudine-zidovudine</i>	P	QL(2 ea daily)	<i>ritonavir TABS</i>	P	QL(12 ea daily)
LEXIVA SUSP	P	QL(56 ml daily)	RUKOBIA	P	PA
LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	NP	QL(4 ea daily)	SELZENTRY SOLN	P	QL(35 ml daily)
<i>lopinavir-ritonavir SOLN</i>	P	QL(480 ml per 30 days retail)	SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NP	QL(4 ea daily)
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 ea daily)	SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NP	QL(2 ea daily)
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 ea daily)	SELZENTRY TABS 25 MG, 75 MG	P	QL(2 ea daily)
<i>maraviroc TABS 300 MG</i>	P	QL(4 ea daily)	<i>stavudine CAPS</i>	P	QL(2 ea daily)
<i>maraviroc TABS 150 MG</i>	P	QL(2 ea daily)	STRIBILD	P	QL(1 ea daily)
<i>nevirapine SUSP</i>	P	QL(40 ml daily)	SUSTIVA CAPS 200 MG (<i>Use efavirenz</i>)	NP	QL(1 ea daily)
<i>nevirapine TABS</i>	P	QL(2 ea daily)	SUSTIVA CAPS 50 MG (<i>Use efavirenz</i>)	NP	QL(2 ea daily)
<i>nevirapine TB24 100 MG</i>	P	QL(3 ea daily)	SUSTIVA TABS (<i>Use efavirenz</i>)	NP	QL(1 ea daily)
<i>nevirapine TB24 400 MG</i>	P	QL(1 ea daily)	SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
NORVIR SOLN	P	QL(15 ml daily)	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
NORVIR TABS (<i>Use ritonavir</i>)	NP	QL(12 ea daily)	TEMIXYS	P	QL(1 ea daily); ST
ODEFSEY	P		<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 ea daily)
PIFELTRO	P	QL(1 ea daily)	TIVICAY TABS 50 MG	P	QL(2 ea daily)
PREZCOBIX	P	QL(1 ea daily)	TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
PREZISTA SUSP	P	QL(12 ml daily); ST	TRIZIVIR	P	QL(2 ea daily)
PREZISTA TABS 800 MG (<i>Use darunavir</i>)	NP	QL(1 ea daily); ST	TROGARZO	P	SP; PA
PREZISTA TABS 75 MG	P	QL(2 ea daily); ST	TRUVADA 200 MG-300 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 ea daily)
PREZISTA TABS 600 MG (<i>Use darunavir</i>)	NP	QL(2 ea daily); ST			
PREZISTA TABS 150 MG	P	QL(3 ea daily); ST			
RETROVIR CAPS (<i>Use zidovudine</i>)	NP	QL(6 ea daily)			
RETROVIR SYRP (<i>Use zidovudine</i>)	NP	QL(60 ml daily)			
REYATAZ CAPS 150 MG, 200 MG (<i>Use atazanavir sulfate</i>)	NP	QL(2 ea daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYBOST	P	QL(1 ea daily); AL(At least 18 yrs old)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP; PA
VIRACEPT TABS 250 MG	P	QL(9 ea daily)	SOFOSBUVIR/VELPATA SVIR TABS	P	QL(1 ea daily); SP; PA
VIRACEPT TABS 625 MG	P	QL(4 ea daily)	SOVALDI TABS	P	SP; PA
VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	NP	QL(1 ea daily)	VEMLIDY	P	SP; PA
VIRAMUNE SUSP (<i>Use nevirapine</i>)	NP	QL(40 ml daily)	Herpes Agents		
VIREAD POWD	P	QL(240 gm per 30 days retail)	<i>acyclovir CAPS</i>	P	QL(50 ea per 30 days retail)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)	<i>acyclovir SUSP</i>	P	QL(400 ml per 30 days retail)
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)	<i>acyclovir TABS OR 800 MG</i>	P	QL(50 ea per 30 days retail)
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NP	QL(30 ml daily)	<i>acyclovir TABS OR 400 MG</i>	P	QL(3 ea daily)
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	NP	QL(2 ea daily)	<i>famciclovir</i>	P	
<i>zidovudine CAPS</i>	P	QL(6 ea daily)	<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)
<i>zidovudine SYRP</i>	P	QL(60 ml daily)	<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 21 days retail)
<i>zidovudine TABS</i>	P	QL(2 ea daily)	VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)
CMV Agents			VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NP	QL(2 ea daily)
LIVTENCITY	P	SP; PA	ZOVIRAX SUSP (<i>Use acyclovir</i>)	NP	QL(400 ml per 30 days retail)
PREVYMIS SOLN	P	SP; PA	Influenza Agents		
PREVYMIS TABS	P	QL(1 ea daily); SP; PA	<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NP	QL(2 ea daily)	<i>oseltamivir phosphate CAPS 30 MG</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)
<i>valganciclovir hcl TABS</i>	P	QL(2 ea daily)	<i>oseltamivir phosphate SUSR</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
Hepatitis Agents			RELENZA DISKHALER	P	QL(20 ea per fill retail); AL(At least 5 yrs old)
EPCLUSA PACK 50 MG-200 MG	P	SP; PA			
MAVYRET PACK	P	QL(6 ea daily); SP; PA			
MAVYRET TABS	P	QL(3 ea daily); SP; PA			
PEGASYS SOLN	P	SP; PA			
<i>ribavirin (hepatitis c) CAPS</i>	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU CAPS 45 MG, 75 MG (<i>Use oseltamivir phosphate</i>)	NP	1 rti MAX fill; 180 rti day(s) supply; QL(10 ea per 31 days retail)	LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4 ea daily)
TAMIFLU CAPS 30 MG (<i>Use oseltamivir phosphate</i>)	NP	1 rti MAX fill; 180 rti day(s) supply; QL(20 ea per 31 days retail)	<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 ea daily)
TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NP	1 rti MAX fill; 180 rti day(s) supply; QL(120 ml per 31 days retail)	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 ea daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 ea daily)
Alpha-Beta Blockers			<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 ea daily)
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(3 ea daily)	TENORMIN TABS (<i>Use atenolol</i>)	NP	QL(2 ea daily)
<i>carvedilol 25 MG</i>	P	QL(4 ea daily)	TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NP	QL(2 ea daily)
<i>carvedilol phosphate</i>	P	QL(1 ea daily)	TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NP	QL(4 ea daily)
COREG 25 MG (<i>Use carvedilol</i>)	NP	QL(4 ea daily)	Beta Blockers Non-Selective		
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NP	QL(3 ea daily)	BETAPACE AF (<i>Use sotalol hcl (afib/afl)</i>)	NP	QL(2 ea daily)
COREG CR (<i>Use carvedilol phosphate</i>)	NP	QL(1 ea daily)	BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	QL(2 ea daily)
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 ea daily)	CORGARD TABS 20 MG, 40 MG, 80 MG (<i>Use nadolol</i>)	NP	QL(2 ea daily)
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 ea daily)	INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NP	QL(2 ea daily)
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 ea daily)	<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 ea daily)
Beta Blockers Cardio-Selective			<i>pindolol TABS</i>	P	
<i>acebutolol hcl CAPS</i>	P		<i>propranolol hcl CP24</i>	P	QL(2 ea daily)
<i>atenolol TABS</i>	P	QL(2 ea daily)	<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	P	
<i>bisoprolol fumarate</i>	P	QL(1 ea daily)	<i>propranolol hcl TABS</i>	P	
LOPRESSOR TABS 100 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4.5 ea daily)	<i>sotalol hcl (afib/afl)</i>	P	QL(2 ea daily)
			<i>sotalol hcl TABS 240 MG</i>	P	
			<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate TABS</i>	P		NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	QL(1 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			PROCARDIA XL TB24 30 MG, 90 MG (<i>Use nifedipine</i>)	NP	QL(1 ea daily)
Calcium Channel Blockers			PROCARDIA XL TB24 60 MG (<i>Use nifedipine</i>)	NP	QL(2 ea daily)
<i>amlodipine besylate TABS</i>	P	QL(1 ea daily)	TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily)
CALAN SR TBCR (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily)	TIAZAC 240 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(2 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(1 ea daily)	<i>verapamil hcl CP24 100 MG, 200 MG</i>	P	QL(2 ea daily)
CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(2 ea daily)	<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	P	QL(1 ea daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NP	QL(3 ea daily)	<i>verapamil hcl TABS</i>	P	QL(3 ea daily)
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 ea daily)	<i>verapamil hcl TBCR</i>	P	QL(2 ea daily)
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 ea daily)	VERAPAMIL HYDROCHLORIDE ER CP24 (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 ea daily)	VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 ea daily)	VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily)
<i>diltiazem hcl CP12</i>	P	QL(2 ea daily)	VERELAN CP24 (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily)
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 ea daily)	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 ea daily)	Cardiac Glycosides		
<i>diltiazem hcl TABS</i>	P	QL(3 ea daily)	<i>digoxin SOLN OR 0.05 MG/ML</i>	P	
<i>felodipine</i>	P	QL(1 ea daily)	<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	P	
<i>nicardipine hcl CAPS</i>	P		LANOXIN SOLN IJ (<i>Use digoxin</i>)	P	
<i>nifedipine CAPS</i>	P	QL(4 ea daily)			
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 ea daily)			
<i>nifedipine TB24 60 MG</i>	P	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	P	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	P	SP; PA
Impotence Agents		
BI-MIX SOLR	P	PA
IFE-BIMIX 30/1 SOLN	P	PA
SUPER BI-MIX SOLR	P	PA
SUPER TRI-MIX SOLR	P	SP; PA
TRI-MIX SOLR	P	SP; PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	P	SP; PA
FLOLAN (<i>Use epoprostenol sodium</i>)	NP	SP; PA
ORENITRAM TBCR	P	SP; PA
TYVASO REFILL SOLN IN	P	SP; PA
TYVASO STARTER SOLN IN	P	SP; PA
TYVASO SOLN IN	P	SP; PA
VELETRI (<i>Use epoprostenol sodium</i>)	NP	SP; PA
VENTAVIS	P	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	QL(1 ea daily); SP; PA
<i>bosentan TABS</i>	P	SP; PA
LETAIRIS (<i>Use ambrisentan</i>)	NP	QL(1 ea daily); SP; PA
TRACLEER TABS (<i>Use bosentan</i>)	NP	SP; PA
TRACLEER TBSO	P	SP; PA
Pulmonary Hypertension - Phosphodiesterase		

Drug Name	Drug Tier	Requirements/ Limits
Inhibitors		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SOLN (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	P	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	P	SP; PA
UPTRAVI SOLR	P	SP; PA
UPTRAVI TABS	P	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	P	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 ea daily); SP; PA
VYNDAQEL	P	QL(4 ea daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 1st Generation			Combination Contraceptives - Oral		
<i>cefadroxil CAPS</i>	P		<i>desogestrel & ethinyl estradiol</i>	P	
<i>cefadroxil SUSR</i>	P		<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>cefadroxil TABS</i>	P		<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>cephalexin CAPS 250 MG, 500 MG</i>	P		<i>drospirenone-ethinyl estradiol</i>	P	QL(1 ea daily)
<i>cephalexin SUSR</i>	P		ESTROSTEP FE (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>)	NP	
KEFLEX CAPS 750 MG (Use <i>cephalexin</i>)	NF		<i>ethynodiol diacet & eth estrad</i>	P	QL(1 ea daily)
Cephalosporins - 2nd Generation			GENERESS FE (Use <i>norethindrone & ethinyl estradiol-fe</i>)	NP	
<i>cefaclor CAPS</i>	P		<i>levonorgestrel & eth estradiol TABS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	P		<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>cefprozil SUSR</i>	P	QL(200 ml per fill retail); AL(Up to 12 yrs old)	<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(91 ea per fill retail)
<i>cefprozil TABS</i>	P	QL(20 ea per fill retail)	LOSEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
<i>cefuroxime axetil TABS</i>	P	QL(20 ea per fill retail)	MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP	
Cephalosporins - 3rd Generation			<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	
<i>cefdinir CAPS</i>	P	QL(20 ea per fill retail)	<i>norethindrone & eth estradiol</i>	P	
<i>cefdinir SUSR</i>	P	QL(100 ml per fill retail)	<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>cefixime CAPS</i>	P		<i>norethindrone acet & eth estra</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	P	QL(3 ea per fill retail)	<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
SUPRAX CAPS (Use <i>cefixime</i>)	NP				
CHEMICALS					
Bulk Chemicals - O's					
OMEPRAZOLE	P	PA			
Bulk Chemicals - P's					
PROMETHAZINE HCL POWD	P	PA			
CONTRACEPTIVES - Drugs to Prevent Pregnancy					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone-eth estradiol (triphasic)</i>	P		DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
<i>norgestimate-ethinyl estradiol</i>	P		DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P		DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 ea daily)	<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ml per fill retail)
QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF		<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ml per fill retail)
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 ea per fill retail)	Progestin Contraceptives - Oral		
TYBLUME CHEW	P		<i>norethindrone (contraceptive)</i>	P	
YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)	Glucocorticosteroids		
Combination Contraceptives - Transdermal			CORTEF TABS (Use <i>hydrocortisone</i>)	NP	
<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 ea per 28 days retail)	CORTISONE ACETATE TABS	P	
Combination Contraceptives - Vaginal			<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(150 ml per 30 days retail)
<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 ea per fill retail)	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(150 ml per 30 days retail)
NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	NP	QL(1 ea per fill retail)	<i>dexamethasone ELIX</i>	P	
Emergency Contraceptives			<i>dexamethasone SOLN</i>	P	
ELLA	P	QL(4 ea per 365 days retail)	<i>dexamethasone TABS</i>	P	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(1 ea per 21 days retail)	EMFLAZA SUSP	P	SP; PA
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>)	NP	QL(1 ea per 21 days retail)	EMFLAZA TABS	P	SP; PA
Progestin Contraceptives - Injectable			<i>hydrocortisone TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NP		benzonatate 200 MG	P	QL(30 ea per 30 days retail); AL(At least 10 yrs old - Up to 21 yrs old)
MEDROL TABS 4 MG, 8 MG (Use methylprednisolone)	NP		DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)	NP	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
methylprednisolone TABS 4 MG, 8 MG	P		DELSYM SUER (Use dextromethorphan polistirex)	NP	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
methylprednisolone TBPK	P		dextromethorphan hbr LIQD 7.5 MG/5ML	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
MILLIPRED TABS	P		dextromethorphan polistirex LQCR	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NP		dextromethorphan polistirex SUER	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	P		HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	NP	AL(At least 18 yrs old - Up to 21 yrs old)
prednisolone sodium phosphate SOLN 20 MG/5ML	P	QL(150 ml per fill retail)	hydrocodone bitartrate-homatropine methylbromide SOLN	P	AL(At least 18 yrs old - Up to 21 yrs old)
prednisolone SOLN	P		TESSALON PERLES (Use benzonatate)	NP	AL(At least 10 yrs old - Up to 21 yrs old)
prednisolone TABS	P		TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr)	NP	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
PREDNISON INTENSOL CONC	P		Cough/Cold/Allergy Combinations		
prednisone SOLN	P		ADVIL COLD & SINUS TABS (Use pseudoephedrine-ibuprofen)	NP	OTC; AL(Up to 21 yrs old)
prednisone TABS	P				
prednisone TBPK	P				
TARPEYO CPDR	P	SP; PA			
ZILRETTA SRER	P	SP; PA			
Mineralocorticoids					
fludrocortisone acetate TABS	P				
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
benzonatate 100 MG	P	AL(At least 10 yrs old - Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>brompheniramine & phenyleph ELIX</i>	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	QL(2 ea daily); AL(Up to 21 yrs old)
<i>brompheniramine & pseudoeph ELIX</i>	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)	<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	OTC; AL(Up to 21 yrs old)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)	DIABETIC TUSSIN COLD/FLU CAPS	P	OTC; AL(Up to 21 yrs old)
<i>cetirizine-pseudoephedrine</i>	P	AL(Up to 21 yrs old)	ED BRON GP LIQD	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	<i>guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	NP	OTC; QL(1 ea daily); AL(Up to 21 yrs old)	<i>guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
COLD & FLU RELIEF NIGHTTIME D LIQD	P	OTC; AL(Up to 21 yrs old)	<i>guaifenesin-codeine SYRP</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	OTC; AL(Up to 21 yrs old)	LOHIST-D LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	<i>loratadine & pseudoephedrine TB12</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	<i>loratadine & pseudoephedrine TB24</i>	P	OTC; QL(1 ea daily); AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-200 MG/5ML-30 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	OTC; AL(Up to 21 yrs old)	MAXI-TUSS PE MAX LIQD	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	MAXI-TUSS PE LIQD	P	AL(Up to 21 yrs old)
			MUCINEX DM TB12 (Use dextromethorphan-guaifenesin)	NP	QL(2 ea daily); AL(Up to 21 yrs old)
			MUCINEX D TB12 (Use pseudoephedrine-guaifenesin)	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old)
			<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	PX DAYTIME MULTI-SYMPTOM CAPS	P	OTC; AL(Up to 21 yrs old)
<i>phenylephrine-dm SOLN</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	PX NITETIME MULTI-SYMPTOM CAPS	P	OTC; QL(240 ea per fill retail); AL(Up to 21 yrs old)
<i>promethazine & phenylephrine SYRP</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	QC TRIACTING DAYTIME CHILDRENS SYRP	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>promethazine w/codeine SOLN</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)	SCOT-TUSSIN DM LIQD	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>promethazine w/codeine SYRP</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)	SCOT-TUSSIN SENIOR LIQD	P	OTC; AL(Up to 21 yrs old)
<i>promethazine-dm SYRP</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>promethazine-phenylephrine-codeine</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)	VIRTUSSIN DAC SOLN	NP	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	ZYRTEC-D ALLERGY/CONGESTION (Use <i>cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	ZYRTEC-D ALLERGY/SINUS (Use <i>cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	P	QL(210 ea per fill retail); AL(Up to 21 yrs old)	Expectorants		
<i>pseudoephedrine-ibuprofen TABS</i>	P	OTC; AL(Up to 21 yrs old)	GERI-TUSSIN SYRP	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
			<i>guaifenesin LIQD</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
			<i>guaifenesin SYRP</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin TB12 1200 MG</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NP	
<i>guaifenesin TB12 600 MG</i>	P	QL(40 ea per 30 days retail); AL(Up to 21 yrs old)	CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail)
MUCINEX MAXIMUM STRENGTH TB12 (<i>Use guaifenesin</i>)	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	<i>clindamycin phosphate (topical)</i> GEL	P	QL(60 gm per fill retail)
MUCINEX TB12 (<i>Use guaifenesin</i>)	NP	QL(40 ea per 30 days retail); AL(Up to 21 yrs old)	<i>clindamycin phosphate (topical)</i> LOTN	P	
Misc. Respiratory Inhalants			<i>clindamycin phosphate (topical)</i> SOLN	P	
<i>sodium chloride (inhalant) AERS</i>	P	OTC; QL(240 ml per fill retail)	DIFFERIN DAILY DEEP CLEANSER LIQD (<i>Use benzoyl peroxide</i>)	NP	RX/OTC
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P		ERYGEL GEL (<i>Use erythromycin (acne aid)</i>)	NP	QL(60 gm per fill retail)
Mucolytics			<i>erythromycin (acne aid)</i> GEL	P	QL(60 gm per fill retail)
<i>acetylcysteine SOLN</i>	P		<i>erythromycin (acne aid)</i> SOLN	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old); PA
Acne Products			KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NP	
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>Use isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old); PA	RETIN-A CREA (<i>Use tretinoin</i>)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)
ACNE MEDICATION 10 LOTN	P	OTC	RETIN-A GEL 0.01 % (<i>Use tretinoin</i>)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)
ACNE MEDICATION 5 LOTN	P	OTC	RETIN-A GEL 0.025 % (<i>Use tretinoin</i>)	NP	AL(Up to 35 yrs old)
BENZAC AC WASH LIQD 5 % (<i>Use benzoyl peroxide</i>)	NP	RX/OTC	SODIUM SULFACETAMIDE/SULFUR SUSP 10 %-5 %	P	
BENZOYL PEROXIDE CLEANSER LIQD	P		<i>sulfacetamide sodium (acne)</i>	P	
<i>benzoyl peroxide BAR</i>	P		<i>sulfacetamide sodium w/ sulfur</i> LOTN 10 %-5 %	P	QL(60 gm per fill retail)
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P				
<i>benzoyl peroxide LIQD 4 %, 5 %, 10 %</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 gm per 30 days retail)
<i>tretinoin GEL 0.025 %</i>	P	AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ml per 30 days retail)
<i>tretinoin GEL 0.01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)	<i>econazole nitrate CREA</i>	P	QL(30 gm per fill retail)
Antibiotics - Topical			<i>ketoconazole (topical) CREA</i>	P	QL(60 gm per fill retail)
<i>bacitracin (topical) OINT</i>	P	OTC; QL(30 gm per fill retail)	<i>ketoconazole (topical) SHAM 2 %</i>	P	
<i>bacitracin zinc OINT</i>	P	OTC; QL(30 ea per fill retail)	LAMISIL AT JOCK ITCH CREA (Use <i>terbinafine hcl (topical)</i>)	NP	OTC; QL(30 gm per fill retail)
CENTANY OINT	P		LAMISIL AT CREA (Use <i>terbinafine hcl (topical)</i>)	NP	OTC; QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	P	QL(60 gm per fill retail)	LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC
<i>gentamicin sulfate (topical) OINT</i>	P	QL(60 gm per fill retail)	LOTRIMIN AF CREA (Use <i>clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC
<i>mupirocin calcium (topical)</i>	P	QL(30 gm per fill retail)	MICATIN CREA (Use <i>miconazole nitrate (topical)</i>)	NP	QL(60 gm per fill retail)
<i>mupirocin OINT</i>	P		<i>miconazole nitrate (topical) CREA</i>	P	QL(60 gm per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	P	OTC; QL(454 ea per fill retail)	NIZORAL SHAM	P	OTC
<i>neomycin-polymyxin w/ pramoxine</i>	P	OTC; QL(30 gm per fill retail)	<i>nystatin (topical) CREA</i>	P	QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT (Use <i>neomycin-bacitracin-polymyxin</i>)	NP	OTC; QL(454 ea per fill retail)	<i>nystatin (topical) OINT</i>	P	QL(30 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use <i>neomycin-polymyxin w/ pramoxine</i>)	NP	OTC; QL(30 gm per fill retail)	<i>nystatin (topical) POWD EX</i>	P	QL(60 gm per fill retail)
Antifungals - Topical			<i>nystatin-triamcinolone CREA</i>	P	QL(60 gm per fill retail)
<i>clotrimazole (topical) CREA</i>	P	QL(90 gm per fill retail); RX/OTC	<i>nystatin-triamcinolone OINT</i>	P	QL(60 gm per fill retail)
<i>clotrimazole (topical) SOLN</i>	P	QL(60 ml per fill retail); RX/OTC	<i>terbinafine hcl (topical) CREA</i>	P	OTC; QL(30 gm per fill retail)
			TINACTIN CREA (Use <i>tolnaftate</i>)	NP	OTC; QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>tolnaftate CREA</i>	P	OTC; QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	OTC
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	P	2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX (<i>Use diclofenac sodium (topical)</i>)	NP	2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	P	SP; PA
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NP	
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NP	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	P	
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ml per 30 days retail)
LEVULAN KERASTICK SOLR	P	SP; PA
TARGRETIN (<i>Use bexarotene (topical)</i>)	NP	SP; PA
VALCHLOR	P	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	P	OTC; QL(222 ml per fill retail)
SARNA LOTN (<i>Use camphor & menthol</i>)	NP	OTC; QL(222 ml per fill retail)
Antipsoriatics		
<i>calcipotriene CREA</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene SOLN</i>	P	QL(60 ml per fill retail)
COSENTYX SENSOREADY PEN SOAJ	P	SP; PA
COSENTYX SOSY	P	SP; PA
DOVONEX CREA (<i>Use calcipotriene</i>)	NP	
ILUMYA	P	SP; PA
SILIQ	P	SP; PA
SKYRIZI PEN SOAJ	P	SP; ST; PA
SKYRIZI PSKT	P	SP; PA
SKYRIZI SOSY	P	SP; PA
STELARA SOSY	P	SP; PA
TALTZ SOAJ	P	SP; PA
TALTZ SOSY	P	SP; PA
<i>tazarotene CREA</i>	P	QL(2 gm daily); AL(Up to 20 yrs old)
<i>tazarotene GEL</i>	P	QL(6.67 gm daily); AL(Up to 20 yrs old)
TAZORAC CREA (<i>Use tazarotene</i>)	NP	QL(2 gm daily); AL(Up to 20 yrs old)
TAZORAC CREA	P	QL(2 gm daily); AL(Up to 20 yrs old)
TAZORAC GEL (<i>Use tazarotene</i>)	NP	QL(6.67 gm daily); AL(Up to 20 yrs old)
TREMFYA SOPN	P	SP; PA
TREMFYA SOSY	P	SP; PA
Antiseborrheic Products		
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)
<i>selenium sulfide LOTN 1 %</i>	P	OTC; QL(420 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>selenium sulfide LOTN 2.5 %</i>	P		<i>betamethasone valerate CREA</i>	P	
<i>selenium sulfide SHAM 1 %</i>	P	OTC; QL(420 ml per fill retail)	<i>betamethasone valerate LOTN</i>	P	
SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)	<i>betamethasone valerate OINT</i>	P	
SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)	<i>clobetasol propionate emollient base 0.05 %</i>	P	QL(60 gm per fill retail)
SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)	<i>clobetasol propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)
SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)	<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 gm per fill retail)
SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)	<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 gm per fill retail)
<i>sulfacetamide sodium LIQD</i>	P	QL(120 gm per fill retail)	<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ml per fill retail)
Antivirals - Topical			DERMA-SMOOTH/FS SCALP OIL (<i>Use fluocinolone acetonide</i>)	NP	QL(118.28 ml per fill retail)
<i>acyclovir topical CREA</i>	P	QL(5 gm per fill retail)	<i>desonide CREA</i>	P	
<i>acyclovir topical OINT</i>	P	QL(30 gm per 30 days retail)	<i>desonide OINT</i>	P	QL(2 gm daily)
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	QL(5 gm per fill retail)	DESOWEN CREA (<i>Use desonide</i>)	NP	
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	QL(30 gm per 30 days retail)	<i>desoximetasone CREA 0.25 %</i>	P	QL(2 gm daily)
Burn Products			<i>desoximetasone CREA 0.05 %</i>	P	
SILVADENE (<i>Use silver sulfadiazine</i>)	NP		<i>desoximetasone GEL</i>	P	QL(2 gm daily)
<i>silver sulfadiazine</i>	P		<i>desoximetasone OINT 0.25 %</i>	P	QL(2 gm daily)
Corticosteroids - Topical			DIPROLENE AF CREA (<i>Use betamethasone dipropionate augmented</i>)	NP	QL(50 gm per fill retail)
<i>betamethasone dipropionate (topical) CREA</i>	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)	EPIFOAM FOAM	P	QL(15 gm per fill retail)
<i>betamethasone dipropionate augmented CREA</i>	P	QL(50 gm per fill retail)	<i>fluocinolone acetone OIL</i>	P	QL(118.28 ml per fill retail)
			<i>fluocinonide emulsified base</i>	P	QL(60 gm per fill retail)
			<i>fluocinonide CREA 0.05 %</i>	P	1 rtl pack lmt per fill; QL(150 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide GEL</i>	P	QL(60 gm per fill retail)
<i>fluocinonide OINT</i>	P	QL(60 gm per fill retail)
<i>fluocinonide SOLN</i>	P	QL(60 ml per fill retail)
<i>fluticasone propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)
<i>fluticasone propionate OINT</i>	P	QL(60 gm per fill retail)
<i>hydrocortisone (topical) CREA 2.5 %</i>	P	
<i>hydrocortisone (topical) CREA 1 %</i>	P	QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (topical) CREA 0.5 %</i>	P	OTC
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(120 ml per fill retail)
<i>hydrocortisone (topical) LOTN 1 %</i>	P	QL(453.6 gm per fill retail)
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC
<i>hydrocortisone butyrate SOLN</i>	P	
<i>mometasone furoate CREA</i>	P	QL(50 gm per fill retail)
<i>mometasone furoate OINT</i>	P	QL(45 gm per fill retail)
<i>mometasone furoate SOLN</i>	P	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>hydrocortisone (topical)</i>)	NP	QL(454 gm per fill retail); RX/OTC
TEMOVATE CREA (Use <i>clobetasol propionate</i>)	NP	QL(60 gm per fill retail)
TEMOVATE OINT (Use <i>clobetasol propionate</i>)	NP	QL(60 gm per fill retail)
TOPICORT CREA 0.05 % (Use <i>desoximetasone</i>)	NP	
TOPICORT CREA 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPICORT GEL (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
TOPICORT OINT 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
<i>triamcinolone acetonide (topical) CREA</i>	P	
<i>triamcinolone acetonide (topical) LOTN</i>	P	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.025 %</i>	P	QL(454 gm per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %</i>	P	
TRIDESILON CREA 0.05 % (Use <i>desonide</i>)	NP	
Eczema Agents		
ADBRY	P	SP; PA
CIBINQO	P	SP; PA
Emollient/Keratolytic Agents		
KERALAC CREA 47 % (Use <i>urea</i>)	NF	
<i>urea CREA 40 %</i>	P	RX/OTC
<i>urea LOTN 40 %</i>	P	
UTOPIC CREA (Use <i>urea</i>)	NF	
Emollients		
EMOLLIENT LOTION-MISC	P	RX/OTC
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(385 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 gm per fill retail); RX/OTC
Immunomodulating Agents - Topical		
ALDARA (Use <i>imiquimod</i>)	NP	QL(48 ea per 180 days retail)
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELIDEL (<i>Use pimecrolimus</i>)	NP	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA	CASTIVA WARMING LOTN	P	OTC; QL(30 gm per fill retail)
<i>pimecrolimus</i>	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA	<i>dibucaine</i>	P	OTC; QL(56.7 gm per fill retail)
PROTOPIC OINT 0.03 % (<i>Use tacrolimus (topical)</i>)	NP	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA	<i>lidocaine hcl CREA 4 %</i>	P	OTC; QL(2 gm daily)
PROTOPIC OINT 0.1 % (<i>Use tacrolimus (topical)</i>)	NP	QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA	<i>lidocaine hcl CREA 3 %</i>	P	QL(453.6 gm per fill retail); RX/OTC
<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA	<i>lidocaine hcl GEL 2 %</i>	P	AL(At least 21 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA	<i>lidocaine CREA 4 %</i>	P	OTC; QL(2 gm daily)
Keratolytic/Antimitotic Agents			<i>lidocaine OINT</i>	P	1 rtl pack lmt per fill; QL(100 gm per 30 days retail)
DERMAREST PSORIASIS GEL	P	OTC	<i>lidocaine-prilocaine CREA</i>	P	QL(30 gm per fill retail)
KERALYT GEL	P	OTC	LMX 4 CREA (<i>Use lidocaine</i>)	NP	OTC; QL(2 gm daily)
KERALYT GEL (<i>Use salicylic acid</i>)	NP		RA ARTHRITIS PAIN RELIEF CREA	P	OTC; QL(60 gm per fill retail)
<i>podofilox SOLN</i>	P		Misc. Topical		
<i>salicylic acid GEL 6 %</i>	P		DRYSOL SOLN	P	
Local Anesthetics - Topical			<i>lanolin (topical) CREA</i>	P	OTC
<i>capsaicin CREA 0.025 %, 0.075 %</i>	P	OTC; QL(60 gm per fill retail)	<i>lanolin (topical) OINT</i>	P	OTC
<i>capsaicin CREA 0.1 %</i>	P	OTC; QL(43 gm per fill retail)	LANOLOR CREA	P	OTC
CAPZASIN-HP CREA (<i>Use capsaicin</i>)	NP	OTC; QL(43 gm per fill retail)	OFF DEEP WOODS AERO	P	OTC; QL(170 gm per fill retail, 340 gm per 30 days retail)
CAPZASIN-P CREA	P	OTC; QL(42.5 gm per fill retail)	OFF DEEP WOODS DRY AERO	P	OTC; QL(113 gm per fill retail, 226 gm per 30 days retail)
			REPEL SPORTSMEN MAX LOTN	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP		OVIDE (Use malathion)	NP	QL(59 ml per fill retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC; QL(170 gm per fill retail, 340 gm per 30 days retail)	permethrin CREA	P	QL(360 gm per fill retail)
ULTRATHON INSECT REPELLENT LOTN	P	OTC; QL(57 gm per fill retail; 114 gm per 30 days retail)	permethrin LIQD EX	P	OTC
zinc oxide (topical) OINT 20 %	P	OTC; QL(500 gm per fill retail)	permethrin LOTN	P	OTC
Rosacea Agents			pyrethrins-piperonyl butoxide LIQD	P	OTC
METROCREAM CREA (Use metronidazole (topical))	NP		pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P	OTC
METROLOTION LOTN (Use metronidazole (topical))	NP		pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	P	OTC
metronidazole (topical) CREA	P		RID ESSENTIAL LICE ELIMINATION KIT KIT EX	P	OTC
metronidazole (topical) GEL 0.75 %	P	QL(45 gm per fill retail)	SCHOOLTIME SHAMPOO SHAM	P	OTC; QL(1 ml per 14 days retail)
metronidazole (topical) LOTN	P		spinosad	P	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail)
Scabicides & Pediculicides			Tar Products		
crotamiton LOTN	P	QL(454 gm per fill retail)	coal tar extract SHAM 0.5 %	P	OTC
LICEMD GEL	P	OTC	DHS TAR GEL SHAM (Use coal tar extract)	NP	OTC
malathion	P	QL(59 ml per fill retail)	DHS TAR SHAM (Use coal tar extract)	NP	OTC
NATROBA (Use spinosad)	NP	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail)	NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	NP	OTC
NIX CREME RINSE LIQD EX (Use permethrin)	NP	OTC	Wound Care Products		
			AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	P	SP; PA
			APLIGRAF DISK	P	SP; PA
			CORETEXT SUSP 1 ML, 2 ML	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPICORD/ 1CM X 2CM SHEE	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	P	SP; PA	NOVACHOR	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	P	SP; PA	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	P	SP; PA	OASIS WOUND MATRIX	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	P	SP; PA	OSTEOCONDUCTIVE MATRIX PLUS	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	P	SP; PA	PROTEXT SUSP	P	SP; PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P	SP; PA	PURAPLY 2CM X 4CM	P	SP; PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X7CM/MESHED	P	SP; PA	PURAPLY 5CM X 5 CM	P	SP; PA
			PURAPLY 6CM X 9CM	P	SP; PA
			DIAGNOSTIC PRODUCTS		
			Diagnostic Drugs		
			CORTROSYN SOLR (Use cosyntropin)	NP	SP; PA
			cosyntropin SOLR	P	SP; PA
			THYROGEN 0.9 MG	P	SP; PA
			Diagnostic Tests		
			ACCU-CHEK GUIDE TEST STRIPS STRP	NP	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD VERITOR AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)	FASTEP COVID-19 ANTIGEN HOME TEST KIT	NP	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	QL(2 ea per fill retail)	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC	FORA GTEL BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	P	OTC; QL(1 ea daily)
CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
CHEMSTRIP-K STRP	P	OTC; QL(6.67 ea daily)	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	NP	
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	NP	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	NP		GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
COVID-19 AG TEST KIT	NP		GOJJI BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
COVID-19 AT-HOME TEST KIT KIT	NP		IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	QL(2 ea per fill retail)
COVID-19 AT-HOME TEST KIT KIT	P	QL(2 ea per fill retail)	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	NP	
CVS COVID-19 AT HOME TESTKIT KIT	NP		INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 ea per fill retail)
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC	KETONE STRP	P	OTC; QL(6.67 ea daily)
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	KETOSTIX STRP	P	OTC; QL(6.67 ea daily)
ELLUME COVID-19 HOME TEST KIT	P	QL(2 ea per fill retail)	NOVA MAX PLUS KETONE TESTSTRIPS	P	OTC; QL(1 ea daily)
EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	QL(2 ea per fill retail)
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	NP	
ONETOUCH ULTRA STRP	NP	RX/OTC
ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips; RX/OTC
ONETOUCH VERIO IN VITRO MEDI-CAL STRP	NP	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	NP	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	Clinical Edit: Test Strips; RX/OTC
PILOT COVID-19 AT-HOME TEST KIT	NP	
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
PRECISION XTRA	P	OTC; QL(1 ea daily)
PTS PANELS EGLU STRP	NP	RX/OTC
PTS PANELS KETONE TEST	P	OTC; QL(1 ea daily)
QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	NP	
RELION KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP	

Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	
<i>acetazolamide TABS</i>	P	
<i>dichlorphenamide</i>	P	SP; PA
KEVEYIS (Use <i>dichlorphenamide</i>)	NP	SP; PA
<i>methazolamide TABS</i>	P	
Diuretic Combinations		
ALDACTAZIDE (Use <i>spironolactone & hydrochlorothiazide</i>)	NP	
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 ea daily)
MAXZIDE-25 TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NP	
MAXZIDE TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NP	
<i>spironolactone & hydrochlorothiazide</i>	P	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	
<i>triamterene & hydrochlorothiazide TABS</i>	P	
Loop Diuretics		
<i>bumetanide TABS</i>	P	
BUMEX TABS 0.5 MG (Use <i>bumetanide</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P	
<i>furosemide TABS</i>	P	
LASIX TABS (<i>Use furosemide</i>)	NP	
SOAANZ TABS 20 MG	NP	QL(1 ea daily)
<i>torseamide TABS</i>	P	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NP	
<i>amiloride hcl TABS</i>	P	QL(4 ea daily)
<i>spironolactone TABS</i>	P	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>hydrochlorothiazide CAPS</i>	P	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	P	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>metolazone</i>	P	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	P	SP; PA
RECORLEV	P	SP; PA
Bone Density Regulators		
ACTONEL TABS 35 MG (<i>Use risedronate sodium</i>)	NP	QL(4 ea per fill retail); PA
<i>alendronate sodium SOLN</i>	P	QL(10.8 ml daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 ea daily)
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NP	QL(4 ea per 28 days retail); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>calcitonin (salmon) NA</i>	P	1 rtl pack lmt per fill
<i>calcitonin (salmon) IJ</i>	P	QL(2 ml per fill retail)
EVENITY	P	SP; PA
FORTEO SOPN	P	SP; PA
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	QL(0.15 ea daily)
<i>ibandronate sodium SOLN</i>	P	SP; PA
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NP	QL(2 ml per fill retail)
NATPARA	P	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	P	SP; PA
PAMIDRONATE DISODIUM SOLN	P	SP; PA
PROLIA SOSY	P	SP; PA
RECLAST SOLN (<i>Use zoledronic acid</i>)	NP	SP; PA
<i>risedronate sodium TABS 35 MG</i>	P	QL(4 ea per fill retail); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	P	QL(1 ea daily); PA
<i>risedronate sodium TBEC</i>	P	QL(4 ea per 28 days retail); PA
TERIPARATIDE SOPN	P	SP; PA
TYMLOS	P	SP; PA
XGEVA SOLN	P	SP; PA
<i>zoledronic acid CONC</i>	P	SP; PA
<i>zoledronic acid SOLN</i>	P	SP; PA
ZOLEDRONIC ACID SOLN	P	SP; PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	P	PA
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA

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GONAL-F RFF REDIJECT SOPN	P	PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
GONAL-F RFF SOLR SC	P	PA	FENSOLVI SC	P	SP; PA
GONAL-F SOLR IJ	P	PA	LUPRON DEPOT-PED (1-MONTH)	P	SP; PA
MENOPUR SC	P	PA	LUPRON DEPOT-PED (3-MONTH)	P	SP; PA
NOVAREL IM	P	PA	SUPPRELIN LA	P	SP; PA
OVIDREL INJ	P	PA	SYNAREL	P	SP; PA
PREGNYL IM 10000 UNIT	P	PA	TRIPTODUR	P	SP; PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	P	PA	Metabolic Modifiers		
GnRH/LHRH Antagonists			ALDURAZYME	P	SP; PA
<i>cetrorelix acetate</i>	P	PA	<i>betaine</i>	P	SP; PA
CETROTIDE 0.25 MG	P	PA	BRINEURA	P	SP; PA
<i>ganirelix acetate</i>	P	PA	BUPHENYL POWD (Use sodium phenylbutyrate)	NP	SP; PA
GANIRELIX ACETATE (Use <i>ganirelix acetate</i>)	NP	PA	BUPHENYL TABS (Use sodium phenylbutyrate)	NP	SP; PA
Growth Hormone Receptor Antagonists			<i>calcitriol CAPS</i>	P	
SOMAVERT	P	SP; PA	CARBAGLU (Use <i>carglumic acid</i>)	NP	SP; PA
Growth Hormones			<i>carglumic acid</i>	P	SP; PA
NORDITROPIN FLEXPRO SOPN	P	SP; PA	CARNITOR SF SOLN OR (Use <i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)
SAIZEN IJ	P	SP; PA	CARNITOR SOLN OR 1 GM/10ML (Use <i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)
SAIZENPREP RECONSTITUTIONKIT IJ	P	SP; PA	CARNITOR TABS (Use <i>levocarnitine (metabolic modifiers)</i>)	NP	QL(3 ea daily)
SEROSTIM SC 4 MG, 5 MG, 6 MG	P	SP; PA	<i>cinacalcet hcl</i>	P	SP; PA
SKYTROFA	P	SP; PA	CRYSVITA	P	SP; PA
ZORBTIVE SC	P	SP; PA	CYSTADANE (Use <i>betaine</i>)	NP	SP; PA
Hormone Receptor Modulators			ELAPRASE	P	SP; PA
EVISTA (Use <i>raloxifene hcl</i>)	NP	QL(1 ea daily)	GALAFOLD	P	QL(0.5 ea daily); SP; PA
<i>raloxifene hcl</i>	P	QL(1 ea daily)	KANUMA	P	SP; PA
Insulin-Like Growth Factor Receptor Inhibitors					
TEPEZZA	P	SP; PA			
Insulin-Like Growth Factors (Somatomedins)					
INCRELEX	P	SP; PA			

Georgia Inter-Pregnancy Care

Updated October 1, 2023

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA	STRENSIQ	P	SP; PA
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA	VIMIZIM	P	SP; PA
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	P	QL(30 ml daily)	XURIDEN	P	SP; PA
<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 ea daily)	ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NP	SP; PA
LUMIZYME	P	SP; PA	Natriuretic Peptides		
MEPSEVII	P	SP; PA	VOXZOGO	P	SP; PA
MYALEPT	P	SP; PA	Posterior Pituitary Hormones		
NAGLAZYME	P	SP; PA	DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NP	SP; PA
NEXVIAZYME	P	SP; PA	DDAVP TABS (<i>Use desmopressin acetate</i>)	NP	QL(6 ea daily)
<i>nitisinone CAPS</i>	P	SP; PA	<i>desmopressin acetate spray</i>	P	QL(5 ml per fill retail)
NITYR TABS	P	SP; PA	<i>desmopressin acetate spray refrigerated</i>	P	QL(5 ml per fill retail)
NULIBRY	P	SP; PA	<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
ORFADIN CAPS 20 MG	P	SP; PA	DESMOPRESSIN ACETATE SOLN NA	P	SP; PA
ORFADIN CAPS (<i>Use nitisinone</i>)	NP	SP; PA	<i>desmopressin acetate TABS</i>	P	QL(6 ea daily)
ORFADIN SUSP	P	SP; PA	STIMATE SOLN NA	P	SP; PA
PALYNZIQ	P	SP; PA	Somatostatic Agents		
<i>paricalcitol SOLN</i>	P	SP; PA	<i>octreotide acetate SOLN</i>	P	SP; PA
PARSABIV	P	SP; PA	SANDOSTATIN LAR DEPOT KIT	P	SP; PA
RAVICTI	P	SP; PA	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP; PA
REVCovi	P	SP; PA	SIGNIFOR	P	SP; PA
ROCALtrol CAPS (<i>Use calcitriol</i>)	NP		SIGNIFOR LAR	P	SP; PA
<i>sapropterin dihydrochloride PACK</i>	P	SP; PA	Vasopressin Receptor Antagonists		
<i>sapropterin dihydrochloride TABS</i>	P	SP; PA	JYNARQUE TABS	P	SP; PA
SENSIPAR (<i>Use cinacalcet hcl</i>)	NP	SP; PA	JYNARQUE TBPK	P	SP; PA
<i>sodium phenylbutyrate POWD</i>	P	SP; PA	SAMSCA TABS (<i>Use tolvaptan</i>)	NP	SP; PA
<i>sodium phenylbutyrate TABS</i>	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>tolvaptan TABS</i>	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 days retail)
<i>estradiol & norethindrone acetate TABS</i>	P	QL(1 ea daily)
FEMHRT (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NP	
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPHASE	P	
PREMPRO	P	
Estrogens		
ALORA PTTW	P	QL(8 ea per fill retail)
CLIMARA PTWK (<i>Use estradiol</i>)	NP	QL(4 ea per fill retail)
ESTRACE TABS (<i>Use estradiol</i>)	NP	
<i>estradiol PTTW</i>	P	QL(8 ea per fill retail)
<i>estradiol PTWK</i>	P	QL(4 ea per fill retail)
<i>estradiol TABS</i>	P	
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(8 ea per fill retail)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(8 ea per fill retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin TABS</i>	P	QL(1 ea daily; 14 ea per fill retail)
<i>ofloxacin 400 MG</i>	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ml per 30 days retail)
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ml per 30 days retail)
<i>simethicone CHEW 80 MG</i>	P	OTC
<i>simethicone LIQD OR 20 MG/0.3ML</i>	P	OTC; QL(31 ml per 30 days retail)
<i>simethicone SUSP</i>	P	OTC; QL(31 ml per 30 days retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	P	SP; PA
Farnesoid X Receptor (FXR) Agonists		
OALIVA	P	QL(1 ea daily); SP; PA
Gallstone Solubilizing Agents		
CHENODAL	P	SP; PA
URSO 250 TABS (<i>Use ursodiol</i>)	NP	QL(7 ea daily)
<i>ursodiol CAPS</i>	P	
<i>ursodiol TABS 250 MG</i>	P	QL(7 ea daily)
Gastrointestinal Stimulants		
GIMOTI SOLN NA	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NP	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	P	SP; PA
BYLVAY CAPS	P	SP; PA
LIVMARLI	P	SP; PA
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NP	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	
AVSOLA	P	SP; PA
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	P	QL(9 ea daily)
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	QL(9 ea daily)
DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
ENTYVIO	P	SP; PA
INFLECTRA	P	SP; PA
INFLIXIMAB	P	SP; PA
LIALDA TBEC (<i>Use mesalamine</i>)	NP	
<i>mesalamine CP24</i>	P	
<i>mesalamine CPDR</i>	P	
<i>mesalamine ENEM</i>	P	QL(60 ml daily)
<i>mesalamine TBEC</i>	P	
REMICADE	P	SP; PA
RENFLEXIS	P	SP; PA
SFROWASA ENEM	P	

Drug Name	Drug Tier	Requirements/ Limits
STELARA 130 MG/26ML	P	SP; PA
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	P	
Short Bowel Syndrome (SBS) Agents		
GATTEX	P	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	P	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS -		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	P	
<i>sodium citrate & citric acid</i>	P	QL(500 ml per 30 days retail); RX/OTC
<i>sodium citrate & citric acid</i>	NP	RX/OTC
UROKIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROKIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP; PA
PROCYSBI CPDR	P	SP; PA
PROCYSBI PACK	P	SP; PA
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
Hyperoxaluria Agents		
OXLUMO	P	SP; PA
Prostatic Hypertrophy Agents		
<i>finasteride</i>	P	QL(1 ea daily)
FLOMAX (Use <i>tamsulosin hcl</i>)	NP	QL(2 ea daily)
PROSCAR (Use <i>finasteride</i>)	NP	QL(1 ea daily)
<i>tamsulosin hcl</i>	P	QL(2 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl</i> TABS 100 MG, 100 MG, 200 MG	P	
PYRIDIUM TABS (Use <i>phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		
THIOLA EC TBEC	P	SP; PA
THIOLA TABS (Use <i>tiopronin</i>)	NP	SP; PA
<i>tiopronin</i> TABS	P	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	P	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol</i>	P	
<i>colchicine</i> TABS	P	QL(6 ea per fill retail)
COLCRYS TABS (Use <i>colchicine</i>)	NP	QL(6 ea per fill retail)
KRYSTEXXA	P	SP; PA
ZYLOPRIM (Use <i>allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
FIBRYGA	P	SP; PA
HEMLIBRA	P	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HEMOFIL M SOLR 1501 - 2000 UNIT	P	PA
HUMATE-P SOLR	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
JIVI	P	SP; PA
KCENTRA	P	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	P	SP; PA
KOATE SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
MONONINE 1000 UNIT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIASTAP	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	NP	SP; PA
<i>icatibant acetate SOLN</i>	P	SP; PA
<i>icatibant acetate SOSY</i>	P	SP; PA
Complement Inhibitors		
BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	P	SP; PA
ENJAYMO	P	SP; PA
HAEGARDA SOLR SC	P	SP; PA
RUCONEST	P	SP; PA
TAVNEOS	P	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Hemin		
PANHEMATIN 350 MG	P	SP; PA
Human Protein C		
CEPROTIN	P	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	P	SP; PA
ORLADEYO	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
TAKHZYRO SOSY	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Plasma Proteins		
RYPLAZIM	P	SP; PA
THROMBATE III	P	SP; PA
THROMBATE III W/10 ML STERILE WATER	P	SP; PA
THROMBATE III W/20 ML STERILE WATER	P	SP; PA
Platelet Aggregation Inhibitors		
BRILINTA	P	QL(2 ea daily)
CABLIVI	P	SP; PA
<i>cilostazol</i>	P	QL(2 ea daily)
<i>clopidogrel bisulfate 75 MG</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 ea daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	P	QL(1 ea daily)
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	P	SP; PA
PYRUKYND TABS	P	SP; PA
Thrombolytic Agent - Misc		
DEFITELIO	P	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
<i>miglustat</i>	P	SP; PA
ZAVESCA (Use <i>miglustat</i>)	NP	SP; PA
Agents for Sick Cell Disease		
DROXIA CAPS	P	
ENDARI	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
OXBRYTA TABS 500 MG	P	SP; PA
OXBRYTA TBSO	P	SP; PA
SIKLOS TABS	P	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ</i>	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	OTC; QL(1 ea daily)
<i>folic acid TABS 1 MG</i>	P	RX/OTC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP; PA
ARANESP ALBUMIN FREE SOSY	P	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA
GRANIX SOLN	P	SP; PA
GRANIX SOSY	P	SP; PA
LEUKINE SOLR IJ	P	SP; PA
MIRCERA	P	SP; PA
MULPLETA	P	SP; PA
NEUPOGEN SOLN	P	SP; PA
NEUPOGEN SOSY	P	SP; PA
NIVESTYM SOLN	P	SP; PA
NIVESTYM SOSY	P	SP; PA
NYVEPRIA	P	SP; PA
PROCRIT	P	SP; PA
PROCRIT	P	SP; PA
RELEUKO SOLN	P	SP; PA
RELEUKO SOSY	P	SP; PA
RETACRIT	P	SP; PA
RETACRIT	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZARXIO	P	SP; PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NP	OTC; QL(3.4 ml daily)
FERRETTES TABS	P	OTC; QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	P	OTC; QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	OTC; QL(100 ea per 30 days retail); AL(Up to 50 yrs old)
<i>ferrous sulfate ELIX</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate SOLN</i>	P	OTC; QL(3.4 ml daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate TBEC</i>	P	OTC; AL(Up to 50 yrs old)
FERROUS SULFATE TBEC	P	OTC; AL(Up to 50 yrs old)
IRON CHEWS PEDIATRIC CHEW	P	OTC
IRON TABS 28 MG	P	OTC
<i>polysaccharide iron complex CAPS 150 MG</i>	P	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL (<i>Use plerixafor</i>)	NP	SP; PA
<i>plerixafor</i>	P	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR (<i>Use aminocaproic acid</i>)	NP	QL(236.5 ml per 30 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMICAR TABS 1000 MG (Use aminocaproic acid)	NP	SP; PA	Non-Barbiturate Hypnotics		
AMICAR TABS 500 MG (Use aminocaproic acid)	NP	QL(24 ea per fill retail); SP	AMBIEN TABS (Use zolpidem tartrate)	NP	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
aminocaproic acid SOLN OR 0.25 GM/ML	P	QL(236.5 ml per 30 days retail); SP	flurazepam hcl	P	AL(At least 18 yrs old - Up to 65 yrs old)
aminocaproic acid SOLN IV 250 MG/ML	P	SP; PA	HALCION 0.25 MG (Use triazolam)	NP	QL(1 ea daily); AL(At least 18 yrs old)
aminocaproic acid TABS 500 MG	P	QL(24 ea per fill retail); SP	midazolam hcl SOLN IJ	P	
aminocaproic acid TABS 1000 MG	P	SP; PA	RESTORIL 15 MG, 30 MG (Use temazepam)	NP	AL(At least 18 yrs old)
LYSTEDA TABS (Use tranexamic acid)	NP	QL(30 ea per 7 days retail); AL(At least 12 yrs old)	temazepam 15 MG, 30 MG	P	AL(At least 18 yrs old)
tranexamic acid TABS	P	QL(30 ea per 7 days retail); AL(At least 12 yrs old)	triazolam	P	QL(1 ea daily); AL(At least 18 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			zaleplon 5 MG	P	QL(1 ea daily); AL(At least 18 yrs old)
Antihistamine Hypnotics			zaleplon 10 MG	P	QL(2 ea daily); AL(At least 18 yrs old)
diphenhydramine hcl (sleep) CAPS 50 MG	P	OTC	zolpidem tartrate TABS	P	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
diphenhydramine hcl (sleep) TABS 25 MG	P	OTC; QL(1 ea daily)	LAXATIVES - Bowel Treatment Drugs		
diphenhydramine hcl (sleep) TABS 50 MG	P	OTC	Bulk Laxatives		
doxylamine succinate (sleep)	P	OTC	calcium polycarbophil TABS	P	OTC; QL(10 ea daily)
UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	NP	OTC	EVAC POWD (Use psyllium)	NP	OTC
UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	NP	OTC	KONSYL DAILY FIBER POWD (Use psyllium)	NP	OTC
Barbiturate Hypnotics			METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium)	NP	OTC
phenobarbital ELIX	P		METAMUCIL CAPS (Use psyllium)	NP	OTC
phenobarbital TABS	P		METAMUCIL POWD (Use psyllium)	NP	OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NATURAL FIBER LAXATIVE POWD	P	OTC	FLEET ENEMA ENEM (Use sodium phosphates)	NP	OTC
psyllium CAPS 0.52 GM	P	OTC	FLEET PEDIATRIC ENEM (Use sodium phosphates)	NP	OTC
psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 100 %	P	OTC	magnesium citrate	P	OTC
Laxative Combinations			magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	OTC; QL(992 ml per 30 days retail)
GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	NP	QL(4000 ml per fill retail)	sodium phosphates ENEM	P	OTC
NULYTELY (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	NP	QL(4000 ml per fill retail)	Stimulant Laxatives		
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	P	QL(4000 ml per fill retail)	bisacodyl SUPP	P	OTC; QL(12 ea per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	QL(4000 ml per fill retail)	bisacodyl TBEC	P	OTC; QL(1 ea daily)
PEG-PREP	P		DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	NP	OTC; QL(1 ea daily)
sennosides-docusate sodium TABS	P	OTC; QL(4 ea daily)	DULCOLAX SUPP (Use bisacodyl)	NP	OTC; QL(12 ea per fill retail)
SENOKOT S TABS (Use sennosides-docusate sodium)	NP	OTC; QL(4 ea daily)	DULCOLAX TBEC (Use bisacodyl)	NP	OTC; QL(1 ea daily)
Laxatives - Miscellaneous			sennosides TABS 8.6 MG	P	OTC; QL(12 ea per fill retail)
glycerin (laxative) SUPP 2 GM	P	OTC	SENOKOT TABS (Use sennosides)	NP	OTC; QL(12 ea per fill retail)
GLYCERIN ADULT SUPP (Use glycerin (laxative))	NP	OTC	Surfactant Laxatives		
lactulose SOLN	P		COLACE CLEAR CAPS (Use docusate sodium)	NP	OTC
MIRALAX POWD (Use polyethylene glycol 3350)	NP	QL(34 gm daily)	COLACE CAPS 100 MG (Use docusate sodium)	NP	OTC; QL(3 ea daily)
PEDIA-LAX SUPP (Use glycerin (laxative))	NF		docusate sodium CAPS 50 MG	P	OTC
polyethylene glycol 3350 POWD	P	QL(34 gm daily)	docusate sodium CAPS 100 MG, 250 MG	P	OTC; QL(3 ea daily)
SORBITOL OR 70 %	P	OTC	docusate sodium LIQD	P	OTC
Saline Laxatives			docusate sodium SYRP	P	OTC
			DOCUSATE SODIUM SYRP	P	OTC
			docusate sodium TABS	P	OTC

MACROLIDES - Drugs to Treat Bacterial Infections

Drug Name	Drug Tier	Requirements/ Limits
Azithromycin		
<i>azithromycin PACK</i>	P	QL(2 ea per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 ml per fill retail)
<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(30 ml per fill retail)
<i>azithromycin TABS 500 MG</i>	P	QL(4 ea daily)
<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)
<i>azithromycin TABS 600 MG</i>	P	QL(8 ea per 28 days retail)
<i>ZITHROMAX TRI-PAK TABS (Use azithromycin)</i>	NP	QL(4 ea daily)
<i>ZITHROMAX Z-PAK TABS (Use azithromycin)</i>	NP	QL(6 ea per fill retail)
<i>ZITHROMAX PACK (Use azithromycin)</i>	NP	QL(2 ea per fill retail)
<i>ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)</i>	NP	QL(15 ml per fill retail)
<i>ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)</i>	NP	QL(30 ml per fill retail)
<i>ZITHROMAX TABS 250 MG (Use azithromycin)</i>	NP	QL(6 ea per fill retail)
<i>ZITHROMAX TABS 500 MG (Use azithromycin)</i>	NP	QL(4 ea daily)
Clarithromycin		
<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>clarithromycin TABS</i>	P	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	P	QL(14 ea per fill retail)
Erythromycins		
<i>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</i>	NP	
<i>ERYPED 400 SUSR (Use erythromycin ethylsuccinate)</i>	NP	
<i>erythromycin base CPEP</i>	P	
<i>erythromycin base TABS</i>	P	
<i>erythromycin base TBEC</i>	P	
<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>erythromycin ethylsuccinate TABS</i>	P	
<i>erythromycin stearate TABS 250 MG</i>	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
GAUZE SPONGES	P	RX/OTC
Contraceptives		
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
Diabetic Supplies		
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	
DEXCOM G4 PLATINUM RECEIVER KIT	NP	
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	

Georgia Inter-Pregnancy Care Updated October 1, 2023
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G5 MOBILE RECEIVERKIT	NP		LANCING DEVICE-MISC	P	OTC
DEXCOM G5 RECEIVER KIT	NP		ONETOUCH SOLUTIONS FIT KIT	NP	
DEXCOM G6 RECEIVER	NP		ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	
DEXCOM G7 RECEIVER	NP		ONETOUCH ULTRA 2 KIT	P	RX/OTC
DEXCOM G7 SENSOR	NP		ONETOUCH ULTRA 2 KIT	NP	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EVERSENSE E3 SENSOR/HOLDER	NP		ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA	ONETOUCH VERIO REFLECT KIT	P	RX/OTC
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA	ONETOUCH VERIO REFLECT KIT	NP	RX/OTC
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA	TEMPO WELCOME KIT	NP	RX/OTC
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA	Misc. Devices		
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA	ALCOHOL PREP PADS-MISC	P	OTC
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA	Optical and Ophthalmic Supplies		
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SUSVIMO OCULAR IMPLANT	P	SP; PA
GUARDIAN 4 GLUCOSE SENSOR	NP		Parenteral Therapy Supplies		
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP		AQINJECT PEN NEEDLE/31G X 3/16"	NP	RX/OTC
LANCETS-MISC	P	QL (6.67 ea daily); OTC	AQINJECT PEN NEEDLE/32G X 5/32"	NP	RX/OTC
			AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	RX/OTC
			AUM PEN NEEDLE/32GX4MM	NP	RX/OTC
			AUM PEN NEEDLE/32GX6MM	NP	
			BD PEN NEEDLES	P	QL (5 ea daily); OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC
EMBRACE PEN NEEDLES/30G X 5MM	NP	RX/OTC	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	RX/OTC
EMBRACE PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily); RX/OTC	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP	
EMBRACE PEN NEEDLES/31G X 8MM	NP	RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC
EMBRACE PEN NEEDLES/32G X 4MM	NP	RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC
INSULIN SYRINGES	P	QL (5 ea daily); OTC	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	NP	RX/OTC
INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC	Respiratory Therapy Supplies		
INSUPEN 31G X 5MM	NP	RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSUPEN 31G X 8MM	NP	RX/OTC	ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSUPEN 32G X 4MM	NP	RX/OTC	ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
PEN NEEDLES 30GX5MM	NP	RX/OTC	ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEN NEEDLES 31GX5MM	NP	RX/OTC	ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
PEN NEEDLES 31GX8MM	NP	RX/OTC	ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEN NEEDLES 32GX4MM	NP	RX/OTC	AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	NP	RX/OTC	AIRZONE PEAK FLOW METER	P	RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	RX/OTC	ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	RX/OTC			
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC	DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
BREATHE EASE PEAK FLOW METER	P	RX/OTC	EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC	EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC	EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC	FILTER AIR PP MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH UNIVERSAL CPAP FILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 ea per 360 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC	FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
			INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KOKO PEAK PRO REPLACEMENT PLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC	PANDA MASK LARGE	P	QL(1 ea per 360 days retail); RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	P	RX/OTC	PANDA MASK MEDIUM	P	QL(1 ea per 360 days retail); RX/OTC
MASK VORTEX/CHILD/FROG	P	QL(1 ea per 360 days retail); RX/OTC	PANDA MASK SMALL	P	QL(1 ea per 360 days retail); RX/OTC
MASK VORTEX/TODDLER/LAD YBUG	P	QL(1 ea per 360 days retail); RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER	P	RX/OTC	PARI BABY CONVERSION KIT SIZE 1 MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	RX/OTC	PARI BABY CONVERSION KIT SIZE 2 MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	RX/OTC	PARI BABY CONVERSION KIT SIZE 3 MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI ELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI MASK SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
NOSE CLIP MISC	P	QL(1 ea per 360 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	RX/OTC
PARI VORTEX ADULT MASK	P	QL(1 ea per 360 days retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEAK A-I-R FLOW METER	P	RX/OTC	PURE COMFORT PEAK FLOW METER ADULT	P	RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	RX/OTC	PURE COMFORT PEAK FLOW METER CHILD	P	RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail); RX/OTC	REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC PANDA MASK	P	QL(1 ea per 360 days retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
PERSONAL BEST FULL RANGE	P	RX/OTC	SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PFLEX MISC	P	QL(1 ea per 360 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PIKO 1 ELECTRONIC	P	RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC
POCKET PEAK FLOW METER	P	RX/OTC			
POCKETPEAK PEAK FLOW METER LOW RANGE	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC	Migraine Products		
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	D.H.E. 45 SOLN IJ (<i>Use dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	P	AL(At least 18 yrs old)
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail); RX/OTC	MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail); RX/OTC	Serotonin Agonists		
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	AMERGE (<i>Use naratriptan hcl</i>)	NP	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)	<i>eletriptan hydrobromide</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)	IMITREX 5 MG/ACT, 20 MG/ACT (<i>Use sumatriptan</i>)	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
THRESHOLD IMT MISC	P	QL(1 ea per 360 days retail); RX/OTC	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
TRUZONE PEAK FLOW METER	P	RX/OTC	IMITREX SOLN 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
TUBING/WING TIP MISC	P	QL(1 ea per 360 days retail); RX/OTC	IMITREX TABS (<i>Use sumatriptan succinate</i>)	NP	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail); RX/OTC	MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(0.4 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			MAXALT TABS 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
Migraine Combinations					
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)			
<i>ergotamine w/ caffeine TABS</i>	P	AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl</i>	P	QL(9 ea per 30 days retail); AL(At least 18 yrs old)	ZOMIG TABS 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
RELPAZ (<i>Use eletriptan hydrobromide</i>)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)	MINERALS & ELECTROLYTES		
<i>rizatriptan benzoate TABS</i>	P	QL(12 ea per 30 days retail); AL(At least 6 yrs old)	Calcium		
<i>rizatriptan benzoate TBDP</i>	P	QL(0.4 ea daily)	CALCIUM 600+D HIGH POTENCY TABS	P	OTC; QL(2 ea daily)
<i>sumatriptan</i>	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)	<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG-600 MG, 800 UNIT-600 MG</i>	P	QL(2 ea daily)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)	<i>calcium carbonate-cholecalciferol TABS 200 UNIT-200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	P	OTC
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)	<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	OTC; QL(2 ea daily)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)	<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	OTC
<i>sumatriptan succinate TABS</i>	P	QL(9 ea per 30 days retail); AL(At least 12 yrs old)	CALTRATE 600+D3 TABS (<i>Use calcium carbonate-cholecalciferol</i>)	NP	QL(2 ea daily)
<i>zolmitriptan SOLN 5 MG</i>	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)	CALTRATE BONE HEALTH TABS (<i>Use calcium carbonate-cholecalciferol</i>)	NP	QL(2 ea daily)
<i>zolmitriptan TABS</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)	<i>oyster shell</i>	P	OTC
<i>zolmitriptan TBDP</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)	OYSTER SHELL CALCIUM/D TABS	P	OTC
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)	PARVA-CAL	P	OTC
			QC CALCIUM 500MG/D3 TABS	P	OTC
			Electrolyte Mixtures		
			BIOLYTE SOLN	P	QL(1000 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CERALYTE 70 SOLN	P	QL(1000 ml per fill retail)	MAGNESIUM OXIDE CAPS	P	OTC
CERASPORT EX1 SOLN	P	QL(1000 ml per fill retail)	MAGNESIUM CAPS 400 MG	P	OTC
CERASPORT SOLN	P	QL(1000 ml per fill retail)	MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NP	OTC
ENFAMIL ENFALYTE SOLN	P	QL(1000 ml per fill retail)	Phosphate		
EQUALYTE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	K-PHOS NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily)
HYDRALYTE FREEZER POPS SOLN	P	QL(1000 ml per fill retail)	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 ea daily)
HYDRALYTE SOLN	P	QL(1000 ml per fill retail)	Potassium		
KINDERLYTE PREMAX SOLN	P	QL(1000 ml per fill retail)	K-TAB TBCR 8 MEQ, 10 MEQ (<i>Use potassium chloride</i>)	NP	
KINDERLYTE SOLN	P	QL(1000 ml per fill retail)	<i>potassium bicarbonate TBEF</i>	P	
<i>oral electrolytes SOLN</i>	P	QL(1000 ml per fill retail)	<i>potassium chloride microencapsulated crystals er</i>	P	
PEDIALYTE ADVANCED CARE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 ea daily)
PEDIALYTE FREEZER POPS SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride CPCR 10 MEQ</i>	P	
PEDIALYTE SINGLES SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride PACK OR 20 MEQ</i>	P	
PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride SOLN OR 10 %, 20 %</i>	P	
Fluoride			<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	P	AL(Up to 15 yrs old)	Zinc		
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC	<i>zinc sulfate CAPS</i>	P	QL(100 ea per fill retail)
Magnesium			ZINC SULFATE CAPS	P	QL(100 ea per fill retail)
MAGNESIUM EXTRA STRENGTH CAPS	P	OTC	MISCELLANEOUS THERAPEUTIC CLASSES		
<i>magnesium oxide (mg supplement) TABS 400 MG</i>	P	OTC	Allogeneic Tissue		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RETHYMIC	P	SP; PA	GAMIFANT	P	SP; PA
Chelating Agents			IMURAN TABS (Use azathioprine)	NP	
DEPEN TITRATABS TABS (Use penicillamine)	NP		LUPKYNIS	P	SP; PA
penicillamine TABS	P		mycophenolate mofetil CAPS	P	
SYPRINE (Use trientine hcl)	NP	SP; PA	mycophenolate mofetil SUSR	P	
trientine hcl	P	SP; PA	mycophenolate mofetil TABS	P	
Enzymes			mycophenolate sodium	P	
XIAFLEX	P	SP; PA	MYFORTIC (Use mycophenolate sodium)	NP	
Fecal Incontinence Bulking Agents			NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NP	
SOLESTA	P	SP; PA	NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NP	
Immunomodulators			NULOJIX	P	SP; PA
lenalidomide	P	SP; PA	PROGRAF CAPS (Use tacrolimus)	NP	
REVLIMID	P	SP; PA	PROGRAF PACK	P	PA
REZUROCK	P	SP; PA	RAPAMUNE SOLN (Use sirolimus)	NP	
THALOMID	P	SP; PA	RAPAMUNE TABS (Use sirolimus)	NP	
VYVGART	P	SP; PA	SANDIMMUNE CAPS (Use cyclosporine)	NP	
Immunosuppressive Agents			SANDIMMUNE SOLN OR SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	P	
ATGAM	P	SP; PA	sirolimus SOLN	P	
azathioprine TABS 50 MG	P		sirolimus TABS	P	
azathioprine TABS 75 MG, 100 MG	P	PA	tacrolimus CAPS	P	
CELLCEPT CAPS (Use mycophenolate mofetil)	NP		THYMOGLOBULIN	P	SP; PA
CELLCEPT SUSR (Use mycophenolate mofetil)	NP		Lymphatic Agents		
CELLCEPT TABS (Use mycophenolate mofetil)	NP		SYLVANT	P	SP; PA
cyclosporine modified (for microemulsion) CAPS	P		PIK3CA-Related Overgrowth Spectrum (PROS)		
cyclosporine modified (for microemulsion) SOLN	P				
cyclosporine CAPS	P				
cyclosporine SOLN IV 50 MG/ML	P				
ENSPRYNG	P	SP; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Agents			PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
VIJOICE	P	SP; PA	PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NP	PA
Potassium Removing Agents			PREVIDENT FLUORIDE GEL (<i>Use sodium fluoride (dental)</i>)	NP	
<i>sodium polystyrene sulfonate POWD</i>	P		<i>sodium fluoride (dental) CREA</i>	P	PA
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	P		<i>sodium fluoride (dental) GEL</i>	P	
Progeria Treatment Agents			<i>sodium fluoride (dental) PSTE DT</i>	P	
ZOKINVY	P	SP; PA	Periodontal Products		
Systemic Lupus Erythematosus Agents			ARESTIN	P	SP; PA
BENLYSTA SOAJ	P	SP; PA	Steroids - Mouth/Throat/Dental		
BENLYSTA SOLR	P	SP; PA	<i>triamcinolone acetonide (mouth)</i>	P	QL(5 gm per fill retail)
BENLYSTA SOSY	P	SP; PA	Throat Products - Misc.		
SAPHNELO	P	SP; PA	AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH/THROAT/DENTAL AGENTS			BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
Anesthetics Topical Oral			CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)	CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
Anti-infectives - Throat			EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>nystatin (mouth-throat)</i>	P	QL(120 ml per fill retail)	MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
Antiseptics - Mouth/Throat			MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	P				
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NP				
Dental Products					
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP				
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOUTH KOTE SOLN	P	QL(900 ea per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC	Multivitamins		
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC	AMLADEX TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)	DAILY MULTIPLE VITAMINS TABS	P	OTC; QL(1 ea daily); RX/OTC
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC	ESTROFACTORS TABS	P	OTC; QL(1 ea daily); RX/OTC
SALAGEN 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NP	QL(6 ea daily)	FOLCYTEINE TABS	P	OTC; QL(1 ea daily); RX/OTC
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC	GENICIN VITA-Q TABS	P	OTC; QL(1 ea daily); RX/OTC
MULTIVITAMINS			HIGH POTENCY MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
B-Complex Vitamins			MULTI VITAMIN/D-3 TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex vitamins CAPS</i>	P	OTC; QL(1 ea daily)	MULTI VITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex vitamins TABS</i>	P	QL(1 ea daily)	<i>multiple vitamin TABS</i>	P	OTC; QL(1 ea daily); RX/OTC
B-Complex w/ C			MULTIVITAMIN ADULT TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b complex w/ c CAPS</i>	P	OTC; QL(1 ea daily)	MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	P	OTC; QL(1 ea daily); RX/OTC
B-Complex w/ Folic Acid			NEOMULTIVITE TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 ea daily); RX/OTC	OMNICAP TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	P	QL(1 ea daily); RX/OTC	ONE DAILY ESSENTIAL TABS	P	OTC; QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron			ONE VITE DAILY MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ iron TABS</i>	P	OTC; QL(1 ea daily)	ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 ea daily); RX/OTC
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	OTC; QL(1 ea daily)	ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals			QUINTABS TABS	P	OTC; QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC	THERA TABS	P	OTC; QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THEREMS MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-0.5 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT-400 UNIT-15 UNIT-0.5 MG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
TM-DAILY VITE TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN/FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
VITAZYME TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN/FLUORIDE CHEW	P	RX/OTC
Ped Multi Vitamins w/FI & FE			MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	P	RX/OTC
<i>ped multivitamins w/fl & iron SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals			<i>pediatric multivitamins w/fl CHEW</i>	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	RX/OTC
Ped MV w/ Fluoride			<i>pediatric multivitamins w/fl SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
FLORIVA PLUS SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	<i>pediatric vitamins acid w/ fluoride SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1 MG-15 UNIT	P	RX/OTC	POLY-VI-FLOR CHEW	P	RX/OTC
MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	POLY-VI-FLOR CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.5 MG-15 UNIT-1 MG-108 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	OTC; QL(50 ml per fill retail)
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG-15 UNIT-1 MG-108 MCG	P	RX/OTC	POLY-VI-SOL SOLN OR	P	OTC; QL(50 ml per fill retail)
QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VITA SOLN OR	P	OTC; QL(50 ml per fill retail)
Ped MV w/ Iron			POLY-VITE PEDIATRIC SOLN OR	P	OTC; QL(50 ml per fill retail)
BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Prenatal Vitamins		
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	OTC; QL(60 ml per fill retail)	PRENATAL VITAMINS-MISC	P	RX/OTC
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Vitamins w/ Lipotropics		
POLY-VI-SOL/IRON SOLN	P	OTC; QL(60 ml per fill retail)	<i>vitamins w/ lipotropics CAPS</i>	P	OTC; QL(1 ea daily)
POLY-VITA/IRON SOLN	P	OTC; QL(60 ml per fill retail)	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Articular Cartilage Repair Therapy		
Pediatric Multiple Vitamins			MACI	P	SP; PA
BPROTECTED PEDIA POLY-VITE SOLN OR	P	OTC; QL(50 ml per fill retail)	Central Muscle Relaxants		
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)	<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML</i>	P	SP; PA
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)	<i>baclofen TABS 10 MG, 20 MG</i>	P	
			<i>chlorzoxazone TABS 500 MG</i>	P	
			<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 ea daily)
			<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 ea daily)
			GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	P	SP; PA
			GABLOFEN SOLN IT (<i>Use baclofen</i>)	NP	SP; PA
			LIORESAL INTRATHECAL SOLN IT (<i>Use baclofen</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	P	SP; PA	Nasal Antiallergy		
methocarbamol TABS	P		azelastine hcl 0.1 %, 137 MCG/SPRAY	P	
orphenadrine citrate TB12	P		azelastine hcl 0.15 %, 205.5 MCG/SPRAY	P	QL(30 ml per fill retail); RX/OTC
tizanidine hcl TABS	P		cromolyn sodium (nasal) 5.2 MG/ACT	P	OTC; QL(26 ml per 30 days retail)
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP		NASALCROM (Use cromolyn sodium (nasal))	NP	OTC; QL(26 ml per 30 days retail)
Viscosupplements			Nasal Anticholinergics		
DUROLANE PRSY	P	SP; PA	ipratropium bromide (nasal) 0.06 %	P	QL(15 ml per 30 days retail)
EUFLEXXA SOSY	P	SP; PA	ipratropium bromide (nasal) 0.03 %	P	QL(31 ml per 30 days retail)
GEL-ONE	P	SP; PA	Nasal Steroids		
GELSYN-3 SOSY	P	SP; PA	FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
GENVISC 850 SOSY	P	SP; PA	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
HYALGAN SOLN	P	SP; PA	flunisolide (nasal) 0.025 %	P	QL(25 ml per 30 days retail)
HYALGAN SOSY	P	SP; PA	fluticasone propionate (nasal) SUSP	P	QL(16 ml per fill retail); RX/OTC
HYMOVIS	P	SP; PA	NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
HYRONAN KIT	P	SP; PA	NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
MONOVISC	P	SP; PA	triamcinolone acetonide (nasal) AERO	P	AL(At least 2 yrs old)
ORTHOVISC	P	SP; PA	Sympathomimetic Decongestants		
SUPARTZ FX SOSY	P	SP; PA			
SYNOJOYNT SOSY	P	SP; PA			
SYNVISC ONE SOSY	P	SP; PA			
SYNVISC SOSY	P	SP; PA			
TRILURON SOSY	P	SP; PA			
TRIVISC SOSY	P	SP; PA			
VISCO-3 SOSY	P	SP; PA			
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus					
Nasal Agents - Misc.					
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)			
SALINE NASAL SPRAY 0.65%	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADRENALIN 0.1 % (<i>Use epinephrine hcl (nasal)</i>)	NP	QL(120 ml per fill retail); AL(Up to 21 yrs old)	TIGLUTIK SUSP	P	SP; PA
<i>epinephrine hcl (nasal)</i>	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)	Muscular Dystrophy Agents		
<i>phenylephrine hcl (oral) TABS</i>	P	OTC; QL(24 ea per fill retail)	AMONDYS 45	P	SP; PA
<i>pseudoephedrine hcl TABS</i>	P	OTC; AL(Up to 21 yrs old)	EXONDYS 51	P	SP; PA
<i>pseudoephedrine hcl TB12</i>	P	OTC; QL(62 ea per 30 days retail); AL(Up to 21 yrs old)	VILTEPSO	P	SP; PA
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)	VYONDYS 53	P	SP; PA
SUDAFED CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)	Spinal Muscular Atrophy Agents (SMA)		
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC; QL(120 ml per fill retail)	EVRYSDI	P	SP; PA
SUDAFED PE SINUS CONGESTION TABS (<i>Use phenylephrine hcl (oral)</i>)	NP	OTC; QL(24 ea per fill retail)	SPINRAZA	P	SP; PA
SUDAFED SINUS CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)	ZOLGENSMA 10.1-10.5 KG	P	SP; PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			ZOLGENSMA 10.6-11.0 KG	P	SP; PA
ALS Agents			ZOLGENSMA 11.1-11.5 KG	P	SP; PA
EXSERVAN FILM	P	SP; PA	ZOLGENSMA 11.6-12.0 KG	P	SP; PA
RADICAVA ORS STARTER KIT SUSP	P	SP; PA	ZOLGENSMA 12.1-12.5 KG	P	SP; PA
RADICAVA ORS SUSP	P	SP; PA	ZOLGENSMA 12.6-13.0 KG	P	SP; PA
RADICAVA SOLN	P	SP; PA	ZOLGENSMA 13.1-13.5 KG	P	SP; PA
RILUTEK TABS (<i>Use riluzole</i>)	NP	PA	ZOLGENSMA 13.6-14.0 KG	P	SP; PA
<i>riluzole TABS</i>	P	PA	ZOLGENSMA 14.1-14.5 KG	P	SP; PA
			ZOLGENSMA 14.6-15.0 KG	P	SP; PA
			ZOLGENSMA 15.1-15.5 KG	P	SP; PA
			ZOLGENSMA 15.6-16.0 KG	P	SP; PA
			ZOLGENSMA 16.1-16.5 KG	P	SP; PA
			ZOLGENSMA 16.6-17.0 KG	P	SP; PA
			ZOLGENSMA 17.1-17.5 KG	P	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 17.6-18.0 KG	P	SP; PA
ZOLGENSMA 18.1-18.5 KG	P	SP; PA
ZOLGENSMA 18.6-19.0 KG	P	SP; PA
ZOLGENSMA 19.1-19.5 KG	P	SP; PA
ZOLGENSMA 19.6-20.0 KG	P	SP; PA
ZOLGENSMA 2.6-3.0 KG	P	SP; PA
ZOLGENSMA 20.1-20.5 KG	P	SP; PA
ZOLGENSMA 20.6-21.0 KG	P	SP; PA
ZOLGENSMA 3.1-3.5 KG	P	SP; PA
ZOLGENSMA 3.6-4.0 KG	P	SP; PA
ZOLGENSMA 4.1-4.5 KG	P	SP; PA
ZOLGENSMA 4.6-5.0 KG	P	SP; PA
ZOLGENSMA 5.1-5.5 KG	P	SP; PA
ZOLGENSMA 5.6-6.0 KG	P	SP; PA
ZOLGENSMA 6.1-6.5 KG	P	SP; PA
ZOLGENSMA 6.6-7.0 KG	P	SP; PA
ZOLGENSMA 7.1-7.5 KG	P	SP; PA
ZOLGENSMA 7.6-8.0 KG	P	SP; PA
ZOLGENSMA 8.1-8.5 KG	P	SP; PA
ZOLGENSMA 8.6-9.0 KG	P	SP; PA
ZOLGENSMA 9.1-9.5 KG	P	SP; PA
ZOLGENSMA 9.6-10.0 KG	P	SP; PA
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	OTC; QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC; QL(350 gm per fill retail)
Lipids		
DOJOLVI	P	SP; PA
Misc. Nutritional Substances		

Drug Name	Drug Tier	Requirements/ Limits
<i>omega-3 fatty acids CAPS</i>	P	OTC; QL(6 ea daily)
<i>omega-3 fatty acids CPDR</i>	P	QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	P	OTC; QL(31 ml per 30 days retail)
<i>white petrolatum-mineral oil</i>	P	OTC; QL(30 gm per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	
<i>carteolol hcl (ophth)</i>	P	
COSOPT (Use dorzolamide hcl-timolol maleate)	NP	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE	P	QL(10 ml per 30 days retail)
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 30 days retail)
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ml per 30 days retail)
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ea per 30 days retail)
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	NP	QL(15 ea per 30 days retail)
TIMOPTIC SOLN (Use timolol maleate (ophth))	NP	QL(15 ml per 30 days retail)
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	P	
<i>atropine sulfate (ophthalmic) SOLN</i>	P	
ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic))	NP	
ATROPINE SULFATE SOLN 1 %	P	

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Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL 0.5 %	P	QL(15 ml per 30 days retail)
CYCLOGYL 2 %	P	
CYCLOGYL (Use cyclopentolate hcl)	NP	
cyclopentolate hcl 0.5 %	P	QL(15 ml per 30 days retail)
cyclopentolate hcl 1 %, 2 %	P	
homatropine hbr	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (Use tropicamide)	NP	
phenylephrine hcl (mydriatic) SOLN 2.5 %	P	QL(5 ml per 30 days retail)
tropicamide SOLN	P	
Miotics		
ISOPTO CARPINE SOLN (Use pilocarpine hcl)	NP	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	P	
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	P	SP; PA
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	P	SP; PA
EYLEA SOLN	P	SP; PA
EYLEA SOSY	P	SP; PA
LUCENTIS SOLN	P	SP; PA
LUCENTIS SOSY	P	SP; PA
SUSVIMO SOLN	P	SP; PA
VABYSMO	P	SP; PA
Ophthalmic Adrenergic Agents		
apraclonidine hcl	P	
brimonidine tartrate 0.2 %	P	
IOPIDINE	P	
Ophthalmic Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
BACIGUENT	P	QL(4 gm per 30 days retail)
bacitracin (ophthalmic)	P	QL(4 gm per 30 days retail)
bacitracin-polymyxin b (ophth)	P	QL(4 gm per 30 days retail)
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	NP	QL(15 ml per 30 days retail)
CILOXAN OINT	P	
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	NP	
ciprofloxacin hcl (ophth) SOLN	P	
erythromycin (ophth)	P	
gentamicin sulfate (ophth) OINT	P	QL(4 gm per 30 days retail)
gentamicin sulfate (ophth) SOLN	P	
MOXEZA SOLN OP (Use moxifloxacin hcl (ophth))	NF	
moxifloxacin hcl (ophth) SOLN OP	P	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin	P	QL(4 gm per 30 days retail)
neomycin-polymyxin-gramicidin	P	QL(10 ml per 30 days retail)
OCUFLOX (Use ofloxacin (ophth))	NP	QL(10 ml per 30 days retail)
ofloxacin (ophth)	P	QL(10 ml per 30 days retail)
polymyxin b-trimethoprim	P	QL(10 ml per fill retail)
POLYTRIM (Use polymyxin b-trimethoprim)	NP	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) OINT	P	QL(4 gm per 30 days retail)
sulfacetamide sodium (ophth) SOLN	P	QL(15 ml per 30 days retail)
tobramycin (ophth) SOLN	P	QL(5 ml per 30 days retail)
TOBREX OINT	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOBREX SOLN (Use tobramycin (ophth))	NP	QL(5 ml per 30 days retail)	fluorometholone (ophth) SUSP	P	
trifluridine	P	QL(8 ml per 30 days retail)	FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NP	
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(3 ml per fill retail)	FML OINT	P	QL(4 gm per 30 days retail)
Ophthalmic Decongestants			ILUVIEN	P	SP; PA
naphazoline w/ pheniramine 0.315 %-0.027 %	P	OTC; QL(15 ml per 30 days retail)	MAXITROL OINT (Use neomycin-polymy-dexameth)	NP	QL(4 gm per 30 days retail)
OPCON-A (Use naphazoline w/ pheniramine)	NP	OTC; QL(15 ml per 30 days retail)	MAXITROL SUSP (Use neomycin-polymy-dexameth)	NP	QL(10 ml per 30 days retail)
tetrahydrozoline hcl (ophth) 0.05 %	P	OTC	neomycin-polymy-dexameth OINT	P	QL(4 gm per 30 days retail)
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	NP	OTC	neomycin-polymy-dexameth SUSP	P	QL(10 ml per 30 days retail)
Ophthalmic Gene Therapy			neomycin-polymyxin-hc (ophth)	P	QL(15 ml per 30 days retail)
LUXTURNA	P	SP; PA	OZURDEX IMPL	P	SP; PA
Ophthalmic Local Anesthetics			PRED FORTE (Use prednisolone acetate (ophth))	NP	
tetracaine hcl (ophth)	P		PRED MILD	P	QL(10 ml per 30 days retail)
Ophthalmic Photodynamic Therapy Agents			PRED-G SUSP	P	QL(5 ml per fill retail)
VISUDYNE	P	SP; PA	prednisolone acetate (ophth)	P	
Ophthalmic Photoenhancers			PREDNISOLONE ACETATE P-F	P	
PHOTREXA VISCOUS	P	SP; PA	PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 days retail)
PHOTREXA/PHOTREXA VISCOUS KIT	P	SP; PA	RETISERT	P	SP; PA
Ophthalmic Steroids			sulfacetamide sod-prednisolone SOLN	P	QL(10 ml per 30 days retail)
BLEPHAMIDE S.O.P. OINT	P		TOBRADEX OINT	P	QL(4 gm per 30 days retail)
BLEPHAMIDE SUSP	P	QL(10 ml per fill retail)	TOBRADEX SUSP (Use tobramycin-dexamethasone)	NP	QL(10 ml per fill retail)
dexamethasone sodium phosphate (ophth)	P		tobramycin-dexamethasone SUSP	P	QL(10 ml per fill retail)
DEXTENZA INST	P	SP; PA			
DEXYCU SUSP IO	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
TRIESENCE	P	SP; PA
XIPERE	P	SP; PA
YUTIQ	P	SP; PA
Ophthalmics - Misc.		
ACULAR (Use ketorolac tromethamine (ophth))	NP	QL(10 ml per fill retail)
ACULAR LS (Use ketorolac tromethamine (ophth))	NP	QL(5 ml per 30 days retail)
ALOCRIIL	P	QL(5 ml per 30 days retail); PA
ALOMIDE	P	QL(10 ml per 30 days retail); PA
azelastine hcl (ophth)	P	QL(6 ml per 30 days retail)
AZOPT (Use brinzolamide)	NP	
brinzolamide	P	
cromolyn sodium (ophth)	P	QL(10 ml per fill retail)
CYSTADROPS	P	SP; PA
CYSTARAN	P	SP; PA
diclofenac sodium (ophth)	P	QL(3 ml per 30 days retail)
dorzolamide hcl	P	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 30 days retail)
flurbiprofen sodium	P	QL(5 ml per 30 days retail)
ketorolac tromethamine (ophth) 0.5 %	P	QL(10 ml per fill retail)
ketorolac tromethamine (ophth) 0.4 %	P	QL(5 ml per 30 days retail)
ketotifen fumarate (ophth) 0.025 %	P	
TRUSOPT (Use dorzolamide hcl)	NP	QL(10 ml per 30 days retail)
ZADITOR (Use ketotifen fumarate (ophth))	NP	
Prostaglandins - Ophthalmic		

Drug Name	Drug Tier	Requirements/ Limits
latanoprost SOLN	P	QL(5 ml per 30 days retail)
LATANOPROST SOLN	P	QL(5 ml per 30 days retail)
XALATAN SOLN (Use latanoprost)	NP	QL(5 ml per 30 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ml per 30 days retail)
carbamide peroxide (otic) 6.5 %	P	OTC; QL(15 ml per 30 days retail)
DEBROX 6.5 % (Use carbamide peroxide (otic))	NP	OTC; QL(15 ml per 30 days retail)
Otic Anti-infectives		
ofloxacin (otic)	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX (Use ciprofloxacin-dexamethasone)	NP	1 rti MAX fill; 30 rti day(s) supply; QL(7.5 ml per fill retail)
ciprofloxacin-dexamethasone	P	1 rti MAX fill; 30 rti day(s) supply; QL(7.5 ml per fill retail)
neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) SUSP	P	QL(20 ml per 30 days retail)
pramoxine-hc-chloroxylonol	P	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC (Use fluocinolone acetonide (otic))	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)
fluocinolone acetonide (otic)	P	QL(20 ml per fill retail); AL(At least 5 yrs old)
hydrocortisone w/acetic acid	P	QL(20 ml per 30 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Bleeding			RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
Oxytocics			RHOPHYLAC SOSY IJ	P	SP; PA
<i>methylergonovine maleate TABS</i>	P		WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP; PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			XEMBIFY	P	SP; PA
Immune Serums			Monoclonal Antibodies		
BIVIGAM SOLN	P	SP; PA	SYNAGIS SOLN	P	SP; PA
CUTAQUIG	P	SP; PA	ZINPLAVA	P	SP; PA
CUVITRU SOLN	P	SP; PA	Passive Immunizing Agents - Combinations		
CYTOGAM	P	SP; PA	HYQVIA	P	SP; PA
FLEBOGAMMA DIF SOLN	P	SP; PA	PENICILLINS - Drugs to Treat Bacterial Infections		
GAMASTAN	P	SP; PA	Aminopenicillins		
GAMMAGARD LIQUID	P	SP; PA	<i>amoxicillin CAPS</i>	P	
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP; PA	<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA	<i>amoxicillin SUSR</i>	P	
GAMMAPLEX SOLN	P	SP; PA	<i>amoxicillin TABS 875 MG</i>	P	
GAMUNEX-C	P	SP; PA	<i>ampicillin CAPS 500 MG</i>	P	
HEPAGAM B SOLN IJ	P	SP; PA	Natural Penicillins		
HIZENTRA SOLN	P	SP; PA	<i>penicillin v potassium SOLR</i>	P	
HIZENTRA SOSY	P	SP; PA	<i>penicillin v potassium TABS</i>	P	
HYPERHEP B SOLN IM	P	SP; PA	Penicillin Combinations		
HYPERRHO S/D MINI-DOSE SOSY IM	P	SP; PA	<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 ea per fill retail)
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP	<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ml per fill retail)
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	SP; PA	<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ml per fill retail)
NABI-HB SOLN IM	P	SP; PA			
OCTAGAM SOLN	P	SP; PA			
PANZYGA	P	SP; PA			
PRIVIGEN SOLN	P	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ml per fill retail)	Liquid Vehicles		
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 ea per fill retail)	FLAVOR BLEND SUSP	P	RX/OTC
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 ea per fill retail)	FLAVOR PLUS LIQD	P	RX/OTC
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 ea per 30 days retail)	FLAVOR SWEET-SF SYRP	P	RX/OTC
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(200 ml per fill retail)	FLAVOR SWEET SYRP	P	RX/OTC
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	QL(150 ml per fill retail)	<i>glycine diluent</i>	P	SP; PA
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(150 ml per fill retail)	GRAPE SYRUP SYRP	P	RX/OTC
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)	MX-SOL BLEND SF SUSP	P	RX/OTC
Penicillinase-Resistant Penicillins			MX-SOL BLEND SUSP	P	RX/OTC
<i>dicloxacillin sodium</i>	P		MX-SOL SF SYRP	P	RX/OTC
PHARMACEUTICAL ADJUVANTS			MX-SOL SUSPEND SUSP	P	RX/OTC
Internal Vehicle Ingredients/Agents			MX-SOL SYRP	P	RX/OTC
SIMPLYTHICK	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA	ORA-BLEND SF SUSP	P	RX/OTC
SIMPLYTHICK EASY MIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA	ORA-BLEND SUSP	P	RX/OTC
SIMPLYTHICK EASYMIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC
			ORAL MIX SF SUSP	P	RX/OTC
			ORAL SUSPEND LIQD	P	RX/OTC
			ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
			ORAL SYRUP SF SYRP	P	RX/OTC
			ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC
			ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC
			ORA-PLUS LIQD	P	RX/OTC
			ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC
			ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC
			PCCA SWEET-SF SYRP	P	RX/OTC
			PCCA SYRUP VEHICLE SYRP	P	RX/OTC
			PCCA-PLUS SUSP	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PH 12 STERILE DILUENT FORFLOLAN (Use glycine diluent)	NP	SP; PA	hydroxyprogesterone caproate OIL	P	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA
SOSWEET SYRP	P	RX/OTC	MAKENA OIL (Use hydroxyprogesterone caproate)	NP	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA
STERILE DILUENT FOR TREPROSTINIL INJECTION	P	SP; PA	MAKENA SOAJ	P	SP; PA
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	P	
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC	norethindrone acetate TABS	P	
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC	progesterone CAPS 100 MG	P	QL(30 ea per 30 days retail)
SUSPENSION VEHICLE SUSP	P	RX/OTC	progesterone CAPS 200 MG	P	QL(20 ea per 30 days retail)
SYRPALTA SYRP 83 %	P	RX/OTC	PROMETRIUM CAPS 100 MG (Use progesterone)	NP	QL(30 ea per 30 days retail)
SYRSPEND SF LIQD	P	RX/OTC	PROMETRIUM CAPS 200 MG (Use progesterone)	NP	QL(20 ea per 30 days retail)
SYRUP VEHICLE SF SYRP	P	RX/OTC	PROVERA (Use medroxyprogesterone acetate)	NP	
SYRUP VEHICLE SYRP	P	RX/OTC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC	Agents for Chemical Dependency		
UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC	disulfiram 250 MG	P	
VERSAFREE SYRP	P	RX/OTC	Anti-Cataplectic Agents		
VERSAPLUS SYRP	P	RX/OTC	SODIUM OXYBATE SOLN	P	SP; PA
Semi Solid Vehicles			XYREM SOLN	P	SP; PA
lanolin XX	P		XYWAV	P	SP; PA
LANOLIN XX	P		Antidementia Agents		
PROGESTINS - Hormone Replacement/Modifying Drugs			ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	NP	QL(1 ea daily)
Progestins			donepezil hydrochloride TABS 5 MG, 10 MG	P	QL(1 ea daily)
AYGESTIN TABS (Use norethindrone acetate)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	NP	QL(1 ea daily); PA	AMPYRA (Use dalfampridine)	NP	SP; PA
galantamine hydrobromide CP24	P	QL(1 ea daily)	AUBAGIO (Use teriflunomide)	NP	QL(1 ea daily); SP; PA
galantamine hydrobromide SOLN	P	QL(6 ml daily)	AVONEX PEN AJKT	P	SP; PA
galantamine hydrobromide TABS	P	QL(2 ea daily)	AVONEX PSKT	P	SP; PA
memantine hcl SOLN	P	QL(2 ml daily); PA	BAFIERTAM	P	SP; PA
memantine hcl TABS	P	1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA	COPAXONE SOSY (Use glatiramer acetate)	NP	SP; PA
memantine hcl TABS	P	QL(2 ea daily); PA	dalfampridine	P	SP; PA
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NP	1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA	dimethyl fumarate CPDR	P	SP; PA
NAMENDA TABS (Use memantine hcl)	NP	QL(2 ea daily); PA	dimethyl fumarate MISC	P	SP; PA
RAZADYNE ER CP24 (Use galantamine hydrobromide)	NP	QL(1 ea daily)	EXTAVIA KIT	P	SP; PA
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	P	QL(1 ea daily); PA	ingolimod hcl	P	QL(1 ea daily); SP; PA
rivastigmine tartrate CAPS	P	QL(2 ea daily); PA	GILENYA 0.5 MG	P	QL(1 ea daily); SP; PA
Combination Psychotherapeutics			GILENYA (Use fingolimod hcl)	NP	QL(1 ea daily); SP; PA
perphenazine-amitriptyline	P	QL(4 ea daily)	glatiramer acetate SOSY	P	SP; PA
Fibromyalgia Agents			KESIMPTA	P	SP; PA
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail); PA	PLEGRIDY STARTER PACK SOPN	P	SP; PA
SAVELLA TABS	P	QL(2 ea daily); PA	PLEGRIDY STARTER PACK SOSY SC	P	SP; PA
Movement Disorder Drug Therapy			PLEGRIDY SOPN	P	SP; PA
tetrabenazine	P	SP; PA	PLEGRIDY SOSY IM	P	SP; PA
XENAZINE (Use tetrabenazine)	NP	SP; PA	REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA
Multiple Sclerosis Agents			REBIF REBIDOSE SOAJ	P	SP; PA
			REBIF TITRATION PACK SOSY	P	SP; PA
			REBIF SOSY	P	SP; PA
			TECFIDERA STARTER PACK MISC (Use dimethyl fumarate)	NP	SP; PA
			TECFIDERA CPDR (Use dimethyl fumarate)	NP	SP; PA
			teriflunomide	P	QL(1 ea daily); SP; PA
			Smoking Deterrents		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APO-VARENICLINE TABS	P	QL(2 ea daily); AL(At least 18 yrs old)	ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	GLASSIA SOLN	P	SP; PA
NICODERM CQ PT24 (Use nicotine)	NP	QL(1 ea daily)	PROLASTIN-C SOLN	P	SP; PA
NICORETTE MINI LOZG (Use nicotine polacrilex)	NP	QL(20 ea daily)	PROLASTIN-C SOLR	P	SP; PA
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	NP	QL(24 ea daily)	ZEMAIRA SOLR	P	SP; PA
NICORETTE GUM (Use nicotine polacrilex)	NP	QL(24 ea daily)	Cystic Fibrosis Agents		
NICORETTE LOZG (Use nicotine polacrilex)	NP	QL(20 ea daily)	BRONCHITOL	P	SP; PA
<i>nicotine polacrilex GUM</i>	P	QL(24 ea daily)	BRONCHITOL TOLERANCE TEST	P	SP; PA
<i>nicotine polacrilex LOZG</i>	P	QL(20 ea daily)	KALYDECO PACK	P	SP; PA
NICOTINE TRANSDERMAL SYSTEM KIT	P		KALYDECO TABS	P	SP; PA
<i>nicotine MISC</i>	P	QL(1 ea daily)	ORKAMBI PACK	P	SP; PA
<i>nicotine PT24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 ea daily)	ORKAMBI TABS	P	SP; PA
NICOTROL INHALER INHA	P	QL(16.8 ea daily)	PULMOZYME	P	SP; PA
NICOTROL NS SOLN	P	QL(4 ml daily)	SYMDEKO	P	SP; PA
<i>varenicline tartrate TABS</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	TRIKAFTA TBPK	P	QL(3 ea daily); SP; PA
<i>varenicline tartrate TBPK</i>	P	QL(53 ea per fill retail); AL(At least 18 yrs old)	Pulmonary Fibrosis Agents		
Transthyretin Amyloidosis Agents			ESBRIET CAPS (Use <i>pirfenidone</i>)	NP	SP; PA
ONPATTRO	P	SP; PA	ESBRIET TABS (Use <i>pirfenidone</i>)	NP	SP; PA
TEGSEDI	P	SP; PA	OFEV	P	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>pirfenidone CAPS</i>	P	SP; PA
Alpha-Proteinase Inhibitor (Human)			<i>pirfenidone TABS</i>	P	SP; PA
			TETRACYCLINES - Drugs to Treat Bacterial Infections		
			Tetracyclines		
			ACTICLATE TABS (Use <i>doxycycline hyclate</i>)	NF	
			<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P	
			<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	P	
			<i>doxycycline hyclate CAPS</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate TABS 100 MG</i>	P		BOOSTRIX SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
<i>minocycline hcl CAPS</i>	P		BOOSTRIX SUSY	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
<i>tetracycline hcl CAPS 500 MG</i>	P		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP		INFANRIX	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			TDVAX SUSP	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
Antithyroid Agents			TENIVAC INJ	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
<i>methimazole TABS</i>	P		TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
<i>propylthiouracil</i>	P		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Thyroid Hormones			Antispasmodics		
ARMOUR THYROID TABS	P		<i>dicyclomine hcl CAPS</i>	P	
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP		<i>dicyclomine hcl SOLN OR</i>	P	QL(496 ml per 30 days retail)
<i>levothyroxine sodium TABS</i>	P		<i>dicyclomine hcl TABS</i>	P	
<i>liothyronine sodium TABS</i>	P		<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 ea daily)
NIVA THYROID TABS	P		<i>hyoscyamine sulfate ELIX</i>	NP	
NP THYROID 120 TABS	P		<i>hyoscyamine sulfate ELIX</i>	P	
NP THYROID 15 TABS	P				
NP THYROID 30 TABS	P				
NP THYROID 60 TABS	P				
NP THYROID 90 TABS	P				
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	P				
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P				
TOXOIDS					
Toxoid Combinations					
ADACEL SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYOSCYAMINE SULFATE POWD	P		PEPCID AC TABS 10 MG (Use famotidine)	NP	OTC
hyoscyamine sulfate SOLN OR 0.125 MG/ML	P		PEPCID TABS (Use famotidine)	NP	RX/OTC
hyoscyamine sulfate SOLN OR 0.125 MG/ML	NP		TAGAMET HB TABS (Use cimetidine)	NP	RX/OTC
hyoscyamine sulfate SUBL 0.125 MG	P		Misc. Anti-Ulcer		
hyoscyamine sulfate SUBL 0.125 MG	NP		CARAFATE SUSP (Use sucralfate)	NP	QL(420 ml per fill retail)
hyoscyamine sulfate TABS 0.125 MG	NP		CARAFATE TABS (Use sucralfate)	NP	
hyoscyamine sulfate TABS 0.125 MG	P		sucralfate SUSP	P	QL(420 ml per fill retail)
hyoscyamine sulfate TB12 0.375 MG	P	QL(4 ea daily)	sucralfate TABS	P	
hyoscyamine sulfate TBDP 0.125 MG	P		Proton Pump Inhibitors		
hyoscyamine sulfate TBDP 0.125 MG	NP		DEXILANT (Use dexlansoprazole)	NP	ST
LEVBIID TB12 (Use hyoscyamine sulfate)	NP	QL(4 ea daily)	dexlansoprazole	P	ST
LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate)	NP		esomeprazole magnesium CPDR 20 MG	P	QL(2 ea daily); RX/OTC
ROBINUL FORTE TABS (Use glycopyrrolate)	NP	QL(4 ea daily)	lansoprazole CPDR 15 MG	P	QL(4 ea daily); RX/OTC
ROBINUL TABS (Use glycopyrrolate)	NP	QL(4 ea daily)	lansoprazole CPDR 30 MG	P	
H-2 Antagonists			NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC
cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	P		NEXIUM 24HR CPDR (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC
cimetidine TABS	P	RX/OTC	NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC
famotidine SUSP	P		OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC
famotidine TABS 10 MG	P	OTC	omeprazole magnesium TBEC	P	OTC; QL(1 ea daily)
famotidine TABS 20 MG, 40 MG	P	RX/OTC	omeprazole CPDR	P	QL(2 ea daily)
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	NP	RX/OTC	pantoprazole sodium TBEC 40 MG	P	QL(2 ea daily)
PEPCID AC TABS 20 MG (Use famotidine)	NP	RX/OTC			

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P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 ea daily)
PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NP	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NP	
PRIOSEC OTC TBEC (Use <i>omeprazole magnesium</i>)	NP	OTC; QL(1 ea daily)
PROTONIX TBEC 40 MG (Use <i>pantoprazole sodium</i>)	NP	QL(2 ea daily)
PROTONIX TBEC 20 MG (Use <i>pantoprazole sodium</i>)	NP	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use <i>misoprostol</i>)	NP	
<i>misoprostol</i>	P	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL LA CP24 (Use <i>tolterodine tartrate</i>)	NP	QL(1 ea daily)
DETROL TABS (Use <i>tolterodine tartrate</i>)	NP	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (Use <i>oxybutynin chloride</i>)	NP	QL(2 ea daily)
<i>oxybutynin chloride SYRP</i>	P	QL(496 ml per 30 days retail)
<i>oxybutynin chloride TABS</i>	P	QL(3 ea daily)
<i>oxybutynin chloride TB24</i>	P	QL(2 ea daily)
<i>tolterodine tartrate CP24</i>	P	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>trospium chloride TABS</i>	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BEXSERO	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
HIBERIX SOLR IJ	P	
MENACTRA	P	Limit 2 fills per Lifetime; QL(0.5 ml per fill retail; 2 ml per 999 days retail); AL(At least 19 yrs old)
MENQUADFI	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
MENVEO SOLN	P	
MENVEO SOLR	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 19 yrs old)
PEDVAX HIB SUSP	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	ENGRIX-B SUSY 20 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	GARDASIL 9 SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
PREVNAR 13	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	GARDASIL 9 SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
PREVNAR 20	P		HAVRIX 720 ELU/0.5ML	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TRUMENBA	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	HAVRIX 1440 ELU/ML	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
VAXNEUVANCE	P		HEPLISAV-B SOSY	P	
Viral Vaccines			INFLUENZA VACCINE	P	AL; At least 13 years old; QL (1 ea per 180 days retail)
ENGRIX-B SUSP 20 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)	JANSSEN COVID-19 VACCINE	P	
ENGRIX-B SUSY 10 MCG/0.5ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	M-M-R II SOLR	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 19 yrs old)
			MODERNA COVID-19 VACCINE SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVAVAX COVID-19 VACCINE	P		SHINGRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 50 yrs old)
NOVAVAX COVID-19 VACCINE/2023-24	P		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P		SPIKEVAX COVID-19 VACCINE SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P		TWINRIX SUSY	P	
PFIZER-BIONTECH COVID-19VACCINE SUSP	P		VAQTA 25 UNIT/0.5ML	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
PREHEVBRIO	P		VAQTA 50 UNIT/ML	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
PRIORIX SUSR	P		VARIVAX INJ	P	
RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)	VAGINAL AND RELATED PRODUCTS		
RECOMBIVAX HB SUSP 5 MCG/0.5ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	Vaginal Anti-infectives		
RECOMBIVAX HB SUSY 5 MCG/0.5ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old - Up to 19 yrs old)	CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	
RECOMBIVAX HB SUSY 10 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old - Up to 19 yrs old)	<i>clindamycin phosphate vaginal CREA</i>	P	
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P		<i>clotrimazole vaginal CREA 1 %</i>	P	OTC; QL(45 gm per 30 days retail)
			<i>clotrimazole vaginal CREA 2 %</i>	P	OTC; QL(31 gm per 30 days retail)
			GYNAZOLE-1	P	
			<i>metronidazole vaginal</i>	P	QL(70 gm per fill retail)
			<i>miconazole nitrate vaginal CREA</i>	P	OTC; QL(45 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole nitrate vaginal KIT</i>	P		<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	OTC; QL(7 ea per 30 days retail)	<i>epinephrine (anaphylaxis) SOAJ</i>	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 ea per 30 days retail)	<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	P	QL(2 ea per fill retail; 4 ea per 365 days retail)
MONISTAT 3 COMBINATION PACK KIT (Use <i>miconazole nitrate vaginal</i>)	NP		EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
MONISTAT 3 CREA (Use <i>miconazole nitrate vaginal</i>)	NP	OTC; QL(45 gm per 30 days retail)	EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
MONISTAT 7 SIMPLY CURE CREA (Use <i>miconazole nitrate vaginal</i>)	NP	OTC; QL(45 gm per 30 days retail)	Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>terconazole vaginal CREA</i>	P		<i>droxidopa</i>	P	SP; PA
<i>terconazole vaginal SUPP</i>	P		NORTHERA (Use <i>droxidopa</i>)	NP	SP; PA
<i>tioconazole vaginal 6.5 %</i>	P	OTC	Vasopressors		
VANDAZOLE	P	QL(70 gm per fill retail)	<i>midodrine hcl</i>	P	
Vaginal Estrogens			VITAMINS		
ESTRACE CREA (Use <i>estradiol vaginal</i>)	NP	QL(43 gm per 30 days retail)	Oil Soluble Vitamins		
<i>estradiol vaginal CREA</i>	P	QL(43 gm per 30 days retail)	BABY DDROPS LIQD OR (Use <i>cholecalciferol</i>)	NP	Age limit = less than 6 months
<i>estradiol vaginal TABS</i>	P		<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	P	OTC; QL(100 ea per fill retail)
PREMARIN	P	QL(43 gm per fill retail)	<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	P	OTC; QL(2 ea daily)
VAGIFEM TABS (Use <i>estradiol vaginal</i>)	NP		<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	P	OTC; QL(8 ea per 30 days retail)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			<i>cholecalciferol LIQD OR 400 UT/0.028ML</i>	P	Age limit = less than 6 months
Anaphylaxis Therapy Agents			<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	P	
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)			
AUVI-Q SOAJ 0.15 MG/0.15ML	NP				

Drug Name	Drug Tier	Requirements/ Limits
DRISDOL CAPS (<i>Use ergocalciferol</i>)	NP	
D-VI-SOL LIQD OR (<i>Use cholecalciferol</i>)	NP	
<i>ergocalciferol CAPS</i>	P	
<i>ergocalciferol SOLN OR</i>	P	
KEY-E CHEW	P	QL(2 ea daily)
MEPHYTON TABS (<i>Use phytonadione</i>)	NP	
<i>phytonadione TABS 5 MG</i>	P	
VITAMIN D3 LIQD OR 5000 UNIT/ML	P	Age limit = 6 months to 1 year
<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT</i>	P	QL(2 ea daily)
<i>vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT</i>	P	OTC; QL(2 ea daily)
VITAMIN E CAPS 200 UNIT	P	OTC; QL(2 ea daily)
VITAMIN E CHEW	P	OTC; QL(2 ea daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	P	OTC; QL(100 ea per 30 days retail)
B-1 TABS	P	OTC; QL(100 ea per 30 days retail)
NIACIN TR TBCR	P	OTC
<i>niacin CPCR 250 MG, 500 MG</i>	P	OTC
<i>niacin TABS 500 MG</i>	P	OTC
<i>niacin TBCR</i>	P	OTC
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	P	OTC
<i>riboflavin TABS</i>	P	OTC; QL(100 ea per 30 days retail)
SLO-NIACIN TBCR (<i>Use niacin</i>)	NP	OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>thiamine hcl TABS</i>	P	OTC; QL(100 ea per 30 days retail)
<i>thiamine mononitrate TABS</i>	P	OTC; QL(100 ea per 30 days retail)
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ARISTADA	36	AUGMENTIN SUSR 31.25 MG/5ML-	125 MG/5ML	B-1 TABS	99
ARISTADA INITIO	36		89	BACIGUENT	85
ARMOUR THYROID TABS	93	AUM INSULIN SAFETY PEN		bacitracin (ophthalmic)	85
ARNUITY ELLIPTA	10	NEEDLE/31GX5MM	69	bacitracin (topical) OINT	49
arsenic trioxide	33	AUM PEN NEEDLE/32GX4MM ..	69	bacitracin zinc OINT	49
ARZERRA	29	AUM PEN NEEDLE/32GX6MM ..	69	bacitracin-polymyxin b (ophth)	85
ascorbic acid TABS	99	AUVI-Q SOAJ 0.15 MG/0.15ML ...	98	baclofen SOLN IT 40 MG/20ML, 500	
ASMANEX HFA AERO	10	AUVI-Q SOAJ 0.3 MG/0.3ML	98	MCG/ML, 20000 MCG/20ML	81
ASPARLAS	33	AVEED SOLN	8	baclofen TABS 10 MG, 20 MG	81
aspirin buffered (cal carb-mag carb-		AVONEX PEN AJKT	91	BAFIERTAM	91
mag oxide)	5	AVONEX PSKT	91	balsalazide disodium CAPS	62
aspirin CHEW	5	AVSOLA	62	BALVERSA	32
ASPIRIN SUPP 300 MG	5	AYVAKIT	31	BASAGLAR KWIKPEN SOPN	19
aspirin TABS 325 MG	5	azacitidine SUSR	28	BAVENCIO	29
aspirin TBEC 81 MG, 325 MG	5	azathioprine TABS 50 MG	77	b-complex vitamins CAPS	79
ASSESS PEAK FLOW METER FULL		azathioprine TABS 75 MG, 100 MG	77	b-complex vitamins TABS	79
RANGE	70			b-complex w/ c & folic acid CAPS .	79
ASSESS PEAK FLOW METER LOW		AZEDRA DOSIMETRIC	33	b-complex w/ c & folic acid TABS .	79
RANGE	71	AZEDRA THERAPEUTIC	33	BD GLUCOSE CHEW	17
atazanavir sulfate CAPS 150 MG,		azelastine hcl (ophth)	87	BD PEN NEEDLES	69
200 MG	37	azelastine hcl 0.1 %, 137		BD VERITOR AT-HOME COVID-19	
atazanavir sulfate CAPS 300 MG .	37	MCG/SPRAY	82	TEST KIT	56
atenolol & chlorthalidone	25	azelastine hcl 0.15 %, 205.5		BELBUCA FILM	7
atenolol TABS	40	MCG/SPRAY	82	BELEODAQ	32
ATGAM	77	azithromycin PACK	68	BELRAPZO SOLN	28
atomoxetine hcl	1	azithromycin SUSR 100 MG/5ML .	68	BENADRYL ALLERGY EXTRA	
atorvastatin calcium TABS	23	azithromycin SUSR 200 MG/5ML .	68	STRENGTH TABS	21

benazepril & hydrochlorothiazide .25	betamethasone valerate CREA ...51	BLEPHAMIDE SUSP86
benazepril hcl 40 MG24	betamethasone valerate LOTN ...51	BLINCYTO29
benazepril hcl 5 MG, 10 MG, 20 MG .24	betamethasone valerate OINT51	BLOOD GLUCOSE TEST STRIPS333 STRP56
bendamustine hcl SOLR28	betaxolol hcl (ophth) SOLN84	BLULINK GLUCOSE TEST STRIPS STRP56
BENDAMUSTINE HYDROCHLORIDE SOLN28	bethanechol chloride95	BOOSTRIX SUSP93
BENDEKA SOLN28	BEVACIZUMAB IZ 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML85	BOOSTRIX SUSY93
BENEFIX KIT63	bexarotene (topical)50	bortezomib SOLR IJ32
BENLYSTA SOAJ78	bexarotene33	BORTEZOMIB SOLR IV 3.5 MG ..32
BENLYSTA SOLR78	BEXSERO95	bosentan TABS42
BENLYSTA SOSY78	bicalutamide30	BOSULIF32
BENZNIDAZOLE8	BIKTARVY37	BPROTECTED PEDIA POLY-VITE SOLN OR81
benzonatate 100 MG45	BI-MIX SOLR42	BPROTECTED PEDIA POLY-VITE/IRON SOLN81
benzonatate 200 MG45	BINAXNOW COVID-19 AG CARD HOME TEST KIT56	BRAFTOVI 75 MG32
benzoyl peroxide BAR48	BIOLYTE SOLN75	BREATHE EASE NEBULIZER MASK/CHILD MISC71
BENZOYL PEROXIDE CLEANSER LIQD48	BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT68	BREATHE EASE NEBULIZER MASK/INFANT MISC71
benzoyl peroxide GEL 2.5 %, 5 %, 10 %48	BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN ...78	BREATHE EASE PEAK FLOW METER71
benzoyl peroxide LIQD 4 %, 5 %, 10 %48	bisacodyl SUPP67	BREYANZI30
benztropine mesylate TABS34	bisacodyl TBEC67	BRIDION20
BEOVU SOLN85	bismuth subsalicylate CHEW 262 MG20	BRILINTA64
BERINERT KIT64	bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML20	brimonidine tartrate 0.2 %85
BESPONSA29	bisoprolol & hydrochlorothiazide ..25	BRINEURA59
BESREMI33	bisoprolol fumarate40	brinzolamide87
betaine59	BIVIGAM SOLN88	BRIVIACT SOLN IV 50 MG/5ML ..12
betamethasone dipropionate (topical) CREA51	BLENREP29	bromocriptine mesylate CAPS34
betamethasone dipropionate augmented CREA51	BLEPHAMIDE S.O.P. OINT86	bromocriptine mesylate TABS 2.5 MG34

brompheniramine & phenyleph ELIX . 46	bupropion hcl TB24 300 MG14	TABS75
brompheniramine & pseudoeph ELIX 46	buspirone hcl 15 MG9	calcium acetate (phosphate binder) CAPS62
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML46	buspirone hcl 5 MG, 10 MG9	calcium carbonate (antacid) CHEW 500 MG8
BRONCHITOL92	buspirone hcl 7.5 MG, 30 MG9	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG-600 MG, 800 UNIT-600 MG75
BRONCHITOL TOLERANCE TEST . 92	butalbital-acetaminophen TABS 50 MG-325 MG5	calcium carbonate-cholecalciferol TABS 200 UNIT-200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG75
BRUKINSA32	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG5	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT75
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC71	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG5	calcium carbonate-vitamin d TABS 600 MG-200 UNIT75
budesonide (inhalation) SUSP10	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG7	calcium polycarbophil TABS66
budesonide-formoterol fumarate dihydrate11	butalbital-aspirin-caffeine CAPS5	CALQUENCE32
bumetanide TABS57	butalbital-aspirin-caffeine w/cod7	CAMCEVI30
BUNAVAIL FILM BU 0.7 MG-4.2 MG 7	BYDUREON BCISE AUIJ18	camphor & menthol LOTN50
buprenorphine hcl FILM7	BYETTA SOPN 10 MCG/0.04ML ..18	CAMZYOS42
buprenorphine hcl SOLN7	BYETTA SOPN 5 MCG/0.02ML ...18	candesartan cilexetil24
buprenorphine hcl SUBL7	BYLVAY (PELLETS) CPSP62	candesartan cilexetil- hydrochlorothiazide25
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG7	BYLVAY CAPS62	capecitabine28
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG7	CABLIVI64	CAPHOSOL SOLN78
buprenorphine hcl-naloxone hcl dihydrate SUBL7	CABOMETYX TABS 20 MG, 60 MG . 32	CAPRELSA32
bupropion hcl (smoking deterrent) 92	CABOMETYX TABS 40 MG32	capsaicin CREA 0.025 %, 0.075 % 53
bupropion hcl TABS14	caffeine citrate SOLN OR1	capsaicin CREA 0.1 %53
bupropion hcl TB12 100 MG14	CAFFEINE CITRATED POWD1	captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-
bupropion hcl TB12 150 MG14	calcipotriene CREA50	
bupropion hcl TB12 200 MG14	calcipotriene SOLN50	
bupropion hcl TB24 150 MG14	calcitonin (salmon) IJ58	
	calcitonin (salmon) NA58	
	calcitriol CAPS59	
	CALCIUM 600+D HIGH POTENCY	

25 MG	25	carteolol hcl (ophth)	84	CEREZYME 400 UNIT	64
captopril & hydrochlorothiazide 25 MG-50 MG	25	carvedilol 25 MG	40	cetirizine hcl CHEW	22
captopril	24	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	40	cetirizine hcl SOLN OR	22
CAPZASIN-P CREA	53	carvedilol phosphate	40	cetirizine hcl SYRP OR	22
carbamazepine CHEW	12	CARVYKTI	30	cetirizine hcl TABS	22
carbamazepine SUSP	12	CASTIVA WARMING LOTN	53	cetirizine-pseudoephedrine	46
carbamazepine TABS	12	CAYSTON	27	cetrorelix acetate	59
carbamazepine TB12	12	cefaclor CAPS	43	CETROTIDE 0.25 MG	59
carbamide peroxide (otic) 6.5 % ...	87	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	43	CHEMET	20
carbidopa	34	cefadroxil CAPS	43	CHEMSTRIP-K STRP	56
carbidopa-levodopa TABS	34	cefadroxil SUSR	43	CHENODAL	61
carbidopa-levodopa TBCR	34	cefadroxil TABS	43	chlordiazepoxide hcl CAPS	9
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	28	cefdinir CAPS	43	chlorhexidine gluconate (mouth- throat)	78
CARESTART COVID-19 ANTIGEN HOME TEST KIT	56	cefdinir SUSR	43	chlorhexidine gluconate LIQD	36
CARETOUCH 2 CPAP HOSE HANGER MISC	71	cefixime CAPS	43	chloroquine phosphate TABS 250 MG	27
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	56	cefprozil SUSR	43	chloroquine phosphate TABS 500 MG	27
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	71	cefprozil TABS	43	chlorpheniramine maleate SYRP ..	21
CARETOUCH CPAP MASK WIPES MISC	71	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	43	chlorpheniramine maleate TABS ..	21
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 71		cefuroxime axetil TABS	43	chlorpromazine hcl TABS 10 MG ..	36
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	71	CENTANY OINT	49	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	36
CARETOUCH UNIVERSAL CPAPFILTERS MISC	71	cephalexin CAPS 250 MG, 500 MG 43		chlorthalidone 25 MG, 50 MG	58
carglumic acid	59	cephalexin SUSR	43	chlorzoxazone TABS 500 MG	81
		CEPROTIN	64	CHOLBAM	61
		CERALYTE 70 SOLN	76	cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	98
		CERASPORT EX1 SOLN	76	cholecalciferol CAPS 125 MCG, 5000 UNIT	98
		CERASPORT SOLN	76	cholecalciferol CAPS 25 MCG, 50	
		CERDELGA	64		

MCG, 1000 UNIT, 2000 UNIT	98	citalopram hydrobromide TABS 20 MG	15	clobetasol propionate SOLN 0.05 % .	51
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	98	citalopram hydrobromide TABS 40 MG	15	clomipramine hcl 75 MG	17
cholecalciferol LIQD OR 400 UT/0.028ML	98	cladribine 10 MG/10ML	28	clonazepam TABS	12
cholestyramine light PACK	22	clarithromycin SUSR 125 MG/5ML 68		clonidine hcl (adhd) TB12	1
cholestyramine light POWD	22	clarithromycin SUSR 250 MG/5ML 68		clonidine hcl TABS	24
cholestyramine PACK	23	clarithromycin TABS	68	clopidogrel bisulfate 75 MG	64
cholestyramine POWD	23	clarithromycin TB24	68	clorazepate dipotassium TABS	9
CHORIONIC GONADOTROPIN IM 58		CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	56	clotrimazole (topical) CREA	49
CIBINQO	52	clemastine fumarate TABS 1.34 MG .	21	clotrimazole (topical) SOLN	49
cilostazol	64	CLEVER CHOICE PEAK FLOW METER	71	clotrimazole vaginal CREA 1 % . . .	97
CILOXAN OINT	85	clindamycin hcl 150 MG, 300 MG .	27	clotrimazole vaginal CREA 2 % . . .	97
CIMDUO	37	clindamycin palmitate hydrochloride .	27	clotrimazole w/ betamethasone CREA	49
cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	94	clindamycin phosphate (topical) GEL	48	clotrimazole w/ betamethasone LOTN	49
cimetidine TABS	94	clindamycin phosphate (topical) LOTN	48	clozapine TABS	35
cinacalcet hcl	59	clindamycin phosphate (topical) SOLN	48	CO MONITOR REPLACEMENT TPIECES MISC	71
CINQAIR	10	clindamycin phosphate vaginal CREA	97	COAGADEX	63
CINRYZE SOLR IV	64	CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	56	coal tar extract SHAM 0.5 %	54
ciprofloxacin hcl (ophth) SOLN	85	clobetasol propionate CREA 0.05 % .	51	COARTEM	27
ciprofloxacin hcl TABS 100 MG . . .	61	clobetasol propionate emollient base 0.05 %	51	codeine sulfate TABS 30 MG	6
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	61	clobetasol propionate GEL 0.05 %	51	CODEINE SULFATE TABS	6
ciprofloxacin-dexamethasone	87	clobetasol propionate OINT 0.05 %	51	colchicine TABS	63
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	28			colchicine w/ probenecid	63
CISPLATIN SOLR	28			COLD & FLU RELIEF NIGHTTIME D LIQD	46
citalopram hydrobromide SOLN . . .	15			colestipol hcl GRAN	23
citalopram hydrobromide TABS 10 MG	15			colestipol hcl TABS	23
				COMBIPATCH PTTW	61
				COMBIVENT RESPIMAT AERS . .	11

COMETRIQ KIT	32	CVS DRY MOUTH SPRAY SOLN	78	DAILY MULTIPLE VITAMINS TABS .	79
COMFORT EZ PRO SAFETY PEN		CVS GLUCOSE	17	dalfampridine	91
NEEDLES 31G X 5MM	70	CVS GLUCOSE CHEW	17	dapsone	27
COMPLERA	37	CVS SOFT GLUCOSE CHEW	17	darunavir TABS 600 MG	37
CONDOMS-MISC	68	cyanocobalamin SOLN IJ	65	darunavir TABS 800 MG	37
CONTOUR NEXT GEN BLOOD		cyclobenzaprine hcl TABS 5 MG, 10		DARZALEX	29
GLUCOSE MONITORING SYSTEM		MG	81	DARZALEX FASPRO	31
KIT	68	cyclobenzaprine hcl TABS 7.5 MG	81	daunorubicin hcl SOLN	31
COPIKTRA	32	CYCLOGYL 0.5 %	85	DAUNORUBICIN	
CORETEXT SUSP 1 ML, 2 ML	54	CYCLOGYL 2 %	85	HYDROCHLORIDE SOLN 50	
CORIFACT	63	cyclopentolate hcl 0.5 %	85	MG/10ML	31
CORTISONE ACETATE TABS	44	cyclopentolate hcl 1 %, 2 %	85	DAURISMO	30
COSENTYX SENSOREADY PEN		CYCLOPHOSPHAMIDE		decitabine	29
SOAJ	50	MONOHYDRATE SOLN	28	deferasirox PACK	20
COSENTYX SOSY	50	cyclophosphamide SOLN	28	deferasirox TABS	20
cosyntropin SOLR	55	CYCLOPHOSPHAMIDE SOLN	28	deferasirox TBSO	20
COTELLIC	32	cyclophosphamide SOLR IJ	28	deferiprone TABS	20
COVID-19 AG TEST KIT	56	cyclosporine CAPS	77	deferoxamine mesylate	20
COVID-19 AT-HOME TEST KIT KIT .	56	cyclosporine modified (for		DEFITELIO	64
CREON CPEP	57	microemulsion) CAPS	77	DEFLUX	63
CRIVAN 400 MG	37	cyclosporine modified (for		DELSTRIGO	37
cromolyn sodium (nasal) 5.2		microemulsion) SOLN	77	DEPO-SUBQ PROVERA 104 SUSY	
MG/ACT	82	cyclosporine SOLN IV 50 MG/ML .	77	SC	44
cromolyn sodium (ophth)	87	cyproheptadine hcl SYRP	22	DERMAREST PSORIASIS GEL ...	53
cromolyn sodium NEBU	10	cyproheptadine hcl TABS	22	DESCOVY 120 MG-15 MG	37
crotamiton LOTN	54	CYRAMZA	29	DESCOVY 200 MG-25 MG	37
CRYSVITA	59	CYSTADROPS	87	desipramine hcl TABS 10 MG, 50	
CUTAQUIG	88	CYSTAGON CAPS	62	MG, 75 MG, 100 MG, 150 MG	17
CUVITRU SOLN	88	CYSTARAN	87	desipramine hcl TABS 25 MG	17
CVS COVID-19 AT HOME TESTKIT		cytarabine SOLN	28	desmopressin acetate SOLN IJ ...	60
KIT	56	CYTOGAM	88	DESMOPRESSIN ACETATE SOLN	

NA	60	dexamethasone SOLN	44	MG/7.5ML-15 MG/7.5ML, 200	
desmopressin acetate spray	60	dexamethasone TABS	44	MG/10ML-20 MG/10ML	46
desmopressin acetate spray		DEXCOM G4 PLATINUM		dextromethorphan-guaifenesin LIQD	
refrigerated	60	PEDIATRIC RECEIVER KIT	68	100 MG/5ML-5 MG/5ML, 200	
desmopressin acetate TABS	60	DEXCOM G4 PLATINUM		MG/5ML-200 MG/5ML-30 MG/5ML-	
desogestrel & ethinyl estradiol	43	PEDIATRIC RECEIVER KIT/SHARE		30 MG/5ML, 200 MG/5ML-30	
			68	MG/5ML, 400 MG/20ML-20	
				MG/20ML	46
desogestrel-ethinyl estradiol		DEXCOM G4 PLATINUM		dextromethorphan-guaifenesin LIQD	
(biphasic)	43	RECEIVER KIT	68	200 MG/5ML-10 MG/5ML	46
desogestrel-ethinyl estradiol		DEXCOM G4 PLATINUM		dextromethorphan-guaifenesin SYRP	
(triphasic)	43	RECEIVER KIT/SHARE	68	100 MG/5ML-10 MG/5ML, 100	
desonide CREA	51	DEXCOM G5 MOBILE		MG/5ML-100 MG/5ML-10 MG/5ML-	
desonide OINT	51	RECEIVERKIT	69	10 MG/5ML	46
desoximetasone CREA 0.05 %	51	DEXCOM G5 RECEIVER KIT	69	dextromethorphan-guaifenesin TB12	
desoximetasone CREA 0.25 %	51	DEXCOM G6 RECEIVER	69	600 MG-30 MG	46
desoximetasone GEL	51	DEXCOM G7 RECEIVER	69	dextromethorphan-phenylephrine-	
desoximetasone OINT 0.25 %	51	DEXCOM G7 SENSOR	69	acetaminophen CAPS	46
desvenlafaxine succinate 100 MG .16		dexlansoprazole	94	DEXYCU SUSP IO	86
desvenlafaxine succinate 25 MG, 50		dexmethylphenidate hcl TABS	2	DHIVY TABS	34
MG	16	dexrazoxane hcl	33	DIABETIC TUSSIN COLD/FLU	
DEX4	17	DEXTENZA INST	86	CAPS	46
DEX4 FAST ACTING GLUCOSE .17		dextroamphetamine sulfate CP24 ...	1	DIACOMIT CAPS 250 MG	12
DEX4 NATURALS	17	dextroamphetamine sulfate TABS 5		DIACOMIT CAPS 500 MG	12
DEX4 POUCH PACK	17	MG, 10 MG	1	DIACOMIT PACK 250 MG	12
DEX4 QUICK DISSOLVE GLUCOSE		dextromethorphan hbr LIQD 7.5		DIACOMIT PACK 500 MG	12
CHEW	17	MG/5ML	45	diazepam (anticonvulsant) GEL ...	12
dexamethasone ELIX	44	dextromethorphan polistirex LQCR		diazepam SOLN OR 5 MG/5ML	9
dexamethasone sodium phosphate		45		diazepam TABS	9
(ophth)	86	dextromethorphan polistirex SUER		dibucaine	53
dexamethasone sodium phosphate		45		dichlorphenamide	57
SOLN IJ 4 MG/ML, 20 MG/5ML, 120		dextromethorphan-doxylamine-		diclofenac potassium TABS 50 MG .4	
MG/30ML	44	acetaminophen LIQD	46	diclofenac sodium (ophth)	87
DEXAMETHASONE SODIUM		dextromethorphan-guaifenesin LIQD		diclofenac sodium (topical) GEL EX	
PHOSPHATE SOLN IJ 4 MG/ML .44		100 MG/5ML-10 MG/5ML, 150		50	

diclofenac sodium TBEC	4	diphenhydramine hcl (sleep) TABS 50 MG	66	docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	34
dicloxacillin sodium	89	diphenhydramine hcl CAPS	22	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	34
dicyclomine hcl CAPS	93	diphenhydramine hcl ELIX 12.5 MG/5ML	22	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	34
dicyclomine hcl SOLN OR	93	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	22	docetaxel SOLN	34
dicyclomine hcl TABS	93	diphenhydramine hcl TABS 25 MG 22		docusate sodium CAPS 100 MG, 250 MG	67
diflunisal TABS	5	diphenoxylate w/ atropine LIQD ...	20	docusate sodium CAPS 50 MG ...	67
digoxin SOLN OR 0.05 MG/ML	41	diphenoxylate w/ atropine TABS ...	20	docusate sodium LIQD	67
digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	41	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	93	docusate sodium SYRP	67
dihydroergotamine mesylate SOLN NA 4 MG/ML	74	dipyridamole	64	DOCUSATE SODIUM SYRP	67
DILANTIN	13	disopyramide phosphate CAPS	9	docusate sodium TABS	67
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	41	DISPOSABLE MOUTHPIECE FULL RANGE MISC	71	dofetilide	10
diltiazem hcl coated beads CP24 240 MG	41	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC ...	71	DOJOLVI	84
diltiazem hcl CP12	41	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	71	donepezil hydrochloride TABS 5 MG, 10 MG	90
diltiazem hcl CP24 120 MG, 180 MG 41		DISPOSABLE PAPER MOUTHPIECE MISC	71	dorzolamide hcl	87
diltiazem hcl CP24 240 MG	41	disulfiram 250 MG	90	DORZOLAMIDE HCL	87
diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	41	divalproex sodium CSDR	14	DORZOLAMIDE HCL/TIMOLOL MALEATE	84
diltiazem hcl extended release beads 240 MG	41	divalproex sodium TB24 250 MG ...	14	dorzolamide hcl-timolol maleate ..	84
diltiazem hcl TABS	41	divalproex sodium TB24 500 MG ...	14	DOVATO	37
dimenhydrinate TABS	21	divalproex sodium TBEC 125 MG .	14	doxazosin mesylate	24
dimethyl fumarate CPDR	91	divalproex sodium TBEC 250 MG .	14	doxepin hcl CAPS	17
dimethyl fumarate MISC	91	divalproex sodium TBEC 500 MG .	14	doxepin hcl CONC	17
diphenhydramine hcl (sleep) CAPS 50 MG	66			doxycycline (monohydrate) CAPS 50 MG, 100 MG	92
diphenhydramine hcl (sleep) TABS 25 MG	66			doxycycline (monohydrate) TABS 50 MG, 100 MG	92
				doxycycline hyclate CAPS	92
				doxycycline hyclate TABS 100 MG	

93	efavirenz TABS	37	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	37	
doxylamine succinate (sleep)	66	efavirenz-emtricitabine-tenofovir disoproxil fumarate	37	EMTRIVA SOLN	37
DRAMAMINE CHEW	21	efavirenz-lamivudine-tenofovir disoproxil fumarate	37	EMVERM CHEW	8
drospirenone-ethinyl estradiol	43	ELAPRASE	59	enalapril maleate & hydrochlorothiazide	25
DROXIA CAPS	64	eletriptan hydrobromide	74	enalapril maleate TABS	24
droxidopa	98	ELIGARD KIT SC 7.5 MG	30	ENDARI	64
DRYSOL SOLN	53	ELIGARD SC 22.5 MG, 30 MG, 45 MG	30	ENFAMIL ENFALYTE SOLN	76
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	16	ELIQUIS STARTER PACK TBPK	11	ENERGIX-B SUSP 20 MCG/ML	96
DUROLANE PRSY	82	ELIQUIS TABS	11	ENERGIX-B SUSY 10 MCG/0.5ML 96	
DUTOPROL TB24	25	ELLA	44	ENERGIX-B SUSY 20 MCG/ML	96
EASY FLOW 300 MM HOSE MISC 71		ELLENCE SOLN	31	ENHERTU	29
EASY FLOW 400 MM HOSE MISC 71		ELLUME COVID-19 HOME TEST KIT	56	ENJAYMO	64
EASY FLOW AIR NOZZLE MISC 71		ELOCTATE	63	enoxaparin sodium SOLN IJ 300 MG/3ML	11
EASY FLOW HEPA FILTER MISC 71		EMBRACE PEN NEEDLES/30G X 5MM	70	enoxaparin sodium SOSY	11
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	56	EMBRACE PEN NEEDLES/31G X 5MM	70	ENSPRYNG	77
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	69	EMBRACE PEN NEEDLES/31G X 8MM	70	ENTYVIO	62
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	56	EMBRACE PEN NEEDLES/32G X 4MM	70	EPCLUSA PACK 50 MG-200 MG	39
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	56	EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	56	EPICORD/ 1CM X 2CM SHEE	55
EBASE CONTROLLER KIT MISC 71		EMCYT	30	EPIDIOLEX	12
econazole nitrate CREA	49	EMFLAZA SUSP	44	EPIFOAM FOAM	51
ED BRON GP LIQD	46	EMFLAZA TABS	44	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	98
EDURANT	37	EMOLLIENT LOTION-MISC	52	epinephrine (anaphylaxis) SOAJ	98
efavirenz CAPS 200 MG	37	EMPLICITI	29	epinephrine hcl (nasal)	83
efavirenz CAPS 50 MG	37	emtricitabine CAPS	37	epirubicin hcl SOLN 50 MG/25ML, 200 MG/100ML	31
				EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	65

epoprostenol sodium	42	TABS	61	EXONDYS 51	83
EQL DRY MOUTH ORAL RINSE SOLN	78	estradiol PTTW	61	EXPIRATORY MOUTHPIECE MISC	71
ERBITUX	30	estradiol PTWK	61	EXSERVAN FILM	83
ergocalciferol CAPS	99	estradiol TABS	61	EXTAVIA KIT	91
ergocalciferol SOLN OR	99	estradiol vaginal CREA	98	EYLEA SOLN	85
ergotamine w/ caffeine TABS	74	estradiol vaginal TABS	98	EYLEA SOSY	85
ERIVEDGE	30	ESTROFACTORS TABS	79	ezetimibe	23
ERLEADA 60 MG	30	ethambutol hcl TABS	28	ezetimibe-simvastatin	22
erlotinib hcl	30	ethosuximide CAPS	14	famciclovir	39
ertapenem sodium IJ	26	ethosuximide SOLN	14	famotidine SUSR	94
ERWINASE	33	ethynodiol diacet & eth estrad	43	famotidine TABS 10 MG	94
erythromycin (acne aid) GEL	48	etodolac CAPS	4	famotidine TABS 20 MG, 40 MG	94
erythromycin (acne aid) SOLN	48	etodolac TABS	4	FARYDAK	32
erythromycin (ophth)	85	etonogestrel-ethinyl estradiol	44	FASTEP COVID-19 ANTIGEN HOME TEST KIT	56
erythromycin base CPEP	68	etoposide CAPS	34	FEIBA	63
erythromycin base TABS	68	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	34	felbamate SUSP	13
erythromycin base TBEC	68	etravirine 100 MG	37	felbamate TABS	13
erythromycin ethylsuccinate SUSR 68		etravirine 200 MG	37	felodipine	41
erythromycin ethylsuccinate TABS 68		EUFLEXXA SOSY	82	fenofibrate micronized 134 MG, 200 MG	23
erythromycin stearate TABS 250 MG 68		EULEXIN	30	fenofibrate micronized 67 MG	23
escitalopram oxalate TABS 10 MG 15		EVENITY	58	fenofibrate TABS 160 MG	23
escitalopram oxalate TABS 20 MG 15		everolimus TABS	32	fenofibrate TABS 54 MG	23
escitalopram oxalate TABS 5 MG	15	everolimus TBSO	32	FENOFIBRATE TABS	23
esomeprazole magnesium CPDR 20 MG	94	EVERSENSE E3 SENSOR/HOLDER	69	fenoprofen calcium CAPS 400 MG	4
ESPEROCT	63	EVKEEZA	22	FENSOLVI SC	59
estradiol & norethindrone acetate		EVOMELA	28	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6
		EVRYSDI	83	FERRETTS TABS	65
		exemestane	30		
		EXKIVITY	30		

FERRIPROX SOLN20	MASK/SMALL71	15
FERRIPROX TWICE-A-DAY TABS 20	FLEXICHAMBER CHILD MASK/LARGE71	fluoxetine hcl CAPS 40 MG15
ferrous fumarate TABS 324 MG ...65	FLEXICHAMBER CHILD MASK/SMALL71	fluoxetine hcl SOLN15
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS65	FLORIVA PLUS SOLN80	fluoxetine hcl TABS 10 MG15
FERROUS GLUCONATE TABS 324 MG65	FLOVENT HFA10	fluoxetine hcl TABS 20 MG15
ferrous sulfate ELIX65	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT56	fluphenazine decanoate36
ferrous sulfate SOLN65	fluconazole SUSR21	fluphenazine hcl TABS36
ferrous sulfate TABS 65 MG, 325 MG65	fluconazole TABS 100 MG, 200 MG . 21	flurazepam hcl66
ferrous sulfate TBEC65	fluconazole TABS 150 MG21	flurbiprofen sodium87
FERROUS SULFATE TBEC65	fluconazole TABS 50 MG21	flurbiprofen TABS4
FEVERALL JUNIOR STRENGTH SUPP5	fludarabine phosphate SOLN29	flutamide30
fexofenadine hcl TABS 180 MG ...22	FLUDARABINE PHOSPHATE SOLN29	fluticasone propionate (nasal) SUSP . 82
fexofenadine hcl TABS 60 MG22	fludarabine phosphate SOLR29	fluticasone propionate CREA 0.05 % 52
FIBRYGA63	fludrocortisone acetate TABS45	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT10
FILTER AIR PP MISC71	flunisolide (nasal) 0.025 %82	fluticasone propionate hfa 44 MCG/ACT10
finasteride63	fluocinolone acetonide (otic)87	fluticasone propionate OINT52
fingolimod hcl91	fluocinolone acetonide OIL51	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT11
FINTEPLA12	fluocinonide CREA 0.05 %51	fluvoxamine maleate TABS 100 MG . 15
FIRMAGON 80 MG30	fluocinonide emulsified base51	fluvoxamine maleate TABS 25 MG, 50 MG15
FLAVOR BLEND SUSP89	fluocinonide GEL52	FLYP HYPERSONIQ CARTRIDGE MISC71
FLAVOR PLUS LIQD89	fluocinonide OINT52	FML OINT86
FLAVOR SWEET SYRP89	fluocinonide SOLN52	FOLCYTEINE TABS79
FLAVOR SWEET-SF SYRP89	fluorometholone (ophth) SUSP86	folic acid TABS 1 MG65
flavoxate hcl95	fluorouracil (topical) CREA 0.5 % .50	
FLEBOGAMMA DIF SOLN88	fluorouracil (topical) CREA 5 % ...50	
flecainide acetate9	fluorouracil (topical) SOLN50	
FLEXICHAMBER ADULT	fluoxetine hcl CAPS 10 MG, 20 MG	

folic acid TABS 400 MCG, 800 MCG .65	2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM69	GM/200ML88
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML58	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM69	GAMMAPLEX SOLN88
FOLOTYN29	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM69	GAMUNEX-C88
fondaparinux sodium11	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT69	ganirelix acetate59
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FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP ..56	furosemide TABS58	GATTEX62
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FORTEO SOPN58	FYARRO32	GAVRETO32
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP ... 56	gabapentin CAPS12	GAZYVA29
fosamprenavir calcium TABS37	gabapentin SOLN12	gefitinib30
fosinopril sodium & hydrochlorothiazide25	gabapentin TABS 600 MG12	GEL-ONE82
fosinopril sodium24	gabapentin TABS 800 MG12	GELSYN-3 SOSY82
FOTIVDA32	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...81	gemfibrozil TABS23
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML11	GALAFOLD59	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT56
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FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM69	galantamine hydrobromide TABS .91	gentamicin sulfate (ophth) OINT ...85
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM69	GAMASTAN88	gentamicin sulfate (ophth) SOLN ..85
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM69	GAMIFANT77	gentamicin sulfate (topical) CREA .49
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM69	GAMMAGARD LIQUID88	gentamicin sulfate (topical) OINT ..49
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM69	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR88	GENVISC 850 SOSY82
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM69	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20	GENVOYA37
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM69		GERI-TUSSIN SYRP47
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM69		GILENYA 0.5 MG91
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM69		GILOTTRIF30
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM69		GIMOTI SOLN NA61
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM69		ginger (zingiber officinalis) CAPS 250 MG2

GLASSIA SOLN92	GOODSENSE GLUCOSE 18	haloperidol TABS 20 MG 35
glatiramer acetate SOSY 91	GRANIX SOLN65	HAVRIX 1440 ELU/ML96
glimepiride 1 MG, 2 MG19	GRANIX SOSY65	HAVRIX 720 ELU/0.5ML96
glimepiride 4 MG19	GRAPE SYRUP SYRP 89	HEMLIBRA63
glipizide TABS 19	griseofulvin microsize SUSP21	HEMOFIL M SOLR 1501 -2000 UNIT63
glipizide TB2420	griseofulvin microsize TABS21	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT 63
glipizide-metformin hcl 17	griseofulvin ultramicrosize21	HEPAGAM B SOLN IJ88
glucagon (rdna)17	guaifenesin LIQD 47	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 11
GLUCO TO GO CHEW17	guaifenesin SYRP47	HEPLISAV-B SOSY96
GLUCOSE18	guaifenesin TB12 1200 MG48	HERCEPTIN 150 MG30
GLUCOSE CHEW 18	guaifenesin TB12 600 MG48	HERCEPTIN HYLECTA31
GLUCOSE INSTANT ENERGY ...18	guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML46	HIBERIX SOLR IJ95
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glyburide TABS 20	guaifenesin-codeine SYRP46	HIZENTRA SOLN88
glyburide-metformin 17	guanfacine hcl (adhd)1	HIZENTRA SOSY88
glycerin (laxative) SUPP 2 GM 67	guanfacine hcl24	homatropine hbr85
glycine diluent89	GUARDIAN 4 GLUCOSE SENSOR . 69	HULIO AJKT 3
glycopyrrolate TABS 1 MG, 2 MG .93	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC69	HULIO PSKT3
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP 56	GYNAZOLE-197	HUMATE-P SOLR63
GNP GLUCOSE 6 MG-4 GM18	HADLIMA PUSHTOUCH SOAJ3	HUMULIN 70/30 KWIKPEN SUPN 19
GNP GLUCOSE CHEW 18	HADLIMA SOSY 3	HUMULIN 70/30 SUSP 19
GNP QUICK DISSOLVE GLUCOSE CHEW18	HAEGARDA SOLR SC64	HUMULIN N KWIKPEN SUPN 19
GOCOVRI CP2434	HALAVEN34	HUMULIN N SUSP 19
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GONAL-F RFF REDIJECT SOPN .59	haloperidol lactate CONC35	HYALGAN SOLN 82
GONAL-F RFF SOLR SC59	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG 35	HYALGAN SOSY82
GONAL-F SOLR IJ59		

HYCANTIN CAPS34	hydromorphone hcl TABS 2 MG, 4 MG6	HYRIMOZ SOSY 40 MG/0.4ML3
hydralazine hcl TABS26	hydromorphone hcl TABS 8 MG6	HYRONAN KIT82
HYDRALYTE FREEZER POPS SOLN76	hydroxychloroquine sulfate 200 MG 27	HY-VEE GLUCOSE18
HYDRALYTE SOLN76	hydroxyprogesterone caproate (antineoplastic)30	ibandronate sodium SOLN58
hydrochlorothiazide CAPS58	hydroxyprogesterone caproate OIL 90	IBRANCE CAPS32
hydrochlorothiazide TABS 25 MG, 50 MG58	hydroxyurea33	IBRANCE TABS32
hydrocodone bitartrate-homatropine methylbromide SOLN45	hydroxyzine hcl SYRP9	ibuprofen CHEW4
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML7	hydroxyzine hcl TABS9	ibuprofen lysine4
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7	hydroxyzine pamoate CAPS9	ibuprofen SUSP 100 MG/5ML4
hydrocortisone (intrarectal)8	HYMOVIS82	ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML4
hydrocortisone (rectal) EX 2.5 % ...8	hyoscyamine sulfate ELIX93	ibuprofen TABS 200 MG4
hydrocortisone (topical) CREA 0.5 % 52	HYOSCYAMINE SULFATE POWD 94	ibuprofen TABS 400 MG, 600 MG, 800 MG4
hydrocortisone (topical) CREA 1 % 52	hyoscyamine sulfate SOLN OR 0.125 MG/ML94	icatibant acetate SOLN64
hydrocortisone (topical) CREA 2.5 % 52	hyoscyamine sulfate SUBL 0.125 MG94	icatibant acetate SOSY64
hydrocortisone (topical) LOTN 1 % 52	hyoscyamine sulfate TABS 0.125 MG94	ICLUSIG32
hydrocortisone (topical) LOTN 2.5 % . 52	hyoscyamine sulfate TB12 0.375 MG 94	IDELVION63
hydrocortisone (topical) OINT 1 %, 2.5 %52	hyoscyamine sulfate TBDP 0.125 MG94	IDHIFA32
hydrocortisone butyrate SOLN52	HYPERHEP B SOLN IM88	IFE-BIMIX 30/1 SOLN42
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HYDROMORPHONE HCL SUPP ...6	HYRIMOZ SOAJ 40 MG/0.4ML3	ILUMYA50
		ILUVIEN86
		imatinib mesylate32
		IMBRUVICA CAPS32
		IMBRUVICA TABS32
		IMCIVREE1
		IMFINZI29
		imipramine hcl TABS17

imiquimod 5 %	52	INSULIN LISPRO KWIKPEN SOPN .	IRON TABS 28 MG	65
IMLYGIC	34	19	ISENTRESS CHEW 100 MG	37
INCRELEX	59	INSULIN LISPRO	ISENTRESS CHEW 25 MG	37
INCRUSE ELLIPTA	10	PROTAMINE/INSULIN LISPRO	ISENTRESS HD TABS	37
indapamide TABS 1.25 MG, 2.5 MG .		KWIKPEN SUPN	ISENTRESS PACK	37
58		INSULIN LISPRO SOLN IJ	ISENTRESS TABS	37
INDICAID COVID-19 RAPID		INSULIN SYRINGES	isoniazid SYRP	28
ANTIGEN AT-HOME TEST KIT ...	56	INSULIN SYRINGES-MISC	isoniazid TABS	28
INDOCIN SUSP	4	INSUPEN 31G X 5MM	ISOPTO ATROPINE SOLN	85
INDOMETHACIN	4	INSUPEN 31G X 8MM	isosorbide dinitrate TABS 5 MG, 10	
indomethacin CAPS 25 MG, 50 MG	4	INSUPEN 32G X 4MM	MG, 20 MG, 30 MG	9
indomethacin sodium	4	INTELENCE 25 MG	isosorbide mononitrate TABS	9
indomethacin SUPP	4	INTELISWAB COVID-19 RAPID	isosorbide mononitrate TB24	9
INFANRIX	93	TEST KIT	isotretinoin 10 MG, 20 MG, 30 MG,	
INFANTS SILAPAP SOLN OR	5	INTRON A SOLN	40 MG	48
INFLECTRA	62	INTRON A SOLR	ISTURISA	58
INFLIXIMAB	62	INVEGA HAFYERA	ITCH RELIEF CREA	50
INFLUENZA VACCINE	96	INVEGA SUSTENNA	itraconazole CAPS	21
INLYTA	29	INVEGA TRINZA	IXEMPRA KIT	34
INNOSPIRE REPLACEMENT		INVIRASE TABS	IXINITY SOLR	63
FILTER MISC	71	IOPIDINE	JAKAFI	32
INQOVI	31	ipratropium bromide (nasal) 0.03 %	JANSSEN COVID-19 VACCINE ..	96
INREBIC	32	82	JEMPERLI	29
INSULIN ASPART		ipratropium bromide (nasal) 0.06 %	JEVTANA	34
PROTAMINE/INSULIN ASPART		82	JIVI	63
FLEXPEN SUPN	19	ipratropium bromide SOLN 0.02 %	JULUCA	37
INSULIN ASPART		10	JUXTAPID 5 MG, 10 MG, 20 MG, 30	
PROTAMINE/INSULIN ASPART		ipratropium-albuterol SOLN	MG	23
SUSP	19	irbesartan	JYNARQUE TABS	60
INSULIN GLARGINE SOLN	19	irbesartan-hydrochlorothiazide ...	JYNARQUE TBPK	60
INSULIN GLARGINE SOPN	19	25	KADCYLA	29
INSULIN LISPRO JUNIOR		irinotecan hcl		
KWIKPEN SOPN	19	34		
		IRON CHEWS PEDIATRIC CHEW		
		65		

KALBITOR	64	KINDERLYTE SOLN	76	lamivudine-zidovudine	38
KALYDECO PACK	92	KINERET SOSY	3	lamotrigine CHEW	12
KALYDECO TABS	92	KISQALI	32	lamotrigine TABS	12
KANJINTI 420 MG	30	KISQALI FEMARA 200 DOSE	31	lamotrigine TB24	12
KANUMA	59	KISQALI FEMARA 400 DOSE	31	LANCETS-MISC	69
KCENTRA	63	KISQALI FEMARA 600 DOSE	31	LANCING DEVICE-MISC	69
KEPIVANCE	33	KOATE SOLR	63	lanolin (topical) CREA	53
KERALYT GEL	53	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	63	lanolin (topical) OINT	53
KESIMPTA	91	KOGENATE FS KIT	63	lanolin XX	90
ketoconazole (topical) CREA	49	KOKO PEAK PRO REPLACEMENT PLASTIC		LANOLIN XX	90
ketoconazole (topical) SHAM 2 % .	49	MOUTHPIECE MISC	72	LANOLOR CREA	53
KETONE STRP	56	KORLYM	18	lansoprazole CPDR 15 MG	94
KETONE TEST STRIPS STRP	56	KOSELUGO	32	lansoprazole CPDR 30 MG	94
ketorolac tromethamine (ophth) 0.4 %	87	KOVALTRY	63	lapatinib ditosylate	32
ketorolac tromethamine (ophth) 0.5 %	87	KRINTAFEL	27	latanoprost SOLN	87
ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	4	KROGER GLUCOSE	18	LATANOPROST SOLN	87
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	4	KRYSTEXXA	63	LEADER GLUCOSE 6 MG-4 GM ..	18
ketorolac tromethamine TABS	4	KYPROLIS	32	LEADER QUICK DISSOLVE GLUCOSE CHEW	18
KETOSTIX STRP	56	labetalol hcl TABS 100 MG	40	leflunomide	4
ketotifen fumarate (ophth) 0.025 % 87		labetalol hcl TABS 200 MG	40	lenalidomide	77
KEVZARA SOAJ	3	labetalol hcl TABS 300 MG	40	LENVIMA 10 MG DAILY DOSE ...	29
KEVZARA SOSY	3	lactic acid (ammonium lactate) CREA	52	LENVIMA 12MG DAILY DOSE ...	29
KEY-E CHEW	99	lactic acid (ammonium lactate) LOTN 12 %	52	LENVIMA 14 MG DAILY DOSE ...	29
KEYTRUDA	29	lactulose (encephalopathy)	62	LENVIMA 18 MG DAILY DOSE ...	29
KHAPZORY	33	lactulose SOLN	67	LENVIMA 20 MG DAILY DOSE ...	29
KIMMTRAK	29	lamivudine SOLN	37	LENVIMA 24 MG DAILY DOSE ...	29
KINDERLYTE PREMAX SOLN	76	lamivudine TABS 150 MG	38	LENVIMA 4 MG DAILY DOSE	29
		lamivudine TABS 300 MG	38	LENVIMA 8 MG DAILY DOSE	29
				LEQVIO	23

letrozole	30	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	43	lithium carbonate TBCR	35
leucovorin calcium TABS	33	levothyroxine sodium TABS	93	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	82
LEUKERAN	28	LEVULAN KERASTICK SOLR	50	LIVMARLI	62
LEUKINE SOLR IJ	65	LEXIVA SUSP	38	LIVTENCITY	39
leuprolide acetate KIT IJ 1 MG/0.2ML	31	LIBTAYO	29	LOHIST-D LIQD	46
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	31	LICEMD GEL	54	LONGS GLUCOSE	18
levabuterol tartrate	11	lidocaine CREA 4 %	53	LONSURF	31
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	12	lidocaine hcl (mouth-throat) 2 % ...	78	loperamide hcl CAPS	20
levetiracetam TABS 1000 MG	12	lidocaine hcl CREA 3 %	53	loperamide hcl TABS	20
levetiracetam TABS 250 MG, 750 MG	13	lidocaine hcl CREA 4 %	53	lopinavir-ritonavir SOLN	38
levetiracetam TABS 500 MG	13	lidocaine hcl GEL 2 %	53	lopinavir-ritonavir TABS 25 MG-100 MG	38
levetiracetam TB24	13	lidocaine OINT	53	lopinavir-ritonavir TABS 50 MG-200 MG	38
levobunolol hcl 0.5 %	84	lidocaine-prilocaine CREA	53	loratadine & pseudoephedrine TB12 .	46
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	60	LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	82	loratadine & pseudoephedrine TB24 .	46
levocarnitine (metabolic modifiers) TABS	60	liothyronine sodium TABS	93	loratadine SOLN	22
levocetirizine dihydrochloride TABS 22		lisdexamfetamine dimesylate CAPS 1		loratadine TABS	22
levofloxacin TABS	61	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	25	loratadine TBDP 10 MG	22
levoleucovorin calcium SOLN 250 MG/25ML	33	lisinopril & hydrochlorothiazide 25 MG-20 MG	25	lorazepam TABS	9
levoleucovorin calcium SOLR	33	lisinopril TABS 2.5 MG	24	LORBRENA	32
levonorgestrel & eth estradiol TABS 43		lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	24	losartan potassium & hydrochlorothiazide	25
levonorgestrel (emergency oc) 1.5 MG	44	LITETOUCH MASK LARGE MISC 72		losartan potassium	24
levonorgestrel-eth estradiol (triphasic)	43	LITETOUCH MASK MEDIUM MISC . 72		lovastatin TABS 10 MG, 20 MG ...	23
		LITETOUCH MASK SMALL MISC .72		lovastatin TABS 40 MG	23
		LITHIUM	35	loxapine succinate	35
		lithium carbonate CAPS	35	LUCENTIS SOLN	85
		lithium carbonate TABS	35	LUCENTIS SOSY	85

LUMAKRAS	32	malathion	54	melphalan	28
LUMIZYME	60	maraviroc TABS 150 MG	38	melphalan hcl	28
LUMOXITI	29	maraviroc TABS 300 MG	38	memantine hcl SOLN	91
LUNG PERFORMANCE PEAK FLOW METER	72	MARGENZA	30	memantine hcl TABS	91
LUPKYNIS	77	MARQIBO	34	MENACTRA	95
LUPRON DEPOT (1-MONTH) KIT IM	31	MASK VORTEX/CHILD/FROG ...	72	MENOPUR SC	59
LUPRON DEPOT (3-MONTH) KIT IM	31	MASK VORTEX/TODDLER/LADYBUG ..	72	MENQUADFI	95
LUPRON DEPOT (4-MONTH) IM .	31	MATULANE	33	MENVEO SOLN	95
LUPRON DEPOT (6-MONTH) IM .	31	MAVYRET PACK	39	MENVEO SOLR	95
LUPRON DEPOT-PED (1-MONTH) .	59	MAVYRET TABS	39	meperidine hcl SOLN OR 50 MG/5ML	6
LUPRON DEPOT-PED (3-MONTH) .	59	MAXI-TUSS PE LIQD	46	meperidine hcl TABS 50 MG	6
lurasidone hcl	35	MAXI-TUSS PE MAX LIQD	46	meprobamate	9
LUXTURNA	86	meclizine hcl CHEW	21	MEPSEVII	60
LYNPARZA TABS	32	meclizine hcl TABS 12.5 MG, 25 MG 21		mercaptopurine TABS	29
LYSODREN	31	medroxyprogesterone acetate (contraceptive) SUSP IM	44	mesalamine CP24	62
MACI	81	medroxyprogesterone acetate (contraceptive) SUSY IM	44	mesalamine CPDR	62
MAGNESIUM CAPS 400 MG	76	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	90	mesalamine ENEM	62
magnesium citrate	67	mefloquine hcl	27	mesalamine TBEC	62
MAGNESIUM EXTRA STRENGTH CAPS	76	megestrol acetate SUSP	31	mesna SOLN	33
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	67	megestrol acetate TABS	31	MESNEX TABS	33
magnesium oxide (mg supplement) TABS 400 MG	76	MEIJER GLUCOSE	18	metformin hcl TABS 500 MG	17
MAGNESIUM OXIDE CAPS	76	MEKINIST TABS	32	metformin hcl TABS 850 MG, 1000 MG	17
magnesium oxide TABS 400 MG ...	8	MEKTOVI	32	metformin hcl TB24 500 MG	17
MAKENA SOAJ	90	MELATONIN SUBL	2	metformin hcl TB24 750 MG	17
		melatonin TABS 3 MG, 5 MG	2	methadone hcl TABS 10 MG	6
		melatonin TBDP 3 MG	2	methadone hcl TABS 5 MG	6
		meloxicam TABS	4	methazolamide TABS	57
				methenamine mandelate	27
				methenamine-hyosc-methylene blue-	

sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	26	metoclopramide hcl TABS	62	midodrine hcl	98
methimazole TABS	93	metolazone	58	miglustat	64
METHITEST TABS	8	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG	25	MILLIPRED TABS	45
methocarbamol TABS	82	metoprolol & hydrochlorothiazide TABS 50 MG-100 MG	25	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	72
METHOTREXATE	3	metoprolol succinate TB24 200 MG 40		MINI WRIGHT PEAK FLOW METER	72
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	29	metoprolol succinate TB24 25 MG, 50 MG, 100 MG	40	MINI WRIGHT PEAK FLOW METER STANDARD RANGE	72
methotrexate sodium TABS 2.5 MG 29		metoprolol tartrate TABS 100 MG .40		MINIELITE FILTER REPLACEMENTS MISC	72
methyldopa TABS	24	metoprolol tartrate TABS 25 MG, 50 MG	40	minocycline hcl CAPS	93
methylergonovine maleate TABS .88		metronidazole (topical) CREA	54	minoxidil 10 MG	26
methylphenidate hcl CPCR	2	metronidazole (topical) GEL 0.75 % 54		minoxidil 2.5 MG	26
methylphenidate hcl SOLN 10 MG/5ML	2	metronidazole (topical) LOTN	54	MIRCERA	65
methylphenidate hcl SOLN 5 MG/5ML	2	metronidazole TABS	26	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	55
methylphenidate hcl TABS 10 MG, 20 MG	2	metronidazole vaginal	97	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	55
methylphenidate hcl TABS 5 MG ...	2	metyrosine	24	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	55
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	mexiletine hcl	9	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	55
methylphenidate hcl TB24 36 MG ..	2	miconazole nitrate (topical) CREA .49		MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	55
methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	2	miconazole nitrate vaginal CREA .97		MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	55
methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	2	miconazole nitrate vaginal KIT	98	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	55
methylprednisolone TABS 4 MG, 8 MG	45	miconazole nitrate vaginal SUPP 100 MG	98		
methylprednisolone TBPK	45	miconazole nitrate vaginal SUPP 200 MG	98		
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	62	MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	88		
		MICROLIFE DIGITAL PEAK FLOW METER	72		
		midazolam hcl SOLN IJ	66		

MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM55	MODERNA COVID-19 VACCINE SUSP96	MINERALS-VARIOUS 79
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM55	MOI-STIR SOLN78	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG- 400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG- 2500 UNIT-1 MG-15 UNIT80
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED55	molindone hcl36	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG- 400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT ..80
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X7CM/MESHED55	mometasone furoate CREA52	MULTIVITAMIN ADULT TABS79
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED55	mometasone furoate OINT52	MULTIVITAMIN INFANT & TODDLER SOLN OR81
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED55	mometasone furoate SOLN52	MULTIVITAMIN INFANT/TODDLER SOLN OR81
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH55	MONJUVI29	MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG79
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH55	MONONINE 1000 UNIT63	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 81
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED55	MONOVISC82	MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-0.5 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT- 400 UNIT-15 UNIT-0.5 MG80
mirtazapine TABS 15 MG14	montelukast sodium CHEW10	MULTIVITAMIN WITH FLUORIDE CHEW80
mirtazapine TABS 30 MG14	montelukast sodium PACK10	MULTIVITAMIN/FLUORIDE CHEW 80
mirtazapine TABS 7.5 MG, 45 MG 14	montelukast sodium TABS10	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG- 10 MG-0.25 MG-600 MCG-4.5 MCG- 230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG- 600 MCG-4.5 MCG-230 MCG80
mirtazapine TBDP 15 MG14	morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML 6	
mirtazapine TBDP 30 MG14	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML6	
mirtazapine TBDP 45 MG14	morphine sulfate SUPP6	
misoprostol95	morphine sulfate TABS6	
mitoxantrone hcl 2 MG/ML31	morphine sulfate TBCR6	
M-M-R II SOLR96	MOUTH KOTE REMINT SOLN78	
	MOUTH KOTE SOLN79	
	moxifloxacin hcl (ophth) SOLN OP 85	
	MULPLETA65	
	MULTI VITAMIN TABS79	
	MULTI VITAMIN/D-3 TABS79	
	multiple vitamin TABS79	
	multiple vitamins w/ iron TABS79	
	MULTIPLE VITAMINS W/ MINERALS TABS79	
	MULTIPLE VITAMINS W/	

MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG- 10 MG-0.5 MG-600 MCG-4.5 MCG- 230 MCG	80	naproxen sodium TABS 220 MG ...	4	NEUPOGEN SOLN	65
mupirocin calcium (topical)	49	naproxen sodium TABS 275 MG, 550 MG	4	NEUPOGEN SOSY	65
mupirocin OINT	49	naproxen SUSP	4	nevirapine SUSP	38
MVASI	29	naproxen TABS	4	nevirapine TABS	38
MX-SOL BLEND SF SUSP	89	naratriptan hcl	75	nevirapine TB24 100 MG	38
MX-SOL BLEND SUSP	89	nateglinide	19	nevirapine TB24 400 MG	38
MX-SOL SF SYRP	89	NATPARA	58	NEXVIAZYME	60
MX-SOL SUSPEND SUSP	89	NATURAL FIBER LAXATIVE POWD 67		niacin (antihyperlipidemic) TABS ..	23
MX-SOL SYRP	89	NAYZILAM	12	niacin (antihyperlipidemic) TBCR ..	23
MYALEPT	60	NEBULIZER AIR TUBE/PLUGS MISC	72	niacin CPCR 250 MG, 500 MG	99
mycophenolate mofetil CAPS	77	NEBULIZER MASK ADULT MISC .72		niacin TABS 500 MG	99
mycophenolate mofetil SUSR	77	NEBULIZER MASK CHILD MISC .72		niacin TBCR	99
mycophenolate mofetil TABS	77	nefazodone hcl	16	NIACIN TR TBCR	99
mycophenolate sodium	77	NEOMULTIVITE TABS	79	nicardipine hcl CAPS	41
MYLERAN TABS	28	neomycin sulfate TABS	2	nicotine MISC	92
MYLOTARG	29	neomycin-bacitracin zn-polymyxin 85		nicotine polacrilex GUM	92
NABI-HB SOLN IM	88	neomycin-bacitracin-polymyxin OINT 49		nicotine polacrilex LOZG	92
nabumetone	4	neomycin-polymy-dexameth OINT 86		nicotine PT24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	92
nadolol TABS 20 MG, 40 MG, 80 MG	40	neomycin-polymy-dexameth SUSP 86		NICOTINE TRANSDERMAL SYSTEM KIT	92
NAGLAZYME	60	neomycin-polymyxin w/ pramoxine 49		NICOTROL INHALER INHA	92
naloxone hcl LIQD	20	neomycin-polymyxin-gramicidin ..	85	NICOTROL NS SOLN	92
naloxone hcl SOCT	20	neomycin-polymyxin-hc (ophth) ..	86	nifedipine CAPS	41
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	20	neomycin-polymyxin-hc (otic) SOLN . 87		nifedipine TB24 30 MG, 90 MG ...	41
naloxone hcl SOSY	20	neomycin-polymyxin-hc (otic) SUSP . 87		nifedipine TB24 60 MG	41
naltrexone hcl	20	NERLYNX	32	NINLARO	32
naphazoline w/ pheniramine 0.315 %-0.027 %	86			nitisinone CAPS	60
				NITRO-BID OINT	9
				nitrofurantoin	27
				nitrofurantoin macrocrystal 50 MG,	

100 MG	27	nortriptyline hcl CAPS	17	NP THYROID 90 TABS	93
nitrofurantoin monohyd macro	27	nortriptyline hcl SOLN	17	NUBEQA	31
nitroglycerin CPR	9	NORVIR SOLN	38	NULIBRY	60
nitroglycerin PT24	9	NOSE CLIP MISC	72	NULOJIX	77
nitroglycerin SUBL	9	NOVA MAX PLUS KETONE TESTSTRIPS	56	NUMOISYN LIQD	79
NITYR TABS	60	NOVACHOR	55	NUPLAZID CAPS	35
NIVA THYROID TABS	93	NOVAREL IM	59	NUPLAZID TABS 10 MG	35
NIVESTYM SOLN	65	NOVAVAX COVID-19 VACCINE ..	97	NUWIQ KIT	63
NIVESTYM SOSY	65	NOVAVAX COVID-19 VACCINE/2023-24	97	NUWIQ SOLR	63
NIZORAL SHAM	49	NOVOLIN 70/30 FLEXPEN RELION SUPN	19	nystatin (mouth-throat)	78
NORDITROPIN FLEXPEN SOPN ..	59	NOVOLIN 70/30 FLEXPEN SUPN ..	19	nystatin (topical) CREA	49
norelgestromin-ethinyl estradiol ..	44	NOVOLIN 70/30 RELION SUSP ..	19	nystatin (topical) OINT	49
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	43	NOVOLIN 70/30 SUSP	19	nystatin (topical) POWD EX	49
norethindrone & eth estradiol	43	NOVOLIN N FLEXPEN RELION SUPN	19	nystatin TABS	21
norethindrone & ethinyl estradiol-fe 43	43	NOVOLIN N FLEXPEN SUPN	19	nystatin-triamcinolone CREA	49
norethindrone (contraceptive)	44	NOVOLIN N RELION SUSP	19	nystatin-triamcinolone OINT	49
norethindrone acet & eth estra	43	NOVOLIN N SUSP	19	NYVEPRIA	65
norethindrone acetate TABS	90	NOVOLIN R RELION SOLN IJ	19	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	55
norethindrone acetate-ethinyl estradiol	61	NOVOLIN R SOLN IJ	19	OASIS WOUND MATRIX	55
norethindrone acetate-ethinyl estradiol-fe	43	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	19	OBIZUR	64
norethindrone-eth estradiol (triphasic)	44	NOVOLOG MIX 70/30 RELION SUSP	19	OALIVA	61
norgestimate-ethinyl estradiol (triphasic)	44	NOVOSEVEN RT	63	OCTAGAM SOLN	88
norgestimate-ethinyl estradiol	44	NP THYROID 120 TABS	93	octreotide acetate SOLN	60
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	44	NP THYROID 15 TABS	93	ODEFSEY	38
NORPACE CR CP12 150 MG	9	NP THYROID 30 TABS	93	ODOMZO	30
		NP THYROID 60 TABS	93	OFEV	92
				OFF DEEP WOODS AERO	53
				OFF DEEP WOODS DRY AERO ..	53
				ofloxacin (ophth)	85

ofloxacin (otic)	87	MOUTHPIECE MISC	72	ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT SOLN	79
ofloxacin 400 MG	61	ONE VITE DAILY MULTIVITAMIN TABS	79	ORAL SUSPEND LIQD	89
OGIVRI	30	ONETOUCH SOLUTIONS FIT KIT 69		ORAL SYRUP FLAVORED VEHICLE SYRP	89
olanzapine TABS 15 MG, 20 MG ..	36	ONETOUCH SOLUTIONS RX STARTER KIT KIT	69	ORAL SYRUP SF SYRP	89
olanzapine TABS 2.5 MG, 5 MG ..	35	ONETOUCH ULTRA 2 KIT	69	ORAPENN SD ANHYDROUS SWEETENED LIQD	89
olanzapine TABS 7.5 MG, 10 MG .	35	ONETOUCH ULTRA STRP	57	ORAPENN SD ANHYDROUS UNSWEETENED LIQD	89
olmesartan medoxomil	24	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	69	ORA-PLUS LIQD	89
olmesartan medoxomil-amlodipine- hydrochlorothiazide	25	ONETOUCH VERIO IN VITRO MEDI-CAL STRP	57	ORA-SWEET SF SYRP 10 %-9 %	89
olmesartan medoxomil- hydrochlorothiazide	26	ONETOUCH VERIO REFLECT KIT 69		ORA-SWEET SYRP 4 %-5 %-54 %	89
OLUMIANT	3	ONETOUCH VERIO TEST STRIPS STRP	57	ORENCIA CLICKJECT SOAJ	4
omega-3 fatty acids CAPS	84	ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPO SABLE MISC	72	ORENCIA SOLR	4
omega-3 fatty acids CPDR	84	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC .	72	ORENCIA SOSY	4
OMEPRAZOLE	43	ONPATTRO	92	ORENITRAM TBCR	42
OMEPRAZOLE 20MG TABLET ..	94	ONUREG TABS	29	ORFADIN CAPS 20 MG	60
omeprazole CPDR	94	OPDIVO	29	ORFADIN SUSP	60
omeprazole magnesium TBEC	94	OPDUALAG	31	ORGOVYX	31
OMNICAP TABS	79	ORA-BLEND SF SUSP	89	ORKAMBI PACK	92
ON/GO COVID-19 ANTIGEN SELF- TEST KIT	57	ORA-BLEND SUSP	89	ORKAMBI TABS	92
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	57	oral electrolytes SOLN	76	ORLADEYO	64
ONCASPAR	33	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP ..	89	orphenadrine citrate TB12	82
ondansetron hcl SOLN OR 4 MG/5ML	21	ORAL MIX SF SUSP	89	ORTHOVISC	82
ondansetron hcl TABS 24 MG	21			oseltamivir phosphate CAPS 30 MG .	39
ondansetron hcl TABS 4 MG, 8 MG 21				oseltamivir phosphate CAPS 45 MG, 75 MG	39
ondansetron TBDP	21			oseltamivir phosphate SUSR	39
ONE DAILY ESSENTIAL TABS ...	79			OSENI	17
ONE FLOW TESTER TUBE					

OSTEOCONDUCTIVE MATRIX PLUS	55	OYSTER SHELL CALCIUM/D TABS . 75	PARI SMARTMASK BABY/ELBOW MISC	72	
OTEZLA TABS	4	OZURDEX IMPL	86	PARI SOFT PLASTIC ADULT MASK MISC	72
OTEZLA TBPk	4	paclitaxel protein-bound particles .	34	PARI SOFT PLASTIC PEDIATRIC MASK MISC	73
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PACLITAXEL PROTEIN-BOUNDPARTICLES	34	PARI VORTEX ADULT MASK	73
OVIDREL INJ	59	PADCEV	29	paricalcitol SOLN	60
OXAYDO TABS 5 MG	6	PALYNZIQ	60	paroxetine hcl SUSP	15
oxazepam CAPS	9	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	58	paroxetine hcl TABS 10 MG	15
OXBRYTA TABS 500 MG	65	PAMIDRONATE DISODIUM SOLN 58		paroxetine hcl TABS 20 MG	16
OXBRYTA TBSO	65	PANDA MASK LARGE	72	paroxetine hcl TABS 30 MG, 40 MG .	16
oxcarbazepine SUSP	13	PANDA MASK MEDIUM	72	paroxetine hcl TB24	16
oxcarbazepine TABS	13	PANDA MASK SMALL	72	PARSABIV	60
OXLUMO	63	PANHEMATIN 350 MG	64	PARVA-CAL	75
oxybutynin chloride SYRP	95	pantoprazole sodium TBEC 20 MG 95		PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	81
oxybutynin chloride TABS	95	pantoprazole sodium TBEC 40 MG 94		PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	81
oxybutynin chloride TB24	95	PANZYGA	88	PCCA SWEET-SF SYRP	89
oxycodone hcl CAPS	6	PARI ALTERA NEBULIZER HANDSET MISC	72	PCCA SYRUP VEHICLE SYRP ...	89
oxycodone hcl CONC 100 MG/5ML	6	PARI BABY CONVERSION KITSIZE 1 MISC	72	PCCA-PLUS SUSP	89
oxycodone hcl SOLN	6	PARI BABY CONVERSION KITSIZE 2 MISC	72	PEAK A-I-R FLOW METER	73
oxycodone hcl T12A	6	PARI BABY CONVERSION KITSIZE 3 MISC	72	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	73
oxycodone hcl TABS 30 MG	6	PARI BABY CONVERSION KITSIZE 3 MISC	72	ped multivitamins w/fl & iron SOLN	80
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	6	PARI ERAPID NEBULIZER HANDSET MISC	72	PEDIATRIC DISPOSABLE MOUTPIECE MISC	73
oxycodone w/ acetaminophen SOLN 7		PARI EXPIRATORY FILTER VALVE SET DEVI	72	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC .	73
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	PARI MASK SET MISC	72	PEDIATRIC MULTIPLE VITAMINS	
OXYCONTIN T12A	6				
ovster shell	75				

W/ MINERALS-VARIOUS80	perphenazine-amitriptyline91	phenytoin sodium SOLN14
pediatric multivitamins w/fl CHEW .80	PERSERIS PRSY35	phenytoin SUSP 14
pediatric multivitamins w/fl SOLN .80	PERSONAL BEST FULL RANGE 73	PHESGO31
PEDIATRIC PANDA MASK73	PFIZER-BIONTECH COVID-19VACCINE SUSP 97	PHOTOFRIN 33
pediatric vitamins acid w/ fluoride SOLN80	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP 97	PHOTREXA VISCOUS86
PEDVAX HIB SUSP 95	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP97	PHOTREXA/PHOTREXA VISCOUS KIT86
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR67	PFLEX MISC73	phytonadione TABS 5 MG99
peg 3350-potassium chloride-sod bicarbonate-sod chloride67	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC ..73	PIFELTRO38
PEGASYS SOLN 39	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG63	PIKO 1 ELECTRONIC 73
PEG-PREP67	phenelzine sulfate15	PILLOW MASK/ADULT MISC73
PEMAZYRE32	phenobarbital ELIX66	PILLOW MASK/CHILD MISC73
PEMETREXED 500 MG/20ML29	phenobarbital TABS66	PILLOW MASK/PEDIATRIC MISC 73
pemetrexed disodium SOLR 100 MG, 500 MG29	phenylephrine hcl (mydriatic) SOLN 2.5 %85	pilocarpine hcl (oral) 5 MG79
PEMFEXY29	phenylephrine hcl (oral) TABS83	pilocarpine hcl SOLN 1 %, 2 %, 4 % .85
PEN NEEDLES 30GX5MM70	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 46	PILOT COVID-19 AT-HOME TEST KIT57
PEN NEEDLES 31GX5MM70	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML47	pimecrolimus53
PEN NEEDLES 31GX8MM70	phenylephrine-dm SOLN 47	pindolol TABS40
PEN NEEDLES 32GX4MM70	phenylephrine-shark liver oil-cocoa butter8	pioglitazone hcl19
penicillamine TABS77	phenylephrine-shark liver oil-mineral oil-petrolatum8	pioglitazone hcl-metformin hcl TABS .17
penicillin v potassium SOLR88	phenytoin CHEW14	PIP BLOOD GLUCOSE TEST STRIP STRP57
penicillin v potassium TABS88	phenytoin sodium extended 100 MG .13	PIQRAY 200MG DAILY DOSE ...32
pentoxifylline64		PIQRAY 250MG DAILY DOSE ...32
PERJETA30		PIQRAY 300MG DAILY DOSE ...32
permethrin CREA54		pirfenidone CAPS92
permethrin LIQD EX54		pirfenidone TABS92
permethrin LOTN54		piroxicam CAPS4
perphenazine TABS36		PLEGRIDY SOPN 91

PLEGRIDY SOSY IM	91	PORTRAZZA	30	prednisolone sodium phosphate SOLN 20 MG/5ML	45
PLEGRIDY STARTER PACK SOPN . 91		pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	76	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	45
PLEGRIDY STARTER PACK SOSY SC	91	potassium bicarbonate TBEF	76	prednisolone SOLN	45
plerixafor	65	potassium chloride CPCR 10 MEQ 76		prednisolone TABS	45
PNEUMOVAX 23	96	potassium chloride CPCR 8 MEQ .	76	PREDNISONE INTENSOL CONC	45
PNEUMOVAX 23/1 DOSE	96	potassium chloride microencapsulated crystals er	76	prednisone SOLN	45
POCKET PEAK FLOW METER ...	73	potassium chloride PACK OR 20 MEQ	76	prednisone TABS	45
POCKETPEAK PEAK FLOW METER LOW RANGE	73	potassium chloride SOLN OR 10 %, 20 %	76	prednisone TBPK	45
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	73	potassium chloride TBCR 8 MEQ, 10 MEQ	76	PREFERRED PLUS GLUCOSE ..	18
podofilox SOLN	53	potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	62	PREGNYL IM 10000 UNIT	59
POLIVY	29	POTELIGEO	30	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	59
POLYCOSE LIQD	84	pralatrexate	29	PREHEVBRIO	97
POLYCOSE POWD	84	PRALUENT SOAJ	23	PREMARIN	98
polyethylene glycol 3350 POWD ..	67	pramipexole dihydrochloride TABS 34		PREMARIN TABS	61
polymyxin b-trimethoprim	85	pramoxine-hc-chloroxylenol	87	PREMPHASE	61
polysaccharide iron complex CAPS 150 MG	65	prasugrel hcl	64	PREMPRO	61
POLY-VI-FLOR CHEW	80	pravastatin sodium	23	PRENATAL VITAMINS-MISC	81
polyvinyl alcohol 1.4 %	84	prazosin hcl CAPS	24	PREVNAR 13	96
POLY-VI-SOL SOLN OR	81	PRECISION XTRA	57	PREVNAR 20	96
POLY-VI-SOL/IRON SOLN	81	PRED MILD	86	PREVYMIS SOLN	39
POLY-VITA SOLN OR	81	PRED-G SUSP	86	PREVYMIS TABS	39
POLY-VITA/IRON SOLN	81	prednisolone acetate (ophth)	86	PREZCOBIX	38
POLY-VITE PEDIATRIC SOLN OR 81		PREDNISOLONE ACETATE P-F .	86	PREZISTA SUSP	38
POLY-VITE/IRON SOLN	81	PREDNISOLONE SODIUM PHOSPHATE	86	PREZISTA TABS 150 MG	38
POMALYST	31			PREZISTA TABS 75 MG	38
				PRIALT	5
				primaquine phosphate TABS	27

primidone	13	PRONEB ULTRA FILTER SET MISC	73	METER CHILD	73
PRIORIX SUSR	97	propafenone hcl TABS	9	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	70
PRIVIGEN SOLN	88	propranolol hcl CP24	40	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	70
PROAIR RESPICLICK AEPB	11	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	40	PURIXAN SUSP	29
probenecid	63	propranolol hcl TABS	40	PX DAYTIME MULTI-SYMPTOM CAPS	47
prochlorperazine	36	propylthiouracil	93	PX GLUCOSE	18
prochlorperazine maleate TABS	36	PROTEXT SUSP	55	PX NITETIME MULTI-SYMPTOM CAPS	47
PROCRIPT	65	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	47	pyrantel pamoate SUSP 144 MG/ML	8
PROCYSBI CPDR	62	pseudoephedrine hcl TABS	83	pyrazinamide	28
PROCYSBI PACK	62	pseudoephedrine hcl TB12	83	pyrethrins-piperonyl butoxide LIQD	54
PROFILNINE	64	pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML	47	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	54
progesterone CAPS 100 MG	90	pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML	47	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	54
progesterone CAPS 200 MG	90	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	47	pyridostigmine bromide TABS 60 MG	28
PROGRAF PACK	77	pseudoephedrine-ibuprofen TABS	47	pyridostigmine bromide TBCR	28
PROLASTIN-C SOLN	92	psyllium CAPS 0.52 GM	67	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	99
PROLASTIN-C SOLR	92	psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 100 %	67	pyrimethamine	27
PROLEUKIN	33	PTS PANELS EGLU STRP	57	PYRUKYND TABS	64
PROLIA SOSY	58	PTS PANELS KETONE TEST	57	PYRUKYND TAPER PACK TBPK	64
promethazine & phenylephrine SYRP	47	PULMOZYME	92	QC CALCIUM 500MG/D3 TABS	75
PROMETHAZINE HCL POWD	43	PURAPLY 2CM X 4CM	55	QC TRIACTING DAYTIME CHILDRENS SYRP	47
promethazine hcl SOLN 6.25 MG/5ML	22	PURAPLY 5CM X 5 CM	55	QINLOCK	32
promethazine hcl SUPP	22	PURAPLY 6CM X 9CM	55	quetiapine fumarate TABS 100 MG,	
promethazine hcl SYRP	22	PURE COMFORT PEAK FLOW METER ADULT	73		
promethazine hcl TABS	22	PURE COMFORT PEAK FLOW			
promethazine w/codeine SOLN	47				
promethazine w/codeine SYRP	47				
promethazine-dm SYRP	47				
promethazine-phenylephrine-codeine	47				

200 MG36	RA GLUCOSE18	RELEUKO SOSY65
quetiapine fumarate TABS 25 MG, 50 MG36	RADICAVA ORS STARTER KIT SUSP83	RELION GLUCOSE18
quetiapine fumarate TABS 300 MG, 400 MG36	RADICAVA ORS SUSP83	RELION KETONE TEST STRIPS STRP57
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG-15 UNIT-1 MG-108 MCG81	RADICAVA SOLN83	REMICADE62
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.5 MG-15 UNIT-1 MG-108 MCG81	raloxifene hcl59	REMIFEMIN MENOPAUSE RELIEF TABS2
QUFLORA PEDIATRIC SOLN81	ramipril CAPS24	RENFLEXIS62
QUICKVUE AT-HOME COVID-19 TEST KIT57	RAPID SARS-COV-2 ANTIGENTEST CARD KIT57	REPATHA PUSHTRONEX SYSTEM SOCT23
quinapril hcl24	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML3	REPATHA SOSY23
quinapril-hydrochlorothiazide 12.5 MG-10 MG26	RAVICTI60	REPATHA SURECLICK SOAJ23
quinapril-hydrochlorothiazide 12.5 MG-20 MG26	REBIF REBIDOSE SOAJ91	REPEL SPORTSMEN MAX LOTN 53
quinapril-hydrochlorothiazide 25 MG-20 MG26	REBIF REBIDOSE TITRATIONPACK SOAJ91	REPLACEMENT AIR FILTER MISC .73
quinidine gluconate TBCR9	REBIF SOSY91	REPLACEMENT FILTERS MISC .73
quinidine sulfate TABS9	REBIF TITRATION PACK SOSY ..91	RETACRIT65
QUINTABS TABS79	REBINYN64	RETEVMO32
QVAR REDIHALER 40 MCG/ACT .10	RECOMBINATE SOLR64	RETHYMIC77
QVAR REDIHALER 80 MCG/ACT .10	RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML97	RETISERT86
RA ARTHRITIS PAIN RELIEF CREA 53	RECOMBIVAX HB SUSP 5 MCG/0.5ML97	REVCovi60
RA DRY MOUTH SOLN79	RECOMBIVAX HB SUSY 10 MCG/ML97	REVLIMID77
	RECOMBIVAX HB SUSY 5 MCG/0.5ML97	REYATAZ PACK38
	RECORLEV58	REZUROCK77
	REDITREX SOSY3	RHOGAM ULTRA-FILTERED PLUS SOSY IM88
	RELENZA DISKHALER39	RHOPHYLAC SOSY IJ88
	RELEUKO SOLN65	RIABNI30
		RIASTAP64
		ribavirin (hepatitis c) CAPS39
		ribavirin (hepatitis c) TABS 200 MG 39

riboflavin TABS	99	MG, 3 MG, 4 MG	35	SAVELLA TITRATION PACK MISC	91
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	54	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	35	SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN ..	54
rifabutin	28	rosuvastatin calcium TABS	23	SCSEMBLIX	32
rifampin CAPS	28	ROZLYTREK	32	SCHOOLTIME SHAMPOO SHAM	54
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP ..	57	RUBRACA	32	SCOT-TUSSIN DM LIQD	47
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP ..	57	RUCONEST	64	SCOT-TUSSIN SENIOR LIQD	47
riluzole TABS	83	rufinamide SUSP	13	SEGLUROMET	17
RINVOQ 30 MG, 45 MG	3	rufinamide TABS	13	selegiline hcl CAPS	35
risedronate sodium TABS 35 MG ..	58	RUKOBIA	38	selegiline hcl TABS	35
risedronate sodium TABS 5 MG, 30 MG	58	RUXIENCE	30	selenium sulfide LOTN 1 %	50
risedronate sodium TBEC	58	RUZURGI	28	selenium sulfide LOTN 2.5 %	51
RISPERDAL CONSTA	35	RYDAPT	32	selenium sulfide SHAM 1 %	51
risperidone SOLN	35	RYLAZE	33	SELZENTRY SOLN	38
risperidone TABS	35	RYPLAZIM	64	SELZENTRY TABS 25 MG, 75 MG	38
risperidone TBDP	35	SAIZEN IJ	59	sennosides TABS 8.6 MG	67
ritonavir TABS	38	SAIZENPREP RECONSTITUTIONKIT IJ	59	sennosides-docusate sodium TABS	67
RITUXAN	30	salicylic acid GEL 6 %	53	SEREVENT DISKUS	11
RITUXAN HYCELA	31	SALINE NASAL SPRAY 0.65% ..	82	SEROSTIM SC 4 MG, 5 MG, 6 MG	59
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	91	salsalate	6	sertraline hcl CONC	16
rivastigmine tartrate CAPS	91	SAMI THE SEAL REPLACEMENTFILTERS MISC ..	73	sertraline hcl TABS 100 MG	16
RIXUBIS SOLR	64	SANDIMMUNE SOLN OR	77	sertraline hcl TABS 25 MG, 50 MG	16
rizatriptan benzoate TABS	75	SANDOSTATIN LAR DEPOT KIT ..	60	SEVENFACT	64
rizatriptan benzoate TBDP	75	SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT ..	97	SFROWASA ENEM	62
roflumilast	10	SAPHNELO	78	SHINGRIX	97
ROMIDEPSIN SOLN	32	sapropterin dihydrochloride PACK ..	60	SIDESTREAM ADULT FACE MASK MISC	73
romidepsin SOLR	32	sapropterin dihydrochloride TABS ..	60		
ropinirole hydrochloride TABS 0.25		SAVELLA TABS	91		

SIDESTREAM PEDIATRIC FACEMASK MISC	73	simethicone SUSP	61	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	76
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC .	73	SIMPLYTHICK	89	SODIUM OXYBATE SOLN	90
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	73	SIMPLYTHICK EASY MIX	89	sodium phenylbutyrate POWD	60
SIDESTREAM PLUS ADULT FACE MASK MISC	73	SIMPLYTHICK EASYMIX	89	sodium phenylbutyrate TABS	60
SIGNIFOR	60	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	23	sodium phosphates ENEM	67
SIGNIFOR LAR	60	sirolimus SOLN	77	sodium polystyrene sulfonate POWD	78
SIKLOS TABS	65	sirolimus TABS	77	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	78
sildenafil citrate (pulmonary hypertension) SOLN	42	SIVEXTRO TABS	27	SODIUM SULFACETAMIDE/SULFUR SUSP 10 %-5 %	48
sildenafil citrate (pulmonary hypertension) SUSR	42	SKYRIZI PEN SOAJ	50	SOFOSBUVIR/VELPATASVIR TABS	39
sildenafil citrate (pulmonary hypertension) TABS	42	SKYRIZI PSKT	50	SOLESTA	77
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	73	SKYRIZI SOSY	50	SOLQUA 100/33	17
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	73	SKYTROFA	59	SOMAVERT	59
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	74	SM GLUCOSE	18	SOOTHENEB NBL 100 CHILD MASK MISC	74
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	74	SM GLUCOSE CHEW	18	SOOTHENEB NBL 100 MEDICATION CUP MISC	74
SILIQ	50	SM IPECAC SYRUP	20	SOOTHENEB NBL 100 MESH CAP MISC	74
silver sulfadiazine	51	SMART SENSE GLUCOSE	18	SOOTHENEB NBL100 ADULT MASK MISC	74
simethicone CHEW 80 MG	61	SMART SENSE GLUCOSE TABLETS	18	sorafenib tosylate	32
simethicone LIQD OR 20 MG/0.3ML .	61	SOAANZ TABS 20 MG	58	SORBITOL OR 70 %	67
		sodium bicarbonate (antacid) TABS 325 MG, 650 MG	8	SOSWEET SYRP	90
		sodium chloride (gu irrigant) 0.9 %	62	sotalol hcl (afib/afl)	40
		sodium chloride (inhalant) AERS ..	48	sotalol hcl TABS 240 MG	40
		sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	48	sotalol hcl TABS 80 MG, 120 MG, 160 MG	40
		sodium citrate & citric acid	62	SOVALDI TABS	39
		sodium fluoride (dental) CREA	78		
		sodium fluoride (dental) GEL	78		
		sodium fluoride (dental) PSTE DT .	78		
		sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	76		

SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	74	SUDAFED CHILDRENS LIQD	83	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	70
SPACER/AEROSOL-HOLDING CHAMBERS	74	SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	83	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	70
SPACERS AND BREATHING CHAMBERS-MISC	74	sulfacetamide sodium (acne)	48	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	70
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	57	sulfacetamide sodium (ophth) OINT 85		SUSPENDIT ANHYDROUS SUSP 90	
SPIKEVAX COVID-19 VACCINE SUSP	97	sulfacetamide sodium (ophth) SOLN . 85		SUSPENDRX WITH BITTER- BLOC/SWEETENED SUSP	90
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	97	sulfacetamide sodium LIQD	51	SUSPENDRX WITH BITTER- BLOC/UNSWEETENED SUSP	90
spinosad	54	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	48	SUSPENSION VEHICLE SUSP ...	90
SPINRAZA	83	sulfacetamide sod-prednisolone SOLN	86	SUSVIMO OCULAR IMPLANT ...	69
spironolactone & hydrochlorothiazide	57	sulfamethoxazole-trimethoprim SUSP	26	SUSVIMO SOLN	85
spironolactone TABS	58	sulfamethoxazole-trimethoprim TABS	26	SYLVANT	77
SPRAVATO 56MG DOSE	15	sulfasalazine TABS	62	SYMDEKO	92
SPRAVATO 84MG DOSE	15	sulfasalazine TBEC	62	SYMLINPEN 120 SOPN	17
SPRYCEL	32	sulindac TABS	4	SYMLINPEN 60 SOPN	17
stavudine CAPS	38	sumatriptan	75	SYNAGIS SOLN	88
STEGLATRO	19	sumatriptan succinate SOAJ 6 MG/0.5ML	75	SYNAREL	59
STELARA 130 MG/26ML	62	sumatriptan succinate SOCT 6 MG/0.5ML	75	SYNOJOYNT SOSY	82
STELARA SOSY	50	sumatriptan succinate SOLN 6 MG/0.5ML	75	SYNRIBO	33
STERILE DILUENT FOR TREPASTINIL INJECTION	90	sumatriptan succinate TABS	75	SYNVISC ONE SOSY	82
STIMATE SOLN NA	60	sunitinib malate	33	SYNVISC SOSY	82
STIVARGA	32	SUPARTZ FX SOSY	82	SYRPALTA SYRP 83 %	90
STRENSIQ	60	SUPER BI-MIX SOLR	42	SYRSPEND SF LIQD	90
STRIBILD	38	SUPER TRI-MIX SOLR	42	SYRUP VEHICLE SF SYRP	90
SUBLOCADE SOSY	7	SUPPRELIN LA	59	SYRUP VEHICLE SYRP	90
sucralfate SUSP	94			TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	79
sucralfate TABS	94			TABLOID	29

TABRECTA	33	TEMIXYS	38	THALOMID	77
tacrolimus (topical) OINT 0.03 % ..	53	TEMODAR SOLR	28	THEO-24 CP24	11
tacrolimus (topical) OINT 0.1 % ...	53	temozolomide CAPS	28	theophylline ELIX	11
tacrolimus CAPS	77	TEMPO WELCOME KIT	69	theophylline SOLN	11
tadalafil (pulmonary hypertension)		temsirolimus	33	theophylline TB12	11
TABS	42	TENIVAC INJ	93	theophylline TB24	11
TAFINLAR CAPS	33	tenofovir disoproxil fumarate TABS		THERA TABS	79
TAGRISSO	30	38		THEREMS MULTIVITAMIN TABS	80
TAKHZYRO SOLN	64	TEPEZZA	59	thiamine hcl TABS	99
TAKHZYRO SOSY	64	terazosin hcl	24	thiamine mononitrate TABS	99
TALTZ SOAJ	50	terbinafine hcl (topical) CREA	49	THIOLA EC TBEC	63
TALTZ SOSY	50	terbinafine hcl TABS	21	thioridazine hcl	36
TALZENNA	33	terbutaline sulfate TABS	11	thiotepa	28
tamoxifen citrate TABS	31	terconazole vaginal CREA	98	thiothixene	36
tamsulosin hcl	63	terconazole vaginal SUPP	98	THRESHOLD IMT MISC	74
TARPEYO CPDR	45	teriflunomide	91	THROMBATE III	64
TASIGNA	33	TERIPARATIDE SOPN	58	THROMBATE III W/10 ML STERILE	
TAVNEOS	64	TESTOPEL PLLT	8	WATER	64
tazarotene CREA	50	testosterone cypionate SOLN IM 100		THROMBATE III W/20 ML STERILE	
tazarotene GEL	50	MG/ML	8	WATER	64
TAZORAC CREA	50	testosterone cypionate SOLN IM 200		THYMOGLOBULIN	77
TAZVERIK	33	MG/ML	8	THYROGEN 0.9 MG	55
TDVAX SUSP	93	testosterone enanthate SOLN IM ...	8	THYROID TABS 15 MG, 30 MG, 60	
TECARTUS	30	TETANUS/DIPHThERIA TOXOIDS-		MG, 90 MG, 120 MG	93
TECENTRIQ	30	ADSORBED ADULT SUSP	93	tiagabine hcl	13
TEGSEDI	92	tetrabenazine	91	TIBSOVO	33
telmisartan	24	tetracaine hcl (ophth)	86	TIGLUTIK SUSP	83
telmisartan-amlodipine	26	tetracycline hcl CAPS 500 MG	93	timolol maleate (ophth) SOLN	84
telmisartan-hydrochlorothiazide ...	26	tetrahydrozoline hcl (ophth) 0.05 %		timolol maleate TABS	41
temazepam 15 MG, 30 MG	66	86		tioconazole vaginal 6.5 %	98
		TEZSPIRE SOSY	10	tiopronin TABS	63
		TGT GLUCOSE	18		

TIVDAK	30	tramadol-acetaminophen	7	TRIAMINIC COLD & COUGH DAY	
TIVICAY TABS 50 MG	38	trandolapril 1 MG, 2 MG	24	TIME CHILDRENS SYRP	47
tizanidine hcl TABS	82	trandolapril 4 MG	24	triamterene & hydrochlorothiazide	
TM-DAILY VITE TABS	80	trandolapril-verapamil hcl	26	CAPS 25 MG-37.5 MG	57
TOBI PODHALER CAPS	3	tranexamic acid TABS	66	triamterene & hydrochlorothiazide	
TOBRADEX OINT	86	tranylcypromine sulfate	15	TABS	57
tobramycin (ophth) SOLN	85	TRAZIMERA	30	triazolam	66
tobramycin NEBU	3	trazodone hcl TABS 300 MG	16	trientine hcl	77
tobramycin sulfate SOLN IJ	3	trazodone hcl TABS 50 MG, 100 MG,		TRIESENCE	87
tobramycin sulfate SOLR	3	150 MG	16	trifluoperazine hcl TABS	36
tobramycin-dexamethasone SUSP		TRECATOR	28	trifluridine	86
86		TRELSTAR MIXJECT	31	trihexyphenidyl hcl TABS	34
TOBREX OINT	85	TREMFYA SOPN	50	TRIKAFTA TBPB	92
tolnaftate CREA	50	TREMFYA SOSY	50	TRILURON SOSY	82
tolterodine tartrate CP24	95	TREMFYA SOSY	50	trimethoprim TABS	26
tolterodine tartrate TABS	95	tretinoin (chemotherapy)	33	TRI-MIX SOLR	42
tolvaptan TABS	61	tretinoin CREA 0.025 %, 0.05 %, 0.1		TRINTELLIX	16
topiramate CPSP 15 MG	13	%	49	TRIPTODUR	59
topiramate CPSP 25 MG	13	tretinoin GEL 0.01 %	49	TRIUMEQ TABS	38
topiramate TABS 100 MG	13	tretinoin GEL 0.025 %	49	TRIVISC SOSY	82
topiramate TABS 200 MG	13	TRETEN	64	TRIZIVIR	38
topiramate TABS 25 MG, 50 MG ..	13	TREXALL TABS 5 MG, 7.5 MG, 10		TROGARZO	38
topotecan hcl SOLN	34	MG, 15 MG	29	tropicamide SOLN	85
TOPOTECAN HCL SOLN	34	triamcinolone acetonide (mouth) ..	78	tropium chloride TABS	95
topotecan hcl SOLR	34	triamcinolone acetonide (nasal)		TRUEPLUS GLUCOSE CHEW	18
toremifene citrate	31	AERO	82	TRUEPLUS GLUCOSE ON THE GO	
torsemide TABS	58	triamcinolone acetonide (topical)		CHEW	18
TOTECT	33	CREA	52	TRULICITY	18
TRACLEER TBSO	42	triamcinolone acetonide (topical)		TRUMENBA	96
tramadol hcl TABS 50 MG	7	LOTN	52	TRUXIMA	30
		triamcinolone acetonide (topical)		TRUZONE PEAK FLOW METER ..	74
		OINT 0.025 %	52		
		triamcinolone acetonide (topical)			
		OINT 0.1 %, 0.5 %	52		

TUBING/WING TIP MISC	74	valacyclovir hcl 500 MG	39	VEMLIDY	39
TUDORZA PRESSAIR	10	VALCHLOR	50	VENCLEXTA STARTING PACK TBPk	30
TUKYSA	30	valganciclovir hcl TABS	39	VENCLEXTA TABS	30
TURALIO	33	valproate sodium SOLN OR 250 MG/5ML	14	venlafaxine hcl CP24 150 MG	16
TWINRIX SUSY	97	valproic acid CAPS	14	venlafaxine hcl CP24 37.5 MG	16
TYBLUME CHEW	44	valrubicin	31	venlafaxine hcl CP24 75 MG	16
TYBOST	39	valsartan TABS	24	venlafaxine hcl TABS	16
TYMLOS	58	valsartan-hydrochlorothiazide	26	venlafaxine hcl TB24 150 MG	16
TYVASO REFILL SOLN IN	42	VALTOCO 10 MG DOSE LIQD	12	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	16
TYVASO SOLN IN	42	VALTOCO 15 MG DOSE LQPK	12	VENTAVIS	42
TYVASO STARTER SOLN IN	42	VALTOCO 20 MG DOSE LQPK	12	verapamil hcl CP24 100 MG, 200 MG	41
UKONIQ	33	VALTOCO 5 MG DOSE LIQD	12	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ...	41
ULTRATHON INSECT REPELLENT 8 AERO	54	VALUE PLUS GLUCOSE	18	verapamil hcl TABS	41
ULTRATHON INSECT REPELLENT LOTN	54	vancomycin hcl CAPS 125 MG ...	27	verapamil hcl TBCR	41
UNISPEND ANHYDROUS SWEETENED SUSP	90	vancomycin hcl CAPS 250 MG ...	27	VERIFINE INSULIN PEN NEEDLE 31G X 5MM	70
UNISPEND ANHYDROUS UNSWEETENED SUSP	90	vancomycin hcl SOLR IV 1 GM, 1000 MG	27	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	70
UNITUXIN	30	vancomycin hcl SOLR IV 500 MG .	27	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	70
UP & UP GLUCOSE	18	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .	27	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	70
UPTRAVI SOLR	42	VANDAZOLE	98	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	70
UPTRAVI TABS	42	VAQTA 25 UNIT/0.5ML	97	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	70
UPTRAVI TITRATION PACK TBPk 42		VAQTA 50 UNIT/ML	97	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	70
urea CREA 40 %	52	varenicline tartrate TABS	92	VERSAFREE SYRP	90
urea LOTN 40 %	52	varenicline tartrate TBPk	92	VERSAPLUS SYRP	90
ursodiol CAPS	61	VARIVAX INJ	97		
ursodiol TABS 250 MG	61	VAXNEUVANCE	96		
VABYSMO	85	VECAMYL	26		
valacyclovir hcl 1 GM, 1000 MG ...	39	VECTIBIX 100 MG/5ML, 400 MG/20ML	30		

VERZENIO	33	GLUCOSE TEST STRIPS STRP ..	57	XELJANZ XR TB24	3
vigabatrin PACK	13	VIVIMUSTA SOLN	28	XEMBIFY	88
vigabatrin TABS	13	VIVITROL	20	XENLETA TABS	27
VIJOICE	78	VIZIMPRO	30	XERMELO	62
vilazodone hcl TABS	16	VONJO	33	XEROSTOMIA RELIEF SPRAY SOLN	79
VILTEPSO	83	VONVENDI	64	XGEVA SOLN	58
VIMIZIM	60	VORAXAZE	34	XIAFLEX	77
vincristine sulfate	34	VOTRIENT	33	XIPERE	87
VIRACEPT TABS 250 MG	39	VOXZOGO	60	XOLAIR SOLR	10
VIRACEPT TABS 625 MG	39	VYNDAMAX	42	XOLAIR SOSY	10
VIREAD POWD	39	VYNDAREL	42	XOSPATA	33
VIREAD TABS 150 MG, 200 MG, 250 MG	39	VYONDYS 53	83	XPOVIO	31
VIRTUSSIN DAC SOLN	47	VYVANSE CAPS	1	XPOVIO 60 MG TWICE WEEKLY 31	
VISCO-3 SOSY	82	VYVGART	77	XPOVIO 80 MG TWICE WEEKLY 31	
VISTOGARD	20	VYXEOS	31	XTANDI CAPS	31
VISUDYNE	86	WAKIX	1	XTANDI TABS	31
VITAMIN B-2 TABS	99	WALGREENS GLUCOSE	18	XURIDEN	60
VITAMIN D3 LIQD OR 5000 UNIT/ML	99	WALGREENS GLUCOSE CHEW ..	18	XYNTHA	64
vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT	99	WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD	47	XYNTHA SOLOFUSE	64
VITAMIN E CAPS 200 UNIT	99	warfarin sodium TABS	11	XYREM SOLN	90
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT .	99	WELIREG	31	XYWAV	90
VITAMIN E CHEW	99	white petrolatum-mineral oil	84	YERVOY	30
vitamins w/ lipotropics CAPS	81	WILATE KIT	64	YONDELIS	28
VITAZYME TABS	80	WINDMILL TRAINER MISC	74	YONSA	31
VITRAKVI CAPS	33	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	88	YUSIMRY	3
VITRAKVI SOLN	33	XALKORI	33	YUTIQ	87
VIVAGUARD INO BLOOD		XELJANZ SOLN	3	zaleplon 10 MG	66
		XELJANZ TABS	3	zaleplon 5 MG	66

ZALTRAP	29	ZOLGENSMA 14.1-14.5 KG	83	zolmitriptan SOLN 5 MG	75
ZARXIO	65	ZOLGENSMA 14.6-15.0 KG	83	zolmitriptan TABS	75
ZEJULA CAPS	33	ZOLGENSMA 15.1-15.5 KG	83	zolmitriptan TBDP	75
ZELBORAF	33	ZOLGENSMA 15.6-16.0 KG	83	zolpidem tartrate TABS	66
ZEMAIRA SOLR	92	ZOLGENSMA 16.1-16.5 KG	83	zonisamide CAPS	13
ZEPZELCA	28	ZOLGENSMA 16.6-17.0 KG	83	ZORBTIVE SC	59
ZEVALIN Y-90	30	ZOLGENSMA 17.1-17.5 KG	83	ZUBSOLV SUBL	8
zidovudine CAPS	39	ZOLGENSMA 17.6-18.0 KG	84	ZULRESSO	15
zidovudine SYRP	39	ZOLGENSMA 18.1-18.5 KG	84	ZYDELIG	33
zidovudine TABS	39	ZOLGENSMA 18.6-19.0 KG	84	ZYKADIA TABS	33
ZILRETTA SRER	45	ZOLGENSMA 19.1-19.5 KG	84	ZYNLONTA	30
zinc oxide (topical) OINT 20 %	54	ZOLGENSMA 19.6-20.0 KG	84	ZYPREXA RELPREVV	36
zinc sulfate CAPS	76	ZOLGENSMA 2.6-3.0 KG	84		
ZINC SULFATE CAPS	76	ZOLGENSMA 20.1-20.5 KG	84		
ZINPLAVA	88	ZOLGENSMA 20.6-21.0 KG	84		
ziprasidone hcl	35	ZOLGENSMA 3.1-3.5 KG	84		
ZIRABEV	29	ZOLGENSMA 3.6-4.0 KG	84		
ZOKINVY	78	ZOLGENSMA 4.1-4.5 KG	84		
ZOLADEX	31	ZOLGENSMA 4.6-5.0 KG	84		
zoledronic acid CONC	58	ZOLGENSMA 5.1-5.5 KG	84		
zoledronic acid SOLN	58	ZOLGENSMA 5.6-6.0 KG	84		
ZOLEDRONIC ACID SOLN	58	ZOLGENSMA 6.1-6.5 KG	84		
ZOLGENSMA 10.1-10.5 KG	83	ZOLGENSMA 6.6-7.0 KG	84		
ZOLGENSMA 10.6-11.0 KG	83	ZOLGENSMA 7.1-7.5 KG	84		
ZOLGENSMA 11.1-11.5 KG	83	ZOLGENSMA 7.6-8.0 KG	84		
ZOLGENSMA 11.6-12.0 KG	83	ZOLGENSMA 8.1-8.5 KG	84		
ZOLGENSMA 12.1-12.5 KG	83	ZOLGENSMA 8.6-9.0 KG	84		
ZOLGENSMA 12.6-13.0 KG	83	ZOLGENSMA 9.1-9.5 KG	84		
ZOLGENSMA 13.1-13.5 KG	83	ZOLGENSMA 9.6-10.0 KG	84		
ZOLGENSMA 13.6-14.0 KG	83	ZOLINZA	33		