

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 can be found using the Find A Provider tool on the Peach State Health Plan website at www.pshp.com.

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

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

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



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.

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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 TABS (<i>Use amphetamine-dextroamphetamine</i>)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (<i>Use amphetamine-dextroamphetamine</i>)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
ADZENYS ER SUEP (<i>Use amphetamine</i>)	NP	
<i>amphetamine-dextroamphetamine cp24</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine tabs</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 (<i>Use dextroamphetamine sulfate</i>)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
<i>dextroamphetamine sulfate cp24</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS	P	Try methylphenidate ER, or Adderall XR, or dexamethylphenidate ER; Clinical Edit: ADHD; QL(1 ea daily); ST
Analeptics		
<i>caffeine citrate soln or</i>	P	QL(45 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
Anti-Obesity Agents		
IMCIVREE	P	SP; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old); ST
<i>clonidine hcl (adhd) tb12</i>	P	
<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (<i>Use clonidine hcl (adhd)</i>)	NP	
STRATTERA (<i>Use atomoxetine hcl</i>)	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
Stimulants - Misc.		
CONCERTA TBCR 36 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
<i>dexamethylphenidate hcl tabs</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FOCALIN TABS (<i>Use dexamethylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)
METHYLIN SOLN 5 MG/5ML (<i>Use methylphenidate hcl</i>)	NP	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)	RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)
METHYLIN SOLN 10 MG/5ML (<i>Use methylphenidate hcl</i>)	NP	QL(900 ml per 30 days retail); AL(At least 3 yrs old)	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl tbc</i> 10 mg, 20 mg, 36 mg	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 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 tabs</i> 10 mg, 20 mg	P	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)	Alternative Medicine - G's		
<i>methylphenidate hcl tabs</i> 5 mg	P	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)	<i>ginger (zingiber officinalis) caps 250 mg</i>	P	OTC; QL(4 ea daily)
<i>methylphenidate hcl tbc</i> 18 mg, 27 mg, 54 mg	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)	Alternative Medicine - M's		
<i>methylphenidate hcl tb24</i> 18 mg, 27 mg, 54 mg	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)	<i>melatonin tbdp 3 mg</i>	P	QL(1 ea daily)
<i>methylphenidate hcl soln</i> 10 mg/5ml	P	QL(900 ml per 30 days retail); AL(At least 3 yrs old)	<i>melatonin tabs 3 mg, 5 mg</i>	P	OTC; QL(1 ea daily)
<i>methylphenidate hcl soln</i> 5 mg/5ml	P	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)	MELATONIN SUBL	P	QL(1 ea daily)
<i>methylphenidate hcl tb24</i> 36 mg	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
			Aminoglycosides		
			ARIKAYCE	P	SP; PA
			BETHKIS NEBU (<i>Use tobramycin</i>)	NP	SP; PA
			KITABIS PAK NEBU (<i>Use tobramycin</i>)	NP	SP; PA
			<i>neomycin sulfate tabs</i>	P	
			TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA
			TOBI PODHALER CAPS	P	SP; PA
			<i>tobramycin nebu</i>	P	SP; PA
			<i>tobramycin sulfate solr</i>	P	PA
			<i>tobramycin sulfate soln ij</i>	P	PA
			ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antirheumatic - Enzyme Inhibitors			ILARIS SOLN	P	SP; PA
OLUMIANT	P	SP; PA	Interleukin-6 Receptor Inhibitors		
RINVOQ 30 MG, 45 MG	P	SP; PA	ACTEMRA SOLN	P	SP; PA
XELJANZ SOLN	P	SP; PA	ACTEMRA SOSY	P	SP; PA
XELJANZ TABS	P	SP; PA	ACTEMRA ACTPEN SOAJ	P	SP; PA
XELJANZ XR TB24	P	SP; PA	KEVZARA SOAJ	P	SP; PA
Antirheumatic Antimetabolites			KEVZARA SOSY	P	SP; PA
METHOTREXATE	P		Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
OTREXUP SOAJ	P	SP; PA	ADVIL TABS (<i>Use ibuprofen</i>)	NP	OTC
RASUVO SOAJ	P	SP; PA	ALEVE TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 ea daily)
REDITREX SOSY	P	SP; PA	ALEVE ARTHRITIS TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 ea daily)
Anti-TNF-alpha - Monoclonal Antibodies			ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NP	
AMJEVITA SOAJ	P	SP; PA	CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC
AMJEVITA SOAJ	NP	SP	CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC
AMJEVITA SOSY 20 MG/0.4ML	P	SP; PA	<i>diclofenac potassium tabs 50 mg</i>	P	
HUMIRA PSKT	P	SP; PA	<i>diclofenac sodium tbec</i>	P	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	SP; PA	<i>etodolac tabs</i>	P	
HUMIRA PEN PNKT	P	SP; PA	<i>etodolac caps</i>	P	
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA	FELDENE CAPS (<i>Use piroxicam</i>)	NP	
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA	<i>fenoprofen calcium caps 400 mg</i>	P	
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA	<i>flurbiprofen tabs</i>	P	
SIMPONI SOSY	P	SP; PA	<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	P	
SIMPONI SOAJ	P	SP; PA	<i>ibuprofen chew</i>	P	OTC
SIMPONI ARIA SOLN	P	SP; PA	<i>ibuprofen tabs 200 mg</i>	P	OTC
Interleukin-1 Blockers			<i>ibuprofen susp 40 mg/ml, 50 mg/1.25ml</i>	P	OTC
ARCALYST	P	SP; PA			
Interleukin-1 Receptor Antagonist (IL-1Ra)					
KINERET SOSY	P	SP; PA			
Interleukin-1beta Blockers					

Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen susp 100 mg/5ml</i>	P	RX/OTC
<i>ibuprofen lysine</i>	P	
INDOCIN SUSP	P	
INDOCIN SUPP	P	
<i>indomethacin caps 25 mg, 50 mg</i>	P	
<i>indomethacin sodium</i>	P	
INFANTS ADVIL SUSP (Use <i>ibuprofen</i>)	NP	OTC
<i>ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml</i>	P	
<i>ketorolac tromethamine tabs</i>	P	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
KETOROLAC TROMETHAMINE SOLN IJ 15 MG/ML, 30 MG/ML	P	
LODINE TABS (Use <i>etodolac</i>)	NP	
<i>meloxicam tabs</i>	P	
MOBIC TABS (Use <i>meloxicam</i>)	NP	
MOTRIN CHILDRENS CHEW (Use <i>ibuprofen</i>)	NP	OTC
MOTRIN INFANTS DROPS SUSP (Use <i>ibuprofen</i>)	NP	OTC
<i>nabumetone</i>	P	
NALFON CAPS (Use <i>fenoprofen calcium</i>)	NP	
NAPROSYN TABS 500 MG (Use <i>naproxen</i>)	NP	
NAPROSYN SUSP (Use <i>naproxen</i>)	NP	
<i>naproxen susp</i>	P	
<i>naproxen tabs</i>	P	
<i>naproxen sodium tabs 220 mg</i>	P	OTC; QL(2 ea daily)
<i>naproxen sodium tabs 275 mg, 550 mg</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
NEOPROFEN (Use <i>ibuprofen lysine</i>)	NP	
<i>piroxicam caps</i>	P	
<i>sulindac tabs</i>	P	
TIVORBEX CAPS (Use <i>indomethacin</i>)	NP	
VIVLODEX CAPS (Use <i>meloxicam</i>)	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	P	SP; PA
OTEZLA TBPK	P	SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA (Use <i>leflunomide</i>)	NP	QL(1 ea daily)
<i>leflunomide</i>	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOSY	P	SP; PA
ORENCIA SOLR	P	SP; PA
ORENCIA CLICKJECT SOAJ	P	SP; PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOSY	P	SP; PA
ENBREL SOLR	P	SP; PA
ENBREL SOLN	P	SP; PA
ENBREL MINI SOCT	P	SP; PA
ENBREL SURECLICK SOAJ	P	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 50 mg-325 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine caps 40 mg-50 mg-325 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)	TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NP	OTC
<i>butalbital-aspirin-caffeine caps 40 mg-50 mg-325 mg</i>	P	QL(4 ea daily); AL(At least 18 yrs old)	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NP	OTC
ESGIC TABS 40 MG-50 MG-325 MG (Use <i>butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily); AL(At least 12 yrs old)	TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NP	OTC
Analgesics Other			TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NP	OTC
<i>acetaminophen tabs 325 mg, 500 mg</i>	P	OTC	Analgesics-Peptide Channel Blockers		
<i>acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml</i>	P	OTC	PRIALT	P	SP; PA
<i>acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	P	OTC	Salicylates		
<i>acetaminophen chew</i>	P	OTC	ALKA-SELTZER 325 MG-1000 MG-1916 MG (Use <i>aspirin effervescent</i>)	NP	
<i>acetaminophen elix</i>	P	OTC	<i>aspirin chew</i>	P	OTC
<i>acetaminophen supp</i>	P	OTC; QL(12 ea per 30 days retail)	<i>aspirin tbec 81 mg, 325 mg</i>	P	OTC
<i>acetaminophen liqd 160 mg/5ml</i>	P	OTC	<i>aspirin tabs 325 mg</i>	P	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC; QL(12 ea per 30 days retail)	ASPIRIN SUPP 300 MG, 600 MG	P	OTC; QL(12 ea per 30 days retail)
INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	OTC
OFIRMEV SOLN IV (Use <i>acetaminophen</i>)	NP		BUFFERIN 34 MG-63 MG-158 MG-325 MG (Use <i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NP	OTC
TYLENOL TABS (Use <i>acetaminophen</i>)	NP	OTC	<i>diflunisal tabs</i>	P	
TYLENOL CHILDRENS SUSP (Use <i>acetaminophen</i>)	NP	OTC	ECOTRIN TBEC (Use <i>aspirin</i>)	NP	OTC
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use <i>acetaminophen</i>)	NP	OTC	ECOTRIN REGULAR STRENGTH TBEC (Use <i>aspirin</i>)	NP	OTC
			<i>salsalate</i>	P	
			ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Opioid Agonists			<i>morphine sulfate tabs</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>codeine sulfate tabs</i>	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)	<i>morphine sulfate tbc</i>	P	QL(3 ea daily)
CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)	<i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i>	P	Clinical Edit: Opioids; QL(21.4 ml daily)
DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)	NP	Clinical Edit: Opioids; QL(6 ea daily)	<i>morphine sulfate soln or 10 mg/0.5ml, 20 mg/ml, 100 mg/5ml</i>	P	Clinical Edit: Opioids; QL(240 ea per fill retail)
DILAUDID TABS 8 MG (Use hydromorphone hcl)	NP	Clinical Edit: Opioids; QL(4 ea daily)	MS CONTIN TBCR (Use morphine sulfate)	NP	QL(3 ea daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR (Use fentanyl)	NP	QL(0.34 ea daily)	OXAYDO TABS	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 caps</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<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>hydromorphone hcl tabs 2 mg, 4 mg</i>	P	Clinical Edit: Opioids; QL(6 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>meperidine hcl tabs 50 mg</i>	P	Clinical Edit: Opioids; QL(6 ea 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 soln or 50 mg/5ml</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	<i>oxycodone hcl t12a</i>	P	QL(2 ea daily); PA
<i>methadone hcl tabs 10 mg</i>	P	QL(10 ea daily); PA	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 (Use oxycodone hcl)	NP	Clinical Edit: Opioids; QL(6 ea daily)
<i>morphine sulfate supp</i>	P	Clinical Edit: Opioids; QL(18 ea per fill retail)	ROXICODONE TABS 30 MG (Use oxycodone hcl)	NP	Clinical Edit: Opioids; QL(4 ea daily)
			<i>tramadol hcl tabs 50 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRAM TABS (<i>Use tramadol hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (<i>Use oxycodone w/ acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)
ZOXYDRO ER CP12 (<i>Use hydrocodone bitartrate</i>)	NP		<i>tramadol-acetaminophen 37.5 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
Opioid Combinations			ULTRACET 37.5 MG-325 MG (<i>Use tramadol-acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<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)	Opioid Partial Agonists		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	P	Clinical Edit: Opioids; QL(30 ml 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, 1 MG-6.3 MG	P	PA
<i>butalbital-aspirin-caffeine w/cod 30 mg-40 mg-50 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)	BUPRENEX SOLN (<i>Use buprenorphine hcl</i>)	NP	PA
<i>hydrocodone-acetaminophen soln</i>	P	Clinical Edit: Opioids; QL(180 ml daily)	<i>buprenorphine hcl soln</i>	P	PA
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>buprenorphine hcl film</i>	P	PA
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>buprenorphine hcl sublingual</i>	P	PA
<i>oxycodone w/ acetaminophen soln 5 mg/5ml-325 mg/5ml</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	<i>buprenorphine hcl-naloxone hcl dihydrate sublingual</i>	P	QL(3 ea daily)
<i>oxycodone-aspirin 4.835 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate film sublingual 0.5 mg-2 mg, 1 mg-4 mg</i>	P	QL(3 ea daily)
			SUBLOCADE SOSY	P	2 rti MAX fill; 30 rti day(s) supply; SP; PA
			SUBOXONE FILM SL 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily); PA
			SUBOXONE FILM SL 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 4 MG-1 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		
ANDROGEL GEL TD (<i>Use testosterone</i>)	NP	
AVEED SOLN	P	SP; PA
DEPO-TESTOSTERONE SOLN IM 200 MG/ML (<i>Use testosterone cypionate</i>)	NP	QL(4 ml per 30 days retail)
DEPO-TESTOSTERONE SOLN IM 100 MG/ML (<i>Use testosterone cypionate</i>)	NP	QL(0.2858 ml daily)
METHITEST TABS	P	
TESTOPEL PLLT	P	SP; PA
<i>testosterone cypionate soln im 100 mg/ml</i>	P	QL(0.2858 ml daily)
<i>testosterone cypionate soln im 200 mg/ml</i>	P	QL(4 ml per 30 days retail)
<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 1 %-2.5 %	P	QL(62 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-shark liver oil-cocoa butter 0.25 %-3 %-85.5 %</i>	P	OTC; QL(12 ea per 30 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum 0.25 %-3 %-14 %-71.9 %</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	
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 CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
TUMS LASTING EFFECTS 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		

Drug Name	Drug Tier	Requirements/ Limits
Anthelmintics		
ALBENZA (<i>Use albendazole</i>)	NP	
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		
Antianginals-Other		
RANEXA TB12 (<i>Use ranolazine</i>)	NP	
Nitrates		
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg, 30 mg</i>	P	
<i>isosorbide mononitrate tabs</i>	P	QL(2 ea daily)
<i>isosorbide mononitrate tb24</i>	P	QL(1 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP	
<i>nitroglycerin subl</i>	P	
<i>nitroglycerin cpcr</i>	P	
<i>nitroglycerin pt24</i>	P	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 5 mg, 10 mg</i>	P	QL(6 ea daily)
<i>buspirone hcl 7.5 mg, 30 mg</i>	P	QL(3 ea daily)
<i>buspirone hcl 15 mg</i>	P	QL(4 ea daily)
<i>hydroxyzine hcl tabs</i>	P	
<i>hydroxyzine hcl syrp</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine pamoate caps</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS (<i>Use hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
<i>alprazolam tabs</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
ATIVAN TABS (<i>Use lorazepam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>chlordiazepoxide hcl caps</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>clorazepate dipotassium tabs</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>diazepam soln or 5 mg/5ml</i>	P	AL (6 months to 12 years old)
<i>diazepam tabs</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>lorazepam tabs</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>oxazepam caps</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
TRANXENE T TABS 7.5 MG (<i>Use clorazepate dipotassium</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
VALIUM TABS (<i>Use diazepam</i>)	NP	QL(4 ea daily); AL(At least 18 yrs old)
XANAX TABS (<i>Use alprazolam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	P	
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	P	

Drug Name	Drug Tier	Requirements/ Limits
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate tbc</i>	P	
<i>quinidine sulfate tabs</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl tabs</i>	P	
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 SOSY	P	SP; PA
XOLAIR SOLR	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 .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 tabs</i>	P	QL(1 ea daily)
<i>montelukast sodium chew</i>	P	QL(1 ea daily)
<i>montelukast sodium pack</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR CHEW (<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)
<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 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	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		

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NP	QL(2 ea daily; 60 ea per 30 days retail)
<i>albuterol sulfate nebu .5 % , 2.5 mg/0.5ml</i>	P	
<i>albuterol sulfate aers</i>	P	QL(18 gm per fill retail; 36 gm per 30 days retail)
<i>albuterol sulfate tb12</i>	P	
<i>albuterol sulfate tabs</i>	P	
<i>albuterol sulfate nebu .083 %</i>	P	QL(12.5 ml daily)
<i>albuterol sulfate nebu .63 mg/3ml, 1.25 mg/3ml</i>	P	QL(375 ml 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 syrp</i>	P	
<i>albuterol sulfate aers</i>	P	QL(6.7 gm per fill retail; 13.4 gm per 30 days retail)
<i>albuterol sulfate aers</i>	NP	
ALBUTEROL SULFATE NEBU	P	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	P	QL(4 gm per 30 days retail)
<i>fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act</i>	P	QL(2 ea daily; 60 ea per 30 days retail)
<i>ipratropium-albuterol soln 0.5 mg/3ml-2.5 mg/3ml</i>	P	QL(12 ml daily)
ISUPREL (Use isoproterenol hcl)	NP	
PROAIR HFA AERS (Use albuterol sulfate)	NP	

Drug Name	Drug Tier	Requirements/Limits
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 (Use albuterol sulfate)	NP	
SEREVENT DISKUS	P	QL(60 ea per fill retail)
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	NP	
<i>terbutaline sulfate tabs</i>	P	
VENTOLIN HFA AERS (Use albuterol sulfate)	NP	
Xanthines		
THEO-24 CP24	P	
<i>theophylline tb12 300 mg, 450 mg</i>	P	
<i>theophylline soln</i>	P	QL(475 ml per fill retail)
<i>theophylline elix</i>	P	
<i>theophylline tb24</i>	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium tabs</i>	P	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	P	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA (Use fondaparinux sodium)	NP	SP; PA
<i>enoxaparin sodium sosy</i>	P	QL(0 ml daily); SP; PA
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	P	SP
<i>fondaparinux sodium</i>	P	SP; PA
FRAGMIN SOLN 95000 UNIT/3.8ML	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOSY	P	SP; PA	BANZEL SUSP (<i>Use rufinamide</i>)	NP	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		BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA
LOVENOX SOSY (<i>Use enoxaparin sodium</i>)	NP	QL(0 ml daily); SP; PA	<i>carbamazepine tabs</i>	P	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	SP	<i>carbamazepine chew</i>	P	
ANTICONVULSANTS - Drugs to Treat Seizures			<i>carbamazepine susp</i>	P	
Anticonvulsants - Benzodiazepines			<i>carbamazepine tb12</i>	P	
<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 (<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 ACUDIAL GEL (<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 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 soln</i>	P	
VALTOCO LIQD	P	QL(10 ea per 30 days retail); PA	<i>gabapentin caps</i>	P	QL(9 ea daily)
VALTOCO LQPK	P	QL(10 ea per 30 days retail); PA	<i>gabapentin tabs 600 mg</i>	P	QL(6 ea daily)
Anticonvulsants - Misc.			<i>gabapentin tabs 800 mg</i>	P	QL(4 ea daily)
BANZEL TABS (<i>Use rufinamide</i>)	NP	SP; PA	KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	
			KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 ea daily)
			KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(16 ml daily)
			KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 ea daily)
			KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	Use levetiracetam IR; ST
			LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	
			LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP	
			LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	Use lamotrigine IR; ST
			<i>lamotrigine tabs</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine chew</i>	P		TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily)
<i>lamotrigine tb24</i>	P	Use lamotrigine IR; ST	TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 ea daily)
<i>levetiracetam tabs 1000 mg</i>	P		<i>topiramate cpsp 25 mg</i>	P	QL(8 ea daily)
<i>levetiracetam tabs 250 mg, 750 mg</i>	P	QL(4 ea daily)	<i>topiramate tabs 100 mg</i>	P	QL(4 ea daily)
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	P	QL(16 ml daily)	<i>topiramate tabs 200 mg</i>	P	QL(3 ea daily)
<i>levetiracetam tabs 500 mg</i>	P	QL(6 ea daily)	<i>topiramate cpsp 15 mg</i>	P	QL(6 ea daily)
<i>levetiracetam tb24</i>	P	Use levetiracetam IR; ST	<i>topiramate tabs 25 mg, 50 mg</i>	P	QL(6 ea daily)
MYSOLINE (<i>Use primidone</i>)	NP		TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	
NEURONTIN CAPS (<i>Use gabapentin</i>)	NP	QL(9 ea daily)	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	
NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 ea daily)	ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NP	
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 ea daily)	<i>zonisamide caps</i>	P	
NEURONTIN SOLN (<i>Use gabapentin</i>)	NP		Carbamates		
<i>oxcarbazepine tabs</i>	P		<i>felbamate susp</i>	P	
<i>oxcarbazepine susp</i>	P		<i>felbamate tabs</i>	P	
<i>primidone</i>	P		FELBATOL SUSP (<i>Use felbamate</i>)	NP	
<i>rufinamide susp</i>	P	SP; PA	FELBATOL TABS (<i>Use felbamate</i>)	NP	
<i>rufinamide tabs</i>	P	SP; PA	GABA Modulators		
TEGRETOL TABS (<i>Use carbamazepine</i>)	NP		GABITRIL (<i>Use tiagabine hcl</i>)	NP	
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP		SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP; PA
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP		SABRIL TABS (<i>Use vigabatrin</i>)	NP	SP; PA
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 ea daily)	<i>tiagabine hcl</i>	P	
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(3 ea daily)	<i>vigabatrin pack</i>	P	SP; PA
TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily)	<i>vigabatrin tabs</i>	P	SP; PA
			Hydantoins		
			DILANTIN	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DILANTIN (Use phenytoin sodium extended)	P		divalproex sodium tbec 250 mg	P	QL(3 ea daily)
DILANTIN INFATABS CHEW (Use phenytoin)	P		divalproex sodium tbec 500 mg	P	QL(7 ea daily)
DILANTIN-125 SUSP (Use phenytoin)	P		divalproex sodium tb24 500 mg	P	QL(7 ea daily)
phenytoin chew	P		divalproex sodium tb24 250 mg	P	QL(3 ea daily)
phenytoin susp	P		valproate sodium soln or 250 mg/5ml	P	
phenytoin sodium soln	P		valproic acid caps	P	
phenytoin sodium extended 30 mg, 100 mg	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
Succinimides			Alpha-2 Receptor Antagonists (Tetracyclics)		
ethosuximide caps	P		mirtazapine tabs 7.5 mg, 45 mg	P	QL(1 ea daily)
ethosuximide soln	P		mirtazapine tbdp 15 mg	P	QL(3 ea daily)
ZARONTIN SOLN (Use ethosuximide)	NP		mirtazapine tbdp 45 mg	P	QL(1 ea daily)
ZARONTIN CAPS (Use ethosuximide)	NP		mirtazapine tabs 15 mg	P	QL(3 ea daily)
Valproic Acid			mirtazapine tbdp 30 mg	P	QL(1.5 ea daily)
DEPAKOTE TBEC 125 MG (Use divalproex sodium)	NP	QL(2 ea daily)	mirtazapine tabs 30 mg	P	QL(1.5 ea daily)
DEPAKOTE TBEC 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)	REMERON TABS 30 MG (Use mirtazapine)	NP	QL(1.5 ea daily)
DEPAKOTE TBEC 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)	REMERON TABS 15 MG (Use mirtazapine)	NP	QL(3 ea daily)
DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)	REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	NP	QL(1.5 ea daily)
DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)	REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	NP	QL(3 ea daily)
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NP	QL(8 ea daily)	REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	NP	QL(1 ea daily)
divalproex sodium csdr	P	QL(8 ea daily)	Antidepressants - Misc.		
divalproex sodium tbec 125 mg	P	QL(2 ea daily)	bupropion hcl tabs	P	QL(3 ea daily)
			bupropion hcl tb24 300 mg	P	QL(1 ea daily)
			bupropion hcl tb12 100 mg	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb12 200 mg</i>	P	QL(2 ea daily)	CELEXA TABS 20 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	P	QL(3 ea daily)	CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(1 ea daily)
<i>bupropion hcl tb12 150 mg</i>	P	QL(3 ea daily)	<i>citalopram hydrobromide soln</i>	P	
<i>maprotiline hcl</i>	P		<i>citalopram hydrobromide tabs 40 mg</i>	P	QL(1 ea daily)
WELLBUTRIN SR TB12 100 MG (Use <i>bupropion hcl</i>)	NP	QL(4 ea daily)	<i>citalopram hydrobromide tabs 20 mg</i>	P	QL(2 ea daily)
WELLBUTRIN SR TB12 200 MG (Use <i>bupropion hcl</i>)	NP	QL(2 ea daily)	<i>citalopram hydrobromide tabs 10 mg</i>	P	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (Use <i>bupropion hcl</i>)	NP	QL(3 ea daily)	<i>escitalopram oxalate tabs 20 mg</i>	P	QL(1 ea daily); AL(At least 12 yrs old)
WELLBUTRIN XL TB24 150 MG (Use <i>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 (Use <i>bupropion hcl</i>)	NP	QL(1 ea daily)	<i>escitalopram oxalate tabs 10 mg</i>	P	QL(2 ea daily); AL(At least 12 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			<i>fluoxetine hcl tabs 10 mg</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
ZULRESSO	P	SP; PA	<i>fluoxetine hcl tabs 20 mg</i>	P	QL(4 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl caps 10 mg, 20 mg</i>	P	QL(4 ea daily)
NARDIL (Use <i>phenelzine sulfate</i>)	NP		<i>fluoxetine hcl soln</i>	P	QL(600 ml per 30 days retail); AL(Up to 6 yrs old)
PARNATE (Use <i>tranylcypromine sulfate</i>)	NP		<i>fluoxetine hcl caps 40 mg</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>phenelzine sulfate</i>	P		<i>fluvoxamine maleate tabs 100 mg</i>	P	QL(3 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			LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>)	NP	QL(1 ea daily); AL(At least 12 yrs old)
SPRAVATO 56MG DOSE	P	SP; PA	LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>)	NP	QL(4 ea daily); AL(At least 12 yrs old)
SPRAVATO 84MG DOSE	P	SP; PA			
Selective Serotonin Reuptake Inhibitors (SSRIs)					
CELEXA TABS 10 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(4 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NP	QL(2 ea daily); AL(At least 12 yrs old)	TRINTELLIX	P	QL(1 ea daily); AL(At least 18 yrs old); PA
paroxetine hcl tb24	P		VIIBRYD TABS (Use vilazodone hcl)	NP	QL(1 ea daily); PA
paroxetine hcl tabs 10 mg	P	QL(6 ea daily)	vilazodone hcl tabs	P	QL(1 ea daily); PA
paroxetine hcl tabs 30 mg, 40 mg	P	QL(2 ea daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
paroxetine hcl tabs 20 mg	P	QL(3 ea daily)	CYMBALTA CPEP (Use duloxetine hcl)	NP	QL(1 ea daily); AL(At least 7 yrs old)
paroxetine hcl susp	P	QL(40 ml daily); PA	desvenlafaxine succinate 25 mg, 50 mg	P	QL(1 ea daily); ST
PAXIL TABS 10 MG (Use paroxetine hcl)	NP	QL(6 ea daily)	desvenlafaxine succinate 100 mg	P	QL(4 ea daily); ST
PAXIL SUSP (Use paroxetine hcl)	NP	QL(40 ml daily); PA	duloxetine hcl cpep 20 mg, 30 mg, 60 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
PAXIL TABS 20 MG (Use paroxetine hcl)	NP	QL(3 ea daily)	EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 ea daily)
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	NP	QL(2 ea daily)	EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 ea daily)
PAXIL CR TB24 (Use paroxetine hcl)	NP		EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NP	QL(2 ea daily)
PROZAC CAPS 40 MG (Use fluoxetine hcl)	NP	QL(2 ea daily); AL(At least 7 yrs old)	PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	QL(1 ea daily); ST
PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)	NP	QL(4 ea daily)	PRISTIQ 100 MG (Use desvenlafaxine succinate)	NP	QL(4 ea daily); ST
sertraline hcl tabs 100 mg	P	QL(2 ea daily)	venlafaxine hcl tb24 37.5 mg, 75 mg, 225 mg	P	QL(1 ea daily)
sertraline hcl conc	P	QL(6 ml daily)	venlafaxine hcl tb24 150 mg	P	QL(2 ea daily)
sertraline hcl tabs 25 mg, 50 mg	P	QL(4 ea daily)	venlafaxine hcl cp24 37.5 mg	P	QL(4 ea daily)
ZOLOFT CONC (Use sertraline hcl)	NP	QL(6 ml daily)	venlafaxine hcl cp24 75 mg	P	QL(5 ea daily)
ZOLOFT TABS 100 MG (Use sertraline hcl)	NP	QL(2 ea daily)	venlafaxine hcl tabs	P	
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NP	QL(4 ea daily)	venlafaxine hcl cp24 150 mg	P	QL(2 ea daily)
Serotonin Modulators			Tricyclic Agents		
nefazodone hcl	P				
trazodone hcl tabs 50 mg, 100 mg, 150 mg	P				
trazodone hcl tabs 300 mg	P	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amitriptyline hcl tabs</i>	P		OSENI (Use alogliptin-pioglitazone)	NP	
<i>amoxapine</i>	P		OSENI 15 MG-12.5 MG	NP	
<i>clomipramine hcl 75 mg</i>	P		<i>pioglitazone hcl-metformin hcl tabs</i>	P	QL(2 ea daily)
<i>desipramine hcl tabs 10 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	P		SEGLUROMET	P	QL(2 ea daily)
<i>desipramine hcl tabs 25 mg</i>	P	QL(2 ea daily)	SOLQUA 100/33 33 MCG/ML-100 UNIT/ML	P	QL(0.6 ml daily); ST
<i>doxepin hcl conc</i>	P		Biguanides		
<i>doxepin hcl caps</i>	P		FORTAMET TB24 (Use metformin hcl)	NP	
<i>imipramine hcl tabs</i>	P		<i>metformin hcl tb24 750 mg</i>	P	QL(3 ea daily)
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NP	QL(2 ea daily)	<i>metformin hcl tabs 500 mg</i>	P	QL(4 ea daily)
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NP		<i>metformin hcl tabs 850 mg, 1000 mg</i>	P	
<i>nortriptyline hcl caps</i>	P		<i>metformin hcl tb24 500 mg</i>	P	QL(4 ea daily)
<i>nortriptyline hcl soln</i>	P	QL(20 ml daily)	Diabetic Other		
PAMELOR CAPS (Use nortriptyline hcl)	NP		BD GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
ANTIDIABETICS - Drugs to Regulate Blood Sugar			CVS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
Alpha-Glucosidase Inhibitors			CVS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
PRECOSE (Use acarbose)	NP		CVS SOFT GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
Antidiabetic - Amylin Analogs			DEX4 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SYMLINPEN 120 SOPN	P	QL(11 ml per 30 days retail); PA	DEX4 FAST ACTING GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SYMLINPEN 60 SOPN	P	QL(6 ml per 30 days retail); PA	DEX4 NATURALS 4 GM-6 MG	P	QL(50 ea per 30 days retail)
Antidiabetic Combinations			DEX4 POUCH PACK 4 GM-6 MG	P	QL(50 ea per 30 days retail)
ACTOPLUS MET TABS (Use pioglitazone hcl-metformin hcl)	NP	QL(2 ea daily)	DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
<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 (Use alogliptin-metformin hcl)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glucagon (rdna)</i>	P	QL(1 ea per fill retail)	SM GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NP	QL(1 ea per fill retail)	SM GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	SMART SENSE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
GLUCOSE	P	QL(50 ea per 30 days retail)	SMART SENSE GLUCOSE TABLETS 4 GM-6 MG	P	QL(50 ea per 30 days retail)
GLUCOSE INSTANT ENERGY 4 GM-6 MG	P	QL(50 ea per 30 days retail)	TGT GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	TRUEPLUS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
GNP GLUCOSE	P	QL(50 ea per 30 days retail)	TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC; QL(50 ea per 30 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	UP & UP GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
GOODSENSE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)	VALUE PLUS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
HY-VEE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)	WALGREENS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
KORLYM	P	SP; PA	WALGREENS GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)
KROGER GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
LEADER GLUCOSE	P	QL(50 ea per 30 days retail)	<i>alogliptin benzoate</i>	P	
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	NESINA (<i>Use alogliptin benzoate</i>)	NP	
LONGS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)	Incretin Mimetic Agents		
MEIJER GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)	ADLYXIN SOPN	P	QL(0.2 ml daily); PA
PREFERRED PLUS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)	ADLYXIN STARTER PACK PNKT	P	QL(0.2 ml daily); PA
PX GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)	BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail); PA
RA GLUCOSE 4 GM-6 MG	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
RELION GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 30 days retail); AL(At least 18 yrs old); PA	INSULIN LISPRO KWIKPEN SOPN	NP	
TRULICITY	P	QL(2 ml per 28 days retail); PA	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	P	QL(1 ml daily)
Insulin			NOVOLIN 70/30 SUSP 30 UNIT/ML-70 UNIT/ML	P	OTC; QL(40 ml per 30 days retail)
ADMELOG SOLN IJ	P	QL(0 ml daily; 40 ml per 30 days retail)	NOVOLIN 70/30 FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	P	OTC; QL(1 ml daily)
ADMELOG SOLOSTAR SOPN	P	QL(1 ml daily)	NOVOLIN 70/30 FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML	P	OTC; QL(1 ml daily)
BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)	NOVOLIN 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	P	OTC; QL(40 ml per 30 days retail)
HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	P	OTC; QL(40 ml per 30 days retail)	NOVOLIN N SUSP	P	OTC; QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN 30 UNIT/ML-70 UNIT/ML	P	OTC; QL(1 ml daily)	NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ml daily)
HUMULIN N SUSP	P	OTC; QL(40 ml per 30 days retail)	NOVOLIN N FLEXPEN RELION SUPN	P	OTC; QL(1 ml daily)
HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ml daily)	NOVOLIN N RELION SUSP	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 SUSP 30 %-70 %	P	QL(40 ml per 30 days retail)	NOVOLIN R RELION SOLN IJ	P	OTC; QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	P	QL(1 ml daily)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML	P	QL(1 ml daily)
INSULIN GLARGINE SOPN	P	Viatis Brand Only; QL(1 ml daily)	NOVOLOG MIX 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	P	QL(40 ml per 30 days retail)
INSULIN GLARGINE SOLN	P	Viatis Brand Only; QL(1 ml daily)	Insulin Sensitizing Agents		
INSULIN LISPRO SOLN IJ	NP	QL(0 ml daily; 40 ml per 30 days retail)	ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	NP		pioglitazone hcl	P	QL(1 ea daily)

Georgia Inter-Pregnancy Care

Updated April 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
Meglitinide Analogues			PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NP	OTC
<i>nateglinide</i>	P	QL(3 ea daily)	Antiperistaltic Agents		
STARLIX 120 MG (Use <i>nateglinide</i>)	NP	QL(3 ea daily)	ANTI-DIARRHEAL LIQD	P	OTC; QL(40 ml daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			<i>diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg</i>	P	
STEGLATRO	P	QL(1 ea daily)	<i>diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml</i>	P	
Sulfonylureas			IMODIUM A-D CAPS (Use <i>loperamide hcl</i>)	NP	OTC; QL(8 ea daily); RX/OTC
AMARYL 1 MG, 2 MG (Use <i>glimepiride</i>)	NP	QL(4 ea daily)	IMODIUM A-D TABS (Use <i>loperamide hcl</i>)	NP	OTC; QL(8 ea daily)
AMARYL 4 MG (Use <i>glimepiride</i>)	NP	QL(2 ea daily)	LOMOTIL TABS 0.025 MG-2.5 MG (Use <i>diphenoxylate w/ atropine</i>)	NP	
<i>glimepiride 4 mg</i>	P	QL(2 ea daily)	<i>loperamide hcl tabs</i>	P	OTC; QL(8 ea daily)
<i>glimepiride 1 mg, 2 mg</i>	P	QL(4 ea daily)	<i>loperamide hcl caps</i>	P	OTC; QL(8 ea daily); RX/OTC
<i>glipizide tb24</i>	P		ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>glipizide tabs</i>	P		Antidotes - Chelating Agents		
GLUCOTROL TABS 10 MG (Use <i>glipizide</i>)	NP		CHEMET	P	
GLUCOTROL XL TB24 (Use <i>glipizide</i>)	NP		<i>deferasirox pack</i>	P	SP; PA
<i>glyburide tabs</i>	P		<i>deferasirox tbso</i>	P	SP; PA
<i>glyburide micronized 1.5 mg, 3 mg, 6 mg</i>	P		<i>deferasirox tabs</i>	P	SP; PA
GLYNASE (Use <i>glyburide micronized</i>)	NP		<i>deferiprone tabs</i>	P	SP; PA
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			EXJADE TBDO (Use <i>deferasirox</i>)	NP	SP; PA
Antidiarrheal/Probiotic Agents - Misc.			FERRIPROX SOLN	P	SP; PA
<i>bismuth subsalicylate chew 262 mg</i>	P	OTC	FERRIPROX TABS (Use <i>deferiprone</i>)	NP	SP; PA
<i>bismuth subsalicylate susp 525 mg/15ml, 1050 mg/30ml</i>	P	OTC	FERRIPROX TWICE-A-DAY TABS	P	SP; PA
PEPTO-BISMOL CHEW (Use <i>bismuth subsalicylate</i>)	NP	OTC	JADENU TABS (Use <i>deferasirox</i>)	NP	SP; PA
PEPTO-BISMOL MAX STRENGTH SUSP (Use <i>bismuth subsalicylate</i>)	NP	OTC	JADENU SPRINKLE PACK (Use <i>deferasirox</i>)	NP	SP; PA
			Antidotes and Specific Antagonists		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANDEXXA 200 MG	P	SP; PA	DRAMAMINE TABS (<i>Use dimenhydrinate</i>)	NP	OTC; QL(24 ea per fill retail)
BRIDION	P	SP; PA	<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	P	RX/OTC
<i>deferoxamine mesylate</i>	P	SP; PA	<i>meclizine hcl chew</i>	P	OTC; RX/OTC
DESFERAL 500 MG (<i>Use deferoxamine mesylate</i>)	NP	SP; PA	TIGAN CAPS (<i>Use trimethobenzamide hcl</i>)	NP	
SM IPECAC SYRUP	P		TRANSDERM SCOP (<i>Use scopolamine</i>)	NP	
VISTOGARD	P		Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
Opioid Antagonists			EMEND (<i>Use fosaprepitant dimeglumine</i>)	NP	
<i>naloxone hcl sosy</i>	P	QL(4 ml per 90 days retail)	ANTIFUNGALS - Drugs to Treat Fungal Infections		
<i>naloxone hcl liqd</i>	P	QL(4 ea per 90 days retail)	Antifungals		
<i>naloxone hcl soct</i>	P	QL(2 ml per 90 days retail)	<i>griseofulvin microsize tabs</i>	P	
<i>naloxone hcl soln .4 mg/ml, 4 mg/10ml</i>	P	QL(2 ml per 90 days retail)	<i>griseofulvin microsize susp</i>	P	
<i>naltrexone hcl</i>	P		<i>griseofulvin ultramicrosize</i>	P	
NARCAN LIQD (<i>Use naloxone hcl</i>)	NP	QL(4 ea per 90 days retail)	<i>nystatin tabs</i>	P	QL(6 ea daily)
VIVITROL	P	SP	<i>terbinafine hcl tabs</i>	P	QL(90 ea per 120 days retail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			Imidazole-Related Antifungals		
5-HT3 Receptor Antagonists			DIFLUCAN SUSR (<i>Use fluconazole</i>)	NP	QL(70 ml per fill retail)
<i>ondansetron tbdp</i>	P	QL(2 ea daily)	DIFLUCAN TABS 150 MG (<i>Use fluconazole</i>)	NP	QL(2 ea per fill retail)
<i>ondansetron hcl tabs 24 mg</i>	P	QL(1 ea per 14 days retail)	DIFLUCAN TABS 100 MG, 200 MG (<i>Use fluconazole</i>)	NP	
<i>ondansetron hcl soln or 4 mg/5ml</i>	P	QL(50 ml per 30 days retail)	DIFLUCAN TABS 50 MG (<i>Use fluconazole</i>)	NP	QL(3 ea per 14 days retail)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	P	QL(2 ea daily)	<i>fluconazole susr</i>	P	QL(70 ml per fill retail)
ZOFRAN TABS 4 MG (<i>Use ondansetron hcl</i>)	NP	QL(2 ea daily)	<i>fluconazole tabs 100 mg, 200 mg</i>	P	
Antiemetics - Anticholinergic			<i>fluconazole tabs 50 mg</i>	P	QL(3 ea per 14 days retail)
ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NP	OTC; RX/OTC	<i>fluconazole tabs 150 mg</i>	P	QL(2 ea per fill retail)
<i>dimenhydrinate tabs</i>	P	OTC; QL(24 ea per fill retail)			
DRAMAMINE CHEW	P	OTC; QL(24 ea per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits
<i>itraconazole caps</i>	P	QL(1 ea daily); PA
SPORANOX CAPS (<i>Use itraconazole</i>)	NP	QL(1 ea daily); PA
SPORANOX PULSEPAK CAPS (<i>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)
CHLOR-TRIMETON SYRP (<i>Use chlorpheniramine maleate</i>)	NP	OTC
CHLOR-TRIMETON TABS (<i>Use chlorpheniramine maleate</i>)	NP	OTC; QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NP	QL(4 ea daily)
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(240 ml per fill retail)
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	QL(4 ea daily)
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(4 ea daily)
<i>clemastine fumarate tabs 1.34 mg</i>	P	OTC; QL(2 ea daily)
<i>diphenhydramine hcl elix 12.5 mg/5ml</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl caps</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml</i>	P	OTC; QL(240 ml per fill retail)
<i>diphenhydramine hcl tabs 25 mg</i>	P	OTC; QL(4 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NP	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NP	QL(1 ea daily)
<i>cetirizine hcl chew</i>	P	QL(1 ea daily)
<i>cetirizine hcl soln or</i>	P	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl tabs</i>	P	QL(1 ea daily)
<i>cetirizine hcl syrp or</i>	P	QL(240 ml per fill retail); RX/OTC
CLARITIN TABS (<i>Use loratadine</i>)	NP	OTC; QL(1 ea daily)
CLARITIN CAPS (<i>Use loratadine</i>)	NP	
CLARITIN SYRP (<i>Use loratadine</i>)	NP	OTC; QL(240 ml per fill retail)
CLARITIN ALLERGY CHILDRENS SYRP (<i>Use loratadine</i>)	NP	OTC; QL(240 ml per fill retail)
CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NP	OTC; QL(1 ea daily)
<i>fexofenadine hcl tabs 180 mg</i>	P	QL(1 ea daily)
<i>fexofenadine hcl tabs 60 mg</i>	P	QL(2 ea daily)
<i>levocetirizine dihydrochloride tabs</i>	P	RX/OTC
<i>loratadine tabs</i>	P	OTC; QL(1 ea daily)
<i>loratadine soln</i>	P	OTC; QL(240 ml per fill retail)
<i>loratadine syrp</i>	P	OTC; QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loratadine tbdp</i>	P	OTC; QL(1 ea daily)	COLESTID GRAN (<i>Use colestipol hcl</i>)	NP	
XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NP	RX/OTC	COLESTID FLAVORED GRAN (<i>Use colestipol hcl</i>)	NP	
ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	NP	QL(1 ea daily)	<i>colestipol hcl tabs</i>	P	
ZYRTEC CHILDRENS ALLERGY SOLN OR (<i>Use cetirizine hcl</i>)	NP	QL(240 ml per fill retail); RX/OTC	<i>colestipol hcl gran</i>	P	
Antihistamines - Phenothiazines			QUESTRAN POWD (<i>Use cholestyramine</i>)	NP	
<i>promethazine hcl soln 6.25 mg/5ml</i>	P	AL(At least 2 yrs old)	QUESTRAN PACK (<i>Use cholestyramine</i>)	NP	
<i>promethazine hcl supp</i>	P	QL(12 ea per fill retail); AL(At least 2 yrs old)	QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NP	
<i>promethazine hcl tabs</i>	P	AL(At least 2 yrs old)	Fibric Acid Derivatives		
<i>promethazine hcl syrp</i>	P	AL(At least 2 yrs old)	<i>fenofibrate tabs 160 mg</i>	P	QL(1 ea daily)
Antihistamines - Piperidines			<i>fenofibrate tabs 54 mg</i>	P	QL(3 ea daily)
<i>cyproheptadine hcl tabs</i>	P		FENOFIBRATE TABS	P	QL(1 ea daily)
<i>cyproheptadine hcl syrp</i>	P		<i>fenofibrate micronized 67 mg</i>	P	QL(2 ea daily)
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>fenofibrate micronized 134 mg, 200 mg</i>	P	QL(1 ea daily)
Angiotensin-like Protein Inhibitors			<i>gemfibrozil tabs</i>	P	QL(2 ea daily)
EVKEEZA	P	SP; PA	LOPID TABS (<i>Use gemfibrozil</i>)	NP	QL(2 ea daily)
Antihyperlipidemics - Combinations			HMG CoA Reductase Inhibitors		
<i>ezetimibe-simvastatin</i>	P	QL(1 ea daily); ST	<i>atorvastatin calcium tabs</i>	P	QL(1 ea daily)
VYTORIN (<i>Use ezetimibe-simvastatin</i>)	NP	QL(1 ea daily); ST	CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NP	Try simvastatin or atorvastatin; QL(1 ea daily); ST
Bile Acid Sequestrants			LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NP	QL(1 ea daily)
<i>cholestyramine powd</i>	P		<i>lovastatin tabs 40 mg</i>	P	QL(2 ea daily)
<i>cholestyramine pack</i>	P		<i>lovastatin tabs 10 mg, 20 mg</i>	P	QL(1 ea daily)
<i>cholestyramine light pack</i>	P		<i>pravastatin sodium</i>	P	QL(1 ea daily)
<i>cholestyramine light powd</i>	P		<i>rosuvastatin calcium tabs</i>	P	Try simvastatin or atorvastatin; QL(1 ea daily); ST
COLESTID TABS (<i>Use colestipol hcl</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</i>	P	QL(1 ea daily)	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	NP	QL(2 ea daily)
ZOCOR TABS 80 MG (Use simvastatin)	NP		<i>benazepril hcl 5 mg, 10 mg, 20 mg</i>	P	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	NP	QL(1 ea daily)	<i>benazepril hcl 40 mg</i>	P	QL(2 ea daily)
Intestinal Cholesterol Absorption Inhibitors			<i>captopril</i>	P	QL(3 ea daily)
<i>ezetimibe</i>	P	ST	<i>enalapril maleate tabs</i>	P	QL(2 ea daily)
ZETIA (Use ezetimibe)	NP	ST	<i>fosinopril sodium</i>	P	QL(1 ea daily)
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			<i>lisinopril tabs 2.5 mg</i>	P	QL(1 ea daily)
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP; PA	<i>lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	P	QL(2 ea daily)
Nicotinic Acid Derivatives			LOTENSIN 40 MG (Use benazepril hcl)	NP	QL(2 ea daily)
<i>niacin (antihyperlipidemic) tbc</i>	P		LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	NP	QL(1 ea daily)
<i>niacin (antihyperlipidemic) tabs</i>	P		PRINIVIL TABS (Use lisinopril)	NP	QL(2 ea daily)
NIASPAN TBCR (Use niacin (antihyperlipidemic))	NP		<i>quinapril hcl</i>	P	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>ramipril caps</i>	P	QL(2 ea daily)
LEQVIO	P	SP; PA	<i>trandolapril 4 mg</i>	P	QL(2 ea daily)
PRALUENT SOAJ	P	SP; PA	<i>trandolapril 1 mg, 2 mg</i>	P	QL(1 ea daily)
REPATHA SOSY	P	SP; PA	VASOTEC TABS (Use enalapril maleate)	NP	QL(2 ea daily)
REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA	ZESTRIL TABS 2.5 MG (Use lisinopril)	NP	QL(1 ea daily)
REPATHA SURECLICK SOAJ	P	SP; PA	ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril)	NP	QL(2 ea daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			Agents for Pheochromocytoma		
ACE Inhibitors			DEMSE (Use metyrosine)	NP	SP; PA
ACCUPRIL (Use quinapril hcl)	NP		<i>metyrosine</i>	P	SP; PA
			Angiotensin II Receptor Antagonists		
			ATACAND (Use candesartan cilexetil)	NP	
			AVAPRO (Use irbesartan)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BENICAR (Use olmesartan medoxomil)	NP	Use losartan or irbesartan; QL(1 ea daily); ST
candesartan cilexetil	P	
COZAAR (Use losartan potassium)	NP	QL(1 ea daily)
DIOVAN TABS (Use valsartan)	NP	QL(1 ea daily)
irbesartan	P	QL(1 ea daily)
losartan potassium	P	QL(1 ea daily)
MICARDIS (Use telmisartan)	NP	QL(1 ea daily)
olmesartan medoxomil	P	Use losartan or irbesartan; QL(1 ea daily); ST
telmisartan	P	QL(1 ea daily)
valsartan tabs	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA (Use doxazosin mesylate)	NP	
clonidine hcl tabs	P	
doxazosin mesylate	P	
guanfacine hcl	P	
methyldopa tabs	P	
MINIPRESS CAPS (Use prazosin hcl)	NP	
prazosin hcl caps	P	
terazosin hcl	P	
Antihypertensive Combinations		
ACCURETIC 10 MG-12.5 MG (Use quinapril-hydrochlorothiazide)	NP	QL(3 ea daily)
ACCURETIC 10 MG-12.5 MG	P	QL(3 ea daily)
ACCURETIC 20 MG-25 MG (Use quinapril-hydrochlorothiazide)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NP	QL(4 ea daily)
amlodipine besylate-benazepril hcl	P	QL(1 ea daily)
amlodipine besylate-olmesartan medoxomil	P	Use losartan or irbesartan; ST
amlodipine besylate-valsartan	P	Use losartan or irbesartan; ST
amlodipine-valsartan-hydrochlorothiazide	P	Use losartan or irbesartan; ST
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NP	
atenolol & chlorthalidone	P	QL(2 ea daily)
AVALIDE (Use irbesartan-hydrochlorothiazide)	NP	QL(1 ea daily)
AZOR (Use amlodipine besylate-olmesartan medoxomil)	NP	Use losartan or irbesartan; ST
benazepril & hydrochlorothiazide	P	QL(1 ea daily)
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NP	Use losartan or irbesartan; QL(1 ea daily); ST
bisoprolol & hydrochlorothiazide	P	QL(1 ea daily)
candesartan cilexetil-hydrochlorothiazide	P	
captopril & hydrochlorothiazide 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg	P	QL(2 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)
EXFORGE (Use amlodipine besylate-valsartan)	NP	Use losartan or irbesartan; ST

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	Use losartan or irbesartan; ST	quinapril-hydrochlorothiazide 12.5 mg-20 mg	P	QL(4 ea daily)
fosinopril sodium & hydrochlorothiazide	P	QL(1 ea daily)	TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (Use trandolapril-verapamil hcl)	NP	
HYZAAR (Use losartan potassium & hydrochlorothiazide)	NP	QL(1 ea daily)	telmisartan-amlodipine	P	
irbesartan-hydrochlorothiazide	P	QL(1 ea daily)	telmisartan-hydrochlorothiazide	P	QL(1 ea daily)
lisinopril & hydrochlorothiazide 10 mg-12.5 mg, 12.5 mg-20 mg	P	QL(2 ea daily)	TENORETIC 100 25 MG-100 MG (Use atenolol & chlorthalidone)	NP	QL(2 ea daily)
losartan potassium & hydrochlorothiazide	P	QL(1 ea daily)	TENORETIC 50 25 MG-50 MG (Use atenolol & chlorthalidone)	NP	QL(2 ea daily)
LOTENSIN HCT 10 MG-12.5 MG, 12.5 MG-20 MG, 20 MG-25 MG (Use benazepril & hydrochlorothiazide)	NP	QL(1 ea daily)	trandolapril-verapamil hcl	P	
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (Use amlodipine besylate-benazepril hcl)	NP	QL(1 ea daily)	TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	Use losartan or irbesartan; ST
metoprolol & hydrochlorothiazide tabs 25 mg-100 mg, 25 mg-50 mg	P	QL(2 ea daily)	TWYNSTA (Use telmisartan-amlodipine)	NP	
MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NP	QL(1 ea daily)	valsartan-hydrochlorothiazide	P	QL(1 ea daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide	P	Use losartan or irbesartan; ST	VASERETIC 10 MG-25 MG (Use enalapril maleate & hydrochlorothiazide)	NP	QL(2 ea daily)
olmesartan medoxomil-hydrochlorothiazide	P	Use losartan or irbesartan; QL(1 ea daily); ST	ZESTORETIC 10 MG-12.5 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(2 ea daily)
propranolol & hydrochlorothiazide	P	QL(2 ea daily)	ZESTORETIC 20 MG-25 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(1 ea daily)
quinapril-hydrochlorothiazide 20 mg-25 mg	P	QL(2 ea daily)	ZIAC (Use bisoprolol & hydrochlorothiazide)	NP	QL(1 ea daily)
			Antihypertensives - Misc.		
			VECAMEYL	P	SP; PA
			Vasodilators		
			hydralazine hcl tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
<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.		
FLAGYL TABS 500 MG (Use metronidazole)	NP	
<i>metronidazole tabs</i>	P	
<i>trimethoprim tabs</i>	P	
TRIMETHOPRIM TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG (Use sulfamethoxazole-trimethoprim)	NP	
BACTRIM DS TABS 160 MG-800 MG (Use sulfamethoxazole-trimethoprim)	NP	
<i>methenamine-hyosc-methylene blue-sod phospheryl sal tabs 0.12 mg-10.8 mg-36.2 mg-40.8 mg-81.6 mg</i>	P	
<i>sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml</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
Cyclic Lipopeptides		
CUBICIN (Use daptomycin)	NP	
CUBICIN RF (Use daptomycin)	NP	
DAPTOMYCIN (Use daptomycin)	NP	

Drug Name	Drug Tier	Requirements/ Limits
Glycopeptides		
FIRVANQ SOLR OR	P	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)
<i>vancomycin hcl solr iv 500 mg</i>	P	QL(14 ea per 30 days retail)
<i>vancomycin hcl caps 125 mg</i>	P	QL(4 ea daily)
<i>vancomycin hcl solr iv 1 gm, 1000 mg</i>	P	QL(14 ea per fill retail)
<i>vancomycin hcl caps 250 mg</i>	P	QL(8 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	NP	QL(300 ml per fill retail)
<i>clindamycin hcl 150 mg, 300 mg</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)
Monobactams		
CAYSTON	P	SP; PA
Oxazolidinones		
SIVEXTRO TABS	P	QL(6 ea per fill retail); PA
Pleuromutilins		
XENLETA TABS	P	SP; PA
Polymyxins		

Drug Name	Drug Tier	Requirements/ Limits
COLY-MYCIN M (<i>Use colistimethate sodium</i>)	NP	
Urinary Anti-infectives		
MACROBID (<i>Use nitrofurantoin monohydrate macro</i>)	NP	
<i>methenamine mandelate</i>	P	
<i>nitrofurantoin</i>	P	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 mg, 100 mg</i>	P	
<i>nitrofurantoin monohydrate macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM 20 MG-120 MG	P	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate tabs 250 mg</i>	P	
<i>chloroquine phosphate tabs 500 mg</i>	P	QL(1 ea daily)
DARAPRIM (<i>Use pyrimethamine</i>)	NP	SP; PA
<i>hydroxychloroquine sulfate 200 mg</i>	P	
KRINTAFEL	P	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	P	
PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NP	
<i>primaquine phosphate tabs</i>	P	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NP	
<i>pyrimethamine</i>	P	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

Drug Name	Drug Tier	Requirements/ Limits
Antimychasthenic/Cholinergic Agents		
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NP	
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide tabs 60 mg</i>	P	
<i>pyridostigmine bromide tbc</i>	P	
RUZURGI	P	QL(10 ea daily); SP; PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	P	
<i>isoniazid tabs</i>	P	
<i>isoniazid syr</i>	P	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NP	
MYCOBUTIN (<i>Use rifabutin</i>)	NP	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin caps</i>	P	
TRECATOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>Use melphalan</i>)	NP	
ALKERAN (<i>Use melphalan hcl</i>)	NP	SP; PA
BELRAPZO SOLN	P	SP; PA
<i>bendamustine hcl sol</i>	P	SP; PA
BENDAMUSTINE HYDROCHLORIDE SOLN	P	SP; PA
BENDEKA SOLN	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carboplatin soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml, 1000 mg/100ml</i>	P	SP; PA	<i>cytarabine soln</i>	P	SP; PA
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml, 200 mg/200ml</i>	P	SP; PA	DACOGEN (Use decitabine)	NP	SP; PA
CISPLATIN SOLR	P	SP; PA	<i>decitabine</i>	P	SP; PA
<i>cyclophosphamide solr ij</i>	P	SP; PA	<i>fludarabine phosphate solr</i>	P	SP; PA
CYCLOPHOSPHAMIDE SOLN	P	SP; PA	<i>fludarabine phosphate soln</i>	P	SP; PA
CYCLOPHOSPHAMIDE SOLN	P	SP; PA	FOLOTYN	P	SP; PA
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	P	SP; PA	<i>mercaptopurine tabs</i>	P	
EVOMELA	P	SP; PA	<i>methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml</i>	P	
LEUKERAN	P		<i>methotrexate sodium tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg</i>	P	
<i>melphalan</i>	P		ONUREG TABS	P	SP; PA
<i>melphalan hcl</i>	P	SP; PA	PEMETREXED 500 MG/20ML	P	SP; PA
MYLERAN TABS	P		<i>pemetrexed disodium solr 100 mg, 500 mg</i>	P	SP; PA
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (Use temozolomide)	NP	SP; PA	PEMFEXY	P	SP; PA
TEMODAR SOLR	P	SP; PA	<i>pralatrexate</i>	P	SP; PA
<i>temozolomide caps</i>	P	SP; PA	PURIXAN SUSP	P	
TEPADINA (Use thiotepa)	NP	SP; PA	TABLOID	P	SP; PA
<i>thiotepa</i>	P	SP; PA	TREXALL TABS	P	
TREANDA SOLR (Use bendamustine hcl)	NP	SP; PA	VIDAZA SUSR (Use azacitidine)	NP	SP; PA
VIVIMUSTA SOLN	P	SP; PA	XELODA (Use capecitabine)	NP	SP; PA
YONDELIS	P	SP; PA	Antineoplastic - Angiogenesis Inhibitors		
ZEPZELCA	P	SP; PA	CYRAMZA	P	SP; PA
Antimetabolites			INLYTA	P	SP; PA
ALIMTA SOLR (Use pemetrexed disodium)	NP	SP; PA	LENVIMA 10 MG DAILY DOSE	P	QL(1 ea daily); SP; PA
<i>azacitidine susr</i>	P	SP; PA	LENVIMA 12MG DAILY DOSE	P	QL(3 ea daily); SP; PA
<i>capecitabine</i>	P	SP; PA	LENVIMA 14 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
<i>cladribine 10 mg/10ml</i>	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 18 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	RITUXAN	P	SP; PA
LENVIMA 20 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	RUXIENCE	P	SP; PA
LENVIMA 24 MG DAILY DOSE	P	QL(3 ea daily); SP; PA	TECENTRIQ	P	SP; PA
LENVIMA 4 MG DAILY DOSE	P	QL(1 ea daily); SP; PA	TIVDAK	P	SP; PA
LENVIMA 8 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	TRUXIMA	P	SP; PA
MVASI	P	SP; PA	UNITUXIN	P	SP; PA
ZALTRAP	P	SP; PA	YERVOY	P	SP; PA
ZIRABEV	P	SP; PA	ZEVALIN Y-90	P	SP; PA
Antineoplastic - Antibodies			ZYNLONTA	P	SP; PA
ADCETRIS	P	SP; PA	Antineoplastic - Anti-HER2 Agents		
ARZERRA	P	SP; PA	HERCEPTIN 150 MG	P	SP; PA
BAVENCIO	P	SP; PA	KANJINTI 420 MG	P	SP; PA
BESPO NSA	P	SP; PA	MARGENZA	P	SP; PA
BLENREP	P	SP; PA	OGIVRI	P	SP; PA
BLINCYTO	P	SP; PA	PERJETA	P	SP; PA
DARZALEX	P	SP; PA	TRAZIMERA	P	SP; PA
EMPLICITI	P	SP; PA	TUKYSA	P	SP; PA
ENHERTU	P	SP; PA	Antineoplastic - BCL-2 Inhibitors		
GAZYVA	P	SP; PA	VENCLEXTA TABS	P	SP; PA
IMFINZI	P	SP; PA	VENCLEXTA STARTING PACK TBPK	P	SP; PA
JEMPERLI	P	SP; PA	Antineoplastic - Cellular Immunotherapy		
KADCYLA	P	SP; PA	ABECMA	P	SP; PA
KEYTRUDA	P	SP; PA	BREYANZI	P	SP; PA
KIMMTRAK	P	SP; PA	CARVYKTI	P	SP; PA
LIBTAYO	P	SP; PA	TECARTUS 0	P	SP; PA
LUMOXITI	P	SP; PA	Antineoplastic - EGFR Inhibitors		
MONJUVI	P	SP; PA	ERBITUX	P	SP; PA
MYLOTARG	P	SP; PA	<i>erlotinib hcl</i>	P	SP; PA
OPDIVO	P	SP; PA	EXKIVITY	P	SP; PA
PADCEV	P	SP; PA	GILOTRIF	P	SP; PA
POLIVY	P	SP; PA	IRESSA	P	SP; PA
POTELIGEO	P	SP; PA	PORTRAZZA	P	SP; PA
RIABNI	P	SP; PA	TAGRISSO	P	SP; PA
			TARCEVA (<i>Use erlotinib hcl</i>)	NP	SP; PA

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VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP; PA	LUPRON DEPOT (1-MONTH) KIT IM	P	SP; PA
VIZIMPRO	P	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	P	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors			LUPRON DEPOT (4-MONTH) IM	P	SP; PA
DAURISMO	P	SP; PA	LUPRON DEPOT (6-MONTH) IM	P	SP; PA
ERIVEDGE	P	SP; PA	LYSODREN	P	SP; PA
ODOMZO	P	SP; PA	<i>megestrol acetate susp</i>	P	
Antineoplastic - Hormonal and Related Agents			<i>megestrol acetate tabs</i>	P	
<i>abiraterone acetate</i>	P	SP; PA	NUBEQA	P	SP; PA
<i>anastrozole</i>	P		ORGOVYX	P	SP; PA
ARIMIDEX (<i>Use anastrozole</i>)	NP		<i>tamoxifen citrate tabs</i>	P	
AROMASIN (<i>Use exemestane</i>)	NP		<i>toremifene citrate</i>	P	PA
<i>bicalutamide</i>	P	QL(1 ea daily)	TRELSTAR MIXJECT	P	SP; PA
CAMCEVI	P	SP; PA	VANTAS	P	SP; PA
CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 ea daily)	XTANDI TABS	P	SP; PA
ELIGARD SC 45 MG	P	SP; PA	XTANDI CAPS	P	SP; PA
ELIGARD KIT SC 7.5 MG	P	SP; PA	YONSA	P	SP; PA
EMCYT	P	SP; PA	ZOLADEX	P	SP; PA
ERLEADA 60 MG	P	SP; PA	ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP; PA
EULEXIN	P		Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
<i>exemestane</i>	P		WELIREG	P	SP; PA
FARESTON (<i>Use toremifene citrate</i>)	NP	PA	Antineoplastic - Immunomodulators		
FEMARA (<i>Use letrozole</i>)	NP		POMALYST	P	SP; PA
FIRMAGON 80 MG	P	SP; PA	Antineoplastic - PDGFR-alpha Inhibitors		
<i>flutamide</i>	P		AYVAKIT	P	QL(1 ea daily); SP; PA
<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	SP; PA	Antineoplastic - XPO1 Inhibitors		
<i>letrozole</i>	P		XPOVIO	P	SP; PA
<i>leuprolide acetate kit ij 1 mg/0.2ml</i>	P	SP; PA	XPOVIO 100 MG ONCE WEEKLY	P	SP; PA
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE 5 MG/ML-25 MG/ML	P	SP; PA	XPOVIO 40 MG ONCE WEEKLY	P	SP; PA

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XPOVIO 40 MG TWICE WEEKLY	P	SP; PA	PHESGO	P	SP; PA
XPOVIO 60 MG ONCE WEEKLY	P	SP; PA	RITUXAN HYCELA	P	SP; PA
XPOVIO 60 MG TWICE WEEKLY	P	SP; PA	VYXEOS 100 MG-44 MG	P	SP; PA
XPOVIO 80 MG ONCE WEEKLY	P	SP; PA	Antineoplastic Enzyme Inhibitors		
XPOVIO 80 MG TWICE WEEKLY	P	SP; PA	AFINITOR TABS (<i>Use everolimus</i>)	NP	SP; PA
Antineoplastic Antibiotics			AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP; PA
<i>daunorubicin hcl soln</i>	P	SP; PA	ALECENSA	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN (<i>Use daunorubicin hcl</i>)	NP	SP; PA	ALIQOPA	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN	P	SP; PA	ALUNBRIG TABS	P	SP; PA
ELLENCES SOLN	P	SP; PA	ALUNBRIG TBPB	P	SP; PA
<i>epirubicin hcl soln 50 mg/25ml, 200 mg/100ml</i>	P	SP; PA	BALVERSA	P	SP; PA
<i>mitoxantrone hcl 2 mg/ml</i>	P	SP; PA	BELEODAQ	P	SP; PA
<i>valrubicin</i>	P	SP; PA	<i>bortezomib solr ij</i>	P	SP; PA
VALSTAR (<i>Use valrubicin</i>)	NP	SP; PA	BORTEZOMIB SOLR IV 3.5 MG	P	SP; PA
Antineoplastic Combinations			BOSULIF	P	SP; PA
DARZALEX FASPRO 30000 UNIT/15ML-1800 MG/15ML	P	SP; PA	BRAFTOVI 75 MG	P	SP; PA
HERCEPTIN HYLECTA 10000 UNIT/5ML-600 MG/5ML	P	SP; PA	BRUKINSA	P	SP; PA
INQOVI 35 MG-100 MG	P	SP; PA	CABOMETYX TABS 40 MG	P	QL(2 ea daily); SP; PA
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	P	SP; PA	CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily); SP; PA
KISQALI FEMARA 400 DOSE 2.5 MG-200 MG	P	SP; PA	CALQUENCE	P	SP; PA
KISQALI FEMARA 600 DOSE 2.5 MG-200 MG	P	SP; PA	CAPRELSA	P	SP; PA
LONSURF	P	SP; PA	COMETRIQ KIT	P	SP; PA
OPDUALAG 80 MG/20ML-240 MG/20ML	P	SP; PA	COPIKTRA	P	SP; PA
			COTELLIC	P	SP; PA
			<i>everolimus tbso</i>	P	SP; PA
			<i>everolimus tabs</i>	P	SP; PA
			FARYDAK	P	SP; PA
			FOTIVDA	P	SP; PA
			FYARRO	P	SP; PA
			GAVRETO	P	SP; PA
			GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP; PA
			IBRANCE TABS	P	SP; PA

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IBRANCE CAPS	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	<i>sunitinib malate</i>	P	SP; PA
IMBRUVICA TABS	P	QL(1 ea daily); SP; PA	SUTENT (<i>Use sunitinib malate</i>)	NP	SP; PA
INREBIC	P	SP; PA	TABRECTA	P	SP; PA
ISTODAX (OVERFILL) SOLR (<i>Use romidepsin</i>)	NP	SP; PA	TAFINLAR	P	SP; PA
JAKAFI	P	QL(2 ea daily); SP; PA	TALZENNA	P	SP; PA
KISQALI	P	SP; PA	TASIGNA	P	SP; PA
KOSELUGO	P	SP; PA	TAZVERIK	P	SP; PA
KYPROLIS	P	SP; PA	<i>temsirolimus</i>	P	SP; PA
<i>lapatinib ditosylate</i>	P	SP; PA	TIBSOVO	P	SP; PA
LORBRENA	P	SP; PA	TORISEL (<i>Use temsirolimus</i>)	NP	SP; PA
LYNPARZA TABS	P	QL(4 ea daily); SP; PA	TURALIO 200 MG	P	SP; PA
MEKINIST	P	SP; PA	TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP; PA
MEKTOVI	P	SP; PA	UKONIQ	P	SP; PA
NERLYNX	P	SP; PA	VELCADE SOLR IJ (<i>Use bortezomib</i>)	NP	SP; PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	NP	SP; PA	VERZENIO	P	QL(2 ea daily); SP; PA
NINLARO	P	SP; PA	VITRAKVI SOLN	P	SP; PA
PEMAZYRE	P	SP; PA	VITRAKVI CAPS	P	SP; PA
PIQRAY 200MG DAILY DOSE	P	SP; PA	VONJO	P	SP; PA
PIQRAY 250MG DAILY DOSE	P	SP; PA	VOTRIENT	P	SP; PA
PIQRAY 300MG DAILY DOSE	P	SP; PA	XALKORI	P	SP; PA
QINLOCK	P	SP; PA	XOSPATA	P	SP; PA
RETEVMO	P	SP; PA	ZEJULA	P	SP; PA
<i>romidepsin solr</i>	P	SP; PA	ZELBORAF	P	SP; PA
ROMIDEPSIN SOLN	P	SP; PA	ZOLINZA	P	SP; PA
ROZLYTREK	P	SP; PA	ZYDELIG	P	SP; PA
RUBRACA	P	SP; PA	ZYKADIA TABS	P	SP; PA
RYDAPT	P	SP; PA	Antineoplastic Enzymes		
			ASPARLAS	P	SP; PA
			ERWINASE	P	SP; PA

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ERWINAZE	P	SP; PA	<i>mesna soln</i>	P	SP; PA
ONCASPAR	P	SP; PA	MESNEX SOLN (<i>Use mesna</i>)	NP	SP; PA
RYLAZE	P	SP; PA	MESNEX TABS	P	SP; PA
Antineoplastic Radiopharmaceuticals			TOTECT	P	SP; PA
AZEDRA DOSIMETRIC	P	SP; PA	VORAXAZE	P	SP; PA
AZEDRA THERAPEUTIC	P	SP; PA	Mitotic Inhibitors		
Antineoplastics Misc.			ABRAXANE 100 MG-900 MG (<i>Use paclitaxel protein-bound particles</i>)	NP	SP; PA
ACTIMMUNE	P	SP; PA	<i>docetaxel soln</i>	P	SP; PA
ALFERON N	P	SP; PA	<i>docetaxel conc 20 mg/ml, 80 mg/4ml, 160 mg/8ml</i>	P	SP; PA
<i>arsenic trioxide</i>	P	SP; PA	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA
BESREMI	P	SP; PA	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (<i>Use docetaxel</i>)	NP	SP; PA
<i>bexarotene</i>	P	SP; PA	DOCETAXEL SOLN (<i>Use docetaxel</i>)	NP	SP; PA
HYDREA (<i>Use hydroxyurea</i>)	NP		DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP; PA
<i>hydroxyurea</i>	P		<i>etoposide soln 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	P	SP; PA
INTRON A SOLN	P	SP; PA	<i>etoposide caps</i>	P	SP; PA
INTRON A SOLR	P	SP; PA	HALAVEN	P	SP; PA
MATULANE	P	SP; PA	IXEMPRA KIT	P	SP; PA
PHOTOFRIN	P	SP; PA	JEVTANA	P	SP; PA
PROLEUKIN	P	SP; PA	MARQIBO	P	SP; PA
SYNRIBO	P	SP; PA	NAVELBINE (<i>Use vinorelbine tartrate</i>)	NP	
TARGRETIN (<i>Use bexarotene</i>)	NP	SP; PA	<i>paclitaxel protein-bound particles 900 mg-100 mg</i>	P	SP; PA
<i>tretinoin (chemotherapy)</i>	P	SP; PA	PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG-900 MG (<i>Use paclitaxel protein-bound particles</i>)	NP	SP; PA
TRISENOX (<i>Use arsenic trioxide</i>)	NP	SP; PA	<i>vincristine sulfate</i>	P	SP; PA
Chemotherapy Adjuncts					
KEPIVANCE	P	SP; PA			
Chemotherapy Rescue/Antidote/Protective Agents					
<i>dexrazoxane hcl</i>	P	SP; PA			
KHAPZORY	P	SP; PA			
<i>leucovorin calcium tabs</i>	P				
<i>levoleucovorin calcium solr</i>	P	SP; PA			
<i>levoleucovorin calcium soln 250 mg/25ml</i>	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Oncolytic Viral Agents			DHIVY TABS 25 MG-100 MG	P	
IMLYGIC 0	P	SP; PA	GOCOVRI CP24	P	SP; PA
Topoisomerase I Inhibitors			MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG (Use pramipexole dihydrochloride)	NP	QL(3 ea daily); AL(At least 18 yrs old)
CAMPTOSAR (Use irinotecan hcl)	NP	SP; PA	PARLODEL TABS (Use bromocriptine mesylate)	NP	
HYCAMTIN CAPS	P	SP; PA	PARLODEL CAPS (Use bromocriptine mesylate)	NP	
HYCAMTIN SOLR (Use topotecan hcl)	NP	SP; PA	pramipexole dihydrochloride tabs	P	QL(3 ea daily); AL(At least 18 yrs old)
irinotecan hcl	P	SP; PA	ropinirole hydrochloride tabs .25 mg, 3 mg, 4 mg	P	QL(6 ea daily)
topotecan hcl soln	P	SP; PA	ropinirole hydrochloride tabs .5 mg, 1 mg, 2 mg, 5 mg	P	QL(3 ea daily)
topotecan hcl solr	P	SP; PA	SINEMET TABS 10 MG-100 MG, 25 MG-100 MG (Use carbidopa-levodopa)	NP	
TOPOTECAN HCL SOLN	P	SP; PA	Antiparkinson Monoamine Oxidase Inhibitors		
TOPOTECAN HCL SOLN (Use topotecan hcl)	NP	SP; PA	selegiline hcl caps	P	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			selegiline hcl tabs	P	
Antiparkinson Adjunctive Therapy			ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
carbidopa	P		Antimanic Agents		
LODOSYN (Use carbidopa)	NP		lithium carbonate tabs	P	
Antiparkinson Anticholinergics			lithium carbonate tbcr	P	
benztropine mesylate tabs	P		lithium carbonate caps	P	
COGENTIN SOLN (Use benztropine mesylate)	NP		LITHOBID TBCR (Use lithium carbonate)	P	
trihexyphenidyl hcl tabs	P		Antipsychotics - Misc.		
Antiparkinson Dopaminergics			GEODON (Use ziprasidone hcl)	NP	QL(2 ea daily); AL(At least 18 yrs old)
amantadine hcl soln	P		NUPLAZID CAPS	P	QL(1 ea daily); PA
amantadine hcl caps	P		NUPLAZID TABS 10 MG	P	QL(1 ea daily); PA
APOKYN SOCT	P	SP; PA			
apomorphine hydrochloride soct	P	SP; PA			
bromocriptine mesylate tabs 2.5 mg	P				
bromocriptine mesylate caps	P				
carbidopa-levodopa tabs	P				
carbidopa-levodopa tbcr	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone hcl</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	CLOZARIL TABS (<i>Use clozapine</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
Benzisoxazoles			<i>loxapine succinate</i>	P	QL(4 ea daily)
INVEGA HAFYERA	P	SP; PA	<i>olanzapine tabs 2.5 mg, 5 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
INVEGA SUSTENNA	P	SP; PA	<i>olanzapine tabs 15 mg, 20 mg</i>	P	QL(1 ea daily); AL(At least 10 yrs old)
INVEGA TRINZA	P	SP; PA	<i>olanzapine tabs 7.5 mg, 10 mg</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
PERSERIS PRSY	P	SP; PA	<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)
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NP	QL(4 ea daily); AL(At least 5 yrs old)	<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
RISPERDAL SOLN (<i>Use risperidone</i>)	NP	QL(4 ml daily); AL(At least 5 yrs old)	<i>quetiapine fumarate tabs 100 mg, 200 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
RISPERDAL CONSTA	P	SP; PA	SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)
<i>risperidone soln</i>	P	QL(4 ml daily); AL(At least 5 yrs old)	SEROQUEL TABS 100 MG, 200 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)
<i>risperidone tabs</i>	P	QL(4 ea daily); AL(At least 5 yrs old)	SEROQUEL TABS 25 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
<i>risperidone tbdp</i>	P	QL(2 ea daily); AL(At least 5 yrs old)	ZYPREXA TABS 15 MG, 20 MG (<i>Use olanzapine</i>)	NP	QL(1 ea daily); AL(At least 10 yrs old)
Butyrophenones			ZYPREXA TABS 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)
HALDOL SOLN (<i>Use haloperidol lactate</i>)	NP		ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)
HALDOL DECANOATE 100 (<i>Use haloperidol decanoate</i>)	NP		ZYPREXA RELPREVV	P	SP; PA
HALDOL DECANOATE 50 (<i>Use haloperidol decanoate</i>)	NP		Dihydroindolones		
<i>haloperidol tabs 20 mg</i>	P		<i>molindone hcl</i>	P	QL(4 ea daily)
<i>haloperidol tabs .5 mg, 1 mg, 2 mg, 5 mg, 10 mg</i>	P	QL(3 ea daily)	Phenothiazines		
<i>haloperidol decanoate</i>	P				
<i>haloperidol lactate conc</i>	P				
Dibenzapines					
<i>clozapine tabs</i>	P	QL(3 ea daily); AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpromazine hcl tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	P	QL(3 ea daily)	<i>chlorhexidine gluconate liqd</i>	P	OTC; QL(946 ml per fill retail)
<i>chlorpromazine hcl tabs 10 mg</i>	P	QL(10 ea daily)	HIBICLENS LIQD (Use <i>chlorhexidine gluconate</i>)	NP	OTC; QL(946 ml per fill retail)
<i>fluphenazine decanoate</i>	P		NEOSPORIN WOUND CLEANSERFOR KIDS LIQD (Use <i>benzalkonium chloride</i>)	NP	
<i>fluphenazine hcl tabs</i>	P		ANTIVIRALS - Drugs to Treat Viral Infections		
<i>perphenazine tabs</i>	P	QL(4 ea daily)	Antiretrovirals		
<i>prochlorperazine</i>	P		<i>abacavir sulfate tabs</i>	P	QL(2 ea daily)
<i>prochlorperazine maleate tabs</i>	P		<i>abacavir sulfate soln</i>	P	QL(30 ml daily)
<i>thioridazine hcl</i>	P	QL(3 ea daily)	<i>abacavir sulfate-lamivudine 600 mg-300 mg</i>	P	QL(1 ea daily)
<i>trifluoperazine hcl tabs</i>	P	QL(2 ea daily)	<i>abacavir sulfate-lamivudine-zidovudine 150 mg-300 mg-300 mg</i>	P	QL(2 ea daily)
Quinolinone Derivatives			APTIVUS SOLN	P	QL(10 ml daily); ST
ABILIFY TABS (Use <i>aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old) SP; PA	APTIVUS CAPS	P	QL(4 ea daily); ST
ABILIFY MAINTENA PRSY	P	SP; PA	<i>atazanavir sulfate caps 300 mg</i>	P	
ABILIFY MAINTENA SRER	P	SP; PA	<i>atazanavir sulfate caps 150 mg, 200 mg</i>	P	QL(2 ea daily)
ABILIFY MYCITE	P	PA	BIKTARVY	P	QL(1 ea daily)
<i>aripiprazole soln or</i>	P	QL(750 ml per fill retail); AL(At least 6 yrs old)	CIMDUO 300 MG-300 MG	P	QL(1 ea daily); ST
<i>aripiprazole tabs</i>	P	QL(1 ea daily); AL(At least 6 yrs old)	COMBIVIR 150 MG-300 MG (Use <i>lamivudine-zidovudine</i>)	NP	QL(2 ea daily)
<i>aripiprazole tbdp</i>	P	QL(1 ea daily); AL(At least 6 yrs old)	COMPLERA 25 MG-200 MG-300 MG	P	QL(1 ea daily)
ARISTADA	P	SP; PA	CRIVAN 400 MG	P	QL(6 ea daily)
ARISTADA INITIO	P	SP; PA	DELSTRIGO 100 MG-300 MG-300 MG	P	QL(1 ea daily)
Thioxanthenes			DESCOVY 25 MG-200 MG	P	QL(1 ea daily); PA
<i>thiothixene</i>	P	QL(3 ea daily)	DESCOVY 15 MG-120 MG	P	QL(1 ea daily); PA
ANTISEPTICS & DISINFECTANTS			DOVATO 300 MG-50 MG	P	
Antiseptics & Disinfectants					
<i>formaldehyde soln 10 %</i>	P	QL(90 ml per fill retail)			
Chlorine Antiseptics					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EDURANT	P	QL(1 ea daily)	ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
<i>efavirenz caps 200 mg</i>	P	QL(1 ea daily)	ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
<i>efavirenz tabs</i>	P	QL(1 ea daily)	ISENTRESS TABS	P	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	P	QL(2 ea daily)	ISENTRESS PACK	P	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg-600 mg</i>	P	QL(1 ea daily)	ISENTRESS HD TABS	P	QL(2 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	JULUCA 50 MG-25 MG	P	QL(1 ea daily)
<i>emtricitabine caps</i>	P	QL(1 ea daily)	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	NP	QL(6 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg, 300 mg-200 mg</i>	P	QL(1 ea daily)	KALETRA TABS (Use lopinavir-ritonavir)	NP	QL(4 ea daily)
EMTRIVA CAPS (Use emtricitabine)	NP	QL(1 ea daily)	KALETRA SOLN 100 MG/5ML-400 MG/5ML (Use lopinavir-ritonavir)	NP	QL(480 ml per 30 days retail)
EMTRIVA SOLN	P	QL(24 ml daily)	<i>lamivudine tabs 300 mg</i>	P	QL(1 ea daily)
EPIVIR TABS 150 MG (Use lamivudine)	NP	QL(2 ea daily)	<i>lamivudine soln</i>	P	QL(30 ml daily)
EPIVIR TABS 300 MG (Use lamivudine)	NP	QL(1 ea daily)	<i>lamivudine tabs 150 mg</i>	P	QL(2 ea daily)
EPIVIR SOLN (Use lamivudine)	NP	QL(30 ml daily)	<i>lamivudine-zidovudine 150 mg-300 mg</i>	P	QL(2 ea daily)
EPZICOM 300 MG-600 MG (Use abacavir sulfate-lamivudine)	NP	QL(1 ea daily)	LEXIVA TABS (Use fosamprenavir calcium)	NP	QL(4 ea daily)
<i>etravirine 200 mg</i>	P	QL(2 ea daily)	LEXIVA SUSP	P	QL(56 ml daily)
<i>etravirine</i>	P	QL(4 ea daily)	<i>lopinavir-ritonavir tabs 50 mg-200 mg</i>	P	QL(6 ea daily)
<i>fosamprenavir calcium tabs</i>	P	QL(4 ea daily)	<i>lopinavir-ritonavir tabs 100 mg-25 mg</i>	P	QL(4 ea daily)
FUZEON SOLR	P	SP; PA	<i>lopinavir-ritonavir soln 400 mg/5ml-100 mg/5ml</i>	P	QL(480 ml per 30 days retail)
GENVOYA 10 MG-150 MG-150 MG-200 MG	P	QL(1 ea daily)	<i>maraviroc tabs 300 mg</i>	P	QL(4 ea daily)
INTELENCE	P	QL(4 ea daily)	<i>maraviroc tabs</i>	P	QL(2 ea daily)
INTELENCE 200 MG (Use etravirine)	NP	QL(2 ea daily)	<i>nevirapine tb24 400 mg</i>	P	QL(1 ea daily)
INTELENCE 100 MG (Use etravirine)	NP	QL(4 ea daily)	<i>nevirapine tb24 100 mg</i>	P	QL(3 ea daily)
INVIRASE TABS	P	QL(4 ea daily); ST	<i>nevirapine susp</i>	P	QL(40 ml daily)
			<i>nevirapine tabs</i>	P	QL(2 ea daily)
			NORVIR TABS (Use ritonavir)	NP	QL(12 ea daily)
			NORVIR SOLN	P	QL(15 ml daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ODEFSEY 200 MG-25 MG-25 MG	P		SYMFI 300 MG-300 MG-600 MG (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
PIFELTRO	P	QL(1 ea daily)	SYMFI LO 300 MG-300 MG-400 MG (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
PREZCOBIX 150 MG-800 MG	P	QL(1 ea daily)	TEMIXYS 300 MG-300 MG	P	QL(1 ea daily); ST
PREZISTA TABS 800 MG	P	QL(1 ea daily); ST	tenofovir disoproxil fumarate tabs	P	QL(1 ea daily)
PREZISTA TABS 150 MG	P	QL(3 ea daily); ST	TIVICAY TABS 50 MG	P	QL(2 ea daily)
PREZISTA SUSP	P	QL(12 ml daily); ST	TRIUMEQ TABS 50 MG-300 MG-600 MG	P	QL(1 ea daily); AL(At least 18 yrs old)
PREZISTA TABS 75 MG, 600 MG	P	QL(2 ea daily); ST	TRIZIVIR 150 MG-300 MG-300 MG	P	QL(2 ea daily)
RETROVIR SYRP (Use zidovudine)	NP	QL(60 ml daily)	TROGARZO	P	SP; PA
RETROVIR CAPS (Use zidovudine)	NP	QL(6 ea daily)	TRUVADA 200 MG-300 MG, 300 MG-200 MG (Use emtricitabine-tenofovir disoproxil fumarate)	P	QL(1 ea daily)
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	NP		TYBOST	P	QL(1 ea daily); AL(At least 18 yrs old)
REYATAZ CAPS 150 MG, 200 MG (Use atazanavir sulfate)	NP	QL(2 ea daily)	VIRACEPT TABS 625 MG	P	QL(4 ea daily)
REYATAZ PACK	P	QL(6 ea daily)	VIRACEPT TABS 250 MG	P	QL(9 ea daily)
ritonavir tabs	P	QL(12 ea daily)	VIRAMUNE SUSP (Use nevirapine)	NP	QL(40 ml daily)
RUKOBIA	P	PA	VIRAMUNE XR TB24 400 MG (Use nevirapine)	NP	QL(1 ea daily)
SELZENTRY TABS 25 MG, 75 MG, 150 MG	P	QL(2 ea daily)	VIREAD TABS	P	QL(1 ea daily)
SELZENTRY TABS 300 MG (Use maraviroc)	NP	QL(4 ea daily)	VIREAD TABS (Use tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
SELZENTRY TABS 150 MG (Use maraviroc)	NP	QL(2 ea daily)	VIREAD POWD	P	QL(240 gm per 30 days retail)
SELZENTRY SOLN	P	QL(35 ml daily)	ZIAGEN SOLN (Use abacavir sulfate)	NP	QL(30 ml daily)
stavudine caps	P	QL(2 ea daily)	ZIAGEN TABS (Use abacavir sulfate)	NP	QL(2 ea daily)
STRIBILD 150 MG-150 MG-200 MG-300 MG	P	QL(1 ea daily)			
SUSTIVA CAPS 200 MG (Use efavirenz)	NP	QL(1 ea daily)			
SUSTIVA CAPS 50 MG (Use efavirenz)	NP	QL(2 ea daily)			
SUSTIVA TABS (Use efavirenz)	NP	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine caps</i>	P	QL(6 ea daily)	<i>valacyclovir hcl 1 gm, 1000 mg</i>	P	QL(42 ea per 21 days retail)
<i>zidovudine syrp</i>	P	QL(60 ml daily)	<i>valacyclovir hcl 500 mg</i>	P	QL(2 ea daily)
<i>zidovudine tabs</i>	P	QL(2 ea daily)	VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NP	QL(2 ea daily)
CMV Agents			VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)
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 susr</i>	P	QL(120 ml per 30 days retail)
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NP	QL(2 ea daily)	<i>oseltamivir phosphate caps 45 mg, 75 mg</i>	P	QL(10 ea per 30 days retail)
<i>valganciclovir hcl tabs</i>	P	QL(2 ea daily)	<i>oseltamivir phosphate caps 30 mg</i>	P	QL(20 ea per 30 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	TAMIFLU CAPS 45 MG, 75 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(10 ea per 30 days retail)
HEPSERA (<i>Use adefovir dipivoxil</i>)	NP		TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NP	QL(120 ml per 30 days retail)
MAVYRET TABS 40 MG-100 MG	P	QL(3 ea daily); SP; PA	TAMIFLU CAPS 30 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(20 ea per 30 days retail)
MAVYRET PACK 50 MG-20 MG	P	QL(6 ea daily); SP; PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
PEGASYS SOLN	P	SP; PA	Alpha-Beta Blockers		
PEGINTRON 50 MCG/0.5ML	P	SP; PA	<i>carvedilol 3.125 mg, 6.25 mg, 12.5 mg</i>	P	QL(3 ea daily)
<i>ribavirin (hepatitis c) tabs 200 mg</i>	P	SP; PA	<i>carvedilol 25 mg</i>	P	QL(4 ea daily)
<i>ribavirin (hepatitis c) caps</i>	P	SP; PA	<i>carvedilol phosphate</i>	P	QL(1 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS 100 MG-400 MG	P	QL(1 ea daily); SP; PA	COREG 25 MG (<i>Use carvedilol</i>)	NP	QL(4 ea daily)
SOVALDI TABS	P	SP; PA	COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NP	QL(3 ea daily)
VEMLIDY	P	SP; PA	COREG CR (<i>Use carvedilol phosphate</i>)	NP	QL(1 ea daily)
Herpes Agents					
<i>acyclovir caps</i>	P	QL(50 ea per 30 days retail)			
<i>acyclovir tabs or 800 mg</i>	P	QL(50 ea per 30 days retail)			
<i>acyclovir tabs or 400 mg</i>	P	QL(3 ea daily)			
<i>acyclovir susp</i>	P	QL(400 ml per 30 days retail)			
<i>famciclovir</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tabs 200 mg</i>	P	QL(6 ea daily)	<i>nadolol tabs 20 mg, 40 mg, 80 mg</i>	P	QL(2 ea daily)
<i>labetalol hcl tabs 100 mg</i>	P	QL(3 ea daily)	<i>pindolol tabs</i>	P	
<i>labetalol hcl tabs 300 mg</i>	P	QL(8 ea daily)	<i>propranolol hcl tabs</i>	P	
Beta Blockers Cardio-Selective			<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</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>sotalol hcl tabs 240 mg</i>	P	
<i>bisoprolol fumarate</i>	P	QL(1 ea daily)	<i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i>	P	QL(2 ea daily)
LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	NP	QL(4 ea daily)	<i>sotalol hcl (afib/afl)</i>	P	QL(2 ea daily)
LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	NP	QL(4.5 ea daily)	<i>timolol maleate tabs</i>	P	
<i>metoprolol succinate tb24 200 mg</i>	P	QL(2 ea daily)	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
<i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i>	P	QL(4 ea daily)	Calcium Channel Blockers		
<i>metoprolol tartrate tabs 100 mg</i>	P	QL(4.5 ea daily)	<i>amlodipine besylate tabs</i>	P	QL(1 ea daily)
<i>metoprolol tartrate tabs 25 mg, 50 mg</i>	P	QL(4 ea daily)	CALAN SR TBCR (Use verapamil hcl)	NP	QL(2 ea daily)
TENORMIN TABS (Use atenolol)	NP	QL(2 ea daily)	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	NP	QL(3 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate)	NP	QL(4 ea daily)	CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)	NP	QL(2 ea daily)
TOPROL XL TB24 200 MG (Use metoprolol succinate)	NP	QL(2 ea daily)	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	NP	QL(1 ea daily)
Beta Blockers Non-Selective			<i>diltiazem hcl cp24 120 mg, 180 mg</i>	P	QL(1 ea daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	NP	QL(2 ea daily)	<i>diltiazem hcl tabs</i>	P	QL(3 ea daily)
BETAPACE AF (Use sotalol hcl (afib/afl))	NP	QL(2 ea daily)	<i>diltiazem hcl cp12</i>	P	QL(2 ea daily)
CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	NP	QL(2 ea daily)	<i>diltiazem hcl cp24 240 mg</i>	P	QL(2 ea daily)
INDERAL LA CP24 (Use propranolol hcl)	NP	QL(2 ea daily)	<i>diltiazem hcl coated beads cp24 240 mg</i>	P	QL(2 ea daily)
			<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg</i>	P	QL(1 ea daily)
			<i>diltiazem hcl extended release beads 240 mg</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl extended release beads 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	P	QL(1 ea daily)
<i>felodipine</i>	P	QL(1 ea daily)
<i>nicardipine hcl caps</i>	P	
<i>nifedipine tb24 30 mg, 90 mg</i>	P	QL(1 ea daily)
<i>nifedipine tb24 60 mg</i>	P	QL(2 ea daily)
<i>nifedipine caps</i>	P	QL(4 ea daily)
NORVASC TABS (Use <i>amlodipine besylate</i>)	NP	QL(1 ea daily)
PROCARDIA CAPS (Use <i>nifedipine</i>)	NP	QL(4 ea daily)
PROCARDIA XL TB24 60 MG (Use <i>nifedipine</i>)	NP	QL(2 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (Use <i>nifedipine</i>)	NP	QL(1 ea daily)
TIAZAC 240 MG (Use <i>diltiazem hcl extended release beads</i>)	NP	QL(2 ea daily)
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use <i>diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily)
<i>verapamil hcl tbc</i>	P	QL(2 ea daily)
<i>verapamil hcl cp24 100 mg, 200 mg</i>	P	QL(2 ea daily)
<i>verapamil hcl cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	P	QL(1 ea daily)
<i>verapamil hcl tabs</i>	P	QL(3 ea daily)
VERELAN CP24 (Use <i>verapamil hcl</i>)	NP	QL(1 ea daily)
VERELAN PM CP24 (Use <i>verapamil hcl</i>)	NP	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (Use <i>verapamil hcl</i>)	NP	QL(2 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		

Drug Name	Drug Tier	Requirements/ Limits
Cardiac Glycosides		
<i>digoxin soln or .05 mg/ml</i>	P	
<i>digoxin tabs .125 mg, .25 mg, 125 mcg, 250 mcg</i>	P	
LANOXIN SOLN IJ (Use <i>digoxin</i>)	P	
LANOXIN TABS .125 MG, .25 MG, 125 MCG, 250 MCG (Use <i>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 5 MG-150 MG	P	PA
IFE-BIMIX 30/1 SOLN 1 MG/ML-30 MG/ML	P	PA
SUPER BI-MIX SOLR 10 MG-150 MG	P	PA
SUPER TRI-MIX SOLR 10 MG-100 MCG-150 MG	P	SP; PA
TRI-MIX SOLR 5 MG-50 MCG-150 MG	P	SP; PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	P	SP; PA
FLOLAN (Use <i>epoprostenol sodium</i>)	NP	SP; PA
ORENITRAM TBCR	P	SP; PA
TYVASO SOLN IN	P	SP; PA
TYVASO REFILL SOLN IN	P	SP; PA
TYVASO STARTER SOLN IN	P	SP; PA
VELETRI (Use <i>epoprostenol sodium</i>)	NP	SP; PA
VENTAVIS	P	SP; PA
Pulmonary Hypertension - Endothelin Receptor		

Drug Name	Drug Tier	Requirements/ Limits
Antagonists		
<i>ambrisentan</i>	P	QL(1 ea daily); SP; PA
<i>bosentan tabs</i>	P	SP; PA
LETAIRIS (Use <i>ambrisentan</i>)	NP	QL(1 ea daily); SP; PA
TRACLEER TBSO	P	SP; PA
TRACLEER TABS (Use <i>bosentan</i>)	NP	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) susr</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) soln</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) tabs</i>	P	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI SOLR	P	SP; PA
UPTRAVI TABS	P	SP; PA
UPTRAVI TITRATION PACK TBPK	P	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase		

Drug Name	Drug Tier	Requirements/ Limits
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		
Cephalosporins - 1st Generation		
<i>cefadroxil susr</i>	P	
<i>cefadroxil caps</i>	P	
<i>cefadroxil tabs</i>	P	
<i>cephalexin susr</i>	P	
<i>cephalexin caps 250 mg, 500 mg</i>	P	
KEFLEX CAPS 750 MG (Use <i>cephalexin</i>)	NP	
Cephalosporins - 2nd Generation		
<i>cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	P	
<i>cefaclor caps</i>	P	
CEFOTAN IJ (Use <i>cefotetan disodium</i>)	NP	
<i>cefprozil susr</i>	P	QL(200 ml per fill retail); AL(Up to 12 yrs old)
<i>cefprozil tabs</i>	P	QL(20 ea per fill retail)
<i>cefuroxime axetil tabs</i>	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir susr</i>	P	QL(100 ml per fill retail)
<i>cefdinir caps</i>	P	QL(20 ea per fill retail)
<i>cefixime caps</i>	P	
<i>ceftriaxone sodium ij 1 gm, 250 mg, 500 mg</i>	P	QL(3 ea per fill retail)

Georgia Inter-Pregnancy Care

Updated April 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
FORTAZ IJ 1 GM (<i>Use ceftazidime</i>)	NP		MIRCETTE 0 (<i>Use desogestrel-ethinyl estradiol (biphasic)</i>)	NP	
SUPRAX CAPS (<i>Use cefixime</i>)	NP		norethin acet & estrad-fe tabs	P	
SUPRAX SUSR (<i>Use cefixime</i>)	NP		norethindrone & eth estradiol	P	
CHEMICALS			norethindrone & ethinyl estradiol-fe	P	
Bulk Chemicals - O's			norethindrone acet & eth estra	P	
OMEPRAZOLE	P	PA	norethindrone acetate-ethinyl estradiol-fe 1 mg-75 mg	P	
Bulk Chemicals - P's			norethindrone-eth estradiol (triphasic) 0	P	
PROMETHAZINE HCL POWD	P	PA	norgestimate-ethinyl estradiol 0.25 mg-35 mcg	P	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			norgestimate-ethinyl estradiol (triphasic) 0	P	
Combination Contraceptives - Oral			norgestrel & ethinyl estradiol 0.3 mg-30 mcg	P	QL(2 ea daily)
desogestrel & ethinyl estradiol	P		SEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 ea per fill retail)
desogestrel-ethinyl estradiol (biphasic)	P		TYBLUME CHEW 0.1 MG-20 MCG	P	
desogestrel-ethinyl estradiol (triphasic)	P		YASMIN 28 0.03 MG-3 MG (<i>Use drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
drospirenone-ethinyl estradiol	P	QL(1 ea daily)	YAZ 0.02 MG-3 MG (<i>Use drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
ESTROSTEP FE 1 MG-75 MG (<i>Use norethindrone acetate-ethinyl estradiol-fe</i>)	NP		Combination Contraceptives - Transdermal		
ethynodiol diacet & eth estrad	P	QL(1 ea daily)	norelgestromin-ethinyl estradiol 35 mcg/24hr-150 mcg/24hr	P	QL(3 ea per 28 days retail)
GENERESS FE 75 MG-0.8 MG-25 MCG (<i>Use norethindrone & ethinyl estradiol-fe</i>)	NP		Combination Contraceptives - Vaginal		
levonorgestrel & eth estradiol tabs	P		etonogestrel-ethinyl estradiol 0.015 mg/24hr-0.12 mg/24hr	P	QL(1 ea per fill retail)
levonorgestrel-eth estradiol (triphasic)	P				
levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg, 0.15 mg-0.03 mg	P	QL(91 ea per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUVARING 0.015 MG/24HR-0.12 MG/24HR (Use etonogestrel-ethinyl estradiol)	NP	QL(1 ea per fill retail)	CELESTONE-SOLUSPAN SUSP 3 MG/ML-3 MG/ML (Use betamethasone sodium phosphate & acetate)	NP	
Emergency Contraceptives			CORTEF TABS (Use hydrocortisone)	NP	
ELLA	P	QL(4 ea per 365 days retail)	CORTISONE ACETATE TABS	P	
levonorgestrel (emergency oc) 1.5 mg	P	QL(1 ea per 21 days retail)	dexamethasone elix	P	
PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	NP	QL(1 ea per 21 days retail)	dexamethasone tabs	P	
Progestin Contraceptives - Injectable			dexamethasone soln	P	
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)	dexamethasone sodium phosphate soln inj 4 mg/ml, 20 mg/5ml, 120 mg/30ml	P	QL(150 ml per 30 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	P	QL(150 ml per 30 days retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)	EMFLAZA TABS	P	SP; PA
medroxyprogesterone acetate (contraceptive) susp im	P	QL(1 ml per fill retail)	EMFLAZA SUSP	P	SP; PA
medroxyprogesterone acetate (contraceptive) susy im	P	QL(1 ml per fill retail)	ENTOCORT EC CPEP (Use budesonide)	NP	
Progestin Contraceptives - Oral			hydrocortisone tabs	P	
norethindrone (contraceptive)	P		MEDROL DOSEPAK TBPk (Use methylprednisolone)	NP	
ORTHO MICRONOR (Use norethindrone (contraceptive))	NP		methylprednisolone tbpk	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			methylprednisolone tabs 4 mg, 8 mg	P	
Glucocorticosteroids			MILLIPRED TABS	P	
			PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NP	
			prednisolone tabs	P	
			prednisolone soln	P	
			prednisolone sodium phosphate soln 20 mg/5ml	P	QL(150 ml per fill retail)
			prednisolone sodium phosphate soln 5 mg/5ml, 6.7 mg/5ml, 15 mg/5ml	P	
			prednisone tabs	P	
			prednisone soln	P	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tbpk</i>	P	
PREDNISONE INTENSOL CONC	P	
TARPEYO CPDR	P	SP; PA
ZILRETTA SRER	P	SP; PA
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 mg</i>	P	AL(At least 10 yrs old - Up to 21 yrs old)
<i>benzonatate 200 mg</i>	P	QL(30 ea per 30 days retail); AL(At least 10 yrs old - Up to 21 yrs old)
DELSYM SUER (<i>Use dextromethorphan polistirex</i>)	NP	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
DELSYM COUGH CHILDRENS SUER (<i>Use dextromethorphan polistirex</i>)	NP	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
<i>dextromethorphan hbr liqd 7.5 mg/5ml</i>	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
<i>dextromethorphan polistirex suer</i>	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
HYCODAN SOLN 1.5 MG/5ML-5 MG/5ML (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NP	QL(0 ml daily); AL(At least 18 yrs old - Up to 21 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml</i>	P	QL(0 ml daily); AL(At least 18 yrs old - Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS CAPS (<i>Use dextromethorphan hbr</i>)	NP	
TESSALON PERLES (<i>Use benzonatate</i>)	NP	AL(At least 10 yrs old - Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD (<i>Use dextromethorphan hbr</i>)	NP	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations		
ADVIL COLD & SINUS TABS 30 MG-200 MG (<i>Use pseudoephedrine-ibuprofen</i>)	NP	OTC; AL(Up to 21 yrs old)
ALKA-SELTZER PLUS COLD 2 MG-7.8 MG-325 MG (<i>Use chlorpheniramine-phenylephrine-asa</i>)	NP	
<i>brompheniramine & phenyleph elix 1 mg/5ml-2.5 mg/5ml</i>	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
<i>brompheniramine & pseudoeph elix 1 mg/5ml-15 mg/5ml</i>	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
<i>brompheniramine & pseudoeph liqd 1 mg/5ml-15 mg/5ml</i>	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
<i>cetirizine-pseudoephedrine 5 mg-120 mg</i>	P	AL(Up to 21 yrs old)
CLARITIN-D 12 HOUR TB12 5 MG-120 MG (<i>Use loratadine & pseudoephedrine</i>)	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
CLARITIN-D 24 HOUR TB24 10 MG-240 MG (<i>Use loratadine & pseudoephedrine</i>)	NP	OTC; QL(1 ea daily); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COLD & FLU RELIEF NIGHTTIME D LIQD 6.25 MG/15ML-15 MG/15ML-30 MG/15ML-500 MG/15ML	P	OTC; AL(Up to 21 yrs old)	<i>dextromethorphan-phenylephrine-acetaminophen caps 5 mg-10 mg-325 mg</i>	P	OTC; AL(Up to 21 yrs old)
CORICIDIN HBP COLD & FLU 2 MG-325 MG (Use <i>chlorpheniramine-acetaminophen</i>)	NP		DIABETIC TUSSIN COLD/FLU CAPS 4 MG-15 MG-325 MG	P	OTC; AL(Up to 21 yrs old)
CORICIDIN HBP FLU TABS 2 MG-15 MG-500 MG (Use <i>dextromethorphan-acetaminophen-chlorpheniramine</i>)	NP		DIMETAPP COLD & ALLERGY ELIX (Use <i>brompheniramine & phenyleph</i>)	NP	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
<i>dextromethorphan-doxylamine-acetaminophen liqd</i>	P	OTC; AL(Up to 21 yrs old)	DIMETAPP DM COLD & COUGH LIQD 1 MG/5ML-2.5 MG/5ML-5 MG/5ML (Use <i>phenylephrine-brompheniramine-dm</i>)	NP	
<i>dextromethorphan-guaifenesin tb12 30 mg-600 mg</i>	P	QL(2 ea daily); AL(Up to 21 yrs old)	DIMETAPP MULTI-SYMPTOM COLD RELIEF CHILDRENS LIQD 1 MG/5ML-2.5 MG/5ML-5 MG/5ML (Use <i>phenylephrine-brompheniramine-dm</i>)	NP	
<i>dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 200 mg/10ml-20 mg/10ml</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	ED BRON GP LIQD 5 MG/5ML-100 MG/5ML	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	ENTEX T TABS 60 MG-375 MG (Use <i>pseudoephedrine-guaifenesin</i>)	NP	
<i>dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 10 mg/5ml-100 mg/5ml</i>	P	QL(240 ml per fill retail); 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)
<i>dextromethorphan-guaifenesin liqd 100 mg/5ml-5 mg/5ml, 15 mg/5ml-200 mg/5ml, 20 mg/20ml-400 mg/20ml, 30 mg/5ml-200 mg/5ml, 30 mg/5ml-30 mg/5ml-200 mg/5ml-200 mg/5ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml</i>	P	OTC; AL(Up to 21 yrs old)	<i>guaifenesin-codeine syrp 10 mg/5ml-100 mg/5ml</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
			<i>guaifenesin-codeine soln</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
			LOHIST-D LIQD 2 MG/5ML-30 MG/5ML	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
			<i>loratadine & pseudoephedrine tb12 5 mg-120 mg</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loratadine & pseudoephedrine tb24 10 mg-240 mg</i>	P	OTC; QL(1 ea daily); AL(Up to 21 yrs old)	MUCINEX FAST-MAX DAY/NIGHT COLD & FLU MAXIMUM STRENGTH CPPK 5 MG-6.25 MG-10 MG-200 MG-325 MG (Use <i>phenylephrine-doxylamine-dm-guaifenesin-apap</i>)	NP	
MAXI-TUSS PE LIQD 2 MG/5ML-5 MG/5ML	P	AL(Up to 21 yrs old)	MUCINEX FAST-MAX SEVERE COLD LIQD 5 MG/10ML-10 MG/10ML-200 MG/10ML-325 MG/10ML (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP	
MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	MUCINEX SINUS/MAX PRESSURE/PAIN & COUGH MAXIMUM STRENGTH CAPS 5 MG-10 MG-200 MG-325 MG (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP	
MUCINEX CHILDRENS MULTI-SYMPTOM COLD & SORE THROAT LIQD 5 MG/10ML-10 MG/10ML-200 MG/10ML-325 MG/10ML (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP		MUCINEX SINUS-MAX DAY/NIGHT CPPK 5 MG-6.25 MG-10 MG-200 MG-325 MG (Use <i>phenylephrine-doxylamine-dm-guaifenesin-apap</i>)	NP	
MUCINEX D TB12 60 MG-600 MG (Use <i>pseudoephedrine-guaifenesin</i>)	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old)	<i>phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
MUCINEX DM TB12 30 MG-600 MG (Use <i>dextromethorphan-guaifenesin</i>)	NP	QL(2 ea daily); AL(Up to 21 yrs old)	<i>phenylephrine-dm soln 2.5 mg/5ml-5 mg/5ml</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
MUCINEX FAST-MAX COLD/FLU/SORE THROAT CAPS 5 MG-10 MG-200 MG-325 MG (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP		<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)
MUCINEX FAST-MAX DAY TIME/NIGHT TIME MISC 10 MG/20ML-20 MG/20ML-25 MG/20ML-400 MG/20ML-650 MG/20ML (Use <i>phenylephrine-diphenhydramine-dm-guaifenesin-apap</i>)	NP		PRIMATENE ASTHMA TABS 12.5 MG-200 MG (Use <i>ephedrine-guaifenesin</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine & phenylephrine syrps 5 mg/5ml-6.25 mg/5ml</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	PX NITETIME MULTI-SYMPTOM CAPS 6.25 MG-15 MG-30 MG-325 MG	P	OTC; QL(240 ea per fill retail); AL(Up to 21 yrs old)
<i>promethazine w/codeine soln 10 mg/5ml-6.25 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)	QC TRIACTING DAYTIME CHILDRENS SYRP 2.5 MG/5ML-5 MG/5ML	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>promethazine w/codeine syrps 10 mg/5ml-6.25 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)	SCOT-TUSSIN DM LIQD 2 MG/5ML-15 MG/5ML	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>promethazine-dm syrps</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	SCOT-TUSSIN SENIOR LIQD 15 MG/5ML-200 MG/5ML	P	OTC; AL(Up to 21 yrs old)
<i>promethazine-phenylephrine-codeine 5 mg/5ml-6.25 mg/5ml-10 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP 2.5 MG/5ML-5 MG/5ML	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>pseudoephed-bromphen-dm syrps 2 mg/5ml-10 mg/5ml-30 mg/5ml, 30 mg/5ml-2 mg/5ml-10 mg/5ml</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	TUSSI-PRES PEDIATRIC LIQD 2.5 MG/5ML-5 MG/5ML-75 MG/5ML (Use phenylephrine w/ dm-gg)	NP	
<i>pseudoephedrine w/ dm-gg liqd 10 mg/5ml-30 mg/5ml-100 mg/5ml</i>	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	TYLENOL COLD MULTI-SYMPTOM SEVERE DAYTIME LIQD 5 MG/15ML-10 MG/15ML-200 MG/15ML-325 MG/15ML (Use phenylephrine-dm-gg w/ apap)	NP	
<i>pseudoephedrine-guaifenesin tb12 60 mg-600 mg, 600 mg-60 mg</i>	P	QL(210 ea per fill retail); AL(Up to 21 yrs old)	VIRTUSSIN DAC SOLN 10 MG/5ML-30 MG/5ML-70 %-100 MG/5ML	NP	
<i>pseudoephedrine-guaifenesin syrps 30 mg/5ml-100 mg/5ml</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD 7.5 MG/5ML-15 MG/5ML	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>pseudoephedrine-ibuprofen tabs 30 mg-200 mg</i>	P	OTC; AL(Up to 21 yrs old)	ZYRTEC-D ALLERGY/CONGESTION 5 MG-120 MG (Use cetirizine-pseudoephedrine)	NP	AL(Up to 21 yrs old)
PX DAYTIME MULTI-SYMPTOM CAPS 15 MG-30 MG-325 MG	P	OTC; AL(Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	NP	AL(Up to 21 yrs old)	ACNE MEDICATION 5 LOTN	P	OTC
Expectorants			BENZAC AC WASH LIQD 2.5 %, 5 % (Use benzoyl peroxide)	NP	RX/OTC
<i>guaifenesin syrp</i>	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	BENZACLIN GEL 1 %-5 % (Use clindamycin phosphate-benzoyl peroxide)	NP	
<i>guaifenesin tb12 600 mg</i>	P	QL(40 ea per 30 days retail); AL(Up to 21 yrs old)	BENZACLIN WITH PUMP GEL 1 %-5 % (Use clindamycin phosphate-benzoyl peroxide)	NP	
<i>guaifenesin tb12 1200 mg</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	<i>benzoyl peroxide bar</i>	P	
<i>guaifenesin liqd</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	<i>benzoyl peroxide liqd 4 %, 5 %, 6 %, 10 %</i>	P	
MUCINEX TB12 (Use <i>guaifenesin</i>)	NP	QL(40 ea per 30 days retail); AL(Up to 21 yrs old)	<i>benzoyl peroxide gel 2.5 %, 5 %, 10 %</i>	P	
MUCINEX MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i>)	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	BENZOYL PEROXIDE CLEANSER LIQD	P	
Misc. Respiratory Inhalants			CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i>)	NP	
<i>sodium chloride (inhalant) nebu .9 %, 3 %, 10 %</i>	P		CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail)
<i>sodium chloride (inhalant) aers</i>	P	OTC; QL(240 ml per fill retail)	<i>clindamycin phosphate (topical) lotn</i>	P	
Mucolytics			<i>clindamycin phosphate (topical) soln</i>	P	
<i>acetylcysteine soln</i>	P		<i>clindamycin phosphate (topical) gel</i>	P	QL(60 gm per fill retail)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			DIFFERIN DAILY DEEP CLEANSER LIQD (Use <i>benzoyl peroxide</i>)	NP	RX/OTC
Acne Products			ERYGEL GEL (Use <i>erythromycin (acne aid)</i>)	NP	QL(60 gm per fill retail)
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use <i>isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old); PA	<i>erythromycin (acne aid) gel</i>	P	QL(60 gm per fill retail)
ACNE MEDICATION 10 LOTN	P	OTC	<i>erythromycin (acne aid) soln</i>	P	
			EVOCLIN FOAM (Use <i>clindamycin phosphate (topical)</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin 10 mg, 20 mg, 30 mg, 40 mg</i>	P	QL(2 ea daily); AL(At least 12 yrs old); PA	<i>bacitracin zinc oint</i>	P	OTC; QL(30 ea per fill retail)
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NP		CENTANY OINT	P	
RETIN-A GEL .025 % (<i>Use tretinoin</i>)	NP	AL(Up to 35 yrs old)	<i>gentamicin sulfate (topical) oint</i>	P	QL(60 gm per fill retail)
RETIN-A GEL .01 % (<i>Use tretinoin</i>)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)	<i>gentamicin sulfate (topical) crea</i>	P	QL(60 gm per fill retail)
RETIN-A CREA (<i>Use tretinoin</i>)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>mupirocin oint</i>	P	
SODIUM SULFACETAMIDE/SULFUR SUSP 5 %-10 %	P		<i>mupirocin calcium (topical)</i>	P	QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne)</i>	P		<i>neomycin-bacitracin-polymyxin oint 3.5 mg/gm-400 unit/gm-5000 unit/gm</i>	P	OTC; QL(454 ea per fill retail)
<i>sulfacetamide sodium w/ sulfur lotn 5 %-10 %</i>	P	QL(60 gm per fill retail)	<i>neomycin-polymyxin w/ pramoxine 3.5 mg/gm-10 mg/gm-10000 unit/gm</i>	P	OTC; QL(30 gm per fill retail)
SUMAXIN WASH LIQD 4 %-9 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP		NEOSPORIN ORIGINAL OINT 3.5 MG/GM-400 UNIT/GM-5000 UNIT/GM (<i>Use neomycin-bacitracin-polymyxin</i>)	NP	OTC; QL(454 ea per fill retail)
<i>tretinoin gel .01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH 3.5 MG/GM-10 MG/GM-10000 UNIT/GM (<i>Use neomycin-polymyxin w/ pramoxine</i>)	NP	OTC; QL(30 gm per fill retail)
<i>tretinoin gel .025 %</i>	P	AL(Up to 35 yrs old)	Antifungals - Topical		
<i>tretinoin crea .025 %, .05 %, .1 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)	ALCORTIN A 1 %-1 %-2 % (<i>Use iodoquinol-hydrocortisone-aloe polysaccharide</i>)	NP	
Analgesics - Topical			ALOE VESTA CLEAR ANTIFUNGAL OINT (<i>Use miconazole nitrate (topical)</i>)	NP	
ICY HOT MEDICATED SPRAY LIQD (<i>Use menthol (topical analgesic)</i>)	NP		<i>clotrimazole (topical) soln</i>	P	QL(60 ml per fill retail); RX/OTC
Antibiotics - Topical			<i>clotrimazole (topical) crea</i>	P	QL(90 gm per fill retail); RX/OTC
<i>bacitracin (topical) oint</i>	P	OTC; QL(30 gm per fill retail)	<i>clotrimazole w/ betamethasone lotn 0.05 %-1 %</i>	P	QL(31 ml per 30 days retail)

Georgia Inter-Pregnancy Care

Updated April 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>clotrimazole w/ betamethasone crea 0.05 %-1 %</i>	P	QL(45 gm per 30 days retail)
<i>econazole nitrate crea</i>	P	QL(30 gm per fill retail)
EXTINA FOAM (Use <i>ketoconazole (topical)</i>)	NP	
<i>ketoconazole (topical) sham 2 %</i>	P	
<i>ketoconazole (topical) crea</i>	P	QL(60 gm per fill retail)
<i>ketoconazole (topical) sham 1 %</i>	P	OTC
LAMISIL AT CREA (Use <i>terbinafine hcl (topical)</i>)	NP	OTC; QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (Use <i>terbinafine hcl (topical)</i>)	NP	OTC; QL(30 gm per fill retail)
LOPROX CREA (Use <i>ciclopirox olamine</i>)	NP	
LOTRIMIN AF CREA (Use <i>clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC
MICATIN CREA (Use <i>miconazole nitrate (topical)</i>)	NP	QL(60 gm per fill retail)
<i>miconazole nitrate (topical) crea</i>	P	QL(60 gm per fill retail)
<i>nystatin (topical) powd ex</i>	P	QL(60 gm per fill retail)
<i>nystatin (topical) crea</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) oint</i>	P	QL(30 gm per fill retail)
<i>nystatin-triamcinolone crea 1 mg/gm-100000 unit/gm</i>	P	QL(60 gm per fill retail)
<i>nystatin-triamcinolone oint 0.1 %-100000 unit/gm</i>	P	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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 GEL EX (Use <i>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 (Use <i>fluorouracil (topical)</i>)	NP	
EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NP	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) crea .5 %</i>	P	
<i>fluorouracil (topical) soln</i>	P	QL(10 ml per 30 days retail)
<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm per 30 days retail)
LEVULAN KERASTICK SOLR	P	SP; PA
TARGRETIN (Use <i>bexarotene (topical)</i>)	NP	SP; PA
VALCHLOR	P	SP; PA
Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/ Limits
<i>camphor & menthol lotn 0.5 %-0.5 %</i>	P	OTC; QL(222 ml per fill retail)
SARNA LOTN 0.5 %-0.5 % (<i>Use camphor & menthol</i>)	NP	OTC; QL(222 ml per fill retail)
Antipsoriatics		
<i>calcipotriene crea</i>	P	
<i>calcipotriene soln</i>	P	QL(60 ml per fill retail)
COSENTYX SOSY	P	SP; PA
COSENTYX SENSOREADY PEN SOAJ	P	SP; PA
DOVONEX CREA (<i>Use calcipotriene</i>)	NP	
ILUMYA	P	SP; PA
OXSORALEN ULTRA (<i>Use methoxsalen rapid</i>)	NP	
SILIQ	P	SP; PA
SKYRIZI PSKT	P	SP; PA
SKYRIZI SOSY	P	SP; PA
SKYRIZI PEN SOAJ	P	SP; ST; PA
SORIATANE 10 MG, 25 MG (<i>Use acitretin</i>)	NP	
STELARA SOSY	P	SP; PA
TALTZ SOSY	P	SP; PA
TALTZ SOAJ	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

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA SOSY	P	SP; PA
Antiseborrheic Products		
DHS ZINC SHAM (<i>Use pyrithione zinc</i>)	NP	
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 sham 1 %</i>	P	OTC; QL(420 ml per fill retail)
<i>selenium sulfide lotn 2.5 %</i>	P	
<i>selenium sulfide lotn 1 %</i>	P	OTC; QL(420 ml per fill retail)
SELRX SHAM (<i>Use selenium sulfide</i>)	NP	
SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
<i>sulfacetamide sodium liqd</i>	P	QL(120 gm per fill retail)
Antivirals - Topical		
<i>acyclovir topical crea</i>	P	QL(5 gm per fill retail)
<i>acyclovir topical oint</i>	P	QL(30 gm per 30 days retail)
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	QL(5 gm per fill retail)
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	QL(30 gm per 30 days retail)
Burn Products		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SILVADENE (Use silver sulfadiazine)	NP		desoximetasone crea .05 %	P	
silver sulfadiazine	P		desoximetasone gel	P	QL(2 gm daily)
Corticosteroids - Topical			DIPROLENE AF CREA (Use betamethasone dipropionate augmented)	NP	QL(50 gm per fill retail)
betamethasone dipropionate (topical) crea	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)	EPIFOAM FOAM 1 %-1 %	P	QL(15 gm per fill retail)
betamethasone dipropionate augmented crea	P	QL(50 gm per fill retail)	fluocinolone acetone oil	P	QL(118.28 ml per fill retail)
betamethasone valerate oint	P		fluocinonide crea .05 %	P	1 rtl pack lmt per fill; QL(150 gm per 30 days retail)
betamethasone valerate crea	P		fluocinonide gel	P	QL(60 gm per fill retail)
betamethasone valerate lotn	P		fluocinonide soln	P	QL(60 ml per fill retail)
clobetasol propionate soln .05 %	P	QL(50 ml per fill retail)	fluocinonide oint	P	QL(60 gm per fill retail)
clobetasol propionate gel .05 %	P	QL(60 gm per fill retail)	fluocinonide emulsified base	P	QL(60 gm per fill retail)
clobetasol propionate crea .05 %	P	QL(60 gm per fill retail)	fluticasone propionate crea .05 %	P	QL(60 gm per fill retail)
clobetasol propionate oint .05 %	P	QL(60 gm per fill retail)	fluticasone propionate oint	P	QL(60 gm per fill retail)
clobetasol propionate emollient base .05 %	P	QL(60 gm per fill retail)	hydrocortisone (topical) crea 1 %	P	QL(454 gm per fill retail); RX/OTC
CUTIVATE LOTN (Use fluticasone propionate)	NP		hydrocortisone (topical) crea 2.5 %	P	
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetone)	NP	QL(118.28 ml per fill retail)	hydrocortisone (topical) lotn 1 %	P	QL(453.6 gm per fill retail)
DESONATE GEL (Use desonide)	NP		hydrocortisone (topical) crea .5 %	P	OTC
desonide crea	P		hydrocortisone (topical) oint 1 %, 2.5 %	P	RX/OTC
desonide oint	P	QL(2 gm daily)	hydrocortisone (topical) lotn 2.5 %	P	QL(120 ml per fill retail)
DESOWEN CREA (Use desonide)	NP		hydrocortisone butyrate soln	P	
desoximetasone oint .25 %	P	QL(2 gm daily)	mometasone furoate soln	P	QL(60 ml per fill retail)
desoximetasone crea .25 %	P	QL(2 gm daily)	mometasone furoate crea	P	QL(50 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mometasone furoate oint</i>	P	QL(45 gm per fill retail)	UTOPIC CREA (<i>Use urea</i>)	NP	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (<i>Use hydrocortisone (topical)</i>)	NP	QL(454 gm per fill retail); RX/OTC	Emollients		
OLUX FOAM (<i>Use clobetasol propionate</i>)	NP		EMOLLIENT LOTION-MISC	P	RX/OTC
SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	NP		<i>lactic acid (ammonium lactate) crea</i>	P	QL(385 gm per fill retail); RX/OTC
TEMOVATE CREA (<i>Use clobetasol propionate</i>)	NP	QL(60 gm per fill retail)	<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	QL(1368 gm per fill retail); RX/OTC
TEMOVATE OINT (<i>Use clobetasol propionate</i>)	NP	QL(60 gm per fill retail)	Glabellar Lines (Frown Lines) Agents		
TOPICORT CREA .25 % (<i>Use desoximetasone</i>)	NP	QL(2 gm daily)	BOTOX COSMETIC	P	SP; PA
TOPICORT CREA .05 % (<i>Use desoximetasone</i>)	NP		Immunomodulating Agents - Topical		
TOPICORT OINT .25 % (<i>Use desoximetasone</i>)	NP	QL(2 gm daily)	ALDARA (<i>Use imiquimod</i>)	NP	QL(48 ea per 180 days retail)
TOPICORT GEL (<i>Use desoximetasone</i>)	NP	QL(2 gm daily)	<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)
<i>triamcinolone acetonide (topical) lotn</i>	P	QL(60 ml per fill retail)	Immunosuppressive Agents - Topical		
<i>triamcinolone acetonide (topical) oint .025 %</i>	P	QL(454 gm per fill retail)	ELIDEL (<i>Use pimecrolimus</i>)	NP	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
<i>triamcinolone acetonide (topical) crea</i>	P		<i>pimecrolimus</i>	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
<i>triamcinolone acetonide (topical) oint .1 %, .5 %</i>	P		PROTOPIC OINT .03 % (<i>Use tacrolimus (topical)</i>)	NP	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
TRIDESILON CREA .05 % (<i>Use desonide</i>)	NP		PROTOPIC OINT .1 % (<i>Use tacrolimus (topical)</i>)	NP	QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA
Eczema Agents			<i>tacrolimus (topical) oint .1 %</i>	P	QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA
ADBRY	P	SP; PA	<i>tacrolimus (topical) oint .03 %</i>	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
CIBINQO	P	SP; PA	Keratolytic/Antimitotic Agents		
Emollient/Keratolytic Agents					
KERALAC CREA (<i>Use urea</i>)	NP				
<i>urea lotn 40 %</i>	P				
<i>urea crea 40 %</i>	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEAR AWAY ONE STEP WARTREMOVER PADS (Use salicylic acid)	NP		lidocaine hcl crea 4 %	P	OTC; QL(2 gm daily)
DERMAREST PSORIASIS GEL	P	OTC	lidocaine hcl crea 3 %	P	QL(453.6 gm per fill retail); RX/OTC
KERALYT GEL	P	OTC	lidocaine hcl gel 2 %	P	AL(At least 21 yrs old)
KERALYT GEL (Use salicylic acid)	NP		lidocaine-prilocaine crea 2.5 %-2.5 %	P	QL(30 gm per fill retail)
podofilox soln	P		LMX 4 CREA (Use lidocaine)	NP	OTC; QL(2 gm daily)
SALEX SHAM (Use salicylic acid)	NP		NEOSPORIN NEO TO GO 0.13 %-1 % (Use pramoxine-benzalkonium chloride)	NP	
salicylic acid gel 6 %	P		NEOSPORIN NEO TO GO + PAIN RELIEF 0.13 %-1 % (Use pramoxine-benzalkonium chloride)	NP	
Liniments			RA ARTHRITIS PAIN RELIEF CREA	P	OTC; QL(60 gm per fill retail)
BENGAY GREASELESS CREA 10 %-15 % (Use menthol-methyl salicylate (liniments))	NP		Misc. Topical		
MYOFLEX CREA (Use trolamine salicylate)	NP		ALOE VESTA DAILY MOISTURIZER LOTN (Use dimethicone (topical))	NP	
Local Anesthetics - Topical			AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT LOTN (Use dimethicone (topical))	NP	
capsaicin crea .1 %	P	OTC; QL(43 gm per fill retail)	DERMAGRAN (Use aluminum hydroxide)	NP	
capsaicin crea .025 %, .075 %	P	OTC; QL(60 gm per fill retail)	DERMAGRAN SKIN PROTECTANT (Use aluminum hydroxide)	NP	
CAPZASIN-HP CREA (Use capsaicin)	NP	OTC; QL(43 gm per fill retail)	DRYSOL SOLN	P	
CAPZASIN-P CREA	P	OTC; QL(42.5 gm per fill retail)	lanolin (topical) crea	P	OTC
CASTIVA WARMING LOTN	P	OTC; QL(30 gm per fill retail)	LANOLOR CREA 0	P	OTC
dibucaine	P	OTC; QL(56.7 gm per fill retail)	OFF DEEP WOODS AERO	P	OTC; QL(170 gm per fill retail, 340 gm per 30 days retail)
lidocaine crea 4 %	P	OTC; QL(2 gm daily)			
lidocaine oint	P	1 rtl pack lmt per fill; QL(100 gm per 30 days retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OFF DEEP WOODS DRY AERO	P	OTC; QL(113 gm per fill retail, 226 gm per 30 days retail)	NATROBA (Use <i>spinosad</i>)	NP	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail)
REPEL SPORTSMEN MAX LOTN	NP		NIX CREME RINSE LIQD EX (Use <i>permethrin</i>)	NP	OTC
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP		OVIDE (Use <i>malathion</i>)	NP	QL(59 ml per fill retail)
ULTRATHON INSECT REPELLENT LOTN	P	OTC; QL(57 gm per fill retail; 114 gm per 30 days retail)	<i>permethrin crea</i>	P	QL(360 gm per fill retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC; QL(170 gm per fill retail, 340 gm per 30 days retail)	<i>permethrin liqd ex</i>	P	OTC
<i>zinc oxide (topical) oint 20 %</i>	P	OTC; QL(500 gm per fill retail)	<i>permethrin lotn</i>	P	OTC
Rosacea Agents			<i>pyrethrins-piperonyl butoxide liqd</i>	P	OTC
METROCREAM CREA (Use <i>metronidazole (topical)</i>)	NP		<i>pyrethrins-piperonyl butoxide sham</i>	P	OTC
METROLOTION LOTN (Use <i>metronidazole (topical)</i>)	NP		<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 0.33 %-0.5 %-4 %</i>	P	OTC
<i>metronidazole (topical) crea</i>	P		RID LIQD 0.33 %-4 % (Use <i>pyrethrins-piperonyl butoxide</i>)	NP	OTC
<i>metronidazole (topical) lotn</i>	P		RID COMPLETE LICE ELIMINATION 0.33 %-0.5 %-4 % (Use <i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i>)	NP	OTC
<i>metronidazole (topical) gel .75 %</i>	P	QL(45 gm per fill retail)	RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	P	OTC
Scabicides & Pediculicides			SCHOOLTIME SHAMPOO SHAM	P	OTC; QL(1 ml per 14 days retail)
<i>crotamiton lotn</i>	P	QL(454 gm per fill retail)	SKLICE (Use <i>ivermectin (pediculicide)</i>)	NP	RX/OTC
ELIMITE CREA (Use <i>permethrin</i>)	NP	QL(360 gm per fill retail)	<i>spinosad</i>	P	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail)
LICEMD GEL 0.33 %-4 %	P	OTC	Tar Products		
<i>malathion</i>	P	QL(59 ml per fill retail)			

Georgia Inter-Pregnancy Care Updated April 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
coal tar extract sham .5 %	P	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	P	SP; PA
DHS TAR SHAM (Use coal tar extract)	NP	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	P	SP; PA
DHS TAR GEL SHAM (Use coal tar extract)	NP	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	P	SP; PA
NEUTROGENA T/GEL SHAM .5 % (Use coal tar extract)	NP	OTC	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P	SP; PA
PSORIASIN OINT (Use coal tar extract)	NP		MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X7CM/MESHED	P	SP; PA
Wound Care Products			MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED	P	SP; PA
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	P	SP; PA
APLIGRAF DISK	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH	P	SP; PA
CORETEXT SUSP	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	P	SP; PA
EPICORD/ 1CM X 2CM SHEE	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P	SP; PA	NOVACHOR	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P	SP; PA	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED 0	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P	SP; PA	OASIS WOUND MATRIX 0	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P	SP; PA			
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	P	SP; PA			
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OSTEOCONDUCTIVE MATRIX PLUS 0	P	SP; PA	CVS COVID-19 AT HOME TESTKIT KIT	NP	
PROTEXT SUSP	P	SP; PA	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PURAPLY 2CM X 4CM	P	SP; PA	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PURAPLY 5CM X 5 CM	P	SP; PA	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PURAPLY 6CM X 9CM	P	SP; PA	ELLUME COVID-19 HOME TEST KIT	P	QL(2 ea per fill retail)
DIAGNOSTIC PRODUCTS			EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
Diagnostic Drugs			FASTEP COVID-19 ANTIGEN HOME TEST KIT	NP	
CORTROSYN SOLR (Use cosyntropin)	NP	SP; PA	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
cosyntropin solr	P	SP; PA	FORA GTEL BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
THYROGEN .9 MG	P	SP; PA	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
Diagnostic Tests			FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
BD VERITOR AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	NP	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	QL(2 ea per fill retail)	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	NP	
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC	GOJJI BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)	IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	P	QL(2 ea per fill retail)
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC			
CHEMSTRIP-K STRP	P	OTC; QL(6.67 ea daily)			
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)			
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP				
COVID-19 AT-HOME TEST KIT KIT	NP				
COVID-19 AT-HOME TEST KIT KIT	P	QL(2 ea per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	NP	
INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 ea per fill retail)
KETONE STRP	P	OTC; QL(6.67 ea daily)
KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
KETOSTIX STRP	P	OTC; QL(6.67 ea daily)
NOVA MAX PLUS KETONE TESTSTRIPS	P	OTC; QL(1 ea daily)
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	P	Clinical Edit: Test Strips; RX/OTC
ONETOUCH VERIO IN VITRO MEDI-CAL 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

Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP	
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
Radiographic Contrast Media		
VISIPAQUE (Use iodixanol)	NP	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
PANCREAZE CPEP	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide tabs	P	
acetazolamide cp12	P	
dichlorphenamide	P	SP; PA
KEVEYIS (Use dichlorphenamide)	NP	SP; PA
methazolamide tabs	P	
Diuretic Combinations		
ALDACTAZIDE 25 MG-25 MG (Use spironolactone & hydrochlorothiazide)	NP	
amiloride & hydrochlorothiazide 5 mg-50 mg	P	QL(1 ea daily)
MAXZIDE TABS 50 MG-75 MG (Use triamterene & hydrochlorothiazide)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE-25 TABS 25 MG-37.5 MG (Use triamterene & hydrochlorothiazide)	NP		Hormones		
spironolactone & hydrochlorothiazide 25 mg-25 mg	P		Adrenal Steroid Inhibitors		
triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	P		ISTURISA	P	SP; PA
triamterene & hydrochlorothiazide tabs	P		RECORLEV	P	SP; PA
Loop Diuretics			Bone Density Regulators		
bumetanide tabs	P		ACTONEL TABS 35 MG (Use risedronate sodium)	NP	QL(4 ea per fill retail); PA
BUMEX TABS .5 MG (Use bumetanide)	NP		alendronate sodium tabs 35 mg, 70 mg	P	QL(0.15 ea daily)
furosemide tabs	P		alendronate sodium tabs 5 mg, 10 mg	P	QL(1 ea daily)
furosemide soln or 10 mg/ml, 40 mg/5ml	P		alendronate sodium soln	P	QL(10.8 ml daily)
LASIX TABS (Use furosemide)	NP		ATELVIA TBEC (Use risedronate sodium)	NP	QL(4 ea per 28 days retail); PA
SOAANZ TABS 20 MG	NP	QL(1 ea daily)	BONIVA TABS (Use ibandronate sodium)	NP	
torsemide tabs	P	QL(1 ea daily)	BONIVA SOLN (Use ibandronate sodium)	NP	SP; PA
Potassium Sparing Diuretics			calcitonin (salmon) ij	P	QL(2 ml per fill retail)
ALDACTONE TABS (Use spironolactone)	NP		calcitonin (salmon) na	P	1 rtl pack lmt per fill
amiloride hcl tabs	P	QL(4 ea daily)	EVENITY	P	SP; PA
spironolactone tabs	P		FORTEO SOPN	P	SP; PA
Thiazides and Thiazide-Like Diuretics			FOSAMAX TABS 70 MG (Use alendronate sodium)	NP	QL(0.15 ea daily)
chlorthalidone 25 mg, 50 mg	P		ibandronate sodium soln	P	SP; PA
hydrochlorothiazide caps	P		MIACALCIN IJ (Use calcitonin (salmon))	NP	QL(2 ml per fill retail)
hydrochlorothiazide tabs 25 mg, 50 mg	P		NATPARA	P	SP; PA
indapamide tabs 1.25 mg, 2.5 mg	P		pamidronate disodium soln	P	SP; PA
metolazone	P		PAMIDRONATE DISODIUM SOLN	P	SP; PA
ENDOCRINE AND METABOLIC AGENTS - MISC.			PROLIA SOSY	P	SP; PA
- Drugs to Treat Bone Disease and Regulate			RECLAST SOLN (Use zoledronic acid)	NP	SP; PA
			risedronate sodium tabs 35 mg	P	QL(4 ea per fill retail); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate sodium tbec</i>	P	QL(4 ea per 28 days retail); PA	NORDITROPIN FLEXPPO SOPN	P	SP; PA
<i>risedronate sodium tabs 5 mg, 30 mg</i>	P	QL(1 ea daily); PA	SAIZEN IJ	P	SP; PA
TERIPARATIDE SOPN	P	SP; PA	SAIZENPREP RECONSTITUTIONKIT IJ	P	SP; PA
TYMLOS	P	SP; PA	SEROSTIM SC	P	SP; PA
XGEVA SOLN	P	SP; PA	SKYTROFA	P	SP; PA
<i>zoledronic acid conc</i>	P	SP; PA	ZORBTIVE SC	P	SP; PA
<i>zoledronic acid soln</i>	P	SP; PA	Hormone Receptor Modulators		
ZOLEDRONIC ACID SOLN	P	SP; PA	EVISTA (<i>Use raloxifene hcl</i>)	NP	QL(1 ea daily)
Fertility Regulators			<i>raloxifene hcl</i>	P	QL(1 ea daily)
CHORIONIC GONADOTROPIN IM	P	PA	Insulin-Like Growth Factor Receptor Inhibitors		
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA	TEPEZZA	P	SP; PA
GONAL-F SOLR IJ	P	PA	Insulin-Like Growth Factors (Somatomedins)		
GONAL-F RFF SOLR SC	P	PA	INCRELEX	P	SP; PA
GONAL-F RFF REDIJECT SOPN	P	PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
MENOPUR SC	P	PA	FENSOLVI	P	SP; PA
NOVAREL IM	P	PA	LUPANETA PACK	P	SP; PA
OVIDREL INJ	P	PA	LUPRON DEPOT-PED (1-MONTH)	P	SP; PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	P	PA	LUPRON DEPOT-PED (3-MONTH)	P	SP; PA
GnRH/LHRH Antagonists			SUPPRELIN LA	P	SP; PA
<i>cetrorelix acetate</i>	P	PA	SYNAREL	P	SP; PA
CETROTIDE (<i>Use cetrorelix acetate</i>)	NP	PA	TRIPTODUR	P	SP; PA
<i>ganirelix acetate</i>	P	PA	Metabolic Modifiers		
GANIRELIX ACETATE (<i>Use ganirelix acetate</i>)	NP	PA	ALDURAZYME	P	SP; PA
Growth Hormone Receptor Antagonists			<i>betaine</i>	P	SP; PA
SOMAVERT	P	SP; PA	BRINEURA	P	SP; PA
Growth Hormones			BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NP	SP; PA
			BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NP	SP; PA
			<i>calcitriol caps</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARBAGLU (<i>Use carglumic acid</i>)	NP	SP; PA	ORFADIN CAPS (<i>Use nitisinone</i>)	NP	SP; PA
<i>carglumic acid</i>	P	SP; PA	PALYNZIQ	P	SP; PA
CARNITOR SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)	<i>paricalcitol soln</i>	P	SP; PA
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(3 ea daily)	PARSABIV	P	SP; PA
CARNITOR SF SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)	RAVICTI	P	SP; PA
<i>cinacalcet hcl</i>	P	SP; PA	REVCovi	P	SP; PA
CRYSVITA	P	SP; PA	ROCALtrol CAPS (<i>Use calcitriol</i>)	NP	
CYSTADANE (<i>Use betaine</i>)	NP	SP; PA	<i>sapropterin dihydrochloride pack</i>	P	SP; PA
ELAPRASE	P	SP; PA	<i>sapropterin dihydrochloride tabs</i>	P	SP; PA
GALAFOLD	P	QL(0.5 ea daily); SP; PA	SENSIPAR (<i>Use cinacalcet hcl</i>)	NP	SP; PA
KANUMA	P	SP; PA	<i>sodium phenylbutyrate powd</i>	P	SP; PA
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA	<i>sodium phenylbutyrate tabs</i>	P	SP; PA
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA	STRENSIQ	P	SP; PA
<i>levocarnitine (metabolic modifiers) soln or 1 gm/10ml</i>	P	QL(30 ml daily)	VIMIZIM	P	SP; PA
<i>levocarnitine (metabolic modifiers) tabs</i>	P	QL(3 ea daily)	XURIDEN	P	SP; PA
LUMIZYME	P	SP; PA	ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NP	SP; PA
MEPSEVII	P	SP; PA	Natriuretic Peptides		
MYALEPT	P	SP; PA	VOXZOGO	P	SP; PA
NAGLAZYME	P	SP; PA	Posterior Pituitary Hormones		
NEXVIAZYME	P	SP; PA	DDAVP TABS (<i>Use desmopressin acetate</i>)	NP	QL(6 ea daily)
<i>nitisinone caps</i>	P	SP; PA	DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NP	SP; PA
NITYR TABS	P	SP; PA	DDAVP	P	QL(5 ml per fill retail)
NULIBRY	P	SP; PA	<i>desmopressin acetate tabs</i>	P	QL(6 ea daily)
ORFADIN SUSP	P	SP; PA	<i>desmopressin acetate soln ij</i>	P	SP; PA
ORFADIN CAPS	P	SP; PA	DESMOPRESSIN ACETATE SOLN NA	P	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated</i>	P	QL(5 ml per fill retail)
STIMATE SOLN NA	P	SP; PA
Somatostatic Agents		
LANREOTIDE ACETATE	P	SP; PA
<i>octreotide acetate soln</i>	P	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP; PA
SANDOSTATIN LAR DEPOT KIT	P	SP; PA
SIGNIFOR	P	SP; PA
SIGNIFOR LAR	P	SP; PA
SOMATULINE DEPOT	P	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPk	P	SP; PA
JYNARQUE TABS	P	SP; PA
SAMSCA TABS (<i>Use tolvaptan</i>)	NP	SP; PA
<i>tolvaptan tabs</i>	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 0.5 MG-1 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 0.5 MG-2.5 MCG (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NP	
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPHASE 0.625 MG-5 MG	P	

Drug Name	Drug Tier	Requirements/Limits
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 tabs</i>	P	
<i>estradiol ptwk</i>	P	QL(4 ea per fill retail)
<i>estradiol ptw</i>	P	QL(8 ea per fill retail)
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		
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>ciprofloxacin hcl tabs 100 mg</i>	P	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	P	
<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 SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone)	NP	OTC; QL(31 ml per 30 days retail)	AZULFIDINE TABS (Use sulfasalazine)	NP	
simethicone susp	P	OTC; QL(31 ml per 30 days retail)	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	NP	
simethicone chew 80 mg	P	OTC	balsalazide disodium caps	P	QL(9 ea daily)
simethicone liqd or 20 mg/0.3ml	P	OTC; QL(31 ml per 30 days retail)	CIMZIA KIT	P	SP; PA
Bile Acid Synthesis Disorder Agents			CIMZIA PSKT	P	SP; PA
CHOLBAM	P	SP; PA	CIMZIA STARTER KIT PSKT	P	SP; PA
Farnesoid X Receptor (FXR) Agonists			COLAZAL CAPS (Use balsalazide disodium)	NP	QL(9 ea daily)
OICALIVA	P	QL(1 ea daily); SP; PA	DELZICOL CPDR (Use mesalamine)	NP	
Gallstone Solubilizing Agents			ENTYVIO	P	SP; PA
CHENODAL	P	SP; PA	INFLECTRA	P	SP; PA
URSO 250 TABS (Use ursodiol)	NP	QL(7 ea daily)	INFLIXIMAB	P	SP; PA
ursodiol caps	P		LIALDA TBEC (Use mesalamine)	NP	
ursodiol tabs 250 mg	P	QL(7 ea daily)	mesalamine enem	P	QL(60 ml daily)
Gastrointestinal Stimulants			mesalamine tbec	P	
GIMOTI SOLN NA	P	SP; PA	mesalamine cpdr	P	
metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml	P		mesalamine cp24	P	
metoclopramide hcl tabs	P		REMICADE	P	SP; PA
REGLAN TABS (Use metoclopramide hcl)	NP		RENFLEXIS	P	SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors			SFROWASA ENEM	P	
BYLVAY CAPS	P	SP; PA	STELARA 130 MG/26ML	P	SP; PA
BYLVAY (PELLETS) CPSP	P	SP; PA	sulfasalazine tabs	P	
LIVMARLI	P	SP; PA	sulfasalazine tbec	P	
Inflammatory Bowel Agents			Intestinal Acidifiers		
APRISO CP24 (Use mesalamine)	NP		lactulose (encephalopathy)	P	
ASACOL HD TBEC (Use mesalamine)	NP		Phosphate Binder Agents		
AVSOLA	P	SP; PA	calcium acetate (phosphate binder) caps	P	
			Short Bowel Syndrome (SBS) Agents		
			GATTEX	P	SP; PA
			Tryptophan Hydroxylase Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
XERMELO	P	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc</i> 10 meq, 540 mg, 1080 mg	P	
<i>sodium citrate & citric acid</i> 334 mg/5ml-500 mg/5ml	NP	RX/OTC
<i>sodium citrate & citric acid</i> 334 mg/5ml-500 mg/5ml	P	QL(500 ml per 30 days retail); RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROCIT-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)</i> .9 %	P	
Hyperoxaluria Agents		
OXLUMO	P	SP; PA
Prostatic Hypertrophy Agents		
<i>finasteride</i>	P	QL(1 ea daily)
FLOMAX (<i>Use tamsulosin hcl</i>)	NP	QL(2 ea daily)
PROSCAR (<i>Use finasteride</i>)	NP	QL(1 ea daily)
<i>tamsulosin hcl</i>	P	QL(2 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i> 100 mg, 100 mg, 200 mg	P	

Drug Name	Drug Tier	Requirements/Limits
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		
THIOLA TABS (<i>Use tiopronin</i>)	NP	SP; PA
THIOLA EC TBEC	P	SP; PA
<i>tiopronin tabs</i>	P	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX 15 MG/ML-50 MG/ML	P	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i> 0.5 mg-500 mg	P	
Gout Agents		
<i>allopurinol</i>	P	
<i>colchicine tabs</i>	P	QL(6 ea per fill retail)
COLCRYS TABS (<i>Use colchicine</i>)	NP	QL(6 ea per fill retail)
KRYSTEXXA	P	SP; PA
ZYLOPRIM (<i>Use allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
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

Drug Name	Drug Tier	Requirements/ Limits
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 1501 - 2000 UNIT	P	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; 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 SOLR	P	SP; PA
KOATE-DVI SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
MONONINE	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIASTAP	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Bradykinin B2 Receptor Antagonists		
FIRAZYR (Use <i>icatibant acetate</i>)	NP	SP; PA
<i>icatibant acetate</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 SOSY 300 MG/2ML	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
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)

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<i>clopidogrel bisulfate 75 mg</i>	P		<i>folic acid tabs 1 mg</i>	P	RX/OTC
<i>dipyridamole</i>	P		<i>folic acid tabs 400 mcg, 800 mcg</i>	P	OTC; QL(1 ea daily)
EFFIENT (Use prasugrel hcl)	NP	QL(1 ea daily)	Hematopoietic Growth Factors		
INTEGRILIN 20 MG/10ML, 75 MG/100ML (Use eptifibatide)	NP		ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP; PA
PLAVIX 75 MG (Use clopidogrel bisulfate)	NP		ARANESP ALBUMIN FREE SOSY	P	SP; PA
<i>prasugrel hcl</i>	P	QL(1 ea daily)	EPOGEN	P	SP; PA
Pyruvate Kinase Activators			GRANIX SOSY	P	SP; PA
PYRUKYND TABS	P	SP; PA	GRANIX SOLN	P	SP; PA
PYRUKYND TAPER PACK TBPB	P	SP; PA	LEUKINE SOLR IJ	P	SP; PA
Thrombolytic Agent - Misc			MIRCERA	P	SP; PA
DEFITELIO	P	SP; PA	MULPLETA	P	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			NEUPOGEN SOSY	P	SP; PA
Agents for Gaucher Disease			NEUPOGEN SOLN	P	SP; PA
CERDELGA	P	SP; PA	NIVESTYM SOLN	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA	NIVESTYM SOSY	P	SP; PA
ELELYSO	P	SP; PA	NYVEPRIA	P	SP; PA
<i>miglustat</i>	P	SP; PA	PROCRIT	P	SP; PA
VPRIV	P	SP; PA	PROCRIT	P	SP; PA
ZAVESCA (Use miglustat)	NP	SP; PA	RELEUKO SOLN	P	SP; PA
Agents for Sick Cell Disease			RELEUKO SOSY	P	SP; PA
DROXIA CAPS	P		RETACRIT	P	SP; PA
ENDARI	P	SP; PA	RETACRIT	P	SP; PA
OXBRYTA TBSO	P	SP; PA	ZARXIO	P	SP; PA
OXBRYTA TABS 500 MG	P	SP; PA	Hematopoietic Mixtures		
SIKLOS TABS	P	PA	<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 0.8 mg-1 mg-1.3 mg-5 mg-6 mg-6.9 mg-10 mg-10 mg-15 mcg-18.2 mg-30 mg-200 mg-324 mg</i>	P	QL(1 ea daily)
Cobalamins			Iron		
<i>cyanocobalamin soln ij</i>	P	QL(10 ml per 270 days retail)	FER-IN-SOL SOLN (Use ferrous sulfate)	NP	OTC; QL(3.4 ml daily)
Folic Acid/Folates					

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Drug Name	Drug Tier	Requirements/ Limits
FERRETT'S TABS	P	OTC; QL(2 ea daily)
<i>ferrous fumarate tabs</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 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)
<i>ferrous sulfate soln</i>	P	OTC; QL(3.4 ml daily)
FERROUS SULFATE TBEC	P	OTC; AL(Up to 50 yrs old)
IRON TABS 28 MG	P	OTC
IRON CHEWS PEDIATRIC CHEW	P	OTC
<i>polysaccharide iron complex caps 150 mg</i>	P	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL	P	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG (Use aminocaproic acid)	NP	QL(24 ea per fill retail); SP
AMICAR TABS 1000 MG (Use aminocaproic acid)	NP	SP; PA
AMICAR SOLN OR (Use aminocaproic acid)	NP	QL(236.5 ml per 30 days retail); SP
<i>aminocaproic acid tabs 500 mg</i>	P	QL(24 ea per fill retail); SP
<i>aminocaproic acid tabs 1000 mg</i>	P	SP; PA
<i>aminocaproic acid soln or .25 gm/ml</i>	P	QL(236.5 ml per 30 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>aminocaproic acid soln iv 250 mg/ml</i>	P	SP; PA
LYSTEDA TABS (Use tranexamic acid)	NP	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
<i>tranexamic acid tabs</i>	P	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	P	OTC
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	P	OTC
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	P	OTC; QL(1 ea daily)
<i>doxylamine succinate (sleep)</i>	P	OTC
TYLENOL PM EXTRA STRENGTH LIQD 50 MG/30ML-1000 MG/30ML (Use diphenhydramine-acetaminophen (sleep))	NP	
UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	NP	OTC
UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	NP	OTC
Barbiturate Hypnotics		
NEMBUTAL SODIUM SOLN (Use pentobarbital sodium)	NP	
<i>phenobarbital tabs</i>	P	
<i>phenobarbital elix</i>	P	
Non-Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NP	QL(14 ea per 31 days retail); AL(At least 21 yrs old)	NATURAL FIBER LAXATIVE POWD	P	OTC
<i>flurazepam hcl</i>	P	AL(At least 18 yrs old - Up to 65 yrs old)	<i>psyllium powd 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 68 %, 100 %</i>	P	OTC
HALCION .25 MG (<i>Use triazolam</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old)	<i>psyllium caps .52 gm</i>	P	OTC
<i>midazolam hcl soln ij</i>	P		Laxative Combinations		
RESTORIL 15 MG, 30 MG (<i>Use temazepam</i>)	NP	AL(At least 18 yrs old)	GOLYTELY SOLR 2.97 GM-5.86 GM-6.74 GM-22.74 GM-236 GM (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	QL(4000 ml per fill retail)
<i>temazepam 15 mg, 30 mg</i>	P	AL(At least 18 yrs old)	NULYTELY 1.48 GM-5.72 GM-11.2 GM-420 GM (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NP	QL(4000 ml per fill retail)
<i>triazolam</i>	P	QL(1 ea daily); AL(At least 18 yrs old)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	P	QL(4000 ml per fill retail)
<i>zaleplon 10 mg</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride 1.48 gm-5.72 gm-11.2 gm-420 gm</i>	P	QL(4000 ml per fill retail)
<i>zaleplon 5 mg</i>	P	QL(1 ea daily); AL(At least 18 yrs old)	PEG-PREP 0.74 GM-2.86 GM-5 MG-5.6 GM-210 GM	P	
<i>zolpidem tartrate tabs</i>	P	QL(14 ea per 31 days retail); AL(At least 21 yrs old)	<i>sennosides-docusate sodium tabs 8.6 mg-50 mg</i>	P	OTC; QL(4 ea daily)
LAXATIVES - Bowel Treatment Drugs			SENOKOT S TABS 50 MG-8.6 MG (<i>Use sennosides-docusate sodium</i>)	NP	OTC; QL(4 ea daily)
Bulk Laxatives			Laxatives - Miscellaneous		
<i>calcium polycarbophil tabs</i>	P	OTC; QL(10 ea daily)	<i>glycerin (laxative) supp 2 gm</i>	P	OTC
EVAC POWD (<i>Use psyllium</i>)	NP	OTC	GLYCERIN ADULT SUPP (<i>Use glycerin (laxative)</i>)	NP	OTC
FIBERCON TABS (<i>Use calcium polycarbophil</i>)	NP	OTC; QL(10 ea daily)	<i>lactulose soln</i>	P	
KONSYL DAILY FIBER POWD (<i>Use psyllium</i>)	NP	OTC	MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NP	QL(34 gm daily)
METAMUCIL CAPS (<i>Use psyllium</i>)	NP	OTC	MIRALAX PACK (<i>Use polyethylene glycol 3350</i>)	NP	
METAMUCIL POWD (<i>Use psyllium</i>)	NP	OTC			
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use psyllium</i>)	NP	OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEDIA-LAX SUPP (Use glycerin (laxative))	NP		<i>docusate sodium liqd</i>	P	OTC
<i>polyethylene glycol 3350 powd</i>	P	QL(34 gm daily)	<i>docusate sodium caps 100 mg, 250 mg</i>	P	OTC; QL(3 ea daily)
SORBITOL OR 70 %	P	OTC	<i>docusate sodium syrp</i>	P	OTC
Saline Laxatives			<i>docusate sodium tabs</i>	P	OTC
FLEET ENEMA ENEM 7 GM/197ML-19 GM/197ML (Use sodium phosphates)	NP	OTC	DOCUSATE SODIUM SYRP	P	OTC
FLEET PEDIATRIC ENEM 3.5 GM/59ML-9.5 GM/59ML (Use sodium phosphates)	NP	OTC	LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
<i>magnesium citrate</i>	P	OTC	Local Anesthetics - Amides		
<i>magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml</i>	P	OTC; QL(992 ml per 30 days retail)	CARBOCAINE SOLN 1 % (Use mepivacaine hcl)	NP	
<i>sodium phosphates enem</i>	P	OTC	MACROLIDES - Drugs to Treat Bacterial Infections		
Stimulant Laxatives			Azithromycin		
<i>bisacodyl tbec</i>	P	OTC; QL(1 ea daily)	<i>azithromycin susr 200 mg/5ml</i>	P	QL(30 ml per fill retail)
<i>bisacodyl supp</i>	P	OTC; QL(12 ea per fill retail)	<i>azithromycin susr 100 mg/5ml</i>	P	QL(15 ml per fill retail)
DULCOLAX TBEC (Use bisacodyl)	NP	OTC; QL(1 ea daily)	<i>azithromycin pack</i>	P	QL(2 ea per fill retail)
DULCOLAX SUPP (Use bisacodyl)	NP	OTC; QL(12 ea per fill retail)	<i>azithromycin tabs 250 mg</i>	P	QL(6 ea per fill retail)
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	NP	OTC; QL(1 ea daily)	<i>azithromycin tabs 500 mg</i>	P	QL(4 ea daily)
<i>sennosides tabs 8.6 mg</i>	P	OTC; QL(12 ea per fill retail)	<i>azithromycin tabs 600 mg</i>	P	QL(8 ea per 28 days retail)
SENOKOT TABS (Use sennosides)	NP	OTC; QL(12 ea per fill retail)	ZITHROMAX TABS 500 MG (Use azithromycin)	NP	QL(4 ea daily)
Surfactant Laxatives			ZITHROMAX TABS 250 MG (Use azithromycin)	NP	QL(6 ea per fill retail)
COLACE CAPS 100 MG (Use docusate sodium)	NP	OTC; QL(3 ea daily)	ZITHROMAX PACK (Use azithromycin)	NP	QL(2 ea per fill retail)
COLACE CLEAR CAPS (Use docusate sodium)	NP	OTC	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	NP	QL(15 ml per fill retail)
<i>docusate sodium caps 50 mg</i>	P	OTC	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	NP	QL(30 ml per fill retail)
			ZITHROMAX SOLR (Use azithromycin)	NP	
			ZITHROMAX TRI-PAK TABS (Use azithromycin)	NP	QL(4 ea daily)

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ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)	BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
Clarithromycin			CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
<i>clarithromycin tabs</i>	P	QL(28 ea per fill retail)	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	
<i>clarithromycin tb24</i>	P	QL(14 ea per fill retail)	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	
<i>clarithromycin susr 250 mg/5ml</i>	P	QL(200 ml per fill retail)	DEXCOM G4 PLATINUM RECEIVER KIT	NP	
<i>clarithromycin susr 125 mg/5ml</i>	P	QL(100 ml per fill retail)	DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	
Erythromycins			DEXCOM G5 MOBILE RECEIVERKIT	NP	
E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP		DEXCOM G5 RECEIVER KIT	NP	
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP		DEXCOM G6 RECEIVER	NP	
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP		DEXCOM G7 RECEIVER	NP	
<i>erythromycin base cpep</i>	P		DEXCOM G7 SENSOR	NP	
<i>erythromycin base tabs</i>	P		EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
<i>erythromycin base tbec</i>	P		EVERSENSE SENSOR/HOLDER	NP	
<i>erythromycin ethylsuccinate tabs</i>	P		FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
<i>erythromycin ethylsuccinate susr</i>	P		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
<i>erythromycin stearate tabs 250 mg</i>	P		FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
MEDICAL DEVICES AND SUPPLIES			FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
Bandages-Dressings-Tape					
GAUZE SPONGES	P	RX/OTC			
Contraceptives					
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC			
Diabetic Supplies					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	NP		AQINJECT PEN NEEDLE/31G X 3/16" 0	NP	RX/OTC
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA	AQINJECT PEN NEEDLE/32G X 5/32"	NP	RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	RX/OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP		AUM PEN NEEDLE/32GX4MM	NP	RX/OTC
LANCETS-MISC	P	QL (6.67 ea daily); OTC	AUM PEN NEEDLE/32GX6MM	NP	
LANCING DEVICE-MISC	P	OTC	BD PEN NEEDLES	P	QL (5 ea daily); OTC
ONETOUCH SOLUTIONS FIT KIT	NP		EMBRACE PEN NEEDLES/30G X 5MM	NP	
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	QL(0 ea daily)	EMBRACE PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily); RX/OTC
ONETOUCH ULTRA 2 KIT	P	RX/OTC	EMBRACE PEN NEEDLES/31G X 8MM	NP	RX/OTC
ONETOUCH ULTRA MINI KIT	P	RX/OTC	EMBRACE PEN NEEDLES/32G X 4MM	NP	RX/OTC
ONETOUCH VERIO KIT	P	RX/OTC	INSULIN SYRINGES	P	QL (5 ea daily); OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC	INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	RX/OTC
ONETOUCH VERIO REFLECT KIT	P	RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	RX/OTC
TEMPO WELCOME KIT	NP	RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	RX/OTC
Misc. Devices			VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	RX/OTC
ALCOHOL PREP PADS-MISC	P	OTC	Respiratory Therapy Supplies		
Optical and Ophthalmic Supplies			ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 days retail); RX/OTC
SUSVIMO OCULAR IMPLANT	P	SP; PA	ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail); RX/OTC
Parenteral Therapy Supplies					

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ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC	CLEVER CHOICE PEAK FLOW METER	P	RX/OTC
AEROTRACH PLUS MISC	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
AIRS PEDIATRIC AEROSOL MASK MISC	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
AIRZONE PEAK FLOW METER	P	RX/OTC	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC	DISPOSABLE PAPER MOUTHPIECE 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	EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT 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
BREATHE EASE PEAK FLOW METER	P	RX/OTC	EASY FLOW AIR NOZZLE 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 HEPA FILTER 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	EBASE CONTROLLER KIT 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			
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC			

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EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	NEBULIZER AIR TUBE/PLUGS 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	NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE 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
FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC	NOSE CLIP MISC	P	QL(1 ea per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE 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	PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 days retail); RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	P	RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 days retail); RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER	P	RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	RX/OTC	PARI MASK SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS 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 ADULT 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 SOFT PLASTIC PEDIATRIC MASK MISC	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
PARI VORTEX ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	PURE COMFORT PEAK FLOW METER ADULT	P	RX/OTC
PEAK A-I-R FLOW METER	P	RX/OTC	PURE COMFORT PEAK FLOW METER CHILD	P	RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	RX/OTC	REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	REPLACEMENT FILTERS 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	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 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/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail); RX/OTC
PIKO 1 ELECTRONIC	P	RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE 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	<i>ergotamine w/ caffeine tabs 100 mg-1 mg</i>	P	AL(At least 18 yrs old)
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	Migraine Products		
SOOTHENEB NBL 100 CHILD MASK 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 MEDICATION CUP 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 MESH CAP 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 NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	Serotonin Agonists		
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)	AMERGE (<i>Use naratriptan hcl</i>)	NP	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)	<i>eletriptan hydrobromide</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
SPACERS AND BREATHING CHAMBERS-MISC	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)
THRESHOLD IMT MISC	P	QL(1 ea per 360 days retail); RX/OTC	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)
TRUZONE PEAK FLOW METER	P	RX/OTC	IMITREX TABS (<i>Use sumatriptan succinate</i>)	NP	QL(9 ea 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 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)
WINDMILL TRAINER 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)
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 1 MG-100 MG (<i>Use ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	NP	QL(0.4 ea daily)	zolmitriptan tabs	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
naratriptan hcl	P	QL(9 ea per 30 days retail); AL(At least 18 yrs old)	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
RELPAZ (Use eletriptan hydrobromide)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)	ZOMIG SOLN 5 MG (Use zolmitriptan)	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
rizatriptan benzoate tabs	P	QL(12 ea per 30 days retail); AL(At least 6 yrs old)	ZOMIG ZMT TBDP (Use zolmitriptan)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
rizatriptan benzoate tbdp	P	QL(0.4 ea daily)	MINERALS & ELECTROLYTES		
sumatriptan	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)	Calcium		
sumatriptan succinate soct 6 mg/0.5ml	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)	CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	P	OTC; QL(2 ea daily)
sumatriptan succinate soaj 6 mg/0.5ml	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)	calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 20 mcg-600 mg, 400 unit-600 mg, 400 unit-600 mg-800 unit-600 mg, 600 mg-400 unit, 600 mg-800 unit, 800 unit-600 mg	P	QL(2 ea daily)
sumatriptan succinate tabs	P	QL(9 ea per 30 days retail); AL(At least 12 yrs old)	calcium carbonate-cholecalciferol tabs 200 unit-500 mg, 200 unit-500 mg-500 mg-200 unit, 5 mcg-500 mg, 500 mg-200 unit	P	OTC
sumatriptan succinate soln 6 mg/0.5ml	P	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)	calcium carbonate-vitamin d tabs 200 unit-600 mg, 400 unit-600 mg	P	OTC; QL(2 ea daily)
sumatriptan succinate sosy 6 mg/0.5ml	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)	calcium carbonate-vitamin d tabs 125 unit-250 mg, 200 unit-500 mg, 250 mg-125 unit	P	OTC
zolmitriptan soln 5 mg	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)	CALTRATE 600+D3 TABS 600 MG-800 UNIT (Use calcium carbonate-cholecalciferol)	NP	QL(2 ea daily)
zolmitriptan tbdp	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oyster shell</i>	P	OTC	KINDERLYTE PREMAX SOLN 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML	P	QL(1000 ml per fill retail)
OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	P	OTC	<i>oral electrolytes soln 7.8 mg/l-20 gm/l-20 meq/l-40 meq/l-50 meq/l</i>	P	QL(1000 ml per fill retail)
PARVA-CAL 200 UNIT-500 MG	P	OTC	PEDIALYTE SOLN 2.8 MG/355ML-130 MG/355ML-240 MG/355ML-250 MG/355ML (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
QC CALCIUM 500MG/D3 TABS 200 UNIT-500 MG	P	OTC	PEDIALYTE ADVANCED CARE SOLN 2.8 MG/360ML-20 MEQ/L-50 MEQ/L-60 MEQ/L (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
Electrolyte Mixtures			PEDIALYTE FREEZER POPS SOLN 20 MEQ/L-25 GM/L-30 MEQ/L-35 MEQ/L-45 MEQ/L (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
BIOLYTE SOLN 1 MCG/437ML-1.1 GM/437ML-3 MG/437ML-5 MG/437ML-8 GM/473ML-16 MG/437ML-400 MG/437ML-500 MCG/437ML-700 MG/437ML	P	QL(1000 ml per fill retail)	PEDIALYTE SINGLES SOLN 1.6 MG/200ML-4 MEQ/200ML-5.6 GM/200ML-7 MEQ/200ML-9 MEQ/200ML (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L	P	QL(1000 ml per fill retail)	Fluoride		
CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-30 MEQ/L-35 MEQ/L	P	QL(1000 ml per fill retail)	<i>sodium fluoride chew .25 mg, .5 mg, 1 mg, 2.2 mg</i>	P	AL(Up to 15 yrs old)
ENFAMIL ENFALYTE SOLN 2.5 MEQ/100ML-3.3 MEQ/100ML-4.5 MEQ/100ML-5 MEQ/100ML	P	QL(1000 ml per fill retail)	<i>sodium fluoride soln .125 mg/drop, .5 mg/ml</i>	P	AL(Up to 15 yrs old); RX/OTC
EQUALYTE SOLN 67.6 MEQ/L-20 MEQ/L-25 GM/L-30.1 MEQ/L-78.2 MEQ/L (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	Magnesium		
HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML	P	QL(1000 ml per fill retail)	MAGNESIUM CAPS 400 MG	P	OTC
HYDRALYTE FREEZER POPS SOLN 55 MEQ/L-16 GM/L-20 MEQ/L-45 MEQ/L-90 MEQ/L	P	QL(1000 ml per fill retail)	MAGNESIUM EXTRA STRENGTH CAPS	P	OTC
KINDERLYTE SOLN 8.6 MG/L-840 MG/L-1270 MG/L-1590 MG/L	P	QL(1000 ml per fill retail)	MAGNESIUM OXIDE CAPS	P	OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium oxide (mg supplement) tabs 400 mg</i>	P	OTC
MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NP	OTC
Phosphate		
K-PHOS NEUTRAL 130 MG-155 MG-852 MG (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily); RX/OTC
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 mg-155 mg-852 mg</i>	P	QL(8 ea daily); RX/OTC
Potassium		
<i>potassium bicarbonate tbf</i>	P	
<i>potassium chloride cpcr 10 meq</i>	P	
<i>potassium chloride soln or 10 %, 20 %</i>	P	
<i>potassium chloride pack or 20 meq</i>	P	
<i>potassium chloride tbc 8 meq, 10 meq</i>	P	
<i>potassium chloride cpcr 8 meq</i>	P	QL(1 ea daily)
<i>potassium chloride microencapsulated crystals er</i>	P	
Zinc		
<i>zinc sulfate caps</i>	P	QL(100 ea per fill retail)
ZINC SULFATE CAPS	P	QL(100 ea per fill retail)
MISCELLANEOUS THERAPEUTIC CLASSES		
Allogeneic Tissue		
RETHYMIC	P	SP; PA
Chelating Agents		

Drug Name	Drug Tier	Requirements/ Limits
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	NP	
<i>penicillamine tabs</i>	P	
SYPRINE (<i>Use trientine hcl</i>)	NP	SP; PA
<i>trientine hcl</i>	P	SP; PA
Enzymes		
XIAFLEX	P	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA 15 MG/ML-50 MG/ML	P	SP; PA
Homeopathic Products		
COLD-EEZE LOZG (<i>Use homeopathic products</i>)	NP	
COLD-EEZE PLUS DEFENSE LOZG (<i>Use homeopathic products</i>)	NP	
COLD-EEZE PLUS NATURAL MULTI-SYMPTOM RELIEF LOZG (<i>Use homeopathic products</i>)	NP	
COLD-EEZE SUGAR FREE LOZG (<i>Use homeopathic products</i>)	NP	
Immunomodulators		
<i>lenalidomide</i>	P	SP; PA
REVLIMID	P	SP; PA
REZUROCK	P	SP; PA
THALOMID	P	SP; PA
VYVGART	P	SP; PA
Immunosuppressive Agents		
ATGAM	P	SP; PA
<i>azathioprine tabs 75 mg, 100 mg</i>	P	PA
<i>azathioprine tabs 50 mg</i>	P	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP		SANDIMMUNE SOLN OR	P	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP		SANDIMMUNE SOLN IV 50 MG/ML (<i>Use cyclosporine</i>)	NP	
<i>cyclosporine caps</i>	P		<i>sirolimus soln</i>	P	
<i>cyclosporine soln iv 50 mg/ml</i>	P		<i>sirolimus tabs</i>	P	
<i>cyclosporine modified (for microemulsion) soln</i>	P		<i>tacrolimus caps</i>	P	
<i>cyclosporine modified (for microemulsion) caps</i>	P		THYMOGLOBULIN	P	SP; PA
ENSPRYNG	P	SP; PA	Lymphatic Agents		
GAMIFANT	P	SP; PA	SYLVANT	P	SP; PA
IMURAN TABS (<i>Use azathioprine</i>)	NP		PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
LUPKYNIS	P	SP; PA	VIJOICE	P	SP; PA
<i>mycophenolate mofetil tabs</i>	P		Potassium Removing Agents		
<i>mycophenolate mofetil caps</i>	P		<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	P	
<i>mycophenolate mofetil susr</i>	P		<i>sodium polystyrene sulfonate powd</i>	P	
<i>mycophenolate sodium</i>	P		Progeria Treatment Agents		
MYFORTIC (<i>Use mycophenolate sodium</i>)	NP		ZOKINVY	P	SP; PA
NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NP		Systemic Lupus Erythematosus Agents		
NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NP		BENLYSTA SOAJ	P	SP; PA
NULOJIX	P	SP; PA	BENLYSTA SOLR	P	SP; PA
PROGRAF CAPS (<i>Use tacrolimus</i>)	NP		BENLYSTA SOSY	P	SP; PA
PROGRAF PACK	P	PA	SAPHNELO	P	SP; PA
RAPAMUNE SOLN (<i>Use sirolimus</i>)	NP		MOUTH/THROAT/DENTAL AGENTS		
RAPAMUNE TABS (<i>Use sirolimus</i>)	NP		Anesthetics Topical Oral		
SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NP		ANBESOL GEL (<i>Use benzocaine (dental)</i>)	NP	
			ANBESOL MAXIMUM STRENGTH LIQD (<i>Use benzocaine (dental)</i>)	NP	
			ANBESOL MAXIMUM STRENGTH GEL (<i>Use benzocaine (dental)</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)	PREVIDENT FLUORIDE GEL (<i>Use sodium fluoride (dental)</i>)	NP	
Anti-infectives - Throat			<i>sodium fluoride (dental) gel</i>	P	
<i>nystatin (mouth-throat)</i>	P	QL(120 ml per fill retail)	<i>sodium fluoride (dental) crea</i>	P	PA
Antiseptics - Mouth/Throat			<i>sodium fluoride (dental) pste dt</i>	P	
<i>chlorhexidine gluconate (mouth-throat)</i>	P		Periodontal Products		
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NP		ARESTIN	P	SP; PA
Dental Products			Steroids - Mouth/Throat/Dental		
LISTERINE HEALTHY WHITE VIBRANT SOLN (<i>Use sodium fluoride (dental)</i>)	NP		<i>triamcinolone acetonide (mouth)</i>	P	QL(5 gm per fill retail)
LISTERINE TOTAL CARE SOLN (<i>Use sodium fluoride (dental)</i>)	NP		Throat Products - Misc.		
LISTERINE TOTAL CARE PLUSWHITENING SOLN (<i>Use sodium fluoride (dental)</i>)	NP		AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
LISTERINE WHITENING/RESTORING SOLN (<i>Use sodium fluoride (dental)</i>)	NP		BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP		CAPHOSOL SOLN 0.009 %-0.032 %-0.052 %-0.569 %	P	QL(900 ml per fill retail); RX/OTC
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NP		CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP		EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NP	PA	MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
			MOUTH KOTE SOLN	P	QL(900 ea per fill retail); RX/OTC
			MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC
			NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC	<i>multiple vitamins w/ iron tabs 1.5 mg-1.7 mg-2 mg-6 mcg-10 mcg-10 mg-13.5 mg-18 mg-20 mg-25 mg-60 mg-400 mcg-900 mcg</i>	P	OTC; QL(1 ea daily)
<i>pilocarpine hcl (oral) 5 mg</i>	P	QL(6 ea daily)	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-18 MG-20 MG-25 MG-60 MG-400 MCG-1500 MCG	P	OTC; QL(1 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC	Multiple Vitamins w/ Minerals		
SALAGEN 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NP	QL(6 ea daily)	MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
MULTIVITAMINS			Multivitamins		
B-Complex Vitamins			AMLADEX TABS 1 MG-1 MG-5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex vitamins caps 1 mg-1.5 mg-2 mg-10 mg-70 mg-100 mcg-100 mg</i>	P	OTC; QL(1 ea daily)	DAILY MULTIPLE VITAMINS TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-20 MG-21 MG-60 MG-400 MCG-900 MCG	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex vitamins tabs 4 mg-5 mg-7 mg-10 mg-25 mcg</i>	P	QL(1 ea daily)	ESTROFACTORS TABS 0.67 MG-10 MCG-13 MCG-16.7 MG-30 MG-33 MG-66.7 MG-66.7 MG-66.7 UNIT-66.7 UNIT-70 MG-266 MCG-833 UNIT	P	OTC; QL(1 ea daily); RX/OTC
B-Complex w/ C			GENICIN VITA-Q TABS 5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG-1000 MCG-1000 MCG	P	OTC; QL(1 ea daily); RX/OTC
<i>b complex w/ c caps 5 mg-10 mg-10.2 mg-15 mg-50 mg-300 mg</i>	P	OTC; QL(1 ea daily)	Multiple Vitamins w/ Iron		
B-Complex w/ Folic Acid					
<i>b-complex w/ c & folic acid tabs</i>	P	QL(1 ea daily); RX/OTC			
<i>b-complex w/ c & folic acid caps 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg</i>	P	QL(1 ea daily); RX/OTC			
NEPHRO-VITE RX TABS 1 MG-1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-60 MG-300 MCG (<i>Use b-complex w/ c & folic acid</i>)	NP	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HIGH POTENCY MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG	P	OTC; QL(1 ea daily); RX/OTC	ONE-A-DAY ESSENTIAL TABS 0.4 MG-1.5 MG-1.7 MG-2 MG-6 MCG-10 MG-20 MG-30 UNIT-60 MG-400 UNIT-5000 UNIT (Use multiple vitamin)	NP	OTC; QL(1 ea daily); RX/OTC
MULTI VITAMIN TABS 2 MG-6 MCG-10 MG-20 MG-45 MG-60 MG-400 MCG-400 UNIT-3000 UNIT-1.5 MG-1.7 MG-30 UNIT	P	OTC; QL(1 ea daily); RX/OTC	ONE-A-DAY MENS TABS 3 MG-0.4 MG-2.25 MG-2.55 MG-9 MCG-10 MG-20 MG-45 UNIT-200 MG-400 UNIT-5000 UNIT (Use multiple vitamin)	NP	OTC; QL(1 ea daily); RX/OTC
MULTI VITAMIN/D-3 TABS 1.5 MG-1.9 MG-2 MG-6 MCG-20 MG-30 UNIT-40 MG-50 MG-60 MG-400 MCG-400 UNIT-3000 UNIT	P	OTC; QL(1 ea daily); RX/OTC	QUINTABS TABS 30 MCG-30 MCG-30 MG-30 MG-30 MG-30 MG-50 UNIT-100 MG-300 MG-400 MCG-400 UNIT-5000 UNIT	P	OTC; QL(1 ea daily); RX/OTC
multiple vitamin tabs 1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-10 mcg-20 mg-50 mg-60 mg-1200 mcg	P	OTC; QL(1 ea daily); RX/OTC	THERA TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MG-20 MG-30 MCG-30 UNIT-45 MG-90 MG-400 MCG-400 UNIT-5000 UNIT	P	OTC; QL(1 ea daily); RX/OTC
MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC	THEREMS MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG	P	OTC; QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULT TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG	P	OTC; QL(1 ea daily); RX/OTC	Ped Multi Vitamins w/Fl & FE		
NEOMULTIVITE TABS 2 MG-1.5 MG-1.7 MG-2 MCG-5 MCG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG	P	OTC; QL(1 ea daily); RX/OTC	ped multivitamins w/fl & iron soln 0.25 mg/ml-0.4 mg/ml-0.5 mg/ml-0.6 mg/ml-5 unit/ml-8 mg/ml-10 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
OMNICAP TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MG-20 MG-30 UNIT-60 MG-400 MCG-400 UNIT-3000 UNIT	P	OTC; QL(1 ea daily); RX/OTC	Ped Multiple Vitamins w/ Minerals		
ONE DAILY ESSENTIAL TABS 1.5 MG-1.7 MG-2 MG-3.3 MG-6 MCG-10 MG-20 MCG-20 MG-45 MG-60 MG-500 MCG-900 MCG	P	OTC; QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY SCOOPY-DOO GUMMIES CHEW 2.5 MG-0.5 MG-1.25 MG-2.5 MCG-10 MCG-10 UNIT-15 MCG-15 MG-20 MCG-37.5 MCG-100 MCG-100 UNIT-1000 UNIT (Use pediatric multiple vitamin w/ minerals & c)	NP		<i>pediatric multivitamins w/fl chew</i>	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
			<i>pediatric vitamins acd w/ fluoride soln</i>	P	QL(50 ml per fill retail); 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
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC	POLY-VI-FLOR CHEW	P	RX/OTC
			QUFLORA PEDIATRIC CHEW	P	RX/OTC
Ped MV w/ Fluoride			QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
FLORIVA PLUS SOLN 0.6 MG/ML-0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-2 MCG/ML-2 MG/ML-5 UNIT/ML-29.7 MCG/ML-32 MG/ML-400 UNIT/ML-1150 UNIT/ML	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
			Ped MV w/ Iron		
MULTIVITAMIN + FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	P	OTC; QL(60 ml per fill retail)
MULTIVITAMIN + FLUORIDE CHEW	P	RX/OTC			
MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-11 MG/ML-50 MG/ML-250 MCG/ML	P	OTC; QL(60 ml per fill retail)
MULTIVITAMIN WITH FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC			
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT	P	RX/OTC	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	P	OTC; QL(60 ml per fill retail)
MULTI-VIT-FLOR CHEW	P	RX/OTC			
MULTI-VIT-FLOR CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC			
<i>pediatric multivitamins w/fl soln</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POLY-VI-SOL/IRON SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-11 MG/ML-50 MG/ML-250 MCG/ML	P	OTC; QL(60 ml per fill retail)	POLY-VI-SOL SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	P	OTC; QL(50 ml per fill retail)
POLY-VITA/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-10 MG/ML-35 MG/ML-412.5 MCG/ML	P	OTC; QL(60 ml per fill retail)	POLY-VITA SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-35 MG/ML-412.5 MCG/ML	P	OTC; QL(50 ml per fill retail)
POLY-VITE/IRON SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-11 MG/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML	P	OTC; QL(60 ml per fill retail)	POLY-VITE PEDIATRIC SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML	P	OTC; QL(50 ml per fill retail)
Pediatric Multiple Vitamins			Prenatal Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	P	OTC; QL(50 ml per fill retail)	PRENATAL VITAMINS-MISC	P	RX/OTC
MULTIVITAMIN INFANT & TODDLER SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	P	OTC; QL(50 ml per fill retail)	Vitamins w/ Lipotropics		
MULTIVITAMIN INFANT/TODDLER SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-250 MCG/ML-400 UNIT/ML	P	OTC; QL(50 ml per fill retail)	<i>vitamins w/ lipotropics caps 50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-100 mcg</i>	P	OTC; QL(1 ea daily)
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-750 UNIT/ML	P	OTC; QL(50 ml per fill retail)	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Articular Cartilage Repair Therapy		
			MACI	P	SP; PA
			Central Muscle Relaxants		
			<i>baclofen soln it</i>	P	SP; PA
			<i>baclofen tabs 10 mg, 20 mg</i>	P	
			<i>chlorzoxazone tabs 500 mg</i>	P	
			<i>cyclobenzaprine hcl tabs 5 mg, 10 mg</i>	P	QL(3 ea daily)
			<i>cyclobenzaprine hcl tabs 7.5 mg</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GABLOFEN SOLN IT (Use baclofen)	NP	SP; PA
GABLOFEN SOLN IT	P	SP; PA
LIORESAL INTRATHECAL SOLN IT (Use baclofen)	NP	SP; PA
LIORESAL INTRATHECAL SOLN IT	P	SP; PA
methocarbamol tabs	P	
orphenadrine citrate tb12	P	
ROBAXIN-750 TABS (Use methocarbamol)	NP	
SKELAXIN (Use metaxalone)	NP	
tizanidine hcl tabs	P	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG, 50 MG (Use dantrolene sodium)	NP	
Viscosupplements		
DUROLANE PRSY	P	SP; PA
EUFLEXXA SOSY	P	SP; PA
GEL-ONE	P	SP; PA
GELSYN-3 SOSY	P	SP; PA
GENVISC 850 SOSY	P	SP; PA
HYALGAN SOSY	P	SP; PA
HYALGAN SOLN	P	SP; PA
HYMOVIS	P	SP; PA
HYRONAN KIT 1 %-2 %	P	SP; PA
MONOVISC	P	SP; PA
ORTHOVISC	P	SP; PA
SUPARTZ FX SOSY	P	SP; PA
SYNOJOYNT SOSY	P	SP; PA
SYNVISC SOSY	P	SP; PA
SYNVISC ONE SOSY	P	SP; PA
TRILURON SOSY	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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)
Nasal Antiallergy		
azelastine hcl .15 %, 205.5 mcg/spray	P	QL(30 ml per fill retail); RX/OTC
azelastine hcl .1 %, 137 mcg/spray	P	
cromolyn sodium (nasal) 5.2 mg/act	P	OTC; QL(26 ml per 30 days retail)
NASALCROM (Use cromolyn sodium (nasal))	NP	OTC; QL(26 ml per 30 days retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) .06 %	P	QL(15 ml per 30 days retail)
ipratropium bromide (nasal) .03 %	P	QL(31 ml per 30 days retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
flunisolide (nasal) .025 %	P	QL(25 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal) susp</i>	P	QL(16 ml per fill retail); RX/OTC	SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC; QL(120 ml per fill retail)
NASACORT ALLERGY 24HR AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NP	AL(At least 2 yrs old)	SUDAFED PE SINUS CONGESTION TABS (<i>Use phenylephrine hcl (oral)</i>)	NP	OTC; QL(24 ea per fill retail)
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NP	AL(At least 2 yrs old)	SUDAFED SINUS CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)
NASONEX SUSP (<i>Use mometasone furoate (nasal)</i>)	NP		NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
<i>triamcinolone acetonide (nasal) aero</i>	P	AL(At least 2 yrs old)	ALS Agents		
Sympathomimetic Decongestants			EXSERVAN FILM	P	SP; PA
ADRENALIN .1 % (<i>Use epinephrine hcl (nasal)</i>)	NP	QL(120 ml per fill retail); AL(Up to 21 yrs old)	RADICAVA SOLN	P	SP; PA
AFRIN NASAL SPRAY SOLN (<i>Use oxymetazoline hcl</i>)	NP		RADICAVA ORS SUSP	P	SP; PA
DRISTAN SPRAY SOLN (<i>Use oxymetazoline hcl</i>)	NP		RADICAVA ORS STARTER KIT SUSP	P	SP; PA
<i>epinephrine hcl (nasal)</i>	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)	RILUTEK TABS (<i>Use riluzole</i>)	NP	PA
<i>phenylephrine hcl (oral) tabs</i>	P	OTC; QL(24 ea per fill retail)	<i>riluzole tabs</i>	P	PA
<i>pseudoephedrine hcl tabs</i>	P	OTC; AL(Up to 21 yrs old)	TIGLUTIK SUSP	P	SP; PA
<i>pseudoephedrine hcl liqd 15 mg/5ml</i>	P	OTC; AL(Up to 21 yrs old)	Muscular Dystrophy Agents		
<i>pseudoephedrine hcl tb12</i>	P	OTC; QL(62 ea per 30 days retail); AL(Up to 21 yrs old)	AMONDYS 45	P	SP; PA
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)	EXONDYS 51	P	SP; PA
SUDAFED CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)	VILTEPSO	P	SP; PA
			VYONDYS 53	P	SP; PA
			Neuromuscular Blocking Agent - Neurotoxins		
			BOTOX IJ	P	SP; PA
			DYSPOORT	P	SP; PA
			MYOBLOC	P	SP; PA
			XEOMIN	P	SP; PA
			Nondepolarizing Muscle Relaxants		
			NIMBEX SOLN (<i>Use cisatracurium besylate</i>)	NP	
			Spinal Muscular Atrophy Agents (SMA)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EVRYSDI	P	SP; PA	DOJOLVI	P	SP; PA
SPINRAZA	P	SP; PA	Misc. Nutritional Substances		
ZOLGENSMA 10.1-10.5 KG	P	SP; PA	<i>omega-3 fatty acids caps</i>	P	OTC; QL(6 ea daily)
ZOLGENSMA 10.6-11.0 KG	P	SP; PA	<i>omega-3 fatty acids cpdr</i>	P	QL(6 ea daily)
ZOLGENSMA 11.1-11.5 KG	P	SP; PA	OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ZOLGENSMA 11.6-12.0 KG	P	SP; PA	Artificial Tears and Lubricants		
ZOLGENSMA 12.1-12.5 KG	P	SP; PA	GONAK (<i>Use hypromellose (gonioscopic)</i>)	NP	
ZOLGENSMA 12.6-13.0 KG	P	SP; PA	<i>polyvinyl alcohol 1.4 %</i>	P	OTC; QL(31 ml per 30 days retail)
ZOLGENSMA 13.1-13.5 KG	P	SP; PA	<i>white petrolatum-mineral oil 15 %-83 %</i>	P	OTC; QL(30 gm per fill retail)
ZOLGENSMA 2.6-3.0 KG	P	SP; PA	Beta-blockers - Ophthalmic		
ZOLGENSMA 3.1-3.5 KG	P	SP; PA	<i>betaxolol hcl (ophth) soln</i>	P	
ZOLGENSMA 3.6-4.0 KG	P	SP; PA	<i>carteolol hcl (ophth)</i>	P	
ZOLGENSMA 4.1-4.5 KG	P	SP; PA	COSOPT 6.8 MG/ML-22.3 MG/ML (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per 30 days retail)
ZOLGENSMA 4.6-5.0 KG	P	SP; PA	DORZOLAMIDE HCL/TIMOLOL MALEATE 0.5 %-2 %	P	QL(10 ml per 30 days retail)
ZOLGENSMA 5.1-5.5 KG	P	SP; PA	<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 30 days retail)
ZOLGENSMA 5.6-6.0 KG	P	SP; PA	<i>levobunolol hcl .5 %</i>	P	QL(15 ml per 30 days retail)
ZOLGENSMA 6.1-6.5 KG	P	SP; PA	<i>timolol maleate (ophth) soln</i>	P	QL(15 ea per 30 days retail)
ZOLGENSMA 6.6-7.0 KG	P	SP; PA	TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ml per 30 days retail)
ZOLGENSMA 7.1-7.5 KG	P	SP; PA	TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ea per 30 days retail)
ZOLGENSMA 7.6-8.0 KG	P	SP; PA	Cycloplegic Mydriatics		
ZOLGENSMA 8.1-8.5 KG	P	SP; PA	ATROPINE SULFATE SOLN 1 %	P	
ZOLGENSMA 8.6-9.0 KG	P	SP; PA	<i>atropine sulfate (ophthalmic) soln</i>	P	
ZOLGENSMA 9.1-9.5 KG	P	SP; PA			
ZOLGENSMA 9.6-10.0 KG	P	SP; PA			
NUTRIENTS					
Carbohydrates					
POLYCOSE POWD	P	OTC; QL(350 gm per fill retail)			
POLYCOSE LIQD	P	OTC; QL(124 ml per fill retail)			
Lipids					

Drug Name	Drug Tier	Requirements/ Limits
<i>atropine sulfate (ophthalmic) oint</i>	P	
CYCLOGYL .5 % (<i>Use cyclopentolate hcl</i>)	NP	QL(15 ml per 30 days retail)
CYCLOGYL 1 %, 2 % (<i>Use cyclopentolate hcl</i>)	NP	
<i>cyclopentolate hcl 1 %, 2 %</i>	P	
<i>cyclopentolate hcl .5 %</i>	P	QL(15 ml per 30 days retail)
<i>homatropine hbr</i>	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP	
<i>phenylephrine hcl (mydriatic) soln 2.5 %</i>	P	QL(5 ml per 30 days retail)
<i>tropicamide soln</i>	P	
Miotics		
ISOPTO CARPINE SOLN (<i>Use pilocarpine hcl</i>)	NP	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	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		
<i>apraclonidine hcl</i>	P	
<i>brimonidine tartrate .2 %</i>	P	
IOPIDINE	P	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Anti-infectives		
BACIGUENT	P	QL(4 gm per 30 days retail)
<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per 30 days retail)
<i>bacitracin-polymyxin b (ophth) 500 unit/gm-10000 unit/gm</i>	P	QL(4 gm per 30 days retail)
BLEPH-10 SOLN (<i>Use sulfacetamide sodium (ophth)</i>)	NP	QL(15 ml per 30 days retail)
CILOXAN OINT	P	
CILOXAN SOLN (<i>Use ciprofloxacin hcl (ophth)</i>)	NP	
<i>ciprofloxacin hcl (ophth) soln</i>	P	
<i>erythromycin (ophth)</i>	P	
<i>gentamicin sulfate (ophth) oint</i>	P	QL(4 gm per 30 days retail)
<i>gentamicin sulfate (ophth) soln</i>	P	
MOXEZA SOLN OP (<i>Use moxifloxacin hcl (ophth)</i>)	NP	
<i>moxifloxacin hcl (ophth) soln op</i>	P	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin 3.5 mg/gm-400 unit/gm-10000 unit/gm</i>	P	QL(4 gm per 30 days retail)
<i>neomycin-polymyxin-gramicidin 0.025 mg/ml-1.75 mg/ml-10000 unit/ml</i>	P	QL(10 ml per 30 days retail)
OCUFLOX (<i>Use ofloxacin (ophth)</i>)	NP	QL(10 ml per 30 days retail)
<i>ofloxacin (ophth)</i>	P	QL(10 ml per 30 days retail)
<i>polymyxin b-trimethoprim 0.1 %-10000 unit/ml</i>	P	QL(10 ml per fill retail)
POLYTRIM 0.1 %-10000 UNIT/ML (<i>Use polymyxin b-trimethoprim</i>)	NP	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln</i>	P	QL(15 ml per 30 days retail)

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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	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium (ophth) oint</i>	P	QL(4 gm per 30 days retail)	BLEPHAMIDE S.O.P. OINT 0.2 %-10 %	P	
<i>tobramycin (ophth) soln</i>	P	QL(5 ml per 30 days retail)	<i>dexamethasone sodium phosphate (ophth)</i>	P	
TOBREX OINT	P		DEXTENZA INST	P	SP; PA
TOBREX SOLN (Use <i>tobramycin (ophth)</i>)	NP	QL(5 ml per 30 days retail)	DEXYCU SUSP IO	P	SP; PA
<i>trifluridine</i>	P	QL(8 ml per 30 days retail)	<i>fluorometholone (ophth) susp</i>	P	
VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ml per fill retail)	FML OINT	P	QL(4 gm per 30 days retail)
Ophthalmic Decongestants			FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	NP	
<i>naphazoline w/ pheniramine 0.027 %-0.315 %</i>	P	OTC; QL(15 ml per 30 days retail)	ILUVIEN	P	SP; PA
OPCON-A 0.027 %-0.315 % (Use <i>naphazoline w/ pheniramine</i>)	NP	OTC; QL(15 ml per 30 days retail)	MAXITROL SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML (Use <i>neomycin-polymyx-dexameth</i>)	NP	QL(10 ml per 30 days retail)
<i>tetrahydrozoline hcl (ophth) .05 %</i>	P	OTC	MAXITROL OINT 0.1 %-3.5 MG/GM-10000 UNIT/GM (Use <i>neomycin-polymyx-dexameth</i>)	NP	QL(4 gm per 30 days retail)
VISINE RED EYE COMFORT (Use <i>tetrahydrozoline hcl (ophth)</i>)	NP	OTC	<i>neomycin-polymyx-dexameth oint 0.1 %-3.5 mg/gm-10000 unit/gm</i>	P	QL(4 gm per 30 days retail)
Ophthalmic Gene Therapy			<i>neomycin-polymyx-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml</i>	P	QL(10 ml per 30 days retail)
LUXTURNA	P	SP; PA	<i>neomycin-polymyxin-hc (ophth) 1 %-3.5 mg/ml-10000 unit/ml</i>	P	QL(15 ml per 30 days retail)
Ophthalmic Local Anesthetics			OZURDEX IMPL	P	SP; PA
<i>tetracaine hcl (ophth)</i>	P		PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	NP	
Ophthalmic Photodynamic Therapy Agents			PRED MILD	P	QL(10 ml per 30 days retail)
VISUDYNE	P	SP; PA	PRED-G SUSP 0.3 %-1 %	P	QL(5 ml per fill retail)
Ophthalmic Photoenhancers			<i>prednisolone acetate (ophth)</i>	P	
PHOTREXA VISCOUS 0.146 %-20 %	P	SP; PA	PREDNISOLONE ACETATE P-F	P	
PHOTREXA/PHOTREXA VISCOUS KIT	P	SP; PA			
Ophthalmic Steroids					
BLEPHAMIDE SUSP 0.2 %-10 %	P	QL(10 ml per fill retail)			

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Drug Name	Drug Tier	Requirements/ Limits
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 days retail)
RETISERT	P	SP; PA
<i>sulfacetamide sod-prednisolone soln 0.23 %-10 %</i>	P	QL(10 ml per 30 days retail)
TOBRADEX OINT 0.1 %-0.3 %	P	QL(4 gm per 30 days retail)
TOBRADEX SUSP 0.1 %-0.3 % (Use tobramycin-dexamethasone)	NP	QL(10 ml per fill retail)
<i>tobramycin-dexamethasone susp 0.1 %-0.3 %</i>	P	QL(10 ml per fill retail)
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)
ALOCRI	P	QL(5 ml per 30 days retail); PA
ALOMIDE	P	QL(10 ml per 30 days retail); PA
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 30 days retail)
AZOPT (Use brinzolamide)	NP	
<i>brinzolamide</i>	P	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per fill retail)
CYSTADROPS	P	SP; PA
CYSTARAN	P	SP; PA
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 30 days retail)
<i>dorzolamide hcl</i>	P	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>flurbiprofen sodium</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) .4 %</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) .5 %</i>	P	QL(10 ml per fill retail)
<i>ketotifen fumarate (ophth) .025 %</i>	P	
TRUSOPT (Use dorzolamide hcl)	NP	QL(10 ml per 30 days retail)
ZADITOR (Use ketotifen fumarate (ophth))	NP	
Prostaglandins - Ophthalmic		
<i>latanoprost soln</i>	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		
<i>acetic acid (otic)</i>	P	QL(15 ml per 30 days retail)
<i>carbamide peroxide (otic) 6.5 %</i>	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		
<i>ofloxacin (otic)</i>	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX 0.1 %-0.3 % (Use ciprofloxacin-dexamethasone)	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
<i>ciprofloxacin-dexamethasone 0.1 %-0.3 %</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic) susp 1 %-3.5 mg/ml-10000 unit/ml</i>	P	QL(20 ml per 30 days retail)	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP; PA
<i>neomycin-polymyxin-hc (otic) soln 1 %-3.5 mg/ml-10000 unit/ml</i>	P	QL(10 ml per fill retail)	GAMMAKED	P	SP; PA
OTOVEL 0.025 %-0.3 % (Use ciprofloxacin-fluocinolone acetonide)	NP		GAMMAPLEX SOLN	P	SP; PA
<i>pramoxine-hc-chloroxylenol 1 mg/ml-10 mg/ml-10 mg/ml</i>	P	QL(15 ml per fill retail)	GAMUNEX-C	P	SP; PA
Otic Steroids			HEPAGAM B SOLN IJ	P	SP; PA
DERMOTIC (Use fluocinolone acetonide (otic))	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)	HIZENTRA SOLN	P	SP; PA
<i>fluocinolone acetonide (otic)</i>	P	QL(20 ml per fill retail); AL(At least 5 yrs old)	HIZENTRA SOSY	P	SP; PA
<i>hydrocortisone w/acetic acid 1 %-2 %</i>	P	QL(20 ml per 30 days retail)	HYPERHEP B SOLN IM	P	SP; PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
Oxytocics			HYPERRHO S/D MINI-DOSE SOSY IM	P	SP; PA
<i>methylergonovine maleate tabs</i>	P		MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	SP; PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			NABI-HB SOLN IM	P	SP; PA
Immune Serums			OCTAGAM SOLN	P	SP; PA
BIVIGAM SOLN	P	SP; PA	PANZYGA	P	SP; PA
CUTAQUIG	P	SP; PA	PRIVIGEN SOLN	P	SP; PA
CUVITRU SOLN	P	SP; PA	RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
CYTOGAM	P	SP; PA	RHOPHYLAC SOSY IJ	P	SP; PA
FLEBOGAMMA DIF SOLN	P	SP; PA	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP; PA
GAMASTAN	P	SP; PA	XEMBIFY	P	SP; PA
GAMMAGARD LIQUID	P	SP; PA	Monoclonal Antibodies		
			SYNAGIS SOLN	P	SP; PA
			ZINPLAVA	P	SP; PA
			Passive Immunizing Agents - Combinations		
			HYQVIA	P	SP; PA
			PENICILLINS - Drugs to Treat Bacterial Infections		
			Aminopenicillins		
			<i>amoxicillin chew 125 mg, 250 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin tabs 875 mg</i>	P		AUGMENTIN ES-600	NP	QL(200 ml per fill retail)
<i>amoxicillin caps</i>	P		SUSR 600 MG/5ML-42.9 MG/5ML (Use <i>amoxicillin & pot clavulanate</i>)		
<i>amoxicillin susr</i>	P		Penicillinase-Resistant Penicillins		
<i>ampicillin caps 500 mg</i>	P		<i>dicloxacillin sodium</i>	P	
Natural Penicillins			PHARMACEUTICAL ADJUVANTS		
<i>penicillin v potassium solr</i>	P		Internal Vehicle Ingredients/Agents		
<i>penicillin v potassium tabs</i>	P		SIMPLYTHICK	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
Penicillin Combinations			SIMPLYTHICK EASY MIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
<i>amoxicillin & pot clavulanate susr 42.9 mg/5ml-600 mg/5ml, 57 mg/5ml-400 mg/5ml, 600 mg/5ml-42.9 mg/5ml</i>	P	QL(200 ml per fill retail)	SIMPLYTHICK EASYMIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
<i>amoxicillin & pot clavulanate tb12 62.5 mg-1000 mg</i>	P	QL(40 ea per 30 days retail)	Liquid Vehicles		
<i>amoxicillin & pot clavulanate chew</i>	P	QL(20 ea per fill retail)	FLAVOR BLEND SUSP	P	RX/OTC
<i>amoxicillin & pot clavulanate susr 125 mg/5ml-31.25 mg/5ml, 31.25 mg/5ml-125 mg/5ml, 62.5 mg/5ml-250 mg/5ml</i>	P	QL(150 ml per fill retail)	FLAVOR PLUS LIQD	P	RX/OTC
<i>amoxicillin & pot clavulanate susr 28.5 mg/5ml-200 mg/5ml</i>	P	QL(100 ml per fill retail)	FLAVOR SWEET SYRP	P	RX/OTC
<i>amoxicillin & pot clavulanate tabs 125 mg-875 mg, 875 mg-125 mg</i>	P	QL(20 ea per fill retail)	FLAVOR SWEET-SF SYRP	P	RX/OTC
<i>amoxicillin & pot clavulanate tabs</i>	P	QL(30 ea per fill retail)	<i>glycine diluent 94 mg/50ml-73.3 mg/50ml</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 SUSR	P	QL(150 ml per fill retail)	MX-SOL SYRP	P	RX/OTC
AUGMENTIN TABS 500 MG-125 MG (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)	MX-SOL BLEND SUSP	P	RX/OTC
			MX-SOL BLEND SF SUSP	P	RX/OTC
			MX-SOL SF SYRP	P	RX/OTC
			MX-SOL SUSPEND SUSP	P	RX/OTC
			ORA-BLEND SUSP	P	RX/OTC
			ORA-BLEND SF SUSP	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC	SUSPENSION VEHICLE SUSP	P	RX/OTC
ORAL MIX SF SUSP	P	RX/OTC	SYRPALTA SYRP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC	SYRSPEND SF LIQD	P	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC	SYRUP VEHICLE SYRP	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC	SYRUP VEHICLE SF SYRP	P	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC	UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC	UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC	VERSAFREE SYRP	P	RX/OTC
ORA-SWEET SYRP	P	RX/OTC	VERSAPLUS SYRP	P	RX/OTC
ORA-SWEET SF SYRP	P	RX/OTC	Semi Solid Vehicles		
PCCA SWEET-SF SYRP 70 %	P	RX/OTC	lanolin xx	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC	PROGESTINS - Hormone Replacement/Modifying Drugs		
PCCA-PLUS SUSP	P	RX/OTC	Progestins		
PH 12 STERILE DILUENT FOR FLOLAN 73.3 MG/50ML-94 MG/50ML (Use glycine diluent)	NP	SP; PA	AYGESTIN TABS (Use norethindrone acetate)	NP	
SOSWEET SYRP	P	RX/OTC	hydroxyprogesterone caproate oil	P	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA
STERILE DILUENT FOR TREPROSTINIL INJECTION 73.3 MG/50ML-94 MG/50ML	P	SP; PA	MAKENA SOAJ	P	SP; PA
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC	MAKENA OIL (Use hydroxyprogesterone caproate)	NP	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC	medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg	P	
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC	norethindrone acetate tabs	P	
			progesterone caps 100 mg	P	QL(30 ea per 30 days retail)
			progesterone caps 200 mg	P	QL(20 ea per 30 days retail)
			PROMETRIUM CAPS 100 MG (Use progesterone)	NP	QL(30 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROMETRIUM CAPS 200 MG (<i>Use progesterone</i>)	NP	QL(20 ea per 30 days retail)	NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA
PROVERA (<i>Use medroxyprogesterone acetate</i>)	NP		RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NP	QL(1 ea daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			<i>rivastigmine 4.6 mg/24hr, 9.5 mg/24hr</i>	P	QL(1 ea daily); PA
Agents for Chemical Dependency			<i>rivastigmine tartrate caps</i>	P	QL(2 ea daily); PA
<i>disulfiram 250 mg</i>	P		Combination Psychotherapeutics		
Anti-Cataleptic Agents			<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)
SODIUM OXYBATE	P	SP; PA	Fibromyalgia Agents		
XYREM	P	SP; PA	SAVELLA TABS	P	QL(2 ea daily); PA
XYWAV 40 MG/ML-96 MG/ML-130 MG/ML-234 MG/ML	P	SP; PA	SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail); PA
Antidementia Agents			Movement Disorder Drug Therapy		
ARICEPT TABS 5 MG, 10 MG (<i>Use donepezil hydrochloride</i>)	NP	QL(1 ea daily)	<i>tetrabenazine</i>	P	SP; PA
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	P	QL(1 ea daily)	XENAZINE (<i>Use tetrabenazine</i>)	NP	SP; PA
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>Use rivastigmine</i>)	NP	QL(1 ea daily); PA	Multiple Sclerosis Agents		
<i>galantamine hydrobromide tabs</i>	P	QL(2 ea daily)	AMPYRA (<i>Use dalfampridine</i>)	NP	SP; PA
<i>galantamine hydrobromide cp24</i>	P	QL(1 ea daily)	AUBAGIO (<i>Use teriflunomide</i>)	NP	QL(1 ea daily); SP; PA
<i>galantamine hydrobromide soln</i>	P	QL(6 ml daily)	AUBAGIO	P	QL(1 ea daily); SP; PA
<i>memantine hcl tabs</i>	P	1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA	AVONEX PSKT	P	SP; PA
<i>memantine hcl tabs</i>	P	QL(2 ea daily); PA	AVONEX PEN AJKT	P	SP; PA
<i>memantine hcl soln</i>	P	QL(2 ml daily); PA	BAFIERTAM	P	SP; PA
NAMENDA TABS (<i>Use memantine hcl</i>)	NP	QL(2 ea daily); PA	COPAXONE SOSY (<i>Use glatiramer acetate</i>)	NP	SP; PA
			<i>dalfampridine</i>	P	SP; PA
			<i>dimethyl fumarate misc</i>	P	SP; PA
			<i>dimethyl fumarate cpdr</i>	P	SP; PA
			EXTAVIA KIT	P	SP; PA
			<i>tingolimod hcl</i>	P	QL(1 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GILENYA .5 MG	P	QL(1 ea daily); SP; PA	NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 ea daily)
GILENYA (<i>Use fingolimod hcl</i>)	NP	QL(1 ea daily); SP; PA	NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 ea daily)
<i>glatiramer acetate sosy</i>	P	SP; PA	NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 ea daily)
KESIMPTA	P	SP; PA	NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 ea daily)
PLEGRIDY SOSY IM	P	SP; PA	<i>nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i>	P	QL(1 ea daily)
PLEGRIDY SOPN	P	SP; PA	<i>nicotine polacrilex lozg</i>	P	QL(20 ea daily)
PLEGRIDY STARTER PACK SOSY SC	P	SP; PA	<i>nicotine polacrilex gum</i>	P	QL(24 ea daily)
PLEGRIDY STARTER PACK SOPN	P	SP; PA	NICOTINE TRANSDERMAL SYSTEM KIT	P	
REBIF SOSY	P	SP; PA	NICOTROL INHALER INHA	P	QL(16.8 ea daily)
REBIF REBIDOSE SOAJ	P	SP; PA	NICOTROL NS SOLN	P	QL(4 ml daily)
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA	<i>varenicline tartrate tabs</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
REBIF TITRATION PACK SOSY	P	SP; PA	<i>varenicline tartrate tbpk</i>	P	QL(53 ea per fill retail); AL(At least 18 yrs old)
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP; PA	Transthyretin Amyloidosis Agents		
TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>)	NP	SP; PA	ONPATTRO	P	SP; PA
<i>teriflunomide</i>	P	QL(1 ea daily); SP; PA	TEGSEDI	P	SP; PA
Smoking Deterrents			Vasomotor Symptom Agents		
APO-VARENICLINE TABS	P	QL(2 ea daily); AL(At least 18 yrs old)	BRISDELLE (<i>Use paroxetine mesylate (vasomotor)</i>)	NP	
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
CHANTIX TABS (<i>Use varenicline tartrate</i>)	NP	QL(2 ea daily); AL(At least 18 yrs old)	Alpha-Proteinase Inhibitor (Human)		
CHANTIX CONTINUING MONTHPAK TABS (<i>Use varenicline tartrate</i>)	NP	QL(2 ea daily); AL(At least 18 yrs old)	ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	NP	QL(53 ea per fill retail); AL(At least 18 yrs old)	GLASSIA SOLN	P	SP; PA
NICODERM CQ PT24 (<i>Use nicotine</i>)	NP	QL(1 ea daily)	PROLASTIN-C SOLR	P	SP; PA

Georgia Inter-Pregnancy Care

Updated April 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
PROLASTIN-C SOLN	P	SP; PA
ZEMAIRA SOLR	P	SP; PA
Cystic Fibrosis Agents		
BRONCHITOL	P	SP; PA
BRONCHITOL TOLERANCE TEST	P	SP; PA
KALYDECO TABS	P	SP; PA
KALYDECO PACK	P	SP; PA
ORKAMBI TABS	P	SP; PA
ORKAMBI PACK	P	SP; PA
PULMOZYME	P	SP; PA
SYMDEKO	P	SP; PA
TRIKAFTA	P	QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET TABS (Use pirfenidone)	NP	SP; PA
ESBRIET CAPS (Use pirfenidone)	NP	SP; PA
OFEV	P	SP; PA
pirfenidone caps	P	SP; PA
pirfenidone tabs 267 mg, 801 mg	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ACTICLATE TABS (Use doxycycline hyclate)	NP	
doxycycline (monohydrate) caps 50 mg, 100 mg	P	
doxycycline (monohydrate) tabs 50 mg, 100 mg	P	
doxycycline hyclate caps	P	
doxycycline hyclate tabs 100 mg	P	
minocycline hcl caps	P	

Drug Name	Drug Tier	Requirements/ Limits
tetracycline hcl caps 500 mg	P	
VIBRAMYCIN CAPS (Use doxycycline hyclate)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	P	
propylthiouracil	P	
Thyroid Hormones		
ARMOUR THYROID TABS	P	
CYTOMEL TABS (Use liothyronine sodium)	NP	
levothyroxine sodium tabs	P	
liothyronine sodium tabs	P	
NP THYROID 120 TABS	P	
NP THYROID 15 TABS	P	
NP THYROID 30 TABS	P	
NP THYROID 60 TABS	P	
NP THYROID 90 TABS	P	
SYNTHROID TABS (Use levothyroxine sodium)	P	
TRIOSTAT SOLN (Use liothyronine sodium)	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
BOOSTRIX SUSP 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML	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
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate sublingual .125 mg</i>	NP	
INFANRIX 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate elixir</i>	P	
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate tablet .375 mg</i>	P	QL(4 ea daily)
TENIVAC INJ 2 LFU-5 LFU	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate tablets .125 mg</i>	NP	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate sublingual .125 mg</i>	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			<i>hyoscyamine sulfate solution or .125 mg/ml</i>	P	
			HYOSCYAMINE SULFATE POWD	P	
			LEVbid TB12 (Use <i>hyoscyamine sulfate</i>)	NP	QL(4 ea daily)
			LEVSIN SOLN IJ .5 MG/ML (Use <i>hyoscyamine sulfate</i>)	NP	
			ROBINUL TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 ea daily)
			ROBINUL FORTE TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 ea daily)
			SYMAX DUOTAB TBCR	P	
			H-2 Antagonists		
			<i>cimetidine tabs</i>	P	RX/OTC
			<i>cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml</i>	P	
Antispasmodics			<i>famotidine susr</i>	P	
<i>dicyclomine hcl tabs</i>	P		<i>famotidine tabs 20 mg, 40 mg</i>	P	RX/OTC
<i>dicyclomine hcl soln or</i>	P	QL(496 ml per 30 days retail)	<i>famotidine tabs 10 mg</i>	P	OTC
<i>dicyclomine hcl caps</i>	P		PEPCID TABS (Use <i>famotidine</i>)	NP	RX/OTC
<i>glycopyrrolate tabs 1 mg, 2 mg</i>	P	QL(4 ea daily)	PEPCID AC TABS (Use <i>famotidine</i>)	NP	RX/OTC
<i>hyoscyamine sulfate elixir</i>	NP		PEPCID AC TABS 10 MG (Use <i>famotidine</i>)	NP	OTC
<i>hyoscyamine sulfate tbdp .125 mg</i>	P		PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NP	RX/OTC
<i>hyoscyamine sulfate tbdp .125 mg</i>	NP				
<i>hyoscyamine sulfate tabs .125 mg</i>	P				
<i>hyoscyamine sulfate soln or .125 mg/ml</i>	NP				

Drug Name	Drug Tier	Requirements/Limits
TAGAMET HB TABS (Use cimetidine)	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE TABS (Use sucralfate)	NP	
CARAFATE SUSP (Use sucralfate)	NP	QL(420 ml per fill retail)
sucralfate tabs	P	
sucralfate susp	P	QL(420 ml per fill retail)
Proton Pump Inhibitors		
DEXILANT (Use dexlansoprazole)	NP	ST
dexlansoprazole	P	ST
esomeprazole magnesium cpdr 20 mg	P	QL(2 ea daily); RX/OTC
lansoprazole cpdr 15 mg	P	QL(4 ea daily); RX/OTC
lansoprazole cpdr 30 mg	P	
NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC
omeprazole cpdr	P	QL(2 ea daily); RX/OTC
OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC
omeprazole magnesium tbec	P	OTC; QL(1 ea daily)
pantoprazole sodium tbec 40 mg	P	QL(2 ea daily)
pantoprazole sodium tbec 20 mg	P	QL(1 ea daily)
PREVACID CPDR 30 MG (Use lansoprazole)	NP	

Drug Name	Drug Tier	Requirements/Limits
PREVACID CPDR 15 MG (Use lansoprazole)	NP	QL(4 ea daily); RX/OTC
PREVACID 24HR CPDR (Use lansoprazole)	NP	QL(4 ea daily); RX/OTC
PRILOSEC OTC TBEC (Use omeprazole magnesium)	NP	OTC; QL(1 ea daily)
PROTONIX TBEC 20 MG (Use pantoprazole sodium)	NP	QL(1 ea daily)
PROTONIX TBEC 40 MG (Use pantoprazole sodium)	NP	QL(2 ea daily)
PROTONIX SOLR (Use pantoprazole sodium)	NP	
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use misoprostol)	NP	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole 30 mg-500 mg-500 mg	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 TABS (Use tolterodine tartrate)	NP	QL(2 ea daily)
DETROL LA CP24 (Use tolterodine tartrate)	NP	QL(1 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride)	NP	QL(2 ea daily)
ENABLEX 7.5 MG (Use darifenacin hydrobromide)	NP	
oxybutynin chloride syr	P	QL(496 ml per 30 days retail)
oxybutynin chloride tabs	P	QL(3 ea daily)
oxybutynin chloride tb24	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate cp24</i>	P	QL(1 ea daily)
<i>tolterodine tartrate tabs</i>	P	QL(2 ea daily)
<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		
BEXSERO	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
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 SOLR	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 19 yrs old)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
TRUMENBA	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
Viral Vaccines		
ASTRAZENECA COVID-19 VACCINE	P	
ENGRIX-B SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 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)
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)

Georgia Inter-Pregnancy Care Updated April 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
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)	PFIZER-BIONTECH COVID-19VACCINE/5-11Y	P	
			PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y	P	
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)	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)
HAVRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)	RECOMBIVAX HB SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
HAVRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	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)
INFLUENZA VACCINE	P	AL; At least 13 years old; QL (1 ea per 180 days retail)	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)
JANSSEN COVID-19 VACCINE	P		SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P	
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)	SHINGRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 50 yrs old)
MODERNA COVID-19 VACCINE	P		SPIKEVAX COVID-19 VACCINE	P	
NOVAVAX COVID-19 VACCINE	P				
PFIZER-BIONTECH COVID-19VACCINE	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VAQTA	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	MONISTAT 3 CREA (<i>Use miconazole nitrate vaginal</i>)	NP	OTC; QL(45 gm per 30 days retail)
VAQTA	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)	MONISTAT 7 SIMPLY CURE CREA (<i>Use miconazole nitrate vaginal</i>)	NP	OTC; QL(45 gm per 30 days retail)
VARIVAX INJ	P		<i>terconazole vaginal supp</i>	P	
VAGINAL AND RELATED PRODUCTS			<i>terconazole vaginal crea</i>	P	
Vaginal Anti-infectives			<i>tioconazole vaginal 6.5 %</i>	P	OTC
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP		VANDAZOLE	P	QL(70 gm per fill retail)
<i>clindamycin phosphate vaginal crea</i>	P		Vaginal Estrogens		
<i>clotrimazole vaginal crea 2 %</i>	P	OTC; QL(31 gm per 30 days retail)	ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	QL(43 gm per 30 days retail)
<i>clotrimazole vaginal crea 1 %</i>	P	OTC; QL(45 gm per 30 days retail)	<i>estradiol vaginal crea</i>	P	QL(43 gm per 30 days retail)
GYNAZOLE-1	P		<i>estradiol vaginal tabs</i>	P	
GYNE-LOTRIMIN CREA (<i>Use clotrimazole vaginal</i>)	NP	OTC; QL(45 gm per 30 days retail)	PREMARIN	P	QL(43 gm per fill retail)
GYNE-LOTRIMIN 3 CREA (<i>Use clotrimazole vaginal</i>)	NP	OTC; QL(31 gm per 30 days retail)	VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	
<i>metronidazole vaginal</i>	P	QL(70 gm per fill retail)	VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
<i>miconazole nitrate vaginal supp 200 mg</i>	P	QL(3 ea per 30 days retail)	Anaphylaxis Therapy Agents		
<i>miconazole nitrate vaginal crea</i>	P	OTC; QL(45 gm per 30 days retail)	AUVI-Q SOAJ .15 MG/0.3ML, .3 MG/0.3ML	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
<i>miconazole nitrate vaginal kit 0</i>	P		AUVI-Q SOAJ .15 MG/0.15ML	NP	
<i>miconazole nitrate vaginal supp 100 mg</i>	P	OTC; QL(7 ea per 30 days retail)	<i>epinephrine (anaphylaxis) soaj .15 mg/0.15ml</i>	P	QL(2 ea per fill retail; 4 ea per 365 days retail)
			<i>epinephrine (anaphylaxis) soaj .15 mg/0.15ml</i>	NP	
			<i>epinephrine (anaphylaxis) soaj</i>	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
			EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NP	4 rti MAX fill; 365 rti day(s) supply; QL(2 ea per fill retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	P	SP; PA
NORTHERA (Use droxidopa)	NP	SP; PA
Vasopressors		
midodrine hcl	P	
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR (Use cholecalciferol)	NP	Age limit = less than 6 months
cholecalciferol caps 25 mcg, 50 mcg, 1000 unit, 2000 unit	P	OTC; QL(100 ea per fill retail)
cholecalciferol caps 1.25 mg, 1.25 mg, 50000 unit	P	OTC; QL(8 ea per 30 days retail)
cholecalciferol liqd or 400 ut/0.028ml	P	Age limit = less than 6 months
cholecalciferol caps 125 mcg, 5000 unit	P	OTC; QL(2 ea daily)
cholecalciferol liqd or 10 mcg/ml, 400 unit/ml	P	
DRISDOL CAPS (Use ergocalciferol)	NP	
D-VI-SOL LIQD OR (Use cholecalciferol)	NP	
ergocalciferol soln or	P	
ergocalciferol caps	P	
KEY-E CHEW	P	QL(2 ea daily)
MEPHYTON TABS (Use phytonadione)	NP	
phytonadione tabs 5 mg	P	
VITAMIN D3 LIQD OR 5000 UNIT/ML	P	Age limit = 6 months to 1 year

Drug Name	Drug Tier	Requirements/ Limits
vitamin e caps 100 unit, 200 unit, 400 unit	P	OTC; QL(2 ea daily)
vitamin e caps 45 mg, 90 mg, 100 unit, 200 unit, 268 mg, 400 unit	P	QL(2 ea daily)
VITAMIN E CHEW	P	OTC; QL(2 ea daily)
Water Soluble Vitamins		
ascorbic acid tabs	P	OTC; QL(100 ea per 30 days retail)
B-1 TABS	P	OTC; QL(100 ea per 30 days retail)
niacin tabs 500 mg	P	OTC
niacin cpcr 250 mg, 500 mg	P	OTC
niacin tbcrr	P	OTC
NIACIN TR TBCR	P	OTC
pyridoxine hcl tabs 25 mg, 50 mg, 100 mg	P	OTC
riboflavin tabs	P	OTC; QL(100 ea per 30 days retail)
SLO-NIACIN TBCR (Use niacin)	NP	OTC
thiamine hcl tabs	P	OTC; QL(100 ea per 30 days retail)
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BRONCHITOL TOLERANCE TEST . 98		butalbital-acetaminophen tabs 50 mg-325 mg	4	calcium carbonate (antacid) chew 500 mg	8
BRUKINSA	32	butalbital-acetaminophen-caffeine caps 40 mg-50 mg-325 mg	4	calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 20 mcg-600 mg, 400 unit-600 mg, 400 unit-600 mg-800 unit-600 mg, 600 mg-400 unit, 600 mg-800 unit, 800 unit-600 mg	78
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	74	butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg	5	calcium carbonate-cholecalciferol tabs 200 unit-500 mg, 200 unit-500 mg-500 mg-200 unit, 5 mcg-500 mg, 500 mg-200 unit	78
budesonide (inhalation) susp	10	butalbital-acetaminophen-caffeine w/ codeine 30 mg-40 mg-50 mg-325 mg	7		
budesonide-formoterol fumarate		butalbital-aspirin-caffeine caps 40 mg-50 mg-325 mg	5		

calcium carbonate-vitamin d tabs 125 unit-250 mg, 200 unit-500 mg, 250 mg-125 unit	78	carboplatin soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml, 1000 mg/100ml	29	cefadroxil tabs	43
calcium carbonate-vitamin d tabs 200 unit-600 mg, 400 unit-600 mg	78	CARESTART COVID-19 ANTIGEN HOME TEST KIT	59	cefdinir caps	43
calcium polycarbophil tabs	70	CARETOUCH 2 CPAP HOSE HANGER MISC	74	cefdinir susr	43
CALQUENCE	32	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	59	cefixime caps	43
CAMCEVI	31	CARETOUCH CPAP & BIPAP HOSE/6FT MISC	74	cefprozil susr	43
camphor & menthol lotn 0.5 %-0.5 %	53	CARETOUCH CPAP MASK WIPES MISC	74	cefprozil tabs	43
CAMZYOS	42	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	74	ceftriaxone sodium ij 1 gm, 250 mg, 500 mg	43
candesartan cilexetil	25	CARETOUCH CPAP TUBE CLEANING BRUSH MISC	74	cefuroxime axetil tabs	43
candesartan cilexetil-hydrochlorothiazide	25	CARETOUCH UNIVERSAL CPAPFILTERS MISC	74	CENTANY OINT	51
capecitabine	29	carglumic acid	63	cephalexin caps 250 mg, 500 mg	43
CAPHOSOL SOLN 0.009 %-0.032 %-0.052 %-0.569 %	82	carteolol hcl (ophth)	89	cephalexin susr	43
CAPRELSA	32	carvedilol 25 mg	40	CEPROTIN	67
capsaicin crea .025 %, .075 %	56	carvedilol 3.125 mg, 6.25 mg, 12.5 mg	40	CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-30 MEQ/L-35 MEQ/L	79
capsaicin crea .1 %	56	carvedilol phosphate	40	CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L	79
captopril & hydrochlorothiazide 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg	25	CARVYKTI	30	CERDELGA	68
captopril	24	CASTIVA WARMING LOTN	56	CEREZYME 400 UNIT	68
CAPZASIN-P CREA	56	CAYSTON	27	cetirizine hcl chew	22
carbamazepine chew	12	cefaclor caps	43	cetirizine hcl soln or	22
carbamazepine susp	12	cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	43	cetirizine hcl syrp or	22
carbamazepine tabs	12	cefadroxil caps	43	cetirizine hcl tabs	22
carbamazepine tb12	12	cefadroxil susr	43	cetirizine-pseudoephedrine 5 mg-120 mg	46
carbamide peroxide (otic) 6.5 %	92			cetorelix acetate	62
carbidopa	35			CHEMET	20
carbidopa-levodopa tabs	35			CHEMSTRIP-K STRP	59
carbidopa-levodopa tbcr	35			CHENODAL	65
				chlordiazepoxide hcl caps	9
				chlorhexidine gluconate (mouth-throat)	82

chlorhexidine gluconate liqd37	cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml99	CLEVER CHOICE PEAK FLOW METER74
chloroquine phosphate tabs 250 mg . 28	cimetidine tabs99	clindamycin hcl 150 mg, 300 mg .. 27
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chlorpheniramine maleate syrp22	CIMZIA PSKT65	clindamycin phosphate (topical) gel 50
chlorpheniramine maleate tabs22	CIMZIA STARTER KIT PSKT65	clindamycin phosphate (topical) lotn . 50
chlorpromazine hcl tabs 10 mg37	cinacalcet hcl63	clindamycin phosphate (topical) soln . 50
chlorpromazine hcl tabs 25 mg, 50 mg, 100 mg, 200 mg37	CINQAIR10	clindamycin phosphate vaginal crea 103
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CHOLBAM65	ciprofloxacin hcl tabs 100 mg64	clobetasol propionate emollient base .05 %54
cholecalciferol caps 1.25 mg, 1.25 mg, 50000 unit104	ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg64	clobetasol propionate gel .05 % ... 54
cholecalciferol caps 125 mcg, 5000 unit104	ciprofloxacin-dexamethasone 0.1 %-0.3 %92	clobetasol propionate oint .05 % ..54
cholecalciferol caps 25 mcg, 50 mcg, 1000 unit, 2000 unit104	cisplatin soln 50 mg/50ml, 100 mg/100ml, 200 mg/200ml29	clobetasol propionate soln .05 % ..54
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cholecalciferol liqd or 400 ut/0.028ml 104	citalopram hydrobromide soln15	clonazepam tabs12
cholestyramine light pack23	citalopram hydrobromide tabs 10 mg 15	clonidine hcl (adhd) tb121
cholestyramine light powd23	citalopram hydrobromide tabs 20 mg 15	clonidine hcl tabs25
cholestyramine pack23	citalopram hydrobromide tabs 40 mg 15	clopidogrel bisulfate 75 mg68
cholestyramine powd23	cladribine 10 mg/10ml29	clorazepate dipotassium tabs9
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CIMDUO 300 MG-300 MG37	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT59	clotrimazole w/ betamethasone crea 0.05 %-1 %52
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clotrimazole w/ betamethasone lotn 0.05 %-1 %	51	SOAJ	53	cyclosporine caps	81
clozapine tabs	36	COSENTYX SOSY	53	cyclosporine modified (for microemulsion) caps	81
CO MONITOR REPLACEMENT TPIECES MISC	74	cosyntropin solr	59	cyclosporine modified (for microemulsion) soln	81
COAGADEX	67	COTELLIC	32	cyclosporine soln iv 50 mg/ml	81
coal tar extract sham .5 %	58	COVID-19 AT-HOME TEST KIT KIT . 59		cyproheptadine hcl syrp	23
COARTEM 20 MG-120 MG	28	CREON CPEP	60	cyproheptadine hcl tabs	23
codeine sulfate tabs	6	CRIXIVAN 400 MG	37	CYRAMZA	29
CODEINE SULFATE TABS	6	cromolyn sodium (nasal) 5.2 mg/act 87		CYSTADROPS	92
colchicine tabs	66	cromolyn sodium (ophth)	92	CYSTAGON CAPS	66
colchicine w/ probenecid 0.5 mg-500 mg	66	cromolyn sodium nebu	10	CYSTARAN	92
COLD & FLU RELIEF NIGHTTIME D LIQD 6.25 MG/15ML-15 MG/15ML- 30 MG/15ML-500 MG/15ML	47	crotamiton lotn	57	cytarabine soln	29
colestipol hcl gran	23	CRYSVITA	63	CYTOGAM	93
colestipol hcl tabs	23	CUTAQUIG	93	DAILY MULTIPLE VITAMINS TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-20 MG-21 MG-60 MG-400 MCG-900 MCG ...	83
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COMETRIQ KIT	32	CVS DRY MOUTH SPRAY SOLN ..	82	DARZALEX	30
COMPLERA 25 MG-200 MG-300 MG	37	CVS GLUCOSE 4 GM-6 MG	17	DARZALEX FASPRO 30000 UNIT/15ML-1800 MG/15ML	32
CONDOMS-MISC	72	CVS GLUCOSE CHEW	17	daunorubicin hcl soln	32
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	72	CVS SOFT GLUCOSE CHEW	17	DAUNORUBICIN HYDROCHLORIDE SOLN	32
COPIKTRA	32	cyanocobalamin soln ij	68	DAURISMO	31
CORETEXT SUSP	58	cyclobenzaprine hcl tabs 5 mg, 10 mg	86	DDAVP	63
CORIFACT	67	cyclobenzaprine hcl tabs 7.5 mg ..	86	decitabine	29
CORTISONE ACETATE TABS	45	cyclopentolate hcl .5 %	90	deferasirox pack	20
COSENTYX SENSOREADY PEN		cyclopentolate hcl 1 %, 2 %	90	deferasirox tabs	20
		CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	29	deferasirox tbso	20
		CYCLOPHOSPHAMIDE SOLN ...	29		
		cyclophosphamide solr ij	29		

deferiprone tabs	20	desvenlafaxine succinate 100 mg .	16	DEXCOM G7 SENSOR	72
deferoxamine mesylate	21	desvenlafaxine succinate 25 mg, 50 mg	16	dexlansoprazole	100
DEFITELIO	68	DEX4 4 GM-6 MG	17	dexmethylphenidate hcl tabs	1
DEFLUX 15 MG/ML-50 MG/ML ...	66	DEX4 FAST ACTING GLUCOSE 4 GM-6 MG	17	dexrazoxane hcl	34
DELSTRIGO 100 MG-300 MG-300 MG	37	DEX4 NATURALS 4 GM-6 MG ...	17	DEXTENZA INST	91
DEPO-SUBQ PROVERA 104 SUSY SC	45	DEX4 POUCH PACK 4 GM-6 MG .	17	dextroamphetamine sulfate cp24 ...	1
DERMAREST PSORIASIS GEL ...	56	DEX4 QUICK DISSOLVE GLUCOSE CHEW	17	dextroamphetamine sulfate tabs 5 mg, 10 mg	1
DESCOVY 15 MG-120 MG	37	dexamethasone elix	45	dextromethorphan hbr liqd 7.5 mg/5ml	46
DESCOVY 25 MG-200 MG	37	dexamethasone sodium phosphate (ophth)	91	dextromethorphan polistirex suer .	46
desipramine hcl tabs 10 mg, 50 mg, 75 mg, 100 mg, 150 mg	17	dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml	45	dextromethorphan-doxylamine-acetaminophen liqd	47
desipramine hcl tabs 25 mg	17	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	45	dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 200 mg/10ml-20 mg/10ml	47
desmopressin acetate soln ij	63	dexamethasone soln	45	dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml	47
DESMOPRESSIN ACETATE SOLN NA	63	dexamethasone tabs	45	dextromethorphan-guaifenesin liqd 100 mg/5ml-5 mg/5ml, 15 mg/5ml-200 mg/5ml, 20 mg/20ml-400 mg/20ml, 30 mg/5ml-200 mg/5ml, 30 mg/5ml-30 mg/5ml-200 mg/5ml-200 mg/5ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml	47
desmopressin acetate spray	64	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	72	dextromethorphan-guaifenesin syrup 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 10 mg/5ml-100 mg/5ml .	47
desmopressin acetate spray refrigerated	64	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	72	dextromethorphan-guaifenesin tb12 30 mg-600 mg	47
desmopressin acetate tabs	63	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	72	dextromethorphan-phenylephrine-acetaminophen caps 5 mg-10 mg-325 mg	47
desogestrel & ethinyl estradiol	44	DEXCOM G5 MOBILE RECEIVERKIT	72	DEXYCU SUSP IO	91
desogestrel-ethinyl estradiol (biphasic)	44	DEXCOM G5 RECEIVER KIT	72		
desogestrel-ethinyl estradiol (triphasic)	44	DEXCOM G6 RECEIVER	72		
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desoximetasone crea .05 %	54				
desoximetasone crea .25 %	54				
desoximetasone gel	54				
desoximetasone oint .25 %	54				

DHIVY TABS 25 MG-100 MG 35	diltiazem hcl cp24 120 mg, 180 mg 41	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC ... 74
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DIACOMIT CAPS 250 MG 12	diltiazem hcl extended release beads 120 mg, 180 mg, 300 mg, 360 mg, 420 mg 42	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC 74
DIACOMIT CAPS 500 MG 12	diltiazem hcl extended release beads 240 mg 41	DISPOSABLE PAPER MOUTHPIECE MISC 74
DIACOMIT PACK 250 MG 12	diltiazem hcl tabs 41	disulfiram 250 mg 96
diazepam (anticonvulsant) gel 12	dimenhydrinate tabs 21	divalproex sodium csdr 14
diazepam soln or 5 mg/5ml 9	dimethyl fumarate cpdr 96	divalproex sodium tb24 250 mg ... 14
diazepam tabs 9	dimethyl fumarate misc 96	divalproex sodium tb24 500 mg ... 14
dibucaine 56	diphenhydramine hcl (sleep) caps 50 mg 69	divalproex sodium tbec 125 mg 14
dichlorphenamide 60	diphenhydramine hcl (sleep) tabs 25 mg 69	divalproex sodium tbec 250 mg 14
diclofenac potassium tabs 50 mg ... 3	diphenhydramine hcl (sleep) tabs 50 mg 69	divalproex sodium tbec 500 mg 14
diclofenac sodium (ophth) 92	diphenhydramine hcl caps 22	docetaxel conc 20 mg/ml, 80 mg/4ml, 160 mg/8ml 34
diclofenac sodium (topical) gel ex . 52	diphenhydramine hcl elix 12.5 mg/5ml 22	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML 34
diclofenac sodium tbec 3	diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml . 22	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 34
dicloxacillin sodium 94	diphenhydramine hcl tabs 25 mg .. 22	docetaxel soln 34
dicyclomine hcl caps 99	diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml 20	docusate sodium caps 100 mg, 250 mg 71
dicyclomine hcl soln or 99	diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg 20	docusate sodium caps 50 mg 71
dicyclomine hcl tabs 99	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML 99	docusate sodium liqd 71
diflunisal tabs 5	dipyridamole 68	docusate sodium syrp 71
digoxin soln or .05 mg/ml 42	disopyramide phosphate caps 9	DOCUSATE SODIUM SYRP 71
digoxin tabs .125 mg, .25 mg, 125 mcg, 250 mcg 42	DISPOSABLE MOUTHPIECE FULL RANGE MISC 74	docusate sodium tabs 71
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DILANTIN 13		DOJOLVI 89
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diltiazem hcl coated beads cp24 240 mg 41		
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10 mg	96	EASY FLOW HEPA FILTER MISC 74	ELLUME COVID-19 HOME TEST KIT	59
dorzolamide hcl	92	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP ..	ELOCTATE	67
DORZOLAMIDE HCL	92	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	EMBRACE PEN NEEDLES/30G X 5MM	73
DORZOLAMIDE HCL/TIMOLOL MALEATE 0.5 %-2 %	89	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP ..	EMBRACE PEN NEEDLES/31G X 5MM	73
dorzolamide hcl-timolol maleate ..	89	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	EMBRACE PEN NEEDLES/31G X 8MM	73
DOVATO 300 MG-50 MG	37	EASE CONTROLLER KIT MISC	EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP ..	59
doxazosin mesylate	25	econazole nitrate crea	EMCYT	31
doxepin hcl caps	17	ED BRON GP LIQD 5 MG/5ML-100 MG/5ML	EMFLAZA SUSP	45
doxepin hcl conc	17	EDURANT	EMFLAZA TABS	45
doxycycline (monohydrate) caps 50 mg, 100 mg	98	efavirenz caps 200 mg	EMOLLIENT LOTION-MISC	55
doxycycline (monohydrate) tabs 50 mg, 100 mg	98	efavirenz caps 50 mg	EMPLICITI	30
doxycycline hyclate caps	98	efavirenz tabs	emtricitabine caps	38
doxycycline hyclate tabs 100 mg ..	98	efavirenz-emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg- 600 mg	emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg, 300 mg- 200 mg	38
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DRAMAMINE CHEW	21	ELAPRASE	EMVERM CHEW	9
drospirenone-ethinyl estradiol	44	ELELYSO	enalapril maleate & hydrochlorothiazide	25
DROXIA CAPS	68	eletriptan hydrobromide	enalapril maleate tabs	24
droxidopa	104	ELIGARD KIT SC 7.5 MG	ENBREL MINI SOCT	4
DRYSOL SOLN	56	ELIGARD SC 45 MG	ENBREL SOLN	4
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	16	ELIQUIS STARTER PACK TBPB ..	ENBREL SOLR	4
DUROLANE PRSY	87	ELIQUIS TABS	ENBREL SOSY	4
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ENGERIX-B SUSP	101	ERLEADA 60 MG	31	ethambutol hcl tabs	28
ENGERIX-B SUSY 10 MCG/0.5ML 101		erlotinib hcl	30	ethosuximide caps	14
ENGERIX-B SUSY 20 MCG/ML .	101	ertapenem sodium ij	27	ethosuximide soln	14
ENHERTU	30	ERWINASE	33	ethynodiol diacet & eth estrad	44
ENJAYMO	67	ERWINAZE	34	etodolac caps	3
enoxaparin sodium soln ij 300 mg/3ml	11	erythromycin (acne aid) gel	50	etodolac tabs	3
enoxaparin sodium sosy	11	erythromycin (acne aid) soln	50	etonogestrel-ethinyl estradiol 0.015 mg/24hr-0.12 mg/24hr	44
ENSPRYNG	81	erythromycin (ophth)	90	etoposide caps	34
ENTYVIO	65	erythromycin base cpep	72	etoposide soln 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	34
EPCLUSA PACK 50 MG-200 MG .	40	erythromycin base tabs	72	etravirine	38
EPICORD/ 1CM X 2CM SHEE	58	erythromycin base tbec	72	etravirine 200 mg	38
EPIDIOLEX	12	erythromycin ethylsuccinate susr ..	72	EUFLEXXA SOSY	87
EPIFOAM FOAM 1 %-1 %	54	erythromycin ethylsuccinate tabs ..	72	EULEXIN	31
epinephrine (anaphylaxis) soaj .	15	erythromycin stearate tabs 250 mg 72		EVENITY	61
mg/0.15ml	103	escitalopram oxalate tabs 10 mg ..	15	everolimus tabs	32
epinephrine (anaphylaxis) soaj ...	103	escitalopram oxalate tabs 20 mg ..	15	everolimus tbso	32
epinephrine hcl (nasal)	88	escitalopram oxalate tabs 5 mg	15	EVERSENSE SENSOR/HOLDER 72	
epirubicin hcl soln 50 mg/25ml, 200 mg/100ml	32	esomeprazole magnesium cpdr 20 mg	100	EVKEEZA	23
EPOGEN	68	ESPEROCT	67	EVOMELA	29
epoprostenol sodium	42	estradiol & norethindrone acetate tabs	64	EVRYSDI	89
EQL DRY MOUTH ORAL RINSE SOLN	82	estradiol pttw	64	exemestane	31
ERBITUX	30	estradiol ptwk	64	EXKIVITY	30
ergocalciferol caps	104	estradiol tabs	64	EXONDYS 51	88
ergocalciferol soln or	104	estradiol vaginal crea	103	EXPIRATORY MOUTHPIECE MISC . 75	
ergotamine w/ caffeine tabs 100 mg- 1 mg	77	estradiol vaginal tabs	103	EXSERVAN FILM	88
		ESTROFACTORS TABS 0.67 MG-10 MCG-13 MCG-16.7 MG-30 MG-33 MG-66.7 MG-66.7 MG-66.7 UNIT-		EXTAVIA KIT	96

EYLEA SOLN90	5 mg-6 mg-6.9 mg-10 mg-10 mg-15 mcg-18.2 mg-30 mg-200 mg-324 mg 68	UNIT/ML-1150 UNIT/ML85
EYLEA SOSY90		FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT10
ezetimibe24	FERROUS GLUCONATE TABS 324 MG69	FLOVENT HFA 44 MCG/ACT10
ezetimibe-simvastatin23		FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT59
famciclovir40	ferrous sulfate elix69	fluconazole susr21
famotidine susr99	ferrous sulfate soln69	fluconazole tabs 100 mg, 200 mg .21
famotidine tabs 10 mg99	ferrous sulfate tabs 65 mg, 325 mg 69	fluconazole tabs 150 mg21
famotidine tabs 20 mg, 40 mg99	ferrous sulfate tbec69	fluconazole tabs 50 mg21
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FASTEP COVID-19 ANTIGEN HOME TEST KIT59	FEVERALL JUNIOR STRENGTH SUPP5	fludarabine phosphate solr29
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felbamate tabs13	FIBRYGA67	fluocinolone acetonide (otic)93
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fenofibrate tabs 160 mg23	FINTEPLA12	fluocinonide gel54
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fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr ..6	FLAVOR SWEET SYRP94	fluorouracil (topical) crea 5 %52
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FERRIPROX TWICE-A-DAY TABS 20	FLEBOGAMMA DIF SOLN93	fluoxetine hcl caps 40 mg15
	flecainide acetate10	fluoxetine hcl soln15
ferrous fumarate tabs69	FLORIVA PLUS SOLN 0.6 MG/ML-0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-2 MCG/ML-2 MG/ML-5 UNIT/ML-29.7 MCG/ML-32 MG/ML-400	fluoxetine hcl tabs 10 mg15
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 0.8 mg-1 mg-1.3 mg-		fluoxetine hcl tabs 20 mg15
		fluphenazine decanoate37

fluphenazine hcl tabs	37	formaldehyde soln 10 %	37	furosemide tabs	61
flurazepam hcl	70	FORTEO SOPN	61	FUZEON SOLR	38
flurbiprofen sodium	92	FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP ...	59	FYARRO	32
flurbiprofen tabs	3	fosamprenavir calcium tabs	38	gabapentin caps	12
flutamide	31	fosinopril sodium & hydrochlorothiazide	26	gabapentin soln	12
fluticasone propionate (nasal) susp 88		fosinopril sodium	24	gabapentin tabs 600 mg	12
fluticasone propionate crea .05 % .54		FOTIVDA	32	gabapentin tabs 800 mg	12
FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	10	FRAGMIN SOLN 95000 UNIT/3.8ML 11		GABLOFEN SOLN IT	87
FLUTICASONE PROPIONATE HFA 44 MCG/ACT	10	FRAGMIN SOSY	12	GALAFOLD	63
fluticasone propionate oint	54	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	72	galantamine hydrobromide cp24 ..	96
fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act- 250 mcg/act, 50 mcg/act-500 mcg/act	11	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	72	galantamine hydrobromide soln ...	96
fluvoxamine maleate tabs 100 mg .15		FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	72	galantamine hydrobromide tabs ...	96
fluvoxamine maleate tabs 25 mg, 50 mg	15	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	72	GAMASTAN	93
FLYP HYPERSONIQ CARTRIDGE MISC	75			GAMIFANT	81
FML OINT	91			GAMMAGARD LIQUID	93
folic acid tabs 1 mg	68			GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	93
folic acid tabs 400 mcg, 800 mcg ..68				GAMMAKED	93
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	62			GAMMAPLEX SOLN	93
FOLOTYN	29			GAMUNEX-C	93
fondaparinux sodium	11			ganirelix acetate	62
FORA GTEL BLOOD KETONE TEST STRIPS	59			GARDASIL 9 SUSP	102
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP ..59				GARDASIL 9 SUSY	102
				GATTEX	65
				GAUZE SPONGES	72
				GAVRETO	32
				GAZYVA	30
				GEL-ONE	87
				GELSYN-3 SOSY	87
				gemfibrozil tabs	23

GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT59	glyburide tabs20	guaifenesin-codeine soln47
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT59	glyburide-metformin17	guaifenesin-codeine syrp 10 mg/5ml- 100 mg/5ml47
GENICIN VITA-Q TABS 5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG-1000 MCG-1000 MCG83	glycerin (laxative) supp 2 gm70	guanfacine hcl (adhd)1
gentamicin sulfate (ophth) oint90	glycine diluent 94 mg/50ml-73.3 mg/50ml94	guanfacine hcl25
gentamicin sulfate (ophth) soln90	glycopyrrolate tabs 1 mg, 2 mg99	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC73
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GENVISC 850 SOSY87	GNP GLUCOSE CHEW18	HALAVEN34
GENVOYA 10 MG-150 MG-150 MG- 200 MG38	GNP QUICK DISSOLVE GLUCOSE CHEW18	haloperidol decanoate36
GILENYA .5 MG97	GOCOVRI CP2435	haloperidol lactate conc36
GILOTRIF30	GOJJI BLOOD KETONE TEST STRIPS59	haloperidol tabs .5 mg, 1 mg, 2 mg, 5 mg, 10 mg36
GIMOTI SOLN NA65	GONAL-F RFF REDIRECT SOPN .62	haloperidol tabs 20 mg36
ginger (zingiber officinalis) caps 250 mg2	GONAL-F RFF SOLR SC62	HAVRIX102
GLASSIA SOLN97	GONAL-F SOLR IJ62	HEMLIBRA67
glatiramer acetate sosy97	GOODSENSE GLUCOSE 4 GM-6 MG18	HEMOFIL M SOLR 1501 -2000 UNIT67
glimepiride 1 mg, 2 mg20	GRANIX SOLN68	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT67
glimepiride 4 mg20	GRANIX SOSY68	HEPAGAM B SOLN IJ93
glipizide tabs20	GRAPE SYRUP SYRP94	heparin sodium (porcine) soln ij 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml12
glipizide tb2420	griseofulvin microsize susp21	HERCEPTIN 150 MG30
glipizide-metformin hcl17	griseofulvin microsize tabs21	HERCEPTIN HYLECTA 10000 UNIT/5ML-600 MG/5ML32
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GLUCOSE CHEW18	guaifenesin syrp50	
GLUCOSE INSTANT ENERGY 4 GM-6 MG18	guaifenesin tb12 1200 mg50	
glyburide micronized 1.5 mg, 3 mg, 6 mg20	guaifenesin tb12 600 mg50	
	guaifenesin-codeine liqd 10 mg/5ml- 100 mg/5ml47	

HIZENTRA SOLN	93	hydrochlorothiazide caps	61	hydroxyurea	34
HIZENTRA SOSY	93	hydrochlorothiazide tabs 25 mg, 50 mg	61	hydroxyzine hcl syrp	9
homatropine hbr	90	hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml	46	hydroxyzine hcl tabs	9
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	75	hydrocodone-acetaminophen soln ..	7	hydroxyzine pamoate caps	9
HUMATE-P SOLR	67	hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg, 7.5 mg-325 mg ..	7	HYMOVIS	87
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	3	hydrocortisone (intrarectal)	8	hyoscyamine sulfate elix	99
HUMIRA PEN PNKT	3	hydrocortisone (rectal) ex 2.5 %	8	HYOSCYAMINE SULFATE POWD 99	
HUMIRA PEN-CD/UC/HS STARTER PNKT	3	hydrocortisone (topical) crea .5 % ..	54	hyoscyamine sulfate soln or .125 mg/ml	99
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	3	hydrocortisone (topical) crea 1 % ..	54	hyoscyamine sulfate subli .125 mg ..	99
HUMIRA PEN-PS/UV STARTER PNKT	3	hydrocortisone (topical) crea 2.5 % 54		hyoscyamine sulfate tabs .125 mg ..	99
HUMIRA PSKT	3	hydrocortisone (topical) lotn 1 % ..	54	hyoscyamine sulfate tb12 .375 mg ..	99
HUMULIN 70/30 KWIKPEN SUPN 30 UNIT/ML-70 UNIT/ML	19	hydrocortisone (topical) lotn 2.5 % ..	54	hyoscyamine sulfate tbdp .125 mg ..	99
HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	19	hydrocortisone (topical) oint 1 %, 2.5 %	54	HYPERHEP B SOLN IM	93
HUMULIN N KWIKPEN SUPN	19	hydrocortisone butyrate soln	54	HYPERRHO S/D MINI-DOSE SOSY IM	93
HUMULIN N SUSP	19	hydrocortisone tabs	45	HYPERRHO S/D SOSY IM 1500 UNIT	93
HUMULIN R SOLN IJ	19	hydrocortisone w/acetic acid 1 %-2 %	93	HYQVIA	93
HYALGAN SOLN	87	HYDROMORPHONE HCL SUPP ..	6	HYRONAN KIT 1 %-2 %	87
HYALGAN SOSY	87	hydromorphone hcl tabs 2 mg, 4 mg ..	6	HY-VEE GLUCOSE 4 GM-6 MG ..	18
HYCAMTIN CAPS	35	hydromorphone hcl tabs 8 mg	6	ibandronate sodium soln	61
hydralazine hcl tabs	26	hydroxychloroquine sulfate 200 mg 28		IBRANCE CAPS	33
HYDRALYTE FREEZER POPS SOLN 55 MEQ/L-16 GM/L-20 MEQ/L-45 MEQ/L-90 MEQ/L	79	hydroxyprogesterone caproate (antineoplastic)	31	IBRANCE TABS	32
HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML	79	hydroxyprogesterone caproate oil ..	95	ibuprofen chew	3
				ibuprofen lysine	4
				ibuprofen susp 100 mg/5ml	4
				ibuprofen susp 40 mg/ml, 50 mg/1.25ml	3
				ibuprofen tabs 200 mg	3
				ibuprofen tabs 400 mg, 600 mg, 800	

mg	3	INFANTS SILAPAP SOLN OR	5	INVEGA HAFYERA	36
icatibant acetate	67	INFLECTRA	65	INVEGA SUSTENNA	36
ICLUSIG	33	INFLIXIMAB	65	INVEGA TRINZA	36
IDELVION	67	INFLUENZA VACCINE	102	INVIRASE TABS	38
IDHIFA	33	INLYTA	29	IOPIDINE	90
IFE-BIMIX 30/1 SOLN 1 MG/ML-30		INNOSPIRE REPLACEMENT		ipratropium bromide (nasal) .03 %	.87
MG/ML	42	FILTER MISC	75	ipratropium bromide (nasal) .06 %	.87
IHEALTH COVID-19		INQOVI 35 MG-100 MG	32	ipratropium bromide soln .02 %	.10
ANTIGENRAPID TEST KIT	59	INREBIC	33	ipratropium-albuterol soln 0.5	
ILARIS SOLN	3	INSULIN ASPART		mg/3ml-2.5 mg/3ml	11
ILUMYA	53	PROTAMINE/INSULIN ASPART		irbesartan	25
ILUVIEN	91	FLEXPEN SUPN 30 UNIT/ML-70		irbesartan-hydrochlorothiazide	.26
imatinib mesylate	33	UNIT/ML	19	IRESSA	30
IMBRUVICA CAPS	33	INSULIN ASPART		irinotecan hcl	35
IMBRUVICA TABS	33	PROTAMINE/INSULIN ASPART		IRON CHEWS PEDIATRIC CHEW	
IMCIVREE	1	SUSP 30 %-70 %	19	69	
IMFINZI	30	INSULIN GLARGINE SOLN	19	IRON TABS 28 MG	69
imipramine hcl tabs	17	INSULIN GLARGINE SOPN	19	ISENTRESS CHEW 100 MG	38
imiquimod 5 %	55	INSULIN LISPRO JUNIOR		ISENTRESS CHEW 25 MG	38
IMLYGIC 0	35	KWIKPEN SOPN	19	ISENTRESS HD TABS	38
INCRELEX	62	INSULIN LISPRO KWIKPEN SOPN .		ISENTRESS PACK	38
INCRUSE ELLIPTA	10	19		ISENTRESS TABS	38
indapamide tabs 1.25 mg, 2.5 mg	.61	INSULIN LISPRO		isoniazid syrp	28
INDICAID COVID-19 RAPID		PROTAMINE/INSULIN LISPRO		isoniazid tabs	28
ANTIGEN AT-HOME TEST KIT ...	60	KWIKPEN SUPN 25 UNIT/ML-75		ISOPTO ATROPINE SOLN	90
INDOCIN SUPP	4	UNIT/ML	19	isosorbide dinitrate tabs 5 mg, 10 mg,	
INDOCIN SUSP	4	INSULIN LISPRO SOLN IJ	19	20 mg, 30 mg	.9
indomethacin caps 25 mg, 50 mg	.4	INSULIN SYRINGES	73	isosorbide mononitrate tabs	.9
indomethacin sodium	4	INSULIN SYRINGES-MISC	73	isosorbide mononitrate tb24	.9
INFANRIX 10 LFU/0.5ML-25		INTELENCE	38	isotretinoin 10 mg, 20 mg, 30 mg, 40	
LFU/0.5ML-58 MCG/0.5ML	99	INTELISWAB COVID-19 RAPID		mg	51
		TEST KIT	60		
		INTRON A SOLN	34		
		INTRON A SOLR	34		

ISTURISA	61	ketorolac tromethamine (ophth) .4 % .	92	KOKO PEAK PRO	
ITCH RELIEF CREA	52	ketorolac tromethamine (ophth) .5 % .	92	REPLACEMENTPLASTIC	
itraconazole caps	22			MOUTHPIECE MISC	75
IXEMPRA KIT	34	ketorolac tromethamine soln ij 15		KORLYM	18
IXINITY SOLR	67	mg/ml, 30 mg/ml	4	KOSELUGO	33
JAKAFI	33	KETOROLAC TROMETHAMINE		KOVALTRY	67
JANSSEN COVID-19 VACCINE .	102	SOLN IJ 15 MG/ML, 30 MG/ML	4	KRINTAFEL	28
JEMPERLI	30	ketorolac tromethamine tabs	4	KROGER GLUCOSE 4 GM-6 MG .	18
JEVTANA	34	KETOSTIX STRP	60	KRYSTEXXA	66
JIVI	67	ketotifen fumarate (ophth) .025 % .	92	KYPROLIS	33
JULUCA 50 MG-25 MG	38	KEVZARA SOAJ	3	labetalol hcl tabs 100 mg	41
JUXTAPID 5 MG, 10 MG, 20 MG, 30		KEVZARA SOSY	3	labetalol hcl tabs 200 mg	41
MG	24	KEY-E CHEW	104	labetalol hcl tabs 300 mg	41
JYNARQUE TABS	64	KEYTRUDA	30	lactic acid (ammonium lactate) crea	55
JYNARQUE TBPB	64	KHAPZORY	34	lactic acid (ammonium lactate) lotn	
KADCYLA	30	KIMMTRAK	30	12 %	55
KALBITOR	67	KINDERLYTE PREMAX SOLN 3.1		lactulose (encephalopathy)	65
KALYDECO PACK	98	MG/360ML-330 MG/360ML-620		lactulose soln	70
KALYDECO TABS	98	MG/360ML-630 MG/360ML	79	lamivudine soln	38
KANJINTI 420 MG	30	KINDERLYTE SOLN 8.6 MG/L-840		lamivudine tabs 150 mg	38
KANUMA	63	MG/L-1270 MG/L-1590 MG/L	79	lamivudine tabs 300 mg	38
KCENTRA	67	KINERET SOSY	3	lamivudine-zidovudine 150 mg-300	
KEPIVANCE	34	KISQALI	33	mg	38
KERALYT GEL	56	KISQALI FEMARA 200 DOSE 200		lamotrigine chew	13
KESIMPTA	97	MG-2.5 MG	32	lamotrigine tabs	12
ketoconazole (topical) crea	52	KISQALI FEMARA 400 DOSE 2.5		lamotrigine tb24	13
ketoconazole (topical) sham 1 % ..	52	MG-200 MG	32	LANCETS-MISC	73
ketoconazole (topical) sham 2 % ..	52	KISQALI FEMARA 600 DOSE 2.5		LANCING DEVICE-MISC	73
KETONE STRP	60	MG-200 MG	32	lanolin (topical) crea	56
KETONE TEST STRIPS STRP	60	KOATE SOLR	67	lanolin xx	95
		KOATE-DVI SOLR	67	LANOLOR CREA 0	56
		KOGENATE FS KIT	67		

LANREOTIDE ACETATE64	levetiracetam tabs 250 mg, 750 mg 13	lidocaine-prilocaine crea 2.5 %-2.5 %56
lansoprazole cpdr 15 mg 100	levetiracetam tabs 500 mg13	LIORESAL INTRATHECAL SOLN IT 87
lansoprazole cpdr 30 mg 100	levetiracetam tb24 13	liothyronine sodium tabs98
lapatinib ditosylate33	levobunolol hcl .5 %89	lisinopril & hydrochlorothiazide 10 mg-12.5 mg, 12.5 mg-20 mg 26
latanoprost soln92	levocarnitine (metabolic modifiers) soln or 1 gm/10ml63	lisinopril tabs 2.5 mg24
LATANOPROST SOLN92	levocarnitine (metabolic modifiers) tabs63	lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 40 mg24
LEADER GLUCOSE 18	levocetirizine dihydrochloride tabs .22	LITETOUCH MASK LARGE MISC 75
LEADER QUICK DISSOLVE GLUCOSE CHEW 18	levofloxacin tabs 64	LITETOUCH MASK MEDIUM MISC . 75
leflunomide 4	levoleucovorin calcium soln 250 mg/25ml34	LITETOUCH MASK SMALL MISC .75
lenalidomide80	levoleucovorin calcium solr 34	lithium carbonate caps35
LENVIMA 10 MG DAILY DOSE ..29	levonorgestrel & eth estradiol tabs 44	lithium carbonate tabs 35
LENVIMA 12MG DAILY DOSE ...29	levonorgestrel (emergency oc) 1.5 mg45	lithium carbonate tbcr35
LENVIMA 14 MG DAILY DOSE ..29	levonorgestrel-eth estradiol (triphasic)44	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN 87
LENVIMA 18 MG DAILY DOSE ..30	levonorgestrel-ethinyl estradiol (91- day) 0.03 mg-0.15 mg, 0.15 mg-0.03 mg44	LIVMARLI65
LENVIMA 20 MG DAILY DOSE ..30	levothyroxine sodium tabs98	LIVTENCITY40
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leucovorin calcium tabs34	lidocaine hcl (mouth-throat) 2 % ...82	lopinavir-ritonavir soln 400 mg/5ml- 100 mg/5ml38
LEUKERAN29	lidocaine hcl crea 3 %56	lopinavir-ritonavir tabs 100 mg-25 mg38
LEUKINE SOLR IJ68	lidocaine hcl crea 4 %56	lopinavir-ritonavir tabs 50 mg-200 mg38
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loratadine & pseudoephedrine tb12 5 mg-120 mg	47	LUPRON DEPOT-PED (3-MONTH) . 62	meclizine hcl tabs 12.5 mg, 25 mg 21
loratadine & pseudoephedrine tb24 10 mg-240 mg	48	LUXTURNA	91
loratadine soln	22	LYNPARZA TABS	33
loratadine syrp	22	LYSODREN	31
loratadine tabs	22	MACI	86
loratadine tbdp	23	MAGNESIUM CAPS 400 MG	79
lorazepam tabs	9	magnesium citrate	71
LORBRENA	33	MAGNESIUM EXTRA STRENGTH CAPS	79
losartan potassium & hydrochlorothiazide	26	magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml	71
losartan potassium	25	magnesium oxide (mg supplement) tabs 400 mg	80
lovastatin tabs 10 mg, 20 mg	23	MAGNESIUM OXIDE CAPS	79
lovastatin tabs 40 mg	23	magnesium oxide tabs 400 mg	8
loxapine succinate	36	MAKENA SOAJ	95
LUCENTIS SOLN	90	malathion	57
LUCENTIS SOSY	90	maprotiline hcl	15
LUMIZYME	63	maraviroc tabs 300 mg	38
LUMOXITI	30	maraviroc tabs	38
LUNG PERFORMANCE PEAK FLOW METER	75	MARGENZA	30
LUPANETA PACK	62	MARQIBO	34
LUPKYNIS	81	MATULANE	34
LUPRON DEPOT (1-MONTH) KIT IM	31	MAVYRET PACK 50 MG-20 MG ..	40
LUPRON DEPOT (3-MONTH) KIT IM	31	MAVYRET TABS 40 MG-100 MG .	40
LUPRON DEPOT (4-MONTH) IM .	31	MAXI-TUSS PE LIQD 2 MG/5ML-5 MG/5ML	48
LUPRON DEPOT (6-MONTH) IM .	31	MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	48
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		medroxyprogesterone acetate (contraceptive) susp im	45
		medroxyprogesterone acetate (contraceptive) susy im	45
		medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg	95
		mefloquine hcl	28
		megestrol acetate susp	31
		megestrol acetate tabs	31
		MEIJER GLUCOSE 4 GM-6 MG ..	18
		MEKINIST	33
		MEKTOVI	33
		MELATONIN SUBL	2
		melatonin tabs 3 mg, 5 mg	2
		melatonin tbdp 3 mg	2
		meloxicam tabs	4
		melphalan	29
		melphalan hcl	29
		memantine hcl soln	96
		memantine hcl tabs	96
		MENACTRA	101
		MENOPUR SC	62
		MENQUADFI	101
		MENVEO SOLR	101
		meperidine hcl soln or 50 mg/5ml ...	6
		meperidine hcl tabs 50 mg	6
		meprobamate	9
		MEPSEVII	63
		mercaptopurine tabs	29
		mesalamine cp24	65

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mesalamine enem	65	methylphenidate hcl tabs 5 mg	2	miconazole nitrate vaginal kit 0 ..	103
mesalamine tbec	65	methylphenidate hcl tb24 18 mg, 27 mg, 54 mg	2	miconazole nitrate vaginal supp 100 mg	103
mesna soln	34	methylphenidate hcl tb24 36 mg	2	miconazole nitrate vaginal supp 200 mg	103
MESNEX TABS	34	methylphenidate hcl tbc 10 mg, 20 mg, 36 mg	2	MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	93
metformin hcl tabs 500 mg	17	methylphenidate hcl tbc 18 mg, 27 mg, 54 mg	2	MICROLIFE DIGITAL PEAK FLOW METER	75
metformin hcl tabs 850 mg, 1000 mg 17		methylprednisolone tabs 4 mg, 8 mg . 45		midazolam hcl soln ij	70
metformin hcl tb24 500 mg	17	methylprednisolone tbpk	45	midodrine hcl	104
metformin hcl tb24 750 mg	17	metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml	65	miglustat	68
methadone hcl tabs 10 mg	6	metoclopramide hcl tabs	65	MILLIPRED TABS	45
methadone hcl tabs 5 mg	6	metolazone	61	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	75
methazolamide tabs	60	metoprolol & hydrochlorothiazide tabs 25 mg-100 mg, 25 mg-50 mg .	26	MINI WRIGHT PEAK FLOW METER	75
methenamine mandelate	28	metoprolol succinate tb24 200 mg .	41	MINI WRIGHT PEAK FLOW METER STANDARD RANGE	75
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 0.12 mg-10.8 mg-36.2 mg-40.8 mg-81.6 mg 27		metoprolol succinate tb24 25 mg, 50 mg, 100 mg	41	MINIELITE FILTER REPLACEMENTS MISC	75
methimazole tabs	98	metoprolol tartrate tabs 100 mg ...	41	minocycline hcl caps	98
METHITEST TABS	8	metoprolol tartrate tabs 25 mg, 50 mg	41	minoxidil 10 mg	27
methocarbamol tabs	87	metronidazole (topical) crea	57	minoxidil 2.5 mg	27
METHOTREXATE	3	metronidazole (topical) gel .75 % ..	57	MIRCERA	68
methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml	29	metronidazole (topical) lotn	57	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	58
methotrexate sodium tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg	29	metronidazole tabs	27	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	58
methyldopa tabs	25	metronidazole vaginal	103	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	58
methylergonovine maleate tabs ...	93	metyrosine	24		
methylphenidate hcl cpcr	2	mexiletine hcl	10		
methylphenidate hcl soln 10 mg/5ml . 2		miconazole nitrate (topical) crea ...	52		
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MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-11 MG/ML-50 MG/ML-250 MCG/ML ..85	naloxone hcl soct 21	%-3.5 mg/gm-10000 unit/gm 91
MULTIVITAMIN WITH FLUORIDE CHEW85	naloxone hcl soln .4 mg/ml, 4 mg/10ml21	neomycin-polymy-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml 91
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG- 1.2 MG-4.5 MCG-13.5 MG-15 UNIT- 60 MG-400 UNIT-2500 UNIT 85	naloxone hcl sosy21	neomycin-polymyxin w/ pramoxine 3.5 mg/gm-10 mg/gm-10000 unit/gm . 51
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mupirocin oint51	naproxen sodium tabs 220 mg4	neomycin-polymyxin-hc (otic) soln 1 %-3.5 mg/ml-10000 unit/ml 93
MVASI30	naproxen sodium tabs 275 mg, 550 mg 4	neomycin-polymyxin-hc (otic) susp 1 %-3.5 mg/ml-10000 unit/ml 93
MX-SOL BLEND SF SUSP94	naproxen susp4	NERLYNX33
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MYLOTARG30	nefazodone hcl16	niacin tabs 500 mg104
MYOBLOC88	NEOMULTIVITE TABS 2 MG-1.5 MG-1.7 MG-2 MCG-5 MCG-6 MCG- 10 MCG-20 MG-60 MG-400 MCG- 1500 MCG84	niacin tbcr104
NABI-HB SOLN IM93	neomycin sulfate tabs2	NIACIN TR TBCR 104
nabumetone4	neomycin-bacitracin zn-polymyxin 3.5 mg/gm-400 unit/gm-10000 unit/gm 90	nicardipine hcl caps42
nadolol tabs 20 mg, 40 mg, 80 mg 41	neomycin-bacitracin-polymyxin oint 3.5 mg/gm-400 unit/gm-5000 unit/gm 51	nicotine polacrilex gum97
NAGLAZYME63	neomycin-polymy-dexameth oint 0.1	nicotine polacrilex lozg97
naloxone hcl liqd21		nicotine pt24 7 mg/24hr, 14 mg/24hr,

21 mg/24hr	97	norethindrone acetate-ethinyl estradiol	64	NOVOLIN N SUSP	19
NICOTINE TRANSDERMAL SYSTEM KIT	97	norethindrone acetate-ethinyl estradiol-fe 1 mg-75 mg	44	NOVOLIN R RELION SOLN IJ	19
NICOTROL INHALER INHA	97	norethindrone-eth estradiol (triphasic) 0	44	NOVOLIN R SOLN IJ	19
NICOTROL NS SOLN	97	norgestimate-ethinyl estradiol (triphasic) 0	44	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML	19
nifedipine caps	42	norgestimate-ethinyl estradiol 0.25 mg-35 mcg	44	NOVOLOG MIX 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML ...	19
nifedipine tb24 30 mg, 90 mg	42	norgestrel & ethinyl estradiol 0.3 mg-30 mcg	44	NOVOSEVEN RT	67
nifedipine tb24 60 mg	42	NORPACE CR CP12 150 MG	10	NP THYROID 120 TABS	98
NINLARO	33	nortriptyline hcl caps	17	NP THYROID 15 TABS	98
nitisinone caps	63	nortriptyline hcl soln	17	NP THYROID 30 TABS	98
NITRO-BID OINT	9	NORVIR SOLN	38	NP THYROID 60 TABS	98
nitrofurantoin	28	NOSE CLIP MISC	75	NP THYROID 90 TABS	98
nitrofurantoin macrocrystal 50 mg, 100 mg	28	NOVA MAX PLUS KETONE TESTSTRIPS	60	NUBEQA	31
nitrofurantoin monohyd macro	28	NOVACHOR	58	NULIBRY	63
nitroglycerin cpcr	9	NOVAREL IM	62	NULOJIX	81
nitroglycerin pt24	9	NOVAVAX COVID-19 VACCINE	102	NUMOISYN LIQD	82
nitroglycerin subl	9	NOVOLIN 70/30 FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML ...	19	NUPLAZID CAPS	35
NITYR TABS	63	NOVOLIN 70/30 FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	19	NUPLAZID TABS 10 MG	35
NIVESTYM SOLN	68	NOVOLIN 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	19	NUWIQ KIT	67
NIVESTYM SOSY	68	NOVOLIN 70/30 SUSP 30 UNIT/ML-70 UNIT/ML	19	NUWIQ SOLR	67
NORDITROPIN FLEXPEN SOPN	62	NOVOLIN N FLEXPEN RELION SUPN	19	nystatin (mouth-throat)	82
norelgestromin-ethinyl estradiol 35 mcg/24hr-150 mcg/24hr	44	NOVOLIN N FLEXPEN SUPN	19	nystatin (topical) crea	52
norethin acet & estrad-fe tabs	44	NOVOLIN 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	19	nystatin (topical) oint	52
norethindrone & eth estradiol	44	NOVOLIN 70/30 SUSP 30 UNIT/ML-70 UNIT/ML	19	nystatin (topical) powd ex	52
norethindrone & ethinyl estradiol-fe 44		NOVOLIN N RELION SUSP	19	nystatin tabs	21
norethindrone (contraceptive)	45			nystatin-triamcinolone crea 1 mg/gm-100000 unit/gm	52
norethindrone acet & eth estra	44			nystatin-triamcinolone oint 0.1 %-100000 unit/gm	52
norethindrone acetate tabs	95			NYVEPRIA	68

OASIS ULTRA TRI-LAYER MATRIX FENESTRATED 0	58	OMNICAP TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MG-20 MG-30 UNIT-60 MG-400 MCG-400 UNIT-3000 UNIT	84	ONETOUCH VERIO REFLECT KIT 73	
OASIS WOUND MATRIX 0	58	ON/GO COVID-19 ANTIGEN SELF-TEST KIT	60	ONETOUCH VERIO TEST STRIPS STRP	60
OBIZUR	67	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	60	ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	75
OALIVA	65	ONCASPAR	34	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	75
OCTAGAM SOLN	93	ondansetron hcl soln or 4 mg/5ml	21	ONPATTRO	97
octreotide acetate soln	64	ondansetron hcl tabs 24 mg	21	ONUREG TABS	29
ODEFSEY 200 MG-25 MG-25 MG 39		ondansetron hcl tabs 4 mg, 8 mg	21	OPDIVO	30
ODOMZO	31	ondansetron tbdp	21	OPDUALAG 80 MG/20ML-240 MG/20ML	32
OFEV	98	ONE DAILY ESSENTIAL TABS 1.5 MG-1.7 MG-2 MG-3.3 MG-6 MCG-10 MG-20 MCG-20 MG-45 MG-60 MG-500 MCG-900 MCG	84	ORA-BLEND SF SUSP	94
OFF DEEP WOODS AERO	56	ONE FLOW TESTER TUBE MOUTHPIECE MISC	75	ORA-BLEND SUSP	94
OFF DEEP WOODS DRY AERO	57	ONETOUCH SOLUTIONS FIT KIT 73		oral electrolytes soln 7.8 mg/l-20 gm/l-20 meq/l-40 meq/l-50 meq/l	79
ofloxacin (ophth)	90	ONETOUCH SOLUTIONS RX STARTER KIT KIT	73	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	95
ofloxacin (otic)	92	ONETOUCH ULTRA 2 KIT	73	ORAL MIX SF SUSP	95
ofloxacin 400 mg	64	ONETOUCH ULTRA MINI KIT	73	ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	83
OGIVRI	30	ONETOUCH ULTRA STRP	60	ORAL SUSPEND LIQD	95
olanzapine tabs 15 mg, 20 mg	36	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	73	ORAL SYRUP FLAVORED VEHICLE SYRP	95
olanzapine tabs 2.5 mg, 5 mg	36	ONETOUCH VERIO IN VITRO MEDI-CAL STRP	60	ORAL SYRUP SF SYRP	95
olanzapine tabs 7.5 mg, 10 mg	36	ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	73	ORAPENN SD ANHYDROUS SWEETENED LIQD	95
olmesartan medoxomil	25	ONETOUCH VERIO KIT	73	ORAPENN SD ANHYDROUS UNSWEETENED LIQD	95
olmesartan medoxomil-amlodipine-hydrochlorothiazide	26			ORA-PLUS LIQD	95
olmesartan medoxomil-hydrochlorothiazide	26			ORA-SWEET SF SYRP	95
OLUMIANT	3				
omega-3 fatty acids caps	89				
omega-3 fatty acids cpdr	89				
OMEPRAZOLE	44				
OMEPRAZOLE 20MG TABLET	100				
omeprazole cpdr	100				
omeprazole magnesium tbec	100				

ORA-SWEET SYRP	95	oxybutynin chloride syrp	100	PANZYGA	93
ORENCIA CLICKJECT SOAJ	4	oxybutynin chloride tabs	100	PARI ALTERA NEBULIZER	
ORENCIA SOLR	4	oxybutynin chloride tb24	100	HANDSET MISC	75
ORENCIA SOSY	4	oxycodone hcl caps	6	PARI BABY CONVERSION KITSIZE	
ORENITRAM TBCR	42	oxycodone hcl conc 100 mg/5ml ...	6	1 MISC	75
ORFADIN CAPS	63	oxycodone hcl soln	6	PARI BABY CONVERSION KITSIZE	
ORFADIN SUSP	63	oxycodone hcl t12a	6	2 MISC	75
ORGOVYX	31	oxycodone hcl tabs 30 mg	6	PARI BABY CONVERSION KITSIZE	
ORKAMBI PACK	98	oxycodone hcl tabs 5 mg, 10 mg, 15		3 MISC	75
ORKAMBI TABS	98	mg, 20 mg	6	PARI ERAPID NEBULIZER	
ORLADEYO	67	oxycodone w/ acetaminophen soln 5		HANDSET MISC	75
orphenadrine citrate tb12	87	mg/5ml-325 mg/5ml	7	PARI EXPIRATORY FILTER VALVE	
ORTHOVISC	87	oxycodone w/ acetaminophen tabs		SET DEVI	75
oseltamivir phosphate caps 30 mg	40	10 mg-325 mg, 5 mg-325 mg, 7.5		PARI MASK SET MISC	75
oseltamivir phosphate caps 45 mg,		mg-325 mg	7	PARI SMARTMASK BABY/ELBOW	
75 mg	40	oxycodone-aspirin 4.835 mg-325 mg		MISC	75
oseltamivir phosphate susr	40	7		PARI SOFT PLASTIC ADULT MASK	
OSENI 15 MG-12.5 MG	17	OXYCONTIN T12A	6	MISC	76
OSTEOCONDUCTIVE MATRIX		oyster shell	79	PARI SOFT PLASTIC PEDIATRIC	
PLUS 0	59	OYSTER SHELL CALCIUM/D TABS		MASK MISC	76
OTEZLA TABS	4	200 UNIT-500 MG	79	PARI VORTEX ADULT MASK MISC .	
OTEZLA TBPK	4	OZURDEX IMPL	91	76	
OTREXUP SOAJ	3	paclitaxel protein-bound particles 900		paricalcitol soln	63
OVIDREL INJ	62	mg-100 mg	34	paroxetine hcl susp	16
OXAYDO TABS	6	PADCEV	30	paroxetine hcl tabs 10 mg	16
oxazepam caps	9	PALYNZIQ	63	paroxetine hcl tabs 20 mg	16
OXBRYTA TABS 500 MG	68	pamidronate disodium soln	61	paroxetine hcl tabs 30 mg, 40 mg .	16
OXBRYTA TBSO	68	PAMIDRONATE DISODIUM SOLN		paroxetine hcl tb24	16
oxcarbazepine susp	13	61		PARSABIV	63
oxcarbazepine tabs	13	PANCREAZE CPEP	60	PARVA-CAL 200 UNIT-500 MG ...	79
OXLUMO	66	PANHEMATIN 350 MG	67	PC PEDIATRIC POLY-VITAMIN	
		pantoprazole sodium tbec 20 mg .	100	DROPS SOLN OR 0.4 MG/ML-0.5	
		pantoprazole sodium tbec 40 mg .	100	MG/ML-0.6 MG/ML-2 MCG/ML-5	
				UNIT/ML-8 MG/ML-35 MG/ML-400	
				UNIT/ML-750 UNIT/ML	86

PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML 85	PEMAZYRE 33	phenylephrine hcl (mydriatic) soln 2.5 % 90
PCCA SWEET-SF SYRP 70 % ... 95	PEMETREXED 500 MG/20ML 29	phenylephrine hcl (oral) tabs 88
PCCA SYRUP VEHICLE SYRP ... 95	pemetrexed disodium solr 100 mg, 500 mg 29	phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml 48
PCCA-PLUS SUSP 95	PEMFEXY 29	phenylephrine-dm liqd 2.5 mg/5ml-5 mg/5ml 48
PEAK A-I-R FLOW METER 76	penicillamine tabs 80	phenylephrine-dm soln 2.5 mg/5ml-5 mg/5ml 48
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC 76	penicillin v potassium solr 94	phenylephrine-shark liver oil-cocoa butter 0.25 %-3 %-85.5 % 8
ped multivitamins w/fl & iron soln 0.25 mg/ml-0.4 mg/ml-0.5 mg/ml-0.6 mg/ml-5 unit/ml-8 mg/ml-10 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml 84	penicillin v potassium tabs 94	phenylephrine-shark liver oil-mineral oil-petrolatum 0.25 %-3 %-14 %-71.9 % 8
PEDIATRIC DISPOSABLE MOUTPIECE MISC 76	pentoxifylline 67	phenytoin chew 14
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 76	PERJETA 30	phenytoin sodium extended 30 mg, 100 mg 14
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS 85	permethrin crea 57	phenytoin sodium soln 14
pediatric multivitamins w/fl chew ... 85	permethrin liqd ex 57	phenytoin susp 14
pediatric multivitamins w/fl soln 85	permethrin lotn 57	PHESGO 32
pediatric vitamins acd w/ fluoride soln 85	perphenazine tabs 37	PHOTOFRIN 34
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 70	perphenazine-amitriptyline 96	PHOTREXA VISCOUS 0.146 %-20 % 91
peg 3350-potassium chloride-sod bicarbonate-sod chloride 1.48 gm-5.72 gm-11.2 gm-420 gm 70	PERSERIS PRSY 36	PHOTREXA/PHOTREXA VISCOUS KIT 91
PEGASYS SOLN 40	PERSONAL BEST FULL RANGE 76	phytonadione tabs 5 mg 104
PEGINTRON 50 MCG/0.5ML 40	PFIZER-BIONTECH COVID-19VACCINE 102	PIFELTRO 39
PEG-PREP 0.74 GM-2.86 GM-5 MG-5.6 GM-210 GM 70	PFIZER-BIONTECH COVID-19VACCINE/5-11Y 102	PIKO 1 ELECTRONIC 76
	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y 102	PILLOW MASK/ADULT MISC 76
	PFLEX MISC 76	PILLOW MASK/CHILD MISC 76
	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC ... 76	PILLOW MASK/PEDIATRIC MISC 76
	phenazopyridine hcl tabs 100 mg, 100 mg, 200 mg 66	pilocarpine hcl (oral) 5 mg 83
	phenelzine sulfate 15	pilocarpine hcl soln 1 %, 2 %, 4 % .90
	phenobarbital elix 69	
	phenobarbital tabs 69	

PILOT COVID-19 AT-HOME TEST KIT	60	polyethylene glycol 3350 powd	71	potassium bicarbonate tbef	80
pimecrolimus	55	polymyxin b-trimethoprim 0.1 %-10000 unit/ml	90	potassium chloride cpcr 10 meq ...	80
pindolol tabs	41	polysaccharide iron complex caps 150 mg	69	potassium chloride cpcr 8 meq	80
pioglitazone hcl	19	POLY-VI-FLOR CHEW	85	potassium chloride microencapsulated crystals er	80
pioglitazone hcl-metformin hcl tabs 17		polyvinyl alcohol 1.4 %	89	potassium chloride pack or 20 meq 80	
PIP BLOOD GLUCOSE TEST STRIP STRP	60	POLY-VI-SOL SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	86	potassium chloride soln or 10 %, 20 %	80
PIQRAY 200MG DAILY DOSE ...	33	POLY-VI-SOL/IRON SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-11 MG/ML-50 MG/ML-250 MCG/ML ..	86	potassium chloride tbcr 8 meq, 10 meq	80
PIQRAY 250MG DAILY DOSE ...	33	POLY-VITA SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-35 MG/ML-412.5 MCG/ML	86	potassium citrate (alkalinizer) tbcr 10 meq, 540 mg, 1080 mg	66
PIQRAY 300MG DAILY DOSE ...	33	POLY-VITA/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-10 MG/ML-35 MG/ML-412.5 MCG/ML	86	POTELIGEO	30
pirfenidone caps	98	POLY-VITE PEDIATRIC SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML	86	pralatrexate	29
pirfenidone tabs 267 mg, 801 mg ..	98	POLY-VITE/IRON SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-11 MG/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML 86		PRALUENT SOAJ	24
piroxicam caps	4	POMALYST	31	pramipexole dihydrochloride tabs ..	35
PLEGRIDY SOPN	97	PORTRAZZA	30	pramoxine-hc-chloroxylenol 1 mg/ml-10 mg/ml-10 mg/ml	93
PLEGRIDY SOSY IM	97	pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 mg-155 mg-852 mg	80	prasugrel hcl	68
PLEGRIDY STARTER PACK SOPN . 97				pravastatin sodium	23
PLEGRIDY STARTER PACK SOSY SC	97			prazosin hcl caps	25
PNEUMOVAX 23	101			PRECISION XTRA	60
PNEUMOVAX 23/1 DOSE	101			PRED MILD	91
POCKET PEAK FLOW METER ...	76			PRED-G SUSP 0.3 %-1 %	91
POCKETPEAK PEAK FLOW METER LOW RANGE	76			prednisolone acetate (ophth)	91
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	76			PREDNISOLONE ACETATE P-F ..	91
podofilox soln	56			PREDNISOLONE SODIUM PHOSPHATE	92
POLIVY	30			prednisolone sodium phosphate soln 20 mg/5ml	45
POLYCOSE LIQD	89			prednisolone sodium phosphate soln 5 mg/5ml, 6.7 mg/5ml, 15 mg/5ml ..	45
POLYCOSE POWD	89				

prednisolone soln	45	PROCRT	68	mg/5ml	41
prednisolone tabs	45	PROCYSBI CPDR	66	propranolol hcl tabs	41
PREDNISONE INTENSOL CONC	46	PROCYSBI PACK	66	propylthiouracil	98
prednisone soln	45	PROFILNINE	67	PROTEXT SUSP	59
prednisone tabs	45	progesterone caps 100 mg	95	pseudoephed-bromphen-dm syrp 2	
prednisone tbpk	46	progesterone caps 200 mg	95	mg/5ml-10 mg/5ml-30 mg/5ml, 30	
PREFERRED PLUS GLUCOSE 4		PROGRAF PACK	81	mg/5ml-2 mg/5ml-10 mg/5ml	49
GM-6 MG	18	PROLASTIN-C SOLN	98	pseudoephedrine hcl liqd 15 mg/5ml .	
PREGNYL W/DILUENT		PROLASTIN-C SOLR	97	88	
BENZYLALCOHOL/NACL IM	62	PROLEUKIN	34	pseudoephedrine hcl tabs	88
PREMARIN	103	PROLIA SOSY	61	pseudoephedrine hcl tb12	88
PREMARIN TABS	64	promethazine & phenylephrine syrp 5		pseudoephedrine w/ dm-gg liqd 10	
PREMPHASE 0.625 MG-5 MG	64	mg/5ml-6.25 mg/5ml	49	mg/5ml-30 mg/5ml-100 mg/5ml ...	49
PREMPRO	64	PROMETHAZINE HCL POWD	44	pseudoephedrine-guaifenesin syrp	
PRENATAL VITAMINS-MISC	86	promethazine hcl soln 6.25 mg/5ml		30 mg/5ml-100 mg/5ml	49
PREVNAR 13	101	23		pseudoephedrine-guaifenesin tb12	
PREVYMIS SOLN	40	promethazine hcl supp	23	60 mg-600 mg, 600 mg-60 mg	49
PREVYMIS TABS	40	promethazine hcl syrp	23	pseudoephedrine-ibuprofen tabs 30	
PREZCOBIX 150 MG-800 MG	39	promethazine hcl tabs	23	mg-200 mg	49
PREZISTA SUSP	39	promethazine w/codeine soln 10		psyllium caps .52 gm	70
PREZISTA TABS 150 MG	39	mg/5ml-6.25 mg/5ml	49	psyllium powd 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 68 %, 100 %	
PREZISTA TABS 75 MG, 600 MG	39	promethazine w/codeine syrp 10		70	
PREZISTA TABS 800 MG	39	mg/5ml-6.25 mg/5ml	49	PTS PANELS EGLU STRP	60
PRIALT	5	promethazine-dm syrp	49	PTS PANELS KETONE TEST	60
primaquine phosphate tabs	28	promethazine-phenylephrine-codeine		PULMOZYME	98
primidone	13	5 mg/5ml-6.25 mg/5ml-10 mg/5ml .	49	PURAPLY 2CM X 4CM	59
PRIVIGEN SOLN	93	PRONEB ULTRA FILTER SET MISC		PURAPLY 5CM X 5 CM	59
PROAIR RESPICLICK AEPB	11		76	PURAPLY 6CM X 9CM	59
probenecid	66	propafenone hcl tabs	10	PURE COMFORT PEAK FLOW	
prochlorperazine	37	propranolol & hydrochlorothiazide	26	METER ADULT	76
prochlorperazine maleate tabs	37	propranolol hcl cp24	41	PURE COMFORT PEAK FLOW	
		propranolol hcl soln or 20 mg/5ml, 40		METER CHILD	76
				PURIXAN SUSP	29

PX DAYTIME MULTI-SYMPTOM CAPS 15 MG-30 MG-325 MG	49	QUFLORA PEDIATRIC SOLN	85	REBIF SOSY	97
PX GLUCOSE 4 GM-6 MG	18	QUICKVUE AT-HOME COVID-19 TEST KIT	60	REBIF TITRATION PACK SOSY ..	97
PX NITETIME MULTI-SYMPTOM CAPS 6.25 MG-15 MG-30 MG-325 MG	49	quinapril hcl	24	REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	67
pyrantel pamoate susp 144 mg/ml ..	9	quinapril-hydrochlorothiazide 12.5 mg-20 mg	26	RECOMBINATE SOLR	67
pyrazinamide	28	quinapril-hydrochlorothiazide 20 mg-25 mg	26	RECOMBIVAX HB SUSP 5 MCG/0.5ML	102
pyrethrins-piperonyl butoxide liqd ..	57	quinidine gluconate tbcr	10	RECOMBIVAX HB SUSP	102
pyrethrins-piperonyl butoxide sham 57		quinidine sulfate tabs	10	RECOMBIVAX HB SUSY 10 MCG/ML	102
pyrethrins-piperonyl butoxide-permethrin-nit remover 0.33 %-0.5 %-4 %	57	QUINTABS TABS 30 MCG-30 MCG-30 MG-30 MG-30 MG-30 MG-50 UNIT-100 MG-300 MG-400 MCG-400 UNIT-5000 UNIT	84	RECOMBIVAX HB SUSY 5 MCG/0.5ML	102
pyridostigmine bromide tabs 60 mg 28		QVAR REDHALER 40 MCG/ACT ..	10	RECORLEV	61
pyridostigmine bromide tbcr	28	QVAR REDHALER 80 MCG/ACT ..	10	REDITREX SOSY	3
pyridoxine hcl tabs 25 mg, 50 mg, 100 mg	104	RA ARTHRITIS PAIN RELIEF CREA 56		RELENZA DISKHALER	40
pyrimethamine	28	RA DRY MOUTH SOLN	83	RELEUKO SOLN	68
PYRUKYND TABS	68	RA GLUCOSE 4 GM-6 MG	18	RELEUKO SOSY	68
PYRUKYND TAPER PACK TBPk ..	68	RADICAVA ORS STARTER KIT SUSP	88	RELION GLUCOSE 6 MG-4 GM ..	18
QC CALCIUM 500MG/D3 TABS 200 UNIT-500 MG	79	RADICAVA ORS SUSP	88	RELION KETONE TEST STRIPS STRP	60
QC TRIACTING DAYTIME CHILDRENS SYRP 2.5 MG/5ML-5 MG/5ML	49	RADICAVA SOLN	88	REMICADE	65
QINLOCK	33	raloxifene hcl	62	REMIFEMIN MENOPAUSE RELIEF TABS	2
quetiapine fumarate tabs 100 mg, 200 mg	36	ramipril caps	24	RENFLEXIS	65
quetiapine fumarate tabs 25 mg, 50 mg	36	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	60	REPATHA PUSHTRONEX SYSTEM SOCT	24
quetiapine fumarate tabs 300 mg, 400 mg	36	RASUVO SOAJ	3	REPATHA SOSY	24
QUFLORA PEDIATRIC CHEW	85	RAVICTI	63	REPATHA SURECLICK SOAJ	24
		REBIF REBIDOSE SOAJ	97	REPEL SPORTSMEN MAX LOTN 57	
		REBIF REBIDOSE TITRATIONPACK SOAJ	97	REPLACEMENT AIR FILTER MISC . 76	
				REPLACEMENT FILTERS MISC .	76
				RETACRIT	68

RETEVMO	33	risperidone tbdp	36	RECONSTITUTIONKIT IJ	62
RETHYMIC	80	ritonavir tabs	39	salicylic acid gel 6 %	56
RETISERT	92	RITUXAN	30	SALINE NASAL SPRAY 0.65% ..	87
REVCovi	63	RITUXAN HYCELA	32	salsalate	5
REVLIMID	80	rivastigmine 4.6 mg/24hr, 9.5 mg/24hr	96	SAMI THE SEAL	
REYATAZ PACK	39	rivastigmine tartrate caps	96	REPLACEMENTFILTERS MISC ..	76
REZUROCK	80	RIXUBIS SOLR	67	SANDIMMUNE SOLN OR	81
RHOGAM ULTRA-FILTERED PLUS SOSY IM	93	rizatriptan benzoate tabs	78	SANDOSTATIN LAR DEPOT KIT .	64
RHOPHYLAC SOSY IJ	93	rizatriptan benzoate tbdp	78	SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT .	102
RIABNI	30	roflumilast	10	SAPHNELO	81
RIASTAP	67	ROMIDEPSIN SOLN	33	sapropterin dihydrochloride pack ..	63
ribavirin (hepatitis c) caps	40	romidepsin solr	33	sapropterin dihydrochloride tabs ..	63
ribavirin (hepatitis c) tabs 200 mg .	40	ropinirole hydrochloride tabs .25 mg, 3 mg, 4 mg	35	SAVELLA TABS	96
riboflavin tabs	104	ropinirole hydrochloride tabs .5 mg, 1 mg, 2 mg, 5 mg	35	SAVELLA TITRATION PACK MISC	96
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	57	rosuvastatin calcium tabs	23	SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN .	57
rifabutin	28	ROZLYTREK	33	SCSEMBLIX	33
rifampin caps	28	RUBRACA	33	SCHOOLTIME SHAMPOO SHAM	57
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP ..	60	RUCONEST	67	SCOT-TUSSIN DM LIQD 2 MG/5ML- 15 MG/5ML	49
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP ..	60	rufinamide susp	13	SCOT-TUSSIN SENIOR LIQD 15 MG/5ML-200 MG/5ML	49
riluzole tabs	88	rufinamide tabs	13	SEGLUROMET	17
RINVOQ 30 MG, 45 MG	3	RUKOBIA	39	selegiline hcl caps	35
risedronate sodium tabs 35 mg	61	RUXIENCE	30	selegiline hcl tabs	35
risedronate sodium tabs 5 mg, 30 mg	62	RUZURGI	28	selenium sulfide lotn 1 %	53
risedronate sodium tbec	62	RYDAPT	33	selenium sulfide lotn 2.5 %	53
RISPERDAL CONSTA	36	RYLAZE	34	selenium sulfide sham 1 %	53
risperidone soln	36	RYPLAZIM	67	SELZENTRY SOLN	39
risperidone tabs	36	SAIZEN IJ	62		
		SAIZENPREP			

SELZENTRY TABS 25 MG, 75 MG, 150 MG	39	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	76	SM GLUCOSE CHEW	18
sennosides tabs 8.6 mg	71	SILICONE MASK FOR BREATHRITE CHAMBER/INFANT MISC	76	SM IPECAC SYRUP	21
sennosides-docusate sodium tabs 8.6 mg-50 mg	70	SILICONE MASK FOR CHAMBER/PEDIATRIC MISC	77	SMART SENSE GLUCOSE 4 GM-6 MG	18
SEREVENT DISKUS	11	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	77	SMART SENSE GLUCOSE TABLETS 4 GM-6 MG	18
SEROSTIM SC	62	SILIQ	53	SOAANZ TABS 20 MG	61
sertraline hcl conc	16	silver sulfadiazine	54	sodium bicarbonate (antacid) tabs 325 mg, 650 mg	8
sertraline hcl tabs 100 mg	16	simethicone chew 80 mg	65	sodium chloride (gu irrigant) .9 % ..	66
sertraline hcl tabs 25 mg, 50 mg ...	16	simethicone liqd or 20 mg/0.3ml ...	65	sodium chloride (inhalant) aers	50
SEVENFACT	67	simethicone susp	65	sodium chloride (inhalant) nebu .9 %, 3 %, 10 %	50
SFROWASA ENEM	65	SIMPLYTHICK	94	sodium citrate & citric acid 334 mg/5ml-500 mg/5ml	66
SHINGRIX	102	SIMPLYTHICK EASY MIX	94	sodium fluoride (dental) crea	82
SIDESTREAM ADULT FACE MASK MISC	76	SIMPLYTHICK EASYMIX	94	sodium fluoride (dental) gel	82
SIDESTREAM PEDIATRIC FACEMASK MISC	76	SIMPONI ARIA SOLN	3	sodium fluoride (dental) pste dt	82
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC .	76	SIMPONI SOAJ	3	sodium fluoride chew .25 mg, .5 mg, 1 mg, 2.2 mg	79
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	76	SIMPONI SOSY	3	sodium fluoride soln .125 mg/drop, .5 mg/ml	79
SIDESTREAM PLUS ADULT FACE MASK MISC	76	simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg	24	SODIUM OXYBATE	96
SIGNIFOR	64	sirolimus soln	81	sodium phenylbutyrate powd	63
SIGNIFOR LAR	64	sirolimus tabs	81	sodium phenylbutyrate tabs	63
SIKLOS TABS	68	SIVEXTRO TABS	27	sodium phosphates enem	71
sildenafil citrate (pulmonary hypertension) soln	43	SKYRIZI PEN SOAJ	53	sodium polystyrene sulfonate powd 81	
sildenafil citrate (pulmonary hypertension) susr	43	SKYRIZI PSKT	53	sodium polystyrene sulfonate susp or 15 gm/60ml	81
sildenafil citrate (pulmonary hypertension) tabs	43	SKYRIZI SOSY	53	SODIUM SULFACETAMIDE/SULFUR SUSP 5 %-10 %	51
		SKYTROFA	62	SOFOSBUVIR/VELPATASVIR TABS	
		SM GLUCOSE 6 MG-4 GM	18		

100 MG-400 MG	40	spironolactone & hydrochlorothiazide 25 mg-25 mg	61	sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml	27
SOLESTA 15 MG/ML-50 MG/ML ..	80	spironolactone tabs	61	sulfamethoxazole-trimethoprim tabs 27	
SOLQUA 100/33 33 MCG/ML-100 UNIT/ML	17	SPRAVATO 56MG DOSE	15	sulfasalazine tabs	65
SOMATULINE DEPOT	64	SPRAVATO 84MG DOSE	15	sulfasalazine tbec	65
SOMAVERT	62	SPRYCEL	33	sulindac tabs	4
SOOTHENEB NBL 100 CHILD MASK MISC	77	stavudine caps	39	sumatriptan	78
SOOTHENEB NBL 100 MEDICATION CUP MISC	77	STEGLATRO	20	sumatriptan succinate soaj 6 mg/0.5ml	78
SOOTHENEB NBL 100 MESH CAP MISC	77	STELARA 130 MG/26ML	65	sumatriptan succinate soct 6 mg/0.5ml	78
SOOTHENEB NBL100 ADULT MASK MISC	77	STELARA SOSY	53	sumatriptan succinate soln 6 mg/0.5ml	78
sorafenib tosylate	33	STERILE DILUENT FOR TREPROSTINIL INJECTION 73.3 MG/50ML-94 MG/50ML	95	sumatriptan succinate sosy 6 mg/0.5ml	78
SORBITOL OR 70 %	71	STIMATE SOLN NA	64	sumatriptan succinate tabs	78
SOSWEET SYRP	95	STIVARGA	33	sunitinib malate	33
sotalol hcl (afib/af)	41	STRENSIQ	63	SUPARTZ FX SOSY	87
sotalol hcl tabs 240 mg	41	STRIBILD 150 MG-150 MG-200 MG- 300 MG	39	SUPER BI-MIX SOLR 10 MG-150 MG	42
sotalol hcl tabs 80 mg, 120 mg, 160 mg	41	SUBLOCADE SOSY	7	SUPER TRI-MIX SOLR 10 MG-100 MCG-150 MG	42
SOVALDI TABS	40	sucralfate susp	100	SUPPRELIN LA	62
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	77	sucralfate tabs	100	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	73
SPACER/AEROSOL-HOLDING CHAMBERS	77	SUDAFED CHILDRENS LIQD	88	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	73
SPACERS AND BREATHING CHAMBERS-MISC	77	SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	88	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	73
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	60	sulfacetamide sodium (acne)	51	SUSPENDIT ANHYDROUS SUSP 95	
SPIKEVAX COVID-19 VACCINE 102		sulfacetamide sodium (ophth) oint .	91	SUSPENDRX WITH BITTER- BLOC/SWEETENED SUSP	95
spinosad	57	sulfacetamide sodium (ophth) soln	90		
SPINRAZA	89	sulfacetamide sodium liqd	53		
		sulfacetamide sodium w/ sulfur lotn 5 %-10 %	51		
		sulfacetamide sod-prednisolone soln 0.23 %-10 %	92		

SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP ...95	TAFINLAR33	TENIVAC INJ 2 LFU-5 LFU99
SUSPENSION VEHICLE SUSP ...95	TAGRISSO30	tenofovir disoproxil fumarate tabs .39
SUSVIMO OCULAR IMPLANT ...73	TAKHZYRO SOLN67	TEPEZZA62
SUSVIMO SOLN90	TAKHZYRO SOSY 300 MG/2ML ..67	terazosin hcl25
SYLVANT81	TALTZ SOAJ53	terbinafine hcl (topical) crea52
SYMAX DUOTAB TBCR99	TALTZ SOSY53	terbinafine hcl tabs21
SYMDEKO98	TALZENNA33	terbutaline sulfate tabs11
SYMLINPEN 120 SOPN17	tamoxifen citrate tabs31	terconazole vaginal crea103
SYMLINPEN 60 SOPN17	tamsulosin hcl66	terconazole vaginal supp103
SYNAGIS SOLN93	TARPEYO CPDR46	teriflunomide97
SYNAREL62	TASIGNA33	TERIPARATIDE SOPN62
SYNOJOYNT SOSY87	TAVNEOS67	TESTOPEL PLLT8
SYNRIBO34	tazarotene crea53	testosterone cypionate soln im 100 mg/ml8
SYNVISC ONE SOSY87	tazarotene gel53	testosterone cypionate soln im 200 mg/ml8
SYNVISC SOSY87	TAZORAC CREA53	testosterone enanthate soln im8
SYRPALTA SYRP95	TAZVERIK33	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML99
SYRSPEND SF LIQD95	TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML99	tetrabenazine96
SYRUP VEHICLE SF SYRP95	TECARTUS 030	tetracaine hcl (ophth)91
SYRUP VEHICLE SYRP95	TECENTRIQ30	tetracycline hcl caps 500 mg98
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-18 MG-20 MG-60 MG-400 MCG-1500 MCG83	TEGSEDI97	tetrahydrozoline hcl (ophth) .05 % .91
TABLOID29	telmisartan25	TEZSPIRE SOSY10
TABRECTA33	telmisartan-amlodipine26	TGT GLUCOSE 4 GM-6 MG18
tacrolimus (topical) oint .03 %55	telmisartan-hydrochlorothiazide ..26	THALOMID80
tacrolimus (topical) oint .1 %55	temazepam 15 mg, 30 mg70	THEO-24 CP2411
tacrolimus caps81	TEMIXYS 300 MG-300 MG39	theophylline elix11
tadalafil (pulmonary hypertension) tabs43	TEMODAR SOLR29	theophylline soln11
	temozolomide caps29	theophylline tb12 300 mg, 450 mg .11
	TEMPO WELCOME KIT73	
	temsirolimus33	

theophylline tb24	11	tizanidine hcl tabs	87	trandolapril-verapamil hcl	26	
THERA TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MG-20 MG-30 MCG-30 UNIT-45 MG-90 MG-400 MCG-400 UNIT-5000 UNIT	84	TOBI PODHALER CAPS	2	tranexamic acid tabs	69	
THEREMS MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG- 10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG	84	TOBRADEX OINT 0.1 %-0.3 % ...	92	tranylcypromine sulfate	15	
thiamine hcl tabs	104	tobramycin (ophth) soln	91	TRAZIMERA	30	
thiamine mononitrate tabs	104	tobramycin nebu	2	trazodone hcl tabs 300 mg	16	
THIOLA EC TBEC	66	tobramycin sulfate soln ij	2	trazodone hcl tabs 50 mg, 100 mg, 150 mg	16	
thioridazine hcl	37	tobramycin sulfate solr	2	TRECATOR	28	
thiotepa	29	tobramycin-dexamethasone susp 0.1 %-0.3 %	92	TRELSTAR MIXJECT	31	
thiothixene	37	TOBREX OINT	91	TREMFYA SOPN	53	
THRESHOLD IMT MISC	77	tolnaftate crea	52	TREMFYA SOSY	53	
THROMBATE III	67	tolterodine tartrate cp24	101	tretinoin (chemotherapy)	34	
THROMBATE III W/10 ML STERILE WATER	67	tolterodine tartrate tabs	101	tretinoin crea .025 %, .05 %, .1 %	.51	
THROMBATE III W/20 ML STERILE WATER	67	tolvaptan tabs	64	tretinoin gel .01 %	.51	
THYMOGLOBULIN	81	topiramate cpsp 15 mg	13	tretinoin gel .025 %	51	
THYROGEN .9 MG	59	topiramate cpsp 25 mg	13	TRETEN	67	
tiagabine hcl	13	topiramate tabs 100 mg	13	TREXALL TABS	29	
TIBSOVO	33	topiramate tabs 200 mg	13	triamcinolone acetonide (mouth) ..	.82	
TIGLUTIK SUSP	88	topiramate tabs 25 mg, 50 mg	13	triamcinolone acetonide (nasal) aero .	88	
timolol maleate (ophth) soln	89	topotecan hcl soln	35	triamcinolone acetonide (topical) crea	55	
timolol maleate tabs	41	TOPOTECAN HCL SOLN	35	triamcinolone acetonide (topical) lotn	55	
tioconazole vaginal 6.5 %	103	topotecan hcl solr	35	triamcinolone acetonide (topical) oint	.025 %	55
tiopronin tabs	66	toremifene citrate	31	triamcinolone acetonide (topical) oint	.1 %, .5 %	55
TIVDAK	30	torsemide tabs	61	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP 2.5 MG/5ML-5 MG/5ML	49	
TIVICAY TABS 50 MG	39	TOTECT	34	triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	61	
		TRACLEER TBSO	43			
		tramadol hcl tabs 50 mg	6			
		tramadol-acetaminophen 37.5 mg- 325 mg	7			
		trandolapril 1 mg, 2 mg	24			
		trandolapril 4 mg	24			

triamterene & hydrochlorothiazide tabs61	TUDORZA PRESSAIR10	VALCHLOR52
triazolam70	TUKYSA30	valganciclovir hcl tabs40
trientine hcl80	TURALIO 200 MG33	valproate sodium soln or 250 mg/5ml 14
TRIESENCE92	TYBLUME CHEW 0.1 MG-20 MCG 44	valproic acid caps14
trifluoperazine hcl tabs37	TYBOST39	valrubicin32
trifluridine91	TYMLOS62	valsartan tabs25
trihexyphenidyl hcl tabs35	TYVASO REFILL SOLN IN42	valsartan-hydrochlorothiazide26
TRIKAFTA98	TYVASO SOLN IN42	VALTOCO LIQD12
TRILURON SOSY87	TYVASO STARTER SOLN IN42	VALTOCO LQPK12
trimethoprim tabs27	UKONIQ33	VALUE PLUS GLUCOSE 4 GM-6 MG18
TRIMETHOPRIM TABS27	ULTRATHON INSECT REPELLENT 8 AERO57	vancomycin hcl caps 125 mg27
TRI-MIX SOLR 5 MG-50 MCG-150 MG42	ULTRATHON INSECT REPELLENT LOTN57	vancomycin hcl caps 250 mg27
TRINTELLIX16	UNISPEND ANHYDROUS SWEETENED SUSP95	vancomycin hcl solr iv 1 gm, 1000 mg27
TRIPTODUR62	UNISPEND ANHYDROUS UNSWEETENED SUSP95	vancomycin hcl solr iv 500 mg27
TRIUMEQ TABS 50 MG-300 MG-600 MG39	UNITUXIN30	VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML27
TRIVISC SOSY87	UP & UP GLUCOSE 4 GM-6 MG ..18	VANDAZOLE103
TRIZIVIR 150 MG-300 MG-300 MG 39	UPTRAVI SOLR43	VANTAS31
TROGARZO39	UPTRAVI TABS43	VAQTA103
tropicamide soln90	UPTRAVI TITRATION PACK TBPK 43	varenicline tartrate tabs97
tropium chloride tabs101	urea crea 40 %55	varenicline tartrate tbpk97
TRUEPLUS GLUCOSE CHEW18	urea lotn 40 %55	VARIVAX INJ103
TRUEPLUS GLUCOSE ON THE GO CHEW18	ursodiol caps65	VECAMYL26
TRULICITY19	ursodiol tabs 250 mg65	VECTIBIX 100 MG/5ML, 400 MG/20ML31
TRUMENBA101	VABYSMO90	VEMLIDY40
TRUXIMA30	valacyclovir hcl 1 gm, 1000 mg ...40	VENCLEXTA STARTING PACK TBPK30
TRUZONE PEAK FLOW METER .77	valacyclovir hcl 500 mg40	
TUBING/WING TIP MISC77		

VENCLEXTA TABS	30	VIRTUSSIN DAC SOLN 10 MG/5ML-30 MG/5ML-70 %-100 MG/5ML ...	49	VYVGART	80
venlafaxine hcl cp24 150 mg	16	VISCO-3 SOSY	87	VYXEOS 100 MG-44 MG	32
venlafaxine hcl cp24 37.5 mg	16	VISTOGARD	21	WAKIX	1
venlafaxine hcl cp24 75 mg	16	VISUDYNE	91	WALGREENS GLUCOSE 6 MG-4 GM	18
venlafaxine hcl tabs	16	VITAMIN D3 LIQD OR 5000 UNIT/ML	104	WALGREENS GLUCOSE CHEW ..	18
venlafaxine hcl tb24 150 mg	16	vitamin e caps 100 unit, 200 unit, 400 unit	104	WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD 7.5 MG/5ML-15 MG/5ML	49
venlafaxine hcl tb24 37.5 mg, 75 mg, 225 mg	16	vitamin e caps 45 mg, 90 mg, 100 unit, 200 unit, 268 mg, 400 unit ...	104	warfarin sodium tabs	11
VENTAVIS	42	VITAMIN E CHEW	104	WELIREG	31
verapamil hcl cp24 100 mg, 200 mg 42		vitamins w/ lipotropics caps 50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-100 mcg 86		white petrolatum-mineral oil 15 %-83 %	89
verapamil hcl cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	42	VITRAKVI CAPS	33	WILATE KIT	67
verapamil hcl tabs	42	VITRAKVI SOLN	33	WINDMILL TRAINER MISC	77
verapamil hcl tbcr	42	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..	60	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	93
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	73	VIVIMUSTA SOLN	29	XALKORI	33
VERSAFREE SYRP	95	VIVITROL	21	XELJANZ SOLN	3
VERSAPLUS SYRP	95	VIZIMPRO	31	XELJANZ TABS	3
VERZENIO	33	VONJO	33	XELJANZ XR TB24	3
vigabatrin pack	13	VONVENDI	67	XEMBIFY	93
vigabatrin tabs	13	VORAXAZE	34	XENLETA TABS	27
VIJOICE	81	VOTRIENT	33	XEOMIN	88
vilazodone hcl tabs	16	VOXZOGO	63	XERMELO	66
VILTEPSO	88	VPRIV	68	XEROSTOMIA RELIEF SPRAY SOLN	83
VIMIZIM	63	VYNDAMAX	43	XGEVA SOLN	62
vincristine sulfate	34	VYNDALCEL	43	XIAFLEX	80
VIRACEPT TABS 250 MG	39	VYONDYS 53	88	XIPERE	92
VIRACEPT TABS 625 MG	39	VYVANSE CAPS	1	XOLAIR SOLR	10
VIREAD POWD	39				
VIREAD TABS	39				

XOLAIR SOSY	10	ZEMAIRA SOLR	98	ZOLGENSMA 5.1-5.5 KG	89
XOSPATA	33	ZEPZELCA	29	ZOLGENSMA 5.6-6.0 KG	89
XPOVIO	31	ZEVALIN Y-90	30	ZOLGENSMA 6.1-6.5 KG	89
XPOVIO 100 MG ONCE WEEKLY 31		zidovudine caps	40	ZOLGENSMA 6.6-7.0 KG	89
		zidovudine syrp	40	ZOLGENSMA 7.1-7.5 KG	89
XPOVIO 40 MG ONCE WEEKLY .31		zidovudine tabs	40	ZOLGENSMA 7.6-8.0 KG	89
XPOVIO 40 MG TWICE WEEKLY 32		ZILRETTA SRER	46	ZOLGENSMA 8.1-8.5 KG	89
XPOVIO 60 MG ONCE WEEKLY .32		zinc oxide (topical) oint 20 %	57	ZOLGENSMA 8.6-9.0 KG	89
		zinc sulfate caps	80	ZOLGENSMA 9.1-9.5 KG	89
XPOVIO 60 MG TWICE WEEKLY 32		ZINC SULFATE CAPS	80	ZOLGENSMA 9.6-10.0 KG	89
XPOVIO 80 MG ONCE WEEKLY .32		ZINPLAVA	93	ZOLINZA	33
XPOVIO 80 MG TWICE WEEKLY 32		ziprasidone hcl	36	zolmitriptan soln 5 mg	78
		ZIRABEV	30	zolmitriptan tabs	78
XTANDI CAPS	31	ZOKINVY	81	zolmitriptan tbdp	78
XTANDI TABS	31	ZOLADEX	31	zolpidem tartrate tabs	70
XURIDEN	63	zoledronic acid conc	62	zonisamide caps	13
XYNTHA	67	zoledronic acid soln	62	ZORBTIVE SC	62
XYNTHA SOLOFUSE	67	ZOLEDRONIC ACID SOLN	62	ZUBSOLV SUBL	8
XYREM	96	ZOLGENSMA 10.1-10.5 KG	89	ZULRESSO	15
XYWAV 40 MG/ML-96 MG/ML-130 MG/ML-234 MG/ML	96	ZOLGENSMA 10.6-11.0 KG	89	ZYDELIG	33
YERVOY	30	ZOLGENSMA 11.1-11.5 KG	89	ZYKADIA TABS	33
YONDELIS	29	ZOLGENSMA 11.6-12.0 KG	89	ZYNLONTA	30
YONSA	31	ZOLGENSMA 12.1-12.5 KG	89	ZYPREXA RELPREVV	36
YUTIQ	92	ZOLGENSMA 12.6-13.0 KG	89		
zaleplon 10 mg	70	ZOLGENSMA 13.1-13.5 KG	89		
zaleplon 5 mg	70	ZOLGENSMA 2.6-3.0 KG	89		
ZALTRAP	30	ZOLGENSMA 3.1-3.5 KG	89		
ZARXIO	68	ZOLGENSMA 3.6-4.0 KG	89		
ZEJULA	33	ZOLGENSMA 4.1-4.5 KG	89		
ZELBORAF	33	ZOLGENSMA 4.6-5.0 KG	89		