

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 Envolve Pharmacy Solutions to pay for pharmacy claims. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager (PBM). Some drugs on the IPC-PDL need a prior authorization (PA). Envolve Pharmacy Solutions reviews those requests.

## 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](http://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](http://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 these edits can be found in the **Appropriate Use and Safety Edits** document on the Peach State Health Plan website at [www.pshp.com](http://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 Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com). The completed form and doctor notes to show your history should be **faxed to Envolve Pharmacy Solutions at 1-866-399-0929**.

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, Envolve Pharmacy Solutions sends your doctor a fax. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions 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 Envolve Pharmacy Solutions 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 Envolve Pharmacy Solutions. If Envolve Pharmacy Solutions 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, Envolve Pharmacy Solutions sends your doctor a fax. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions 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 Envolve Pharmacy Solutions 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 Envolve Pharmacy Solutions 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 Envolve Pharmacy Solutions 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**

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

Envolve Pharmacy Solutions Prior Authorizations: 1-866-399-0928  
 Fax: **1-866-399-0929**

Envolve Pharmacy Solutions – CVS/Caremark Pharmacy Help Desk: 1-844-297-0513

AcariaHealth Shipping Questions: 1-855-535-1815

**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**

<b>PREFERRED DRUG LIST TIER ABBREVIATIONS</b>	
<b>Tier</b>	<b>Tier Definitions</b>
<i>P</i>	Preferred Drug
<b>REQUIREMENT or LIMITS</b>	
<b>Requirement/Limits</b>	<b>Requirement/Limit Description</b>
<i>AL</i>	<b>Age Limit:</b> Drug is limited to a specific age
<i>PA</i>	<b>Prior Authorization:</b> Review required before prescription can be filled
<i>QL</i>	<b>Quantity Limit:</b> There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both <b>prescription and over the counter</b> coverage
<i>SP</i>	<b>Specialty Drug:</b> 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>	<b>Step Therapy:</b> Requires trial and failure of one or more preferred products prior to coverage.

CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	<p>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.</p> <p>Treatment-Naïve* Limits:</p> <ul style="list-style-type: none"> <li>• Daily Dose Max = 50 MME**</li> <li>• Day Supply Max = 7 days</li> <li>• Must use Short-acting opioids before Long-acting opioids</li> </ul> <p>*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
<i>ADHD</i>	<p>First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12, after 30 days can be filled. Edit resets if no fills in 4 months.</p>
<i>Test Strips</i>	<p>Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days</p>

**STANDARD ABBREVIATIONS**

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

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

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



<b>Dose Form</b>	<b>Dose Form Description</b>
<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
<i>TB12</i>	Tablet ER 12 Hour
<i>TB24</i>	Tablet ER 24 Hour

<b>Dose Form</b>	<b>Dose Form Description</b>
<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
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
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)
<i>amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	P	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine tabs 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</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 cp24 10 mg, 15 mg, 5 mg</i>	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate tabs 10 mg, 5 mg</i>	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	P	ST; try methylphenidate ER and Adderall XR; Clinical Edit: ADHD;;QL(1 ea daily)
<b>Analeptics</b>		
<i>caffeine citrate soln or 20 mg/ml, 60 mg/3ml</i>	P	QL(45 ml per fill retail)
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<i>atomoxetine hcl caps</i>	P	ST; Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	P	
<i>guanfacine hcl (adhd) tb24</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 ( <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 CAPS ( <i>Use atomoxetine hcl</i> )	NP	ST; Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
<b>Stimulants - Misc.</b>		
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 54 MG, 18 MG, 27 MG ( <i>Use methylphenidate hcl</i> )	NP	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)



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)
METHYLIN SOLN 10 MG/5ML ( <i>Use methylphenidate hcl</i> )	NP	QL(900 ml per 30 days retail); 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)
<i>methylphenidate hcl cpcr or 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln or 10 mg/5ml</i>	P	QL(900 ml per 30 days retail); AL(At least 3 yrs old)
<i>methylphenidate hcl soln or 5 mg/5ml</i>	P	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)
<i>methylphenidate hcl tabs or 10 mg, 20 mg</i>	P	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl tabs or 5 mg</i>	P	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl tb24 or 18 mg, 27 mg, 54 mg</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tb24 or 36 mg</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcr or 10 mg, 20 mg, 36 mg</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcr or 54 mg, 18 mg, 27 mg</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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)
RITALIN TABS 5 MG ( <i>Use methylphenidate hcl</i> )	NP	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)
<b>ALTERNATIVE MEDICINES</b>		
<b>Alternative Medicine - G's</b>		
<i>ginger (zingiber officinalis) caps 250 mg</i>	P	OTC; QL(4 ea daily)
<b>Alternative Medicine - M's</b>		
MELATONIN SUBL SL 3 MG	P	QL(1 ea daily)
<i>melatonin tabs or 3 mg, 5 mg</i>	P	OTC; QL(1 ea daily)
<i>melatonin tbdp or 3 mg</i>	P	QL(1 ea daily)
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>neomycin sulfate tabs or</i>	P	
<i>tobramycin sulfate soln ij 1.2 gm/30ml, 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	P	PA
<i>tobramycin sulfate solr ij 1.2 gm</i>	P	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	PA; SP
HUMIRA PEN PNKT	P	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	P	PA; SP
HUMIRA PSKT	P	PA; SP

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<b>Antirheumatic - Enzyme Inhibitors</b>		
XELJANZ TABS 10 MG, 5 MG	P	PA; SP
XELJANZ XR TB24	P	PA; SP
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE TABS OR	P	
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ADVIL TABS (Use <i>ibuprofen</i> )	NP	OTC
ALEVE ARTHRITIS TABS (Use <i>naproxen sodium</i> )	NP	OTC;QL(2 ea daily)
ALEVE TABS (Use <i>naproxen sodium</i> )	NP	OTC;QL(2 ea daily)
CHILDRENS ADVIL SUSP (Use <i>ibuprofen</i> )	NP	RX/OTC
CHILDRENS MOTRIN SUSP (Use <i>ibuprofen</i> )	NP	RX/OTC
<i>diclofenac potassium tabs</i>	P	
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	P	
<i>etodolac caps 200 mg, 300 mg</i>	P	
<i>etodolac tabs 400 mg, 500 mg</i>	P	
FELDENE CAPS (Use <i>piroxicam</i> )	NP	
<i>fenoprofen calcium caps or 400 mg</i>	P	
<i>flurbiprofen tabs or 100 mg, 50 mg</i>	P	
<i>ibuprofen chew or 100 mg</i>	P	OTC
<i>ibuprofen lysine soln</i>	P	
<i>ibuprofen susp or 100 mg/5ml</i>	P	RX/OTC
<i>ibuprofen susp or 40 mg/ml, 50 mg/1.25ml</i>	P	OTC
<i>ibuprofen tabs or 200 mg</i>	P	OTC
<i>ibuprofen tabs or 400 mg, 600 mg, 800 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
INDOCIN SUPP	P	
INDOCIN SUSP	P	
<i>indomethacin caps or 25 mg, 50 mg</i>	P	
<i>indomethacin sodium solr</i>	P	
INFANTS ADVIL SUSP (Use <i>ibuprofen</i> )	NP	OTC
<i>ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml</i>	P	
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
<i>ketorolac tromethamine tabs or 10 mg</i>	P	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
LODINE TABS (Use <i>etodolac</i> )	NP	
<i>meloxicam tabs or 15 mg, 7.5 mg</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 tabs or 500 mg, 750 mg</i>	P	
NALFON CAPS 400 MG	P	
NAPROSYN SUSP (Use <i>naproxen</i> )	NP	
NAPROSYN TABS (Use <i>naproxen</i> )	NP	
<i>naproxen sodium tabs or 220 mg</i>	P	OTC;QL(2 ea daily)
<i>naproxen sodium tabs or 550 mg, 275 mg</i>	P	
<i>naproxen susp or 125 mg/5ml</i>	P	
<i>naproxen tabs or 250 mg, 375 mg, 500 mg</i>	P	

Georgia Inter-Pregnancy Care

Updated June 1, 2021

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Drug Name	Drug Tier	Requirements/Limits
NEOPROFEN SOLN ( <i>Use ibuprofen lysine</i> )	NP	
<i>piroxicam caps or 10 mg, 20 mg</i>	P	
<i>sulindac tabs or 150 mg, 200 mg</i>	P	
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS ( <i>Use leflunomide</i> )	NP	QL(1 ea daily)
<i>leflunomide tabs or 10 mg, 20 mg</i>	P	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL SOLR	P	PA; SP
ENBREL SOSY	P	PA; SP
ENBREL SURECLICK SOAJ	P	PA; SP
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen tabs 325 mg-50 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine caps 325 mg-40 mg-50 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine caps</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
ESGIC TABS ( <i>Use butalbital-acetaminophen-caffeine</i> )	NP	QL(4 ea daily); AL(At least 12 yrs old)
FIORINAL CAPS ( <i>Use butalbital-aspirin-caffeine</i> )	NP	QL(4 ea daily); AL(At least 18 yrs old)
<b>Analgesics Other</b>		
<i>acetaminophen chew or 80 mg, 160 mg</i>	P	OTC
<i>acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen liqd or 160 mg/5ml</i>	P	OTC
<i>acetaminophen soln or 100 mg/ml</i>	P	QL(30 ml per fill retail)
<i>acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	P	OTC
<i>acetaminophen supp re 650 mg, 120 mg</i>	P	OTC;QL(12 ea per 30 days retail)
<i>acetaminophen susp or 160 mg/5ml, 650 mg/20.3ml, 80 mg/2.5ml</i>	P	OTC
<i>acetaminophen tabs or 325 mg, 500 mg</i>	P	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC;QL(12 ea per 30 days retail)
NORTEMP INFANTS SUSP	P	OTC
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW ( <i>Use acetaminophen</i> )	NP	OTC
TYLENOL CHILDRENS SUSP ( <i>Use acetaminophen</i> )	NP	OTC
TYLENOL EXTRA STRENGTH TABS ( <i>Use acetaminophen</i> )	NP	OTC
TYLENOL INFANTS PAIN+FEVER SUSP ( <i>Use acetaminophen</i> )	NP	OTC
TYLENOL INFANTS SUSP ( <i>Use acetaminophen</i> )	NP	OTC
TYLENOL TABS ( <i>Use acetaminophen</i> )	NP	OTC
<b>Salicylates</b>		
<i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>	P	OTC
<i>aspirin chew or 81 mg</i>	P	OTC
ASPIRIN SUPP RE 300 MG, 600 MG	P	OTC;QL(12 ea per 30 days retail)
<i>aspirin tabs or 325 mg</i>	P	OTC

Georgia Inter-Pregnancy Care

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Updated June 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin tbec or 325 mg, 81 mg</i>	P	OTC
BUFFERIN TABS ( <i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i> )	NP	OTC
<i>diflunisal tabs</i>	P	
ECOTRIN MAXIMUM STRENGTH TBEC	NP	OTC
ECOTRIN REGULAR STRENGTH TBEC ( <i>Use aspirin</i> )	NP	OTC
ECOTRIN TBEC ( <i>Use aspirin</i> )	NP	OTC
<i>salsalate tabs or 500 mg, 750 mg</i>	P	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
CODEINE SULFATE TABS 15 MG, 60 MG	P	Clinical Edit: Opioids;QL(2 ea daily); AL(At least 12 yrs old)
<i>codeine sulfate tabs 30 mg</i>	P	Clinical Edit: Opioids;QL(2 ea daily); AL(At least 12 yrs old)
DILAUDID TABS OR 2 MG, 4 MG ( <i>Use hydromorphone hcl</i> )	NP	Clinical Edit: Opioids;QL(6 ea daily)
DILAUDID TABS OR 8 MG ( <i>Use hydromorphone hcl</i> )	NP	Clinical Edit: Opioids;QL(4 ea daily)
DOLOPHINE TABS 10 MG ( <i>Use methadone hcl</i> )	NP	PA; QL(10 ea daily)
DOLOPHINE TABS 5 MG ( <i>Use methadone hcl</i> )	NP	PA; QL(6 ea daily)
DURAGESIC PT72 ( <i>Use fentanyl</i> )	NP	QL(0.34 ea daily)
<i>fentanyl pt72 td 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	P	QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HYDROMORPHONE HCL SUPP RE 3 MG	P	Clinical Edit: Opioids;QL(2 ea daily)
<i>hydromorphone hcl tabs or 2 mg, 4 mg</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>hydromorphone hcl tabs or 8 mg</i>	P	Clinical Edit: Opioids;QL(4 ea daily)
<i>meperidine hcl soln or 50 mg/5ml</i>	P	Clinical Edit: Opioids;QL(30 ml daily)
<i>meperidine hcl tabs or 100 mg, 50 mg</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>methadone hcl tabs or 10 mg</i>	P	PA; QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	P	PA; QL(6 ea daily)
<i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i>	P	Clinical Edit: Opioids;QL(21.4 ml daily)
<i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i>	P	Clinical Edit: Opioids;QL(240 ml per fill retail)
<i>morphine sulfate supp re 10 mg, 20 mg, 30 mg, 5 mg</i>	P	Clinical Edit: Opioids;QL(18 ea per fill retail)
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>morphine sulfate tbc or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	P	QL(3 ea daily)
MS CONTIN TBCR ( <i>Use morphine sulfate</i> )	NP	QL(3 ea daily)
OXAYDO TABS 5 MG	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone hcl caps or 5 mg</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone hcl conc or 100 mg/5ml</i>	P	Clinical Edit: Opioids;QL(90 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl soln or 5 mg/5ml</i>	P	Clinical Edit: Opioids; QL(30 ml daily)
<i>oxycodone hcl t12a or 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 80 mg, 40 mg</i>	P	PA; QL(2 ea daily)
<i>oxycodone hcl tabs or 10 mg, 20 mg, 15 mg, 5 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone hcl tabs or 30 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily)
OXYCONTIN T12A	P	PA; QL(2 ea daily)
ROXICODONE TABS 15 MG, 5 MG ( <i>Use oxycodone hcl</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily)
ROXICODONE TABS 30 MG ( <i>Use oxycodone hcl</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily)
<i>tramadol hcl tabs or 50 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
ULTRAM TABS ( <i>Use tramadol hcl</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<b>Opioid Combinations</b>		
<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)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 300 mg-60 mg, 30 mg-300 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-325 mg-40 mg-50 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine w/cod caps</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
FIORINAL/CODEINE #3 CAPS ( <i>Use butalbital-aspirin-caffeine w/cod</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	P	Clinical Edit: Opioids; QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
NORCO TABS ( <i>Use hydrocodone-acetaminophen</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone-aspirin tabs</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
PERCOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG ( <i>Use oxycodone w/ acetaminophen</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily)
<i>tramadol-acetaminophen tabs</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS ( <i>Use acetaminophen w/ codeine</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)
TYLENOL/CODEINE #4 TABS ( <i>Use acetaminophen w/ codeine</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
ULTRACET TABS ( <i>Use tramadol-acetaminophen</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<b>Opioid Partial Agonists</b>		
BELBUCA FILM	P	PA
BUNAVAIL FILM	P	PA
BUPRENEX SOLN ( <i>Use buprenorphine hcl</i> )	NP	PA
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	P	PA
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	P	PA
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg</i>	P	PA; QL(1 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg, 2 mg-8 mg</i>	P	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	P	QL(3 ea daily)
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	PA; QL(1 ea daily)
SUBOXONE FILM 12 MG-3 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	PA; QL(2 ea daily)
SUBOXONE FILM 2 MG-8 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	P	PA; QL(2 ea daily)
ZUBSOLV SUBL	P	PA
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Androgens</b>		
ANDRODERM PT24	P	QL(1 ea daily)
DEPO-TESTOSTERONE SOLN 200 MG/ML ( <i>Use testosterone cypionate</i> )	NP	QL(4 ml per 30 days retail)
METHITEST TABS	P	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate soln im 200 mg/ml</i>	P	QL(4 ml per 30 days retail)
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intra-rectal Steroids</b>		
CORTENEMA ENEM ( <i>Use hydrocortisone (intra-rectal)</i> )	NP	
<i>hydrocortisone (intra-rectal) enem</i>	P	
<b>Rectal Combinations</b>		
ANALPRAM-HC LOTN 1 %-2.5 %	P	QL(62 ml per 30 days retail)
<i>phenylephrine-shark liver oil-cocoa butter supp</i>	P	OTC; QL(12 ea per 30 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum oint</i>	P	OTC; QL(31 gm per 30 days retail)
<b>Rectal Steroids</b>		
ANUSOL-HC CREA ( <i>Use hydrocortisone (rectal)</i> )	NP	
<i>hydrocortisone (rectal) crea 2.5 %</i>	P	
<b>ANTACIDS</b>		
<b>Antacid Combinations</b>		
<i>alum &amp; mag hydrox-simethicone liqd 20 mg/5ml-200 mg/5ml-200 mg/5ml</i>	P	QL(744 ml per 30 days retail)
<i>alum &amp; mag hydrox-simethicone susp 0.2 %-40 mg/10ml-400 mg/10ml-400 mg/10ml, 120 mg/30ml-1200 mg/30ml-1200 mg/30ml, 20 mg/5ml-20 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml</i>	P	QL(744 ml per 30 days retail)
<b>Antacids - Aluminum Salts</b>		
ALUMINUM HYDROXIDE SUSP OR	P	OTC
<b>Antacids - Bicarbonate</b>		

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate (antacid) tabs</i>	P	OTC;QL(100 ea per 30 days retail)
<b>Antacids - Calcium Salts</b>		
<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
<b>Antacids - Magnesium Salts</b>		
<i>magnesium oxide tabs 400 mg</i>	P	OTC
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
EMVERM CHEW	P	QL(1 ea per 14 days retail)
<i>pyrantel pamoate susp or</i>	P	OTC;QL(60 ml per fill retail)
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
FLAGYL TABS 500 MG ( <i>Use metronidazole</i> )	NP	
<i>metronidazole tabs or 250 mg, 500 mg</i>	P	
<i>trimethoprim tabs or</i>	P	
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NP	
BACTRIM TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	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 or 200 mg/5ml-40 mg/5ml</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tabs or 160 mg-800 mg, 400 mg-80 mg</i>	P	
<b>Glycopeptides</b>		
FIRVANQ SOLR	P	QL(300 ml per fill retail)
VANCOCIN CAPS ( <i>Use vancomycin hcl</i> )	NP	QL(8 ea daily)
VANCOCIN HCL CAPS ( <i>Use vancomycin hcl</i> )	NP	QL(4 ea daily)
<i>vancomycin hcl caps or 125 mg</i>	P	QL(4 ea daily)
<i>vancomycin hcl caps or 250 mg</i>	P	QL(8 ea daily)
<i>vancomycin hcl solr iv 1 gm, 1000 mg</i>	P	QL(14 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg</i>	P	QL(14 ea per 30 days retail)
<b>Leprostatics</b>		
<i>dapsone tabs or 100 mg, 25 mg</i>	P	
<b>Lincosamides</b>		
CLEOCIN CAPS OR 150 MG, 300 MG ( <i>Use clindamycin hcl</i> )	NP	
CLEOCIN PEDIATRIC GRANULES SOLR ( <i>Use clindamycin palmitate hydrochloride</i> )	NP	QL(300 ml per fill retail)
<i>clindamycin hcl caps or 150 mg, 300 mg</i>	P	
<i>clindamycin palmitate hydrochloride solr</i>	P	QL(300 ml per fill retail)
<b>Oxazolidinones</b>		
SIVEXTRO TABS OR	P	PA; QL(6 ea per fill retail)
<b>Urinary Anti-infectives</b>		
FURADANTIN SUSP ( <i>Use nitrofurantoin</i> )	NP	QL(40 ml daily)
MACROBID CAPS ( <i>Use nitrofurantoin monohyd macro</i> )	NP	
MACRODANTIN CAPS 100 MG, 50 MG ( <i>Use nitrofurantoin macrocrystal</i> )	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine mandelate tabs or 1 gm, 0.5 gm, 500 mg</i>	P	
<i>nitrofurantoin macrocrystal caps or 100 mg, 50 mg</i>	P	
<i>nitrofurantoin monohyd macro caps</i>	P	
<i>nitrofurantoin susp or</i>	P	QL(40 ml daily)

### ANTIANGINAL AGENTS - Drugs to Treat Chest Pain

Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use <i>isosorbide dinitrate</i> )	NP	
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	P	
<i>isosorbide dinitrate tbc 40 mg</i>	P	
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	P	QL(2 ea daily)
<i>isosorbide mononitrate tb24 120 mg, 30 mg, 60 mg</i>	P	QL(1 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use <i>nitroglycerin</i> )	NP	
<i>nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg</i>	P	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	P	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	P	
NITROSTAT SUBL (Use <i>nitroglycerin</i> )	NP	

### ANTIANSIETY AGENTS - Drugs to Treat Anxiety

Antianxiety Agents - Misc.		
<i>bupirone hcl tabs or 10 mg, 5 mg</i>	P	QL(6 ea daily)
<i>bupirone hcl tabs or 15 mg</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl tabs or 30 mg, 7.5 mg</i>	P	QL(3 ea daily)
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	P	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	P	
<i>hydroxyzine pamoate caps or 100 mg, 25 mg, 50 mg</i>	P	
<i>meprobamate tabs</i>	P	
VISTARIL CAPS (Use <i>hydroxyzine pamoate</i> )	NP	

### Benzodiazepines

<i>alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (Use <i>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 or 10 mg, 2 mg, 5 mg</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>lorazepam tabs or 0.5 mg, 1 mg, 2 mg</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 (Use <i>clorazepate dipotassium</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
VALIUM TABS (Use <i>diazepam</i> )	NP	QL(4 ea daily); AL(At least 18 yrs old)
XANAX TABS (Use <i>alprazolam</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)

### ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	P	
NORPACE CAPS (Use <i>disopyramide phosphate</i> )	P	
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate tbc</i>	P	
<i>quinidine sulfate tabs</i>	P	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps</i>	P	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	P	
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	P	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tabs or 200 mg</i>	P	
<i>dofetilide caps</i>	P	
TIKOSYN CAPS (Use <i>dofetilide</i> )	NP	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu in</i>	P	QL(8 ml daily)
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA AEPB	P	QL(1 ea daily)
<i>ipratropium bromide soln in</i>	P	QL(375 ml per 20 days retail)
TUDORZA PRESSAIR AEPB	P	QL(1 ea per 30 days retail)
<b>Leukotriene Modulators</b>		
<i>montelukast sodium chew or 4 mg, 5 mg</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium pack or 4 mg</i>	P	QL(1 ea daily)
<i>montelukast sodium tabs or 10 mg</i>	P	QL(1 ea daily)
SINGULAIR CHEW (Use <i>montelukast sodium</i> )	NP	QL(1 ea daily)
SINGULAIR PACK (Use <i>montelukast sodium</i> )	NP	QL(1 ea daily)
SINGULAIR TABS (Use <i>montelukast sodium</i> )	NP	QL(1 ea daily)
<b>Steroid Inhalants</b>		
ARNUIITY ELLIPTA AEPB	P	QL(1 ea 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 AERO 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old )
FLOVENT HFA AERO 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old )
PULMICORT SUSP (Use <i>budesonide (inhalation)</i> )	NP	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
QVAR REDHALER AERB 40 MCG/ACT	P	QL(0.36 gm daily)
QVAR REDHALER AERB 80 MCG/ACT	P	QL(0.72 gm daily)
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i> )	NP	QL(2 ea daily, 60 ea per 30 days retail)
<i>albuterol sulfate aers in 108 mcg/act</i>	NP	
<i>albuterol sulfate aers in 108 mcg/act</i>	P	QL(8.5 gm per fill retail, 17 gm per 30 days retail)
<i>albuterol sulfate aers in 108 mcg/act</i>	P	QL(6.7 gm per fill retail, 13.4 gm per 30 days retail)

Georgia Inter-Pregnancy Care

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Updated June 1, 2021

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<i>albuterol sulfate aers in 108 mcg/act</i>	P	QL(18 gm per fill retail,36 gm per 30 days retail)
<i>albuterol sulfate nebu in 0.083 %</i>	P	QL(12.5 ml daily)
ALBUTEROL SULFATE NEBU IN 0.5 %	P	
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	P	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml</i>	P	QL(375 ml per 30 days retail)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	P	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	P	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	P	
<i>budesonide-formoterol fumarate dihydrate aero</i>	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 30 days retail)
<i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 100 mcg/act-50 mcg/act, 100 mcg/dose-50 mcg/dose, 250 mcg/act-50 mcg/act, 250 mcg/dose-50 mcg/dose</i>	P	QL(2 ea daily,60 ea per 30 days retail)
<i>ipratropium-albuterol soln</i>	P	QL(12 ml daily)
<i>metaproterenol sulfate tabs or 10 mg, 20 mg</i>	P	
PROAIR HFA AERS ( <i>Use albuterol sulfate</i> )	NP	
PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail,2 ea per 30 days retail); AL(At least 4 yrs old - Up to 18 yrs old)
PROVENTIL HFA AERS ( <i>Use albuterol sulfate</i> )	NP	
SEREVENT DISKUS AEPB	P	QL(60 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
SYMBICORT AERO ( <i>Use budesonide-formoterol fumarate dihydrate</i> )	NP	
<i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i>	P	
VENTOLIN HFA AERS ( <i>Use albuterol sulfate</i> )	NP	
<b>Xanthines</b>		
ELIXOPHYLLIN ELIX	P	
THEO-24 CP24	P	
<i>theophylline soln 80 mg/15ml</i>	P	QL(475 ml per fill retail)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	P	
<i>theophylline tb24 400 mg, 600 mg</i>	P	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS ( <i>Use warfarin sodium</i> )	P	
<i>warfarin sodium tabs</i>	P	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA CAPS	P	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TBPK	P	QL(4 ea daily)
ELIQUIS TABS	P	QL(4 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium soln</i>	P	
<i>heparin sodium (porcine) soln</i>	P	
LOVENOX SOLN ( <i>Use enoxaparin sodium</i> )	NP	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clonazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT ACUDIAL GEL 10 MG ( <i>Use diazepam (anticonvulsant)</i> )	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT ACUDIAL GEL 20 MG ( <i>Use diazepam (anticonvulsant)</i> )	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT PEDIATRIC GEL ( <i>Use diazepam (anticonvulsant)</i> )	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
<i>diazepam (anticonvulsant) gel</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
KLONOPIN TABS ( <i>Use clonazepam</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
NAYZILAM SOLN	P	PA; QL(10 ea per 30 days retail)
VALTOCO LIQD	P	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	P	PA; QL(10 ea per 30 days retail)
<b>Anticonvulsants - Misc.</b>		
<i>carbamazepine chew or 100 mg</i>	P	
<i>carbamazepine susp or 100 mg/5ml</i>	P	
<i>carbamazepine tabs or 200 mg</i>	P	
<i>carbamazepine tb12 or 100 mg, 200 mg, 400 mg</i>	P	
DIACOMIT CAPS 250 MG	P	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	P	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	P	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	P	PA; QL(6 ea daily)
<i>gabapentin caps or 100 mg, 300 mg, 400 mg</i>	P	QL(9 ea daily)
<i>gabapentin soln or 250 mg/5ml, 300 mg/6ml</i>	P	
<i>gabapentin tabs or 600 mg</i>	P	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin tabs or 800 mg</i>	P	QL(4 ea daily)
KEPPRA SOLN OR 100 MG/ML ( <i>Use levetiracetam</i> )	NP	QL(16 ml daily)
KEPPRA TABS OR 1000 MG ( <i>Use levetiracetam</i> )	NP	
KEPPRA TABS OR 250 MG, 750 MG ( <i>Use levetiracetam</i> )	NP	QL(4 ea daily)
KEPPRA TABS OR 500 MG ( <i>Use levetiracetam</i> )	NP	QL(6 ea daily)
KEPPRA XR TB24 ( <i>Use levetiracetam</i> )	NP	ST; Use levetiracetam IR
LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>Use lamotrigine</i> )	NP	
LAMICTAL TABS ( <i>Use lamotrigine</i> )	NP	
LAMICTAL XR TB24 100 MG, 200 MG, 250 MG, 300 MG, 25 MG, 50 MG ( <i>Use lamotrigine</i> )	NP	ST; Use lamotrigine IR
<i>lamotrigine chew or 25 mg, 5 mg</i>	P	
<i>lamotrigine tabs or 100 mg, 150 mg, 200 mg, 25 mg</i>	P	
<i>lamotrigine tb24 or 100 mg, 200 mg, 250 mg, 300 mg, 25 mg, 50 mg</i>	P	ST; Use lamotrigine IR
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	P	QL(16 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	P	
<i>levetiracetam tabs or 250 mg, 750 mg</i>	P	QL(4 ea daily)
<i>levetiracetam tabs or 500 mg</i>	P	QL(6 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	P	ST; Use levetiracetam IR
MYSOLINE TABS ( <i>Use primidone</i> )	NP	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG ( <i>Use gabapentin</i> )	NP	QL(9 ea daily)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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NEURONTIN SOLN 250 MG/5ML (Use gabapentin)	NP	
NEURONTIN TABS 600 MG (Use gabapentin)	NP	QL(6 ea daily)
NEURONTIN TABS 800 MG (Use gabapentin)	NP	QL(4 ea daily)
<i>oxcarbazepine susp</i>	P	
<i>oxcarbazepine tabs</i>	P	
<i>primidone tabs or 250 mg, 50 mg</i>	P	
TEGRETOL SUSP (Use carbamazepine)	NP	
TEGRETOL TABS (Use carbamazepine)	NP	
TEGRETOL-XR TB12 (Use carbamazepine)	NP	
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	NP	QL(8 ea daily)
TOPAMAX TABS 100 MG (Use topiramate)	NP	QL(4 ea daily)
TOPAMAX TABS 200 MG (Use topiramate)	NP	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	NP	QL(6 ea daily)
<i>topiramate cpsp or 15 mg</i>	P	QL(6 ea daily)
<i>topiramate cpsp or 25 mg</i>	P	QL(8 ea daily)
<i>topiramate tabs or 100 mg</i>	P	QL(4 ea daily)
<i>topiramate tabs or 200 mg</i>	P	QL(3 ea daily)
<i>topiramate tabs or 25 mg, 50 mg</i>	P	QL(6 ea daily)
TRILEPTAL SUSP (Use oxcarbazepine)	NP	
TRILEPTAL TABS (Use oxcarbazepine)	NP	
ZONEGRAN CAPS (Use zonisamide)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide caps or 100 mg, 25 mg, 50 mg</i>	P	
<b>Carbamates</b>		
<i>felbamate susp</i>	P	
<i>felbamate tabs</i>	P	
FELBATOL SUSP (Use felbamate)	NP	
FELBATOL TABS (Use felbamate)	NP	
<b>GABA Modulators</b>		
GABITRIL TABS (Use tiagabine hcl)	NP	
<i>tiagabine hcl tabs</i>	P	
<b>Hydantoins</b>		
DILANTIN CAPS 100 MG (Use phenytoin sodium extended)	P	
DILANTIN CAPS 30 MG	P	
DILANTIN INFATABS CHEW (Use phenytoin)	P	
DILANTIN-125 SUSP (Use phenytoin)	P	
<i>phenytoin chew or 50 mg</i>	P	
<i>phenytoin sodium extended caps 100 mg</i>	P	
<i>phenytoin sodium soln ij</i>	P	
<i>phenytoin susp or 100 mg/4ml, 125 mg/5ml</i>	P	
<b>Succinimides</b>		
<i>ethosuximide caps or 250 mg</i>	P	
<i>ethosuximide soln or 250 mg/5ml</i>	P	
ZARONTIN CAPS (Use ethosuximide)	NP	
ZARONTIN SOLN (Use ethosuximide)	NP	
<b>Valproic Acid</b>		

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
DEPAKENE CAPS ( <i>Use valproic acid</i> )	P	
DEPAKENE SOLN ( <i>Use valproate sodium</i> )	P	
DEPAKOTE ER TB24 250 MG ( <i>Use divalproex sodium</i> )	NP	QL(3 ea daily)
DEPAKOTE ER TB24 500 MG ( <i>Use divalproex sodium</i> )	NP	QL(7 ea daily)
DEPAKOTE SPRINKLES CSDR ( <i>Use divalproex sodium</i> )	NP	QL(8 ea daily)
DEPAKOTE TBEC 125 MG ( <i>Use divalproex sodium</i> )	NP	QL(2 ea daily)
DEPAKOTE TBEC 250 MG ( <i>Use divalproex sodium</i> )	NP	QL(3 ea daily)
DEPAKOTE TBEC 500 MG ( <i>Use divalproex sodium</i> )	NP	QL(7 ea daily)
<i>divalproex sodium csdr or 125 mg</i>	P	QL(8 ea daily)
<i>divalproex sodium tb24 or 250 mg</i>	P	QL(3 ea daily)
<i>divalproex sodium tb24 or 500 mg</i>	P	QL(7 ea daily)
<i>divalproex sodium tbec or 125 mg</i>	P	QL(2 ea daily)
<i>divalproex sodium tbec or 250 mg</i>	P	QL(3 ea daily)
<i>divalproex sodium tbec or 500 mg</i>	P	QL(7 ea daily)
<i>valproate sodium soln or 250 mg/5ml</i>	P	
<i>valproic acid caps or</i>	P	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs or 15 mg</i>	P	QL(3 ea daily)
<i>mirtazapine tabs or 30 mg</i>	P	QL(1.5 ea daily)
<i>mirtazapine tabs or 45 mg, 7.5 mg</i>	P	QL(1 ea daily)
<i>mirtazapine tbdp or 15 mg</i>	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tbdp or 30 mg</i>	P	QL(1.5 ea daily)
<i>mirtazapine tbdp or 45 mg</i>	P	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG ( <i>Use mirtazapine</i> )	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG ( <i>Use mirtazapine</i> )	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG ( <i>Use mirtazapine</i> )	NP	QL(1 ea daily)
REMERON TABS 15 MG ( <i>Use mirtazapine</i> )	NP	QL(3 ea daily)
REMERON TABS 30 MG ( <i>Use mirtazapine</i> )	NP	QL(1.5 ea daily)
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs or 100 mg, 75 mg</i>	P	QL(3 ea daily)
<i>bupropion hcl tb12 or 100 mg</i>	P	QL(4 ea daily)
<i>bupropion hcl tb12 or 150 mg</i>	P	QL(3 ea daily)
<i>bupropion hcl tb12 or 200 mg</i>	P	QL(2 ea daily)
<i>bupropion hcl tb24 or 150 mg</i>	P	QL(3 ea daily)
<i>bupropion hcl tb24 or 300 mg</i>	P	QL(1 ea daily)
<i>maprotiline hcl tabs</i>	P	
WELLBUTRIN SR TB12 100 MG ( <i>Use bupropion hcl</i> )	NP	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG ( <i>Use bupropion hcl</i> )	NP	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG ( <i>Use bupropion hcl</i> )	NP	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG ( <i>Use bupropion hcl</i> )	NP	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG ( <i>Use bupropion hcl</i> )	NP	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
NARDIL TABS (Use phenelzine sulfate)	NP	
PARNATE TABS (Use tranylcypromine sulfate)	NP	
phenelzine sulfate tabs or	P	
tranylcypromine sulfate tabs	P	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS 10 MG (Use citalopram hydrobromide)	NP	QL(4 ea daily)
CELEXA TABS 20 MG (Use citalopram hydrobromide)	NP	QL(2 ea daily)
CELEXA TABS 40 MG (Use citalopram hydrobromide)	NP	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	P	
citalopram hydrobromide tabs 10 mg	P	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	P	QL(2 ea daily)
citalopram hydrobromide tabs 40 mg	P	QL(1 ea daily)
escitalopram oxalate tabs 10 mg	P	QL(2 ea daily); AL(At least 12 yrs old)
escitalopram oxalate tabs 20 mg	P	QL(1 ea daily); AL(At least 12 yrs old)
escitalopram oxalate tabs 5 mg	P	QL(4 ea daily); AL(At least 12 yrs old)
fluoxetine hcl caps or 10 mg, 20 mg	P	QL(4 ea daily)
fluoxetine hcl caps or 40 mg	P	QL(2 ea daily); AL(At least 7 yrs old)
fluoxetine hcl soln or 20 mg/5ml	P	QL(600 ml per 30 days retail); AL(Up to 6 yrs old )
fluoxetine hcl tabs or 10 mg	P	QL(1 ea daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl tabs or 20 mg	P	QL(4 ea daily)
fluvoxamine maleate tabs 100 mg	P	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	P	QL(2 ea daily)
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NP	QL(2 ea daily); AL(At least 12 yrs old)
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	NP	QL(1 ea daily); AL(At least 12 yrs old)
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	NP	QL(4 ea daily); AL(At least 12 yrs old)
paroxetine hcl tabs 10 mg	P	QL(6 ea daily)
paroxetine hcl tabs 20 mg	P	QL(3 ea daily)
paroxetine hcl tabs 30 mg, 40 mg	P	QL(2 ea daily)
paroxetine hcl tb24 37.5 mg, 12.5 mg, 25 mg	P	
PAXIL CR TB24 (Use paroxetine hcl)	NP	
PAXIL SUSP 10 MG/5ML	P	PA; QL(40 ml daily)
PAXIL TABS 10 MG (Use paroxetine hcl)	NP	QL(6 ea daily)
PAXIL TABS 20 MG (Use paroxetine hcl)	NP	QL(3 ea daily)
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	NP	QL(2 ea daily)
PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)	NP	QL(4 ea daily)
PROZAC CAPS 40 MG (Use fluoxetine hcl)	NP	QL(2 ea daily); AL(At least 7 yrs old)
sertraline hcl conc or 20 mg/ml	P	QL(6 ml daily)
sertraline hcl tabs or 100 mg	P	QL(2 ea daily)
sertraline hcl tabs or 25 mg, 50 mg	P	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use sertraline hcl)	NP	QL(6 ml daily)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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ZOLOFT TABS 100 MG (Use sertraline hcl)	NP	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NP	QL(4 ea daily)
<b>Serotonin Modulators</b>		
nefazodone hcl tabs	P	
trazodone hcl tabs or 100 mg, 150 mg, 50 mg	P	
trazodone hcl tabs or 300 mg	P	QL(2 ea daily)
TRINTELLIX TABS	P	PA; QL(1 ea daily); AL(At least 18 yrs old)
VIIBRYD TABS	P	PA; QL(1 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA CPEP (Use duloxetine hcl)	NP	QL(1 ea daily); AL(At least 7 yrs old)
desvenlafaxine succinate tb24 100 mg	P	ST; QL(4 ea daily)
desvenlafaxine succinate tb24 25 mg, 50 mg	P	ST; QL(1 ea daily)
duloxetine hcl cpep or 20 mg, 60 mg, 30 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NP	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 ea daily)
PRISTIQ TB24 100 MG (Use desvenlafaxine succinate)	NP	ST; QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	ST; QL(1 ea daily)
venlafaxine hcl cp24 150 mg	P	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	P	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	P	
venlafaxine hcl tb24 150 mg	P	QL(2 ea daily)
venlafaxine hcl tb24 225 mg, 75 mg, 37.5 mg	P	QL(1 ea daily)
<b>Tricyclic Agents</b>		
amitriptyline hcl tabs or 10 mg, 150 mg, 50 mg, 100 mg, 25 mg, 75 mg	P	
amoxapine tabs	P	
ANAFRANIL CAPS 75 MG (Use clomipramine hcl)	NP	
clomipramine hcl caps or 75 mg	P	
desipramine hcl tabs or 100 mg, 150 mg, 75 mg, 10 mg, 50 mg	P	
desipramine hcl tabs or 25 mg	P	QL(2 ea daily)
doxepin hcl caps or 150 mg, 100 mg, 25 mg, 10 mg, 50 mg, 75 mg	P	
doxepin hcl conc or 10 mg/ml	P	
imipramine hcl tabs or 10 mg, 25 mg, 50 mg	P	
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NP	
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NP	QL(2 ea daily)
nortriptyline hcl caps or 10 mg, 50 mg, 25 mg, 75 mg	P	
nortriptyline hcl soln or 10 mg/5ml	P	QL(20 ml daily)
PAMELOR CAPS (Use nortriptyline hcl)	NP	
TOFRANIL TABS (Use imipramine hcl)	NP	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Antidiabetic - Amylin Analogs</b>		

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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SYMLINPEN 120 SOPN	P	PA; QL(11 ml per 30 days retail)
SYMLINPEN 60 SOPN	P	PA; QL(6 ml per 30 days retail)
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS (Use pioglitazone hcl-metformin hcl)	NP	QL(2 ea daily)
alogliptin-metformin hcl tabs	P	QL(2 ea daily)
alogliptin-pioglitazone tabs	P	
glipizide-metformin hcl tabs	P	
glyburide-metformin tabs	P	
KAZANO TABS (Use alogliptin-metformin hcl)	NP	
OSENI TABS (Use alogliptin-pioglitazone)	NP	
pioglitazone hcl-metformin hcl tabs	P	QL(2 ea daily)
SEGLUROMET TABS	P	QL(2 ea daily)
<b>Biguanides</b>		
metformin hcl tabs or 1000 mg, 850 mg	P	
metformin hcl tabs or 500 mg	P	QL(4 ea daily)
metformin hcl tb24 or 500 mg	P	QL(4 ea daily)
metformin hcl tb24 or 750 mg	P	QL(3 ea daily)
<b>Diabetic Other</b>		
BAQSIMI ONE PACK POWD	P	QL(0.69 ea daily)
BAQSIMI TWO PACK POWD	P	QL(0.69 ea daily)
BD GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
CVS GLUCOSE CHEW 4 GM-6 MG	P	QL(50 ea per 30 days retail)
CVS SOFT GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
DEX4 CHEW	P	QL(50 ea per 30 days retail)
DEX4 FAST ACTING GLUCOSE CHEW 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 NATURALS CHEW	P	QL(50 ea per 30 days retail)
DEX4 POUCH PACK CHEW	P	QL(50 ea per 30 days retail)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
GLUCAGEN HYPOKIT SOLR	P	
glucagon (rdna) kit	P	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT KIT (Use glucagon (rdna))	NP	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
GLUCOSE CHEW 4 GM-4 GM-6 MG	P	QL(50 ea per 30 days retail)
GLUCOSE INSTANT ENERGY CHEW	P	QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW 4 GM-6 MG	P	QL(50 ea per 30 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
GOODSENSE GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
GVOKE PFS SOSY	P	QL(0.02 ml daily)
HM GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
HY-VEE GLUCOSE CHEW	P	QL(50 ea per 30 days retail)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs



Drug Name	Drug Tier	Requirements/Limits
KROGER GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
LEADER GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
LONGS GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
MEIJER GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
PREFERRED PLUS GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
PX GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
RA GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
RELION GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
SM GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
SM GLUCOSE CHEW 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SMART SENSE GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
SMART SENSE GLUCOSE TABLETS CHEW	P	QL(50 ea per 30 days retail)
TGT GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
UP & UP GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
VALUE PLUS GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
WALGREENS GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
WALGREENS GLUCOSE CHEW 4 GM-6 MG	P	QL(50 ea per 30 days retail)
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate tabs</i>	P	
NESINA TABS ( <i>Use alogliptin benzoate</i> )	NP	
<b>Incretin Mimetic Agents (GLP-1 Receptor</b>		

Drug Name	Drug Tier	Requirements/Limits
BYDUREON BCISE AUIJ	P	PA; QL(3.4 ml per 28 days retail)
BYDUREON PEN PEN	P	PA; QL(4 ea per 28 days retail); AL(At least 18 yrs old)
BYETTA SOPN 10 MCG/0.04ML	P	PA; QL(2.4 ml per 30 days retail); AL(At least 18 yrs old)
BYETTA SOPN 5 MCG/0.02ML	P	PA; QL(1.2 ml per 30 days retail); AL(At least 18 yrs old)
VICTOZA SOPN	P	PA; QL(1.8 ml daily)
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS ( <i>Use pioglitazone hcl</i> )	NP	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	P	QL(1 ea daily)
<b>Insulin</b>		
ADMELOG SOLN	P	QL(40 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	P	QL(1 ml daily)
BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	P	QL(1 ml daily)
HUMALOG MIX 50/50 SUSP	P	QL(40 ml per 30 days retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(1 ml daily)
HUMALOG MIX 75/25 SUSP	P	QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN	P	OTC;QL(1 ml daily)
HUMULIN 70/30 SUSP	P	OTC;QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	P	OTC;QL(1 ml daily)

Georgia Inter-Pregnancy Care

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Updated June 1, 2021

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N SUSP	P	OTC;QL(40 ml per 30 days retail)
HUMULIN R SOLN	P	OTC;QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(1 ml daily)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 30 days retail)
INSULIN LISPRO KWIKPEN SOPN	NP	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(1 ml daily)
INSULIN LISPRO SOLN	NP	QL(40 ml per 30 days retail)
INSULIN LISPRO SOLN	NP	
LANTUS SOLN	NP	
LANTUS SOLOSTAR SOPN	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	OTC;QL(1 ml daily)
NOVOLIN 70/30 FLEXPEN SUPN	P	OTC;QL(1 ml daily)
NOVOLIN 70/30 RELION SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN 70/30 SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN N FLEXPEN RELION SUPN	P	OTC;QL(1 ml daily)
NOVOLIN N FLEXPEN SUPN	P	OTC;QL(1 ml daily)
NOVOLIN N RELION SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN N SUSP	P	OTC;QL(40 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R RELION SOLN	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN R SOLN	P	OTC;QL(40 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	P	QL(1 ml daily)
NOVOLOG MIX 70/30 SUSP	P	QL(40 ml per 30 days retail)
SEMGLEE SOLN	P	QL(1 ml daily)
SEMGLEE SOPN	P	QL(1 ml daily)
<b>Meglitinide Analogues</b>		
<i>nateglinide tabs</i>	P	QL(3 ea daily)
STARLIX TABS ( <i>Use nateglinide</i> )	NP	QL(3 ea daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
STEGLATRO TABS	P	QL(1 ea daily)
<b>Sulfonylureas</b>		
AMARYL TABS 1 MG, 2 MG ( <i>Use glimepiride</i> )	NP	QL(4 ea daily)
AMARYL TABS 4 MG ( <i>Use glimepiride</i> )	NP	QL(2 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	P	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	P	QL(2 ea daily)
<i>glipizide tabs or 10 mg, 5 mg</i>	P	
<i>glipizide tb24 or 10 mg, 2.5 mg, 5 mg</i>	P	
GLUCOTROL TABS ( <i>Use glipizide</i> )	NP	
GLUCOTROL XL TB24 ( <i>Use glipizide</i> )	NP	
<i>glyburide micronized tabs</i>	P	
<i>glyburide tabs or 1.25 mg, 2.5 mg, 5 mg</i>	P	
GLYNASE TABS ( <i>Use glyburide micronized</i> )	NP	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
<i>bismuth subsalicylate chew or 262 mg</i>	P	OTC
<i>bismuth subsalicylate susp or 1050 mg/30ml, 525 mg/15ml</i>	P	OTC
PEPTO-BISMOL CHEW 262 MG (Use <i>bismuth subsalicylate</i> )	NP	OTC
PEPTO-BISMOL MAX STRENGTH SUSP (Use <i>bismuth subsalicylate</i> )	NP	OTC
PEPTO-BISMOL TO-GO CHEW (Use <i>bismuth subsalicylate</i> )	NP	OTC
<b>Antiperistaltic Agents</b>		
ANTI-DIARRHEAL LIQD	P	OTC;QL(40 ml daily)
<i>diphenoxylate w/ atropine liqd</i>	P	
<i>diphenoxylate w/ atropine tabs</i>	P	
IMODIUM A-D CAPS 2 MG (Use <i>loperamide hcl</i> )	NP	OTC;QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG (Use <i>loperamide hcl</i> )	NP	OTC;QL(8 ea daily)
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i> )	NP	
<i>loperamide hcl caps or 2 mg</i>	P	OTC;QL(8 ea daily); RX/OTC
<i>loperamide hcl tabs or 2 mg</i>	P	OTC;QL(8 ea daily)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS	P	
<i>deferasirox tabs</i>	P	PA; SP
JADENU TABS (Use <i>deferasirox</i> )	NP	PA; SP
<b>Antidotes and Specific Antagonists</b>		

Drug Name	Drug Tier	Requirements/Limits
ANDEXXA SOLR	P	PA; SP
SM IPECAC SYRUP SYRP	P	
VISTOGARD PACK	P	
<b>Opioid Antagonists</b>		
<i>naloxone hcl soct ij 0.4 mg/ml</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl sosy ij 2 mg/2ml</i>	P	QL(4 ml per 90 days retail)
<i>naltrexone hcl tabs or</i>	P	
NARCAN LIQD	P	QL(4 ea per 90 days retail)
VIVITROL SUSR	P	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<i>ondansetron hcl soln or 4 mg/5ml</i>	P	QL(50 ml per 30 days retail)
<i>ondansetron hcl tabs or 24 mg</i>	P	QL(1 ea per 14 days retail)
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	P	QL(2 ea daily)
<i>ondansetron tbdp</i>	P	QL(2 ea daily)
ZOFRAN TABS (Use <i>ondansetron hcl</i> )	NP	QL(2 ea daily)
<b>Antiemetics - Anticholinergic</b>		
<i>dimenhydrinate tabs or 50 mg</i>	P	OTC;QL(24 ea per fill retail)
DRAMAMINE CHEW	P	OTC;QL(24 ea per fill retail)
DRAMAMINE TABS (Use <i>dimenhydrinate</i> )	NP	OTC;QL(24 ea per fill retail)
<i>meclizine hcl chew or 25 mg</i>	P	OTC;RX/OTC
<i>meclizine hcl tabs or 12.5 mg, 25 mg</i>	P	RX/OTC
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<b>Antifungals</b>		
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin ultramicrosize tabs</i>	P	
<i>nystatin tabs or</i>	P	QL(6 ea daily)
<i>terbinafine hcl tabs or</i>	P	QL(90 ea per 120 days retail)
<b>Imidazole-Related Antifungals</b>		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML ( <i>Use fluconazole</i> )	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG, 200 MG ( <i>Use fluconazole</i> )	NP	
DIFLUCAN TABS 150 MG ( <i>Use fluconazole</i> )	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG ( <i>Use fluconazole</i> )	NP	QL(3 ea per 14 days retail)
<i>fluconazole susr or 10 mg/ml, 40 mg/ml</i>	P	QL(70 ml per fill retail)
<i>fluconazole tabs or 100 mg, 200 mg</i>	P	
<i>fluconazole tabs or 150 mg</i>	P	QL(2 ea per fill retail)
<i>fluconazole tabs or 50 mg</i>	P	QL(3 ea per 14 days retail)
<i>itraconazole caps or 100 mg</i>	P	PA; QL(1 ea daily)
SPORANOX CAPS 100 MG ( <i>Use itraconazole</i> )	NP	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS ( <i>Use itraconazole</i> )	NP	PA; QL(1 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
CHLOR-TRIMETON SYRP 2 MG/5ML ( <i>Use chlorpheniramine maleate</i> )	NP	OTC
CHLOR-TRIMETON TABS 4 MG ( <i>Use chlorpheniramine maleate</i> )	NP	OTC;QL(120 ea per fill retail)
<i>chlorpheniramine maleate syrup or 2 mg/5ml</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpheniramine maleate tabs or 4 mg</i>	P	OTC;QL(120 ea per fill retail)
<b>Antihistamines - Ethanolamines</b>		
ALER-DRYL TABS	P	QL(4 ea daily)
BENADRYL ALLERGY CAPS ( <i>Use diphenhydramine hcl</i> )	NP	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML ( <i>Use diphenhydramine hcl</i> )	NP	OTC;QL(240 ml per fill retail)
BENADRYL ALLERGY TABS ( <i>Use diphenhydramine hcl</i> )	NP	OTC;QL(4 ea daily)
<i>clemastine fumarate tabs or 1.34 mg</i>	P	OTC;QL(2 ea daily)
<i>diphenhydramine hcl caps or 50 mg, 25 mg</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl liqd or 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml</i>	P	OTC;QL(240 ml per fill retail)
<i>diphenhydramine hcl tabs or 25 mg</i>	P	OTC;QL(4 ea daily)
<b>Antihistamines - Non-Sedating</b>		
ALLEGRA ALLERGY TABS 180 MG ( <i>Use fexofenadine hcl</i> )	NP	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG ( <i>Use fexofenadine hcl</i> )	NP	QL(2 ea daily)
<i>cetirizine hcl chew 5 mg, 10 mg</i>	P	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	P	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl syrup 1 mg/ml, 5 mg/5ml</i>	P	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	P	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP ( <i>Use loratadine</i> )	NP	OTC;QL(240 ml per fill retail)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/ Limits
CLARITIN REDITABS TBDP 10 MG ( <i>Use loratadine</i> )	NP	OTC;QL(1 ea daily)
CLARITIN SYRP 5 MG/5ML ( <i>Use loratadine</i> )	NP	OTC;QL(240 ml per fill retail)
CLARITIN TABS 10 MG ( <i>Use loratadine</i> )	NP	OTC;QL(1 ea daily)
<i>fexofenadine hcl tabs or 180 mg</i>	P	QL(1 ea daily)
<i>fexofenadine hcl tabs or 60 mg</i>	P	QL(2 ea daily)
<i>levocetirizine dihydrochloride tabs or 5 mg</i>	P	RX/OTC
<i>loratadine soln or 5 mg/5ml</i>	P	OTC;QL(240 ml per fill retail)
<i>loratadine syrp or 5 mg/5ml</i>	P	OTC;QL(240 ml per fill retail)
<i>loratadine tabs or 10 mg</i>	P	OTC;QL(1 ea daily)
<i>loratadine tbdp or 10 mg</i>	P	OTC;QL(1 ea daily)
XYZAL ALLERGY 24HR TABS ( <i>Use levocetirizine dihydrochloride</i> )	NP	RX/OTC
ZYRTEC ALLERGY TABS ( <i>Use cetirizine hcl</i> )	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN ( <i>Use cetirizine hcl</i> )	NP	QL(240 ml per fill retail); RX/OTC
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	P	AL(At least 2 yrs old)
<i>promethazine hcl supp re 50 mg, 12.5 mg, 25 mg</i>	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	P	AL(At least 2 yrs old)
<i>promethazine hcl tabs or 25 mg, 12.5 mg, 50 mg</i>	P	AL(At least 2 yrs old)
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrp or 2 mg/5ml</i>	P	
<i>cyproheptadine hcl tabs or 4 mg</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin tabs</i>	P	ST; QL(1 ea daily)
VYTORIN TABS ( <i>Use ezetimibe-simvastatin</i> )	NP	ST; QL(1 ea daily)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light pack</i>	P	
<i>cholestyramine light powd</i>	P	
<i>cholestyramine pack or 4 gm</i>	P	
<i>cholestyramine powd or 4 gm/dose</i>	P	
COLESTID FLAVORED GRAN 5 GM ( <i>Use colestipol hcl</i> )	NP	
COLESTID GRAN 5 GM ( <i>Use colestipol hcl</i> )	NP	
COLESTID TABS 1 GM ( <i>Use colestipol hcl</i> )	NP	
<i>colestipol hcl gran 5 gm</i>	P	
<i>colestipol hcl tabs 1 gm</i>	P	
QUESTRAN LIGHT POWD ( <i>Use cholestyramine light</i> )	NP	
QUESTRAN PACK ( <i>Use cholestyramine</i> )	NP	
QUESTRAN POWD ( <i>Use cholestyramine</i> )	NP	
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	P	QL(1 ea daily)
<i>fenofibrate micronized caps 67 mg</i>	P	QL(2 ea daily)
FENOFIBRATE TABS OR 160 MG	P	QL(1 ea daily)
<i>fenofibrate tabs or 160 mg</i>	P	QL(1 ea daily)
<i>fenofibrate tabs or 54 mg</i>	P	QL(3 ea daily)
<i>gemfibrozil tabs or</i>	P	QL(2 ea daily)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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LOPID TABS ( <i>Use gemfibrozil</i> )	NP	QL(2 ea daily)
TRIGLIDE TABS	P	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tabs or 10 mg, 20 mg, 40 mg, 80 mg</i>	P	QL(1 ea daily)
CRESTOR TABS ( <i>Use rosuvastatin calcium</i> )	NP	ST; Try simvastatin or atorvastatin;QL (1 ea daily)
LIPITOR TABS ( <i>Use atorvastatin calcium</i> )	NP	QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	P	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	P	QL(2 ea daily)
PRAVACHOL TABS ( <i>Use pravastatin sodium</i> )	NP	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	P	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	P	ST; Try simvastatin or atorvastatin;QL (1 ea daily)
<i>simvastatin tabs or 10 mg, 20 mg, 40 mg, 5 mg</i>	P	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 5 MG ( <i>Use simvastatin</i> )	NP	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	P	ST
ZETIA TABS ( <i>Use ezetimibe</i> )	NP	ST
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tabs</i>	P	
<i>niacin (antihyperlipidemic) tbc</i>	P	
NIASPAN TBCR ( <i>Use niacin (antihyperlipidemic)</i> )	NP	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL TABS ( <i>Use quinapril hcl</i> )	NP	
ALTACE CAPS ( <i>Use ramipril</i> )	NP	QL(2 ea daily)
<i>benazepril hcl tabs or 10 mg, 20 mg, 5 mg</i>	P	QL(1 ea daily)
<i>benazepril hcl tabs or 40 mg</i>	P	QL(2 ea daily)
<i>captopril tabs or 100 mg, 12.5 mg, 25 mg, 50 mg</i>	P	QL(3 ea daily)
<i>enalapril maleate tabs or 10 mg, 2.5 mg, 20 mg, 5 mg</i>	P	QL(2 ea daily)
<i>fosinopril sodium tabs</i>	P	QL(1 ea daily)
<i>lisinopril tabs or 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	P	QL(2 ea daily)
<i>lisinopril tabs or 2.5 mg</i>	P	QL(1 ea daily)
LOTENSIN TABS 10 MG, 20 MG ( <i>Use benazepril hcl</i> )	NP	QL(1 ea daily)
LOTENSIN TABS 40 MG ( <i>Use benazepril hcl</i> )	NP	QL(2 ea daily)
PRINIVIL TABS ( <i>Use lisinopril</i> )	NP	QL(2 ea daily)
<i>quinapril hcl tabs</i>	P	
<i>ramipril caps</i>	P	QL(2 ea daily)
<i>trandolapril tabs 1 mg, 2 mg</i>	P	QL(1 ea daily)
<i>trandolapril tabs 4 mg</i>	P	QL(2 ea daily)
VASOTEC TABS ( <i>Use enalapril maleate</i> )	NP	QL(2 ea daily)
ZESTRIL TABS 10 MG, 20 MG, 30 MG, 40 MG, 5 MG ( <i>Use lisinopril</i> )	NP	QL(2 ea daily)
ZESTRIL TABS 2.5 MG ( <i>Use lisinopril</i> )	NP	QL(1 ea daily)
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS ( <i>Use candesartan cilexetil</i> )	NP	
AVAPRO TABS ( <i>Use irbesartan</i> )	NP	QL(1 ea daily)

Georgia Inter-Pregnancy Care

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Updated June 1, 2021

Drug Name	Drug Tier	Requirements/Limits
BENICAR TABS ( <i>Use olmesartan medoxomil</i> )	NP	ST; Use losartan or irbesartan; QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	P	
COZAAR TABS ( <i>Use losartan potassium</i> )	NP	QL(1 ea daily)
DIOVAN TABS ( <i>Use valsartan</i> )	NP	QL(1 ea daily)
<i>irbesartan tabs</i>	P	QL(1 ea daily)
<i>losartan potassium tabs</i>	P	QL(1 ea daily)
MICARDIS TABS ( <i>Use telmisartan</i> )	NP	QL(1 ea daily)
<i>olmesartan medoxomil tabs or 20 mg, 40 mg, 5 mg</i>	P	ST; Use losartan or irbesartan; QL(1 ea daily)
<i>telmisartan tabs</i>	P	QL(1 ea daily)
<i>valsartan tabs</i>	P	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		
CARDURA TABS ( <i>Use doxazosin mesylate</i> )	NP	
CATAPRES TABS ( <i>Use clonidine hcl</i> )	NP	
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg</i>	P	
<i>doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg</i>	P	
<i>guanfacine hcl tabs</i>	P	
<i>methyldopa tabs</i>	P	
MINIPRESS CAPS ( <i>Use prazosin hcl</i> )	NP	
<i>prazosin hcl caps</i>	P	
<i>terazosin hcl caps</i>	P	
<b>Antihypertensive Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
ACCURETIC TABS 10 MG-12.5 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NP	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NP	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NP	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	P	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	P	ST; Use losartan or irbesartan
<i>amlodipine besylate-valsartan tabs</i>	P	ST; Use losartan or irbesartan
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	P	ST; Use losartan or irbesartan
ATACAND HCT TABS ( <i>Use candesartan cilexetil-hydrochlorothiazide</i> )	NP	
<i>atenolol &amp; chlorthalidone tabs</i>	P	QL(2 ea daily)
AVALIDE TABS ( <i>Use irbesartan-hydrochlorothiazide</i> )	NP	QL(1 ea daily)
AZOR TABS ( <i>Use amlodipine besylate-olmesartan medoxomil</i> )	NP	ST; Use losartan or irbesartan
<i>benazepril &amp; hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
BENICAR HCT TABS ( <i>Use olmesartan medoxomil-hydrochlorothiazide</i> )	NP	ST; Use losartan or irbesartan; QL(1 ea daily)
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	P	
<i>captopril &amp; hydrochlorothiazide tabs 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg</i>	P	QL(2 ea daily)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>captopril &amp; hydrochlorothiazide tabs 25 mg-50 mg</i>	P	QL(3 ea daily)
DIOVAN HCT TABS ( <i>Use valsartan-hydrochlorothiazide</i> )	NP	QL(1 ea daily)
DUTOPROL TB24	P	QL(1 ea daily)
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	P	QL(2 ea daily)
EXFORGE HCT TABS	P	ST; Use losartan or irbesartan
EXFORGE TABS ( <i>Use amlodipine besylate-valsartan</i> )	NP	ST; Use losartan or irbesartan
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
HYZAAR TABS ( <i>Use losartan potassium &amp; hydrochlorothiazide</i> )	NP	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
<i>lisinopril &amp; hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-20 mg</i>	P	QL(2 ea daily)
<i>lisinopril &amp; hydrochlorothiazide tabs 20 mg-25 mg</i>	P	QL(1 ea daily)
LOPRESSOR HCT TABS ( <i>Use metoprolol &amp; hydrochlorothiazide</i> )	NP	QL(2 ea daily)
<i>losartan potassium &amp; hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
LOTENSIN HCT TABS ( <i>Use benazepril &amp; hydrochlorothiazide</i> )	NP	QL(1 ea daily)
LOTREL CAPS ( <i>Use amlodipine besylate-benazepril hcl</i> )	NP	QL(1 ea daily)
<i>metoprolol &amp; hydrochlorothiazide tabs 100 mg-25 mg, 25 mg-50 mg</i>	P	QL(2 ea daily)
<i>metoprolol &amp; hydrochlorothiazide tabs 100 mg-50 mg</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	P	QL(1 ea daily)
MICARDIS HCT TABS ( <i>Use telmisartan-hydrochlorothiazide</i> )	NP	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	P	ST; Use losartan or irbesartan
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	P	ST; Use losartan or irbesartan;QL(1 ea daily)
<i>propranolol &amp; hydrochlorothiazide tabs</i>	P	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg</i>	P	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	P	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	P	QL(2 ea daily)
TARKA TBCR ( <i>Use trandolapril-verapamil hcl</i> )	NP	
<i>telmisartan-amlodipine tabs</i>	P	
<i>telmisartan-hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
TENORETIC 100 TABS ( <i>Use atenolol &amp; chlorthalidone</i> )	NP	QL(2 ea daily)
TENORETIC 50 TABS ( <i>Use atenolol &amp; chlorthalidone</i> )	NP	QL(2 ea daily)
<i>trandolapril-verapamil hcl tbc</i>	P	
TRIBENZOR TABS ( <i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	NP	ST; Use losartan or irbesartan
TWYNSTA TABS ( <i>Use telmisartan-amlodipine</i> )	NP	
<i>valsartan-hydrochlorothiazide tabs</i>	P	QL(1 ea daily)

Georgia Inter-Pregnancy Care

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Updated June 1, 2021



Drug Name	Drug Tier	Requirements/Limits
VASERETIC TABS ( <i>Use enalapril maleate &amp; hydrochlorothiazide</i> )	NP	QL(2 ea daily)
ZESTORETIC TABS 10 MG-12.5 MG, 12.5 MG-20 MG ( <i>Use lisinopril &amp; hydrochlorothiazide</i> )	NP	QL(2 ea daily)
ZESTORETIC TABS 20 MG-25 MG ( <i>Use lisinopril &amp; hydrochlorothiazide</i> )	NP	QL(1 ea daily)
ZIAC TABS ( <i>Use bisoprolol &amp; hydrochlorothiazide</i> )	NP	QL(1 ea daily)
<b>Vasodilators</b>		
<i>hydralazine hcl tabs or 100 mg, 50 mg, 10 mg, 25 mg</i>	P	
<i>minoxidil tabs or 10 mg</i>	P	QL(10 ea daily)
<i>minoxidil tabs or 2.5 mg</i>	P	QL(3 ea daily)
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
COARTEM TABS	P	QL(24 ea per fill retail)
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs or 250 mg</i>	P	
<i>chloroquine phosphate tabs or 500 mg</i>	P	QL(1 ea daily)
<i>hydroxychloroquine sulfate tabs or</i>	P	
KRINTAFEL TABS	P	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	P	
PLAQUENIL TABS ( <i>Use hydroxychloroquine sulfate</i> )	NP	
<i>primaquine phosphate tabs</i>	P	
PRIMAQUINE PHOSPHATE TABS ( <i>Use primaquine phosphate</i> )	NP	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
MESTINON TABS ( <i>Use pyridostigmine bromide</i> )	NP	
MESTINON TIMESPAN TBCR ( <i>Use pyridostigmine bromide</i> )	NP	
<i>pyridostigmine bromide tabs or 60 mg</i>	P	
<i>pyridostigmine bromide tbc or 180 mg</i>	P	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Antimycobacterial Agents</b>		
<i>ethambutol hcl tabs or 100 mg, 400 mg</i>	P	
<i>isoniazid syrps or 50 mg/5ml</i>	P	
<i>isoniazid tabs or 100 mg, 300 mg</i>	P	
MYAMBUTOL TABS ( <i>Use ethambutol hcl</i> )	NP	
<i>pyrazinamide tabs or</i>	P	
RIFADIN CAPS OR 150 MG, 300 MG ( <i>Use rifampin</i> )	NP	
<i>rifampin caps or 150 mg, 300 mg</i>	P	
TRECTOR TABS	P	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN TABS ( <i>Use melphalan</i> )	NP	
LEUKERAN TABS	P	
<i>melphalan tabs</i>	P	
MYLERAN TABS	P	
<b>Antimetabolites</b>		
<i>mercaptopurine tabs or</i>	P	
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 1 gm/40ml</i>	P	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<i>methotrexate sodium tabs or 2.5 mg</i>	P	
PURIXAN SUSP	P	
TREXALL TABS	P	
<b>Antineoplastic - Anti-HER2 Agents</b>		
TRAZIMERA SOLR	P	PA; SP
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>anastrozole tabs or</i>	P	
ARIMIDEX TABS ( <i>Use anastrozole</i> )	NP	
AROMASIN TABS ( <i>Use exemestane</i> )	NP	
<i>bicalutamide tabs</i>	P	QL(1 ea daily)
CASODEX TABS ( <i>Use bicalutamide</i> )	NP	QL(1 ea daily)
<i>exemestane tabs</i>	P	
FARESTON TABS ( <i>Use toremifene citrate</i> )	NP	PA
FEMARA TABS ( <i>Use letrozole</i> )	NP	
<i>flutamide caps</i>	P	
<i>hydroxyprogesterone caproate (antineoplastic) soln</i>	P	PA; SP
<i>letrozole tabs or</i>	P	
<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	P	
<i>megestrol acetate tabs or 40 mg, 20 mg</i>	P	
<i>tamoxifen citrate tabs or 10 mg, 20 mg</i>	P	
<i>toremifene citrate tabs</i>	P	PA
<b>Antineoplastic Enzyme Inhibitors</b>		
COTELLIC TABS	P	PA; SP
ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG	P	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAPS	P	PA; SP
<b>Antineoplastics Misc.</b>		
HYDREA CAPS ( <i>Use hydroxyurea</i> )	NP	
<i>hydroxyurea caps or</i>	P	
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	P	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa tabs or</i>	P	
LODOSYN TABS ( <i>Use carbidopa</i> )	NP	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	P	
<i>trihexyphenidyl hcl tabs</i>	P	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps or 100 mg</i>	P	
<i>amantadine hcl syrp or 50 mg/5ml</i>	P	
<i>bromocriptine mesylate caps or 5 mg</i>	P	
<i>bromocriptine mesylate tabs or 2.5 mg</i>	P	
<i>carbidopa-levodopa tabs 10 mg-100 mg, 100 mg-25 mg, 25 mg-250 mg</i>	P	
<i>carbidopa-levodopa tbcr 100 mg-25 mg, 200 mg-50 mg</i>	P	
MIRAPEX TABS ( <i>Use pramipexole dihydrochloride</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS ( <i>Use bromocriptine mesylate</i> )	NP	
PARLODEL TABS ( <i>Use bromocriptine mesylate</i> )	NP	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg</i>	P	QL(6 ea daily)
<i>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg</i>	P	QL(3 ea daily)
SINEMET CR TBCR (Use <i>carbidopa-levodopa</i> )	NP	
SINEMET TABS (Use <i>carbidopa-levodopa</i> )	NP	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>selegiline hcl caps or</i>	P	
<i>selegiline hcl tabs or</i>	P	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps or 300 mg, 150 mg, 600 mg</i>	P	
<i>lithium carbonate tabs or 300 mg</i>	P	
<i>lithium carbonate tbcr or 300 mg, 450 mg</i>	P	
LITHIUM SOLN	P	
LITHOBID TBCR (Use <i>lithium carbonate</i> )	P	
<b>Antipsychotics - Misc.</b>		
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use <i>ziprasidone hcl</i> )	NP	QL(2 ea daily); AL(At least 18 yrs old)
NUPLAZID CAPS	P	PA; QL(1 ea daily)
NUPLAZID TABS	P	PA; QL(1 ea daily)
<i>ziprasidone hcl caps</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<b>Benzisoxazoles</b>		

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL SOLN 1 MG/ML (Use <i>risperidone</i> )	NP	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i> )	NP	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone soln 1 mg/ml</i>	P	QL(4 ml daily); AL(At least 5 yrs old)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL(2 ea daily); AL(At least 5 yrs old)
<b>Butyrophenones</b>		
HALDOL DECANOATE 100 SOLN (Use <i>haloperidol decanoate</i> )	NP	
HALDOL DECANOATE 50 SOLN (Use <i>haloperidol decanoate</i> )	NP	
<i>haloperidol decanoate soln im 100 mg/ml, 50 mg/ml</i>	P	
<i>haloperidol lactate conc or 2 mg/ml</i>	P	
<i>haloperidol tabs or 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	P	QL(3 ea daily)
<i>haloperidol tabs or 20 mg</i>	P	
<b>Dibenzapines</b>		
<i>clozapine tabs 200 mg, 25 mg, 50 mg, 100 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS (Use <i>clozapine</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>loxapine succinate caps</i>	P	QL(4 ea daily)
<i>olanzapine tabs or 10 mg, 7.5 mg</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
<i>olanzapine tabs or 15 mg, 20 mg</i>	P	QL(1 ea daily); AL(At least 10 yrs old)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tabs or 2.5 mg, 5 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 100 mg, 200 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 50 mg, 25 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
SEROQUEL TABS 100 MG, 200 MG (Use <i>quetiapine fumarate</i> )	NP	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (Use <i>quetiapine fumarate</i> )	NP	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 50 MG, 25 MG (Use <i>quetiapine fumarate</i> )	NP	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
ZYPREXA TABS OR 10 MG, 7.5 MG (Use <i>olanzapine</i> )	NP	QL(2 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS OR 15 MG, 20 MG (Use <i>olanzapine</i> )	NP	QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS OR 2.5 MG, 5 MG (Use <i>olanzapine</i> )	NP	QL(4 ea daily); AL(At least 10 yrs old)
<b>Dihydroindolones</b>		
<i>molindone hcl tabs</i>	P	QL(4 ea daily)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl tabs or 10 mg</i>	P	QL(10 ea daily)
<i>chlorpromazine hcl tabs or 100 mg, 200 mg, 25 mg, 50 mg</i>	P	QL(3 ea daily)
<i>fluphenazine decanoate soln ij</i>	P	
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	P	
<i>perphenazine tabs or 16 mg, 2 mg, 4 mg, 8 mg</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tabs or 10 mg, 5 mg</i>	P	
<i>prochlorperazine supp</i>	P	
<i>thioridazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg</i>	P	QL(3 ea daily)
<i>trifluoperazine hcl tabs</i>	P	QL(2 ea daily)
<b>Quinolinone Derivatives</b>		
ABILIFY TABS (Use <i>aripiprazole</i> )	NP	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	P	QL(750 ml per fill retail); AL(At least 6 yrs old)
<i>aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	P	QL(3 ea daily)
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>Antiseptics &amp; Disinfectants</b>		
<i>formaldehyde soln 10 %</i>	P	QL(90 ml per fill retail)
<b>Chlorine Antiseptics</b>		
<i>chlorhexidine gluconate liqd ex 4 %</i>	P	OTC;QL(946 ml per fill retail)
HIBICLENS LIQD (Use <i>chlorhexidine gluconate</i> )	NP	OTC;QL(946 ml per fill retail)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	P	QL(30 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	P	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	P	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	P	QL(2 ea daily)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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APTIVUS CAPS 250 MG	P	ST; QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	P	ST; QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 200 mg</i>	P	QL(2 ea daily)
<i>atazanavir sulfate caps 300 mg</i>	P	
ATRIPLA TABS ( <i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	NP	QL(1 ea daily)
BIKTARVY TABS	P	QL(1 ea daily)
CIMDUO TABS	P	ST; QL(1 ea daily)
COMBIVIR TABS ( <i>Use lamivudine-zidovudine</i> )	NP	QL(2 ea daily)
COMPLERA TABS	P	ST; try Symfi;;QL(1 ea daily)
CRIXIVAN CAPS 200 MG	P	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	P	QL(6 ea daily)
DELSTRIGO TABS	P	ST; try Symfi;QL(1 ea daily)
DESCOVY TABS	P	PA; QL(1 ea daily)
<i>didanosine cpdr</i>	P	QL(1 ea daily)
DOVATO TABS	P	
EDURANT TABS	P	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	P	QL(1 ea daily)
<i>efavirenz caps 50 mg</i>	P	QL(2 ea daily)
<i>efavirenz tabs 600 mg</i>	P	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	P	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine caps</i>	P	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	P	QL(1 ea daily)
EMTRIVA CAPS 200 MG ( <i>Use emtricitabine</i> )	NP	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	P	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML ( <i>Use lamivudine</i> )	NP	QL(30 ml daily)
EPIVIR TABS 150 MG ( <i>Use lamivudine</i> )	NP	QL(2 ea daily)
EPIVIR TABS 300 MG ( <i>Use lamivudine</i> )	NP	QL(1 ea daily)
EPZICOM TABS ( <i>Use abacavir sulfate-lamivudine</i> )	NP	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	P	QL(4 ea daily)
GENVOYA TABS	P	QL(1 ea daily)
INTELENCE TABS 100 MG, 25 MG	P	QL(4 ea daily)
INTELENCE TABS 200 MG	P	QL(2 ea daily)
INVIRASE TABS	P	ST; QL(4 ea daily)
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
ISENTRESS HD TABS	P	QL(2 ea daily)
ISENTRESS PACK 100 MG	P	QL(2 ea daily)
ISENTRESS TABS 400 MG	P	QL(2 ea daily)
JULUCA TABS	P	QL(1 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML ( <i>Use lopinavir-ritonavir</i> )	NP	QL(480 ml per 30 days retail)
KALETRA TABS 100 MG-25 MG	P	QL(4 ea daily)
KALETRA TABS 200 MG-50 MG	P	QL(6 ea daily)

Georgia Inter-Pregnancy Care

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Updated June 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine soln 10 mg/ml</i>	P	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	P	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	P	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	P	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	P	QL(56 ml daily)
LEXIVA TABS 700 MG (Use fosamprenavir calcium)	NP	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	P	QL(480 ml per 30 days retail)
<i>nevirapine susp 50 mg/5ml</i>	P	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	P	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	P	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	P	QL(1 ea daily)
NORVIR SOLN 80 MG/ML	P	QL(15 ml daily)
NORVIR TABS 100 MG (Use ritonavir)	NP	QL(12 ea daily)
PIFELTRO TABS	P	QL(1 ea daily)
PREZCOBIX TABS	P	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	P	ST; QL(12 ml daily)
PREZISTA TABS 150 MG	P	ST; QL(3 ea daily)
PREZISTA TABS 600 MG, 75 MG	P	ST; QL(2 ea daily)
PREZISTA TABS 800 MG	P	ST; QL(1 ea daily)
RESCRIPTOR TABS	P	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use zidovudine)	NP	QL(6 ea daily)
RETROVIR SYRP 50 MG/5ML (Use zidovudine)	NP	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (Use atazanavir sulfate)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	NP	
REYATAZ PACK 50 MG	P	QL(6 ea daily)
<i>ritonavir tabs</i>	P	QL(12 ea daily)
RUKOBIA TB12	P	PA
SELZENTRY SOLN 20 MG/ML	P	QL(35 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	P	QL(2 ea daily)
SELZENTRY TABS 300 MG	P	QL(4 ea daily)
STAVUDINE CAPS 15 MG, 20 MG, 30 MG, 40 MG	P	QL(2 ea daily)
<i>stavudine caps 15 mg, 20 mg, 30 mg, 40 mg</i>	P	QL(2 ea daily)
STRIBILD TABS	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 600 MG (Use efavirenz)	NP	QL(1 ea daily)
SYMFI LO TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
SYMFI TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
SYMTUZA TABS	P	ST; try Symfi; QL(1 ea daily)
TEMIXYS TABS	P	ST; QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	P	QL(1 ea daily)
TIVICAY TABS 50 MG	P	QL(2 ea daily)
TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
TRIZIVIR TABS ( <i>Use abacavir sulfate-lamivudine-zidovudine</i> )	NP	QL(2 ea daily)
TRUVADA TABS 200 MG-300 MG ( <i>Use emtricitabine-tenofovir disoproxil fumarate</i> )	P	QL(1 ea daily)
TYBOST TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
VIDEX EC CPDR 125 MG	P	QL(1 ea daily)
VIDEX EC CPDR 200 MG, 250 MG, 400 MG ( <i>Use didanosine</i> )	NP	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	P	QL(20 ml daily)
VIRACEPT TABS 250 MG	P	QL(9 ea daily)
VIRACEPT TABS 625 MG	P	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML ( <i>Use nevirapine</i> )	NP	QL(40 ml daily)
VIRAMUNE TABS 200 MG ( <i>Use nevirapine</i> )	NP	QL(2 ea daily)
VIRAMUNE XR TB24 ( <i>Use nevirapine</i> )	NP	QL(1 ea daily)
VIREAD POWD 40 MG/GM	P	QL(240 gm per 30 days retail)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)
VIREAD TABS 300 MG ( <i>Use tenofovir disoproxil fumarate</i> )	NP	QL(1 ea daily)
ZIAGEN SOLN 20 MG/ML ( <i>Use abacavir sulfate</i> )	NP	QL(30 ml daily)
ZIAGEN TABS 300 MG ( <i>Use abacavir sulfate</i> )	NP	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	P	QL(6 ea daily)
<i>zidovudine syrpf 50 mg/5ml</i>	P	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	P	QL(2 ea daily)
<b>CMV Agents</b>		
VALCYTE TABS 450 MG ( <i>Use valganciclovir hcl</i> )	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl tabs 450 mg</i>	P	QL(2 ea daily)
<b>Hepatitis Agents</b>		
MAVYRET TABS	P	PA; QL(3 ea daily); SP
<b>Herpes Agents</b>		
<i>acyclovir caps or 200 mg</i>	P	QL(50 ea per 30 days retail)
<i>acyclovir susp or 200 mg/5ml</i>	P	QL(400 ml per 30 days retail)
<i>acyclovir tabs or 400 mg</i>	P	QL(3 ea daily)
<i>acyclovir tabs or 800 mg</i>	P	QL(50 ea per 30 days retail)
<i>famciclovir tabs or 125 mg, 250 mg, 500 mg</i>	P	
<i>valacyclovir hcl tabs or 1 gm, 1000 mg</i>	P	QL(42 ea per 21 days retail)
<i>valacyclovir hcl tabs or 500 mg</i>	P	QL(2 ea daily)
VALTREX TABS 1 GM ( <i>Use valacyclovir hcl</i> )	NP	QL(42 ea per 21 days retail)
VALTREX TABS 500 MG ( <i>Use valacyclovir hcl</i> )	NP	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG ( <i>Use acyclovir</i> )	NP	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML ( <i>Use acyclovir</i> )	NP	QL(400 ml per 30 days retail)
ZOVIRAX TABS OR 400 MG ( <i>Use acyclovir</i> )	NP	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG ( <i>Use acyclovir</i> )	NP	QL(50 ea per 30 days retail)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate caps or 30 mg</i>	P	QL(20 ea per 30 days retail)
<i>oseltamivir phosphate caps or 45 mg, 75 mg</i>	P	QL(10 ea per 30 days retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	P	QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB	P	QL(20 ea per fill retail); AL(At least 5 yrs old)
TAMIFLU CAPS 30 MG ( <i>Use oseltamivir phosphate</i> )	NP	QL(20 ea per 30 days retail)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	NP	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (Use oseltamivir phosphate)	NP	QL(120 ml per 30 days retail)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
carvedilol phosphate cp24	P	QL(1 ea daily)
carvedilol tabs 12.5 mg, 3.125 mg, 6.25 mg	P	QL(3 ea daily)
carvedilol tabs 25 mg	P	QL(4 ea daily)
COREG CR CP24 (Use carvedilol phosphate)	NP	QL(1 ea daily)
COREG TABS 12.5 MG, 3.125 MG, 6.25 MG (Use carvedilol)	NP	QL(3 ea daily)
COREG TABS 25 MG (Use carvedilol)	NP	QL(4 ea daily)
labetalol hcl tabs or 100 mg	P	QL(3 ea daily)
labetalol hcl tabs or 200 mg	P	QL(6 ea daily)
labetalol hcl tabs or 300 mg	P	QL(8 ea daily)
<b>Beta Blockers Cardio-Selective</b>		
acebutolol hcl caps or 400 mg, 200 mg	P	
atenolol tabs or 100 mg, 25 mg, 50 mg	P	QL(2 ea daily)
bisoprolol fumarate tabs or 10 mg, 5 mg	P	QL(1 ea daily)
LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	NP	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	NP	QL(4 ea daily)
metoprolol succinate tb24 100 mg, 25 mg, 50 mg	P	QL(4 ea daily)
metoprolol succinate tb24 200 mg	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate tabs or 100 mg	P	QL(4.5 ea daily)
metoprolol tartrate tabs or 25 mg, 50 mg	P	QL(4 ea daily)
TENORMIN TABS (Use atenolol)	NP	QL(2 ea daily)
TOPROL XL TB24 100 MG, 25 MG, 50 MG (Use metoprolol succinate)	NP	QL(4 ea daily)
TOPROL XL TB24 200 MG (Use metoprolol succinate)	NP	QL(2 ea daily)
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF TABS (Use sotalol hcl (afib/af))	NP	QL(2 ea daily)
BETAPACE TABS (Use sotalol hcl)	NP	QL(2 ea daily)
CORGARD TABS (Use nadolol)	NP	QL(2 ea daily)
INDERAL LA CP24 (Use propranolol hcl)	NP	QL(2 ea daily)
nadolol tabs or 20 mg, 40 mg, 80 mg	P	QL(2 ea daily)
pindolol tabs	P	
propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg	P	QL(2 ea daily)
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	P	
propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg	P	
sotalol hcl (afib/af) tabs	P	QL(2 ea daily)
sotalol hcl tabs 120 mg, 160 mg, 80 mg	P	QL(2 ea daily)
sotalol hcl tabs 240 mg	P	
timolol maleate tabs or 20 mg, 5 mg, 10 mg	P	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
ADALAT CC TB24 30 MG, 90 MG (Use nifedipine)	NP	QL(1 ea daily)



Drug Name	Drug Tier	Requirements/Limits
ADALAT CC TB24 60 MG (Use <i>nifedipine</i> )	NP	QL(2 ea daily)
<i>amlodipine besylate tabs or 10 mg, 2.5 mg, 5 mg</i>	P	QL(1 ea daily)
CALAN SR TBCR (Use <i>verapamil hcl</i> )	NP	QL(2 ea daily)
CALAN TABS (Use <i>verapamil hcl</i> )	NP	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use <i>diltiazem hcl coated beads</i> )	NP	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (Use <i>diltiazem hcl coated beads</i> )	NP	QL(2 ea daily)
CARDIZEM TABS (Use <i>diltiazem hcl</i> )	NP	QL(3 ea daily)
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl cp24 or 120 mg, 180 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl cp24 or 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads cp24 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads cp24 420 mg, 120 mg, 180 mg, 300 mg, 360 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg</i>	P	QL(3 ea daily)
<i>felodipine tb24</i>	P	QL(1 ea daily)
<i>nicardipine hcl caps or 20 mg, 30 mg</i>	P	
<i>nifedipine caps or 10 mg, 20 mg</i>	P	QL(4 ea daily)
<i>nifedipine tb24 or 30 mg, 90 mg</i>	P	QL(1 ea daily)
<i>nifedipine tb24 or 60 mg</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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 30 MG, 90 MG (Use <i>nifedipine</i> )	NP	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (Use <i>nifedipine</i> )	NP	QL(2 ea daily)
TIAZAC CP24 240 MG (Use <i>diltiazem hcl extended release beads</i> )	NP	QL(2 ea daily)
TIAZAC CP24 420 MG, 120 MG, 180 MG, 300 MG, 360 MG (Use <i>diltiazem hcl extended release beads</i> )	NP	QL(1 ea daily)
<i>verapamil hcl cp24 or 100 mg, 200 mg</i>	P	QL(2 ea daily)
<i>verapamil hcl cp24 or 300 mg, 360 mg, 120 mg, 180 mg, 240 mg</i>	P	QL(1 ea daily)
<i>verapamil hcl tabs or 40 mg, 120 mg, 80 mg</i>	P	QL(3 ea daily)
<i>verapamil hcl tbcR or 120 mg, 180 mg, 240 mg</i>	P	QL(2 ea daily)
VERELAN 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)
VERELAN PM CP24 300 MG (Use <i>verapamil hcl</i> )	NP	QL(1 ea daily)
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
<i>digoxin soln ij 0.25 mg/ml</i>	P	
<i>digoxin soln or 0.05 mg/ml</i>	P	
<i>digoxin tabs or 0.25 mg, 250 mcg, 0.125 mg, 125 mcg</i>	P	
LANOXIN SOLN IJ 0.25 MG/ML (Use <i>digoxin</i> )	P	

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS OR 250 MCG, 125 MCG ( <i>Use digoxin</i> )	P	
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	P	
<i>cefadroxil susr</i>	P	
<i>cefadroxil tabs</i>	P	
<i>cephalexin caps 250 mg, 500 mg</i>	P	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	P	
KEFLEX CAPS 250 MG, 500 MG ( <i>Use cephalexin</i> )	NP	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps</i>	P	
<i>cefaclor susr</i>	P	
<i>cefprozil susr 125 mg/5ml, 250 mg/5ml</i>	P	QL(200 ml per fill retail); AL(Up to 12 yrs old )
<i>cefprozil tabs 250 mg, 500 mg</i>	P	QL(20 ea per fill retail)
<i>cefuroxime axetil tabs</i>	P	QL(20 ea per fill retail)
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir caps 300 mg</i>	P	QL(20 ea per fill retail)
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	P	QL(100 ml per fill retail)
<i>ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg</i>	P	QL(3 ea per fill retail)
<b>CHEMICALS</b>		
<b>Bulk Chemicals - O's</b>		
OMEPRAZOLE POWD XX	P	PA
<b>Bulk Chemicals - P's</b>		

Drug Name	Drug Tier	Requirements/Limits
PROMETHAZINE HCL POWD XX	P	PA
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
<i>desogestrel &amp; ethinyl estradiol tabs</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	P	
<i>drospirenone-ethinyl estradiol tabs</i>	P	QL(1 ea daily)
ESTROSTEP FE TABS ( <i>Use norethindrone acetate-ethinyl estradiol-fe</i> )	NP	
<i>ethynodiol diacet &amp; eth estrad tabs</i>	P	QL(1 ea daily)
GENERESS FE CHEW ( <i>Use norethindrone &amp; ethinyl estradiol-fe</i> )	NP	
<i>levonorgestrel &amp; eth estradiol tabs</i>	P	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	P	QL(91 ea per fill retail)
MIRCETTE TABS ( <i>Use desogestrel-ethinyl estradiol (biphasic)</i> )	NP	
<i>norethin acet &amp; estrad-fe tabs 1.5 mg-30 mcg-75 mg, 1 mg-20 mcg-75 mg</i>	P	
<i>norethindrone &amp; eth estradiol tabs</i>	P	
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	P	
<i>norethindrone acet &amp; eth estra tabs</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	P	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	P	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol tabs</i>	P	
<i>norgestrel &amp; ethinyl estradiol tabs 0.3 mg-30 mcg</i>	P	QL(2 ea daily)
<i>norgestrel &amp; ethinyl estradiol tabs 0.5 mg-50 mcg</i>	P	
ORTHO TRI-CYCLEN LO TABS ( <i>Use norgestimate-ethinyl estradiol (triphasic)</i> )	NP	
ORTHO-CYCLEN TABS ( <i>Use norgestimate-ethinyl estradiol</i> )	NP	
ORTHO-NOVUM 1/35 TABS ( <i>Use norethindrone &amp; eth estradiol</i> )	NP	
ORTHO-NOVUM 7/7/7 TABS ( <i>Use norethindrone-eth estradiol (triphasic)</i> )	NP	
SEASONIQUE TABS ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NP	QL(91 ea per fill retail)
TYBLUME CHEW	P	
YASMIN 28 TABS ( <i>Use drospirenone-ethinyl estradiol</i> )	NP	QL(1 ea daily)
YAZ TABS ( <i>Use drospirenone-ethinyl estradiol</i> )	NP	QL(1 ea daily)
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol ptwk</i>	P	QL(3 ea per 28 days retail)
<b>Combination Contraceptives - Vaginal</b>		
<i>etonogestrel-ethinyl estradiol ring</i>	P	QL(1 ea per fill retail)
NUVARING RING ( <i>Use etonogestrel-ethinyl estradiol</i> )	NP	QL(1 ea per fill retail)
<b>Emergency Contraceptives</b>		
ELLA TABS	P	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) tabs</i>	P	QL(1 ea per 21 days retail)

Drug Name	Drug Tier	Requirements/Limits
PLAN B ONE-STEP TABS ( <i>Use levonorgestrel (emergency oc)</i> )	NP	QL(1 ea per 21 days retail)
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susp</i>	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	P	QL(1 ml per fill retail)
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive) tabs</i>	P	
ORTHO MICRONOR TABS ( <i>Use norethindrone (contraceptive)</i> )	NP	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
CORTEF TABS ( <i>Use hydrocortisone</i> )	NP	
<i>cortisone acetate tabs or</i>	P	
<i>dexamethasone elix or 0.5 mg/5ml</i>	P	
<i>dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	P	QL(150 ml per 30 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(150 ml per 30 days retail)
<i>dexamethasone soln or 0.5 mg/5ml</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tabs or 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg</i>	P	
<i>hydrocortisone tabs or 10 mg, 20 mg, 5 mg</i>	P	
MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i> )	NP	
MEDROL TABS 8 MG, 4 MG (Use <i>methylprednisolone</i> )	NP	
<i>methylprednisolone tabs or 8 mg, 4 mg</i>	P	
<i>methylprednisolone tbpk or 4 mg</i>	P	
MILLIPRED TABS 5 MG	P	
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i> )	NP	
<i>prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	P	
<i>prednisolone sodium phosphate soln or 20 mg/5ml</i>	P	QL(150 ml per fill retail)
<i>prednisolone soln or</i>	P	
PREDNISON INTENSOL CONC	P	
<i>prednisone soln or 5 mg/5ml</i>	P	
<i>prednisone tabs or 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg, 20 mg</i>	P	
<i>prednisone tbpk or 10 mg, 5 mg</i>	P	
VERIPRED 20 SOLN (Use <i>prednisolone sodium phosphate</i> )	NP	QL(150 ml per fill retail)
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs or</i>	P	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate caps 100 mg</i>	P	AL(At least 10 yrs old - Up to 21 yrs old)
<i>benzonatate caps 200 mg</i>	P	QL(30 ea per 30 days retail); AL(At least 10 yrs old - Up to 21 yrs old)
DELSYM COUGH CHILDRENS SUER (Use <i>dextromethorphan polistirex</i> )	NP	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
DELSYM SUER (Use <i>dextromethorphan polistirex</i> )	NP	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>dextromethorphan hbr liqd or 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 SYRP (Use <i>hydrocodone w/ homatropine</i> )	NP	AL(At least 18 yrs old - Up to 21 yrs old)
<i>hydrocodone w/ homatropine syrp 1.5 mg/5ml-5 mg/5ml</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
TESSALON PERLES CAPS (Use <i>benzonatate</i> )	NP	AL(At least 10 yrs old - Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD 7.5 MG/5ML (Use <i>dextromethorphan hbr</i> )	NP	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<b>Cough/Cold/Allergy Combinations</b>		
ADVIL COLD & SINUS TABS (Use <i>pseudoephedrine-ibuprofen</i> )	NP	OTC;AL(Up to 21 yrs old )
BIOSPEC DMX LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
<i>brompheniramine &amp; phenyleph elix 1 mg/5ml-1 mg/5ml-2.5 mg/5ml-2.5 mg/5ml</i>	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old )
<i>brompheniramine &amp; pseudoeph elix</i>	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old )
<i>brompheniramine &amp; pseudoeph liqd</i>	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old )
<i>cetirizine-pseudoephedrine tb12</i>	P	AL(Up to 21 yrs old )
CHERACOL PLUS LIQD (Use <i>dextromethorphan-guaifenesin</i> )	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old )
CHERACOL-D COUGH LIQD (Use <i>dextromethorphan-guaifenesin</i> )	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old )
CLARITIN-D 12 HOUR TB12 (Use <i>loratadine &amp; pseudoephedrine</i> )	NP	OTC;QL(2 ea daily); AL(Up to 21 yrs old )
CLARITIN-D 24 HOUR TB24 (Use <i>loratadine &amp; pseudoephedrine</i> )	NP	OTC;QL(1 ea daily); AL(Up to 21 yrs old )
CLEAR COUGH PM MULTI-SYMPTOM LIQD (Use <i>dextromethorphan-doxylamine-acetaminophen</i> )	NP	OTC;AL(Up to 21 yrs old )
COLD & FLU RELIEF NIGHTTIME D LIQD	P	OTC;AL(Up to 21 yrs old )
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (Use <i>dextromethorphan-phenylephrine-acetaminophen</i> )	NP	OTC;AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-doxylamine-acetaminophen liqd 10 %-15 mg/15ml-15 mg/15ml-500 mg/15ml-500 mg/15ml-6.25 mg/15ml-6.25 mg/15ml, 1000 mg/30ml-12.5 mg/30ml-30 mg/30ml, 15 mg/15ml-500 mg/15ml-6.25 mg/15ml</i>	P	OTC;AL(Up to 21 yrs old )
<i>dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml, 20 mg/10ml-400 mg/10ml</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>dextromethorphan-guaifenesin liqd 200 mg/5ml-200 mg/5ml-30 mg/5ml-30 mg/5ml, 100 mg/5ml-5 mg/5ml, 20 mg/20ml-400 mg/20ml</i>	P	OTC;AL(Up to 21 yrs old )
<i>dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>dextromethorphan-guaifenesin tb12 30 mg-600 mg</i>	P	QL(2 ea daily); AL(Up to 21 yrs old )
<i>dextromethorphan-phenylephrine-acetaminophen caps 10 mg-10 mg-325 mg-325 mg-5 mg-5 mg, 10 mg-325 mg-5 mg</i>	P	OTC;AL(Up to 21 yrs old )
DIABETIC TUSSIN COLD/FLU CAPS	P	OTC;AL(Up to 21 yrs old )
DIMETAPP COLD & ALLERGY ELIX (Use <i>brompheniramine &amp; phenyleph</i> )	NP	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old )
DIMETAPP LONG ACTING COUGH PLUS COLD SYRP	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
ED BRON GP LIQD	P	OTC;QL(240 ml per 7 days 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>guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
<i>guaifenesin-codeine syrup 10 mg/5ml-100 mg/5ml</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
LITTLE REMEDIES FOR COLDSMULTI SYMPTOM LIQD	P	OTC;AL(Up to 21 yrs old )
LOHIST-D LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>loratadine &amp; pseudoephedrine tb12 120 mg-5 mg</i>	P	OTC;QL(2 ea daily); AL(Up to 21 yrs old )
<i>loratadine &amp; pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg</i>	P	OTC;QL(1 ea daily); AL(Up to 21 yrs old )
MAXI-TUSS PE LIQD	P	AL(Up to 21 yrs old )
MAXI-TUSS PE MAX LIQD	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
MUCINEX D TB12 ( <i>Use pseudoephedrine-guaifenesin</i> )	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old )
MUCINEX DM TB12 ( <i>Use dextromethorphan-guaifenesin</i> )	NP	QL(2 ea daily); AL(Up to 21 yrs old )
<i>phenylephrine-chlorphen-dm liqd 10 mg/5ml-15 mg/5ml-4 mg/5ml</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>phenylephrine-dm liqd</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-dm soln</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>promethazine &amp; phenylephrine syrup</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>promethazine w/codeine soln</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>promethazine w/codeine syrup</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>promethazine-dm soln</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>promethazine-dm syrup</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>promethazine-phenylephrine-codeine syrup</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>pseudoephed-bromphen-dm syrup</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>pseudoephedrine w/ dm-gg liqd 10 mg/5ml-100 mg/5ml-30 mg/5ml</i>	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>pseudoephedrine-dm liqd</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>pseudoephedrine-guaifenesin syrup 100 mg/5ml-30 mg/5ml</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine-guaifenesin tb12 60 mg-600 mg</i>	P	QL(210 ea per fill retail); AL(Up to 21 yrs old )
<i>pseudoephedrine-ibuprofen tabs</i>	P	OTC;AL(Up to 21 yrs old )
PX DAYTIME MULTI-SYMPTOM CAPS	P	OTC;AL(Up to 21 yrs old )
PX NITETIME MULTI-SYMPTOM CAPS	P	OTC;QL(240 ea per fill retail); AL(Up to 21 yrs old )
QC TRIACTING DAYTIME CHILDRENS SYRP	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
ROBITUSSIN PEAK COLD DM SYRP ( <i>Use dextromethorphan-guaifenesin</i> )	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old )
SCOT-TUSSIN DM LIQD	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
SCOT-TUSSIN SENIOR LIQD	P	OTC;AL(Up to 21 yrs old )
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
VIRTUSSIN DAC SOLN	NP	
VIRTUSSIN DAC SOLN	P	QL(240 ml per 7 days retail); AL(At least 18 yrs old - Up to 21 yrs old)
ZYRTEC-D ALLERGY/CONGESTION TB12 ( <i>Use cetirizine-pseudoephedrine</i> )	NP	AL(Up to 21 yrs old )
<b>Expectorants</b>		
<i>guaifenesin liqd or 100 mg/5ml, 200 mg/10ml, 400 mg/20ml</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin soln or 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>guaifenesin syrp or 100 mg/5ml, 200 mg/10ml</i>	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>guaifenesin tb12 or 1200 mg</i>	P	OTC;QL(2 ea daily); AL(Up to 21 yrs old )
<i>guaifenesin tb12 or 600 mg</i>	P	QL(40 ea per 30 days retail); AL(Up to 21 yrs old )
MUCINEX MAXIMUM STRENGTH TB12 ( <i>Use guaifenesin</i> )	NP	OTC;QL(2 ea daily); AL(Up to 21 yrs old )
MUCINEX TB12 ( <i>Use guaifenesin</i> )	NP	QL(40 ea per 30 days retail); AL(Up to 21 yrs old )
<b>Misc. Respiratory Inhalants</b>		
<i>sodium chloride (inhalant) aers 0.9 %</i>	P	OTC;QL(240 ml per fill retail)
<i>sodium chloride (inhalant) nebu 0.9 %, 10 %, 3 %</i>	P	
<b>Mucolytics</b>		
<i>acetylcysteine soln in 10 %, 20 %</i>	P	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG ( <i>Use isotretinoin</i> )	NP	PA; QL(2 ea daily); AL(At least 12 yrs old)
ACNE MEDICATION 10 LOTN	P	OTC
ACNE MEDICATION 5 LOTN	P	OTC
BENZAC AC WASH LIQD ( <i>Use benzoyl peroxide</i> )	NP	RX/OTC
<i>benzoyl peroxide bar ex 10 %</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
BENZOYL PEROXIDE CLEANSER LIQD	P	
<i>benzoyl peroxide gel ex 2.5 % , 5 % , 10 %</i>	P	
<i>benzoyl peroxide liqd ex 4 % , 10 %</i>	P	
<i>benzoyl peroxide liqd ex 5 %</i>	P	RX/OTC
CLEOCIN-T GEL (Use <i>clindamycin phosphate (topical)</i> )	NP	QL(60 ml per fill retail)
CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i> )	NP	
CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i> )	NP	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) gel</i>	P	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) lotn</i>	P	
<i>clindamycin phosphate (topical) soln</i>	P	
ERYGEL GEL (Use <i>erythromycin (acne aid)</i> )	NP	QL(60 gm per fill retail)
<i>erythromycin (acne aid) gel</i>	P	QL(60 gm per fill retail)
<i>erythromycin (acne aid) soln</i>	P	
<i>isotretinoin caps or 30 mg, 10 mg, 20 mg, 40 mg</i>	P	PA; QL(2 ea daily); AL(At least 12 yrs old)
KLARON LOTN (Use <i>sulfacetamide sodium (acne)</i> )	NP	
RETIN-A CREA 0.025 % , 0.05 % , 0.1 % (Use <i>tretinoin</i> )	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old )
RETIN-A GEL 0.01 % (Use <i>tretinoin</i> )	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old )
RETIN-A GEL 0.025 % (Use <i>tretinoin</i> )	NP	AL(Up to 35 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
SODIUM SULFACETAMIDE/SULFU R SUSP	P	
<i>sulfacetamide sodium (acne) lotn</i>	P	
<i>sulfacetamide sodium w/ sulfur lotn 10 %-5 %</i>	P	QL(60 gm per fill retail)
<i>tretinoin crea ex 0.025 % , 0.05 % , 0.1 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old )
<i>tretinoin gel ex 0.01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old )
<i>tretinoin gel ex 0.025 %</i>	P	AL(Up to 35 yrs old )
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac sodium (topical) gel 1 %</i>	P	QL(6.68 gm daily)2 rtl MAX fill,30 rtl day(s) supply,; RX/OTC
VOLTAREN GEL (Use <i>diclofenac sodium (topical)</i> )	NP	QL(6.68 gm daily)2 rtl MAX fill,30 rtl day(s) supply,; RX/OTC
<b>Antibiotics - Topical</b>		
BACIGUENT OINT EX (Use <i>bacitracin (topical)</i> )	NP	OTC;QL(30 gm per fill retail)
<i>bacitracin (topical) oint</i>	P	OTC;QL(30 gm per fill retail)
<i>bacitracin zinc oint ex</i>	P	OTC;QL(30 gm per fill retail)
CENTANY OINT	P	
<i>gentamicin sulfate (topical) crea</i>	P	QL(60 gm per fill retail)
<i>gentamicin sulfate (topical) oint</i>	P	QL(60 gm per fill retail)
<i>mupirocin calcium (topical) crea</i>	P	QL(30 gm per fill retail)
<i>mupirocin oint ex</i>	P	



Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin-polymyxin oint</i>	P	OTC;QL(454 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine crea</i>	P	OTC;QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT ( <i>Use neomycin-bacitracin-polymyxin</i> )	NP	OTC;QL(454 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA ( <i>Use neomycin-polymyxin w/ pramoxine</i> )	NP	OTC;QL(30 gm per fill retail)
<b>Antifungals - Topical</b>		
<i>clotrimazole (topical) crea</i>	P	QL(90 gm per fill retail); RX/OTC
<i>clotrimazole (topical) soln</i>	P	QL(60 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	P	QL(45 gm per 30 days retail)
<i>clotrimazole w/ betamethasone lotn</i>	P	QL(31 ml per 30 days retail)
<i>econazole nitrate crea ex</i>	P	QL(30 gm per fill retail)
<i>ketoconazole (topical) crea 2 %</i>	P	QL(60 gm per fill retail)
<i>ketoconazole (topical) sham 1 %</i>	P	OTC
<i>ketoconazole (topical) sham 2 %</i>	P	
LAMISIL AT CREA ( <i>Use terbinafine hcl (topical)</i> )	NP	OTC;QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA ( <i>Use terbinafine hcl (topical)</i> )	NP	OTC;QL(30 gm per fill retail)
LOTRIMIN AF CREA ( <i>Use clotrimazole (topical)</i> )	NP	QL(90 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA ( <i>Use clotrimazole (topical)</i> )	NP	QL(90 gm per fill retail); RX/OTC
LOTRISONE CREA ( <i>Use clotrimazole w/ betamethasone</i> )	NP	QL(45 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
MICATIN CREA ( <i>Use miconazole nitrate (topical)</i> )	NP	QL(60 ml per fill retail)
<i>miconazole nitrate (topical) crea</i>	P	QL(60 ml per fill retail)
NIZORAL SHAM ( <i>Use ketoconazole (topical)</i> )	NP	
<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 (topical) powd</i>	P	QL(60 gm per fill retail)
<i>nystatin-triamcinolone crea</i>	P	QL(60 gm per fill retail)
<i>nystatin-triamcinolone oint</i>	P	QL(60 gm per fill retail)
<i>terbinafine hcl (topical) crea</i>	P	OTC;QL(30 gm per fill retail)
TINACTIN CREA ( <i>Use tolnaftate</i> )	NP	OTC;QL(30 gm per fill retail)
<i>tolnaftate crea ex</i>	P	OTC;QL(30 gm per fill retail)
<b>Antihistamines-Topical</b>		
ITCH RELIEF CREA	P	OTC
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA ( <i>Use fluorouracil (topical)</i> )	NP	
EFUDEX CREA ( <i>Use fluorouracil (topical)</i> )	NP	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) crea 0.5 %</i>	P	
<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) soln 2 %, 5 %</i>	P	QL(10 ml per 30 days retail)
<b>Antipruritics - Topical</b>		
<i>camphor &amp; menthol lotn 0.5 %-0.5 %</i>	P	OTC;QL(222 ml per fill retail)
SARNA LOTN ( <i>Use camphor &amp; menthol</i> )	NP	OTC;QL(222 ml per fill retail)
<b>Antipsoriatics</b>		
<i>calcipotriene crea ex</i>	P	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene soln ex</i>	P	QL(60 ml per fill retail)
COSENTYX SENSOREADY PEN SOAJ	P	PA; SP
COSENTYX SOSY	P	PA; SP
DOVONEX CREA ( <i>Use calcipotriene</i> )	NP	
<i>tazarotene crea ex</i>	P	QL(2 gm daily); AL(Up to 20 yrs old )
TAZORAC CREA 0.05 %	P	QL(2 gm daily); AL(Up to 20 yrs old )
TAZORAC CREA 0.1 % ( <i>Use tazarotene</i> )	NP	QL(2 gm daily); AL(Up to 20 yrs old )
TAZORAC GEL 0.05 %, 0.1 %	P	QL(6.67 gm daily); AL(Up to 20 yrs old )
<b>Antiseborrheic Products</b>		
OVACE PLUS WASH LIQD ( <i>Use sulfacetamide sodium</i> )	NP	QL(120 ml per fill retail)
OVACE WASH LIQD ( <i>Use sulfacetamide sodium</i> )	NP	QL(120 ml per fill retail)
<i>selenium sulfide lotn ex 1 %</i>	P	OTC;QL(420 ml per fill retail)
<i>selenium sulfide lotn ex 2.5 %</i>	P	
<i>selenium sulfide sham ex 1 %</i>	P	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 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 ex</i>	P	QL(120 ml per fill retail)
<b>Antivirals - Topical</b>		

Drug Name	Drug Tier	Requirements/Limits
<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 EX 5 % ( <i>Use acyclovir topical</i> )	NP	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % ( <i>Use acyclovir topical</i> )	NP	QL(30 gm per 30 days retail)
<b>Burn Products</b>		
SILVADENE CREA ( <i>Use silver sulfadiazine</i> )	NP	
<i>silver sulfadiazine crea ex</i>	P	
<b>Corticosteroids - Topical</b>		
<i>betamethasone dipropionate (topical) crea</i>	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
<i>betamethasone dipropionate augmented crea</i>	P	QL(50 gm per fill retail)
<i>betamethasone valerate crea ex 0.1 %</i>	P	
<i>betamethasone valerate lotn ex 0.1 %</i>	P	
<i>betamethasone valerate oint ex 0.1 %</i>	P	
<i>clobetasol propionate crea ex</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate emollient base crea</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate gel ex</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate oint ex</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate soln ex</i>	P	QL(50 ml per fill retail)
DERMA-SMOOTHIE/FS SCALP OIL ( <i>Use fluocinolone acetonide</i> )	NP	QL(118.28 ml per fill retail)
<i>desonide crea ex</i>	P	
<i>desonide oint ex</i>	P	QL(2 gm daily)
DESOWEN CREA ( <i>Use desonide</i> )	NP	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone crea ex 0.05 %</i>	P	
<i>desoximetasone crea ex 0.25 %</i>	P	QL(2 gm daily)
<i>desoximetasone gel ex 0.05 %</i>	P	QL(2 gm daily)
<i>desoximetasone oint ex 0.25 %</i>	P	QL(2 gm daily)
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i> )	NP	QL(50 gm per fill retail)
ELOCON CREA (Use <i>mometasone furoate</i> )	NP	QL(50 gm per fill retail)
EPIFOAM FOAM	P	QL(15 gm per fill retail)
<i>fluocinolone acetonide oil ex 0.01 %</i>	P	QL(118.28 ml per fill retail)
<i>fluocinonide crea ex 0.05 %</i>	P	QL(150 gm per 30 days retail)1 rtl pack lmt per fill,
<i>fluocinonide emulsified base crea</i>	P	QL(60 gm per fill retail)
<i>fluocinonide gel ex 0.05 %</i>	P	QL(60 gm per fill retail)
<i>fluocinonide oint ex 0.05 %</i>	P	QL(60 gm per fill retail)
<i>fluocinonide soln ex 0.05 %</i>	P	QL(60 ml per fill retail)
<i>fluticasone propionate crea ex 0.05 %</i>	P	QL(60 gm per fill retail)
<i>fluticasone propionate oint ex 0.005 %</i>	P	QL(60 gm per fill retail)
<i>hydrocortisone (topical) crea 0.5 %</i>	P	OTC
<i>hydrocortisone (topical) crea 1 %</i>	P	QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	P	
<i>hydrocortisone (topical) lotn 1 %</i>	P	QL(453.6 ml per fill retail)
<i>hydrocortisone (topical) lotn 2.5 %</i>	P	QL(120 ml per fill retail)
<i>hydrocortisone (topical) oint 1 %</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) oint 2.5 %</i>	P	
<i>hydrocortisone butyrate soln</i>	P	
<i>hydrocortisone-aloe vera crea 0.5 %</i>	P	
<i>hydrocortisone-aloe vera crea 1 %</i>	P	OTC;QL(224 gm per fill retail)
LOCOID SOLN (Use <i>hydrocortisone butyrate</i> )	NP	
<i>mometasone furoate crea ex</i>	P	QL(50 gm per fill retail)
<i>mometasone furoate oint ex</i>	P	QL(45 gm per fill retail)
<i>mometasone furoate soln ex</i>	P	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>hydrocortisone (topical)</i> )	NP	QL(454 gm per fill retail); RX/OTC
TEMOVATE CREA (Use <i>clobetasol propionate</i> )	NP	QL(60 gm per fill retail)
TEMOVATE OINT (Use <i>clobetasol propionate</i> )	NP	QL(60 gm per fill retail)
TOPICORT CREA 0.05 % (Use <i>desoximetasone</i> )	NP	
TOPICORT CREA 0.25 % (Use <i>desoximetasone</i> )	NP	QL(2 gm daily)
TOPICORT GEL 0.05 % (Use <i>desoximetasone</i> )	NP	QL(2 gm daily)
TOPICORT OINT 0.25 % (Use <i>desoximetasone</i> )	NP	QL(2 gm daily)
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %</i>	P	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	P	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) oint 0.025 %</i>	P	QL(454 gm per fill retail)
<i>triamcinolone acetonide (topical) oint 0.1 %, 0.5 %</i>	P	
TRIDESILON CREA (Use <i>desonide</i> )	NP	
<b>Emollient/Keratolytic Agents</b>		

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
CEROVEL LOTN	P	
urea crea ex 40 %	P	RX/OTC
urea lotn ex 40 %	P	
<b>Emollients</b>		
EMOLLIENT LOTION-MISC	P	RX/OTC
LAC-HYDRIN CREA ( <i>Use lactic acid (ammonium lactate)</i> )	NP	QL(385 gm per fill retail); RX/OTC
LAC-HYDRIN TWELVE LOTN ( <i>Use lactic acid (ammonium lactate)</i> )	NP	QL(1368 ml per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	P	QL(385 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	QL(1368 ml per fill retail); RX/OTC
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA ( <i>Use imiquimod</i> )	NP	QL(48 ea per 180 days retail)
<i>imiquimod crea ex 5 %</i>	P	QL(48 ea per 180 days retail)
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA ( <i>Use pimecrolimus</i> )	NP	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	P	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
PROTOPIC OINT 0.03 % ( <i>Use tacrolimus (topical)</i> )	NP	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % ( <i>Use tacrolimus (topical)</i> )	NP	PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) oint 0.03 %</i>	P	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	P	PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old)
<b>Keratolytic/Antimitotic Agents</b>		
DERMAREST PSORIASIS GEL	P	OTC
KERALYT GEL 3 %	P	OTC
KERALYT GEL 6 % ( <i>Use salicylic acid</i> )	NP	
<i>podofilox soln ex</i>	P	
<i>salicylic acid gel ex 6 %</i>	P	
<b>Local Anesthetics - Topical</b>		
ARTHRITIS PAIN RELIEVING CREA	P	OTC;QL(60 gm per fill retail)
<i>capsaicin crea ex 0.025 %</i>	P	OTC;QL(60 ml per fill retail)
<i>capsaicin crea ex 0.075 %</i>	P	OTC;QL(60 gm per fill retail)
<i>capsaicin crea ex 0.1 %</i>	P	OTC;QL(43 gm per fill retail)
CAPZASIN-HP CREA ( <i>Use capsaicin</i> )	NP	OTC;QL(43 gm per fill retail)
CAPZASIN-P CREA	P	OTC;QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	P	OTC;QL(30 gm per fill retail)
<i>dibucaine oint ex</i>	P	OTC;QL(56.7 gm per fill retail)
<i>lidocaine crea ex 4 %</i>	P	OTC;QL(2 gm daily)
<i>lidocaine hcl crea ex 3 %</i>	P	QL(453.6 gm per fill retail); RX/OTC
<i>lidocaine hcl crea ex 4 %</i>	P	OTC;QL(2 ml daily)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl gel ex 2 %</i>	P	AL(At least 21 yrs old)
<i>lidocaine hcl gel ex 2 %</i>	P	AL(At least 21 yrs old); RX/OTC
<i>lidocaine oint ex 5 %</i>	P	QL(100 gm per 30 days retail)1 rtl pack lmt per fill,
<i>lidocaine-prilocaine crea</i>	P	QL(30 gm per fill retail)
LMX 4 CREA ( <i>Use lidocaine</i> )	NP	OTC;QL(2 gm daily)
PREDATOR CREA ( <i>Use lidocaine hcl</i> )	NP	OTC;QL(2 ml daily)
<b>Misc. Topical</b>		
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	NP	
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	NP	
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	NP	
CUTTER AERO	NP	
CUTTER ALL FAMILY AERO	NP	
CUTTER BACKWOODS AERO	NP	
CUTTER BACKWOODS DRY AERO	NP	
CUTTER DRY AERO	NP	
CUTTER SKINSATIONS AERO	NP	
CUTTER SPORT AERO	NP	
CVS INSECT REPELLENT AERO	NP	
CVS TOTAL HOME INSECT REPELLENT AERO 30 %	NP	
DRYSOL SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
HYDRO-LAN CREA	P	OTC
<i>lanolin (topical) crea</i>	P	OTC
LANOLOR CREA	P	OTC
OFF ACTIVE AERO	NP	
OFF DEEP WOODS AERO	NP	
OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
OFF DEEP WOODS DRY AERO	NP	
OFF DEEP WOODS DRY AERO	P	OTC;QL(113 gm per fill retail,226 gm per 30 days retail)
OFF DEEP WOODS SPORTSMEN AERO 30 %	NP	
OFF FAMILYCARE SMOOTH & DRY AERO	NP	
OFF SMOOTH & DRY AERO	NP	
REPEL FAMILY AERO	NP	
REPEL FAMILY DRY AERO	NP	
REPEL HUNTERS FORMULA AERO	NP	
REPEL SPORTSMEN AERO	NP	
REPEL SPORTSMEN DRY AERO	NP	
REPEL SPORTSMEN MAX AERO	NP	
REPEL SPORTSMEN MAX LOTN	NP	
SAWYER INSECT REPELLENT AERO	NP	
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
ULTRATHON INSECT REPELLENT LOTN	P	OTC;QL(57 gm per fill retail,114 gm per 30 days retail)
<i>zinc oxide (topical) oint 20 %</i>	P	OTC;QL(500 gm per fill retail)
<b>Rosacea Agents</b>		
METROCREAM CREA (Use metronidazole (topical))	NP	
METROLOTION LOTN (Use metronidazole (topical))	NP	
<i>metronidazole (topical) crea 0.75 %</i>	P	
<i>metronidazole (topical) gel 0.75 %</i>	P	QL(45 gm per fill retail)
<i>metronidazole (topical) lotn 0.75 %</i>	P	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton lotn ex</i>	P	QL(454 gm per fill retail)
CVS LICE SOLUTION KIT 3-STEP KIT	P	OTC
ELIMITE CREA (Use permethrin)	NP	QL(360 gm per fill retail)
EURAX CREA	P	QL(60 gm per fill retail)
EURAX LOTN (Use crotamiton)	NP	QL(454 gm per fill retail)
LICEMD GEL	P	OTC
<i>malathion lotn</i>	P	QL(59 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
NATROBA SUSP (Use spinosad)	NP	Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail)
NIX CREME RINSE LIQD (Use permethrin)	NP	OTC
OVIDE LOTN (Use malathion)	NP	QL(59 ml per fill retail)
<i>permethrin crea ex 5 %</i>	P	QL(360 gm per fill retail)
<i>permethrin liqd ex 1 %</i>	P	OTC
<i>permethrin lotn ex 1 %</i>	P	OTC
<i>pyrethrins-piperonyl butoxide liqd</i>	P	OTC
<i>pyrethrins-piperonyl butoxide sham</i>	P	OTC
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover kit</i>	P	OTC
RID COMPLETE LICE ELIMINATION KIT (Use pyrethrins-piperonyl butoxide-permethrin-nit remover)	NP	OTC
RID ESSENTIAL LICE ELIMINATION KIT KIT	P	OTC
RID LIQD EX 0.33 %-4 % (Use pyrethrins-piperonyl butoxide)	NP	OTC
SCHOOLTIME SHAMPOO SHAM	P	OTC;QL(1 ml per 14 days retail)
<i>spinosad susp</i>	P	Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail)
<b>Tar Products</b>		
<i>coal tar extract sham 0.5 %</i>	P	OTC

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
DHS TAR GEL SHAM ( <i>Use coal tar extract</i> )	NP	OTC
DHS TAR SHAM ( <i>Use coal tar extract</i> )	NP	OTC
NEUTROGENA T/GEL SHAM ( <i>Use coal tar extract</i> )	NP	OTC
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM ( <i>Use coal tar extract</i> )	NP	OTC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Tests</b>		
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP-K STRP	P	OTC;QL(6.67 ea daily)
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA GTEL BLOOD KETONE TEST STRIPS STRP	P	OTC;QL(1 ea daily)
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GOJJI BLOOD KETONE TEST STRIPS STRP	P	OTC;QL(1 ea daily)
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 STRP	P	OTC;QL(1 ea daily)
ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips;RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	Clinical Edit: Test Strips;RX/OTC
PRECISION XTRA STRP	P	OTC;QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PTS PANELS KETONE TEST STRP	P	OTC;QL(1 ea daily)
RELION KETONE TEST STRIPS STRP	P	OTC;QL(6.67 ea daily)
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	P	
PANCREAZE CPEP	P	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 or 500 mg</i>	P	
<i>acetazolamide tabs or 125 mg, 250 mg</i>	P	
<i>methazolamide tabs or 50 mg, 25 mg</i>	P	
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25 MG-25 MG ( <i>Use spironolactone &amp; hydrochlorothiazide</i> )	NP	
<i>amiloride &amp; hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
DYAZIDE CAPS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NP	
MAXZIDE TABS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NP	
MAXZIDE-25 TABS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NP	
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	P	
<i>triamterene &amp; hydrochlorothiazide caps</i>	P	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	P	
<b>Loop Diuretics</b>		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	P	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
BUMEX TABS ( <i>Use bumetanide</i> )	NP	
DEMADEX TABS ( <i>Use torsemide</i> )	NP	QL(1 ea daily)
<i>furosemide soln or 10 mg/ml, 8 mg/ml</i>	P	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	P	
LASIX TABS ( <i>Use furosemide</i> )	NP	
<i>torsemide tabs</i>	P	QL(1 ea daily)
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS ( <i>Use spironolactone</i> )	NP	
<i>amiloride hcl tabs or</i>	P	QL(4 ea daily)
<i>spironolactone tabs or 100 mg, 25 mg, 50 mg</i>	P	
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorothiazide tabs 250 mg</i>	P	QL(2 ea daily)
<i>chlorothiazide tabs 500 mg</i>	P	QL(4 ea daily)
<i>chlorthalidone tabs</i>	P	
<i>hydrochlorothiazide caps or 12.5 mg</i>	P	
<i>hydrochlorothiazide tabs or 25 mg, 50 mg</i>	P	
<i>indapamide tabs</i>	P	
<i>metolazone tabs</i>	P	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS 35 MG ( <i>Use risedronate sodium</i> )	NP	PA; QL(4 ea per fill retail)
ACTONEL TABS 5 MG ( <i>Use risedronate sodium</i> )	NP	PA; QL(1 ea daily)
<i>alendronate sodium soln 70 mg/75ml</i>	P	QL(10.8 ml daily)
<i>alendronate sodium tabs 40 mg, 10 mg, 5 mg</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tabs 70 mg, 35 mg</i>	P	QL(0.15 ea daily)
ATELVIA TBEC ( <i>Use risedronate sodium</i> )	NP	PA; QL(4 ea per 28 days retail)
<i>calcitonin (salmon) soln ij 200 unit/ml</i>	P	QL(2 ml per fill retail)
<i>calcitonin (salmon) soln na 200 unit/act</i>	P	1 rtl pack lmt per fill,
<i>etidronate disodium tabs</i>	P	PA
FOSAMAX TABS ( <i>Use alendronate sodium</i> )	NP	QL(0.15 ea daily)
MIACALCIN SOLN ( <i>Use calcitonin (salmon)</i> )	NP	QL(2 ml per fill retail)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	P	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	P	PA; QL(4 ea per fill retail)
<i>risedronate sodium tbec 35 mg</i>	P	PA; QL(4 ea per 28 days retail)
<b>Growth Hormones</b>		
NORDITROPIN FLEXPRO SOPN	P	PA; SP
OMNITROPE SOCT	P	PA; SP
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>Use raloxifene hcl</i> )	NP	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	P	QL(1 ea daily)
<b>Metabolic Modifiers</b>		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	P	
CARNITOR SF SOLN ( <i>Use levocarnitine (metabolic modifiers)</i> )	NP	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML ( <i>Use levocarnitine (metabolic modifiers)</i> )	NP	QL(30 ml daily)
CARNITOR TABS OR 330 MG ( <i>Use levocarnitine (metabolic modifiers)</i> )	NP	QL(3 ea daily)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs



Drug Name	Drug Tier	Requirements/Limits
CRYSVITA SOLN	P	PA; SP
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	P	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	P	QL(3 ea daily)
ROCALTROL CAPS 0.25 MCG, 0.5 MCG (Use <i>calcitriol</i> )	NP	
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN NA 0.01 %	P	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (Use <i>desmopressin acetate spray</i> )	NP	QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (Use <i>desmopressin acetate</i> )	NP	QL(6 ea daily)
<i>desmopressin acetate spray refrigerated soln</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate spray soln</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	P	QL(6 ea daily)
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVELLA TABS (Use <i>estradiol &amp; norethindrone acetate</i> )	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 days retail)
<i>estradiol &amp; norethindrone acetate tabs</i>	P	QL(1 ea daily)
FEMHRT TABS (Use <i>norethindrone acetate-ethinyl estradiol</i> )	NP	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	P	
PREMPHASE TABS	P	
PREMPRO TABS	P	
<b>Estrogens</b>		
ALORA PTTW	P	QL(8 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PTWK (Use <i>estradiol</i> )	NP	QL(4 ea per fill retail)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (Use <i>estradiol</i> )	NP	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	P	QL(8 ea per fill retail)
<i>estradiol ptwk td 0.075 mg/24hr, 0.1 mg/24hr, 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	P	QL(4 ea per fill retail)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	P	
MINIVELLE PTTW (Use <i>estradiol</i> )	NP	QL(8 ea per fill retail)
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	QL(1 ea daily)
VIVELLE-DOT PTTW (Use <i>estradiol</i> )	NP	QL(8 ea per fill retail)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i> )	NP	
<i>ciprofloxacin hcl tabs or 100 mg</i>	P	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs or 250 mg, 500 mg, 750 mg</i>	P	
LEVAQUIN TABS (Use <i>levofloxacin</i> )	NP	QL(1 ea daily, 14 ea per fill retail)
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	P	QL(1 ea daily, 14 ea per fill retail)
<i>ofloxacin tabs 400 mg</i>	P	QL(56 ea per fill retail)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Antiflatulents</b>		
GAS-X CHEW (Use <i>simethicone</i> )	NP	OTC

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone)	NP	OTC;QL(31 ml per 30 days retail)
MYLICON INFANTS GAS RELIEF SUSP (Use simethicone)	NP	OTC;QL(31 ml per 30 days retail)
simethicone chew or 80 mg	P	OTC
simethicone liqd or 20 mg/0.3ml, 40 mg/0.6ml	P	OTC;QL(31 ml per 30 days retail)
simethicone susp or 20 mg/0.3ml, 40 mg/0.6ml	P	OTC;QL(31 ml per 30 days retail)
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM CAPS	P	PA; SP
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS (Use ursodiol)	NP	
URSO 250 TABS (Use ursodiol)	NP	QL(7 ea daily)
ursodiol caps or 300 mg	P	
ursodiol tabs or 250 mg	P	QL(7 ea daily)
<b>Gastrointestinal Stimulants</b>		
metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml	P	
metoclopramide hcl tabs or 10 mg, 5 mg	P	
REGLAN TABS (Use metoclopramide hcl)	NP	
<b>Inflammatory Bowel Agents</b>		
APRISO CP24 (Use mesalamine)	NP	
ASACOL HD TBEC (Use mesalamine)	NP	
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	NP	
AZULFIDINE TABS (Use sulfasalazine)	NP	
balsalazide disodium caps	P	QL(9 ea daily)
COLAZAL CAPS (Use balsalazide disodium)	NP	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DELZICOL CPDR (Use mesalamine)	NP	
LIALDA TBEC (Use mesalamine)	NP	
mesalamine cp24 or 0.375 gm	P	
mesalamine cpdr or 400 mg	P	
mesalamine enem re 4 gm	P	QL(60 ml daily)
mesalamine tbec or 1.2 gm, 800 mg	P	
SFROWASA ENEM	P	
sulfasalazine tabs or	P	
sulfasalazine tbec or	P	
<b>Intestinal Acidifiers</b>		
lactulose (encephalopathy) soln	P	
<b>Phosphate Binder Agents</b>		
calcium acetate (phosphate binder) caps	P	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
potassium citrate (alkalinizer) tbc 1080 mg, 540 mg	P	
sodium citrate & citric acid soln	P	QL(500 ml per 30 days retail); RX/OTC
UROKIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NP	
UROKIT-K 5 TBCR (Use potassium citrate (alkalinizer))	NP	
<b>Genitourinary Irrigants</b>		
sodium chloride (gu irrigant) soln	P	
<b>Interstitial Cystitis Agents</b>		

Georgia Inter-Pregnancy Care

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Updated June 1, 2021

Drug Name	Drug Tier	Requirements/Limits
ELMIRON CAPS	P	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		
<i>finasteride tabs or</i>	P	QL(1 ea daily)
FLOMAX CAPS ( <i>Use tamsulosin hcl</i> )	NP	QL(2 ea daily)
PROSCAR TABS ( <i>Use finasteride</i> )	NP	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	P	QL(2 ea daily)
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs or 100 mg, 200 mg</i>	P	
PYRIDIUM TABS ( <i>Use phenazopyridine hcl</i> )	NP	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	P	
<b>Gout Agents</b>		
<i>allopurinol tabs or 100 mg, 300 mg</i>	P	
<i>colchicine tabs or</i>	P	QL(6 ea per fill retail)
COLCRYS TABS ( <i>Use colchicine</i> )	NP	QL(6 ea per fill retail)
ZYLOPRIM TABS ( <i>Use allopurinol</i> )	NP	
<b>Uricosurics</b>		
<i>probenecid tabs</i>	P	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbcr or</i>	P	
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SOLN	P	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
BRILINTA TABS	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol tabs</i>	P	QL(2 ea daily)
<i>clopidogrel bisulfate tabs or 75 mg</i>	P	
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	P	
EFFIENT TABS ( <i>Use prasugrel hcl</i> )	NP	QL(1 ea daily)
PLAVIX TABS ( <i>Use clopidogrel bisulfate</i> )	NP	
<i>prasugrel hcl tabs</i>	P	QL(1 ea daily)
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS	P	
SIKLOS TABS	P	PA
<b>Cobalamins</b>		
<i>cyanocobalamin soln 1000 mcg/ml</i>	P	QL(10 ml per 270 days retail)
<b>Folic Acid/Folates</b>		
<i>folic acid tabs 1 mg</i>	P	RX/OTC
<i>folic acid tabs 800 mcg, 400 mcg</i>	P	OTC;QL(1 ea daily)
<b>Hematopoietic Growth Factors</b>		
RETACRIT SOLN	P	PA; SP
ZARXIO SOSY	P	PA; SP
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	P	QL(1 ea daily)
<b>Iron</b>		
FER-IN-SOL SOLN ( <i>Use ferrous sulfate</i> )	NP	OTC;QL(3.4 ml daily)
FERRETT'S TABS	P	OTC;QL(2 ea daily)
<i>ferrous fumarate tabs or</i>	P	OTC;QL(2 ea daily)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
FERROUS GLUCONATE TABS OR	P	OTC;QL(100 ea per 30 days retail); AL(Up to 50 yrs old )
<i>ferrous sulfate elix 220 mg/5ml</i>	P	OTC;AL(Up to 50 yrs old )
<i>ferrous sulfate soln 15 mg/ml</i>	P	OTC;QL(3.4 ml daily)
<i>ferrous sulfate tabs 28 mg</i>	P	OTC
<i>ferrous sulfate tabs 325 mg, 65 mg</i>	P	OTC;AL(Up to 50 yrs old )
FERROUS SULFATE TBEC 324 MG	P	OTC;AL(Up to 50 yrs old )
<i>ferrous sulfate tbec 325 mg</i>	P	OTC;AL(Up to 50 yrs old )
HEMOCYTE TABS (Use <i>ferrous fumarate</i> )	NP	OTC;QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	P	OTC
<i>polysaccharide iron complex caps</i>	P	QL(1 ea daily)
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR SOLN 0.25 GM/ML (Use <i>aminocaproic acid</i> )	NP	QL(60 ml per fill retail)
AMICAR TABS 500 MG (Use <i>aminocaproic acid</i> )	NP	QL(24 ea per fill retail)
<i>aminocaproic acid soln or 0.25 gm/ml</i>	P	QL(60 ml per fill retail)
<i>aminocaproic acid tabs or 500 mg</i>	P	QL(24 ea per fill retail)
LYSTEDA TABS (Use <i>tranexamic acid</i> )	NP	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
<i>tranexamic acid tabs or 650 mg</i>	P	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Antihistamine Hypnotics</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	P	OTC
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	P	OTC;QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	P	OTC
<i>doxylamine succinate (sleep) tabs</i>	P	OTC
NYTOL MAXIMUM STRENGTH TABS (Use <i>diphenhydramine hcl (sleep)</i> )	NP	OTC
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i> )	NP	OTC
UNISOM SLEEPTABS TABS (Use <i>doxylamine succinate (sleep)</i> )	NP	OTC
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital elix or 20 mg/5ml</i>	P	
<i>phenobarbital soln or 20 mg/5ml</i>	P	
<i>phenobarbital tabs or 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg, 16.2 mg, 32.4 mg</i>	P	
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN TABS (Use <i>zolpidem tartrate</i> )	NP	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
<i>flurazepam hcl caps</i>	P	AL(At least 18 yrs old - Up to 65 yrs old)
HALCION TABS (Use <i>triazolam</i> )	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>midazolam hcl soln ij 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml, 10 mg/10ml, 50 mg/10ml, 25 mg/5ml</i>	P	
RESTORIL CAPS 15 MG, 30 MG (Use <i>temazepam</i> )	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam caps 15 mg, 30 mg</i>	P	AL(At least 18 yrs old)
<i>triazolam tabs</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 10 mg</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	P	QL(14 ea per 31 days retail); AL(At least 21 yrs old)

### LAXATIVES - Bowel Treatment Drugs

#### Bulk Laxatives

<i>calcium polycarbophil tabs</i>	P	OTC;QL(10 ea daily)
EVAC POWD ( <i>Use psyllium</i> )	NP	OTC
FIBERCON TABS ( <i>Use calcium polycarbophil</i> )	NP	OTC;QL(10 ea daily)
KONSYL DAILY FIBER POWD 100 % ( <i>Use psyllium</i> )	NP	OTC
METAMUCIL CAPS 0.52 GM ( <i>Use psyllium</i> )	NP	OTC
METAMUCIL ORIGINAL TEXTURE POWD ( <i>Use psyllium</i> )	NP	OTC
METAMUCIL POWD 48.57 % ( <i>Use psyllium</i> )	NP	OTC
<i>psyllium caps 0.52 gm, 520 mg</i>	P	OTC
<i>psyllium powd 33 %, 68 %, 30 %, 100 %, 30.9 %, 48.57 %, 58.6 %, 28.3 %</i>	P	OTC

#### Laxative Combinations

<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	P	
COLYTE-FLAVOR PACKS SOLR ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NP	QL(4000 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOLR 2.97 GM-22.74 GM-236 GM-5.86 GM-6.74 GM ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NP	QL(4000 ml per fill retail)
NULYTELY SOLR ( <i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	NP	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR ( <i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	NP	QL(4000 ml per fill retail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	P	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	P	QL(4000 ml per fill retail)
<i>sennosides-docusate sodium tabs</i>	P	OTC;QL(4 ea daily)
SEKOT S TABS ( <i>Use sennosides-docusate sodium</i> )	NP	OTC;QL(4 ea daily)

#### Laxatives - Miscellaneous

<i>glycerin (laxative) supp 2 gm</i>	P	OTC
GLYCERIN ADULT SUPP ( <i>Use glycerin (laxative)</i> )	NP	OTC
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	P	
MIRALAX POWD 17 GM/SCOOP ( <i>Use polyethylene glycol 3350</i> )	NP	QL(34 gm daily)
<i>polyethylene glycol 3350 powd or 17 gm/scoop</i>	P	QL(34 gm daily)
SORBITOL SOLN OR 70 %	P	OTC

#### Saline Laxatives

FLEET ENEMA ENEM ( <i>Use sodium phosphates</i> )	NP	OTC
FLEET ENEMA SIX PACK ENEM ( <i>Use sodium phosphates</i> )	NP	OTC
FLEET PEDIATRIC ENEM ( <i>Use sodium phosphates</i> )	NP	OTC

Georgia Inter-Pregnancy Care

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Updated June 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium citrate soln or 1.745 gm/30ml,</i>	P	OTC
<i>magnesium hydroxide susp or 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	P	OTC;QL(992 ml per 30 days retail)
<i>sodium phosphates enem</i>	P	OTC
<b>Stimulant Laxatives</b>		
<i>bisacodyl supp re 10 mg</i>	P	OTC;QL(12 ea per fill retail)
<i>bisacodyl tbec or 5 mg</i>	P	OTC;QL(1 ea daily)
DULCOLAX SUPP RE 10 MG ( <i>Use bisacodyl</i> )	NP	OTC;QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG ( <i>Use bisacodyl</i> )	NP	OTC;QL(1 ea daily)
<i>sennosides tabs 8.6 mg</i>	P	OTC;QL(12 ea per fill retail)
SENOKOT TABS ( <i>Use sennosides</i> )	NP	OTC;QL(12 ea per fill retail)
<b>Surfactant Laxatives</b>		
COLACE CAPS ( <i>Use docusate sodium</i> )	NP	OTC;QL(3 ea daily)
COLACE CLEAR CAPS ( <i>Use docusate sodium</i> )	NP	OTC
<i>docusate sodium caps or 250 mg, 100 mg</i>	P	OTC;QL(3 ea daily)
<i>docusate sodium caps or 50 mg</i>	P	OTC
<i>docusate sodium liqd or 150 mg/15ml, 50 mg/5ml</i>	P	OTC
<i>docusate sodium syrp or 60 mg/15ml</i>	P	OTC
<i>docusate sodium tabs or 100 mg</i>	P	OTC
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin pack or 1 gm</i>	P	QL(2 ea per fill retail)
<i>azithromycin susr or 100 mg/5ml</i>	P	QL(15 ml per fill retail)
<i>azithromycin susr or 200 mg/5ml</i>	P	QL(30 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs or 250 mg</i>	P	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	P	QL(4 ea daily)
<i>azithromycin tabs or 600 mg</i>	P	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM ( <i>Use azithromycin</i> )	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR OR 100 MG/5ML ( <i>Use azithromycin</i> )	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML ( <i>Use azithromycin</i> )	NP	QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG ( <i>Use azithromycin</i> )	NP	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG ( <i>Use azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG ( <i>Use azithromycin</i> )	NP	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS ( <i>Use azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS ( <i>Use azithromycin</i> )	NP	QL(6 ea per fill retail)
<b>Clarithromycin</b>		
<i>clarithromycin susr or 125 mg/5ml</i>	P	QL(100 ml per fill retail)
<i>clarithromycin susr or 250 mg/5ml</i>	P	QL(200 ml per fill retail)
<i>clarithromycin tabs or 250 mg, 500 mg</i>	P	QL(28 ea per fill retail)
<i>clarithromycin tb24 or 500 mg</i>	P	QL(14 ea per fill retail)
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR ( <i>Use erythromycin ethylsuccinate</i> )	NP	
ERYPED 200 SUSR ( <i>Use erythromycin ethylsuccinate</i> )	NP	
ERYPED 400 SUSR ( <i>Use erythromycin ethylsuccinate</i> )	NP	
<i>erythromycin base cpep</i>	P	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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<i>erythromycin base tabs</i>	P	
<i>erythromycin base tbec</i>	P	
<i>erythromycin ethylsuccinate susr or 200 mg/5ml, 400 mg/5ml</i>	P	
<i>erythromycin ethylsuccinate tabs or 400 mg</i>	P	
<i>erythromycin stearate tabs</i>	P	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
GAUZE SPONGES	P	RX/OTC
<b>Contraceptives</b>		
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
<b>Diabetic Supplies</b>		
ADVANCED MOBILE LANCET 30G MISC	NP	
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	NP	
AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	NP	
AIMSCO TWIST LANCETS 32G MISC	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G MISC	P	QL(6.67 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC	NP	
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	NP	
CARESENS LANCETS MISC	P	QL(6.67 ea daily)
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	NP	

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SAFETY LANCETS/26G MISC	NP	
CARETOUCH SAFETY LANCETS/28G MISC	NP	
CARETOUCH SAFETY LANCETS/30G MISC	NP	
CARETOUCH TWIST LANCETS 33G MISC	NP	
COMFORT TOUCH LANCETS ULTRA THIN 31G MISC	NP	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G MISC	NP	
DROPLET PERSONAL LANCETS 30G MISC	NP	
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	NP	
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	NP	
EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	NP	
GOJJI STERILE LANCETS 30G MISC	P	QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	NP	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	NP	
LANCETS 30G TWIST TOP MISC	NP	
LANCETS 33G EXTRA FINE MISC	NP	
LANCETS MISC	NP	
LANCETS SUPER THIN 28G MISC	P	QL(6.67 ea daily)
LANCETS-MISC	P	QL (6.67 ea daily); OTC

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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LANCING DEVICE-MISC	P	OTC
ONETOUCH CLUB LANCETS FINE POINT MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	P	QL(6.67 ea daily)
ONETOUCH FINEPOINT LANCETS MISC	P	QL(6.67 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	P	QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	NP	
PIP LANCETS/28G MISC	NP	
PIP LANCETS/30G MISC	NP	
PURE COMFORT LANCETS 30G MISC	NP	
PUSH BUTTON SAFETY LANCETS 28G MISC	NP	
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	NP	
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	NP	
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	NP	
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	NP	
RELION LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS/30G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC	NP	
TRUE COMFORT TWIST TOP LANCETS 30G MISC	NP	
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	NP	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	NP	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	NP	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	NP	
UNILET LANCETS MICRO-THIN33G MISC	P	QL(6.67 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	NP	
UNISTIK PRO SAFETY LANCET 25G MISC	NP	
UNISTIK PRO SAFETY LANCET 28G MISC	NP	
VIVAGUARD INO CONTROL SOLUTION LIQD	NP	
VIVAGUARD LANCETS MISC	NP	
<b>Misc. Devices</b>		
ALCOHOL PREP PADS PADS	NP	RX/OTC
ALCOHOL PREP PADS-MISC	P	OTC
CARETOUCH ALCOHOL PREP PADS PADS	NP	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS PADS	NP	RX/OTC
EASY COMFORT ALCOHOL PADS PADS	NP	RX/OTC
HM STERILE ALCOHOL PREP PADS PADS	NP	RX/OTC

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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PHARMACIST CHOICE ALCOHOL PRED PADS PADS	NP	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS PADS	NP	RX/OTC
PURE COMFORT ALCOHOL PREPPADS PADS	NP	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS PADS	NP	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS PADS	NP	RX/OTC
<b>Parenteral Therapy Supplies</b>		
INSULIN SYRINGES	P	QL (5 ea daily); OTC
INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
PEN NEEDLES-MISC	P	QL (5 ea daily); OTC
<b>Respiratory Therapy Supplies</b>		
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>Use ergotamine w/ caffeine</i> )	NP	AL(At least 18 yrs old)
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	P	AL(At least 18 yrs old)
<b>Migraine Products</b>		
D.H.E. 45 SOLN ( <i>Use dihydroergotamine mesylate</i> )	NP	AL(At least 18 yrs old)
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	P	AL(At least 18 yrs old)
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
MIGRANAL SOLN ( <i>Use dihydroergotamine mesylate</i> )	NP	AL(At least 18 yrs old)
<b>Serotonin Agonists</b>		
AMERGE TABS ( <i>Use naratriptan hcl</i> )	NP	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
<i>eletriptan hydrobromide tabs</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT ( <i>Use sumatriptan</i> )	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
IMITREX SOLN SC 6 MG/0.5ML ( <i>Use sumatriptan succinate</i> )	NP	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
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)
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)
IMITREX TABS OR 50 MG, 100 MG, 25 MG ( <i>Use sumatriptan succinate</i> )	NP	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
MAXALT TABS ( <i>Use rizatriptan benzoate</i> )	NP	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT-MLT TBDP ( <i>Use rizatriptan benzoate</i> )	NP	QL(0.4 ea daily)
<i>naratriptan hcl tabs</i>	P	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
RELPAK TABS ( <i>Use eletriptan hydrobromide</i> )	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate tabs 10 mg, 5 mg</i>	P	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg, 5 mg</i>	P	QL(0.4 ea daily)
<i>sumatriptan soln na 20 mg/act, 5 mg/act</i>	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	P	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate tabs or 50 mg, 100 mg, 25 mg</i>	P	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
<i>zolmitriptan soln na 5 mg</i>	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG SOLN NA 5 MG (Use <i>zolmitriptan</i> )	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ZOMIG TABS OR 2.5 MG, 5 MG (Use <i>zolmitriptan</i> )	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG ZMT TBDP (Use <i>zolmitriptan</i> )	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Calcium</b>		
<i>calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 400 unit-600 mg, 20 mcg-600 mg, 400 unit-600 mg-600 mg-800 unit</i>	P	QL(2 ea daily)
<i>calcium carbonate-cholecalciferol tabs 200 unit-500 mg, 5 mcg-500 mg</i>	P	OTC
<i>calcium carbonate-vitamin d tabs 125 unit-250 mg, 125 unit-500 mg, 200 unit-200 unit-500 mg-500 mg</i>	P	OTC
<i>calcium carbonate-vitamin d tabs 200 unit-600 mg, 400 unit-600 mg</i>	P	OTC;QL(2 ea daily)
CALTRATE 600+D3 TABS (Use <i>calcium carbonate-cholecalciferol</i> )	NP	QL(2 ea daily)
<i>oyster shell tabs</i>	P	OTC
PARVA-CAL TABS	P	OTC
QC CALCIUM 500MG/D3 TABS	P	OTC
RA OYSTER SHELL CALCIUM/VITAMIN D TABS	P	OTC
<b>Electrolyte Mixtures</b>		
CERALYTE 70 SOLN 20 MEQ/L-30 MEQ/L-60 MEQ/L-70 MEQ/L	P	QL(1000 ml per fill retail)
CERASPORT EX1 SOLN	P	QL(1000 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
CERASPORT SOLN 18 MEQ/L-20 MEQ/L-4 MEQ/L-6 MEQ/L	P	QL(1000 ml per fill retail)
ENFAMIL ENFALYTE SOLN	P	QL(1000 ml per fill retail)
EQUALYTE SOLN ( <i>Use oral electrolytes</i> )	NP	QL(1000 ml per fill retail)
HYDRALYTE FREEZER POPS SOLN	P	QL(1000 ml per fill retail)
HYDRALYTE SOLN 16 GM/L-20 MEQ/L-45 MEQ/L-45 MEQ/L-90 MEQ/L, 210 MG/250ML-270 MG/250ML	P	QL(1000 ml per fill retail)
KINDERLYTE PREMAX SOLN 3.1 MG/360ML-320 MG/360ML-620 MG/360ML-630 MG/360ML, 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML	P	QL(1000 ml per fill retail)
KINDERLYTE SOLN 3.1 MG/360ML-300 MG/360ML-445 MG/360ML-560 MG/360ML, 3.1 MG/360ML-300 MG/360ML-460 MG/360ML-570 MG/360ML	P	QL(1000 ml per fill retail)
<i>oral electrolytes soln</i>	P	QL(1000 ml per fill retail)
PEDIALYTE ADVANCED CARE SOLN ( <i>Use oral electrolytes</i> )	NP	QL(1000 ml per fill retail)
PEDIALYTE FREEZER POPS SOLN ( <i>Use oral electrolytes</i> )	NP	QL(1000 ml per fill retail)
PEDIALYTE SINGLES SOLN ( <i>Use oral electrolytes</i> )	NP	QL(1000 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
PEDIALYTE SOLN 0.5 MG/59ML-1.2 MEQ/59ML-1.5 GM/59ML-2.1 MEQ/59ML-2.7 MEQ/59ML, 10.6 MEQ/237ML-4.7 MEQ/237ML-8.3 MEQ/237ML, 20 GM/L-20 MEQ/L-35 MEQ/L-45 MEQ/L-5 GM/L, 20 MEQ/L-25 GM/L-30 MEQ/L-35 MEQ/L-45 MEQ/L, 20 MEQ/L-25 GM/L-35 MEQ/L-45 MEQ/L-7.8 MG/L ( <i>Use oral electrolytes</i> )	NP	QL(1000 ml per fill retail)
<b>Fluoride</b>		
<i>sodium fluoride chew or 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	P	AL(Up to 15 yrs old )
<i>sodium fluoride soln or 0.125 mg/drop</i>	P	AL(Up to 15 yrs old )
<i>sodium fluoride soln or 0.5 mg/ml</i>	P	AL(Up to 15 yrs old ); RX/OTC
<b>Magnesium</b>		
MAGNESIUM CAPS 400 MG	P	OTC
MAGNESIUM EXTRA STRENGTH CAPS	P	OTC
<i>magnesium oxide (mg supplement) tabs 400 mg</i>	P	OTC
<i>magnesium oxide (mg supplement) tabs 400 mg</i>	P	
MAGNESIUM OXIDE CAPS 400 MG	P	OTC
MAGOX 400 TABS ( <i>Use magnesium oxide (mg supplement)</i> )	NP	
<b>Phosphate</b>		
K-PHOS NEUTRAL TABS ( <i>Use pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	NP	QL(8 ea daily)
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic tabs</i>	P	QL(8 ea daily)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<b>Potassium</b>		
K-TAB TBCR 10 MEQ, 8 MEQ (Use potassium chloride)	NP	
potassium bicarbonate tbcf or	P	
potassium chloride cpcr or 10 meq	P	
potassium chloride cpcr or 8 meq	P	QL(1 ea daily)
potassium chloride microencapsulated crystals er tbcf	P	
potassium chloride pack or 20 meq	P	
potassium chloride soln or 20 %, 10 %	P	
potassium chloride tbcf or 10 meq, 8 meq	P	
<b>Zinc</b>		
zinc sulfate caps or 220 mg	P	QL(100 ea per fill retail)
ZINC SULFATE CAPS OR 50 MG	P	QL(100 ea per fill retail)
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
DEPEN TITRATABS TABS (Use penicillamine)	NP	
penicillamine tabs or	P	
<b>Immunosuppressive Agents</b>		
AZASAN TABS	P	PA
azathioprine tabs or 50 mg	P	
CELLCEPT CAPS (Use mycophenolate mofetil)	NP	
CELLCEPT SUSR (Use mycophenolate mofetil)	NP	
CELLCEPT TABS (Use mycophenolate mofetil)	NP	
cyclosporine caps or 100 mg, 25 mg	P	

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified (for microemulsion) caps	P	
cyclosporine modified (for microemulsion) soln	P	
cyclosporine soln iv 50 mg/ml	P	
IMURAN TABS (Use azathioprine)	NP	
mycophenolate mofetil caps or 250 mg	P	
mycophenolate mofetil susr or 200 mg/ml	P	
mycophenolate mofetil tabs or 500 mg	P	
mycophenolate sodium tbcf	P	
MYFORTIC TBEC (Use mycophenolate sodium)	NP	
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NP	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NP	
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use tacrolimus)	NP	
PROGRAF PACK OR 0.2 MG, 1 MG	P	PA
RAPAMUNE SOLN (Use sirolimus)	NP	
RAPAMUNE TABS (Use sirolimus)	NP	
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use cyclosporine)	NP	
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	NP	
SANDIMMUNE SOLN OR 100 MG/ML	P	
sirolimus soln or 1 mg/ml	P	
sirolimus tabs or 0.5 mg, 1 mg, 2 mg	P	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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<i>tacrolimus caps or 0.5 mg, 1 mg, 5 mg</i>	P	
<b>Potassium Removing Agents</b>		
<i>sodium polystyrene sulfonate powd</i>	P	
<i>sodium polystyrene sulfonate susp</i>	P	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	P	QL(100 ml per fill retail)
<b>Anti-infectives - Throat</b>		
<i>nystatin (mouth-throat) susp</i>	P	QL(120 ml per fill retail)
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	P	
PERIDEX SOLN ( <i>Use chlorhexidine gluconate (mouth-throat)</i> )	NP	
<b>Dental Products</b>		
PREVIDENT 5000 BOOSTER PLUS PSTE ( <i>Use sodium fluoride (dental)</i> )	NP	
PREVIDENT 5000 DRY MOUTH GEL ( <i>Use sodium fluoride (dental)</i> )	NP	
PREVIDENT 5000 ORTHO DEFENSE PSTE ( <i>Use sodium fluoride (dental)</i> )	NP	
PREVIDENT 5000 PLUS CREA ( <i>Use sodium fluoride (dental)</i> )	NP	PA
PREVIDENT FLUORIDE GEL ( <i>Use sodium fluoride (dental)</i> )	NP	
<i>sodium fluoride (dental) crea dt 1.1 %</i>	P	PA
<i>sodium fluoride (dental) gel dt 1.1 %</i>	P	
<i>sodium fluoride (dental) pste dt 1.1 %</i>	P	
<b>Steroids - Mouth/Throat/Dental</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (mouth) pste</i>	P	QL(5 gm per fill retail)
<b>Throat Products - Misc.</b>		
AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE SOLN	P	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) tabs 5 mg</i>	P	QL(6 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG ( <i>Use pilocarpine hcl (oral)</i> )	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
<b>MULTIVITAMINS</b>		
<b>B-Complex Vitamins</b>		

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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<i>b-complex vitamins caps 0.5 mg-1 mcg-20 mg-3 mg-3 mg-5 mg-60 mg-60 mg, 1 mg-1.5 mg-10 mg-100 mcg-100 mg-2 mg-70 mg</i>	P	OTC;QL(1 ea daily)
<i>b-complex vitamins tabs 0.1 mg-1 mg-2 mg-20 mg-3 mg-5 mcg, 0.2 mg-1.5 mg-10 mg-10 mg-2 mg, 1 mcg-1 mg-10 mg-100 mg-20 mg-4.6 mg-40 mg-5 mg-5 mg-50 mg, 1 mg-2 mg-20 mg-3 mg-5 mcg-83 mg, 10 mg-10 mg-2 mg-2 mg-20 mg-20 mg-3 mg-3 mg-3 mg-3 mg-6 mcg-6 mcg, 10 mg-14 mg-25 mcg-4.5 mg-7 mg, 10 mg-2 mg-20 mg-3 mg-3 mg-6 mcg, 15 mg-2 mcg-2 mg-2 mg-2 mg-5 mg</i>	P	QL(1 ea daily)
<b>B-Complex w/ C</b>		
<i>b complex w/ c caps 10 mg-10 mg-15 mg-300 mg-5 mg-50 mg, 10 mg-10.2 mg-15 mg-300 mg-5 mg-50 mg</i>	P	OTC;QL(1 ea daily)
<b>B-Complex w/ Folic Acid</b>		
<i>b-complex w/ c &amp; folic acid caps 1 mg-1.5 mg-1.7 mg-10 mg-100 mg-150 mcg-20 mg-5 mg-6 mcg</i>	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex w/ c &amp; folic acid tabs 0.006 mg-0.3 mg-1 mg-1.5 mg-1.7 mg-10 mg-10 mg-100 mg-20 mg, 0.01 mcg-1 mg-1.5 mg-1.7 mg-10 mg-10 mg-20 mg-300 mcg-60 mg, 1 mg-1 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-10 mg-10 mg-10 mg-10 mg-100 mg-100 mg-20 mg-20 mg-300 mcg-300 mcg-6 mcg-6 mcg, 1 mg-1 mg-1.5 mg-1.7 mg-20 mg-200 mg-30 mcg-300 mcg-8 mg, 1 mg-1.5 mg-1.7 mg-10 mg-10 mg-100 mg-20 mg-300 mcg-6 mcg, 1 mg-1.5 mg-1.7 mg-10 mg-10 mg-20 mg-300 mcg-6 mcg-60 mg, 1.5 mg-1.7 mg-10 mg-10 mg-100 mg-1000 mcg-20 mg-300 mcg-6 mcg, 1.5 mg-1.7 mg-10 mg-100 mg-1000 mcg-150 mcg-20 mg-5 mg-6 mcg</i>	P	QL(1 ea daily); RX/OTC
NEPHRO-VITE RX TABS (Use <i>b-complex w/ c &amp; folic acid</i> )	NP	QL(1 ea daily); RX/OTC
<b>Multiple Vitamins w/ Minerals</b>		
<i>multiple vitamins w/ minerals tabs</i>	P	RX/OTC
<i>multiple vitamins w/ minerals-various</i>	P	RX/OTC
<b>Ped MV w/ Fluoride</b>		
<i>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml-1500 unit/ml-35 mg/ml-400 unit/ml</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old ); RX/OTC
<i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml-1500 unit/ml-35 mg/ml-400 unit/ml</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old )
<b>Ped Multi Vitamins w/Fl &amp; FE</b>		
<i>ped multivitamins w/fl &amp; iron soln</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old ); RX/OTC
<b>Ped Multiple Vitamins w/ Minerals</b>		

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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<i>pediatric multiple vitamins w/ minerals-various</i>	P	RX/OTC
<b>Prenatal Vitamins</b>		
<i>prenatal vitamins-misc</i>	P	RX/OTC
<b>Vitamins w/ Lipotropics</b>		
<i>vitamins w/ lipotropics caps</i>	P	OTC;QL(1 ea daily)
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
<i>baclofen tabs or 10 mg, 20 mg</i>	P	
<i>chlorzoxazone tabs 500 mg</i>	P	
<i>cyclobenzaprine hcl tabs or 10 mg, 5 mg</i>	P	QL(3 ea daily)
<i>cyclobenzaprine hcl tabs or 7.5 mg</i>	P	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	P	
<i>orphenadrine citrate tb12 or 100 mg</i>	P	
ROBAXIN-750 TABS (Use methocarbamol)	NP	
<i>tizanidine hcl tabs or 4 mg, 2 mg</i>	P	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agents - Misc.</b>		
NOZIN NASAL SANITIZER SWAB	NP	
OCEAN NASAL SPRAY SOLN (Use saline)	NP	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old )
<i>saline soln na 0.002 %-0.65 %</i>	P	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old )
<b>Nasal Antiallergy</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl soln na 0.1 %, 137 mcg/spray</i>	P	
<i>azelastine hcl soln na 0.15 %</i>	P	QL(30 ml per fill retail)
<i>cromolyn sodium (nasal) aers</i>	P	OTC;QL(26 ml per 30 days retail)
NASALCROM AERS (Use cromolyn sodium (nasal))	NP	OTC;QL(26 ml per 30 days retail)
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	P	QL(31 ml per 30 days retail)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	P	QL(15 ml per 30 days retail)
<b>Nasal Steroids</b>		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
<i>flunisolide (nasal) soln</i>	P	QL(25 ml per 30 days retail)
<i>fluticasone propionate (nasal) susp</i>	P	QL(16 ml per fill retail); RX/OTC
NASACORT ALLERGY 24HR AERO	P	AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
<i>triamcinolone acetonide (nasal) aero</i>	P	AL(At least 2 yrs old)
<b>Sympathomimetic Decongestants</b>		
ADRENALIN SOLN NA 0.1 %	P	QL(120 ml per fill retail); AL(Up to 21 yrs old )

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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<i>epinephrine hcl (nasal) soln</i>	P	QL(120 ml per fill retail); AL(Up to 21 yrs old )
<i>phenylephrine hcl (oral) tabs</i>	P	OTC;QL(24 ea per fill retail)
<i>pseudoephedrine hcl liqd or 15 mg/5ml</i>	P	OTC;AL(Up to 21 yrs old )
<i>pseudoephedrine hcl tabs or 60 mg, 30 mg</i>	P	OTC;AL(Up to 21 yrs old )
<i>pseudoephedrine hcl tb12 or 120 mg</i>	P	OTC;QL(62 ea per 30 days retail); AL(Up to 21 yrs old )
SUDAFED CHILDRENS LIQD (Use <i>pseudoephedrine hcl</i> )	NP	OTC;AL(Up to 21 yrs old )
SUDAFED CONGESTION TABS (Use <i>pseudoephedrine hcl</i> )	NP	OTC;AL(Up to 21 yrs old )
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC;QL(120 ml per fill retail)
SUDAFED PE SINUS CONGESTION TABS (Use <i>phenylephrine hcl (oral)</i> )	NP	OTC;QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS (Use <i>pseudoephedrine hcl</i> )	NP	OTC;AL(Up to 21 yrs old )
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK TABS (Use <i>riluzole</i> )	NP	PA
<i>riluzole tabs</i>	P	PA
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
POLYCOSE LIQD	P	OTC;QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC;QL(350 gm per fill retail)
<b>Misc. Nutritional Substances</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 fatty acids caps 108 mg-1200 mg-180 mg-360 mg, 12 mg-1200 mg-360 mg-360 mg, 120 mg-1200 mg-180 mg-60 mg, 1200 mg-144 mg-15 unit-216 mg, 1200 mg-144 mg-180 mg, 1200 mg-144 mg-216 mg, 1200 mg-144 mg-216 mg-360 mg, 1200 mg-2 unit, 1200 mg-216 mg-324 mg-600 mg, 1200 mg-276 mg-336 mg, 1200 mg-300 mg-360 mg-60 mg, 1200 mg-600 mg, 1 gm-120 mg-180 mg-300 mg, 1 mg-1000 mg-120 mg-180 mg, 1 unit-1000 mg-1000 mg-300 mg, 1 unit-1000 mg-120 mg-180 mg, 1 unit-1000 mg-120 mg-180 mg-340 mg, 1 unit-1000 mg-200 mg-300 mg, 1 unit-1000 mg-300 mg, 1.8 unit-120 mg-180 mg, 10 unit-100 mg-1000 mg-500 mg, 100 mg-1000 mg-150 mg-300 mg, 100 mg-1000 mg-160 mg, 1000 mg-108 mg-162 mg-3 mg, 1000 mg-120 mg-180 mg-300 mg, 1000 mg-180 mg-270 mg, 1000 mg-210 mg-75 mg-90 mg, 1000 mg-250 mg-350 mg, 1000 mg-250 mg-500 mg, 1000 mg-300 mg-400 mg, 1000 mg-350 mg, 1000 mg-360 mg-455 mg-900 mg, 1000 mg-600 mg, 120 mg-180 mg-5 unit</i>	P	OTC;QL(6 ea daily)
<i>omega-3 fatty acids cpdr 1200 mg-144 mg-216 mg-360 mg, 1200 mg-360 mg, 1200 mg-684 mg</i>	P	QL(6 ea daily)
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
HYPOTEARNS SOLN	P	OTC;QL(31 ml per 30 days retail)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
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<i>polyvinyl alcohol soln op</i>	P	OTC;QL(31 ml per 30 days retail)
TEARS NATURALE PM OINT ( <i>Use white petrolatum-mineral oil</i> )	NP	OTC;QL(30 gm per fill retail)
<i>white petrolatum-mineral oil oint</i>	P	OTC;QL(30 gm per fill retail)
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) soln</i>	P	
<i>carteolol hcl (ophth) soln</i>	P	
COSOPT SOLN ( <i>Use dorzolamide hcl-timolol maleate</i> )	NP	QL(10 ml per 30 days retail)
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml</i>	P	QL(10 ml per 30 days retail)
<i>levobunolol hcl soln</i>	P	QL(15 ml per 30 days retail)
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	P	QL(15 ml per 30 days retail)
<i>timolol maleate (ophth) soln 0.5 %</i>	P	QL(15 ea per 30 days retail)
TIMOPTIC OCUDOSE SOLN 0.25 %	P	QL(15 ea per 30 days retail)
TIMOPTIC OCUDOSE SOLN 0.5 % ( <i>Use timolol maleate (ophth)</i> )	NP	QL(15 ea per 30 days retail)
TIMOPTIC SOLN ( <i>Use timolol maleate (ophth)</i> )	NP	QL(15 ml per 30 days retail)
<b>Cycloplegic Mydriatics</b>		
<i>atropine sulfate (ophthalmic) oint</i>	P	
ATROPINE SULFATE SOLN OP 1 %	P	
CYCLOGYL SOLN 0.5 % ( <i>Use cyclopentolate hcl</i> )	NP	QL(15 ml per 30 days retail)
CYCLOGYL SOLN 2 %, 1 % ( <i>Use cyclopentolate hcl</i> )	NP	
<i>cyclopentolate hcl soln op 0.5 %</i>	P	QL(15 ml per 30 days retail)
<i>cyclopentolate hcl soln op 2 %, 1 %</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>homatropine hbr soln</i>	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN ( <i>Use tropicamide</i> )	NP	
<i>phenylephrine hcl (mydriatic) soln</i>	P	QL(5 ml per 30 days retail)
<i>tropicamide soln op 0.5 %, 1 %</i>	P	
<b>Miotics</b>		
ISOPTO CARPINE SOLN ( <i>Use pilocarpine hcl</i> )	NP	
<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	P	
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
BEVACIZUMAB SOSY	P	PA; SP
<b>Ophthalmic Adrenergic Agents</b>		
<i>apraclonidine hcl soln</i>	P	
<i>brimonidine tartrate soln op 0.2 %</i>	P	
IOPIDINE SOLN	P	
<b>Ophthalmic Anti-infectives</b>		
BACIGUENT OINT OP	P	QL(4 gm per 30 days retail)
<i>bacitracin (ophthalmic) oint</i>	P	QL(4 gm per 30 days retail)
<i>bacitracin-polymyxin b (ophth) oint</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) oint</i>	P	
<i>gentamicin sulfate (ophth) oint</i>	P	QL(4 gm per 30 days retail)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (ophth) soln</i>	P	
<i>moxifloxacin hcl (ophth) soln</i>	P	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin oint</i>	P	QL(4 gm per 30 days retail)
<i>neomycin-polymyxin-gramicidin soln</i>	P	QL(10 ml per 30 days retail)
OCUFLOX SOLN ( <i>Use ofloxacin (ophth)</i> )	NP	QL(10 ml per 30 days retail)
<i>ofloxacin (ophth) soln</i>	P	QL(10 ml per 30 days retail)
<i>polymyxin b-trimethoprim soln</i>	P	QL(10 ml per fill retail)
POLYTRIM SOLN ( <i>Use polymyxin b-trimethoprim</i> )	NP	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) oint</i>	P	QL(4 gm per 30 days retail)
<i>sulfacetamide sodium (ophth) soln</i>	P	QL(15 ml per 30 days retail)
<i>tobramycin (ophth) soln</i>	P	QL(5 ml per 30 days retail)
TOBREX OINT	P	
TOBREX SOLN ( <i>Use tobramycin (ophth)</i> )	NP	QL(5 ml per 30 days retail)
<i>trifluridine soln</i>	P	QL(8 ml per 30 days retail)
VIGAMOX SOLN ( <i>Use moxifloxacin hcl (ophth)</i> )	NP	QL(3 ml per fill retail)
<b>Ophthalmic Decongestants</b>		
<i>naphazoline w/ pheniramine soln 0.027 %-0.315 %</i>	P	OTC;QL(15 ml per 30 days retail)
OPCON-A SOLN ( <i>Use naphazoline w/ pheniramine</i> )	NP	OTC;QL(15 ml per 30 days retail)
<i>tetrahydrozoline hcl (ophth) soln</i>	P	OTC
VISINE RED EYE COMFORT SOLN ( <i>Use tetrahydrozoline hcl (ophth)</i> )	NP	OTC
VISINE SOLN ( <i>Use tetrahydrozoline hcl (ophth)</i> )	NP	OTC

Drug Name	Drug Tier	Requirements/ Limits
<b>Ophthalmic Local Anesthetics</b>		
<i>tetracaine hcl (ophth) soln</i>	P	
<b>Ophthalmic Steroids</b>		
BLEPHAMIDE S.O.P. OINT	P	
BLEPHAMIDE SUSP	P	QL(10 ml per fill retail)
<i>dexamethasone sodium phosphate (ophth) soln</i>	P	
<i>fluorometholone (ophth) susp</i>	P	
FML LIQUIFILM SUSP ( <i>Use fluorometholone (ophth)</i> )	NP	
FML OINT	P	QL(4 gm per 30 days retail)
MAXITROL OINT 0.1 %-10000 UNIT/GM-3.5 MG/GM ( <i>Use neomycin-polymy-dexameth</i> )	NP	QL(4 gm per 30 days retail)
MAXITROL SUSP 0.1 %-10000 UNIT/ML-3.5 MG/ML ( <i>Use neomycin-polymy-dexameth</i> )	NP	QL(10 ml per 30 days retail)
<i>neomycin-polymy-dexameth oint 0.1 %-10000 unit/gm-3.5 mg/gm</i>	P	QL(4 gm per 30 days retail)
<i>neomycin-polymy-dexameth susp 0.1 %-10000 unit/ml-3.5 mg/ml</i>	P	QL(10 ml per 30 days retail)
<i>neomycin-polymyxin-hc (ophth) susp</i>	P	QL(15 ml per 30 days retail)
PRED FORTE SUSP ( <i>Use prednisolone acetate (ophth)</i> )	NP	
PRED MILD SUSP	P	QL(10 ml per 30 days retail)
PRED-G SUSP	P	QL(5 ml per fill retail)
<i>prednisolone acetate (ophth) susp</i>	P	
PREDNISOLONE ACETATE P-F SUSP	P	

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	P	QL(15 ml per 30 days retail)
<i>sulfacetamide sod-prednisolone soln</i>	P	QL(10 ml per 30 days retail)
TOBRADEX OINT	P	QL(4 gm per 30 days retail)
TOBRADEX SUSP ( <i>Use tobramycin-dexamethasone</i> )	NP	QL(10 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	P	QL(10 ml per fill retail)
<b>Ophthalmics - Misc.</b>		
ACULAR LS SOLN ( <i>Use ketorolac tromethamine (ophth)</i> )	NP	QL(5 ml per 30 days retail)
ACULAR SOLN ( <i>Use ketorolac tromethamine (ophth)</i> )	NP	QL(10 ml per fill retail)
ALOCRIAL SOLN	P	PA; QL(5 ml per 30 days retail)
ALOMIDE SOLN	P	PA; QL(10 ml per 30 days retail)
<i>azelastine hcl (ophth) soln</i>	P	QL(6 ml per 30 days retail)
AZOPT SUSP ( <i>Use brinzolamide</i> )	NP	
<i>brinzolamide susp</i>	P	
<i>cromolyn sodium (ophth) soln</i>	P	QL(10 ml per fill retail)
<i>diclofenac sodium (ophth) soln</i>	P	QL(3 ml per 30 days retail)
DORZOLAMIDE HCL SOLN	P	QL(10 ml per 30 days retail)
<i>dorzolamide hcl soln</i>	P	QL(10 ml per 30 days retail)
<i>flurbiprofen sodium soln</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) soln 0.4 %</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) soln 0.5 %</i>	P	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ketotifen fumarate (ophth) soln</i>	P	
TRUSOPT SOLN ( <i>Use dorzolamide hcl</i> )	NP	QL(10 ml per 30 days retail)
ZADITOR SOLN ( <i>Use ketotifen fumarate (ophth)</i> )	NP	
<b>Prostaglandins - Ophthalmic</b>		
<i>latanoprost soln op</i>	P	QL(5 ml per 30 days retail)
XALATAN SOLN ( <i>Use latanoprost</i> )	NP	QL(5 ml per 30 days retail)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	P	QL(15 ml per 30 days retail)
<i>carbamide peroxide (otic) soln</i>	P	OTC;QL(15 ml per 30 days retail)
DEBROX SOLN ( <i>Use carbamide peroxide (otic)</i> )	NP	OTC;QL(15 ml per 30 days retail)
<b>Otic Anti-infectives</b>		
FLOXIN OTIC SOLN ( <i>Use ofloxacin (otic)</i> )	NP	QL(10 ml per fill retail)
<i>ofloxacin (otic) soln</i>	P	QL(10 ml per fill retail)
<b>Otic Combinations</b>		
CIPRODEX SUSP ( <i>Use ciprofloxacin-dexamethasone</i> )	NP	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>ciprofloxacin-dexamethasone susp</i>	P	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>neomycin-polymyxin-hc (otic) soln</i>	P	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp</i>	P	QL(20 ml per 30 days retail)
OTICIN HC NR SOLN ( <i>Use pramoxine-hc-chloroxylenol</i> )	NP	QL(15 ml per fill retail)
<i>pramoxine-hc-chloroxylenol soln</i>	P	QL(15 ml per fill retail)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<b>Otic Steroids</b>		
DERMOTIC OIL (Use fluocinolone acetonide (otic))	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)
fluocinolone acetonide (otic) oil	P	QL(20 ml per fill retail); AL(At least 5 yrs old)
hydrocortisone w/acetic acid soln	P	QL(20 ml per 30 days retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		
methylergonovine maleate tabs or 0.2 mg	P	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
HYPERRHO S/D SOSY	P	
RHOGAM ULTRA-FILTERED PLUS SOSY	P	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
amoxicillin caps 250 mg, 500 mg	P	
amoxicillin chew 125 mg, 250 mg	P	
amoxicillin susr 200 mg/5ml, 250 mg/5ml, 400 mg/5ml, 125 mg/5ml	P	
amoxicillin tabs 875 mg	P	
ampicillin caps	P	
<b>Natural Penicillins</b>		
penicillin v potassium solr	P	
penicillin v potassium tabs	P	
<b>Penicillin Combinations</b>		
amoxicillin & pot clavulanate chew 200 mg-28.5 mg, 400 mg-57 mg	P	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & pot clavulanate susr 200 mg/5ml-28.5 mg/5ml	P	QL(100 ml per fill retail)
amoxicillin & pot clavulanate susr 250 mg/5ml-62.5 mg/5ml	P	QL(150 ml per fill retail)
amoxicillin & pot clavulanate susr 400 mg/5ml-57 mg/5ml, 42.9 mg/5ml-600 mg/5ml	P	QL(200 ml per fill retail)
amoxicillin & pot clavulanate tabs 125 mg-250 mg, 125 mg-500 mg	P	QL(30 ea per fill retail)
amoxicillin & pot clavulanate tabs 125 mg-875 mg	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate tb12 1000 mg-62.5 mg	P	QL(40 ea per 30 days retail)
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NP	QL(200 ml per fill retail)
AUGMENTIN SUSR 125 MG/5ML-31.25 MG/5ML	P	QL(150 ml per fill retail)
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (Use amoxicillin & pot clavulanate)	NP	QL(150 ml per fill retail)
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NP	QL(30 ea per fill retail)
<b>Penicillinase-Resistant Penicillins</b>		
dicloxacillin sodium caps	P	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Internal Vehicle Ingredients/Agents</b>		
SIMPLYTHICK EASY MIX GEL	P	PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old)
SIMPLYTHICK EASYMIX GEL	P	PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old)

Georgia Inter-Pregnancy Care

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Updated June 1, 2021

Drug Name	Drug Tier	Requirements/Limits
SIMPLYTHICK GEL	P	PA; OTC; QL(1816 ml per fill retail); AL(At least 1 yrs old)
<b>Semi Solid Vehicles</b>		
<i>lanolin oint ex</i>	P	RX/OTC
<i>lanolin oint xx</i>	P	RX/OTC
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS ( <i>Use norethindrone acetate</i> )	NP	
<i>hydroxyprogesterone caproate oil im</i>	P	PA; QL(2 ml per fill retail, 2 ml per 11 days retail); SP
MAKENA OIL ( <i>Use hydroxyprogesterone caproate</i> )	NP	PA; QL(2 ml per fill retail, 2 ml per 11 days retail); SP
<i>medroxyprogesterone acetate tabs or 10 mg, 2.5 mg, 5 mg</i>	P	
<i>norethindrone acetate tabs or</i>	P	
<i>progesterone caps or 100 mg</i>	P	QL(30 ea per 30 days retail)
<i>progesterone caps or 200 mg</i>	P	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG ( <i>Use progesterone</i> )	NP	QL(30 ea per 30 days retail)
PROMETRIUM CAPS 200 MG ( <i>Use progesterone</i> )	NP	QL(20 ea per 30 days retail)
PROVERA TABS ( <i>Use medroxyprogesterone acetate</i> )	NP	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
ANTABUSE TABS 250 MG ( <i>Use disulfiram</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram tabs or 250 mg</i>	P	
<b>Antidementia Agents</b>		
ARICEPT TABS 5 MG, 10 MG ( <i>Use donepezil hydrochloride</i> )	NP	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	P	QL(1 ea daily)
EXELON PT24 4.6 MG/24HR, 9.5 MG/24HR ( <i>Use rivastigmine</i> )	NP	PA; QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	P	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	P	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	P	QL(2 ea daily)
<i>memantine hcl soln 10 mg/5ml, 2 mg/ml</i>	P	PA; QL(2 ml daily)
<i>memantine hcl tabs</i>	P	PA; 1 rtl pack lmt amt, 28 rtl pack lmt day(s),
<i>memantine hcl tabs 10 mg, 5 mg</i>	P	PA; QL(2 ea daily)
NAMENDA TABS ( <i>Use memantine hcl</i> )	NP	PA; QL(2 ea daily)
NAMENDA TITRATION PAK TABS ( <i>Use memantine hcl</i> )	NP	PA; 1 rtl pack lmt amt, 28 rtl pack lmt day(s),
RAZADYNE ER CP24 ( <i>Use galantamine hydrobromide</i> )	NP	QL(1 ea daily)
RAZADYNE TABS ( <i>Use galantamine hydrobromide</i> )	NP	QL(2 ea daily)
<i>rivastigmine pt24 4.6 mg/24hr, 9.5 mg/24hr</i>	P	PA; QL(1 ea daily)
<i>rivastigmine tartrate caps</i>	P	PA; QL(2 ea daily)
<b>Combination Psychotherapeutics</b>		
<i>perphenazine-amitriptyline tabs</i>	P	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	P	PA; QL(2 ea daily)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK MISC	P	PA; QL(55 ea per 365 days retail)
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN AJKT	P	PA; SP
AVONEX PSKT	P	PA; SP
COPAXONE SOSY ( <i>Use glatiramer acetate</i> )	NP	PA; SP
<i>dimethyl fumarate cpdr or 120 mg, 240 mg</i>	P	PA; SP
<i>dimethyl fumarate misc or</i>	P	PA; SP
GILENYA CAPS	P	PA; SP
<i>glatiramer acetate sosy</i>	P	PA; SP
PLEGRIDY SOPN SC	P	PA; SP
PLEGRIDY SOSY SC	P	PA; SP
PLEGRIDY STARTER PACK SOPN	P	PA; SP
PLEGRIDY STARTER PACK SOSY	P	PA; SP
TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )	NP	PA; SP
TECFIDERA STARTER PACK MISC ( <i>Use dimethyl fumarate</i> )	NP	PA; SP
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmd) caps 10 mg, 20 mg</i>	P	QL(4 ea daily)
<b>Smoking Deterrents</b>		
<i>bupropion hcl (smoking deterrent) tb12</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX CONTINUING MONTHPAK TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TABS	P	QL(53 ea per fill retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
CHANTIX TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
NICODERM CQ PT24 ( <i>Use nicotine</i> )	NP	QL(1 ea daily)
NICORETTE GUM 4 MG, 2 MG ( <i>Use nicotine polacrilex</i> )	NP	QL(24 ea daily)
NICORETTE LOZG 2 MG, 4 MG ( <i>Use nicotine polacrilex</i> )	NP	QL(20 ea daily)
NICORETTE MINI LOZG ( <i>Use nicotine polacrilex</i> )	NP	QL(20 ea daily)
NICORETTE STARTER KIT GUM ( <i>Use nicotine polacrilex</i> )	NP	QL(24 ea daily)
<i>nicotine polacrilex gum mt 4 mg, 2 mg</i>	P	QL(24 ea daily)
<i>nicotine polacrilex lozg mt 2 mg, 4 mg</i>	P	QL(20 ea daily)
<i>nicotine pt24</i>	P	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	
NICOTROL INHALER INHA	P	QL(16.8 ea daily)
NICOTROL NS SOLN	P	QL(4 ml daily)
ZYBAN TB12 ( <i>Use bupropion hcl (smoking deterrent)</i> )	NP	QL(2 ea daily); AL(At least 18 yrs old)
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK	P	PA; SP
KALYDECO TABS	P	PA; SP
ORKAMBI TABS	P	PA; SP
SYMDEKO TBPB	P	PA; SP
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	P	
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	P	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	P	
<i>doxycycline hyclate tabs or 100 mg</i>	P	
MINOCIN CAPS OR 50 MG (Use <i>minocycline hcl</i> )	NP	
<i>minocycline hcl caps or 100 mg, 50 mg, 75 mg</i>	P	
VIBRAMYCIN CAPS 100 MG (Use <i>doxycycline hyclate</i> )	NP	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs or 10 mg, 5 mg</i>	P	
<i>propylthiouracil tabs or</i>	P	
TAPAZOLE TABS (Use <i>methimazole</i> )	NP	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Use <i>thyroid</i> )	P	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	P	
CYTOMEL TABS (Use <i>liothyronine sodium</i> )	NP	
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	P	
<i>liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg</i>	P	
SYNTHROID TABS (Use <i>levothyroxine sodium</i> )	P	
<i>thyroid tabs or 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
BOOSTRIX SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
INFANRIX SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TDVAX SUSP	P	Limit 1 per 10 years;QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TENIVAC INJ	P	Limit 1 per 10 years;QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P	Limit 1 per 10 years;QL(0.5 ml per fill retail); AL(At least 19 yrs old)
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Proton Pump Inhibitors</b>		
<i>omeprazole 20mg tablet</i>	P	QL (1 ea daily); OTC
<b>Antispasmodics</b>		
<i>dicyclomine hcl caps or 10 mg</i>	P	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	P	QL(496 ml per 30 days retail)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl tabs or 20 mg</i>	P	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate elix or 0.125 mg/5ml</i>	P	
HYOSCYAMINE SULFATE POWD XX	P	
<i>hyoscyamine sulfate soln ij 0.5 mg/ml</i>	P	
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	P	
<i>hyoscyamine sulfate subl sl 0.125 mg</i>	NP	
<i>hyoscyamine sulfate subl sl 0.125 mg</i>	P	
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	NP	
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	P	
<i>hyoscyamine sulfate tb12 or 0.375 mg</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	NP	
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	P	
LEVBIID TB12 (Use <i>hyoscyamine sulfate</i> )	NP	QL(4 ea daily)
LEVSIN SOLN (Use <i>hyoscyamine sulfate</i> )	NP	
SYMAX DUOTAB TBCR	P	
<b>H-2 Antagonists</b>		
<i>cimetidine hcl soln</i>	P	
<i>cimetidine tabs or 200 mg</i>	P	RX/OTC
<i>cimetidine tabs or 300 mg, 400 mg, 800 mg</i>	P	
<i>famotidine susr or 40 mg/5ml</i>	P	
<i>famotidine tabs or 10 mg</i>	P	OTC
<i>famotidine tabs or 20 mg</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tabs or 40 mg</i>	P	
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i> )	NP	RX/OTC
PEPCID AC TABS 10 MG (Use <i>famotidine</i> )	NP	OTC
PEPCID AC TABS 20 MG (Use <i>famotidine</i> )	NP	RX/OTC
PEPCID TABS 20 MG (Use <i>famotidine</i> )	NP	RX/OTC
PEPCID TABS 40 MG (Use <i>famotidine</i> )	NP	
TAGAMET HB TABS (Use <i>cimetidine</i> )	NP	RX/OTC
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML (Use <i>sucralfate</i> )	NP	QL(420 ml per fill retail)
CARAFATE TABS 1 GM (Use <i>sucralfate</i> )	NP	
<i>sucralfate susp or 1 gm/10ml</i>	P	QL(420 ml per fill retail)
<i>sucralfate tabs or 1 gm</i>	P	
<b>Proton Pump Inhibitors</b>		
DEXILANT CPDR	P	ST
<i>lansoprazole cpdr or 15 mg</i>	P	QL(4 ea daily); RX/OTC
<i>lansoprazole cpdr or 30 mg</i>	P	
<i>omeprazole cpdr or 10 mg, 40 mg</i>	P	QL(2 ea daily)
<i>omeprazole cpdr or 20 mg</i>	P	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium tbec 20 mg</i>	P	OTC;QL(1 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	P	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	P	QL(2 ea daily)
PREVACID 24HR CPDR (Use <i>lansoprazole</i> )	NP	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use <i>lansoprazole</i> )	NP	QL(4 ea daily); RX/OTC

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs



Drug Name	Drug Tier	Requirements/Limits
PREVACID CPDR 30 MG (Use lansoprazole)	NP	
PRILOSEC OTC TBEC (Use omeprazole magnesium)	NP	OTC;QL(1 ea daily)
PROTONIX TBEC OR 20 MG (Use pantoprazole sodium)	NP	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use pantoprazole sodium)	NP	QL(2 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS (Use misoprostol)	NP	
misoprostol tabs or 100 mcg, 200 mcg	P	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
DETROL LA CP24 (Use tolterodine tartrate)	NP	QL(1 ea daily)
DETROL TABS (Use tolterodine tartrate)	NP	QL(2 ea daily)
DITROPAN XL TB24 (Use oxybutynin chloride)	NP	QL(2 ea daily)
oxybutynin chloride syrp or 5 mg/5ml	P	QL(496 ml per 30 days retail)
oxybutynin chloride tabs or 5 mg	P	QL(3 ea daily)
oxybutynin chloride tb24 or 10 mg, 15 mg, 5 mg	P	QL(2 ea daily)
tolterodine tartrate cp24 2 mg, 4 mg	P	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	P	QL(2 ea daily)
trosipium chloride tabs 20 mg	P	QL(2 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
bethanechol chloride tabs or 10 mg, 25 mg, 5 mg, 50 mg	P	
URECHOLINE TABS (Use bethanechol chloride)	NP	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		

Drug Name	Drug Tier	Requirements/Limits
flavoxate hcl tabs	P	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
BEXSERO SUSY	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
MENACTRA INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
MENQUADFI INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
MENVEO SOLR	P	QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PNEUMOVAX 23 INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PREVNAR 13 SUSP	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TRUMENBA SUSY	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
<b>Viral Vaccines</b>		
ENGERIX-B INJ IM 10 MCG/0.5ML	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
ENGERIX-B INJ IM 20 MCG/ML	P	QL(1 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
ENGERIX-B SUSP IJ 10 MCG/0.5ML	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
ENGERIX-B SUSP IJ 20 MCG/ML	P	QL(1 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	P	QL(0.5 ml per fill retail); AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	P	QL(0.7 ml per fill retail); AL(At least 65 yrs old)
GARDASIL 9 SUSP	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSY	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HAVRIX SUSP 1440 ELU/ML	P	QL(1 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HAVRIX SUSP 720 ELU/0.5ML	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
INFLUENZA VACCINE	P	AL; At least 13 years old; QL (1 ea per 180 days retail)
M-M-R II SOLR	P	QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML	P	QL(1 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
RECOMBIVAX HB SUSP 5 MCG/0.5ML	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
VAQTA SUSP 25 UNIT/0.5ML	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VAQTA SUSP 50 UNIT/ML	P	QL(1 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
VARIVAX INJ	P	QL(0.5 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
ZOSTAVAX SUSR	P	QL(1 ea per fill retail)1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 50 yrs old)
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA VA 2 % (Use clindamycin phosphate vaginal)	NP	
clindamycin phosphate vaginal crea	P	
clotrimazole vaginal crea 1 %	P	OTC;QL(45 gm per 30 days retail)
clotrimazole vaginal crea 2 %	P	OTC;QL(31 gm per 30 days retail)
GYNAZOLE-1 CREA	P	
GYNE-LOTRIMIN 3 CREA (Use clotrimazole vaginal)	NP	OTC;QL(31 gm per 30 days retail)
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NP	OTC;QL(45 gm per 30 days retail)
METROGEL-VAGINAL GEL (Use metronidazole vaginal)	NP	QL(70 gm per fill retail)
metronidazole vaginal gel	P	QL(70 gm per fill retail)
miconazole nitrate vaginal crea 4 %, 2 %	P	OTC;QL(45 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole nitrate vaginal kit</i>	P	
<i>miconazole nitrate vaginal supp 100 mg</i>	P	OTC;QL(7 ea per 30 days retail)
<i>miconazole nitrate vaginal supp 200 mg</i>	P	QL(3 ea per 30 days retail)
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	NP	
MONISTAT 3 CREA (Use miconazole nitrate vaginal)	NP	OTC;QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NP	OTC;QL(45 gm per 30 days retail)
<i>terconazole vaginal crea</i>	P	
<i>terconazole vaginal supp</i>	P	
<i>tioconazole vaginal oint</i>	P	OTC
<b>Vaginal Estrogens</b>		
ESTRACE CREA VA 0.1 MG/GM (Use estradiol vaginal)	NP	QL(43 gm per 30 days retail)
<i>estradiol vaginal crea 0.1 mg/gm</i>	P	QL(43 gm per 30 days retail)
<i>estradiol vaginal tabs 10 mcg</i>	P	
PREMARIN CREA VA 0.625 MG/GM	P	QL(43 gm per fill retail)
VAGIFEM TABS (Use estradiol vaginal)	NP	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
AUVI-Q SOAJ 0.15 MG/0.15ML	NP	
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply,

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml</i>	P	QL(2 ea per fill retail,4 ea per 365 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	P	QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply,
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	NP	QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply,
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	NP	QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply,
<b>Vasopressors</b>		
<i>midodrine hcl tabs</i>	P	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
BABY DDROPS LIQD (Use <i>cholecalciferol</i> )	NP	Age limit = less than 6 months
<i>cholecalciferol caps or 1.25 mg, 50000 unit</i>	P	OTC;QL(8 ea per 30 days retail)
<i>cholecalciferol caps or 1000 unit, 25 mcg, 2000 unit, 50 mcg</i>	P	OTC;QL(100 ea per fill retail)
<i>cholecalciferol caps or 125 mcg, 5000 unit</i>	P	OTC;QL(2 ea daily)
<i>cholecalciferol liqd or 10 mcg/ml, 400 unit/ml</i>	P	
<i>cholecalciferol liqd or 400 ut/0.028ml</i>	P	Age limit = less than 6 months
<i>cholecalciferol liqd or 5000 unit/ml</i>	P	Age limit = 6 months to 1 year
D-VI-SOL LIQD (Use <i>cholecalciferol</i> )	NP	
DRISDOL CAPS (Use <i>ergocalciferol</i> )	NP	
<i>ergocalciferol caps</i>	P	
<i>ergocalciferol soln</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
KEY-E CHEW OR	P	OTC;QL(2 ea daily)
MEPHYTON TABS (Use <i>phytonadione</i> )	NP	
<i>phytonadione tabs or</i>	P	
<i>vitamin e caps or 100 unit, 45 mg, 200 unit, 90 mg, 400 unit</i>	P	OTC;QL(2 ea daily)
VITAMIN E CHEW OR 400 UNIT	P	OTC;QL(2 ea daily)
<b>Water Soluble Vitamins</b>		
<i>ascorbic acid tabs or 250 mg, 1000 mg, 1000 mg-37 mg, 10 mg-500 mg, 14 mg-25 mg-500 mg, 25 mg-35 mg-500 mg, 37 mg-500 mg</i>	P	OTC;QL(100 ea per 30 days retail)
B-1 TABS	P	OTC;QL(100 ea per 30 days retail)
<i>niacin cpcr</i>	P	OTC
<i>niacin tabs</i>	P	OTC
<i>niacin tbcr</i>	P	OTC
NIACIN TR TBCR	P	OTC
<i>pyridoxine hcl tabs</i>	P	OTC
<i>riboflavin tabs or 25 mg, 50 mg, 100 mg</i>	P	OTC;QL(100 ea per 30 days retail)
SLO-NIACIN TBCR (Use <i>niacin</i> )	NP	OTC
<i>thiamine hcl tabs</i>	P	OTC;QL(100 ea per 30 days retail)
<i>thiamine mononitrate tabs</i>	P	OTC;QL(100 ea per 30 days retail)

Georgia Inter-Pregnancy Care Updated June 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

## Index

abacavir sulfate.....	29	ALCOHOL PREP PADS- MISC.....	57	ANAFRANIL.....	16
abacavir sulfate-lamivudine.....	29	ALDACTAZIDE.....	48	ANALPRAM-HC.....	7
abacavir sulfate-lamivudine- zidovudine.....	29	ALDACTONE.....	49	anastrozole.....	27
ABILIFY.....	29	ALDARA.....	45	ANDEXXA.....	20
ABSORICA.....	40	alendronate sodium.....	49	ANDRODERM.....	7
ACCUPRIL.....	23	ALER-DRYL.....	21	ANTABUSE.....	70
ACCURETIC.....	24	ALEVE.....	3	ANTI-DIARRHEAL.....	20
acebutolol hcl.....	33	ALEVE ARTHRITIS.....	3	ANUSOL-HC.....	7
acetaminophen.....	4	ALKERAN.....	26	apraclonidine hcl.....	66
acetaminophen w/ codeine.....	6	ALLEGRA ALLERGY.....	21	APRISO.....	51
acetazolamide.....	48	allopurinol.....	52	APTIVUS.....	30
acetic acid (otic).....	68	ALOCRIL.....	68	AQUORAL.....	62
acetylcysteine.....	40	alogliptin benzoate.....	18	ARAVA.....	4
ACNE MEDICATION 10.....	40	alogliptin-metformin hcl.....	17	ARICEPT.....	70
ACNE MEDICATION 5.....	40	alogliptin-pioglitazone.....	17	ARIMIDEX.....	27
ACTIGALL.....	51	ALOMIDE.....	68	aripiprazole.....	29
ACTIVELLA.....	50	ALORA.....	50	ARMOUR THYROID.....	72
ACTONEL.....	49	alprazolam.....	9	ARNUITY ELLIPTA.....	10
ACTOPLUS MET.....	17	ALTACE.....	23	AROMASIN.....	27
ACTOS.....	18	alum & mag hydrox- simethicone.....	7	ARTHRITIS PAIN RELIEVING.....	45
ACULAR.....	68	ALUMINUM HYDROXIDE.....	7	ASACOL HD.....	51
ACULAR LS.....	68	amantadine hcl.....	27	ascorbic acid.....	77
acyclovir.....	32	AMARYL.....	19	aspirin.....	4
acyclovir topical.....	43	AMBIEN.....	53	ASPIRIN.....	4
ADACEL.....	72	AMERGE.....	58	aspirin.....	4,5
ADALAT CC.....	33,34	AMICAR.....	53	aspirin buffered (cal carb-mag carb-mag oxide).....	4
ADDERALL.....	1	amiloride & hydrochlorothiazide.....	48	ASSURE LANCE SAFETY LANCET 28G.....	56
ADDERALL XR.....	1	amiloride hcl.....	49	ATACAND.....	23
ADMELOG.....	18	aminocaproic acid.....	53	ATACAND HCT.....	24
ADMELOG SOLOSTAR.....	18	amiodarone hcl.....	10	atazanavir sulfate.....	30
ADRENALIN.....	64	amitriptyline hcl.....	16	ATELVIA.....	49
ADVAIR DISKUS.....	10	amlodipine besylate.....	34	atenolol.....	33
ADVANCED MOBILE LANCET 30G.....	56	amlodipine besylate-benazepril hcl.....	24	atenolol & chlorthalidone.....	24
ADVIL.....	3	amlodipine besylate-olmesartan medoxomil.....	24	ATIVAN.....	9
ADVIL COLD & SINUS.....	37	amlodipine besylate- valsartan.....	24	atomoxetine hcl.....	1
AGAMATRIX CONTROL SOLUTION LEVEL 2.....	56	amlodipine-valsartan- hydrochlorothiazide.....	24	atorvastatin calcium.....	23
AGAMATRIX CONTROL SOLUTION LEVEL 4.....	56	amoxapine.....	16	ATRIPLA.....	30
AIMSCO TWIST LANCETS 32G.....	56	amoxicillin.....	69	ATROPINE SULFATE.....	66
AIMSCO TWIST LANCETS 33G.....	56	amoxicillin & pot clavulanate.....	69	atropine sulfate (ophthalmic).....	66
albuterol sulfate.....	10,11	amphetamine- dextroamphetamine.....	1	ATROVENT HFA.....	10
ALBUTEROL SULFATE.....	11	ampicillin.....	69	AUGMENTIN.....	69
albuterol sulfate.....	11			AUGMENTIN ES-600.....	69
ALCOHOL PREP PADS.....	57			AUVI-Q.....	76
				AVALIDE.....	24

AVAPRO.....	23	betamethasone dipropionate (topical).....	43	BUPRENEX.....	7
AVONEX.....	71	betamethasone dipropionate augmented.....	43	buprenorphine hcl.....	7
AVONEX PEN.....	71	betamethasone valerate.....	43	buprenorphine hcl-naloxone hcl dihydrate.....	7
AYGESTIN.....	70	BETAPACE.....	33	bupropion hcl.....	14
AZASAN.....	61	BETAPACE AF.....	33	bupropion hcl (smoking deterrent).....	71
azathioprine.....	61	betaxolol hcl (ophth).....	66	bupirone hcl.....	9
azelastine hcl.....	64	bethanechol chloride.....	74	butalbital-acetaminophen.....	4
azelastine hcl (ophth).....	68	BEVACIZUMAB.....	66	butalbital-acetaminophen-caffeine.....	4
azithromycin.....	55	BEVYXXA.....	11	butalbital-acetaminophen-caffeine w/ codeine.....	6
AZOPT.....	68	BEXSERO.....	74	butalbital-aspirin-caffeine.....	4
AZOR.....	24	bicalutamide.....	27	butalbital-aspirin-caffeine w/cod.....	6
AZULFIDINE.....	51	BIKTARVY.....	30	BYDUREON BCISE.....	18
AZULFIDINE EN-TABS.....	51	BIOSEC DMX.....	37	BYDUREON PEN.....	18
b complex w/ c.....	63	BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM.....	56	BYETTA.....	18
B-1.....	77	BIOTENE DRY MOUTH MOISTURIZING SPRAY.....	62	CAFERGOT.....	58
b-complex vitamins.....	63	bisacodyl.....	55	caffeine citrate.....	1
b-complex w/ c & folic acid.....	63	bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride.....	54	CAFFEINE CITRATED.....	1
BABY DDROPS.....	77	bismuth subsalicylate.....	20	CALAN.....	34
BACIGUENT.....	41	bisoprolol & hydrochlorothiazide.....	24	CALAN SR.....	34
bacitracin (ophthalmic).....	66	bisoprolol fumarate.....	33	calcipotriene.....	42
bacitracin (topical).....	41	BLEPH-10.....	66	calcitonin (salmon).....	49
bacitracin zinc.....	41	BLEPHAMIDE.....	67	calcitriol.....	49
bacitracin-polymyxin b (ophth).....	66	BLEPHAMIDE S.O.P.....	67	calcium acetate (phosphate binder).....	51
baclofen.....	64	BLULINK CONTROL SOLUTION/HIGH & LOW.....	56	calcium carbonate (antacid).....	8
BACTRIM.....	8	BLULINK GLUCOSE TEST STRIPS.....	48	calcium carbonate-cholecalciferol.....	59
BACTRIM DS.....	8	BOOSTRIX.....	72	calcium carbonate-vitamin d.....	59
balsalazide disodium.....	51	BRILINTA.....	52	calcium polycarbophil.....	54
BAQSIMI ONE PACK.....	17	brimonidine tartrate.....	66	CALTRATE 600+D3.....	59
BAQSIMI TWO PACK.....	17	brinzolamide.....	68	camphor & menthol.....	42
BASAGLAR KWIKPEN.....	18	bromocriptine mesylate.....	27	candesartan cilexetil.....	24
BD GLUCOSE.....	17	brompheniramine & phenyleph.....	38	candesartan cilexetil-hydrochlorothiazide.....	24
BELBUCA.....	7	brompheniramine & pseudoeph.....	38	CAPHOSOL.....	62
BENADRYL ALLERGY.....	21	budesonide (inhalation).....	10	capsaicin.....	45
BENADRYL ALLERGY CHILDRENS.....	21	budesonide-formoterol fumarate dihydrate.....	11	captopril.....	23
benazepril & hydrochlorothiazide.....	24	BUFFERIN.....	5	captopril & hydrochlorothiazide.....	24,25
benazepril hcl.....	23	bumetanide.....	48	CAPZASIN-HP.....	45
BENICAR.....	24	BUMEX.....	49	CAPZASIN-P.....	45
BENICAR HCT.....	24	BUNAVAIL.....	7	CARAC.....	42
BENZAC AC WASH.....	40			CARAFATE.....	73
benzonatate.....	37			carbamazepine.....	12
benzoyl peroxide.....	40,41			carbamide peroxide (otic).....	68
BENZOYL PEROXIDE CLEANSER.....	41				
benztropine mesylate.....	27				

carbidopa.....	27	CHERACOL-D COUGH... 38	clindamycin phosphate (topical).....	41	
carbidopa-levodopa.....	27	CHILDRENS ADVIL.....	3	clindamycin phosphate vaginal.....	76
CARDIZEM.....	34	CHILDRENS MOTRIN.....	3	clobetasol propionate.....	43
CARDIZEM CD.....	34	CHLOR-TRIMETON.....	21	clobetasol propionate emollient base.....	43
CARDURA.....	24	chlordiazepoxide hcl.....	9	clomipramine hcl.....	16
CARESENS LANCETS.....	56	chlorhexidine gluconate.....	29	clonazepam.....	11
CARETOUCH ALCOHOL PREP PADS.....	57	chlorhexidine gluconate (mouth-throat).....	62	clonidine hcl.....	24
CARETOUCH CONTROL SOLUTION LEVEL 2.....	56	chloroquine phosphate.....	26	clonidine hcl (adhd).....	1
CARETOUCH SAFETY LANCETS/26G.....	56	chlorothiazide.....	49	clopidogrel bisulfate.....	52
CARETOUCH SAFETY LANCETS/28G.....	56	chlorpheniramine maleate.....	21	clorazepate dipotassium.....	9
CARETOUCH SAFETY LANCETS/30G.....	56	chlorpromazine hcl.....	29	clotrimazole (topical).....	42
CARETOUCH TWIST LANCETS 33G.....	56	chlorthalidone.....	49	clotrimazole vaginal.....	76
CARNITOR.....	49	chlorzoxazone.....	64	clotrimazole w/ betamethasone.....	42
CARNITOR SF.....	49	CHOLBAM.....	51	clozapine.....	28
carteolol hcl (ophth).....	66	cholecalciferol.....	77	CLOZARIL.....	28
carvedilol.....	33	cholestyramine.....	22	coal tar extract.....	47
carvedilol phosphate.....	33	cholestyramine light.....	22	COARTEM.....	26
CASODEX.....	27	cilostazol.....	52	CODEINE SULFATE.....	5
CASTIVA WARMING.....	45	CILOXAN.....	66	codeine sulfate.....	5
CATAPRES.....	24	CIMDUO.....	30	COLACE.....	55
cefaclor.....	35	cimetidine.....	73	COLACE CLEAR.....	55
cefadroxil.....	35	cimetidine hcl.....	73	COLAZAL.....	51
cefdinir.....	35	CIPRO.....	50	colchicine.....	52
cefprozil.....	35	CIPRODEX.....	68	colchicine w/ probenecid.....	52
ceftriaxone sodium.....	35	ciprofloxacin hcl.....	50	COLCRYS.....	52
cefuroxime axetil.....	35	ciprofloxacin hcl (ophth).....	66	COLD & FLU RELIEF NIGHTTIME D.....	38
CELEXA.....	15	ciprofloxacin-dexamethasone .....	68	COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY.....	46
CELLCEPT.....	61	citalopram hydrobromide..	15	COLEMAN INSECT REPELLENT/HIGH & DRY..	46
CENTANY.....	41	clarithromycin.....	55	COLEMAN INSECT REPELLENT/SPORTSMEN	46
cephalexin.....	35	CLARITIN.....	22	COLESTID.....	22
CERALYTE 70.....	59	CLARITIN ALLERGY CHILDRENS.....	21	COLESTID FLAVORED.....	22
CERASPORT.....	60	CLARITIN REDITABS.....	22	colestipol hcl.....	22
CERASPORT EX1.....	59	CLARITIN-D 12 HOUR.....	38	COLYTE-FLAVOR PACKS..	54
CEROVEL.....	45	CLARITIN-D 24 HOUR.....	38	COMBIPATCH.....	50
cetirizine hcl.....	21	CLEAR COUGH PM MULTI- SYMPTOM.....	38	COMBIVENT RESPIMAT... 11	
cetirizine-pseudoephedrine	38	clemastine fumarate.....	21	COMBIVIR.....	30
CHANTIX.....	71	CLEOCIN.....	8,76	COMFORT TOUCH ALCOHOL PREP PADS.....	57
CHANTIX CONTINUING MONTHPAK.....	71	CLEOCIN PEDIATRIC GRANULES.....	8	COMFORT TOUCH LANCETS ULTRA THIN 31G.....	56
CHANTIX STARTING MONTH PAK.....	71	CLEOCIN-T.....	41		
CHEMET.....	20	CLIMARA.....	50		
CHEMSTRIP-K.....	48	CLINDAGEL.....	41		
CHERACOL PLUS.....	38	clindamycin hcl.....	8		
		clindamycin palmitate hydrochloride.....	8		

COMFORT TOUCH PLUS		
SAFETY LANCETS PRESSURE		
ACTIVATED 30G.....	56	
COMPLERA.....	30	
CONCERTA.....	1	
CONDOMS-MISC.....	56	
COPAXONE.....	71	
COREG.....	33	
COREG CR.....	33	
CORGARD.....	33	
CORTEF.....	36	
CORTENEMA.....	7	
cortisone acetate.....	36	
COSENTYX.....	43	
COSENTYX SENSOREADY		
PEN.....	43	
COSOFT.....	66	
COTELLIC.....	27	
COUMADIN.....	11	
COZAAR.....	24	
CREON.....	48	
CRESTOR.....	23	
CRIXIVAN.....	30	
cromolyn sodium.....	10	
cromolyn sodium (nasal).....	64	
cromolyn sodium (ophth).....	68	
crotamiton.....	47	
CRYSVITA.....	50	
CUTTER.....	46	
CUTTER ALL FAMILY.....	46	
CUTTER BACKWOODS.....	46	
CUTTER BACKWOODS		
DRY.....	46	
CUTTER DRY.....	46	
CUTTER SKINSATIONS.....	46	
CUTTER SPORT.....	46	
CVS DRY MOUTH SPRAY.....	62	
CVS GLUCOSE.....	17	
CVS INSECT REPELLENT.....	46	
CVS LICE SOLUTION KIT 3-		
STEP.....	47	
CVS SOFT GLUCOSE.....	17	
CVS TOTAL HOME INSECT		
REPELLENT.....	46	
cyanocobalamin.....	52	
cyclobenzaprine hcl.....	64	
CYCLOGYL.....	66	
cyclopentolate hcl.....	66	
cyclosporine.....	61	
cyclosporine modified (for		
microemulsion).....	61	
CYMBALTA.....	16	
cyproheptadine hcl.....	22	
CYTOMEL.....	72	
CYTOTEC.....	74	
D-VI-SOL.....	77	
D.H.E. 45.....	58	
dapsone.....	8	
DAY TIME MULTI-SYMPTOM		
COLD/FLU RELIEF.....	38	
DDAVP.....	50	
DEBROX.....	68	
deferasirox.....	20	
DELSTRIGO.....	30	
DELSYM.....	37	
DELSYM COUGH		
CHILDRENS.....	37	
DELZICOL.....	51	
DEMADEX.....	49	
DEPAKENE.....	14	
DEPAKOTE.....	14	
DEPAKOTE ER.....	14	
DEPAKOTE SPRINKLES.....	14	
DEPEN TITRATABS.....	61	
DEPO-PROVERA		
CONTRACEPTIVE.....	36	
DEPO-SUBQ PROVERA		
104.....	36	
DEPO-TESTOSTERONE.....	7	
DERMA-SMOOTH/FS		
SCALP.....	43	
DERMAREST PSORIASIS.....	45	
DERMOTIC.....	69	
DESCOVY.....	30	
desipramine hcl.....	16	
desmopressin acetate.....	50	
desmopressin acetate		
spray.....	50	
desmopressin acetate spray		
refrigerated.....	50	
desogestrel & ethinyl		
estradiol.....	35	
desogestrel-ethinyl estradiol		
(biphasic).....	35	
desogestrel-ethinyl estradiol		
(triphasic).....	35	
desonide.....	43	
DESOWEN.....	43	
desoximetasone.....	44	
desvenlafaxine succinate.....	16	
DETROL.....	74	
DETROL LA.....	74	
DEX4.....	17	
DEX4 FAST ACTING		
GLUCOSE.....	17	
DEX4 NATURALS.....	17	
DEX4 POUCH PACK.....	17	
DEX4 QUICK DISSOLVE		
GLUCOSE.....	17	
dexamethasone.....	36,37	
dexamethasone sodium		
phosphate.....	36	
DEXAMETHASONE SODIUM		
PHOSPHATE.....	36	
dexamethasone sodium		
phosphate (ophth).....	67	
DEXEDRINE.....	1	
DEXILANT.....	73	
dexmethylphenidate hcl.....	1	
dextroamphetamine sulfate... 1		
dextromethorphan hbr.....	37	
dextromethorphan polistirex.....	37	
dextromethorphan-doxylamine-		
acetaminophen.....	38	
dextromethorphan-guaifenesin		
.....	38	
dextromethorphan-		
phenylephrine-acetaminophen		
.....	38	
DHS TAR.....	48	
DHS TAR GEL.....	48	
DIABETIC TUSSIN		
COLD/FLU.....	38	
DIACOMIT.....	12	
DIASTAT ACUDIAL.....	12	
DIASTAT PEDIATRIC.....	12	
diazepam.....	9	
diazepam (anticonvulsant)... 12		
dibucaine.....	45	
diclofenac potassium.....	3	
diclofenac sodium.....	3	
diclofenac sodium (ophth)... 68		
diclofenac sodium (topical)... 41		
dicloxacin sodium.....	69	
dicyclomine hcl.....	72,73	
didanosine.....	30	
DIFLUCAN.....	21	
diflunisal.....	5	
digoxin.....	34	



dihydroergotamine mesylate	58	drospirenone-ethinyl		emtricitabine-tenofovir disoproxil	
DILANTIN	13	estradiol	35	fumarate	30
DILANTIN INFATABS	13	DROXIA	52	EMTRIVA	30
DILANTIN-125	13	DRUG MART UNILET MICRO		EMVERM	8
DILAUDID	5	THIN LANCETS 33G	56	enalapril maleate	23
diltiazem hcl	34	DRYSOL	46	enalapril maleate &	
diltiazem hcl coated beads	34	DULCOLAX	55	hydrochlorothiazide	25
diltiazem hcl extended release		duloxetine hcl	16	ENBREL	4
beads	34	DURAGESIC	5	ENBREL SURECLICK	4
dimenhydrinate	20	DUTOPROL	25	ENFAMIL ENFALYTE	60
DIMETAPP COLD &		DYAZIDE	48	ENGERIX-B	75
ALLERGY	38	E.E.S. GRANULES	55	enoxaparin sodium	11
DIMETAPP LONG ACTING		EASY COMFORT ALCOHOL		EPIFOAM	44
COUGH PLUS COLD	38	PADS	57	epinephrine (anaphylaxis)	77
dimethyl fumarate	71	EASY TOUCH HEALTHPRO		epinephrine hcl (nasal)	65
DIOVAN	24	GLUCOSE TEST STRIPS	48	EPIPEN 2-PAK	77
DIOVAN HCT	25	EASYMAX 15 GLUCOSE		EPIPEN-JR 2-PAK	77
diphenhydramine hcl	21	CONTROL SOLUTION/LEVEL		EPIVIR	30
diphenhydramine hcl (sleep)	53	2/LEVEL 3	56	EPZICOM	30
diphenoxylate w/ atropine	20	EASYMAX GLUCOSE		EQL DRY MOUTH ORAL	
DIPHTHERIA/TETANUS		CONTROL		RINSE	62
TOXOIDS ADSORBED		SOLUTION/NORMAL-HIGH		EQUALYTE	60
PEDIATRIC	72		56	ergocalciferol	77
DIPROLENE AF	44	econazole nitrate	42	ergotamine w/ caffeine	58
dipyridamole	52	ECOTRIN	5	ERYGEL	41
disopyramide phosphate	10	ECOTRIN MAXIMUM		ERYPED 200	55
disulfiram	70	STRENGTH	5	ERYPED 400	55
DITROPAN XL	74	ECOTRIN REGULAR		erythromycin (acne aid)	41
divalproex sodium	14	STRENGTH	5	erythromycin (ophth)	66
docusate sodium	55	ED BRON GP	39	erythromycin base	55
dofetilide	10	EDURANT	30	erythromycin ethylsuccinate	56
DOLOPHINE	5	efavirenz	30	erythromycin stearate	56
donepezil hydrochloride	70	efavirenz-emtricitabine-		escitalopram oxalate	15
DORZOLAMIDE HCL	68	tenofovir disoproxil		ESGIC	4
dorzolamide hcl	68	fumarate	30	ESTRACE	50,76
dorzolamide hcl-timolol		efavirenz-lamivudine-tenofovir		estradiol	50
maleate	66	disoproxil fumarate	30	estradiol & norethindrone	
DOVATO	30	EFFEXOR XR	16	acetate	50
DOVONEX	43	EFFIENT	52	estradiol vaginal	76
doxazosin mesylate	24	EFUDEX	42	ESTROSTEP FE	35
doxepin hcl	16	eletriptan hydrobromide	58	ethambutol hcl	26
doxycycline (monohydrate)	72	ELIDEL	45	ethosuximide	13
doxycycline hyclate	72	ELIMITE	47	ethynodiol diacet & eth	
doxylamine succinate		ELIQUIS	11	estrad	35
(sleep)	53	ELIQUIS STARTER PACK	11	etidronate disodium	49
DRAMAMINE	20	ELIXOPHYLLIN	11	etodolac	3
DRISDOL	77	ELLA	36	etonogestrel-ethinyl estradiol	36
DROPLET PERSONAL		ELMIRON	52	EURAX	47
LANCETS30G	56	ELOCON	44		
		EMOLLIENT LOTION-			
		MISC	45		
		emtricitabine	30		

EVAC.....	54	FLONASE ALLERGY RELIEF.....	64	furosemide.....	49
EVISTA.....	49	FLONASE ALLERGY RELIEF CHILDRENS.....	64	gabapentin.....	12
EXELON.....	70	FLOVENT HFA.....	10	GABITRIL.....	13
exemestane.....	27	FLOXIN OTIC.....	68	galantamine hydrobromide..	70
EXFORGE.....	25	FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS.....	75	GARDASIL 9.....	75
EXFORGE HCT.....	25	fluconazole.....	21	GAS-X.....	50
ezetimibe.....	23	fludrocortisone acetate....	37	GAUZE SPONGES.....	56
ezetimibe-simvastatin.....	22	flunisolide (nasal).....	64	gemfibrozil.....	22
famciclovir.....	32	fluocinolone acetonide.....	44	GENERESS FE.....	35
famotidine.....	73	fluocinolone acetonide (otic).....	69	gentamicin sulfate (ophth)..	66
FARESTON.....	27	fluocinonide.....	44	gentamicin sulfate (topical)..	41
felbamate.....	13	fluocinonide emulsified base.....	44	GENVOYA.....	30
FELBATOL.....	13	fluorometholone (ophth)...	67	GEODON.....	28
FELDENE.....	3	fluorouracil (topical).....	42	GILENYA.....	71
felodipine.....	34	fluoxetine hcl.....	15	ginger (zingiber officinalis)...	2
FEMARA.....	27	fluoxetine hcl (pmdd).....	71	glatiramer acetate.....	71
FEMHRT.....	50	fluphenazine decanoate....	29	glimepiride.....	19
FENOFIBRATE.....	22	fluphenazine hcl.....	29	glipizide.....	19
fenofibrate.....	22	flurazepam hcl.....	53	glipizide-metformin hcl.....	17
fenofibrate micronized.....	22	flurbiprofen.....	3	GLUCAGEN HYPOKIT.....	17
fenopropfen calcium.....	3	flurbiprofen sodium.....	68	glucagon (rdna).....	17
fentanyl.....	5	flutamide.....	27	GLUCAGON EMERGENCY KIT.....	17
FER-IN-SOL.....	52	fluticasone propionate.....	44	GLUCOSE.....	17
FERRETTS.....	52	fluticasone propionate (nasal).....	64	GLUCOSE INSTANT ENERGY.....	17
ferrous fumarate.....	52	fluticasone-salmeterol....	11	GLUCOTROL.....	19
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu.....	52	fluvoxamine maleate.....	15	GLUCOTROL XL.....	19
FERROUS GLUCONATE.....	53	FLUZONE HIGH-DOSE PF 2020-2021.....	75	glyburide.....	19
ferrous sulfate.....	53	FML.....	67	glyburide micronized.....	19
FERROUS SULFATE.....	53	FML LIQUIFILM.....	67	glyburide-metformin.....	17
ferrous sulfate.....	53	FOCALIN.....	2	glycerin (laxative).....	54
FEVERALL JUNIOR STRENGTH.....	4	folic acid.....	52	GLYCERIN ADULT.....	54
fexofenadine hcl.....	22	FORA GTEL BLOOD KETONE TEST STRIPS.....	48	glycopyrrolate.....	73
FIBERCON.....	54	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS.....	48	GLYNASE.....	19
finasteride.....	52	formaldehyde.....	29	GNP GLUCOSE.....	17
FIORINAL.....	4	FOSAMAX.....	49	GNP QUICK DISSOLVE GLUCOSE.....	17
FIORINAL/CODEINE #3.....	6	fosamprenavir calcium.....	30	GOJJI BLOOD KETONE TEST STRIPS.....	48
FIRVANQ.....	8	fosinopril sodium.....	23	GOJJI STERILE LANCETS 30G.....	56
FLAGYL.....	8	fosinopril sodium & hydrochlorothiazide.....	25	GOLYTELY.....	54
flavoxate hcl.....	74	FURADANTIN.....	8	GOODSENSE GLUCOSE... 17	
flecainide acetate.....	10			GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	56
FLEET ENEMA.....	54			GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	56
FLEET ENEMA SIX PACK..	54				
FLEET PEDIATRIC.....	54				
FLOMAX.....	52				

griseofulvin microsize	21	HYDREA	27	INFANRIX	72
griseofulvin ultramicrosize	21	HYDRO-LAN	46	INFANTS ADVIL	3
guaifenesin	40	hydrochlorothiazide	49	INFLUENZA VACCINE	75
guaifenesin-codeine	39	hydrocodone w/ homatropine	37	INSULIN ASPART PROTAMINE/INSULIN ASPART	19
guanfacine hcl	24	hydrocodone- acetaminophen	6	INSULIN ASPART PROTAMINE/INSULIN ASPART	19
guanfacine hcl (adhd)	1	hydrocortisone	37	FLEXPEN	19
GVOKE PFS	17	hydrocortisone (intrarectal)	7	INSULIN LISPRO	19
GYNAZOLE-1	76	hydrocortisone (rectal)	7	INSULIN LISPRO KWIKPEN	19
GYNE-LOTRIMIN	76	hydrocortisone (topical)	44	INSULIN LISPRO PROTAMINE/INSULIN LISPRO	19
GYNE-LOTRIMIN 3	76	hydrocortisone butyrate	44	KWIKPEN	19
HALCION	53	hydrocortisone w/acetic acid	69	INSULIN SYRINGES	58
HALDOL DECANOATE 100	28	hydrocortisone-aloe vera	44	INSULIN SYRINGES-MISC	58
HALDOL DECANOATE 50	28	HYDROMORPHONE HCL	5	INTELENCE	30
haloperidol	28	hydromorphone hcl	5	INTUNIV	1
haloperidol decanoate	28	hydroxychloroquine sulfate	26	INVIRASE	30
haloperidol lactate	28	hydroxyprogesterone caproate	70	IOPIDINE	66
HAVRIX	75	hydroxyprogesterone caproate (antineoplastic)	27	ipratropium bromide	10
HEMOCYTE	53	hydroxyurea	27	ipratropium bromide (nasal)	64
heparin sodium (porcine)	11	hydroxyzine hcl	9	ipratropium-albuterol	11
HIBICLENS	29	hydroxyzine pamoate	9	irbesartan	24
HM GLUCOSE	17	hyoscyamine sulfate	73	irbesartan-hydrochlorothiazide	25
HM STERILE ALCOHOL PREP PADS	57	HYOSCYAMINE SULFATE	73	IRON CHEWS PEDIATRIC	53
homatropine hbr	66	hyoscyamine sulfate	73	ISENTRESS	30
HUMALOG MIX 50/50	18	HYPERRHO S/D	69	ISENTRESS HD	30
HUMALOG MIX 50/50 KWIKPEN	18	HYPOTEARs	65	isoniazid	26
HUMALOG MIX 75/25	18	HYZAAR	25	ISOPTO ATROPINE	66
HUMALOG MIX 75/25 KWIKPEN	18	ibuprofen	3	ISOPTO CARPINE	66
HUMIRA	2	ibuprofen lysine	3	ISORDIL TITRADOSE	9
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	2	ICLUSIG	27	isosorbide dinitrate	9
HUMIRA PEN	2	imipramine hcl	16	isosorbide mononitrate	9
HUMIRA PEN-CD/UC/HS STARTER	2	imiquimod	45	isotretinoin	41
HUMIRA PEN-PS/UV STARTER	2	IMITREX	58	ITCH RELIEF	42
HUMULIN 70/30	18	IMITREX STATDOSE REFILL	58	itraconazole	21
HUMULIN 70/30 KWIKPEN	18	IMITREX STATDOSE SYSTEM	58	JADENU	20
HUMULIN N	19	IMODIUM A-D	20	JULUCA	30
HUMULIN N KWIKPEN	18	IMURAN	61	K-PHOS NEUTRAL	60
HUMULIN R	19	INCRUSE ELLIPTA	10	K-TAB	61
HY-VEE GLUCOSE	17	indapamide	49	KALBITOR	52
HYCODAN	37	INDERAL LA	33	KALETRA	30
hydralazine hcl	26	INDOCIN	3	KALYDECO	71
HYDRALYTE	60	indomethacin	3	KAPVAY	1
HYDRALYTE FREEZER POPS	60	indomethacin sodium	3	KAZANO	17
				KEFLEX	35

KEPPRA.....	12	LANOXIN.....	34,35	LITTLE REMEDIES FOR	
KEPPRA XR.....	12	lansoprazole.....	73	COLDSMULTI SYMPTOM.....	39
KERALYT.....	45	LANTUS.....	19	LMX 4.....	46
ketoconazole (topical).....	42	LANTUS SOLOSTAR.....	19	LOCOID.....	44
KETONE.....	48	LASIX.....	49	LODINE.....	3
KETONE TEST STRIPS.....	48	latanoprost.....	68	LODOSYN.....	27
ketorolac tromethamine.....	3	LEADER GLUCOSE.....	18	LOHIST-D.....	39
KETOROLAC		LEADER QUICK DISSOLVE		LOMOTIL.....	20
TROMETHAMINE.....	3	GLUCOSE.....	18	LONGS GLUCOSE.....	18
ketorolac tromethamine.....	3	leflunomide.....	4	loperamide hcl.....	20
ketorolac tromethamine		letrozole.....	27	LOPID.....	23
(ophth).....	68	leucovorin calcium.....	27	lopinavir-ritonavir.....	31
KETOSTIX.....	48	LEUKERAN.....	26	LOPRESSOR.....	33
ketotifen fumarate (ophth)....	68	LEVAQUIN.....	50	LOPRESSOR HCT.....	25
KEY-E.....	77	LEVBID.....	73	loratadine.....	22
KINDERLYTE.....	60	levetiracetam.....	12	loratadine &	
KINDERLYTE PREMAX.....	60	levobunolol hcl.....	66	pseudoephedrine.....	39
KLARON.....	41	levocarnitine (metabolic		lorazepam.....	9
KLONOPIN.....	12	modifiers).....	50	losartan potassium.....	24
KONSYL DAILY FIBER.....	54	levocetirizine		losartan potassium &	
KRINTAFEL.....	26	dihydrochloride.....	22	hydrochlorothiazide.....	25
KROGER GLUCOSE.....	18	levofloxacin.....	50	LOTENSIN.....	23
labetalol hcl.....	33	levonorgestrel & eth		LOTENSIN HCT.....	25
LAC-HYDRIN.....	45	estradiol.....	35	LOTREL.....	25
LAC-HYDRIN TWELVE.....	45	levonorgestrel (emergency		LOTRIMIN AF.....	42
lactic acid (ammonium		oc).....	36	LOTRIMIN AF JOCK ITCH.....	42
lactate).....	45	levonorgestrel-eth estradiol		LOTRISONE.....	42
lactulose.....	54	(triphasic).....	35	lovastatin.....	23
lactulose (encephalopathy)....	51	levonorgestrel-ethinyl estradiol		LOVENOX.....	11
LAMICTAL.....	12	(91-day).....	35	loxapine succinate.....	28
LAMICTAL CHEWABLE		levothyroxine sodium.....	72	LYSTEDA.....	53
DISPERSIBLE.....	12	LEVSIN.....	73	M-M-R II.....	75
LAMICTAL XR.....	12	LEXAPRO.....	15	MACROBID.....	8
LAMISIL AT.....	42	LEXIVA.....	31	MACRODANTIN.....	8
LAMISIL AT JOCK ITCH.....	42	LIALDA.....	51	MAGNESIUM.....	60
lamivudine.....	31	LICEMD.....	47	magnesium citrate.....	55
lamivudine-zidovudine.....	31	lidocaine.....	45,46	MAGNESIUM EXTRA	
lamotrigine.....	12	lidocaine hcl.....	45,46	STRENGTH.....	60
LANCETS.....	56	lidocaine hcl (mouth-		magnesium hydroxide.....	55
LANCETS 30G TWIST TOP.....	56	throat).....	62	magnesium oxide.....	8
LANCETS 33G EXTRA		lidocaine-prilocaine.....	46	MAGNESIUM OXIDE.....	60
FINE.....	56	liothyronine sodium.....	72	magnesium oxide (mg	
LANCETS SUPER THIN		LIPITOR.....	23	supplement).....	60
28G.....	56	lisinopril.....	23	MAGOX 400.....	60
LANCETS-MISC.....	56	lisinopril &		MAKENA.....	70
LANCING DEVICE-MISC.....	57	hydrochlorothiazide.....	25	malathion.....	47
lanolin.....	70	LITHIUM.....	28	maprotiline hcl.....	14
lanolin (topical).....	46	lithium carbonate.....	28	MAVYRET.....	32
LANOLOR.....	46	LITHOBID.....	28		

MAXALT	58	methylergonovine maleate	69	MONISTAT 7 SIMPLY CURE	76
MAXALT-MLT	58	METHYLIN	2	MONISTAT SOOTHING CARE ITCH RELIEF	44
MAXI-TUSS PE	39	methylphenidate hcl	2	montelukast sodium	10
MAXI-TUSS PE MAX	39	methylprednisolone	37	morphine sulfate	5
MAXITROL	67	metoclopramide hcl	51	MOTRIN CHILDRENS	3
MAXZIDE	48	metolazone	49	MOTRIN INFANTS DROPS	3
MAXZIDE-25	48	metoprolol & hydrochlorothiazide	25	MOUTH KOTE	62
meclizine hcl	20	metoprolol succinate	33	MOUTH KOTE REMINT	62
MEDROL	37	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	25	moxifloxacin hcl (ophth)	67
MEDROL DOSEPAK	37	metoprolol tartrate	33	MS CONTIN	5
medroxyprogesterone acetate	70	METROCREAM	47	MUCINEX	40
medroxyprogesterone acetate (contraceptive)	36	METROGEL-VAGINAL	76	MUCINEX D	39
mefloquine hcl	26	METROLOTION	47	MUCINEX DM	39
megestrol acetate	27	metronidazole	8	MUCINEX MAXIMUM STRENGTH	40
MEIJER GLUCOSE	18	metronidazole (topical)	47	multiple vitamins w/ minerals tabs	63
MELATONIN	2	metronidazole vaginal	76	multiple vitamins w/ minerals-various	63
melatonin	2	mexiletine hcl	10	mupirocin	41
meloxicam	3	MIACALCIN	49	mupirocin calcium (topical)	41
melphalan	26	MICARDIS	24	MYAMBUTOL	26
memantine hcl	70	MICARDIS HCT	25	mycophenolate mofetil	61
MENACTRA	74	MICATIN	42	mycophenolate sodium	61
MENQUADFI	74	miconazole nitrate (topical)	42	MYDRIACYL	66
MENVEO	74	miconazole nitrate vaginal	76	MYFORTIC	61
meperidine hcl	5	midazolam hcl	53	MYLERAN	26
MEPHYTON	77	midodrine hcl	77	MYLICON INFANTS GAS RELIEF	51
meprobamate	9	MIGRANAL	58	MYLICON INFANTS GAS RELIEF DYE FREE	51
mercaptapurine	26	MILLIPRED	37	MYSOLINE	12
mesalamine	51	MINIPRESS	24	nabumetone	3
MESTINON	26	MINIVELLE	50	nadolol	33
MESTINON TIMESPAN	26	MINOCIN	72	NALFON	3
METAMUCIL	54	minocycline hcl	72	naloxone hcl	20
METAMUCIL ORIGINAL TEXTURE	54	minoxidil	26	naltrexone hcl	20
metaproterenol sulfate	11	MIRALAX	54	NAMENDA	70
metformin hcl	17	MIRAPEX	27	NAMENDA TITRATION PAK70	
methadone hcl	5	MIRCETTE	35	naphazoline w/ pheniramine	67
methazolamide	48	mirtazapine	14	NAPROSYN	3
methenamine mandelate	9	misoprostol	74	naproxen	3
methenamine-hyosc-methylene blue-sod phos-phenyl sal	8	MOBIC	3	naproxen sodium	3
methimazole	72	MOI-STIR	62	naratriptan hcl	58
METHITEST	7	molindone hcl	29	NARCAN	20
methocarbamol	64	mometasone furoate	44	NARDIL	15
METHOTREXATE	3	MONISTAT 3	76	NASACORT ALLERGY 24HR	64
methotrexate sodium	26,27	MONISTAT 3 COMBINATION PACK	76		
methylidopa	24				

NASACORT ALLERGY 24HR CHILDRENS.....	64	NINLARO.....	27	NOVOLIN N FLEXPEN.....	19
NASALCROM.....	64	NITRO-BID.....	9	NOVOLIN N FLEXPEN RELION.....	19
nateglinide.....	19	NITRO-DUR.....	9	NOVOLIN N RELION.....	19
NATROBA.....	47	nitrofurantoin.....	9	NOVOLIN R.....	19
NAYZILAM.....	12	nitrofurantoin macrocrystal.....	9	NOVOLIN R RELION.....	19
nefazodone hcl.....	16	nitrofurantoin monohyd macro.....	9	NOVOLOG MIX 70/30.....	19
neomycin sulfate.....	2	nitroglycerin.....	9	NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	19
neomycin-bacitracin zn-polymyxin.....	67	NITROSTAT.....	9	NOZIN NASAL SANITIZER.....	64
neomycin-bacitracin-polymyxin.....	42	NIX CREME RINSE.....	47	NULYTELY.....	54
neomycin-polymy-dexameth.....	67	NIZORAL.....	42	NULYTELY/FLAVOR PACKS.....	54
neomycin-polymyxin w/ pramoxine.....	42	NORCO.....	6	NUMOISYN.....	62
neomycin-polymyxin-gramicidin.....	67	NORDITROPIN FLEXPEN.....	49	NUPLAZID.....	28
neomycin-polymyxin-hc (ophth).....	67	norelgestromin-ethinyl estradiol.....	36	NUVARING.....	36
neomycin-polymyxin-hc (otic).....	68	norethin acet & estrad-fe.....	35	nystatin.....	21
NEOPROFEN.....	4	norethindrone & eth estradiol.....	35	nystatin (mouth-throat).....	62
NEORAL.....	61	norethindrone & ethinyl estradiol-fe.....	35	nystatin (topical).....	42
NEOSPORIN ORIGINAL.....	42	norethindrone (contraceptive).....	36	nystatin-triamcinolone.....	42
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH.....	42	norethindrone acet & eth estra.....	35	NYTOL MAXIMUM STRENGTH.....	53
NEPHRO-VITE RX.....	63	norethindrone acetate.....	70	OCEAN NASAL SPRAY.....	64
NESINA.....	18	norethindrone acetate-ethinyl estradiol.....	50	OCUFLOX.....	67
NEURONTIN.....	12,13	norethindrone acetate-ethinyl estradiol-fe.....	35	OFF ACTIVE.....	46
NEUTROGENA T/GEL.....	48	norethindrone-eth estradiol (triphasic).....	35	OFF DEEP WOODS.....	46
NEUTROGENA T/GEL STUBBORN ITCH CONTROL.....	48	norgestimate-ethinyl estradiol.....	36	OFF DEEP WOODS DRY.....	46
nevirapine.....	31	norgestimate-ethinyl estradiol (triphasic).....	35	OFF DEEP WOODS SPORTSMEN.....	46
niacin.....	77	norgestrel & ethinyl estradiol.....	36	OFF FAMILYCARE SMOOTH & DRY.....	46
niacin (antihyperlipidemic).....	23	NORPACE.....	10	OFF SMOOTH & DRY.....	46
NIACIN TR.....	77	NORPACE CR.....	10	ofloxacin.....	50
NIASPAN.....	23	NORPRAMIN.....	16	ofloxacin (ophth).....	67
nicardipine hcl.....	34	NORTEMP INFANTS.....	4	ofloxacin (otic).....	68
NICODERM CQ.....	71	nortriptyline hcl.....	16	olanzapine.....	28,29
NICORETTE.....	71	NORVASC.....	34	olmesartan medoxomil.....	24
NICORETTE MINI.....	71	NORVIR.....	31	olmesartan medoxomil-amlodipine-hydrochlorothiazide.....	25
NICORETTE STARTER KIT.....	71	NOVA MAX PLUS KETONE TESTSTRIPS.....	48	olmesartan medoxomil-hydrochlorothiazide.....	25
nicotine.....	71	NOVOLIN 70/30.....	19	omega-3 fatty acids.....	65
nicotine polacrilex.....	71	NOVOLIN 70/30 FLEXPEN.....	19	OMEPRAZOLE.....	35
NICOTINE TRANSDERMAL SYSTEM.....	71	NOVOLIN 70/30 FLEXPEN RELION.....	19	omeprazole.....	73
NICOTROL INHALER.....	71	NOVOLIN 70/30 RELION.....	19	omeprazole 20mg tablet.....	72
NICOTROL NS.....	71	NOVOLIN N.....	19	omeprazole magnesium.....	73
nifedipine.....	34			OMNITROPE.....	49
				ondansetron.....	20
				ondansetron hcl.....	20

ONETOUCH CLUB LANCETS FINE POINT	57	paroxetine hcl	15	phenylephrine-chlorphen-dm	39
ONETOUCH DELICA LANCETS EXTRA FINE 33G	57	PARVA-CAL	59	phenylephrine-dm	39
ONETOUCH DELICA LANCETS FINE 30G	57	PAXIL	15	phenylephrine-shark liver oil-cocoa butter	7
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	57	PAXIL CR	15	phenylephrine-shark liver oil-mineral oil-petrolatum	7
ONETOUCH DELICA PLUS LANCETS FINE 30G	57	ped multivitamins w/fl & iron	63	phenytoin	13
ONETOUCH FINEPOINT LANCETS	57	PEDIALYTE	60	phenytoin sodium	13
ONETOUCH ULTRA	48	PEDIALYTE ADVANCED CARE	60	phenytoin sodium extended	13
ONETOUCH ULTRASOFT LANCETS	57	PEDIALYTE FREEZER	60	phytonadione	77
ONETOUCH VERIO TEST STRIPS	48	POPS	60	PIFELTRO	31
OPCON-A	67	PEDIALYTE SINGLES	60	pilocarpine hcl	66
oral electrolytes	60	PEDIAPRED	37	pilocarpine hcl (oral)	62
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT	62	pediatric multiple vitamins w/ minerals-various	64	pimecrolimus	45
ORKAMBI	71	pediatric vitamins acd w/ fluoride	63	pindolol	33
orphenadrine citrate	64	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	54	pioglitazone hcl	18
ORTHO MICRONOR	36	peg 3350-potassium chloride-sod bicarbonate-sod chloride	54	pioglitazone hcl-metformin hcl	17
ORTHO TRI-CYCLEN LO	36	PEN NEEDLES-MISC	58	PIP LANCETS/28G	57
ORTHO-CYCLEN	36	penicillamine	61	PIP LANCETS/30G	57
ORTHO-NOVUM 1/35	36	penicillin v potassium	69	piroxicam	4
ORTHO-NOVUM 7/7/7	36	pentoxifylline	52	PLAN B ONE-STEP	36
oseltamivir phosphate	32	PEPCID	73	PLAQUENIL	26
OSENI	17	PEPCID AC	73	PLAVIX	52
OTICIN HC NR	68	PEPCID AC MAXIMUM STRENGTH	73	PLEGRIDY	71
OVACE PLUS WASH	43	PEPTO-BISMOL	20	PLEGRIDY STARTER PACK	71
OVACE WASH	43	PEPTO-BISMOL MAX STRENGTH	20	PNEUMOVAX 23	74
OVIDE	47	PEPTO-BISMOL TO-GO	20	PNEUMOVAX 23/1 DOSE	74
OXAYDO	5	PERCOCET	6	podofilox	45
oxazepam	9	PERIDEX	62	POLYCOSE	65
oxcarbazepine	13	permethrin	47	polyethylene glycol 3350	54
oxybutynin chloride	74	perphenazine	29	polymyxin b-trimethoprim	67
oxycodone hcl	5,6	perphenazine-amitriptyline	70	polysaccharide iron complex	53
oxycodone w/ acetaminophen	6	PHARMACIST CHOICE ALCOHOL PRED PADS	58	POLYTRIM	67
oxycodone-aspirin	6	PHARMACIST CHOICE ALCOHOLPREP PADS	58	polyvinyl alcohol	66
OXYCONTIN	6	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	57	pot phosphate monobasic w/ sod phosphate dibasic & monobasic	60
oyster shell	59	phenazopyridine hcl	52	potassium bicarbonate	61
PAMELOR	16	phenelzine sulfate	15	potassium chloride	61
PANCREAZE	48	phenobarbital	53	potassium chloride microencapsulated crystals	61
pantoprazole sodium	73	phenylephrine hcl (mydriatic)	66	er	61
PARLODEL	27	phenylephrine hcl (oral)	65	potassium citrate (alkalinizer)	51
PARNATE	15			pramipexole dihydrochloride	28
				pramoxine-hc-chloroxylenol	68
				prasugrel hcl	52

PRAVACHOL.....	23	prochlorperazine maleate ..	29	pyrethrins-piperonyl butoxide	47
pravastatin sodium.....	23	progesterone.....	70	pyrethrins-piperonyl butoxide-	
prazosin hcl.....	24	PROGRAF.....	61	permethrin-nit remover.....	47
PRECISION XTRA.....	48	promethazine &		PYRIDIDIUM.....	52
PRED FORTE.....	67	phenylephrine.....	39	pyridostigmine bromide.....	26
PRED MILD.....	67	promethazine hcl.....	22	pyridoxine hcl.....	77
PRED-G.....	67	PROMETHAZINE HCL.....	35	QC CALCIUM 500MG/D3.....	59
PREDATOR.....	46	promethazine w/codeine ..	39	QC TRIACTING DAYTIME	
prednisolone.....	37	promethazine-dm.....	39	CHILDRENS.....	40
prednisolone acetate (ophth)	67	promethazine-phenylephrine-		QUESTRAN.....	22
PREDNISOLONE ACETATE P-		codeine.....	39	QUESTRAN LIGHT.....	22
F.....	67	PROMETRIUM.....	70	quetiapine fumarate.....	29
prednisolone sodium		propafenone hcl.....	10	quinapril hcl.....	23
phosphate.....	37	propranolol &		quinapril-hydrochlorothiazide	
PREDNISOLONE SODIUM		hydrochlorothiazide.....	25	.....	25
PHOSPHATE.....	68	propranolol hcl.....	33	quinidine gluconate.....	10
prednisone.....	37	propylthiouracil.....	72	quinidine sulfate.....	10
PREDNISON INTENSOL.....	37	PROSCAR.....	52	QVAR REDIHALER.....	10
PREFERRED PLUS		PROTONIX.....	74	RA DRY MOUTH.....	62
GLUCOSE.....	18	PROTOPIC.....	45	RA GLUCOSE.....	18
PREMARIN.....	50,76	PROVENTIL HFA.....	11	RA OYSTER SHELL	
PREMPHASE.....	50	PROVERA.....	70	CALCIUM/VITAMIN D.....	59
PREMPRO.....	50	PROZAC.....	15	raloxifene hcl.....	49
prenatal vitamins-misc.....	64	pseudoephed-bromphen-		ramipril.....	23
PREVACID.....	73,74	dm.....	39	RAPAMUNE.....	61
PREVACID 24HR.....	73	pseudoephedrine hcl.....	65	RAZADYNE.....	70
PREVIDENT 5000 BOOSTER		pseudoephedrine w/ dm-		RAZADYNE ER.....	70
PLUS.....	62	gg.....	39	READYLANCE SAFETY	
PREVIDENT 5000 DRY		pseudoephedrine-dm.....	39	LANCETS/21G/2.2MM.....	57
MOUTH.....	62	pseudoephedrine-guaifenesin		READYLANCE SAFETY	
PREVIDENT 5000 ORTHO		.....	39,40	LANCETS/23G/1.8MM.....	57
DEFENSE.....	62	pseudoephedrine-		READYLANCE SAFETY	
PREVIDENT 5000 PLUS.....	62	ibuprofen.....	40	LANCETS/26G/1.8MM.....	57
PREVIDENT FLUORIDE.....	62	psyllium.....	54	READYLANCE SAFETY	
PREVNAR 13.....	74	PTS PANELS KETONE		LANCETS/28G/1.8MM.....	57
PREZCOBIX.....	31	TEST.....	48	RECOMBIVAX HB.....	75
PREZISTA.....	31	PULMICORT.....	10	REGLAN.....	51
PRILOSEC OTC.....	74	PURE COMFORT ALCOHOL		RELENZA DISKHALER.....	32
primaquine phosphate.....	26	PREPPADS.....	58	RELION GLUCOSE.....	18
PRIMAQUINE PHOSPHATE	26	PURE COMFORT LANCETS		RELION KETONE TEST	
primidone.....	13	30G.....	57	STRIPS.....	48
PRINIVIL.....	23	PURIXAN.....	27	RELION LANCETS THIN	
PRISTIQ.....	16	PUSH BUTTON SAFETY		26G.....	57
PROAIR HFA.....	11	LANCETS 28G.....	57	RELION ULTRA THIN	
PROAIR RESPICLICK.....	11	PX DAYTIME MULTI-		LANCETS/30G.....	57
probenecid.....	52	SYMPTOM.....	40	RELPAK.....	58
PROCARDIA.....	34	PX GLUCOSE.....	18	REMERON.....	14
PROCARDIA XL.....	34	PX NITETIME MULTI-		REMERON SOLTAB.....	14
prochlorperazine.....	29	SYMPTOM.....	40	REPEL FAMILY.....	46
		pyrantel pamoate.....	8	REPEL FAMILY DRY.....	46
		pyrazinamide.....	26		



REPEL HUNTERS			SMART SENSE GLUCOSE	18
FORMULA	46		SMART SENSE GLUCOSE	
REPEL SPORTSMEN	46		TABLETS	18
REPEL SPORTSMEN DRY	46		sodium bicarbonate (antacid)	8
REPEL SPORTSMEN MAX	46		sodium chloride (gu irrigant)	51
RESCRIPTOR	31		sodium chloride (inhalant)	40
RESTORIL	53		sodium citrate & citric acid	51
RETACRIT	52		sodium fluoride	60
RETIN-A	41		sodium fluoride (dental)	62
RETROVIR	31		sodium phosphates	55
REYATAZ	31		sodium polystyrene	
RHOGAM ULTRA-FILTERED			sulfonate	62
PLUS	69		SODIUM	
riboflavin	77		SULFACETAMIDE/SULFUR	
RID	47			41
RID COMPLETE LICE			SORBITOL	54
ELIMINATION	47		sotalol hcl	33
RID ESSENTIAL LICE			sotalol hcl (afib/af)	33
ELIMINATION KIT	47		SPACER/AEROSOL-HOLDING	
RIFADIN	26		CHAMBER SUPPLIES	58
rifampin	26		SPACER/AEROSOL-HOLDING	
RILUTEK	65		CHAMBERS	58
riluzole	65		SPACERS AND BREATHING	
risedronate sodium	49		CHAMBERS-MISC	58
RISPERDAL	28		spinosad	47
risperidone	28		spironolactone	49
RITALIN	2		spironolactone &	
ritonavir	31		hydrochlorothiazide	48
rivastigmine	70		SPORANOX	21
rivastigmine tartrate	70		SPORANOX PULSEPAK	21
rizatriptan benzoate	59		STARLIX	19
ROBAXIN-750	64		STAVUDINE	31
ROBITUSSIN PEAK COLD			stavudine	31
DM	40		STEGLATRO	19
ROCALTROL	50		STRATTERA	1
ropinirole hydrochloride	28		STRIBILD	31
rosuvastatin calcium	23		SUBOXONE	7
ROXICODONE	6		sucralfate	73
RUKOBIA	31		SUDAFED CHILDRENS	65
SAFETY LANCET			SUDAFED CONGESTION	65
30G/PRESSURE			SUDAFED PE CHILDRENS	
ACTIVATED	57		NASAL DECONGESTANT	65
SALAGEN	62		SUDAFED PE SINUS	
salicylic acid	45		CONGESTION	65
saline	64		SUDAFED SINUS	
salsalate	5		CONGESTION	65
SANDIMMUNE	61		sulfacetamide sod-	
SAPS HEALTH ALCOHOL			prednisolone	68
PREPPADS	58		sulfacetamide sodium	43
			sulfacetamide sodium (acne)	41
			sulfacetamide sodium	
			(ophth)	67
SARNA	42			
SAVELLA	70			
SAVELLA TITRATION				
PACK	71			
SAWYER INSECT				
REPELLENT	46			
SAWYER INSECT				
REPELLENT CONTROLLED				
RELEASE	46			
SCHOOLTIME SHAMPOO	47			
SCOT-TUSSIN DM	40			
SCOT-TUSSIN SENIOR	40			
SEASONIQUE	36			
SEGLUROMET	17			
selegiline hcl	28			
selenium sulfide	43			
SELSUN BLUE	43			
SELSUN BLUE DAILY	43			
SELSUN BLUE				
MEDICATED	43			
SELSUN BLUE				
MOISTURIZING	43			
SELZENTRY	31			
SEMGLEE	19			
sennosides	55			
sennosides-docusate				
sodium	54			
SENOKOT	55			
SENOKOT S	54			
SEREVENT DISKUS	11			
SEROQUEL	29			
sertraline hcl	15			
SFROWASA	51			
SIKLOS	52			
SILVADENE	43			
silver sulfadiazine	43			
simethicone	51			
SIMPLYTHICK	70			
SIMPLYTHICK EASY MIX	69			
SIMPLYTHICK EASYMIX	69			
simvastatin	23			
SINEMET	28			
SINEMET CR	28			
SINGULAIR	10			
sirolimus	61			
SIVEXTRO	8			
SLO-NIACIN	77			
SM GLUCOSE	18			
SM IPECAC SYRUP	20			

sulfacetamide sodium w/ sulfur.....	41	terbinafine hcl.....	21	tramadol-acetaminophen.....	6
sulfamethoxazole- trimethoprim.....	8	terbinafine hcl (topical).....	42	trandolapril.....	23
sulfasalazine.....	51	terbutaline sulfate.....	11	trandolapril-verapamil hcl.....	25
sulindac.....	4	terconazole vaginal.....	76	tranexamic acid.....	53
sumatriptan.....	59	TESSALON PERLES.....	37	TRANXENE T.....	9
sumatriptan succinate.....	59	testosterone cypionate.....	7	tranylcypromine sulfate.....	15
SUSTIVA.....	31	TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT.....	72	TRAZIMERA.....	27
SYMAX DUOTAB.....	73	tetracaine hcl (ophth).....	67	trazodone hcl.....	16
SYMBICORT.....	11	tetrahydrozoline hcl (ophth).....	67	TRECTOR.....	26
SYMDEKO.....	71	TGT GLUCOSE.....	18	tretinoin.....	41
SYMFI.....	31	THEO-24.....	11	TREXALL.....	27
SYMFI LO.....	31	theophylline.....	11	triamcinolone acetonide (mouth).....	62
SYMLINPEN 120.....	17	thiamine hcl.....	77	triamcinolone acetonide (nasal).....	64
SYMLINPEN 60.....	17	thiamine mononitrate.....	77	triamcinolone acetonide (topical).....	44
SYMTUZA.....	31	thioridazine hcl.....	29	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS.....	40
SYNTHROID.....	72	thiothixene.....	29	TRIAMINIC LONG ACTING COUGH.....	37
tacrolimus.....	62	thyroid.....	72	triamterene & hydrochlorothiazide.....	48
tacrolimus (topical).....	45	tiagabine hcl.....	13	triazolam.....	54
TAGAMET HB.....	73	TIAZAC.....	34	TRIBENZOR.....	25
TAMIFLU.....	32,33	TIKOSYN.....	10	TRIDESILON.....	44
tamoxifen citrate.....	27	timolol maleate.....	33	trifluoperazine hcl.....	29
tamsulosin hcl.....	52	timolol maleate (ophth).....	66	trifluridine.....	67
TAPAZOLE.....	72	TIMOPTIC.....	66	TRIGLIDE.....	23
TARKA.....	25	TIMOPTIC OCUDOSE.....	66	trihexyphenidyl hcl.....	27
tazarotene.....	43	TINACTIN.....	42	TRILEPTAL.....	13
TAZORAC.....	43	tioconazole vaginal.....	76	trimethoprim.....	8
TDVAX.....	72	TIVICAY.....	31	TRINTELLIX.....	16
TEARS NATURALE PM.....	66	tizanidine hcl.....	64	TRIUMEQ.....	31
TECFIDERA.....	71	TOBRADEX.....	68	TRIZIVIR.....	32
TECFIDERA STARTER PACK.....	71	tobramycin (ophth).....	67	tropicamide.....	66
TEGRETOL.....	13	tobramycin sulfate.....	2	tropium chloride.....	74
TEGRETOL-XR.....	13	tobramycin- dexamethasone.....	68	TRUE COMFORT PRO ALCOHOLPREP PADS.....	58
telmisartan.....	24	TOBREX.....	67	TRUE COMFORT TWIST TOP LANCETS 30G.....	57
telmisartan-amlodipine.....	25	TOFRANIL.....	16	TRUE METRIX CONTROL SOLUTION LEVEL 1.....	57
telmisartan-hydrochlorothiazide .....	25	tolnaftate.....	42	TRUE METRIX CONTROL SOLUTION LEVEL 3.....	57
temazepam.....	54	tolterodine tartrate.....	74	TRUECONTROL GLUCOSE CONTROL LEVEL 0.....	57
TEMIXYS.....	31	TOPAMAX.....	13	TRUECONTROL GLUCOSE CONTROL LEVEL 1.....	57
TEMOVATE.....	44	TOPAMAX SPRINKLE.....	13	TRUMENBA.....	75
TENIVAC.....	72	TOPICORT.....	44	TRUSOPT.....	68
tenofovir disoproxil fumarate.....	31	topiramate.....	13		
TENORETIC 100.....	25	TOPROL XL.....	33		
TENORETIC 50.....	25	toremifene citrate.....	27		
TENORMIN.....	33	torse mide.....	49		
terazosin hcl.....	24	tramadol hcl.....	6		

TRUVADA.....	32	valsartan-hydrochlorothiazide	25	WELLBUTRIN SR.....	14
TUDORZA PRESSAIR.....	10	.....	25	WELLBUTRIN XL.....	14
TUMS.....	8	VALTOCO.....	12	white petrolatum-mineral oil.....	66
TUMS LASTING EFFECTS.....	8	VALTRESX.....	32	XALATAN.....	68
TWYNSTA.....	25	VALUE PLUS GLUCOSE.....	18	XANAX.....	9
TYBLUME.....	36	VANCOCIN.....	8	XELJANZ.....	3
TYBOST.....	32	VANCOCIN HCL.....	8	XELJANZ XR.....	3
TYLENOL.....	4	vancomycin hcl.....	8	XEROSTOMIA RELIEF	
TYLENOL CHILDRENS.....	4	VAQTA.....	75,76	SPRAY.....	62
TYLENOL CHILDRENS		VARIVAX.....	76	XYZAL ALLERGY 24HR.....	22
CHEWABLES/PAIN + FEVER	4	VASERETIC.....	26	YASMIN 28.....	36
TYLENOL EXTRA		VASOTEC.....	23	YAZ.....	36
STRENGTH.....	4	venlafaxine hcl.....	16	ZADITOR.....	68
TYLENOL INFANTS.....	4	VENTOLIN HFA.....	11	zaleplon.....	54
TYLENOL INFANTS		verapamil hcl.....	34	ZANAFLEX.....	64
PAIN+FEVER.....	4	VERELAN.....	34	ZARONTIN.....	13
TYLENOL/CODEINE #3.....	6	VERELAN PM.....	34	ZARXIO.....	52
TYLENOL/CODEINE #4.....	6	VERIPRED 20.....	37	ZESTORETIC.....	26
ULTRACET.....	7	VIBRAMYCIN.....	72	ZESTRIL.....	23
ULTRAM.....	6	VICTOZA.....	18	ZETIA.....	23
ULTRATHON INSECT		VIDEX EC.....	32	ZIAC.....	26
REPELLENT.....	47	VIDEXPEDIATRIC.....	32	ZIAGEN.....	32
ULTRATHON INSECT		VIGAMOX.....	67	zidovudine.....	32
REPELLENT 8.....	47	VIIBRYD.....	16	zinc oxide (topical).....	47
UNILET LANCETS MICRO-		VIRACEPT.....	32	zinc sulfate.....	61
THIN33G.....	57	VIRAMUNE.....	32	ZINC SULFATE.....	61
UNISOM SLEEPGELS.....	53	VIRAMUNE XR.....	32	ziprasidone hcl.....	28
UNISOM SLEEPTABS.....	53	VIREAD.....	32	ZITHROMAX.....	55
UNISTIK PRO SAFETY LANCET		VIRTUSSIN DAC.....	40	ZITHROMAX TRI-PAK.....	55
21G.....	57	VISINE.....	67	ZITHROMAX Z-PAK.....	55
UNISTIK PRO SAFETY LANCET		VISINE RED EYE		ZOCOR.....	23
25G.....	57	COMFORT.....	67	ZOFRAN.....	20
UNISTIK PRO SAFETY LANCET		VISTARIL.....	9	zolmitriptan.....	59
28G.....	57	VISTOGARD.....	20	ZOLOFT.....	15,16
UP & UP GLUCOSE.....	18	vitamin e.....	77	zolpidem tartrate.....	54
urea.....	45	VITAMIN E.....	77	ZOMIG.....	59
URECHOLINE.....	74	vitamins w/ lipotropics.....	64	ZOMIG ZMT.....	59
UROCIT-K 10.....	51	VIVAGUARD INO CONTROL		ZONEGRAN.....	13
UROCIT-K 5.....	51	SOLUTION.....	57	zonisamide.....	13
URSO 250.....	51	VIVAGUARD LANCETS.....	57	ZOSTAVAX.....	76
ursodiol.....	51	VIVELLE-DOT.....	50	ZOVIRAX.....	32,43
VAGIFEM.....	76	VIVITROL.....	20	ZUBSOLV.....	7
valacyclovir hcl.....	32	VOLTAREN.....	41	ZYBAN.....	71
VALCYTE.....	32	VYTORIN.....	22	ZYLOPRIM.....	52
valganciclovir hcl.....	32	VYVANSE.....	1	ZYPREXA.....	29
VALIUM.....	9	WALGREENS GLUCOSE.....	18	ZYRTEC ALLERGY.....	22
valproate sodium.....	14	warfarin sodium.....	11		
valproic acid.....	14				
valsartan.....	24				

ZYRTEC CHILDRENS	
ALLERGY.....	22
ZYRTEC-D	
ALLERGY/CONGESTION...	40