

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 Peach State Health Plan’s specialty pharmacy. AcariaHealth is the specialty pharmacy you should use.

The Peach State Health Plan Pharmacy Director and Medical Director review the PA requests for these drugs. Approval notices are sent to AcariaHealth to fill your specialty medicine. You will receive a phone call from AcariaHealth to provide you with the following services:

- Delivery of drugs to the home or doctor's office.
- Pharmacists who can help 24 hours a day, seven days a week to answer your questions and help with medicines.
- Help you know your medicine better. This will help you understand your health condition better.

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 AcariaHealth provides are marked in the PDL. This list is on the Peach State Health Plan website at www.pshp.com. Please call Member Services if you have any questions about the PDL.

Dispensing Limits

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

Appropriate Use and Safety Edits

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

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

Prior Authorizations (PA)

Some medicines on the IPC-PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at www.pshp.com. The completed form and doctor notes to show your history should be **faxed to 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

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

| CLINICAL EDIT DESCRIPTIONS | |
|----------------------------|--|
| Edit Name | Edit Description |
| <i>Opioid</i> | <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"> • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids <p>*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p> |
| <i>ADHD</i> | 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. |
| <i>Test Strips</i> | Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days |

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)**



| Dose Form | Dose Form Description |
|------------------|-----------------------------------|
| <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 |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | |
| Amphetamines | | |
| ADDERALL TABS (<i>Use amphetamine-dextroamphetamine</i>) | NP | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 3 yrs old) |
| ADDERALL XR CP24 (<i>Use amphetamine-dextroamphetamine</i>) | NP | Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old) |
| <i>amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg</i> | P | Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old) |
| <i>amphetamine-dextroamphetamine tabs 5 mg-5 mg-5 mg-5 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 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 5 mg, 10 mg, 15 mg</i> | P | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old) |
| <i>dextroamphetamine sulfate tabs 5 mg, 10 mg</i> | P | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 3 yrs old) |

| 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) |
| Analeptics | | |
| <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) |
| Attention-Deficit/Hyperactivity Disorder (ADHD) | | |
| <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) |
| Stimulants - Misc. | | |
| CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>Use methylphenidate hcl</i>) | NP | Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old) |
| CONCERTA TBCR 36 MG (<i>Use methylphenidate hcl</i>) | NP | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old) |
| <i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i> | P | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| 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 10 mg, 20 mg, 30 mg, 40 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 18 mg, 27 mg, 54 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) |
| ALTERNATIVE MEDICINES | | |
| Alternative Medicine - G's | | |
| <i>ginger (zingiber officinalis) caps 250 mg</i> | P | OTC; QL(4 ea daily) |
| Alternative Medicine - M's | | |
| 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) |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| <i>neomycin sulfate tabs or</i> | P | |
| <i>tobramycin sulfate soln ij 10 mg/ml, 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i> | P | PA |
| <i>tobramycin sulfate solr ij 1.2 gm</i> | P | PA |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Anti-TNF-alpha - Monoclonal Antibodies | | |
| 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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Antirheumatic - Enzyme Inhibitors | | |
| XELJANZ TABS | P | PA; SP |
| XELJANZ XR TB24 | P | PA; SP |
| Antirheumatic Antimetabolites | | |
| METHOTREXATE SODIUM TABS OR 2.5 MG | P | |
| METHOTREXATE TABS OR | P | |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| 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) |
| ANAPROX DS TABS (Use <i>naproxen sodium</i>) | NP | |
| 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 | |
| FLURBIPROFEN TABS OR 50 MG | P | |
| <i>flurbiprofen tabs or 50 mg, 100 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <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 | |
| 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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>naproxen sodium tabs or 275 mg, 550 mg</i> | P | |
| <i>naproxen susp or 125 mg/5ml</i> | P | |
| <i>naproxen tabs or 250 mg, 375 mg, 500 mg</i> | P | |
| NEOPROFEN SOLN (Use <i>ibuprofen lysine</i>) | NP | |
| <i>piroxicam caps or 10 mg, 20 mg</i> | P | |
| <i>sulindac tabs or 150 mg, 200 mg</i> | P | |
| Pyrimidine Synthesis Inhibitors | | |
| ARAVA TABS (Use <i>leflunomide</i>) | NP | QL(1 ea daily) |
| <i>leflunomide tabs or 10 mg, 20 mg</i> | P | QL(1 ea daily) |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL SOLR | P | PA; SP |
| ENBREL SOSY | P | PA; SP |
| ENBREL SURECLICK SOAJ | P | PA; SP |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Analgesic Combinations | | |
| <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 (Use <i>butalbital-acetaminophen-caffeine</i>) | NP | QL(4 ea daily); AL(At least 12 yrs old) |
| FIORINAL CAPS (Use <i>butalbital-aspirin-caffeine</i>) | NP | QL(4 ea daily); AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| Analgesics Other | | |
| <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 |
| <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, 650 mg/20.3ml, 325 mg/10.15ml</i> | P | OTC |
| <i>acetaminophen supp re 120 mg, 650 mg</i> | P | OTC;QL(12 ea per 30 days retail) |
| <i>acetaminophen susp or 160 mg/5ml, 80 mg/2.5ml, 650 mg/20.3ml</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 (Use <i>acetaminophen</i>) | NP | OTC |
| TYLENOL CHILDRENS SUSP (Use <i>acetaminophen</i>) | NP | OTC |
| TYLENOL EXTRA STRENGTH TABS (Use <i>acetaminophen</i>) | NP | OTC |
| TYLENOL INFANTS PAIN+FEVER SUSP (Use <i>acetaminophen</i>) | NP | OTC |
| TYLENOL INFANTS SUSP (Use <i>acetaminophen</i>) | NP | OTC |
| TYLENOL TABS (Use <i>acetaminophen</i>) | NP | OTC |
| Salicylates | | |
| <i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i> | P | OTC |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <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 |
| <i>aspirin tbec or 81 mg, 324 mg, 325 mg, 500 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 (<i>Use aspirin</i>) | NP | OTC |
| ECOTRIN REGULAR STRENGTH TBEC (<i>Use aspirin</i>) | NP | OTC |
| <i>salsalate tabs or 500 mg, 750 mg</i> | P | |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |
| CODEINE SULFATE TABS 15 MG, 60 MG | P | Clinical Edit: Opioids;QL(2 ea daily); AL(At least 12 yrs old) |
| CODEINE SULFATE TABS 30 MG (<i>Use codeine sulfate</i>) | NP | Clinical Edit: Opioids;QL(2 ea daily); AL(At least 12 yrs old) |
| <i>codeine sulfate tabs 30 mg, 60 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| 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 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i> | P | QL(0.34 ea daily) |
| 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 50 mg, 100 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 20 mg/ml, 100 mg/5ml</i> | P | Clinical Edit: Opioids;QL(240 ml per fill retail) |
| <i>morphine sulfate supp re 5 mg, 10 mg, 20 mg, 30 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 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i> | P | QL(3 ea daily) |
| MS CONTIN TBCR (<i>Use morphine sulfate</i>) | NP | QL(3 ea daily) |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 300 mg-60 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) |
| <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 (Use <i>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 325 mg-5 mg, 10 mg-325 mg, 325 mg-7.5 mg</i> | P | Clinical Edit: Opioids; QL(6 ea daily) |
| NORCO TABS (Use <i>hydrocodone-acetaminophen</i>) | NP | Clinical Edit: Opioids; QL(6 ea daily) |
| <i>oxycodone w/ acetaminophen tabs 325 mg-5 mg, 10 mg-325 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 325 MG-5 MG, 10 MG-325 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>) | NP | Clinical Edit: Opioids; QL(6 ea daily) |
| ROXICET SOLN | P | Clinical Edit: Opioids; QL(30 ml daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| <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) |
| ULTRACET TABS (<i>Use tramadol-acetaminophen</i>) | NP | Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old) |
| Opioid Partial Agonists | | |
| 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 2 mg-8 mg, 12 mg-3 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------------------|
| SUBOXONE FILM 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>) | P | PA; QL(2 ea daily) |
| ZUBSOLV SUBL | P | PA |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Androgens | | |
| 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 | |
| <i>testosterone cypionate soln im 200 mg/ml</i> | P | QL(4 ml per 30 days retail) |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |
| CORTENEMA ENEM (<i>Use hydrocortisone (intrarectal)</i>) | NP | |
| <i>hydrocortisone (intrarectal) enem</i> | P | |
| Rectal Combinations | | |
| 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) |
| Rectal Steroids | | |
| ANUSOL-HC CREA (<i>Use hydrocortisone (rectal)</i>) | NP | |
| <i>hydrocortisone (rectal) crea 2.5 %</i> | P | |
| ANTACIDS | | |
| Antacid Combinations | | |
| <i>alum & mag hydrox-simethicone liqd 20 mg/5ml-200 mg/5ml-200 mg/5ml</i> | P | QL(744 ml per 30 days retail) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| <i>alum & mag hydrox-simethicone susp 0.2 %-40 mg/10ml-400 mg/10ml-400 mg/10ml, 20 mg/5ml-200 mg/5ml-200 mg/5ml, 120 mg/30ml-1200 mg/30ml-1200 mg/30ml, 20 mg/5ml-20 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml</i> | P | QL(744 ml per 30 days retail) |
| Antacids - Aluminum Salts | | |
| ALUMINUM HYDROXIDE SUSP OR | P | OTC |
| Antacids - Bicarbonate | | |
| <i>sodium bicarbonate (antacid) tabs</i> | P | OTC;QL(100 ea per 30 days retail) |
| Antacids - Calcium Salts | | |
| <i>calcium carbonate (antacid) chew 500 mg</i> | P | OTC |
| TUMS CHEW (<i>Use calcium carbonate (antacid)</i>) | NP | OTC |
| TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>) | NP | OTC |
| Antacids - Magnesium Salts | | |
| <i>magnesium oxide tabs 400 mg</i> | P | OTC |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| EMVERM CHEW | P | QL(1 ea per 14 days retail) |
| <i>pyrantel pamoate susp or</i> | P | OTC;QL(60 ml per fill retail) |
| REESSES PINWORM MEDICINE TABS | P | OTC;QL(3 ea per fill retail) |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| FLAGYL TABS 250 MG, 500 MG (<i>Use metronidazole</i>) | NP | |
| <i>metronidazole tabs or 250 mg, 500 mg</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>trimethoprim tabs or</i> | P | |
| <i>vancomycin hcl solr iv 1000 mg</i> | P | QL(14 ea per fill retail) |
| Anti-infective Misc. - Combinations | | |
| 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 | |
| <i>sulfamethoxazole-trimethoprim tabs or 400 mg-80 mg, 160 mg-800 mg</i> | P | |
| Glycopeptides | | |
| 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) |
| Leprostatics | | |
| <i>dapsone tabs or 25 mg, 100 mg</i> | P | |
| Lincosamides | | |
| CLEOCIN CAPS OR 150 MG, 300 MG (<i>Use clindamycin hcl</i>) | NP | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| 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) |
| Oxazolidinones | | |
| SIVEXTRO TABS OR | P | PA; QL(6 ea per fill retail) |
| Urinary Anti-infectives | | |
| FURADANTIN SUSP (<i>Use nitrofurantoin</i>) | NP | QL(40 ml daily) |
| MACROBID CAPS (<i>Use nitrofurantoin monohyd macro</i>) | NP | |
| MACRODANTIN CAPS 50 MG, 100 MG (<i>Use nitrofurantoin macrocrystal</i>) | NP | |
| <i>methenamine mandelate tabs or 0.5 gm, 1 gm, 500 mg</i> | P | |
| <i>nitrofurantoin macrocrystal caps or 50 mg, 100 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 (<i>Use isosorbide dinitrate</i>) | NP | |
| <i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg, 30 mg</i> | P | |
| <i>isosorbide dinitrate tbcr 40 mg</i> | P | |
| <i>isosorbide mononitrate tabs 10 mg, 20 mg</i> | P | QL(2 ea daily) |
| <i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i> | P | QL(1 ea daily) |
| NITRO-BID OINT | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>Use nitroglycerin</i>) | NP | |
| <i>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 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 (<i>Use nitroglycerin</i>) | NP | |
| ANTIANGIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| <i>bupirone hcl tabs or 15 mg</i> | P | QL(4 ea daily) |
| <i>bupirone hcl tabs or 30 mg, 7.5 mg</i> | P | QL(3 ea daily) |
| <i>bupirone hcl tabs or 5 mg, 10 mg</i> | P | QL(6 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 25 mg, 50 mg, 100 mg</i> | P | |
| <i>meprobamate tabs</i> | P | |
| VISTARIL CAPS (<i>Use 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 (<i>Use lorazepam</i>) | NP | QL(3 ea daily); AL(At least 18 yrs old) |
| <i>chlordiazepoxide hcl caps</i> | P | QL(4 ea daily); AL(At least 18 yrs old) |
| <i>clorazepate dipotassium tabs</i> | P | QL(3 ea daily); AL(At least 18 yrs old) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>diazepam soln or 5 mg/5ml</i> | P | AL (6 months to 12 years old) |
| <i>diazepam tabs or 2 mg, 5 mg, 10 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 (<i>Use clorazepate dipotassium</i>) | NP | QL(3 ea daily); AL(At least 18 yrs old) |
| VALIUM TABS (<i>Use diazepam</i>) | NP | QL(4 ea daily); AL(At least 18 yrs old) |
| XANAX TABS (<i>Use alprazolam</i>) | NP | QL(3 ea daily); AL(At least 18 yrs old) |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| <i>disopyramide phosphate caps</i> | P | |
| NORPACE CAPS (<i>Use disopyramide phosphate</i>) | P | |
| NORPACE CR CP12 150 MG | P | |
| <i>quinidine gluconate tbcr or 324 mg</i> | P | |
| <i>quinidine sulfate tabs or 200 mg, 300 mg</i> | P | |
| Antiarrhythmics Type I-B | | |
| <i>mexiletine hcl caps</i> | P | |
| Antiarrhythmics Type I-C | | |
| <i>flecainide acetate tabs</i> | P | |
| <i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i> | P | |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl tabs or 200 mg</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| CORDARONE TABS (<i>Use amiodarone hcl</i>) | NP | |
| <i>dofetilide caps</i> | P | |
| TIKOSYN CAPS (<i>Use dofetilide</i>) | NP | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Anti-Inflammatory Agents | | |
| <i>cromolyn sodium nebu in</i> | P | QL(8 ml daily) |
| CROMOLYN SODIUM NEBU IN | P | QL(8 ml daily) |
| Bronchodilators - Anticholinergics | | |
| 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) |
| Leukotriene Modulators | | |
| <i>montelukast sodium chew or 4 mg, 5 mg</i> | P | QL(1 ea daily) |
| <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 (<i>Use montelukast sodium</i>) | NP | QL(1 ea daily) |
| SINGULAIR PACK (<i>Use montelukast sodium</i>) | NP | QL(1 ea daily) |
| SINGULAIR TABS (<i>Use montelukast sodium</i>) | NP | QL(1 ea daily) |
| Steroid Inhalants | | |
| <i>budesonide (inhalation) susp</i> | P | QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old) |
| FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST | P | QL(2 ea daily) |
| FLOVENT DISKUS AEPB 50 MCG/BLIST | P | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT | P | QL(12 gm per fill retail) |
| FLOVENT HFA AERO 44 MCG/ACT | P | QL(10.6 gm per fill retail) |
| PULMICORT FLEXHALER AEPB | P | QL(1 ea per fill retail) |
| PULMICORT SUSP (Use budesonide (inhalation)) | NP | QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old) |
| QVAR REDIHALER AERB | P | 2 rtl pack lmt amt,30 rtl pack lmt day(s),2 rtl pack lmt per fill, |
| Sympathomimetics | | |
| ADVAIR DISKUS AEPB (Use fluticasone-salmeterol) | NP | QL(2 ea daily,60 ea per 30 days retail) |
| <i>albuterol sulfate aers in 108 mcg/act</i> | P | QL(8.5 gm per fill retail,17 gm per 30 days retail);Refill 4% |
| <i>albuterol sulfate aers in 108 mcg/act</i> | P | QL(18 gm per fill retail,36 gm per 30 days retail);Refill 4% |
| <i>albuterol sulfate aers in 108 mcg/act</i> | P | QL(6.7 gm per fill retail,13.4 gm per 30 days retail);Refill 4% |
| <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 syrup 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| COMBIVENT RESPIMAT AERS | P | QL(4 gm per 30 days retail) |
| <i>fluticasone-salmeterol aepb 100 mcg/dose-50 mcg/dose, 250 mcg/dose-50 mcg/dose, 50 mcg/dose-500 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 syrup or 10 mg/5ml</i> | P | QL(30 ml daily) |
| <i>metaproterenol sulfate tabs or 10 mg, 20 mg</i> | P | |
| PROAIR HFA AERS (Use albuterol sulfate) | NP | |
| PROAIR RESPICLICK AEPB | P | QL(1 ea per fill retail,2 ea per 30 days retail);Refill 4%;; AL(At least 4 yrs old - Up to 18 yrs old) |
| PROVENTIL HFA AERS (Use albuterol sulfate) | NP | |
| SEREVENT DISKUS AEPB | P | QL(60 ea per fill retail) |
| SYMBICORT AERO (Use budesonide-formoterol fumarate dihydrate) | NP | |
| <i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i> | P | |
| VENTOLIN HFA AERS (Use albuterol sulfate) | NP | |
| Xanthines | | |
| 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 | |

ANTICOAGULANTS - Blood Thinners

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Coumarin Anticoagulants | | |
| COUMADIN TABS (<i>Use warfarin sodium</i>) | P | |
| <i>warfarin sodium tabs</i> | P | |
| Direct Factor Xa Inhibitors | | |
| 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) |
| XARELTO TABS 10 MG | P | QL(35 ea per 180 days retail) |
| XARELTO TABS 15 MG | P | QL(2 ea daily) |
| XARELTO TABS 20 MG | P | QL(1 ea daily) |
| Heparins And Heparinoid-Like Agents | | |
| <i>enoxaparin sodium soln ij 300 mg/3ml</i> | P | QL(42 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| <i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i> | P | QL(14 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| <i>enoxaparin sodium soln sc 30 mg/0.3ml</i> | P | QL(5 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| <i>enoxaparin sodium soln sc 40 mg/0.4ml</i> | P | QL(6 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| <i>enoxaparin sodium soln sc 60 mg/0.6ml</i> | P | QL(9 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| <i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i> | P | QL(12 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| <i>heparin sodium (porcine) soln</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>) | NP | QL(42 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>) | NP | QL(14 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| LOVENOX SOLN SC 30 MG/0.3ML (<i>Use enoxaparin sodium</i>) | NP | QL(5 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| LOVENOX SOLN SC 40 MG/0.4ML (<i>Use enoxaparin sodium</i>) | NP | QL(6 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| LOVENOX SOLN SC 60 MG/0.6ML (<i>Use enoxaparin sodium</i>) | NP | QL(9 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>) | NP | QL(12 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply, |
| ANTICONVULSANTS - Drugs to Treat Seizures | | |
| Anticonvulsants - Benzodiazepines | | |
| <i>clonazepam tabs or 0.5 mg, 1 mg, 2 mg</i> | P | QL(3 ea daily); AL(At least 18 yrs old) |
| 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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| VALTOCO LIQD | P | PA; QL(10 ea per 30 days retail) |
| VALTOCO LQPK | P | PA; QL(10 ea per 30 days retail) |
| Anticonvulsants - Misc. | | |
| <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) |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| LAMICTAL TABS (<i>Use lamotrigine</i>) | NP | |
| LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (<i>Use lamotrigine</i>) | NP | ST; Use lamotrigine IR |
| <i>lamotrigine chew or 5 mg, 25 mg</i> | P | |
| <i>lamotrigine tabs or 25 mg, 100 mg, 150 mg, 200 mg</i> | P | |
| <i>lamotrigine tb24 or 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 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) |
| NEURONTIN SOLN 250 MG/5ML (<i>Use gabapentin</i>) | NP | |
| NEURONTIN TABS 600 MG (<i>Use gabapentin</i>) | NP | QL(6 ea daily) |
| NEURONTIN TABS 800 MG (<i>Use gabapentin</i>) | NP | QL(4 ea daily) |
| <i>oxcarbazepine susp</i> | P | |
| <i>oxcarbazepine tabs</i> | P | |
| <i>primidone tabs or 50 mg, 250 mg</i> | P | |
| TEGRETOL SUSP (<i>Use carbamazepine</i>) | NP | |
| TEGRETOL TABS (<i>Use carbamazepine</i>) | NP | |
| TEGRETOL-XR TB12 (<i>Use carbamazepine</i>) | NP | |

Georgia Inter-Pregnancy Care

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Updated November 1, 2020

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>) | NP | QL(6 ea daily) |
| TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>) | NP | QL(8 ea daily) |
| TOPAMAX TABS 100 MG (<i>Use topiramate</i>) | NP | QL(4 ea daily) |
| TOPAMAX TABS 200 MG (<i>Use topiramate</i>) | NP | QL(3 ea daily) |
| TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>) | 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 (<i>Use oxcarbazepine</i>) | NP | |
| TRILEPTAL TABS (<i>Use oxcarbazepine</i>) | NP | |
| ZONEGRAN CAPS (<i>Use zonisamide</i>) | NP | |
| <i>zonisamide caps or 25 mg, 50 mg, 100 mg</i> | P | |
| Carbamates | | |
| <i>felbamate susp</i> | P | |
| <i>felbamate tabs</i> | P | |
| FELBATOL SUSP (<i>Use felbamate</i>) | NP | |
| FELBATOL TABS (<i>Use felbamate</i>) | NP | |
| GABA Modulators | | |
| GABITRIL TABS (<i>Use tiagabine hcl</i>) | NP | |
| <i>tiagabine hcl tabs</i> | P | |
| Hydantoins | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| DILANTIN CAPS 100 MG (<i>Use phenytoin sodium extended</i>) | P | |
| DILANTIN CAPS 30 MG | P | |
| DILANTIN INFATABS CHEW (<i>Use phenytoin</i>) | P | |
| DILANTIN-125 SUSP (<i>Use phenytoin</i>) | 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 | |
| Succinimides | | |
| <i>ethosuximide caps or 250 mg</i> | P | |
| <i>ethosuximide soln or 250 mg/5ml</i> | P | |
| ZARONTIN CAPS (<i>Use ethosuximide</i>) | NP | |
| ZARONTIN SOLN (<i>Use ethosuximide</i>) | NP | |
| Valproic Acid | | |
| 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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <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 | |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | |
| <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) |
| <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) |
| Antidepressants - Misc. | | |
| <i>bupropion hcl tabs or 75 mg, 100 mg</i> | P | QL(3 ea daily) |
| <i>bupropion hcl tb12 or 100 mg</i> | P | QL(4 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <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) |
| Monoamine Oxidase Inhibitors (MAOIs) | | |
| NARDIL TABS (<i>Use phenelzine sulfate</i>) | NP | |
| PARNATE TABS (<i>Use tranylcypromine sulfate</i>) | NP | |
| <i>phenelzine sulfate tabs or</i> | P | |
| <i>tranylcypromine sulfate tabs</i> | P | |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>) | NP | QL(4 ea daily) |
| CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>) | NP | QL(2 ea daily) |
| CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>) | NP | QL(1 ea daily) |
| <i>citalopram hydrobromide soln 10 mg/5ml</i> | P | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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|--|-----------|--|
| <i>citalopram hydrobromide tabs 10 mg</i> | P | QL(4 ea daily) |
| <i>citalopram hydrobromide tabs 20 mg</i> | P | QL(2 ea daily) |
| <i>citalopram hydrobromide tabs 40 mg</i> | P | QL(1 ea daily) |
| <i>escitalopram oxalate tabs 10 mg</i> | P | QL(2 ea daily); AL(At least 12 yrs old) |
| <i>escitalopram oxalate tabs 20 mg</i> | P | QL(1 ea daily); AL(At least 12 yrs old) |
| <i>escitalopram oxalate tabs 5 mg</i> | P | QL(4 ea daily); AL(At least 12 yrs old) |
| <i>fluoxetine hcl caps or 10 mg, 20 mg</i> | P | QL(4 ea daily) |
| <i>fluoxetine hcl caps or 40 mg</i> | P | QL(2 ea daily); AL(At least 7 yrs old) |
| <i>fluoxetine hcl soln or 20 mg/5ml</i> | P | QL(600 ml per 30 days retail); AL(Up to 6 yrs old) |
| <i>fluoxetine hcl tabs or 10 mg</i> | P | QL(1 ea daily); AL(At least 7 yrs old) |
| <i>fluoxetine hcl tabs or 20 mg</i> | P | QL(4 ea daily) |
| <i>fluvoxamine maleate tabs 100 mg</i> | P | QL(3 ea daily) |
| <i>fluvoxamine maleate tabs 25 mg, 50 mg</i> | P | QL(2 ea daily) |
| LEXAPRO TABS 10 MG (Use <i>escitalopram oxalate</i>) | NP | QL(2 ea daily); AL(At least 12 yrs old) |
| LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>) | NP | QL(1 ea daily); AL(At least 12 yrs old) |
| LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>) | NP | QL(4 ea daily); AL(At least 12 yrs old) |
| <i>paroxetine hcl tabs 10 mg</i> | P | QL(6 ea daily) |
| <i>paroxetine hcl tabs 20 mg</i> | P | QL(3 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>paroxetine hcl tabs 30 mg, 40 mg</i> | P | QL(2 ea daily) |
| <i>paroxetine hcl tb24 25 mg, 12.5 mg, 37.5 mg</i> | P | |
| PAXIL CR TB24 (Use <i>paroxetine hcl</i>) | NP | |
| PAXIL SUSP 10 MG/5ML | P | PA; QL(40 ml daily) |
| PAXIL TABS 10 MG (Use <i>paroxetine hcl</i>) | NP | QL(6 ea daily) |
| PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>) | NP | QL(3 ea daily) |
| PAXIL TABS 30 MG, 40 MG (Use <i>paroxetine hcl</i>) | NP | QL(2 ea daily) |
| PROZAC CAPS 10 MG, 20 MG (Use <i>fluoxetine hcl</i>) | NP | QL(4 ea daily) |
| PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i>) | NP | QL(2 ea daily); AL(At least 7 yrs old) |
| <i>sertraline hcl conc or 20 mg/ml</i> | P | QL(6 ml daily) |
| <i>sertraline hcl tabs or 100 mg</i> | P | QL(2 ea daily) |
| <i>sertraline hcl tabs or 25 mg, 50 mg</i> | P | QL(4 ea daily) |
| ZOLOFT CONC 20 MG/ML (Use <i>sertraline hcl</i>) | NP | QL(6 ml daily) |
| ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i>) | NP | QL(2 ea daily) |
| ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i>) | NP | QL(4 ea daily) |
| Serotonin Modulators | | |
| <i>nefazodone hcl tabs</i> | P | |
| <i>trazodone hcl tabs or 300 mg</i> | P | QL(2 ea daily) |
| <i>trazodone hcl tabs or 50 mg, 100 mg, 150 mg</i> | P | |
| TRINTELLIX TABS | P | PA; QL(1 ea daily); AL(At least 18 yrs old) |
| VIIBRYD TABS | P | PA; QL(1 ea daily) |
| Serotonin-Norepinephrine Reuptake Inhibitors | | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| CYMBALTA CPEP (<i>Use duloxetine hcl</i>) | NP | QL(1 ea daily); AL(At least 7 yrs old) |
| <i>desvenlafaxine succinate tb24 100 mg</i> | P | ST; QL(4 ea daily) |
| <i>desvenlafaxine succinate tb24 25 mg, 50 mg</i> | P | ST; QL(1 ea daily) |
| <i>duloxetine hcl cpep or 20 mg, 30 mg, 60 mg</i> | P | QL(1 ea daily); AL(At least 7 yrs old) |
| EFFEXOR XR CP24 150 MG (<i>Use venlafaxine hcl</i>) | NP | QL(2 ea daily) |
| EFFEXOR XR CP24 37.5 MG (<i>Use venlafaxine hcl</i>) | NP | QL(4 ea daily) |
| EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>) | NP | QL(5 ea daily) |
| PRISTIQ TB24 100 MG (<i>Use desvenlafaxine succinate</i>) | NP | ST; QL(4 ea daily) |
| PRISTIQ TB24 25 MG, 50 MG (<i>Use desvenlafaxine succinate</i>) | NP | ST; QL(1 ea daily) |
| <i>venlafaxine hcl cp24 150 mg</i> | P | QL(2 ea daily) |
| <i>venlafaxine hcl cp24 37.5 mg</i> | P | QL(4 ea daily) |
| <i>venlafaxine hcl cp24 75 mg</i> | P | QL(5 ea daily) |
| <i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i> | P | |
| <i>venlafaxine hcl tb24 150 mg</i> | P | QL(2 ea daily) |
| <i>venlafaxine hcl tb24 75 mg, 225 mg, 37.5 mg</i> | P | QL(1 ea daily) |
| Tricyclic Agents | | |
| <i>amitriptyline hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i> | P | |
| <i>amoxapine tabs</i> | P | |
| ANAFRANIL CAPS 75 MG (<i>Use clomipramine hcl</i>) | NP | |
| <i>clomipramine hcl caps or 75 mg</i> | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------------------|
| <i>desipramine hcl tabs or 10 mg, 50 mg, 75 mg, 100 mg, 150 mg</i> | P | |
| <i>desipramine hcl tabs or 25 mg</i> | P | QL(2 ea daily) |
| <i>doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i> | P | |
| <i>doxepin hcl conc or 10 mg/ml</i> | P | |
| <i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</i> | P | |
| NORPRAMIN TABS 10 MG (<i>Use desipramine hcl</i>) | NP | |
| NORPRAMIN TABS 25 MG (<i>Use desipramine hcl</i>) | NP | QL(2 ea daily) |
| <i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i> | P | |
| <i>nortriptyline hcl soln or 10 mg/5ml</i> | P | QL(20 ml daily) |
| PAMELOR CAPS (<i>Use nortriptyline hcl</i>) | NP | |
| TOFRANIL TABS (<i>Use imipramine hcl</i>) | NP | |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Antidiabetic - Amylin Analogs | | |
| SYMLINPEN 120 SOPN | P | PA; QL(11 ml per 30 days retail) |
| SYMLINPEN 60 SOPN | P | PA; QL(6 ml per 30 days retail) |
| Antidiabetic Combinations | | |
| ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>) | NP | QL(2 ea daily) |
| <i>alogliptin-metformin hcl tabs</i> | P | QL(2 ea daily) |
| <i>alogliptin-pioglitazone tabs</i> | P | |
| <i>glipizide-metformin hcl tabs</i> | P | |
| <i>glyburide-metformin tabs</i> | P | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| KAZANO TABS (<i>Use alogliptin-metformin hcl</i>) | NP | |
| OSENI TABS (<i>Use alogliptin-pioglitazone</i>) | NP | |
| <i>pioglitazone hcl-metformin hcl tabs</i> | P | QL(2 ea daily) |
| SEGLUROMET TABS | P | ST; try Metformin 90 days QL(2 ea daily) |
| Biguanides | | |
| GLUCOPHAGE TABS 500 MG (<i>Use metformin hcl</i>) | NP | QL(4 ea daily) |
| GLUCOPHAGE TABS 850 MG, 1000 MG (<i>Use metformin hcl</i>) | NP | |
| GLUCOPHAGE XR TB24 500 MG (<i>Use metformin hcl</i>) | NP | QL(4 ea daily) |
| GLUCOPHAGE XR TB24 750 MG (<i>Use metformin hcl</i>) | NP | QL(3 ea daily) |
| <i>metformin hcl tabs or 500 mg</i> | P | QL(4 ea daily) |
| <i>metformin hcl tabs or 850 mg, 1000 mg</i> | P | |
| <i>metformin hcl tb24 or 500 mg</i> | P | QL(4 ea daily) |
| <i>metformin hcl tb24 or 750 mg</i> | P | QL(3 ea daily) |
| Diabetic Other | | |
| 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------------------|
| 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 EMERGENCY KIT KIT | P | QL(1 ea per fill retail) |
| GLUCOSE CHEW 4 GM | P | OTC;QL(50 ea per 30 days retail) |
| GLUCOSE CHEW 4 GM-6 MG, 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) |
| 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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| 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) |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| <i>alogliptin benzoate tabs</i> | P | |
| NESINA TABS (<i>Use alogliptin benzoate</i>) | NP | |
| Incretin Mimetic Agents (GLP-1 Receptor) | | |
| BYDUREON BCISE AUJ | P | PA; QL(3.4 ml per 28 days retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| BYDUREON PEN PEN | P | PA; QL(4 ea per 28 days retail); AL(At least 18 yrs old) |
| BYDUREON SRER | 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) |
| Insulin Sensitizing Agents | | |
| ACTOS TABS (<i>Use pioglitazone hcl</i>) | NP | QL(1 ea daily) |
| <i>pioglitazone hcl tabs</i> | P | QL(1 ea daily) |
| Insulin | | |
| 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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| HUMULIN N KWIKPEN SUPN | P | OTC;QL(1 ml daily) |
| 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 | |
| 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) |
| NOVOLIN R RELION SOLN | P | OTC;QL(40 ml per 30 days retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| 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 SOPN | NP | |
| Meglitinide Analogues | | |
| <i>nateglinide tabs</i> | P | QL(3 ea daily) |
| STARLIX TABS (<i>Use nateglinide</i>) | NP | QL(3 ea daily) |
| Sodium-Glucose Co-Transporter 2 (SGLT2) | | |
| STEGLATRO TABS | P | ST; try Metformin 90 days QL(1 ea daily) |
| Sulfonylureas | | |
| 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 5 mg, 10 mg</i> | P | |
| <i>glipizide tb24 or 5 mg, 10 mg, 2.5 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 5 mg, 2.5 mg, 1.25 mg</i> | P | |
| GLYNASE TABS (<i>Use glyburide micronized</i>) | NP | |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antidiarrheal/Probiotic Agents - Misc. | | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| <i>bismuth subsalicylate chew or 262 mg</i> | P | OTC |
| <i>bismuth subsalicylate susp or 525 mg/15ml, 1050 mg/30ml</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 |
| Antiperistaltic Agents | | |
| <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 liqd or 1 mg/5ml</i> | P | OTC;QL(40 ml daily) |
| <i>loperamide hcl tabs or 2 mg</i> | P | OTC;QL(8 ea daily) |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| CHEMET CAPS | P | |
| <i>deferasirox tabs</i> | P | PA; SP |
| JADENU TABS (Use <i>deferasirox</i>) | NP | PA; SP |
| Antidotes and Specific Antagonists | | |
| ANDEXXA SOLR | P | PA; SP |
| SM IPECAC SYRUP SYRP | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| VISTOGARD PACK | P | |
| Opioid Antagonists | | |
| <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 | |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| <i>ondansetron hcl soln or 4 mg/5ml</i> | P | QL(50 ml per 30 days retail) |
| <i>ondansetron hcl tabs 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 ODT TBDP (Use <i>ondansetron</i>) | NP | QL(2 ea daily) |
| ZOFRAN SOLN 4 MG/5ML (Use <i>ondansetron hcl</i>) | NP | QL(50 ml per 30 days retail) |
| ZOFRAN TABS 4 MG, 8 MG (Use <i>ondansetron hcl</i>) | NP | QL(2 ea daily) |
| Antiemetics - Anticholinergic | | |
| <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 |
| <i>meclizine hcl tabs or 25 mg, 12.5 mg</i> | P | RX/OTC |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--------------------------------|
| Antifungals | | |
| <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) |
| Imidazole-Related Antifungals | | |
| 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) |
| ANTIHISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Alkylamines | | |
| 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 syrp 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) |
| Antihistamines - Ethanolamines | | |
| 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); RX/OTC |
| 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 25 mg, 50 mg</i> | P | QL(4 ea daily) |
| <i>diphenhydramine hcl elix or 12.5 mg/5ml</i> | P | QL(240 ml per fill retail); RX/OTC |
| <i>diphenhydramine hcl liqd or 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml</i> | P | OTC;QL(240 ml per fill retail); RX/OTC |
| <i>diphenhydramine hcl tabs or 25 mg</i> | P | OTC;QL(4 ea daily) |
| Antihistamines - Non-Sedating | | |
| 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 syrp 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 November 1, 2020
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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 |
| Antihistamines - Phenothiazines | | |
| <i>promethazine hcl soln or 6.25 mg/5ml</i> | P | AL(At least 2 yrs old) |
| <i>promethazine hcl supp re 25 mg, 50 mg, 12.5 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, 50 mg, 12.5 mg</i> | P | AL(At least 2 yrs old) |
| Antihistamines - Piperidines | | |
| <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 |
|--|-----------|---------------------|
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Combinations | | |
| <i>ezetimibe-simvastatin tabs</i> | P | ST; QL(1 ea daily) |
| VYTORIN TABS (<i>Use ezetimibe-simvastatin</i>) | NP | ST; QL(1 ea daily) |
| Bile Acid Sequestrants | | |
| <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 | |
| Fibric Acid Derivatives | | |
| <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 November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| LOPID TABS (<i>Use gemfibrozil</i>) | NP | QL(2 ea daily) |
| TRIGLIDE TABS | P | QL(1 ea daily) |
| HMG CoA Reductase Inhibitors | | |
| <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 5 mg, 10 mg, 20 mg, 40 mg</i> | P | QL(1 ea daily) |
| ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>) | NP | QL(1 ea daily) |
| Intestinal Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe tabs</i> | P | ST |
| ZETIA TABS (<i>Use ezetimibe</i>) | NP | ST |
| Nicotinic Acid Derivatives | | |
| <i>niacin (antihyperlipidemic) tabs</i> | P | |
| <i>niacin (antihyperlipidemic) tbc</i> | P | |
| NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>) | NP | |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |

| 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 40 mg</i> | P | QL(2 ea daily) |
| <i>benazepril hcl tabs or 5 mg, 10 mg, 20 mg</i> | P | QL(1 ea daily) |
| <i>captopril tabs or 25 mg, 50 mg, 100 mg, 12.5 mg</i> | P | QL(3 ea daily) |
| <i>enalapril maleate tabs or 5 mg, 10 mg, 20 mg, 2.5 mg</i> | P | QL(2 ea daily) |
| <i>fosinopril sodium tabs</i> | P | QL(1 ea daily) |
| <i>lisinopril tabs or 2.5 mg</i> | P | QL(1 ea daily) |
| <i>lisinopril tabs or 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i> | P | QL(2 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 2.5 MG (<i>Use lisinopril</i>) | NP | QL(1 ea daily) |
| ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>) | NP | QL(2 ea daily) |
| Angiotensin II Receptor Antagonists | | |
| 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 November 1, 2020

| 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 5 mg, 20 mg, 40 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) |
| Antiadrenergic Antihypertensives | | |
| 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 | |
| Antihypertensive Combinations | | |

| 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 & 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 & 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 & hydrochlorothiazide tabs</i> | P | QL(1 ea daily) |
| <i>candesartan cilexetil-hydrochlorothiazide tabs</i> | P | |
| <i>captopril & 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 November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| <i>captopril & 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 & hydrochlorothiazide tabs</i> | P | QL(2 ea daily) |
| EXFORGE HCT TABS (<i>Use amlodipine-valsartan-hydrochlorothiazide</i>) | NP | ST; Use losartan or irbesartan |
| EXFORGE TABS (<i>Use amlodipine besylate-valsartan</i>) | NP | ST; Use losartan or irbesartan |
| <i>fosinopril sodium & hydrochlorothiazide tabs</i> | P | QL(1 ea daily) |
| HYZAAR TABS (<i>Use losartan potassium & hydrochlorothiazide</i>) | NP | QL(1 ea daily) |
| <i>irbesartan-hydrochlorothiazide tabs</i> | P | QL(1 ea daily) |
| <i>lisinopril & hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-20 mg</i> | P | QL(2 ea daily) |
| <i>lisinopril & hydrochlorothiazide tabs 20 mg-25 mg</i> | P | QL(1 ea daily) |
| LOPRESSOR HCT TABS (<i>Use metoprolol & hydrochlorothiazide</i>) | NP | QL(2 ea daily) |
| <i>losartan potassium & hydrochlorothiazide tabs</i> | P | QL(1 ea daily) |
| LOTENSIN HCT TABS (<i>Use benazepril & hydrochlorothiazide</i>) | NP | QL(1 ea daily) |
| LOTREL CAPS (<i>Use amlodipine besylate-benazepril hcl</i>) | NP | QL(1 ea daily) |
| <i>metoprolol & hydrochlorothiazide tabs 100 mg-50 mg</i> | P | QL(1 ea daily) |
| <i>metoprolol & hydrochlorothiazide tabs 25 mg-50 mg, 100 mg-25 mg</i> | P | QL(2 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 & 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 & chlorthalidone</i>) | NP | QL(2 ea daily) |
| TENORETIC 50 TABS (<i>Use atenolol & 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 Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| VASERETIC TABS (<i>Use enalapril maleate & hydrochlorothiazide</i>) | NP | QL(2 ea daily) |
| ZESTORETIC TABS 10 MG-12.5 MG, 12.5 MG-20 MG (<i>Use lisinopril & hydrochlorothiazide</i>) | NP | QL(2 ea daily) |
| ZESTORETIC TABS 20 MG-25 MG (<i>Use lisinopril & hydrochlorothiazide</i>) | NP | QL(1 ea daily) |
| ZIAC TABS (<i>Use bisoprolol & hydrochlorothiazide</i>) | NP | QL(1 ea daily) |

Vasodilators

| | | |
|--|---|-----------------|
| <i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 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) |

ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)

Antimalarial Combinations

| | | |
|--------------|---|---------------------------|
| COARTEM TABS | P | QL(24 ea per fill retail) |
|--------------|---|---------------------------|

Antimalarials

| | | |
|---|----|-----------------------------|
| <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 | |

ANTIMYASTHENIC/CHOLINERGIC AGENTS

Antimyasthenic/Cholinergic Agents

| 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 | |

ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

Antimycobacterial Agents

| | | |
|--|----|--|
| <i>ethambutol hcl tabs or 100 mg, 400 mg</i> | P | |
| <i>isoniazid syrpl or 50 mg/5ml</i> | P | |
| ISONIAZID TABS OR 100 MG | 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 | |

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer

Alkylating Agents

| | | |
|---------------------------------------|----|--|
| ALKERAN TABS (<i>Use melphalan</i>) | NP | |
| LEUKERAN TABS | P | |
| <i>melphalan tabs</i> | P | |
| MYLERAN TABS | P | |

Antimetabolites

| | | |
|-------------------------------|---|--|
| <i>mercaptopurine tabs or</i> | P | |
|-------------------------------|---|--|

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 50 mg/2ml, 250 mg/10ml, 250 mg/10ml</i> | P | |
| <i>methotrexate sodium tabs or 2.5 mg</i> | P | |
| PURIXAN SUSP | P | |
| TREXALL TABS | P | |
| Antineoplastic - Hormonal and Related Agents | | |
| <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 20 mg, 40 mg</i> | P | |
| <i>tamoxifen citrate tabs or 10 mg, 20 mg</i> | P | |
| <i>toremifene citrate tabs</i> | P | PA |
| Antineoplastic Enzyme Inhibitors | | |
| COTELLIC TABS | P | PA; SP |
| NINLARO CAPS | P | PA; SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| Antineoplastics Misc. | | |
| HYDREA CAPS (<i>Use hydroxyurea</i>) | NP | |
| <i>hydroxyurea caps or</i> | P | |
| Chemotherapy Rescue/Antidote Agents | | |
| <i>leucovorin calcium tabs or 5 mg, 10 mg, 15 mg, 25 mg</i> | P | |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | |
| <i>carbidopa tabs or</i> | P | |
| LODOSYN TABS (<i>Use carbidopa</i>) | NP | |
| Antiparkinson Anticholinergics | | |
| <i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i> | P | |
| <i>trihexyphenidyl hcl tabs</i> | P | |
| Antiparkinson Dopaminergics | | |
| <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 November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i> | P | QL(3 ea daily); AL(At least 18 yrs old) |
| REQUIP TABS 0.25 MG, 3 MG, 4 MG (<i>Use ropinirole hydrochloride</i>) | NP | QL(6 ea daily) |
| REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG (<i>Use ropinirole hydrochloride</i>) | NP | QL(3 ea daily) |
| <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 (<i>Use carbidopa-levodopa</i>) | NP | |
| SINEMET TABS (<i>Use carbidopa-levodopa</i>) | NP | |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| <i>selegiline hcl caps or</i> | P | |
| <i>selegiline hcl tabs or</i> | P | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| <i>lithium carbonate caps or 150 mg, 300 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 (<i>Use lithium carbonate</i>) | P | |
| Antipsychotics - Misc. | | |
| GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Use ziprasidone hcl</i>) | NP | QL(2 ea daily); AL(At least 18 yrs old) |
| NUPLAZID CAPS 34 MG | P | PA; QL(1 ea daily) |
| NUPLAZID TABS 10 MG | P | PA; QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| NUPLAZID TABS 17 MG | P | PA; QL(2 ea daily) |
| <i>ziprasidone hcl caps</i> | P | QL(2 ea daily); AL(At least 18 yrs old) |
| Benzisoxazoles | | |
| RISPERDAL SOLN 1 MG/ML (<i>Use 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 (<i>Use 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) |
| Butyrophenones | | |
| HALDOL DECANOATE 100 SOLN (<i>Use haloperidol decanoate</i>) | NP | |
| HALDOL DECANOATE 50 SOLN (<i>Use haloperidol decanoate</i>) | NP | |
| <i>haloperidol decanoate soln im 50 mg/ml, 100 mg/ml</i> | P | |
| <i>haloperidol lactate conc or 2 mg/ml</i> | P | |
| <i>haloperidol tabs or 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg</i> | P | QL(3 ea daily) |
| <i>haloperidol tabs or 20 mg</i> | P | |
| Dibenzapines | | |
| <i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i> | P | QL(3 ea daily); AL(At least 18 yrs old) |
| CLOZARIL TABS (<i>Use clozapine</i>) | NP | QL(3 ea daily); AL(At least 18 yrs old) |
| <i>loxapine succinate caps</i> | P | QL(4 ea daily) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| <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) |
| <i>olanzapine tabs or 5 mg, 2.5 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 25 mg, 50 mg</i> | P | QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old) |
| <i>quetiapine fumarate tabs 300 mg, 400 mg</i> | P | QL(2 ea daily); AL(At least 10 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 25 MG, 50 MG (Use <i>quetiapine fumarate</i>) | NP | QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old) |
| SEROQUEL TABS 300 MG, 400 MG (Use <i>quetiapine fumarate</i>) | NP | QL(2 ea daily); AL(At least 10 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 5 MG, 2.5 MG (Use <i>olanzapine</i>) | NP | QL(4 ea daily); AL(At least 10 yrs old) |
| Dihydroindolones | | |
| <i>molindone hcl tabs</i> | P | QL(4 ea daily) |
| Phenothiazines | | |
| <i>chlorpromazine hcl tabs or 10 mg</i> | P | QL(10 ea daily) |
| <i>chlorpromazine hcl tabs or 25 mg, 50 mg, 100 mg, 200 mg</i> | P | QL(3 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| <i>fluphenazine decanoate soln ij</i> | P | |
| <i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i> | P | |
| <i>perphenazine tabs or 2 mg, 4 mg, 8 mg, 16 mg</i> | P | QL(4 ea daily) |
| <i>prochlorperazine maleate tabs or 5 mg, 10 mg</i> | P | |
| <i>prochlorperazine supp</i> | P | |
| <i>thioridazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i> | P | QL(3 ea daily) |
| <i>trifluoperazine hcl tabs</i> | P | QL(2 ea daily) |
| Quinolinone Derivatives | | |
| 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 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 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) |
| Thioxanthenes | | |
| <i>thiothixene caps</i> | P | QL(3 ea daily) |
| ANTISEPTICS & DISINFECTANTS | | |
| Antiseptics & Disinfectants | | |
| <i>formaldehyde soln 10 %</i> | P | QL(90 ml per fill retail) |
| Chlorine Antiseptics | | |
| <i>chlorhexidine gluconate liqd 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) |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Antiretrovirals | | |
| <i>abacavir sulfate soln 20 mg/ml</i> | P | QL(30 ml daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <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) |
| 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 | ST; try Symfi;;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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i> | P | ST; try Symfi;;QL(1 ea daily) |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i> | P | QL(1 ea daily) |
| <i>emtricitabine caps</i> | P | QL(1 ea daily) |
| <i>emtricitabine-tenofovir disoproxil fumarate tabs</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 200 MG | P | QL(2 ea daily) |
| INTELENCE TABS 25 MG, 100 MG | P | QL(4 ea daily) |
| INVIRASE CAPS 200 MG | P | ST; QL(10 ea daily) |
| INVIRASE TABS 500 MG | 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) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| KALETRA SOLN 100 MG/5ML-400 MG/5ML (Use lopinavir-ritonavir) | 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) |
| lamivudine soln 10 mg/ml | P | QL(30 ml daily) |
| lamivudine tabs 150 mg | P | QL(2 ea daily) |
| lamivudine tabs 300 mg | P | QL(1 ea daily) |
| lamivudine-zidovudine tabs | 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) |
| lopinavir-ritonavir soln | P | QL(480 ml per 30 days retail) |
| nevirapine susp 50 mg/5ml | P | QL(40 ml daily) |
| nevirapine tabs 200 mg | P | QL(2 ea daily) |
| nevirapine tb24 100 mg | P | QL(3 ea daily) |
| nevirapine tb24 400 mg | 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 75 MG, 600 MG | P | ST; QL(2 ea daily) |
| PREZISTA TABS 800 MG | P | ST; QL(1 ea daily) |
| RESCRIPTOR TABS 100 MG | P | QL(12 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| RESCRIPTOR TABS 200 MG | 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) |
| REYATAZ CAPS 300 MG (Use atazanavir sulfate) | NP | |
| REYATAZ PACK 50 MG | P | QL(6 ea daily) |
| ritonavir tabs | P | QL(12 ea daily) |
| SELZENTRY SOLN 20 MG/ML | P | QL(35 ml daily) |
| SELZENTRY TABS 25 MG, 75 MG, 150 MG | P | QL(2 ea daily) |
| SELZENTRY TABS 300 MG | P | QL(4 ea daily) |
| stavudine caps | 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) |
| SYMPTUZA TABS | P | ST; try Symfi; QL(1 ea daily) |
| TEMIXYS TABS | P | ST; QL(1 ea daily) |
| tenofovir disoproxil fumarate tabs | P | QL(1 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| TIVICAY TABS 50 MG | P | QL(2 ea daily) |
| TRIUMEQ TABS | P | QL(1 ea daily); AL(At least 18 yrs old) |
| 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>) | NP | 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 100 MG (<i>Use nevirapine</i>) | NP | QL(3 ea daily) |
| VIRAMUNE XR TB24 400 MG (<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) |
| ZERIT CAPS (<i>Use stavudine</i>) | NP | QL(2 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <i>zidovudine caps 100 mg</i> | P | QL(6 ea daily) |
| <i>zidovudine syrps 50 mg/5ml</i> | P | QL(60 ml daily) |
| <i>zidovudine tabs 300 mg</i> | P | QL(2 ea daily) |
| CMV Agents | | |
| VALCYTE TABS 450 MG (<i>Use valganciclovir hcl</i>) | NP | QL(2 ea daily) |
| <i>valganciclovir hcl tabs 450 mg</i> | P | QL(2 ea daily) |
| Hepatitis Agents | | |
| MAVYRET TABS | P | PA; QL(3 ea daily); SP |
| Herpes Agents | | |
| <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) |
| Influenza Agents | | |
| <i>oseltamivir phosphate caps or 30 mg</i> | P | QL(20 ea per 30 days retail) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <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 (Use <i>oseltamivir phosphate</i>) | NP | QL(20 ea per 30 days retail) |
| TAMIFLU CAPS 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>) | NP | QL(10 ea per 30 days retail) |
| TAMIFLU SUSR 6 MG/ML (Use <i>oseltamivir phosphate</i>) | NP | QL(120 ml per 30 days retail) |

BETA BLOCKERS - Drugs to Treat High Blood Pressure

Alpha-Beta Blockers

| | | |
|--|----|----------------|
| <i>carvedilol phosphate cp24</i> | P | QL(1 ea daily) |
| <i>carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg</i> | P | QL(3 ea daily) |
| <i>carvedilol tabs 25 mg</i> | P | QL(4 ea daily) |
| COREG CR CP24 (Use <i>carvedilol phosphate</i>) | NP | QL(1 ea daily) |
| COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (Use <i>carvedilol</i>) | NP | QL(3 ea daily) |
| COREG TABS 25 MG (Use <i>carvedilol</i>) | NP | QL(4 ea daily) |
| <i>labetalol hcl tabs or 100 mg</i> | P | QL(3 ea daily) |
| <i>labetalol hcl tabs or 200 mg</i> | P | QL(6 ea daily) |
| <i>labetalol hcl tabs or 300 mg</i> | P | QL(8 ea daily) |

Beta Blockers Cardio-Selective

| | | |
|--|---|----------------|
| <i>acebutolol hcl caps or 200 mg, 400 mg</i> | P | |
| <i>atenolol tabs or 25 mg, 50 mg, 100 mg</i> | P | QL(2 ea daily) |
| <i>bisoprolol fumarate tabs</i> | P | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| LOPRESSOR TABS 100 MG (Use <i>metoprolol tartrate</i>) | NP | QL(4.5 ea daily) |
| LOPRESSOR TABS 50 MG (Use <i>metoprolol tartrate</i>) | NP | QL(4 ea daily) |
| <i>metoprolol succinate tb24 200 mg</i> | P | QL(2 ea daily) |
| <i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i> | P | QL(4 ea daily) |
| <i>metoprolol tartrate tabs or 100 mg</i> | P | QL(4.5 ea daily) |
| <i>metoprolol tartrate tabs or 25 mg, 50 mg</i> | P | QL(4 ea daily) |
| TENORMIN TABS (Use <i>atenolol</i>) | NP | QL(2 ea daily) |
| TOPROL XL TB24 200 MG (Use <i>metoprolol succinate</i>) | NP | QL(2 ea daily) |
| TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use <i>metoprolol succinate</i>) | NP | QL(4 ea daily) |

Beta Blockers Non-Selective

| | | |
|--|----|----------------|
| BETAPACE AF TABS (Use <i>sotalol hcl (afib/afll)</i>) | NP | QL(2 ea daily) |
| BETAPACE TABS (Use <i>sotalol hcl</i>) | NP | QL(2 ea daily) |
| CORGARD TABS (Use <i>nadolol</i>) | NP | QL(2 ea daily) |
| INDERAL LA CP24 (Use <i>propranolol hcl</i>) | NP | QL(2 ea daily) |
| <i>nadolol tabs or 20 mg, 40 mg, 80 mg</i> | P | QL(2 ea daily) |
| <i>pindolol tabs</i> | P | |
| <i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i> | P | QL(2 ea daily) |
| <i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i> | P | |
| <i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | P | |
| <i>sotalol hcl (afib/afll) tabs</i> | P | QL(2 ea daily) |
| <i>sotalol hcl tabs 240 mg</i> | P | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i> | P | QL(2 ea daily) |
| <i>timolol maleate tabs or 5 mg, 10 mg, 20 mg</i> | P | |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| ADALAT CC TB24 30 MG, 90 MG (<i>Use nifedipine</i>) | NP | QL(1 ea daily) |
| ADALAT CC TB24 60 MG (<i>Use nifedipine</i>) | NP | QL(2 ea daily) |
| <i>amlodipine besylate tabs or 5 mg, 10 mg, 2.5 mg</i> | P | QL(1 ea daily) |
| CALAN SR TBCR (<i>Use verapamil hcl</i>) | NP | QL(2 ea daily) |
| CALAN TABS (<i>Use verapamil hcl</i>) | NP | QL(3 ea daily) |
| CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use diltiazem hcl coated beads</i>) | NP | QL(1 ea daily) |
| CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>) | NP | QL(2 ea daily) |
| CARDIZEM TABS (<i>Use 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 60 mg, 90 mg, 120 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 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i> | P | QL(1 ea daily) |
| <i>diltiazem hcl extended release beads cp24 240 mg</i> | P | QL(2 ea daily) |
| <i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg</i> | P | QL(3 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <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) |
| NORVASC TABS (<i>Use amlodipine besylate</i>) | NP | QL(1 ea daily) |
| PROCARDIA CAPS (<i>Use nifedipine</i>) | NP | QL(4 ea daily) |
| PROCARDIA XL TB24 30 MG, 90 MG (<i>Use nifedipine</i>) | NP | QL(1 ea daily) |
| PROCARDIA XL TB24 60 MG (<i>Use nifedipine</i>) | NP | QL(2 ea daily) |
| TIAZAC CP24 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl extended release beads</i>) | NP | QL(1 ea daily) |
| TIAZAC CP24 240 MG (<i>Use diltiazem hcl extended release beads</i>) | NP | QL(2 ea daily) |
| <i>verapamil hcl cp24 or 100 mg, 200 mg</i> | P | QL(2 ea daily) |
| <i>verapamil hcl cp24 or 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | P | QL(1 ea daily) |
| <i>verapamil hcl tabs or 40 mg, 80 mg, 120 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 (<i>Use verapamil hcl</i>) | NP | QL(1 ea daily) |
| VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>) | NP | QL(2 ea daily) |
| VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>) | NP | QL(1 ea daily) |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>digoxin soln ij 0.25 mg/ml</i> | P | |
| <i>digoxin soln or 0.05 mg/ml</i> | P | |
| <i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i> | P | |
| LANOXIN SOLN IJ 0.25 MG/ML (<i>Use digoxin</i>) | P | |
| LANOXIN TABS OR 125 MCG, 250 MCG (<i>Use digoxin</i>) | P | |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporins - 1st Generation | | |
| <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 cephalixin</i>) | NP | |
| Cephalosporins - 2nd Generation | | |
| <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) |
| Cephalosporins - 3rd Generation | | |
| <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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| <i>ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg</i> | P | QL(3 ea per fill retail) |
| CHEMICALS | | |
| Bulk Chemicals - O's | | |
| OMEPRAZOLE POWD XX | P | PA |
| Bulk Chemicals - P's | | |
| PROMETHAZINE HCL POWD XX | P | PA |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| <i>desogestrel & 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>ethinodiol diacet & eth estrad tabs</i> | P | QL(1 ea daily) |
| GENERESS FE CHEW (<i>Use norethindrone & ethinyl estradiol-fe</i>) | NP | |
| <i>levonorgestrel & 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) |
| LOESTRIN 1.5/30-21 TABS (<i>Use norethindrone acet & eth estra</i>) | NP | |
| LOESTRIN 1/20-21 TABS (<i>Use norethindrone acet & eth estra</i>) | NP | |
| LOESTRIN FE 1.5/30 TABS (<i>Use norethin acet & estrad-fe</i>) | NP | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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|---|-----------|---------------------------|
| LOESTRIN FE 1/20 TABS (Use norethin acet & estrad-fe) | NP | |
| MIRCETTE TABS (Use desogestrel-ethinyl estradiol (biphasic)) | NP | |
| norethin acet & estrad-fe tabs 1 mg-20 mcg-75 mg, 1.5 mg-30 mcg-75 mg | P | |
| norethindrone & eth estradiol tabs | P | |
| norethindrone & ethinyl estradiol-fe chew | P | |
| norethindrone acet & eth estra tabs | P | |
| norethindrone acetate-ethinyl estradiol-fe tabs | P | |
| norethindrone-eth estradiol (triphasic) tabs | P | |
| norgestimate-ethinyl estradiol (triphasic) tabs | P | |
| norgestimate-ethinyl estradiol tabs | P | |
| norgestrel & ethinyl estradiol tabs 0.3 mg-30 mcg | P | QL(2 ea daily) |
| norgestrel & ethinyl estradiol tabs 0.5 mg-50 mcg | P | |
| ORTHO TRI-CYCLEN LO TABS (Use norgestimate-ethinyl estradiol (triphasic)) | NP | |
| ORTHO TRI-CYCLEN TABS (Use norgestimate-ethinyl estradiol (triphasic)) | NP | |
| ORTHO-CYCLEN TABS (Use norgestimate-ethinyl estradiol) | NP | |
| ORTHO-NOVUM 1/35 TABS (Use norethindrone & eth estradiol) | NP | |
| ORTHO-NOVUM 7/7/7 TABS (Use norethindrone-eth estradiol (triphasic)) | NP | |
| SEASONIQUE TABS (Use levonorgestrel-ethinyl estradiol (91-day)) | NP | QL(91 ea per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| TRI-NORINYL 28 TABS (Use norethindrone-eth estradiol (triphasic)) | NP | |
| YASMIN 28 TABS (Use drospirenone-ethinyl estradiol) | NP | QL(1 ea daily) |
| YAZ TABS (Use drospirenone-ethinyl estradiol) | NP | QL(1 ea daily) |
| Combination Contraceptives - Transdermal | | |
| norelgestromin-ethinyl estradiol ptwk | P | QL(3 ea per 28 days retail) |
| Combination Contraceptives - Vaginal | | |
| etonogestrel-ethinyl estradiol ring | P | QL(1 ea per fill retail) |
| NUVARING RING (Use etonogestrel-ethinyl estradiol) | NP | QL(1 ea per fill retail) |
| Emergency Contraceptives | | |
| ELLA TABS | P | QL(4 ea per 365 days retail) |
| levonorgestrel (emergency oc) tabs | P | QL(1 ea per 21 days retail) |
| PLAN B ONE-STEP TABS (Use levonorgestrel (emergency oc)) | NP | QL(1 ea per 21 days retail) |
| Progestin Contraceptives - Injectable | | |
| DEPO-PROVERA CONTRACEPTIVE SUSP (Use medroxyprogesterone acetate (contraceptive)) | NP | QL(1 ml per fill retail) |
| DEPO-PROVERA CONTRACEPTIVE SUSY (Use medroxyprogesterone acetate (contraceptive)) | NP | QL(1 ml per fill retail) |
| DEPO-SUBQ PROVERA 104 SUSY | P | QL(1 ml per fill retail) |
| medroxyprogesterone acetate (contraceptive) susp | P | QL(1 ml per fill retail) |
| medroxyprogesterone acetate (contraceptive) susy | P | QL(1 ml per fill retail) |
| Progestin Contraceptives - Oral | | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------------|
| <i>norethindrone (contraceptive) tabs</i> | P | |
| ORTHO MICRONOR TABS (Use <i>norethindrone (contraceptive)</i>) | NP | |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| CORTEF TABS (Use <i>hydrocortisone</i>) | NP | |
| <i>cortisone acetate tabs or</i> | P | |
| <i>dexamethasone elix or 0.5 mg/5ml</i> | P | |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML | P | QL(150 ml per 30 days retail) |
| <i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i> | P | QL(150 ml per 30 days retail) |
| <i>dexamethasone soln or 0.5 mg/5ml</i> | P | |
| <i>dexamethasone tabs or 0.75 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 6 mg, 1.5 mg</i> | P | |
| <i>hydrocortisone tabs or 5 mg, 10 mg, 20 mg</i> | P | |
| MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i>) | NP | |
| MEDROL TABS 4 MG, 8 MG (Use <i>methylprednisolone</i>) | NP | |
| <i>methylprednisolone tabs or 4 mg, 8 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 20 mg/5ml</i> | P | QL(150 ml per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| <i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml</i> | P | |
| <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, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</i> | P | |
| <i>prednisone tbpk or 5 mg, 10 mg</i> | P | |
| VERIPRED 20 SOLN (Use <i>prednisolone sodium phosphate</i>) | NP | QL(150 ml per fill retail) |
| Mineralocorticoids | | |
| <i>fludrocortisone acetate tabs or</i> | P | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| <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) |

Georgia Inter-Pregnancy Care

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Updated November 1, 2020

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| <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 (<i>Use benzonatate</i>) | NP | AL(At least 10 yrs old - Up to 21 yrs old) |
| TRIAMINIC LONG ACTING COUGH LIQD 7.5 MG/5ML (<i>Use dextromethorphan hbr</i>) | NP | OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old) |
| Cough/Cold/Allergy Combinations | | |
| ADVIL COLD & SINUS TABS (<i>Use 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) |
| <i>brompheniramine & phenyleph elix 1 mg/5ml-2.5 mg/5ml, 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 & pseudoeph elix</i> | P | OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old) |
| <i>brompheniramine & pseudoeph liqd</i> | P | OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old) |
| BROTAPP DM LIQD | P | OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old) |
| <i>cetirizine-pseudoephedrine tb12</i> | P | AL(Up to 21 yrs old) |
| CHERACOL PLUS LIQD (<i>Use dextromethorphan-guaifenesin</i>) | NP | QL(240 ml per fill retail); AL(Up to 21 yrs old) |
| CHERACOL-D COUGH LIQD (<i>Use dextromethorphan-guaifenesin</i>) | NP | QL(240 ml per fill retail); AL(Up to 21 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>) | NP | OTC;QL(2 ea daily); AL(Up to 21 yrs old) |
| CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>) | NP | OTC;QL(1 ea daily); AL(Up to 21 yrs old) |
| CLEAR COUGH PM MULTI-SYMPTOM LIQD (<i>Use 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 (<i>Use dextromethorphan-phenylephrine-acetaminophen</i>) | NP | OTC;AL(Up to 21 yrs old) |
| <i>dextromethorphan-doxylamine-acetaminophen liqd 15 mg/15ml-500 mg/15ml-6.25 mg/15ml, 1000 mg/30ml-12.5 mg/30ml-30 mg/30ml, 10 %-15 mg/15ml-15 mg/15ml-500 mg/15ml-500 mg/15ml-6.25 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, 20 mg/10ml-200 mg/10ml, 15 mg/7.5ml-150 mg/7.5ml</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 100 mg/5ml-5 mg/5ml, 200 mg/5ml-30 mg/5ml, 20 mg/20ml-400 mg/20ml, 200 mg/5ml-200 mg/5ml-30 mg/5ml-30 mg/5ml</i> | P | OTC;AL(Up to 21 yrs old) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| <i>dextromethorphan-guaifenesin syrp 10 mg/5ml-100 mg/5ml, 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-325 mg-5 mg, 10 mg-10 mg-325 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 brompheniramine & phenyleph) | 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) |
| 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 syrp 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 & pseudoephedrine tb12 120 mg-5 mg</i> | P | OTC;QL(2 ea daily); AL(Up to 21 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| <i>loratadine & pseudoephedrine tb24 10 mg-240 mg, 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 (Use pseudoephedrine-guaifenesin) | NP | QL(210 ea per fill retail); AL(Up to 21 yrs old) |
| MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) | NP | QL(2 ea daily); AL(Up to 21 yrs old) |
| PEDIATRIC COUGH/COLD LIQD | P | OTC;QL(240 ml per fill retail); 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) |
| <i>phenylephrine-dm soln</i> | P | OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old) |
| <i>promethazine & phenylephrine soln</i> | P | QL(240 ml per 7 days retail); AL(Up to 21 yrs old) |
| <i>promethazine & phenylephrine syrp</i> | P | QL(240 ml per 7 days retail); AL(Up to 21 yrs old) |
| <i>promethazine w/codeine soln</i> | P | QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| <i>promethazine w/codeine syrp</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 syrp</i> | P | QL(240 ml per fill retail); AL(Up to 21 yrs old) |
| <i>promethazine-phenylephrine-codeine syrp</i> | P | QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old) |
| PROMETHAZINE/PHENYL EPHRINE SYRP | P | QL(240 ml per 7 days retail); AL(Up to 21 yrs old) |
| <i>pseudoephed-bromphen-dm syrp</i> | P | QL(240 ml per fill retail); AL(Up to 21 yrs old) |
| <i>pseudoephedrine w/ codeine-gg soln</i> | P | QL(240 ml per 7 days retail); AL(At least 18 yrs old - Up to 21 yrs old) |
| <i>pseudoephedrine w/ codeine-gg soln</i> | NP | |
| <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-chlorphen-dm liqd</i> | P | OTC;QL(240 ml per fill 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 syrp 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 COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (<i>Use dextromethorphan-guaifenesin</i>) | NP | 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) |
| ZYRTEC-D ALLERGY/CONGESTION TB12 (<i>Use cetirizine-pseudoephedrine</i>) | NP | AL(Up to 21 yrs old) |
| Expectorants | | |
| <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) |

Georgia Inter-Pregnancy Care

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

Updated November 1, 2020

| 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 (Use <i>guaifenesin</i>) | NP | OTC;QL(2 ea daily); AL(Up to 21 yrs old) |
| MUCINEX TB12 (Use <i>guaifenesin</i>) | NP | QL(40 ea per 30 days retail); AL(Up to 21 yrs old) |
| Misc. Respiratory Inhalants | | |
| <i>sodium chloride (inhalant) aers 0.9 %</i> | P | OTC;QL(240 ml per fill retail) |
| <i>sodium chloride (inhalant) nebu 0.9 %, 3 %, 10 %</i> | P | |
| Mucolytics | | |
| <i>acetylcysteine soln in 10 %, 20 %</i> | P | |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| ABSORICA CAPS 10 MG, 20 MG, 30 MG, 40 MG | 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 (Use <i>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 5 %, 10 %, 2.5 %</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 | |
| CLEOCIN-T SOLN (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 10 mg, 20 mg, 30 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 | |
| PANOXYL-4 CREAMY WASH LIQD (Use <i>benzoyl peroxide</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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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

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

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------------|
| LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical)) | NP | QL(90 gm per fill retail); RX/OTC |
| LOTRISONE CREA (Use clotrimazole w/ betamethasone) | NP | QL(45 gm per 30 days retail) |
| MICATIN CREA (Use miconazole nitrate (topical)) | NP | QL(60 ml per fill retail) |
| miconazole nitrate (topical) crea | P | QL(60 ml per fill retail) |
| NIZORAL SHAM (Use ketoconazole (topical)) | NP | |
| nystatin (topical) crea | P | QL(30 gm per fill retail) |
| nystatin (topical) oint | P | QL(30 gm per fill retail) |
| nystatin (topical) powd | P | QL(60 gm per fill retail) |
| nystatin-triamcinolone crea | P | QL(60 gm per fill retail) |
| nystatin-triamcinolone oint | P | QL(60 gm per fill retail) |
| terbinafine hcl (topical) crea | P | OTC;QL(30 gm per fill retail) |
| TINACTIN CREA (Use tolnaftate) | NP | OTC;QL(30 gm per fill retail) |
| tolnaftate crea ex | P | OTC;QL(30 gm per fill retail) |
| Antihistamines-Topical | | |
| ITCH RELIEF CREA | P | OTC |
| Antineoplastic or Premalignant Lesion Agents - | | |
| CARAC CREA (Use fluorouracil (topical)) | NP | |
| EFUDEX CREA (Use fluorouracil (topical)) | NP | QL(40 gm per 30 days retail) |
| fluorouracil (topical) crea 0.5 % | P | |
| fluorouracil (topical) crea 5 % | P | QL(40 gm per 30 days retail) |
| fluorouracil (topical) soln 2 %, 5 % | P | QL(10 ml per 30 days retail) |
| Antipruritics - Topical | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| camphor & menthol lotn 0.5 %-0.5 % | P | OTC;QL(222 ml per fill retail) |
| SARNA LOTN (Use camphor & menthol) | NP | OTC;QL(222 ml per fill retail) |
| Antipsoriatics | | |
| calcipotriene crea | P | |
| calcipotriene soln | P | QL(60 ml per fill retail) |
| COSENTYX SENSOREADY PEN SOAJ | P | PA; SP |
| COSENTYX SOSY | P | PA; SP |
| DOVONEX CREA (Use calcipotriene) | NP | |
| tazarotene crea ex | 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 % (Use tazarotene) | 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) |
| Antiseborrheic Products | | |
| OVACE PLUS WASH LIQD (Use sulfacetamide sodium) | NP | QL(120 ml per fill retail) |
| OVACE WASH LIQD (Use sulfacetamide sodium) | NP | QL(120 ml per fill retail) |
| selenium sulfide lotn ex 1 % | P | OTC;QL(420 ml per fill retail) |
| selenium sulfide lotn ex 2.5 % | P | |
| selenium sulfide sham ex 1 % | P | OTC;QL(420 ml per fill retail) |
| SELSUN BLUE DAILY LOTN (Use selenium sulfide) | NP | OTC;QL(420 ml per fill retail) |
| SELSUN BLUE LOTN (Use selenium sulfide) | NP | OTC;QL(420 ml per fill retail) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| SELSUN BLUE MEDICATED LOTN (Use selenium sulfide) | NP | OTC;QL(420 ml per fill retail) |
| SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide) | NP | OTC;QL(420 ml per fill retail) |
| <i>sulfacetamide sodium liqd ex</i> | P | QL(120 ml per fill retail) |
| Antivirals - Topical | | |
| <i>acyclovir topical crea</i> | P | QL(5 gm per fill retail) |
| <i>acyclovir topical oint</i> | P | QL(30 gm per 30 days retail) |
| ZOVIRAX CREA EX 5 % (Use acyclovir topical) | NP | QL(5 gm per fill retail) |
| ZOVIRAX OINT EX 5 % (Use acyclovir topical) | NP | QL(30 gm per 30 days retail) |
| Burn Products | | |
| SILVADENE CREA (Use silver sulfadiazine) | NP | |
| <i>silver sulfadiazine crea ex</i> | P | |
| Corticosteroids - Topical | | |
| <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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) | 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 (Use desonide) | NP | |
| <i>desoximetasone crea ex 0.05 %</i> | P | |
| DESOXIMETASONE CREA EX 0.05 % | 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 betamethasone dipropionate augmented) | NP | QL(50 gm per fill retail) |
| ELOCON CREA (Use mometasone furoate) | NP | QL(50 gm per fill retail) |
| ELOCON OINT (Use mometasone furoate) | NP | QL(45 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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------------------|
| <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 |
| <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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| <i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</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 | |
| Emollient/Keratolytic Agents | | |
| <i>urea crea ex 40 %</i> | P | RX/OTC |
| <i>urea lotn ex 40 %</i> | P | |
| Emollients | | |
| EMOLLIENT LOTION-MISC | P | RX/OTC |
| LAC-HYDRIN CREA (Use <i>lactic acid (ammonium lactate)</i>) | NP | QL(385 gm per fill retail); RX/OTC |
| LAC-HYDRIN TWELVE LOTN (Use <i>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 |
| Immunomodulating Agents - Topical | | |
| ALDARA CREA (Use <i>imiquimod</i>) | NP | QL(48 ea per 180 days retail) |
| <i>imiquimod crea ex 5 %</i> | P | QL(48 ea per 180 days retail) |
| Immunosuppressive Agents - Topical | | |
| ELIDEL CREA (Use <i>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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| PROTOPIC OINT 0.03 % (Use tacrolimus (topical)) | NP | PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old) |
| PROTOPIC OINT 0.1 % (Use tacrolimus (topical)) | NP | PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old) |
| <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) |
| Keratolytic/Antimitotic Agents | | |
| DERMAREST PSORIASIS GEL | P | OTC |
| KERALYT GEL 3 % | P | OTC |
| KERALYT GEL 6 % (Use salicylic acid) | NP | |
| <i>podofilox soln ex</i> | P | |
| <i>salicylic acid gel ex 6 %</i> | P | |
| Local Anesthetics - Topical | | |
| 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 (Use capsaicin) | 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| <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) |
| <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 (Use lidocaine) | NP | OTC;QL(2 gm daily) |
| PREDATOR CREA (Use lidocaine hcl) | NP | OTC;QL(2 ml daily) |
| Misc. Topical | | |
| 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 | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| CUTTER SKINSATIONS AERO | NP | |
| CUTTER SPORT AERO | NP | |
| CVS INSECT REPELLENT AERO | NP | |
| CVS TOTAL HOME INSECT REPELLENT AERO 30 % | NP | |
| DRYSOL SOLN | P | |
| 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 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| 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 | |
| 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) |
| Rosacea Agents | | |
| 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 | |
| Scabicides & Pediculicides | | |
| <i>crotamiton lotn ex</i> | P | QL(454 gm per fill retail) |
| ELIMITE CREA (Use permethrin) | NP | QL(360 gm per fill retail) |
| EURAX CREA | P | QL(60 gm per fill retail) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| EURAX LOTN (<i>Use crotamiton</i>) | NP | QL(454 gm per fill retail) |
| LICEMD GEL | P | OTC |
| LICIDE TREATMENT KIT KIT | P | OTC |
| <i>malathion lotn</i> | P | QL(59 ml per fill retail) |
| NATROBA SUSP (<i>Use spinosad</i>) | NP | Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail) |
| NIX CREME RINSE LIQD (<i>Use permethrin</i>) | NP | OTC |
| OVIDE LOTN (<i>Use malathion</i>) | 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 |
| RA LICE SOLUTION KIT KIT | P | OTC |
| RID COMPLETE LICE ELIMINATION KIT (<i>Use pyrethrins-piperonyl butoxide-permethrin-nit remover</i>) | NP | OTC |
| RID ESSENTIAL LICE ELIMINATION KIT KIT | P | OTC |
| RID LIQD EX 0.33 %-4 % (<i>Use pyrethrins-piperonyl butoxide</i>) | NP | OTC |
| SCHOOLTIME SHAMPOO SHAM | P | OTC;QL(1 ml per 14 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>spinosad susp</i> | P | Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail) |
| Tar Products | | |
| <i>coal tar extract sham 0.5 %</i> | P | OTC |
| 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 |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Tests | | |
| ACCU-CHEK GUIDE STRP VI | NP | RX/OTC |
| AGAMATRIX PRESTO TEST STRIPS STRP | NP | RX/OTC |
| ASSURE PLATINUM TEST STRIPS STRP | NP | RX/OTC |
| BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| CHEMSTRIP-K STRP | P | OTC;QL(6.67 ea daily) |
| CONTOUR NEXT BLOOD GLUCOSE TEST STRP | NP | RX/OTC |
| CVS GLUCOSE METER TEST STRIPS STRP | NP | RX/OTC |
| DIATHRIVE+ BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| EQ BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| EVENCARE PROVIEW BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| FORA GTEL BLOOD KETONE TEST STRIPS STRP | P | OTC;QL(1 ea daily) |
| GOJJI BLOOD GLUCOSE TESTSTRIPS STRP | NP | RX/OTC |
| GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP | NP | RX/OTC |
| GOJJI BLOOD KETONE TEST STRIPS STRP | P | OTC;QL(1 ea daily) |
| HARMONY BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| INFINITY BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| 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) |
| KROGER HEALTHPRO GLUCOSETEST STRIPS STRP | NP | RX/OTC |
| MICRODOT XTRA TEST STRIPS STRP | NP | RX/OTC |
| NOVA MAX PLUS KETONE TESTSTRIPS STRP | P | OTC;QL(1 ea daily) |
| PRECISION XTRA STRP VI | P | OTC;QL(1 ea daily) |
| PTS PANELS KETONE TEST STRP | P | OTC;QL(1 ea daily) |
| RELION KETONE STRP | P | OTC;QL(6.67 ea daily) |
| RELION KETONE TEST STRIPS STRP | P | OTC;QL(6.67 ea daily) |
| RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP | P | Clinical Edit: Test Strips;RX/OTC |
| TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP | NP | RX/OTC |
| TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP | P | RX/OTC |
| TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP | NP | RX/OTC |
| TRUETRACK BLOOD GLUCOSE TEST STRP | NP | RX/OTC |
| TRUETRACK TEST STRP | NP | RX/OTC |
| TRUETRACK TEST STRP | P | RX/OTC |
| VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| Digestive Enzymes | | |
| CREON CPEP | P | |
| PANCREAZE CPEP | P | |
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | |
| Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide cp12 or 500 mg</i> | P | |
| <i>acetazolamide tabs or 125 mg, 250 mg</i> | P | |
| <i>methazolamide tabs or 25 mg, 50 mg</i> | P | |
| Diuretic Combinations | | |
| <i>ALDACTAZIDE TABS 25 MG-25 MG (Use spironolactone & hydrochlorothiazide)</i> | NP | |
| <i>amiloride & hydrochlorothiazide tabs</i> | P | QL(1 ea daily) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| DYAZIDE CAPS (<i>Use triamterene & hydrochlorothiazide</i>) | NP | |
| MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>) | NP | |
| MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>) | NP | |
| <i>spironolactone & hydrochlorothiazide tabs</i> | P | |
| <i>triamterene & hydrochlorothiazide caps</i> | P | |
| <i>triamterene & hydrochlorothiazide tabs</i> | P | |
| Loop Diuretics | | |
| <i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i> | P | |
| BUMEX TABS (<i>Use bumetanide</i>) | NP | |
| DEMADEX TABS (<i>Use torsemide</i>) | NP | QL(1 ea daily) |
| <i>furosemide soln or 8 mg/ml, 10 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) |
| Potassium Sparing Diuretics | | |
| ALDACTONE TABS (<i>Use spironolactone</i>) | NP | |
| <i>amiloride hcl tabs or</i> | P | QL(4 ea daily) |
| <i>spironolactone tabs or 25 mg, 50 mg, 100 mg</i> | P | |
| Thiazides and Thiazide-Like Diuretics | | |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <i>hydrochlorothiazide tabs or 25 mg, 50 mg</i> | P | |
| <i>indapamide tabs</i> | P | |
| <i>metolazone tabs</i> | P | |
| MICROZIDE CAPS (<i>Use hydrochlorothiazide</i>) | NP | |
| ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Bone Density Regulators | | |
| ACTONEL TABS 35 MG (<i>Use risedronate sodium</i>) | NP | PA; QL(4 ea per fill retail) |
| ACTONEL TABS 5 MG, 30 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 35 mg, 70 mg</i> | P | QL(0.15 ea daily) |
| <i>alendronate sodium tabs 5 mg, 10 mg, 40 mg</i> | P | QL(1 ea daily) |
| AELVIA TBEC (<i>Use risedronate sodium</i>) | NP | PA; QL(4 ea per 28 days retail) |
| <i>calcitonin (salmon) soln</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 | P | QL(2 ml per fill retail) |
| <i>risedronate sodium tabs 35 mg</i> | P | PA; QL(4 ea per fill retail) |
| <i>risedronate sodium tabs 5 mg, 30 mg</i> | P | PA; QL(1 ea daily) |
| <i>risedronate sodium tbec 35 mg</i> | P | PA; QL(4 ea per 28 days retail) |
| Growth Hormones | | |
| NORDITROPIN FLEXPRO SOPN | P | PA; SP |
| OMNITROPE SOCT | P | PA; SP |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| Hormone Receptor Modulators | | |
| EVISTA TABS (<i>Use raloxifene hcl</i>) | NP | QL(1 ea daily) |
| <i>raloxifene hcl tabs</i> | P | QL(1 ea daily) |
| Metabolic Modifiers | | |
| <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) |
| 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 (<i>Use calcitriol</i>) | NP | |
| Posterior Pituitary Hormones | | |
| DDAVP SOLN NA 0.01 % | P | QL(5 ml per fill retail) |
| DDAVP SOLN NA 0.01 % (<i>Use desmopressin acetate spray</i>) | NP | QL(5 ml per fill retail) |
| DDAVP TABS OR 0.1 MG, 0.2 MG (<i>Use 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) |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| ACTIVELLA TABS (<i>Use estradiol & norethindrone acetate</i>) | NP | QL(1 ea daily) |
| COMBIPATCH PTTW | P | QL(8 ea per 28 days retail) |
| <i>estradiol & norethindrone acetate tabs</i> | P | QL(1 ea daily) |
| FEMHRT LOW DOSE TABS (<i>Use norethindrone acetate-ethinyl estradiol</i>) | NP | |
| <i>norethindrone acetate-ethinyl estradiol tabs</i> | P | |
| PREMPHASE TABS | P | |
| PREMPRO TABS | P | |
| Estrogens | | |
| ALORA PTTW | P | QL(8 ea per fill retail) |
| CLIMARA PTWK (<i>Use estradiol</i>) | NP | QL(4 ea per fill retail) |
| ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (<i>Use estradiol</i>) | NP | |
| <i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i> | P | QL(8 ea per fill retail) |
| <i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 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 (<i>Use estradiol</i>) | NP | QL(8 ea per fill retail) |
| PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG | P | QL(1 ea daily) |
| VIVELLE-DOT PTTW (<i>Use estradiol</i>) | NP | QL(8 ea per fill retail) |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------------|
| CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl) | NP | |
| ciprofloxacin hcl tabs or 100 mg | P | QL(6 ea per fill retail) |
| ciprofloxacin hcl tabs or 250 mg, 500 mg, 750 mg | P | |
| LEVAQUIN TABS (Use levofloxacin) | NP | QL(1 ea daily, 14 ea per fill retail) |
| levofloxacin tabs or 250 mg, 500 mg, 750 mg | P | QL(1 ea daily, 14 ea per fill retail) |
| ofloxacin tabs 400 mg | P | QL(56 ea per fill retail) |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| Antiflatulents | | |
| GAS-X CHEW (Use simethicone) | NP | OTC |
| 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) |
| Bile Acid Synthesis Disorder Agents | | |
| CHOLBAM CAPS | P | PA; SP |
| Gallstone Solubilizing Agents | | |
| 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) |
| Gastrointestinal Stimulants | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml | P | |
| metoclopramide hcl tabs or 5 mg, 10 mg | P | |
| REGLAN TABS (Use metoclopramide hcl) | NP | |
| Inflammatory Bowel Agents | | |
| 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) |
| 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 | |
| Intestinal Acidifiers | | |
| lactulose (encephalopathy) soln | P | |
| Phosphate Binder Agents | | |
| calcium acetate (phosphate binder) caps | P | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------------|
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Alkalinizers | | |
| <i>potassium citrate (alkalinizer) tbcr 540 mg, 1080 mg</i> | P | |
| <i>sodium citrate & citric acid soln</i> | P | QL(500 ml per 30 days retail); RX/OTC |
| UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>) | NP | |
| UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>) | NP | |
| Genitourinary Irrigants | | |
| <i>sodium chloride (gu irrigant) soln</i> | P | |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | P | QL(3 ea daily) |
| Prostatic Hypertrophy Agents | | |
| <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) |
| Urinary Analgesics | | |
| <i>phenazopyridine hcl tabs or 100 mg, 200 mg</i> | P | |
| PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>) | NP | |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| <i>colchicine w/ probenecid tabs</i> | P | |
| Gout Agents | | |
| <i>allopurinol tabs or 100 mg, 300 mg</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| <i>colchicine tabs or</i> | P | QL(6 ea per fill retail) |
| COLCRYSTABS (<i>Use colchicine</i>) | NP | QL(6 ea per fill retail) |
| ZYLOPRIM TABS (<i>Use allopurinol</i>) | NP | |
| Uricosurics | | |
| <i>probenecid tabs</i> | P | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Hematorheologic Agents | | |
| <i>pentoxifylline tbcr or</i> | P | |
| Plasma Kallikrein Inhibitors | | |
| KALBITOR SOLN | P | PA; SP |
| Platelet Aggregation Inhibitors | | |
| BRILINTA TABS | P | QL(2 ea daily) |
| <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 75 MG (<i>Use clopidogrel bisulfate</i>) | NP | |
| <i>prasugrel hcl tabs</i> | P | QL(1 ea daily) |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Sickle Cell Disease | | |
| DROXIA CAPS | P | |
| SIKLOS TABS | P | PA |
| Cobalamins | | |
| <i>cyanocobalamin soln 1000 mcg/ml</i> | P | QL(10 ml per 270 days retail) |
| Folic Acid/Folates | | |
| <i>folic acid tabs 1 mg</i> | P | RX/OTC |

Georgia Inter-Pregnancy Care

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Updated November 1, 2020

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>folic acid tabs 400 mcg, 800 mcg</i> | P | OTC;QL(1 ea daily) |
| Hematopoietic Growth Factors | | |
| ZARXIO SOSY | P | PA; SP |
| Hematopoietic Mixtures | | |
| <i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i> | P | QL(1 ea daily) |
| Iron | | |
| FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>) | NP | OTC;QL(3.4 ml daily) |
| FERRETTTS TABS | P | OTC;QL(2 ea daily) |
| <i>ferrous fumarate tabs or</i> | P | OTC;QL(2 ea daily) |
| 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 65 mg, 325 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 (<i>Use 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) |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| AMICAR SOLN 0.25 GM/ML (<i>Use aminocaproic acid</i>) | NP | QL(60 ml per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| AMICAR TABS 500 MG (<i>Use 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 (<i>Use 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) |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Antihistamine Hypnotics | | |
| <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 (<i>Use diphenhydramine hcl (sleep)</i>) | NP | OTC |
| UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>) | NP | OTC |
| UNISOM SLEEPTABS TABS (<i>Use doxylamine succinate (sleep)</i>) | NP | OTC |
| Barbiturate Hypnotics | | |
| <i>phenobarbital elix or 20 mg/5ml</i> | P | |
| <i>phenobarbital soln or 20 mg/5ml</i> | P | |
| <i>phenobarbital tabs or 15 mg, 30 mg, 60 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i> | P | |
| Non-Barbiturate Hypnotics | | |

Georgia Inter-Pregnancy Care

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Updated November 1, 2020

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| AMBIEN TABS (<i>Use zolpidem tartrate</i>) | NP | QL(14 ea per 31 days retail); AL(At least 21 yrs old) |
| <i>flurazepam hcl caps</i> | P | AL(At least 18 yrs old - Up to 65 yrs old) |
| HALCION TABS (<i>Use triazolam</i>) | NP | QL(1 ea daily); AL(At least 18 yrs old) |
| <i>midazolam hcl soln ij 5 mg/ml, 2 mg/2ml, 5 mg/5ml, 10 mg/2ml, 25 mg/5ml, 10 mg/10ml, 50 mg/10ml</i> | P | |
| RESTORIL CAPS 15 MG, 30 MG (<i>Use temazepam</i>) | NP | AL(At least 18 yrs old) |
| <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 5 mg, 10 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 |
| KONSYL ORIGINAL FORMULADAILY FIBER POWD (<i>Use psyllium</i>) | NP | OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------|
| 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 30 %, 33 %, 68 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %,</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) |
| 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 | | |

Georgia Inter-Pregnancy Care

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Updated November 1, 2020

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| <i>glycerin (laxative) supp 2 gm</i> | P | OTC |
| GLYCERIN ADULT SUPP (Use <i>glycerin (laxative)</i>) | NP | OTC |
| <i>lactulose soln 10 gm/15ml, 20 gm/30ml</i> | P | |
| MIRALAX POWD 17 GM/SCOOP (Use <i>polyethylene glycol 3350</i>) | NP | QL(34 gm daily); RX/OTC |
| <i>polyethylene glycol 3350 powd or 17 gm/scoop,</i> | P | QL(34 gm daily); RX/OTC |
| SORBITOL SOLN OR 70 % | P | OTC |
| Saline Laxatives | | |
| FLEET ENEMA ENEM (Use <i>sodium phosphates</i>) | NP | OTC |
| FLEET ENEMA SIX PACK ENEM (Use <i>sodium phosphates</i>) | NP | OTC |
| FLEET PEDIATRIC ENEM (Use <i>sodium phosphates</i>) | NP | OTC |
| <i>magnesium citrate soln or 1.745 gm/30ml,</i> | P | OTC |
| <i>magnesium hydroxide susp or 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml,</i> | P | OTC;QL(992 ml per 30 days retail) |
| <i>sodium phosphates enem</i> | P | OTC |
| Stimulant Laxatives | | |
| <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 (Use <i>bisacodyl</i>) | NP | OTC;QL(12 ea per fill retail) |
| DULCOLAX TBEC OR 5 MG (Use <i>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 (Use <i>sennosides</i>) | NP | OTC;QL(12 ea per fill retail) |
| Surfactant Laxatives | | |
| COLACE CAPS (Use <i>docusate sodium</i>) | NP | OTC;QL(3 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| COLACE CLEAR CAPS (Use <i>docusate sodium</i>) | NP | OTC |
| <i>docusate sodium caps or 100 mg, 250 mg</i> | P | OTC;QL(3 ea daily) |
| <i>docusate sodium caps or 50 mg</i> | P | OTC |
| <i>docusate sodium liqd or 50 mg/5ml, 150 mg/15ml</i> | P | OTC |
| <i>docusate sodium syrps or 60 mg/15ml</i> | P | OTC |
| <i>docusate sodium tabs or 100 mg</i> | P | OTC |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| <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) |
| <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 (Use <i>azithromycin</i>) | NP | QL(2 ea per fill retail) |
| ZITHROMAX SUSR OR 100 MG/5ML (Use <i>azithromycin</i>) | NP | QL(15 ml per fill retail) |
| ZITHROMAX SUSR OR 200 MG/5ML (Use <i>azithromycin</i>) | NP | QL(30 ml per fill retail) |
| ZITHROMAX TABS OR 250 MG (Use <i>azithromycin</i>) | NP | QL(6 ea per fill retail) |
| ZITHROMAX TABS OR 500 MG (Use <i>azithromycin</i>) | NP | QL(4 ea daily) |
| ZITHROMAX TABS OR 600 MG (Use <i>azithromycin</i>) | NP | QL(8 ea per 28 days retail) |
| ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>) | NP | QL(4 ea daily) |
| ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>) | NP | QL(6 ea per fill retail) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------------------|
| Clarithromycin | | |
| <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) |
| Erythromycins | | |
| E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) | NP | |
| ERYPED 200 SUSR (Use erythromycin ethylsuccinate) | NP | |
| ERYPED 400 SUSR (Use erythromycin ethylsuccinate) | NP | |
| <i>erythromycin base cpep</i> | P | |
| <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 | |
| MEDICAL DEVICES AND SUPPLIES | | |
| Bandages-Dressings-Tape | | |
| GAUZE SPONGES | P | RX/OTC |
| Contraceptives | | |
| CONDOMS-MISC | P | QL (36 ea per 30 days retail); OTC |
| Diabetic Supplies | | |
| ADVANCED MOBILE LANCET 30G MISC | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| 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 | |
| CARESENS LANCETS MISC | P | QL(6.67 ea daily) |
| CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD | NP | |
| CARETOUCH SAFETY LANCETS/26G MISC | NP | |
| CARETOUCH SAFETY LANCETS/28G MISC | NP | |
| CARETOUCH SAFETY LANCETS/30G MISC | NP | |
| CARETOUCH TWIST LANCETS 33G MISC | NP | |
| DRUG MART UNILET MICRO THIN LANCETS 33G MISC | NP | |
| EASY TRAK II CONTROL SOLUTION/NORMAL LIQD | NP | |
| EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD | NP | |
| EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD | NP | |
| GOJJI CONTROL SOLUTION NORMAL SOLN | NP | |
| GOJJI STERILE LANCETS 30G MISC | P | QL(6.67 ea daily) |
| GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC | NP | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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|--|-----------|-----------------------------------|
| GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC | NP | |
| LANCETS 30G TWIST TOP 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 |
| LANCING DEVICE-MISC | P | OTC |
| ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC | NP | |
| ONETOUCH DELICA PLUS LANCETS FINE 30G MISC | NP | |
| PIP LANCETS/28G MISC | NP | |
| PIP 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) |
| SAFETY LANCET 30G/PRESSURE ACTIVATED MISC | NP | |
| TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN | P | QL(0.02 ea daily,90 day(s) limit) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN | P | QL(0.02 ea daily,90 day(s) limit) |
| TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN | P | QL(0.02 ea daily,90 day(s) limit) |
| TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD | P | 1/ 90 days;QL(0.02 ea daily,90 day(s) limit) |
| TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD | P | 1/ 90 days;QL(0.02 ea daily,90 day(s) limit) |
| 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 | |
| Misc. Devices | | |
| ALCOHOL PREP PADS PADS | NP | RX/OTC |
| ALCOHOL PREP PADS-MISC | P | OTC |
| CARETOUCH ALCOHOL PREP PADS PADS | NP | RX/OTC |
| EASY COMFORT ALCOHOL PADS PADS | NP | RX/OTC |
| HM STERILE ALCOHOL PREP PADS PADS | NP | RX/OTC |
| NOZIN NASAL SANITIZER PADS | NP | RX/OTC |
| PHARMACIST CHOICE ALCOHOL PRED PADS PADS | NP | RX/OTC |
| PHARMACIST CHOICE ALCOHOLPREP PADS PADS | NP | RX/OTC |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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|--|-----------|---|
| PURE COMFORT ALCOHOL PREPPADS PADS | NP | RX/OTC |
| SAPS HEALTH ALCOHOL PREPPADS PADS | NP | RX/OTC |
| Parenteral Therapy Supplies | | |
| 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 |
| Respiratory Therapy Supplies | | |
| 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 |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Migraine Combinations | | |
| CAFERGOT TABS (Use ergotamine w/ caffeine) | NP | AL(At least 18 yrs old) |
| ergotamine w/ caffeine tabs or 1 mg-100 mg | P | AL(At least 18 yrs old) |
| Migraine Products | | |
| D.H.E. 45 SOLN (Use dihydroergotamine mesylate) | NP | AL(At least 18 yrs old) |
| dihydroergotamine mesylate soln ij 1 mg/ml | P | AL(At least 18 yrs old) |
| dihydroergotamine mesylate soln na 4 mg/ml | P | AL(At least 18 yrs old) |
| MIGRANAL SOLN (Use dihydroergotamine mesylate) | NP | AL(At least 18 yrs old) |
| Serotonin Agonists | | |
| AMERGE TABS (Use naratriptan hcl) | NP | QL(9 ea per 30 days retail); AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| eletriptan hydrobromide tabs | P | QL(6 ea per 30 days retail); AL(At least 18 yrs old) |
| IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (Use sumatriptan) | NP | QL(6 ea per 30 days retail); AL(At least 12 yrs old) |
| IMITREX SOLN SC 6 MG/0.5ML (Use sumatriptan succinate) | NP | QL(2.5 ml per 30 days retail); AL(At least 12 yrs old) |
| IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate) | NP | QL(2 ml per 30 days retail); AL(At least 12 yrs old) |
| IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate) | NP | QL(2 ml per 30 days retail); AL(At least 12 yrs old) |
| IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use sumatriptan succinate) | NP | QL(9 ea per 30 days retail); AL(At least 12 yrs old) |
| MAXALT TABS (Use rizatriptan benzoate) | NP | QL(12 ea per 30 days retail); AL(At least 6 yrs old) |
| MAXALT-MLT TBDP (Use rizatriptan benzoate) | NP | QL(0.4 ea daily) |
| naratriptan hcl tabs | P | QL(9 ea per 30 days retail); AL(At least 18 yrs old) |
| RELPAK TABS (Use eletriptan hydrobromide) | NP | QL(6 ea per 30 days retail); AL(At least 18 yrs old) |
| rizatriptan benzoate tabs 5 mg, 10 mg | P | QL(12 ea per 30 days retail); AL(At least 6 yrs old) |
| rizatriptan benzoate tbdp 5 mg, 10 mg | P | QL(0.4 ea daily) |
| sumatriptan soln na 5 mg/act, 20 mg/act | P | QL(6 ea per 30 days retail); AL(At least 12 yrs old) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <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 25 mg, 50 mg, 100 mg</i> | P | QL(9 ea per 30 days retail); AL(At least 12 yrs old) |
| <i>zolmitriptan tabs or 5 mg, 2.5 mg</i> | P | QL(6 ea per 30 days retail); AL(At least 18 yrs old) |
| <i>zolmitriptan tbdp or 5 mg, 2.5 mg</i> | P | QL(6 ea per 30 days retail); AL(At least 18 yrs old) |
| ZOMIG SOLN NA 5 MG | P | QL(6 ea per 30 days retail); AL(At least 12 yrs old) |
| ZOMIG TABS OR 5 MG, 2.5 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) |
| MINERALS & ELECTROLYTES | | |
| Calcium | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------|
| <i>calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 20 mcg-600 mg, 400 unit-600 mg, 600 mg-800 unit, 400 unit-600 mg-600 mg-800 unit</i> | P | QL(2 ea daily) |
| <i>calcium carbonate-cholecalciferol tabs 5 mcg-500 mg, 200 unit-500 mg</i> | P | OTC |
| <i>calcium carbonate-vitamin d tabs 125 unit-250 mg, 125 unit-500 mg, 200 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 CALCIUM HI-CAL/VITAMIND TABS | P | OTC |
| RA OYSTER SHELL CALCIUM/VITAMIN D TABS 200 UNIT-500 MG | P | OTC |
| Electrolyte Mixtures | | |
| 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) |
| 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 (Use <i>oral electrolytes</i>) | NP | QL(1000 ml per fill retail) |
| HYDRALYTE FREEZER POPS SOLN | P | QL(1000 ml per fill retail) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------|
| HYDRALYTE SOLN 210 MG/250ML-270 MG/250ML, 16 GM/L-20 MEQ/L-45 MEQ/L-45 MEQ/L-90 MEQ/L | 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) |
| PEDIALYTE SOLN 0.5 MG/59ML-1.2 MEQ/59ML-1.5 GM/59ML-2.1 MEQ/59ML-2.7 MEQ/59ML, 20 GM/L-20 MEQ/L-35 MEQ/L-45 MEQ/L-5 GM/L, 10.6 MEQ/237ML-4.7 MEQ/237ML-8.3 MEQ/237ML, 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) |
| Fluoride | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------|
| <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, 0.5 mg/ml</i> | P | AL(Up to 15 yrs old) |
| Magnesium | | |
| MAGNESIUM CAPS 400 MG | 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 | |
| Phosphate | | |
| K-PHOS NEUTRAL TABS (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) | NP | QL(8 ea daily) |
| <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i> | P | QL(8 ea daily) |
| Potassium | | |
| K-TAB TBCR 8 MEQ, 10 MEQ (<i>Use potassium chloride</i>) | NP | |
| <i>potassium bicarbonate tbcf or 25 meq, 2 gm-2.5 gm</i> | P | |
| <i>potassium chloride cpcr or 10 meq</i> | P | |
| <i>potassium chloride cpcr or 8 meq</i> | P | QL(1 ea daily) |
| <i>potassium chloride microencapsulated crystals er tbcf</i> | P | |
| <i>potassium chloride pack or 20 meq</i> | P | |
| <i>potassium chloride soln or 10 %, 20 %</i> | P | |
| <i>potassium chloride tbcf or 8 meq, 10 meq</i> | P | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------------|
| Zinc | | |
| <i>zinc sulfate caps or 220 mg</i> | P | QL(100 ea per fill retail) |
| ZINC SULFATE CAPS OR 50 MG | P | QL(100 ea per fill retail) |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| DEPEN TITRATABS TABS (Use <i>penicillamine</i>) | NP | |
| <i>penicillamine tabs or</i> | P | |
| Immunosuppressive Agents | | |
| AZASAN TABS | P | PA |
| <i>azathioprine tabs or 50 mg</i> | P | |
| CELLCEPT CAPS (Use <i>mycophenolate mofetil</i>) | NP | |
| CELLCEPT SUSR (Use <i>mycophenolate mofetil</i>) | NP | |
| CELLCEPT TABS (Use <i>mycophenolate mofetil</i>) | NP | |
| <i>cyclosporine caps or 25 mg, 100 mg</i> | P | |
| <i>cyclosporine modified (for microemulsion) caps</i> | P | |
| <i>cyclosporine modified (for microemulsion) soln</i> | P | |
| <i>cyclosporine soln iv 50 mg/ml</i> | P | |
| IMURAN TABS (Use <i>azathioprine</i>) | NP | |
| <i>mycophenolate mofetil caps</i> | P | |
| <i>mycophenolate mofetil susr</i> | P | |
| <i>mycophenolate mofetil tabs</i> | P | |
| <i>mycophenolate sodium tbec</i> | P | |
| MYFORTIC TBEC (Use <i>mycophenolate sodium</i>) | NP | |
| NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>) | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------------|
| NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>) | NP | |
| PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use <i>tacrolimus</i>) | NP | |
| PROGRAF PACK OR 0.2 MG, 1 MG | P | PA |
| RAPAMUNE SOLN (Use <i>sirolimus</i>) | NP | |
| RAPAMUNE TABS (Use <i>sirolimus</i>) | NP | |
| SANDIMMUNE CAPS OR 25 MG, 100 MG (Use <i>cyclosporine</i>) | NP | |
| SANDIMMUNE SOLN IV 50 MG/ML (Use <i>cyclosporine</i>) | NP | |
| SANDIMMUNE SOLN OR 100 MG/ML | P | |
| <i>sirolimus soln or 1 mg/ml</i> | P | |
| <i>sirolimus tabs or 0.5 mg, 1 mg, 2 mg</i> | P | |
| <i>tacrolimus caps or 0.5 mg, 1 mg, 5 mg</i> | P | |
| Potassium Removing Agents | | |
| <i>sodium polystyrene sulfonate powd or</i> | P | |
| <i>sodium polystyrene sulfonate susp or 15 gm/60ml</i> | P | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |
| <i>lidocaine hcl (mouth-throat) soln 2 %</i> | P | QL(100 ml per fill retail) |
| Anti-infectives - Throat | | |
| <i>nystatin (mouth-throat) susp</i> | P | QL(120 ml per fill retail) |
| Antiseptics - Mouth/Throat | | |
| <i>chlorhexidine gluconate (mouth-throat) soln</i> | P | |

Georgia Inter-Pregnancy Care

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Updated November 1, 2020

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|
| PERIDEX SOLN (<i>Use chlorhexidine gluconate (mouth-throat)</i>) | NP | |
| Dental Products | | |
| 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 | |
| Steroids - Mouth/Throat/Dental | | |
| <i>triamcinolone acetonide (mouth) pste</i> | P | QL(5 gm per fill retail) |
| Throat Products - Misc. | | |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|
| 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 |
| MULTIVITAMINS | | |
| B-Complex Vitamins | | |
| <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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------|
| <i>b-complex vitamins tabs</i> 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, 10 mg-14 mg-25 mcg-4.5 mg-7 mg, 15 mg-2 mcg-2 mg-2 mg-2 mg-5 mg, 1 mg-2 mg-20 mg-3 mg-5 mcg-83 mg, 10 mg-2 mg-20 mg-3 mg-3 mg-6 mcg, 1 mcg-1 mg-10 mg-100 mg-20 mg-4.6 mg-40 mg-5 mg-5 mg-50 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, 100 mcg-30 mg-50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg | P | QL(1 ea daily) |
| B-Complex w/ C | | |
| <i>b complex w/ c caps</i> 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 | P | OTC;QL(1 ea daily) |
| B-Complex w/ Folic Acid | | |
| <i>b-complex w/ c & folic acid caps</i> 1 mg-1.5 mg-1.7 mg-10 mg-100 mg-150 mcg-20 mg-5 mg-6 mcg | P | QL(1 ea daily); RX/OTC |

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

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>prenatal vitamins-misc</i> | P | RX/OTC |
| Vitamins w/ Lipotropics | | |
| <i>vitamins w/ lipotropics caps</i> | P | OTC;QL(1 ea daily) |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| Central Muscle Relaxants | | |
| <i>baclofen tabs or 10 mg, 20 mg</i> | P | |
| <i>chlorzoxazone tabs 500 mg</i> | P | |
| <i>cyclobenzaprine hcl tabs or 5 mg, 10 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 TABS OR 500 MG (Use methocarbamol) | NP | |
| ROBAXIN-750 TABS (Use methocarbamol) | NP | |
| <i>tizanidine hcl tabs or 2 mg, 4 mg</i> | P | |
| ZANAFLEX TABS 4 MG (Use tizanidine hcl) | NP | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Agents - Misc. | | |
| 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 %, 0.65 %</i> | P | OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old) |
| Nasal Antiallergy | | |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <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) |
| Nasal Anticholinergics | | |
| <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) |
| Nasal Steroids | | |
| 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) |
| Sympathomimetic Decongestants | | |
| ADRENALIN SOLN NA 0.1 % (Use epinephrine hcl (nasal)) | NP | QL(120 ml per fill retail); AL(Up to 21 yrs old) |
| <i>epinephrine hcl (nasal) soln</i> | P | QL(120 ml per fill retail); AL(Up to 21 yrs old) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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|--|-----------|---|
| NASAL DECONGESTANT LIQD | P | OTC;AL(Up to 21 yrs old) |
| NASAL DECONGESTANT SYRP | P | OTC;QL(1 ml daily); 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 30 mg, 60 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 (<i>Use pseudoephedrine hcl</i>) | NP | OTC;AL(Up to 21 yrs old) |
| SUDAFED CONGESTION TABS (<i>Use 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 (<i>Use phenylephrine hcl (oral)</i>) | NP | OTC;QL(24 ea per fill retail) |
| SUDAFED SINUS CONGESTION TABS (<i>Use pseudoephedrine hcl</i>) | NP | OTC;AL(Up to 21 yrs old) |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| RILUTEK TABS (<i>Use riluzole</i>) | NP | PA |
| <i>riluzole tabs</i> | P | PA |
| NUTRIENTS | | |
| Carbohydrates | | |
| POLYCOSE LIQD | P | OTC;QL(124 ml per fill retail) |
| POLYCOSE POWD | P | OTC;QL(350 gm per fill retail) |
| Misc. Nutritional Substances | | |

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

Georgia Inter-Pregnancy Care Updated November 1, 2020
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|---|-----------|----------------------------------|
| HYPOTEARNS SOLN | P | OTC;QL(31 ml per 30 days retail) |
| <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) |
| Beta-blockers - Ophthalmic | | |
| BETAGAN SOLN (<i>Use levobunolol hcl</i>) | NP | QL(15 ml per 30 days retail) |
| <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) |
| TIMOPTIC OCUDOSE SOLN | P | QL(15 ea per 30 days retail) |
| TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>) | NP | QL(15 ml per 30 days retail) |
| Cycloplegic Mydriatics | | |
| ATROPINE SULFATE OINT OP 1 % | 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 1 %, 2 % (<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 1 %, 2 %</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 | |
| Miotics | | |
| ISOPTO CARPINE SOLN (<i>Use pilocarpine hcl</i>) | NP | |
| <i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i> | P | |
| Ophthalmic Adrenergic Agents | | |
| <i>apraclonidine hcl soln</i> | P | |
| <i>brimonidine tartrate soln op 0.2 %</i> | P | |
| IOPIDINE SOLN 0.5 % (<i>Use apraclonidine hcl</i>) | NP | |
| IOPIDINE SOLN 1 % | P | |
| Ophthalmic Anti-infectives | | |
| 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) |
| <i>gentamicin sulfate (ophth) soln</i> | P | |

Georgia Inter-Pregnancy Care

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Updated November 1, 2020

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------------------|
| <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) |
| NEOSPORIN SOLN (Use <i>neomycin-polymyxin-gramicidin</i>) | NP | QL(10 ml per 30 days retail) |
| OCUFLOX SOLN (Use <i>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 (Use <i>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 (Use <i>tobramycin (ophth)</i>) | NP | QL(5 ml per 30 days retail) |
| <i>trifluridine soln op</i> | P | QL(8 ml per 30 days retail) |
| VIGAMOX SOLN (Use <i>moxifloxacin hcl (ophth)</i>) | NP | QL(3 ml per fill retail) |
| VIROPTIC SOLN (Use <i>trifluridine</i>) | NP | QL(8 ml per 30 days retail) |
| Ophthalmic Decongestants | | |
| <i>naphazoline w/ pheniramine soln 0.027 %-0.315 %</i> | P | OTC;QL(15 ml per 30 days retail) |
| OPCON-A SOLN (Use <i>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 (Use <i>tetrahydrozoline hcl (ophth)</i>) | NP | OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------------|
| VISINE SOLN (Use <i>tetrahydrozoline hcl (ophth)</i>) | NP | OTC |
| Ophthalmic Local Anesthetics | | |
| <i>tetracaine hcl (ophth) soln</i> | P | |
| Ophthalmic Steroids | | |
| 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 (Use <i>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 (Use <i>neomycin-polymy-dexameth</i>) | NP | QL(4 gm per 30 days retail) |
| MAXITROL SUSP 0.1 %-10000 UNIT/ML-3.5 MG/ML (Use <i>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) |
| OMNIPRED SUSP (Use <i>prednisolone acetate (ophth)</i>) | NP | |
| PRED FORTE SUSP (Use <i>prednisolone acetate (ophth)</i>) | P | |
| PRED FORTE SUSP (Use <i>prednisolone acetate (ophth)</i>) | NP | |
| PRED MILD SUSP | P | QL(10 ml per 30 days retail) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------------------|
| PRED-G SUSP | P | QL(5 ml per fill retail) |
| <i>prednisolone acetate (ophth) susp</i> | P | |
| PREDNISOLONE ACETATE P-F SUSP | P | |
| 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 (Use <i>tobramycin-dexamethasone</i>) | NP | QL(10 ml per fill retail) |
| <i>tobramycin-dexamethasone susp</i> | P | QL(10 ml per fill retail) |
| Ophthalmics - Misc. | | |
| ACULAR LS SOLN (Use <i>ketorolac tromethamine (ophth)</i>) | NP | QL(5 ml per 30 days retail) |
| ACULAR SOLN (Use <i>ketorolac tromethamine (ophth)</i>) | NP | QL(10 ml per fill retail) |
| ALOCRIOL 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 | 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) |
| <i>dorzolamide hcl soln</i> | P | QL(10 ml per 30 days retail) |
| DORZOLAMIDE HCL SOLN | P | QL(10 ml per 30 days retail) |
| <i>flurbiprofen sodium soln</i> | P | QL(5 ml per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| <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) |
| <i>ketotifen fumarate (ophth) soln</i> | P | |
| TRUSOPT SOLN (Use <i>dorzolamide hcl</i>) | NP | QL(10 ml per 30 days retail) |
| ZADITOR SOLN (Use <i>ketotifen fumarate (ophth)</i>) | NP | |
| Prostaglandins - Ophthalmic | | |
| <i>latanoprost soln op</i> | P | QL(5 ml per 30 days retail) |
| XALATAN SOLN (Use <i>latanoprost</i>) | NP | QL(5 ml per 30 days retail) |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| <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 (Use <i>carbamide peroxide (otic)</i>) | NP | OTC;QL(15 ml per 30 days retail) |
| Otic Anti-infectives | | |
| FLOXIN OTIC SOLN (Use <i>ofloxacin (otic)</i>) | NP | QL(10 ml per fill retail) |
| <i>ofloxacin (otic) soln</i> | P | QL(10 ml per fill retail) |
| Otic Combinations | | |
| CIPRODEX SUSP (Use <i>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, |
| CORTANE-B-OTIC SOLN (Use <i>pramoxine-hc-chloroxylonol</i>) | NP | QL(15 ml per fill retail) |
| <i>neomycin-polymyxin-hc (otic) soln</i> | P | QL(10 ml per fill retail) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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|--|-----------|---|
| <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) |
| Otic Steroids | | |
| DERMOTIC OIL (<i>Use fluocinolone acetonide (otic)</i>) | NP | QL(20 ml per fill retail); AL(At least 5 yrs old) |
| <i>fluocinolone acetonide (otic) oil</i> | P | QL(20 ml per fill retail); AL(At least 5 yrs old) |
| <i>hydrocortisone w/acetic acid soln</i> | P | QL(20 ml per 30 days retail) |
| OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding | | |
| Oxytocics | | |
| <i>methylergonovine maleate tabs or 0.2 mg</i> | P | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Immune Serums | | |
| HYPERRHO S/D SOSY | P | |
| RHOGAM ULTRA-FILTERED PLUS SOSY | P | |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| <i>amoxicillin caps 250 mg, 500 mg</i> | P | |
| <i>amoxicillin chew 125 mg, 250 mg</i> | P | |
| <i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | P | |
| <i>amoxicillin tabs 875 mg</i> | P | |
| <i>ampicillin caps</i> | P | |
| Natural Penicillins | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>penicillin v potassium solr</i> | P | |
| <i>penicillin v potassium tabs</i> | P | |
| Penicillin Combinations | | |
| <i>amoxicillin & pot clavulanate chew 400 mg-57 mg, 200 mg-28.5 mg</i> | P | QL(20 ea per fill retail) |
| <i>amoxicillin & pot clavulanate susr 200 mg/5ml-28.5 mg/5ml</i> | P | QL(100 ml per fill retail) |
| <i>amoxicillin & pot clavulanate susr 250 mg/5ml-62.5 mg/5ml</i> | P | QL(150 ml per fill retail) |
| <i>amoxicillin & pot clavulanate susr 400 mg/5ml-57 mg/5ml, 42.9 mg/5ml-600 mg/5ml</i> | P | QL(200 ml per fill retail) |
| <i>amoxicillin & pot clavulanate tabs 125 mg-250 mg, 125 mg-500 mg</i> | P | QL(30 ea per fill retail) |
| <i>amoxicillin & pot clavulanate tabs 125 mg-875 mg</i> | P | QL(20 ea per fill retail) |
| <i>amoxicillin & pot clavulanate tb12 1000 mg-62.5 mg</i> | P | QL(40 ea per 30 days retail) |
| AUGMENTIN ES-600 SUSR (<i>Use amoxicillin & pot clavulanate</i>) | 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 (<i>Use amoxicillin & pot clavulanate</i>) | NP | QL(150 ml per fill retail) |
| AUGMENTIN TABS 125 MG-500 MG (<i>Use amoxicillin & pot clavulanate</i>) | NP | QL(30 ea per fill retail) |
| AUGMENTIN TABS 125 MG-875 MG (<i>Use amoxicillin & pot clavulanate</i>) | NP | QL(20 ea per fill retail) |
| AUGMENTIN XR TB12 (<i>Use amoxicillin & pot clavulanate</i>) | NP | QL(40 ea per 30 days retail) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Penicillinase-Resistant Penicillins | | |
| <i>dicloxacillin sodium caps</i> | P | |
| PHARMACEUTICAL ADJUVANTS | | |
| Internal Vehicle Ingredients/Agents | | |
| 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) |
| SIMPLYTHICK GEL | P | PA; OTC; QL(1816 ml per fill retail); AL(At least 1 yrs old) |
| Semi Solid Vehicles | | |
| <i>lanolin oint ex</i> | P | RX/OTC |
| <i>lanolin oint xx</i> | P | RX/OTC |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |
| 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 5 mg, 10 mg, 2.5 mg</i> | P | |
| <i>norethindrone acetate tabs or</i> | P | |
| <i>progesterone micronized caps or 100 mg</i> | P | QL(30 ea per 30 days retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>progesterone micronized caps or 200 mg</i> | P | QL(20 ea per 30 days retail) |
| PROMETRIUM CAPS 100 MG (<i>Use progesterone micronized</i>) | NP | QL(30 ea per 30 days retail) |
| PROMETRIUM CAPS 200 MG (<i>Use progesterone micronized</i>) | NP | QL(20 ea per 30 days retail) |
| PROVERA TABS (<i>Use medroxyprogesterone acetate</i>) | NP | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| ANTABUSE TABS 250 MG (<i>Use disulfiram</i>) | NP | |
| <i>disulfiram tabs or 250 mg</i> | P | |
| Antidementia Agents | | |
| 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 8 mg, 16 mg, 24 mg</i> | P | QL(1 ea daily) |
| <i>galantamine hydrobromide soln 4 mg/ml</i> | P | QL(6 ml daily) |
| <i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i> | P | QL(2 ea daily) |
| <i>memantine hcl soln 2 mg/ml, 10 mg/5ml</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 5 mg, 10 mg</i> | P | PA; QL(2 ea daily) |
| NAMENDA TABS (<i>Use memantine hcl</i>) | NP | PA; QL(2 ea daily) |

Georgia Inter-Pregnancy Care

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Updated November 1, 2020

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| 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) |
| Combination Psychotherapeutics | | |
| <i>perphenazine-amitriptyline tabs</i> | P | QL(4 ea daily) |
| Fibromyalgia Agents | | |
| SAVELLA TABS | P | PA; QL(2 ea daily) |
| SAVELLA TITRATION PACK MISC | P | PA; QL(55 ea per 365 days retail) |
| Multiple Sclerosis Agents | | |
| AVONEX KIT | P | PA; SP |
| 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 | P | PA; SP |
| PLEGRIDY SOSY | P | PA; SP |
| PLEGRIDY STARTER PACK SOPN | P | PA; SP |
| PLEGRIDY STARTER PACK SOSY | P | PA; SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| TECFIDERA CPDR (<i>Use dimethyl fumarate</i>) | NP | PA; SP |
| TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>) | NP | PA; SP |
| Premenstrual Dysphoric Disorder (PMDD) Agents | | |
| <i>fluoxetine hcl (pmdd) caps 10 mg, 20 mg</i> | P | QL(4 ea daily) |
| Smoking Deterrents | | |
| <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) |
| 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 2 MG, 4 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 2 mg, 4 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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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|--|-----------|---|
| 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) |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Cystic Fibrosis Agents | | |
| KALYDECO PACK | P | PA; SP |
| KALYDECO TABS | P | PA; SP |
| ORKAMBI TABS | P | PA; SP |
| SYMDEKO TBPK | P | PA; SP |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Tetracyclines | | |
| <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 (<i>Use minocycline hcl</i>) | NP | |
| <i>minocycline hcl caps or 50 mg, 75 mg, 100 mg</i> | P | |
| VIBRAMYCIN CAPS 100 MG (<i>Use doxycycline hyclate</i>) | NP | |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| <i>methimazole tabs or 5 mg, 10 mg</i> | P | |
| <i>propylthiouracil tabs or</i> | P | |
| TAPAZOLE TABS (<i>Use methimazole</i>) | NP | |
| Thyroid Hormones | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (<i>Use thyroid</i>) | P | |
| ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG | P | |
| CYTOMEL TABS (<i>Use liothyronine sodium</i>) | NP | |
| <i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i> | P | |
| <i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i> | P | |
| SYNTHROID TABS (<i>Use levothyroxine sodium</i>) | P | |
| <i>thyroid tabs or 15 mg, 30 mg, 60 mg, 90 mg, 120 mg</i> | P | |
| TOXOIDS | | |
| Toxoid Combinations | | |
| 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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
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|---|-----------|---|
| 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) |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Proton Pump Inhibitors | | |
| omeprazole 20mg tablet | P | QL (1 ea daily); OTC |
| Antispasmodics | | |
| dicyclomine hcl caps or 10 mg | P | |
| dicyclomine hcl soln or 10 mg/5ml | P | QL(496 ml per 30 days retail) |
| dicyclomine hcl tabs or 20 mg | P | |
| glycopyrrolate tabs or 1 mg, 2 mg | P | QL(4 ea daily) |
| hyoscyamine sulfate elix or 0.125 mg/5ml | P | |
| HYOSCYAMINE SULFATE POWD XX | P | |
| hyoscyamine sulfate soln ij 0.5 mg/ml | P | |
| hyoscyamine sulfate soln or 0.125 mg/ml | P | |
| hyoscyamine sulfate subl sl 0.125 mg | NP | |
| hyoscyamine sulfate subl sl 0.125 mg | P | |
| hyoscyamine sulfate tabs or 0.125 mg | NP | |
| hyoscyamine sulfate tabs or 0.125 mg | P | |
| hyoscyamine sulfate tb12 or 0.375 mg | P | QL(4 ea daily) |
| hyoscyamine sulfate tbdp or 0.125 mg | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| hyoscyamine sulfate tbdp or 0.125 mg | P | |
| LEVBIID TB12 (Use hyoscyamine sulfate) | NP | QL(4 ea daily) |
| LEVSIN SOLN (Use hyoscyamine sulfate) | NP | |
| SYMAX DUOTAB TBCR | P | |
| H-2 Antagonists | | |
| cimetidine hcl soln | P | |
| cimetidine tabs or 200 mg | P | RX/OTC |
| cimetidine tabs or 300 mg, 400 mg, 800 mg | P | |
| famotidine susr or 40 mg/5ml | P | |
| famotidine tabs or 10 mg | P | OTC |
| famotidine tabs or 20 mg | P | RX/OTC |
| famotidine tabs or 40 mg | P | |
| PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine) | NP | RX/OTC |
| PEPCID AC TABS (Use famotidine) | NP | OTC |
| PEPCID SUSR 40 MG/5ML (Use famotidine) | NP | |
| PEPCID TABS 20 MG (Use famotidine) | NP | RX/OTC |
| PEPCID TABS 40 MG (Use famotidine) | NP | |
| TAGAMET HB TABS (Use cimetidine) | NP | RX/OTC |
| Misc. Anti-Ulcer | | |
| CARAFATE SUSP 1 GM/10ML (Use sucralfate) | NP | QL(420 ml per fill retail) |
| CARAFATE TABS 1 GM (Use sucralfate) | NP | |
| sucralfate susp or 1 gm/10ml | P | QL(420 ml per fill retail) |
| sucralfate tabs or 1 gm | P | |
| Proton Pump Inhibitors | | |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| 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 |
| PREVACID CPDR 30 MG (Use <i>lansoprazole</i>) | NP | |
| PRILOSEC OTC TBEC (Use <i>omeprazole magnesium</i>) | NP | OTC;QL(1 ea daily) |
| PROTONIX TBEC OR 20 MG (Use <i>pantoprazole sodium</i>) | NP | QL(1 ea daily) |
| PROTONIX TBEC OR 40 MG (Use <i>pantoprazole sodium</i>) | NP | QL(2 ea daily) |
| Ulcer Drugs - Prostaglandins | | |
| CYTOTEC TABS (Use <i>misoprostol</i>) | NP | |
| <i>misoprostol tabs or 100 mcg, 200 mcg</i> | P | |
| URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections | | |
| Urinary Anti-infectives | | |
| <i>nitrofurantoin monohyd macro caps</i> | P | |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| DETROL LA CP24 (Use <i>tolterodine tartrate</i>) | NP | QL(1 ea daily) |
| DETROL TABS (Use <i>tolterodine tartrate</i>) | NP | QL(2 ea daily) |
| DITROPAN XL TB24 (Use <i>oxybutynin chloride</i>) | NP | QL(2 ea daily) |
| <i>oxybutynin chloride syrps or 5 mg/5ml</i> | P | QL(496 ml per 30 days retail) |
| <i>oxybutynin chloride tabs or 5 mg</i> | P | QL(3 ea daily) |
| <i>oxybutynin chloride tb24 or 5 mg, 10 mg, 15 mg</i> | P | QL(2 ea daily) |
| <i>tolterodine tartrate cp24 2 mg, 4 mg</i> | P | QL(1 ea daily) |
| <i>tolterodine tartrate tabs 1 mg, 2 mg</i> | P | QL(2 ea daily) |
| <i>tropium chloride tabs 20 mg</i> | P | QL(2 ea daily) |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| <i>bethanechol chloride tabs or 5 mg, 10 mg, 25 mg, 50 mg</i> | P | |
| URECHOLINE TABS (Use <i>bethanechol chloride</i>) | NP | |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| <i>flavoxate hcl tabs</i> | P | |
| VACCINES | | |
| Bacterial Vaccines | | |
| 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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------|-----------|---|
| 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) |
| 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) |
| Viral Vaccines | | |
| 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| 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) |
| 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) |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| 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) |
| 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) |
| VAGINAL AND RELATED PRODUCTS | | |
| Vaginal Anti-infectives | | |
| CLEOCIN CREA VA 2 % (Use <i>clindamycin phosphate vaginal</i>) | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------------------|
| <i>clindamycin phosphate vaginal crea</i> | P | |
| <i>clotrimazole vaginal crea 1 %</i> | P | OTC;QL(45 gm per 30 days retail) |
| <i>clotrimazole vaginal crea 2 %</i> | P | OTC;QL(31 gm per 30 days retail) |
| GYNAZOLE-1 CREA | P | |
| GYNE-LOTRIMIN 3 CREA (Use <i>clotrimazole vaginal</i>) | NP | OTC;QL(31 gm per 30 days retail) |
| GYNE-LOTRIMIN CREA (Use <i>clotrimazole vaginal</i>) | NP | OTC;QL(45 gm per 30 days retail) |
| METROGEL-VAGINAL GEL (Use <i>metronidazole vaginal</i>) | NP | QL(70 gm per fill retail) |
| <i>metronidazole vaginal gel</i> | P | QL(70 gm per fill retail) |
| <i>miconazole nitrate vaginal crea 2 %, 4 %</i> | P | OTC;QL(45 gm per 30 days retail) |
| <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 <i>miconazole nitrate vaginal</i>) | NP | |
| MONISTAT 3 CREA (Use <i>miconazole nitrate vaginal</i>) | NP | OTC;QL(45 gm per 30 days retail) |
| MONISTAT 7 SIMPLY CURE CREA (Use <i>miconazole nitrate vaginal</i>) | 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 |

Georgia Inter-Pregnancy Care Updated November 1, 2020
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Vaginal Estrogens | | |
| ESTRACE CREA VA 0.1 MG/GM (Use estradiol vaginal) | NP | QL(43 gm per 30 days retail) |
| estradiol vaginal crea 0.1 mg/gm | P | QL(43 gm per 30 days retail) |
| estradiol vaginal tabs 10 mcg | P | |
| PREMARIN CREA VA 0.625 MG/GM | P | QL(43 gm per fill retail) |
| VAGIFEM TABS (Use estradiol vaginal) | NP | |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML | NP | |
| epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml | P | QL(2 ea per fill retail, 4 ea per 365 days retail) |
| epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml | NP | |
| epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml | P | QL(2 ea per fill retail) 4 rtl MAX fill, 365 rtl day(s) supply, |
| EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) | NP | |
| EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) | NP | |
| Vasopressors | | |
| midodrine hcl tabs | P | |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| BABY DDROPS LIQD (Use cholecalciferol) | NP | Age limit = less than 6 months |
| cholecalciferol caps or 1.25 mg, 50000 unit | P | OTC;QL(8 ea per 30 days retail) |
| cholecalciferol caps or 125 mcg, 5000 unit | P | OTC;QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| cholecalciferol caps or 25 mcg, 50 mcg, 1000 unit, 2000 unit | P | OTC;QL(100 ea per fill retail) |
| cholecalciferol liqd or 400 unit/ml | P | |
| cholecalciferol liqd or 400 ut/0.028ml | P | Age limit = less than 6 months |
| cholecalciferol liqd or 5000 unit/ml | P | Age limit = 6 months to 1 year |
| D-VI-SOL LIQD (Use cholecalciferol) | NP | |
| DRISDOL CAPS (Use ergocalciferol) | NP | |
| ergocalciferol caps | P | |
| ergocalciferol soln | P | |
| KEY-E CHEW OR | P | OTC;QL(2 ea daily) |
| MEPHYTON TABS (Use phytonadione) | NP | |
| phytonadione tabs or | P | |
| vitamin e caps or 45 mg, 100 unit, 200 unit, 400 unit | P | OTC;QL(2 ea daily) |
| VITAMIN E CHEW OR 400 UNIT | P | OTC;QL(2 ea daily) |
| Water Soluble Vitamins | | |
| ascorbic acid tabs or 250 mg, 500 mg, 1000 mg, 10 mg-500 mg, 37 mg-500 mg, 1000 mg-37 mg, 14 mg-25 mg-500 mg, 25 mg-35 mg-500 mg | P | OTC;QL(100 ea per 30 days retail) |
| B-1 TABS | P | OTC;QL(100 ea per 30 days retail) |
| niacin cpcr | P | OTC |
| niacin tabs | P | OTC |
| niacin tbcr | P | OTC |
| NIACIN TR TBCR | P | OTC |
| pyridoxine hcl tabs | P | OTC |

Georgia Inter-Pregnancy Care

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

Updated November 1, 2020

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------------------|
| <i>riboflavin tabs or 25 mg, 50 mg, 100 mg</i> | P | OTC;QL(100 ea per 30 days retail) |
| SLO-NIACIN TBCR (<i>Use 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) |

Index

| | | | | | |
|--|-------|---|--|--|----|
| abacavir sulfate..... | 30,31 | ALBUTEROL SULFATE... 11 | amphetamine- dextroamphetamine..... | 1 | |
| abacavir sulfate-lamivudine . | 31 | albuterol sulfate..... | 11 | ampicillin..... | 71 |
| abacavir sulfate-lamivudine- zidovudine | 31 | ALCOHOL PREP PADS... 59 | ANAFRANIL..... | 17 | |
| ABILIFY..... | 30 | ALCOHOL PREP PADS- MISC..... | 59 | ANALPRAM-HC..... | 7 |
| ABSORICA..... | 42 | ALDACTAZIDE..... | 50 | ANAPROX DS..... | 3 |
| ACCU-CHEK GUIDE..... | 49 | ALDACTONE..... | 51 | anastrozole..... | 28 |
| ACCUPRIL..... | 24 | ALDARA..... | 46 | ANDEXXA..... | 21 |
| ACCURETIC..... | 25 | alendronate sodium..... | 51 | ANDRODERM..... | 7 |
| acebutolol hcl..... | 34 | ALER-DRYL..... | 22 | ANTABUSE..... | 72 |
| acetaminophen..... | 4 | ALEVE..... | 3 | ANUSOL-HC..... | 7 |
| acetaminophen w/ codeine... 6 | | ALEVE ARTHRITIS..... | 3 | apraclonidine hcl..... | 68 |
| acetazolamide..... | 50 | ALKERAN..... | 27 | APRISO..... | 53 |
| acetic acid (otic)..... | 70 | ALLEGRA ALLERGY..... | 22 | APTIVUS..... | 31 |
| acetylcysteine..... | 42 | allopurinol..... | 54 | AQUORAL..... | 64 |
| ACNE MEDICATION 10..... | 42 | ALOCRIAL..... | 70 | ARAVA..... | 4 |
| ACNE MEDICATION 5..... | 42 | alogliptin benzoate..... | 19 | ARICEPT..... | 72 |
| ACTIGALL..... | 53 | alogliptin-metformin hcl... 17 | | ARIMIDEX..... | 28 |
| ACTIVEVELLA..... | 52 | alogliptin-pioglitazone..... | 17 | aripiprazole..... | 30 |
| ACTONEL..... | 51 | ALOMIDE..... | 70 | ARMOUR THYROID..... | 74 |
| ACTOPLUS MET..... | 17 | ALORA..... | 52 | AROMASIN..... | 28 |
| ACTOS..... | 19 | alprazolam..... | 9 | ARTHRITIS PAIN RELIEVING..... | 47 |
| ACULAR..... | 70 | ALTACE..... | 24 | ASACOL HD..... | 53 |
| ACULAR LS..... | 70 | alum & mag hydrox- simethicone..... | 7,8 | ascorbic acid..... | 79 |
| acyclovir..... | 33 | ALUMINUM HYDROXIDE.. 8 | | aspirin..... | 5 |
| acyclovir topical..... | 45 | amantadine hcl..... | 28 | ASPIRIN..... | 5 |
| ADACEL..... | 74 | AMARYL..... | 20 | aspirin..... | 5 |
| ADALAT CC..... | 35 | AMBIEN..... | 56 | aspirin buffered (cal carb-mag carb-mag oxide)..... | 4 |
| ADDERALL..... | 1 | AMERGE..... | 60 | ASSURE LANCÉ SAFETY LANCET 28G..... | 58 |
| ADDERALL XR..... | 1 | AMICAR..... | 55 | ASSURE PLATINUM TEST STRIPS..... | 49 |
| ADMELOG..... | 19 | amiloride & hydrochlorothiazide..... | 50 | ATACAND..... | 24 |
| ADMELOG SOLOSTAR..... | 19 | amiloride hcl..... | 51 | ATACAND HCT..... | 25 |
| ADRENALIN..... | 66 | aminocaproic acid..... | 55 | atazanavir sulfate..... | 31 |
| ADVAIR DISKUS..... | 11 | amiodarone hcl..... | 10 | ATELVIA..... | 51 |
| ADVANCED MOBILE LANCET 30G..... | 58 | amitriptyline hcl..... | 17 | atenolol..... | 34 |
| ADVIL..... | 3 | amlodipine besylate..... | 35 | atenolol & chlorthalidone... 25 | |
| ADVIL COLD & SINUS..... | 39 | amlodipine besylate-benazepril hcl..... | 25 | ATIVAN..... | 9 |
| AGAMATRIX CONTROL SOLUTION LEVEL 2..... | 58 | amlodipine besylate-olmesartan medoxomil..... | 25 | atomoxetine hcl..... | 1 |
| AGAMATRIX CONTROL SOLUTION LEVEL 4..... | 58 | amlodipine besylate- valsartan..... | 25 | atorvastatin calcium..... | 24 |
| AGAMATRIX PRESTO TEST STRIPS..... | 49 | amlodipine-valsartan- hydrochlorothiazide..... | 25 | ATRIPLA..... | 31 |
| AIMSCO TWIST LANCETS 32G..... | 58 | amoxapine..... | 17 | ATROPINE SULFATE..... | 68 |
| AIMSCO TWIST LANCETS 33G..... | 58 | amoxicillin..... | 71 | ATROVENT HFA..... | 10 |
| albuterol sulfate..... | 11 | amoxicillin & pot clavulanate..... | 71 | AUGMENTIN..... | 71 |
| | | | | AUGMENTIN ES-600..... | 71 |

| | | | | | |
|-----------------------------------|-------|--------------------------------|----|----------------------------------|-------|
| AUGMENTIN XR..... | 71 | benzoyl peroxide..... | 42 | buprenorphine hcl..... | 7 |
| AUVI-Q..... | 79 | BENZOYL PEROXIDE | | buprenorphine hcl-naloxone hcl | |
| AVALIDE..... | 25 | CLEANSER..... | 42 | dihydrate..... | 7 |
| AVAPRO..... | 24 | benztropine mesylate..... | 28 | bupropion hcl..... | 15 |
| AVONEX..... | 73 | BETAGAN..... | 68 | bupropion hcl (smoking | |
| AVONEX PEN..... | 73 | betamethasone dipropionate | | deterrent)..... | 73 |
| AYGESTIN..... | 72 | (topical)..... | 45 | buspirone hcl..... | 9 |
| AZASAN..... | 63 | betamethasone dipropionate | | butalbital-acetaminophen..... | 4 |
| azathioprine..... | 63 | augmented..... | 45 | butalbital-acetaminophen- | |
| azelastine hcl..... | 66 | betamethasone valerate... 45 | | caffeine..... | 4 |
| azelastine hcl (ophth)..... | 70 | BETAPACE..... | 34 | butalbital-acetaminophen- | |
| azithromycin..... | 57 | BETAPACE AF..... | 34 | caffeine w/ codeine..... | 6 |
| AZOPT..... | 70 | betaxolol hcl (ophth)..... | 68 | butalbital-aspirin-caffeine..... | 4 |
| AZOR..... | 25 | bethanechol chloride..... | 76 | butalbital-aspirin-caffeine | |
| AZULFIDINE..... | 53 | BEVYXXA..... | 12 | w/cod..... | 6 |
| AZULFIDINE EN-TABS..... | 53 | BEXSERO..... | 76 | BYDUREON..... | 19 |
| b complex w/ c..... | 65 | bicalutamide..... | 28 | BYDUREON BCISE..... | 19 |
| B-1..... | 79 | BIKTARVY..... | 31 | BYDUREON PEN..... | 19 |
| b-complex vitamins..... | 64,65 | BIOSEC DMX..... | 39 | BYETTA..... | 19 |
| b-complex w/ c & folic acid... 65 | | BIOTENE DRY MOUTH | | CAFERGOT..... | 60 |
| BABY DDROPS..... | 79 | MOISTURIZING SPRAY... 64 | | caffeine citrate..... | 1 |
| BACIGUENT..... | 43 | bisacodyl..... | 57 | CAFFEINE CITRATED..... | 1 |
| bacitracin (ophthalmic)..... | 68 | bisacodyl-peg 3350-pot | | CALAN..... | 35 |
| bacitracin (topical)..... | 43 | chloride-sod bicarb-sod | | CALAN SR..... | 35 |
| bacitracin zinc..... | 43 | chloride..... | 56 | calcipotriene..... | 44 |
| bacitracin-polymyxin b | | bismuth subsalicylate..... | 21 | calcitonin (salmon)..... | 51 |
| (ophth)..... | 68 | bisoprolol & | | calcitriol..... | 52 |
| baclofen..... | 66 | hydrochlorothiazide..... | 25 | calcium acetate (phosphate | |
| BACTRIM..... | 8 | bisoprolol fumarate..... | 34 | binder)..... | 53 |
| BACTRIM DS..... | 8 | BLEPH-10..... | 68 | calcium carbonate (antacid)... 8 | |
| BACTROBAN..... | 43 | BLEPHAMIDE..... | 69 | calcium carbonate- | |
| balsalazide disodium..... | 53 | BLEPHAMIDE S.O.P..... | 69 | cholecalciferol..... | 61 |
| BAQSIMI ONE PACK..... | 18 | BLOOD GLUCOSE TEST | | calcium carbonate-vitamin d. 61 | |
| BAQSIMI TWO PACK..... | 18 | STRIPS..... | 49 | calcium polycarbophil..... | 56 |
| BASAGLAR KWIKPEN..... | 19 | BOOSTRIX..... | 74 | CALTRATE 600+D3..... | 61 |
| BD GLUCOSE..... | 18 | BRILINTA..... | 54 | camphor & menthol..... | 44 |
| BELBUCA..... | 7 | brimonidine tartrate..... | 68 | candesartan cilexetil..... | 25 |
| BENADRYL ALLERGY..... | 22 | bromocriptine mesylate... 28 | | candesartan cilexetil- | |
| BENADRYL ALLERGY | | brompheniramine & | | hydrochlorothiazide..... | 25 |
| CHILDRENS..... | 22 | phenyleph..... | 39 | CAPHOSOL..... | 64 |
| benazepril & | | brompheniramine & | | capsaicin..... | 47 |
| hydrochlorothiazide..... | 25 | pseudoeph..... | 39 | captopril..... | 24 |
| benazepril hcl..... | 24 | BROTAPP DM..... | 39 | captopril & | |
| BENICAR..... | 25 | budesonide (inhalation).... 10 | | hydrochlorothiazide..... | 25,26 |
| BENICAR HCT..... | 25 | budesonide-formoterol | | CAPZASIN-HP..... | 47 |
| BENZAC AC WASH..... | 42 | fumarate dihydrate..... | 11 | CAPZASIN-P..... | 47 |
| benzonatate..... | 38 | BUFFERIN..... | 5 | CARAC..... | 44 |
| | | bumetanide..... | 51 | CARAFATE..... | 75 |
| | | BUMEX..... | 51 | carbamazepine..... | 13 |
| | | BUNAVAIL..... | 7 | carbamide peroxide (otic)... 70 | |
| | | BUPRENEX..... | 7 | | |

| | | | | | |
|--|----|--|-------|--|----|
| carbidopa..... | 28 | CHERACOL PLUS..... | 39 | clindamycin palmitate hydrochloride..... | 9 |
| carbidopa-levodopa..... | 28 | CHERACOL-D COUGH... 39 | | clindamycin phosphate (topical)..... | 42 |
| CARDIZEM..... | 35 | CHILDRENS ADVIL..... | 3 | clindamycin phosphate vaginal..... | 78 |
| CARDIZEM CD..... | 35 | CHILDRENS MOTRIN..... | 3 | clobetasol propionate..... | 45 |
| CARDURA..... | 25 | CHLOR-TRIMETON..... | 22 | clobetasol propionate emollient base..... | 45 |
| CARESENS LANCETS..... | 58 | chlordiazepoxide hcl..... | 9 | clomipramine hcl..... | 17 |
| CARETOUCH ALCOHOL PREP PADS..... | 59 | chlorhexidine gluconate... 30 | | clonazepam..... | 12 |
| CARETOUCH BLOOD GLUCOSE TEST STRIPS... 49 | | chlorhexidine gluconate (mouth-throat)..... | 63 | clonidine hcl..... | 25 |
| CARETOUCH CONTROL SOLUTION LEVEL 2..... | 58 | chloroquine phosphate... 27 | | clonidine hcl (adhd)..... | 1 |
| CARETOUCH SAFETY LANCETS/26G..... | 58 | chlorothiazide..... | 51 | clopidogrel bisulfate..... | 54 |
| CARETOUCH SAFETY LANCETS/28G..... | 58 | chlorpheniramine maleate. 22 | | clorazepate dipotassium..... | 9 |
| CARETOUCH SAFETY LANCETS/30G..... | 58 | chlorpromazine hcl..... | 30 | clotrimazole (topical)..... | 43 |
| CARETOUCH TWIST LANCETS 33G..... | 58 | chlorthalidone..... | 51 | clotrimazole vaginal..... | 78 |
| CARNITOR..... | 52 | chlorzoxazone..... | 66 | clotrimazole w/ betamethasone..... | 43 |
| CARNITOR SF..... | 52 | CHOLBAM..... | 53 | clozapine..... | 29 |
| carteolol hcl (ophth)..... | 68 | cholecalciferol..... | 79 | CLOZARIL..... | 29 |
| carvedilol..... | 34 | cholestyramine..... | 23 | coal tar extract..... | 49 |
| carvedilol phosphate..... | 34 | cholestyramine light..... | 23 | COARTEM..... | 27 |
| CASODEX..... | 28 | cilostazol..... | 54 | CODEINE SULFATE..... | 5 |
| CASTIVA WARMING..... | 47 | CILOXAN..... | 68 | codeine sulfate..... | 5 |
| CATAPRES..... | 25 | CIMDUO..... | 31 | COLACE..... | 57 |
| cefaclor..... | 36 | cimetidine..... | 75 | COLACE CLEAR..... | 57 |
| cefadroxil..... | 36 | cimetidine hcl..... | 75 | COLAZAL..... | 53 |
| cefdinir..... | 36 | CIPRO..... | 53 | colchicine..... | 54 |
| cefprozil..... | 36 | CIPRODEX..... | 70 | colchicine w/ probenecid... 54 | |
| ceftriaxone sodium..... | 36 | ciprofloxacin hcl..... | 53 | COLCRYS..... | 54 |
| cefuroxime axetil..... | 36 | ciprofloxacin hcl (ophth)... 68 | | COLD & FLU RELIEF NIGHTTIME D..... | 39 |
| CELEXA..... | 15 | ciprofloxacin-dexamethasone | 70 | COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY..... | 47 |
| CELLCEPT..... | 63 | citalopram hydrobromide..... | 15,16 | COLEMAN INSECT REPELLENT/HIGH & DRY... 47 | |
| CENTANY..... | 43 | clarithromycin..... | 58 | COLEMAN INSECT REPELLENT/SPORTSMEN 47 | |
| cephalexin..... | 36 | CLARITIN..... | 23 | COLESTID..... | 23 |
| CERALYTE 70..... | 61 | CLARITIN ALLERGY CHILDRENS..... | 22 | COLESTID FLAVORED..... | 23 |
| CERASPORT..... | 61 | CLARITIN REDITABS..... | 23 | colestipol hcl..... | 23 |
| CERASPORT EX1..... | 61 | CLARITIN-D 12 HOUR... 39 | | COLYTE-FLAVOR PACKS... 56 | |
| cetirizine hcl..... | 22 | CLARITIN-D 24 HOUR... 39 | | COMBIPATCH..... | 52 |
| cetirizine-pseudoephedrine 39 | | CLEAR COUGH PM MULTI- SYMPTOM..... | 39 | COMBIVENT RESPIMAT... 11 | |
| CHANTIX..... | 73 | clemastine fumarate..... | 22 | COMBIVIR..... | 31 |
| CHANTIX CONTINUING MONTHPAK..... | 73 | CLEOCIN..... | 8,78 | COMPLERA..... | 31 |
| CHANTIX STARTING MONTH PAK..... | 73 | CLEOCIN PEDIATRIC GRANULES..... | 9 | CONCERTA..... | 1 |
| CHEMET..... | 21 | CLEOCIN-T..... | 42 | CONDOMS-MISC..... | 58 |
| CHEMSTRIP-K..... | 49 | CLIMARA..... | 52 | | |
| | | CLINDAGEL..... | 42 | | |
| | | clindamycin hcl..... | 9 | | |

| | | | | |
|-------------------------|----|-------------------------------|------------------------------|-------|
| CONTOUR NEXT BLOOD | | | | |
| GLUCOSE TEST | 49 | cyclosporine modified (for | desoximetasone | 45 |
| COPAXONE | 73 | microemulsion) | desvenlafaxine succinate | 17 |
| CORDARONE | 10 | CYMBALTA | DETROL | 76 |
| COREG | 34 | cyproheptadine hcl | DETROL LA | 76 |
| COREG CR | 34 | CYTOMEL | DEX4 | 18 |
| CORGARD | 34 | CYTOTEC | DEX4 FAST ACTING | |
| CORTANE-B-OTIC | 70 | D-VI-SOL | GLUCOSE | 18 |
| CORTEF | 38 | D.H.E. 45 | DEX4 NATURALS | 18 |
| CORTENEMA | 7 | dapsone | DEX4 POUCH PACK | 18 |
| cortisone acetate | 38 | DAY TIME MULTI-SYMP TOM | DEX4 QUICK DISSOLVE | |
| COSENTYX | 44 | COLD/FLU RELIEF | GLUCOSE | 18 |
| COSENTYX SENSOREADY | | DDAVP | dexamethasone | 38 |
| PEN | 44 | DEBROX | DEXAMETHASONE SODIUM | |
| COSOPT | 68 | deferasirox | PHOSPHATE | 38 |
| COTELLIC | 28 | DELSTRIGO | dexamethasone sodium | |
| COUMADIN | 12 | DELSYM | phosphate | 38 |
| COZAAR | 25 | DELSYM COUGH | dexamethasone sodium | |
| CREON | 50 | CHILDRENS | phosphate (ophth) | 69 |
| CRESTOR | 24 | DELZICOL | DEXEDRINE | 1 |
| CRIXIVAN | 31 | DEMADEX | DEXILANT | 76 |
| cromolyn sodium | 10 | DEPAKENE | dexmethylphenidate hcl | 1 |
| CROMOLYN SODIUM | 10 | DEPAKOTE | dextroamphetamine sulfate | 1 |
| cromolyn sodium (nasal) | 66 | DEPAKOTE ER | dextromethorphan hbr | 38 |
| cromolyn sodium (ophth) | 70 | DEPAKOTE SPRINKLES | dextromethorphan polistirex | 38 |
| crotamiton | 48 | DEPEN TITRATABS | dextromethorphan-doxylamine- | |
| CRYSVITA | 52 | DEPO-PROVERA | acetaminophen | 39 |
| CUTTER | 47 | CONTRACEPTIVE | dextromethorphan-guaifenesin | |
| CUTTER ALL FAMILY | 47 | DEPO-SUBQ PROVERA | | 39,40 |
| CUTTER BACKWOODS | 47 | 104 | dextromethorphan- | |
| CUTTER BACKWOODS | | DEPO-TESTOSTERONE | phenylephrine-acetaminophen | |
| DRY | 47 | DERMA-SMOOTH/FS | | 40 |
| CUTTER DRY | 47 | SCALP | DHS TAR | 49 |
| CUTTER SKINSATIONS | 48 | DERMAREST PSORIASIS | DHS TAR GEL | 49 |
| CUTTER SPORT | 48 | SCALP | DIABETIC TUSSIN | |
| CVS DRY MOUTH SPRAY | 64 | DERMOTIC | COLD/FLU | 40 |
| CVS GLUCOSE | 18 | DESCOVY | DIACOMIT | 13 |
| CVS GLUCOSE METER TEST | | desipramine hcl | DIASTAT ACUDIAL | 12 |
| STRIPS | 49 | desmopressin acetate | DIASTAT PEDIATRIC | 12 |
| CVS INSECT REPELLENT | 48 | desmopressin acetate | DIATHRIVE+ BLOOD | |
| CVS SOFT GLUCOSE | 18 | spray | GLUCOSETEST STRIPS | 49 |
| CVS TOTAL HOME INSECT | | desmopressin acetate spray | diazepam | 10 |
| REPELLENT | 48 | refrigerated | diazepam (anticonvulsant) | 12 |
| cyanocobalamin | 54 | desogestrel & ethinyl | dibucaine | 47 |
| cyclobenzaprine hcl | 66 | estradiol | diclofenac potassium | 3 |
| CYCLOGYL | 68 | desogestrel-ethinyl estradiol | diclofenac sodium | 3 |
| cyclopentolate hcl | 68 | (biphasic) | diclofenac sodium (ophth) | 70 |
| cyclosporine | 63 | desogestrel-ethinyl estradiol | diclofenac sodium (topical) | 43 |
| | | (triphasic) | dicloxacillin sodium | 72 |
| | | desonide | dicyclomine hcl | 75 |
| | | DESOWEN | didanosine | 31 |
| | | desoximetasone | DIFLUCAN | 22 |
| | | DESOXIMETASONE | | |

| | | | | | |
|----------------------------------|----|--------------------------------|----|------------------------------------|-------|
| diflunisal..... | 5 | drospirenone-ethinyl | | emtricitabine..... | 31 |
| digoxin..... | 36 | estradiol..... | 36 | emtricitabine-tenofovir disoproxil | |
| dihydroergotamine mesylate..... | 60 | DROXIA..... | 54 | fumarate..... | 31 |
| DILANTIN..... | 14 | DRUG MART UNILET MICRO | | EMTRIVA..... | 31 |
| DILANTIN INFATABS..... | 14 | THIN LANCETS 33G..... | 58 | EMVERM..... | 8 |
| DILANTIN-125..... | 14 | DRYSOL..... | 48 | enalapril maleate..... | 24 |
| DILAUDID..... | 5 | DULCOLAX..... | 57 | enalapril maleate & | |
| diltiazem hcl..... | 35 | duloxetine hcl..... | 17 | hydrochlorothiazide..... | 26 |
| diltiazem hcl coated beads..... | 35 | DURAGESIC..... | 5 | ENBREL..... | 4 |
| diltiazem hcl extended release | | DUTOPROL..... | 26 | ENBREL SURECLICK..... | 4 |
| beads..... | 35 | DYAZIDE..... | 51 | ENFAMIL ENFALYTE..... | 61 |
| dimenhydrinate..... | 21 | E.E.S. GRANULES..... | 58 | ENGERIX-B..... | 77 |
| DIMETAPP COLD & | | EASY COMFORT ALCOHOL | | enoxaparin sodium..... | 12 |
| ALLERGY..... | 40 | PADS..... | 59 | EPIFOAM..... | 45 |
| DIMETAPP LONG ACTING | | EASY TRAK II CONTROL | | epinephrine (anaphylaxis)..... | 79 |
| COUGH PLUS COLD..... | 40 | SOLUTION/NORMAL..... | 58 | epinephrine hcl (nasal)..... | 66 |
| dimethyl fumarate..... | 73 | EASYMAX 15 GLUCOSE | | EPIPEN 2-PAK..... | 79 |
| DIOVAN..... | 25 | CONTROL SOLUTION/LEVEL | | EPIPEN-JR 2-PAK..... | 79 |
| DIOVAN HCT..... | 26 | 2/LEVEL 3..... | 58 | EPIVIR..... | 31 |
| diphenhydramine hcl..... | 22 | EASYMAX GLUCOSE | | EPZICOM..... | 31 |
| diphenhydramine hcl (sleep)..... | 55 | CONTROL | | EQ BLOOD GLUCOSE TEST | |
| diphenoxylate w/ atropine..... | 21 | SOLUTION/NORMAL-HIGH | | STRIPS..... | 50 |
| DIPHThERIA/TETANUS | | | 58 | EQL DRY MOUTH ORAL | |
| TOXOIDS ADSORBED | | econazole nitrate..... | 43 | RINSE..... | 64 |
| PEDIATRIC..... | 74 | ECOTRIN MAXIMUM | | EQUALYTE..... | 61 |
| DIPROLENE AF..... | 45 | STRENGTH..... | 5 | ergocalciferol..... | 79 |
| dipyridamole..... | 54 | ECOTRIN REGULAR | | ergotamine w/ caffeine..... | 60 |
| disopyramide phosphate..... | 10 | STRENGTH..... | 5 | ERYGEL..... | 42 |
| disulfiram..... | 72 | ED BRON GP..... | 40 | ERYPED 200..... | 58 |
| DITROPAN XL..... | 76 | EDURANT..... | 31 | ERYPED 400..... | 58 |
| divalproex sodium..... | 15 | efavirenz..... | 31 | erythromycin (acne aid)..... | 42 |
| docusate sodium..... | 57 | efavirenz-emtricitabine- | | erythromycin (ophth)..... | 68 |
| dofetilide..... | 10 | tenofovir disoproxil | | erythromycin base..... | 58 |
| DOLOPHINE..... | 5 | fumarate..... | 31 | erythromycin ethylsuccinate..... | 58 |
| donepezil hydrochloride..... | 72 | efavirenz-lamivudine-tenofovir | | erythromycin stearate..... | 58 |
| dorzolamide hcl..... | 70 | disoproxil fumarate..... | 31 | escitalopram oxalate..... | 16 |
| DORZOLAMIDE HCL..... | 70 | EFFEXOR XR..... | 17 | ESGIC..... | 4 |
| dorzolamide hcl-timolol | | EFFIENT..... | 54 | ESTRACE..... | 52,79 |
| maleate..... | 68 | EFUDEX..... | 44 | estradiol..... | 52 |
| DOVATO..... | 31 | eletriptan hydrobromide..... | 60 | estradiol & norethindrone | |
| DOVONEX..... | 44 | ELIDEL..... | 46 | acetate..... | 52 |
| doxazosin mesylate..... | 25 | ELIMITE..... | 48 | estradiol vaginal..... | 79 |
| doxepin hcl..... | 17 | ELIQUIS..... | 12 | ESTROSTEP FE..... | 36 |
| doxycycline (monohydrate)..... | 74 | ELIQUIS STARTER PACK..... | 12 | ethambutol hcl..... | 27 |
| doxycycline hyclate..... | 74 | ELIXOPHYLLIN..... | 11 | ethosuximide..... | 14 |
| doxylamine succinate | | ELLA..... | 37 | ethynodiol diacet & eth | |
| (sleep)..... | 55 | ELMIRON..... | 54 | estrad..... | 36 |
| DRAMAMINE..... | 21 | ELOCON..... | 45 | etidronate disodium..... | 51 |
| DRISDOL..... | 79 | EMBRACE TALK BLOOD | | etodolac..... | 3 |
| | | GLUCOSE TEST STRIPS..... | 49 | | |
| | | EMOLLIENT LOTION- | | | |
| | | MISC..... | 46 | | |

| | | | | | |
|---|----|---|-------|--|----|
| etonogestrel-ethinyl estradiol | 37 | FLEET ENEMA SIX PACK | 57 | fosinopril sodium & hydrochlorothiazide | 26 |
| EURAX | 48 | FLEET PEDIATRIC | 57 | FURADANTIN | 9 |
| EVAC | 56 | FLOMAX | 54 | furosemide | 51 |
| EVENCARE PROVIEW BLOOD GLUCOSE TEST STRIPS | 50 | FLONASE ALLERGY RELIEF | 66 | gabapentin | 13 |
| EVISTA | 52 | FLONASE ALLERGY RELIEF CHILDRENS | 66 | GABITRIL | 14 |
| EXELON | 72 | FLOVENT DISKUS | 10 | galantamine hydrobromide | 72 |
| exemestane | 28 | FLOVENT HFA | 11 | GARDASIL 9 | 77 |
| EXFORGE | 26 | FLOXIN OTIC | 70 | GAS-X | 53 |
| EXFORGE HCT | 26 | FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS | 77 | GAUZE SPONGES | 58 |
| ezetimibe | 24 | fluconazole | 22 | gemfibrozil | 23 |
| ezetimibe-simvastatin | 23 | fludrocortisone acetate | 38 | GENERESS FE | 36 |
| famciclovir | 33 | flunisolide (nasal) | 66 | gentamicin sulfate (ophth) | 68 |
| famotidine | 75 | fluocinolone acetonide | 45 | gentamicin sulfate (topical) | 43 |
| FARESTON | 28 | fluocinolone acetonide (otic) | 71 | GENVOYA | 31 |
| felbamate | 14 | fluocinonide | 45 | GEODON | 29 |
| FELBATOL | 14 | fluocinonide emulsified base | 45 | GILENYA | 73 |
| FELDENE | 3 | fluorometholone (ophth) | 69 | ginger (zingiber officinalis) | 2 |
| felodipine | 35 | fluorouracil (topical) | 44 | glatiramer acetate | 73 |
| FEMARA | 28 | fluoxetine hcl | 16 | glimepiride | 20 |
| FEMHRT LOW DOSE | 52 | fluoxetine hcl (pmd) | 73 | glipizide | 20 |
| FENOFIBRATE | 23 | fluphenazine decanoate | 30 | glipizide-metformin hcl | 17 |
| fenofibrate | 23 | fluphenazine hcl | 30 | GLUCAGEN HYPOKIT | 18 |
| fenofibrate micronized | 23 | flurazepam hcl | 56 | GLUCAGON EMERGENCY KIT | 18 |
| fenoprofen calcium | 3 | FLURBIPROFEN | 3 | GLUCOPHAGE | 18 |
| fentanyl | 5 | flurbiprofen | 3 | GLUCOPHAGE XR | 18 |
| FER-IN-SOL | 55 | flurbiprofen sodium | 70 | GLUCOSE | 18 |
| FERRETTIS | 55 | flutamide | 28 | GLUCOSE INSTANT ENERGY | 18 |
| ferrous fumarate | 55 | fluticasone propionate | 45 | GLUCOTROL | 20 |
| ferrous fumarate-fa-b complex-c-zn-mg-mn-cu | 55 | fluticasone propionate (nasal) | 66 | GLUCOTROL XL | 20 |
| FERROUS GLUCONATE | 55 | fluticasone-salmeterol | 11 | glyburide | 20 |
| ferrous sulfate | 55 | fluvoxamine maleate | 16 | glyburide micronized | 20 |
| FERROUS SULFATE | 55 | FLUZONE HIGH-DOSE PF 2020-2021 | 77 | glyburide-metformin | 17 |
| ferrous sulfate | 55 | FML | 69 | glycerin (laxative) | 57 |
| FEVERALL JUNIOR STRENGTH | 4 | FML LIQUIFILM | 69 | GLYCERIN ADULT | 57 |
| fexofenadine hcl | 23 | FOCALIN | 2 | glycopyrrolate | 75 |
| FIBERCON | 56 | folic acid | 54,55 | GLYNASE | 20 |
| finasteride | 54 | FORA GTEL BLOOD KETONE TEST STRIPS | 50 | GNP GLUCOSE | 18 |
| FIORINAL | 4 | formaldehyde | 30 | GNP QUICK DISSOLVE GLUCOSE | 18 |
| FIORINAL/CODEINE #3 | 6 | FOSAMAX | 51 | GOJJI BLOOD GLUCOSE TESTSTRIPS | 50 |
| FIRVANQ | 8 | fosamprenavir calcium | 31 | GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G | 50 |
| FLAGYL | 8 | fosinopril sodium | 24 | GOJJI BLOOD KETONE TEST STRIPS | 50 |
| flavoxate hcl | 76 | | | | |
| flecainide acetate | 10 | | | | |
| FLEET ENEMA | 57 | | | | |

| | | | |
|--------------------------------|-------|--|--|
| GOJJI CONTROL SOLUTION | | | |
| NORMAL | 58 | | |
| GOJJI STERILE LANCETS | | | |
| 30G | 58 | | |
| GOLYTELY | 56 | | |
| GOODSENSE GLUCOSE | 18 | | |
| GOODSENSE LANCETS | | | |
| MICRO-THIN 33G | | | |
| UNIVERSAL | 58 | | |
| GOODSENSE LANCETS | | | |
| ULTRA-THIN 26G | | | |
| UNIVERSAL | 59 | | |
| griseofulvin microsize | 22 | | |
| griseofulvin ultramicrosize | 22 | | |
| guaifenesin | 41,42 | | |
| guaifenesin-codeine | 40 | | |
| guanfacine hcl | 25 | | |
| guanfacine hcl (adhd) | 1 | | |
| GVOKE PFS | 18 | | |
| GYNAZOLE-1 | 78 | | |
| GYNE-LOTRIMIN | 78 | | |
| GYNE-LOTRIMIN 3 | 78 | | |
| HALCION | 56 | | |
| HALDOL DECANOATE 100 | 29 | | |
| HALDOL DECANOATE 50 | 29 | | |
| haloperidol | 29 | | |
| haloperidol decanoate | 29 | | |
| haloperidol lactate | 29 | | |
| HARMONY BLOOD GLUCOSE | | | |
| TEST STRIPS | 50 | | |
| HAVRIX | 77 | | |
| HEMOCYTE | 55 | | |
| heparin sodium (porcine) | 12 | | |
| HIBICLENS | 30 | | |
| HM GLUCOSE | 18 | | |
| HM STERILE ALCOHOL PREP | | | |
| PADS | 59 | | |
| homatropine hbr | 68 | | |
| HUMALOG MIX 50/50 | 19 | | |
| HUMALOG MIX 50/50 | | | |
| KWIKPEN | 19 | | |
| HUMALOG MIX 75/25 | 19 | | |
| HUMALOG MIX 75/25 | | | |
| KWIKPEN | 19 | | |
| HUMIRA | 2 | | |
| HUMIRA PEDIATRIC CROHNS | | | |
| DISEASE STARTER PACK | 2 | | |
| HUMIRA PEN | 2 | | |
| HUMIRA PEN-CD/UC/HS | | | |
| STARTER | 2 | | |
| HUMIRA PEN-PS/UV | | | |
| STARTER | 2 | | |
| HUMULIN 70/30 | 19 | | |
| HUMULIN 70/30 | | | |
| KWIKPEN | 19 | | |
| HUMULIN N | 20 | | |
| HUMULIN N KWIKPEN | 20 | | |
| HUMULIN R | 20 | | |
| HY-VEE GLUCOSE | 18 | | |
| hydralazine hcl | 27 | | |
| HYDRALYTE | 62 | | |
| HYDRALYTE FREEZER | | | |
| POPS | 61 | | |
| HYDREA | 28 | | |
| HYDRO-LAN | 48 | | |
| hydrochlorothiazide | 51 | | |
| hydrocodone w/ | | | |
| homatropine | 39 | | |
| hydrocodone- | | | |
| acetaminophen | 6 | | |
| hydrocortisone | 38 | | |
| hydrocortisone (intrarectal) | 7 | | |
| hydrocortisone (rectal) | 7 | | |
| hydrocortisone (topical) | 46 | | |
| hydrocortisone butyrate | 46 | | |
| hydrocortisone w/acetic | | | |
| acid | 71 | | |
| hydrocortisone-aloe vera | 46 | | |
| HYDROMORPHONE HCL | 5 | | |
| hydromorphone hcl | 5 | | |
| hydroxychloroquine sulfate | 27 | | |
| hydroxyprogesterone | | | |
| caproate | 72 | | |
| hydroxyprogesterone caproate | | | |
| (antineoplastic) | 28 | | |
| hydroxyurea | 28 | | |
| hydroxyzine hcl | 9 | | |
| hydroxyzine pamoate | 9 | | |
| hyoscyamine sulfate | 75 | | |
| HYOSCYAMINE | | | |
| SULFATE | 75 | | |
| hyoscyamine sulfate | 75 | | |
| HYPERRHO S/D | 71 | | |
| HYPOTEARAS | 68 | | |
| HYZAAR | 26 | | |
| ibuprofen | 3 | | |
| ibuprofen lysine | 3 | | |
| imipramine hcl | 17 | | |
| imiquimod | 46 | | |
| IMITREX | 60 | | |
| IMITREX STATDOSE | | | |
| REFILL | 60 | | |
| IMITREX STATDOSE | | | |
| SYSTEM | 60 | | |
| IMODIUM A-D | 21 | | |
| IMURAN | 63 | | |
| INCRUSE ELLIPTA | 10 | | |
| indapamide | 51 | | |
| INDERAL LA | 34 | | |
| INDOCIN | 3 | | |
| indomethacin | 3 | | |
| indomethacin sodium | 3 | | |
| INFANRIX | 74 | | |
| INFANTS ADVIL | 3 | | |
| INFINITY BLOOD GLUCOSE | | | |
| TEST STRIPS | 50 | | |
| INFLUENZA VACCINE | 77 | | |
| INSULIN ASPART | | | |
| PROTAMINE/INSULIN | | | |
| ASPART | 20 | | |
| INSULIN ASPART | | | |
| PROTAMINE/INSULIN ASPART | | | |
| FLEXPEN | 20 | | |
| INSULIN LISPRO | 20 | | |
| INSULIN LISPRO KWIKPEN | 20 | | |
| INSULIN LISPRO | | | |
| PROTAMINE/INSULIN LISPRO | | | |
| KWIKPEN | 20 | | |
| INSULIN SYRINGES | 60 | | |
| INSULIN SYRINGES-MISC | 60 | | |
| INTELENCE | 31 | | |
| INTUNIV | 1 | | |
| INVIRASE | 31 | | |
| IOPIDINE | 68 | | |
| ipratropium bromide | 10 | | |
| ipratropium bromide (nasal) | 66 | | |
| ipratropium-albuterol | 11 | | |
| irbesartan | 25 | | |
| irbesartan-hydrochlorothiazide | | | |
| | 26 | | |
| IRON CHEWS PEDIATRIC | 55 | | |
| ISENTRESS | 31 | | |
| ISENTRESS HD | 31 | | |
| isoniazid | 27 | | |
| ISONIAZID | 27 | | |
| isoniazid | 27 | | |
| ISOPTO ATROPINE | 68 | | |
| ISOPTO CARPINE | 68 | | |
| ISORDIL TITRADOSE | 9 | | |
| isosorbide dinitrate | 9 | | |

| | | | | | |
|----------------------------|----|----------------------------------|----|------------------------------|----|
| isosorbide mononitrate | 9 | LAMICTAL CHEWABLE | | LEXIVA | 32 |
| isotretinoin | 42 | DISPERSIBLE | 13 | LIALDA | 53 |
| ITCH RELIEF | 44 | LAMICTAL XR | 13 | LICEMD | 49 |
| itraconazole | 22 | LAMISIL AT | 43 | LICIDE TREATMENT KIT | 49 |
| JADENU | 21 | LAMISIL AT JOCK ITCH | 43 | lidocaine | 47 |
| JULUCA | 31 | lamivudine | 32 | lidocaine hcl | 47 |
| K-PHOS NEUTRAL | 62 | lamivudine-zidovudine | 32 | lidocaine hcl (mouth-throat) | 63 |
| K-TAB | 62 | lamotrigine | 13 | lidocaine-prilocaine | 47 |
| KALBITOR | 54 | LANCETS | 59 | liothyronine sodium | 74 |
| KALETRA | 32 | LANCETS 30G TWIST | | LIPITOR | 24 |
| KALYDECO | 74 | TOP | 59 | lisinopril | 24 |
| KAPVAY | 1 | LANCETS SUPER THIN | | lisinopril & | |
| KAZANO | 18 | 28G | 59 | hydrochlorothiazide | 26 |
| KEFLEX | 36 | LANCETS-MISC | 59 | LITHIUM | 29 |
| KEPPRA | 13 | LANCING DEVICE-MISC | 59 | lithium carbonate | 29 |
| KEPPRA XR | 13 | lanolin | 72 | LITHOBID | 29 |
| KERALYT | 47 | lanolin (topical) | 48 | LITTLE REMEDIES FOR | |
| ketoconazole (topical) | 43 | LANOLOR | 48 | COLDSMULTI SYMPTOM | 40 |
| KETONE | 50 | LANOXIN | 36 | LMX 4 | 47 |
| KETONE TEST STRIPS | 50 | lansoprazole | 76 | LOCOID | 46 |
| ketorolac tromethamine | 3 | LANTUS SOLOSTAR | 20 | LODINE | 3 |
| KETOROLAC | | LASIX | 51 | LODOSYN | 28 |
| TROMETHAMINE | 3 | latanoprost | 70 | LOESTRIN 1.5/30-21 | 36 |
| ketorolac tromethamine | 3 | LEADER GLUCOSE | 18 | LOESTRIN 1/20-21 | 36 |
| ketorolac tromethamine | | LEADER QUICK DISSOLVE | | LOESTRIN FE 1.5/30 | 36 |
| (ophth) | 70 | GLUCOSE | 18 | LOESTRIN FE 1/20 | 37 |
| KETOSTIX | 50 | leflunomide | 4 | LOHIST-D | 40 |
| ketotifen fumarate (ophth) | 70 | letrozole | 28 | LOMOTIL | 21 |
| KEY-E | 79 | leucovorin calcium | 28 | LONGS GLUCOSE | 19 |
| KINDERLYTE | 62 | LEUKERAN | 27 | loperamide hcl | 21 |
| KINDERLYTE PREMAX | 62 | LEVAQUIN | 53 | LOPID | 24 |
| KLARON | 42 | LEVIBID | 75 | lopinavir-ritonavir | 32 |
| KLONOPIN | 12 | levetiracetam | 13 | LOPRESSOR | 34 |
| KONSYL DAILY FIBER | 56 | levobunolol hcl | 68 | LOPRESSOR HCT | 26 |
| KONSYL ORIGINAL | | levocarnitine (metabolic | | loratadine | 23 |
| FORMULADAILY FIBER | 56 | modifiers) | 52 | loratadine & | |
| KRINTAFEL | 27 | levocetirizine | | pseudoephedrine | 40 |
| KROGER GLUCOSE | 18 | dihydrochloride | 23 | lorazepam | 10 |
| KROGER HEALTHPRO | | levofloxacin | 53 | losartan potassium | 25 |
| GLUCOSETEST STRIPS | 50 | levonorgestrel & eth | | losartan potassium & | |
| labetalol hcl | 34 | estradiol | 36 | hydrochlorothiazide | 26 |
| LAC-HYDRIN | 46 | levonorgestrel (emergency | | LOTENSIN | 24 |
| LAC-HYDRIN TWELVE | 46 | oc) | 37 | LOTENSIN HCT | 26 |
| lactic acid (ammonium | | levonorgestrel-eth estradiol | | LOTREL | 26 |
| lactate) | 46 | (triphasic) | 36 | LOTRIMIN AF | 43 |
| lactulose | 57 | levonorgestrel-ethinyl estradiol | | LOTRIMIN AF JOCK ITCH | 44 |
| lactulose (encephalopathy) | 53 | (91-day) | 36 | LOTRISONE | 44 |
| LAMICTAL | 13 | levothyroxine sodium | 74 | lovastatin | 24 |
| | | LEVSIN | 75 | | |
| | | LEXAPRO | 16 | | |

| | | | | | |
|-----------------------------|----|-----------------------------------|----|----------------------------------|----|
| LOVENOX..... | 12 | mesalamine..... | 53 | MICROZIDE..... | 51 |
| loxapine succinate..... | 29 | MESTINON..... | 27 | midazolam hcl..... | 56 |
| LYSTEDA..... | 55 | MESTINON TIMESPAN..... | 27 | midodrine hcl..... | 79 |
| M-M-R II..... | 78 | METAMUCIL..... | 56 | MIGRANAL..... | 60 |
| MACROBID..... | 9 | METAMUCIL ORIGINAL | | MILLIPRED..... | 38 |
| MACRODANTIN..... | 9 | TEXTURE..... | 56 | MINIPRESS..... | 25 |
| MAGNESIUM..... | 62 | metaproterenol sulfate..... | 11 | MINIVELLE..... | 52 |
| magnesium citrate..... | 57 | metformin hcl..... | 18 | MINOCIN..... | 74 |
| magnesium hydroxide..... | 57 | methadone hcl..... | 5 | minocycline hcl..... | 74 |
| magnesium oxide..... | 8 | methazolamide..... | 50 | minoxidil..... | 27 |
| MAGNESIUM OXIDE..... | 62 | methenamine mandelate..... | 9 | MIRALAX..... | 57 |
| magnesium oxide (mg | | methenamine-hyosc-methylene | | MIRAPEX..... | 28 |
| supplement)..... | 62 | blue-sod phos-phenyl sal..... | 8 | MIRCETTE..... | 37 |
| MAGOX 400..... | 62 | methimazole..... | 74 | mirtazapine..... | 15 |
| MAKENA..... | 72 | METHITEST..... | 7 | misoprostol..... | 76 |
| malathion..... | 49 | methocarbamol..... | 66 | MOBIC..... | 3 |
| maprotiline hcl..... | 15 | METHOTREXATE..... | 3 | MOI-STIR..... | 64 |
| MAVYRET..... | 33 | METHOTREXATE SODIUM | 3 | molindone hcl..... | 30 |
| MAXALT..... | 60 | methotrexate sodium..... | 28 | mometasone furoate..... | 46 |
| MAXALT-MLT..... | 60 | methyldopa..... | 25 | MONISTAT 3..... | 78 |
| MAXI-TUSS PE..... | 40 | methylergonovine maleate..... | 71 | MONISTAT 3 COMBINATION | |
| MAXI-TUSS PE MAX..... | 40 | METHYLIN..... | 2 | PACK..... | 78 |
| MAXITROL..... | 69 | methylphenidate hcl..... | 2 | MONISTAT 7 SIMPLY | |
| MAXZIDE..... | 51 | methylprednisolone..... | 38 | CURE..... | 78 |
| MAXZIDE-25..... | 51 | metoclopramide hcl..... | 53 | MONISTAT SOOTHING CARE | |
| meclizine hcl..... | 21 | metolazone..... | 51 | ITCH RELIEF..... | 46 |
| MEDROL..... | 38 | metoprolol & | | montelukast sodium..... | 10 |
| MEDROL DOSEPAK..... | 38 | hydrochlorothiazide..... | 26 | morphine sulfate..... | 5 |
| medroxyprogesterone | | metoprolol succinate..... | 34 | MOTRIN CHILDRENS..... | 3 |
| acetate..... | 72 | METOPROLOL SUCCINATE | | MOTRIN INFANTS DROPS..... | 3 |
| medroxyprogesterone acetate | | ER/HYDROCHLOROTHIAZIDE | | MOUTH KOTE..... | 64 |
| (contraceptive)..... | 37 | | 26 | MOUTH KOTE REMINT..... | 64 |
| mefloquine hcl..... | 27 | metoprolol tartrate..... | 34 | moxifloxacin hcl (ophth)..... | 69 |
| megestrol acetate..... | 28 | METROCREAM..... | 48 | MS CONTIN..... | 5 |
| MEIJER GLUCOSE..... | 19 | METROGEL-VAGINAL..... | 78 | MUCINEX..... | 42 |
| MELATONIN..... | 2 | METROLOTION..... | 48 | MUCINEX D..... | 40 |
| melatonin..... | 2 | metronidazole..... | 8 | MUCINEX DM..... | 40 |
| meloxicam..... | 3 | metronidazole (topical)..... | 48 | MUCINEX MAXIMUM | |
| melphalan..... | 27 | metronidazole vaginal..... | 78 | STRENGTH..... | 42 |
| memantine hcl..... | 72 | mexiletine hcl..... | 10 | multiple vitamins w/ minerals | |
| MENACTRA..... | 76 | MIACALCIN..... | 51 | tabs..... | 65 |
| MENQUADFI..... | 77 | MICARDIS..... | 25 | multiple vitamins w/ minerals- | |
| MENVEO..... | 77 | MICARDIS HCT..... | 26 | various..... | 65 |
| meperidine hcl..... | 5 | MICATIN..... | 44 | mupirocin..... | 43 |
| MEPHYTON..... | 79 | miconazole nitrate (topical)..... | 44 | mupirocin calcium (topical)..... | 43 |
| meprobamate..... | 9 | miconazole nitrate vaginal..... | 78 | MYAMBUTOL..... | 27 |
| mercaptapurine..... | 27 | MICRODOT XTRA TEST | | mycophenolate mofetil..... | 63 |
| | | STRIPS..... | 50 | mycophenolate sodium..... | 63 |
| | | | | MYDRIACYL..... | 68 |

| | | | | | |
|---|-----|--|----|--|----|
| MYFORTIC..... | 63 | NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH..... | 43 | norethindrone acet & eth estra..... | 37 |
| MYLERAN..... | 27 | NEPHRO-VITE RX..... | 65 | norethindrone acetate..... | 72 |
| MYLICON INFANTS GAS RELIEF..... | 53 | NESINA..... | 19 | norethindrone acetate-ethinyl estradiol..... | 52 |
| MYLICON INFANTS GAS RELIEF DYE FREE..... | 53 | NEURONTIN..... | 13 | norethindrone acetate-ethinyl estradiol-fe..... | 37 |
| MYSOLINE..... | 13 | NEUTROGENA T/GEL..... | 49 | norethindrone-eth estradiol (triphasic)..... | 37 |
| nabumetone..... | 3 | NEUTROGENA T/GEL STUBBORN ITCH CONTROL..... | 49 | norgestimate-ethinyl estradiol..... | 37 |
| nadolol..... | 34 | nevirapine..... | 32 | norgestimate-ethinyl estradiol (triphasic)..... | 37 |
| NALFON..... | 3 | niacin..... | 79 | norgestrel & ethinyl estradiol..... | 37 |
| naloxone hcl..... | 21 | niacin (antihyperlipidemic)..... | 24 | NORPACE..... | 10 |
| naltrexone hcl..... | 21 | NIACIN TR..... | 79 | NORPACE CR..... | 10 |
| NAMENDA..... | 72 | NIASPAN..... | 24 | NORPRAMIN..... | 17 |
| NAMENDA TITRATION PAK73 | | nicardipine hcl..... | 35 | NORTEMP INFANTS..... | 4 |
| naphazoline w/ pheniramine..... | 69 | NICODERM CQ..... | 73 | nortriptyline hcl..... | 17 |
| NAPROSYN..... | 3 | NICORETTE..... | 73 | NORVASC..... | 35 |
| naproxen..... | 4 | NICORETTE MINI..... | 73 | NORVIR..... | 32 |
| naproxen sodium..... | 3,4 | NICORETTE STARTER KIT..... | 73 | NOVA MAX PLUS KETONE TESTSTRIPS..... | 50 |
| naratriptan hcl..... | 60 | nicotine..... | 73 | NOVOLIN 70/30..... | 20 |
| NARCAN..... | 21 | nicotine polacrilex..... | 73 | NOVOLIN 70/30 FLEXPEN..... | 20 |
| NARDIL..... | 15 | NICOTINE TRANSDERMAL SYSTEM..... | 73 | NOVOLIN 70/30 FLEXPEN RELION..... | 20 |
| NASACORT ALLERGY 24HR..... | 66 | NICOTROL INHALER..... | 73 | NOVOLIN 70/30 RELION..... | 20 |
| NASACORT ALLERGY 24HR CHILDRENS..... | 66 | NICOTROL NS..... | 74 | NOVOLIN N..... | 20 |
| NASAL DECONGESTANT..... | 67 | nifedipine..... | 35 | NOVOLIN N FLEXPEN..... | 20 |
| NASALCROM..... | 66 | NINLARO..... | 28 | NOVOLIN N FLEXPEN RELION..... | 20 |
| nateglinide..... | 20 | NITRO-BID..... | 9 | NOVOLIN N RELION..... | 20 |
| NATROBA..... | 49 | NITRO-DUR..... | 9 | NOVOLIN R..... | 20 |
| NAYZILAM..... | 12 | nitrofurantoin..... | 9 | NOVOLIN R RELION..... | 20 |
| nefazodone hcl..... | 16 | nitrofurantoin macrocrystal..... | 9 | NOVOLOG MIX 70/30..... | 20 |
| neomycin sulfate..... | 2 | nitrofurantoin monohyd macro..... | 9 | NOVOLOG MIX 70/30 PREFILLED FLEXPEN..... | 20 |
| neomycin-bacitracin zn- polymyxin..... | 69 | nitroglycerin..... | 9 | NOZIN NASAL SANITIZER..... | 59 |
| neomycin-bacitracin-polymyxin | 43 | NITROSTAT..... | 9 | NULYTELY..... | 56 |
| neomycin-polymy-dexameth..... | 69 | NIX CREME RINSE..... | 49 | NULYTELY/FLAVOR PACKS..... | 56 |
| neomycin-polymyxin w/ pramoxine..... | 43 | NIZORAL..... | 44 | NUMOISYN..... | 64 |
| neomycin-polymyxin-gramicidin | 69 | NORCO..... | 6 | NUPLAZID..... | 29 |
| neomycin-polymyxin-hc (ophth)..... | 69 | NORDITROPIN FLEXPRO..... | 51 | NUVARING..... | 37 |
| neomycin-polymyxin-hc (otic)..... | 70 | norelgestromin-ethinyl estradiol..... | 37 | nystatin..... | 22 |
| NEOPROFEN..... | 4 | norethin acet & estrad-fe..... | 37 | nystatin (mouth-throat)..... | 63 |
| NEORAL..... | 63 | norethindrone & eth estradiol..... | 37 | nystatin (topical)..... | 44 |
| NEOSPORIN..... | 69 | norethindrone & ethinyl estradiol-fe..... | 37 | nystatin-triamcinolone..... | 44 |
| NEOSPORIN ORIGINAL..... | 43 | norethindrone (contraceptive)..... | 38 | NYTOL MAXIMUM STRENGTH..... | 55 |

| | | | | | |
|---------------------------------|----|--------------------------------|----|----------------------------------|----|
| OCEAN NASAL SPRAY..... | 66 | OVACE PLUS WASH..... | 44 | PEPCID AC MAXIMUM | |
| OCUFLOX..... | 69 | OVACE WASH..... | 44 | STRENGTH..... | 75 |
| OFF ACTIVE..... | 48 | OVIDE..... | 49 | PEPTO-BISMOL..... | 21 |
| OFF DEEP WOODS..... | 48 | OXAYDO..... | 6 | PEPTO-BISMOL MAX | |
| OFF DEEP WOODS DRY... 48 | | oxazepam..... | 10 | STRENGTH..... | 21 |
| OFF DEEP WOODS | | oxcarbazepine..... | 13 | PEPTO-BISMOL TO-GO... 21 | |
| SPORTSMEN..... | 48 | oxybutynin chloride..... | 76 | PERCOCET..... | 6 |
| OFF FAMILYCARE SMOOTH & | | oxycodone hcl..... | 6 | PERIDEX..... | 64 |
| DRY..... | 48 | oxycodone w/ | | permethrin..... | 49 |
| OFF SMOOTH & DRY..... | 48 | acetaminophen..... | 6 | perphenazine..... | 30 |
| ofloxacin..... | 53 | oxycodone-aspirin..... | 6 | perphenazine-amitriptyline .. 73 | |
| ofloxacin (ophth)..... | 69 | OXYCONTIN..... | 6 | PHARMACIST CHOICE | |
| ofloxacin (otic)..... | 70 | oyster shell..... | 61 | ALCOHOL PRED PADS..... 59 | |
| olanzapine..... | 30 | PAMELOR..... | 17 | PHARMACIST CHOICE | |
| olmesartan medoxomil..... | 25 | PANCREAZE..... | 50 | ALCOHOLPREP PADS..... 59 | |
| olmesartan medoxomil- | | PANOXYL-4 CREAMY | | phenazopyridine hcl..... 54 | |
| amlodipine-hydrochlorothiazide | | WASH..... | 42 | phenelzine sulfate..... | 15 |
| | 26 | pantoprazole sodium..... | 76 | phenobarbital..... | 55 |
| olmesartan medoxomil- | | PARLODEL..... | 28 | phenylephrine hcl (mydriatic) 68 | |
| hydrochlorothiazide..... | 26 | PARNATE..... | 15 | phenylephrine hcl (oral)..... 67 | |
| omega-3 fatty acids..... | 67 | paroxetine hcl..... | 16 | phenylephrine-chlorphen-dm | |
| OMEPRAZOLE..... | 36 | PARVA-CAL..... | 61 | | 40 |
| omeprazole..... | 76 | PAXIL..... | 16 | phenylephrine-dm..... | 40 |
| omeprazole 20mg tablet..... | 75 | PAXIL CR..... | 16 | phenylephrine-shark liver oil- | |
| omeprazole magnesium..... | 76 | ped multivitamins w/fl & | | cocoa butter..... | 7 |
| OMNIPRED..... | 69 | iron..... | 65 | phenylephrine-shark liver oil- | |
| OMNITROPE..... | 51 | PEDIALYTE..... | 62 | mineral oil-petrolatum..... | 7 |
| ondansetron..... | 21 | PEDIALYTE ADVANCED | | phenytoin..... | 14 |
| ondansetron hcl..... | 21 | CARE..... | 62 | phenytoin sodium..... | 14 |
| ONETOUCH DELICA PLUS | | PEDIALYTE FREEZER | | phenytoin sodium extended.. 14 | |
| LANCETS EXTRA FINE | | POPS..... | 62 | phytonadione..... | 79 |
| 33G..... | 59 | PEDIALYTE SINGLES..... | 62 | PIFELTRO..... | 32 |
| ONETOUCH DELICA PLUS | | PEDIAPRED..... | 38 | pilocarpine hcl..... | 68 |
| LANCETS FINE 30G..... | 59 | PEDIATRIC | | pilocarpine hcl (oral)..... | 64 |
| OPCON-A..... | 69 | COUGH/COLD..... | 40 | pimecrolimus..... | 46 |
| oral electrolytes..... | 62 | pediatric multiple vitamins w/ | | pindolol..... | 34 |
| ORAL RELIEF SPRAY FOR | | minerals-various..... | 65 | pioglitazone hcl..... | 19 |
| DRYMOUTH & | | pediatric vitamins acid w/ | | pioglitazone hcl-metformin | |
| DISCOMFORT..... | 64 | fluoride..... | 65 | hcl..... | 18 |
| ORKAMBI..... | 74 | peg 3350-kcl-sod bicarb-sod | | PIP LANCETS/28G..... | 59 |
| orphenadrine citrate..... | 66 | chloride-sod sulfate..... | 56 | PIP LANCETS/30G..... | 59 |
| ORTHO MICRONOR..... | 38 | peg 3350-potassium chloride- | | piroxicam..... | 4 |
| ORTHO TRI-CYCLEN..... | 37 | sod bicarbonate-sod | | PLAN B ONE-STEP..... | 37 |
| ORTHO TRI-CYCLEN LO... 37 | | chloride..... | 56 | PLAQUENIL..... | 27 |
| ORTHO-CYCLEN..... | 37 | PEN NEEDLES-MISC..... | 60 | PLAVIX..... | 54 |
| ORTHO-NOVUM 1/35..... | 37 | penicillamine..... | 63 | PLEGRIDY..... | 73 |
| ORTHO-NOVUM 7/7/7..... | 37 | penicillin v potassium..... | 71 | PLEGRIDY STARTER | |
| oseltamivir phosphate.... 33,34 | | pentoxifylline..... | 54 | PACK..... | 73 |
| OSENI..... | 18 | PEPCID..... | 75 | PNEUMOVAX 23..... | 77 |
| OTICIN HC NR..... | 71 | PEPCID AC..... | 75 | PNEUMOVAX 23/1 DOSE... 77 | |

| | | | | | |
|--------------------------------|-------|--------------------------------------|----|--------------------------------|----|
| podofilox..... | 47 | PREVIDENT 5000 ORTHO DEFENSE..... | 64 | pseudoephedrine w/ dm-gg . | 41 |
| POLYCOSE..... | 67 | PREVIDENT 5000 PLUS.. | 64 | pseudoephedrine-chlorphen-dm | 41 |
| polyethylene glycol 3350.... | 57 | PREVIDENT FLUORIDE.. | 64 | | 41 |
| polymyxin b-trimethoprim.... | 69 | PREVNAR 13..... | 77 | pseudoephedrine-dm..... | 41 |
| polysaccharide iron complex | 55 | PREZCOBIX..... | 32 | pseudoephedrine-guaifenesin | 41 |
| POLYTRIM..... | 69 | PREZISTA..... | 32 | | 41 |
| polyvinyl alcohol..... | 68 | PRILOSEC OTC..... | 76 | pseudoephedrine-ibuprofen. | 41 |
| pot phosphate monobasic w/ sod | | primaquine phosphate..... | 27 | psyllium..... | 56 |
| phosphate dibasic & | | PRIMAQUINE | | PTS PANELS KETONE | |
| monobasic..... | 62 | PHOSPHATE..... | 27 | TEST..... | 50 |
| potassium bicarbonate..... | 62 | primidone..... | 13 | PULMICORT..... | 11 |
| potassium chloride..... | 62 | PRINIVIL..... | 24 | PULMICORT FLEXHALER.. | 11 |
| potassium chloride | | PRISTIQ..... | 17 | PURE COMFORT ALCOHOL | |
| microencapsulated crystals | | PROAIR HFA..... | 11 | PREPPADS..... | 60 |
| er..... | 62 | PROAIR RESPICLICK..... | 11 | PURIXAN..... | 28 |
| potassium citrate | | probenecid..... | 54 | PUSH BUTTON SAFETY | |
| (alkalinizer)..... | 54 | PROCARDIA..... | 35 | LANCETS 28G..... | 59 |
| pramipexole dihydrochloride | 29 | PROCARDIA XL..... | 35 | PX DAYTIME MULTI- | |
| pramoxine-hc-chloroxylenol | 71 | prochlorperazine..... | 30 | SYMPTOM..... | 41 |
| prasugrel hcl..... | 54 | prochlorperazine maleate | 30 | PX GLUCOSE..... | 19 |
| PRAVACHOL..... | 24 | progesterone micronized.. | 72 | PX NITETIME MULTI- | |
| pravastatin sodium..... | 24 | PROGRAF..... | 63 | SYMPTOM..... | 41 |
| prazosin hcl..... | 25 | promethazine & | | pyrantel pamoate..... | 8 |
| PRECISION XTRA..... | 50 | phenylephrine..... | 40 | pyrazinamide..... | 27 |
| PRED FORTE..... | 69 | promethazine hcl..... | 23 | pyrethrins-piperonyl butoxide | 49 |
| PRED MILD..... | 69 | PROMETHAZINE HCL... | 36 | pyrethrins-piperonyl butoxide- | |
| PRED-G..... | 70 | promethazine w/codeine .. | 40 | permethrin-nit remover..... | 49 |
| PREDATOR..... | 47 | promethazine-dm..... | 41 | PYRIDIDIUM..... | 54 |
| prednisolone..... | 38 | promethazine-phenylephrine- | | pyridostigmine bromide..... | 27 |
| prednisolone acetate (ophth) | 70 | codeine..... | 41 | pyridoxine hcl..... | 79 |
| PREDNISOLONE ACETATE P- | | PROMETHAZINE/PHENYLEP | | QC CALCIUM 500MG/D3... | 61 |
| F..... | 70 | HRINE..... | 41 | QC TRIACTING DAYTIME | |
| prednisolone sodium | | PROMETRIUM..... | 72 | CHILDRENS..... | 41 |
| phosphate..... | 38 | propafenone hcl..... | 10 | QUESTRAN..... | 23 |
| PREDNISOLONE SODIUM | | propranolol & | | QUESTRAN LIGHT..... | 23 |
| PHOSPHATE..... | 70 | hydrochlorothiazide..... | 26 | quetiapine fumarate..... | 30 |
| prednisone..... | 38 | propranolol hcl..... | 34 | quinapril hcl..... | 24 |
| PREDNISONE INTENSOL.. | 38 | propylthiouracil..... | 74 | quinapril-hydrochlorothiazide | 26 |
| PREFERRED PLUS | | PROSCAR..... | 54 | | 26 |
| GLUCOSE..... | 19 | PROTONIX..... | 76 | quinidine gluconate..... | 10 |
| PREMARIN..... | 52,79 | PROTOPIC..... | 47 | quinidine sulfate..... | 10 |
| PREMPHASE..... | 52 | PROVENTIL HFA..... | 11 | QVAR REDIHALER..... | 11 |
| PREMPRO..... | 52 | PROVERA..... | 72 | RA CALCIUM HI- | |
| prenatal vitamins-misc..... | 66 | PROZAC..... | 16 | CAL/VITAMIND..... | 61 |
| PREVACID..... | 76 | pseudoephed-bromphen- | | RA DRY MOUTH..... | 64 |
| PREVACID 24HR..... | 76 | dm..... | 41 | RA GLUCOSE..... | 19 |
| PREVIDENT 5000 BOOSTER | | pseudoephedrine hcl..... | 67 | RA LICE SOLUTION KIT.... | 49 |
| PLUS..... | 64 | pseudoephedrine w/ codeine- | | RA OYSTER SHELL | |
| PREVIDENT 5000 DRY | | gg..... | 41 | CALCIUM/VITAMIN D..... | 61 |
| MOUTH..... | 64 | | | raloxifene hcl..... | 52 |
| | | | | ramipril..... | 24 |

| | | | | | |
|-----------------------|-------|--------------------------|----|-------------------------------|-------|
| RAPAMUNE | 63 | RILUTEK | 67 | SELSUN BLUE DAILY | 44 |
| RAZADYNE | 73 | riluzole | 67 | SELSUN BLUE | |
| RAZADYNE ER | 73 | risedronate sodium | 51 | MEDICATED | 45 |
| READYLANCE SAFETY | | RISPERDAL | 29 | SELSUN BLUE | |
| LANCETS/21G/2.2MM | 59 | risperidone | 29 | MOISTURIZING | 45 |
| READYLANCE SAFETY | | RITALIN | 2 | SELZENTRY | 32 |
| LANCETS/23G/1.8MM | 59 | ritonavir | 32 | SEMGLEE | 20 |
| READYLANCE SAFETY | | rivastigmine | 73 | sennosides | 57 |
| LANCETS/26G/1.8MM | 59 | rivastigmine tartrate | 73 | sennosides-docusate | |
| READYLANCE SAFETY | | rizatriptan benzoate | 60 | sodium | 56 |
| LANCETS/28G/1.8MM | 59 | ROBAXIN | 66 | SENOKOT | 57 |
| RECOMBIVAX HB | 78 | ROBAXIN-750 | 66 | SENOKOT S | 56 |
| REESES PINWORM | | ROBITUSSIN PEAK COLD | | SEREVENT DISKUS | 11 |
| MEDICINE | 8 | COUGH+ CHEST | | SEROQUEL | 30 |
| REGLAN | 53 | CONGESTION DM MAX | | sertraline hcl | 16 |
| RELENZA DISKHALER | 34 | STRENGTH | 41 | SFROWASA | 53 |
| RELION GLUCOSE | 19 | ROBITUSSIN PEAK COLD | | SIKLOS | 54 |
| RELION KETONE | 50 | DM | 41 | SILVADENE | 45 |
| RELION KETONE TEST | | ROCALTROL | 52 | silver sulfadiazine | 45 |
| STRIPS | 50 | ropinirole hydrochloride | 29 | simethicone | 53 |
| RELION LANCETS THIN | | rosuvastatin calcium | 24 | SIMPLYTHICK | 72 |
| 26G | 59 | ROXICET | 6 | SIMPLYTHICK EASY MIX | 72 |
| RELION PREMIER BLOOD | | ROXICODONE | 6 | SIMPLYTHICK EASYMIX | 72 |
| GLUCOSE TEST STRIPS | 50 | SAFETY LANCET | | simvastatin | 24 |
| RELION ULTRA THIN | | 30G/PRESSURE | | SINEMET | 29 |
| LANCETS/30G | 59 | ACTIVATED | 59 | SINEMET CR | 29 |
| RELPAK | 60 | SALAGEN | 64 | SINGULAIR | 10 |
| REMERON | 15 | salicylic acid | 47 | sirolimus | 63 |
| REMERON SOLTAB | 15 | saline | 66 | SIVEXTRO | 9 |
| REPEL FAMILY | 48 | salsalate | 5 | SLO-NIACIN | 80 |
| REPEL FAMILY DRY | 48 | SANDIMMUNE | 63 | SM GLUCOSE | 19 |
| REPEL HUNTERS | | SAPS HEALTH ALCOHOL | | SM IPECAC SYRUP | 21 |
| FORMULA | 48 | PREPPADS | 60 | SMART SENSE GLUCOSE | 19 |
| REPEL SPORTSMEN | 48 | SARNA | 44 | SMART SENSE GLUCOSE | |
| REPEL SPORTSMEN DRY | 48 | SAVELLA | 73 | TABLETS | 19 |
| REPEL SPORTSMEN MAX | 48 | SAVELLA TITRATION | | sodium bicarbonate (antacid) | 8 |
| REQUIP | 29 | PACK | 73 | sodium chloride (gu irrigant) | 54 |
| RESCRIPTOR | 32 | SAWYER INSECT | | sodium chloride (inhalant) | 42 |
| RESTORIL | 56 | REPELLENT | 48 | sodium citrate & citric acid | 54 |
| RETIN-A | 42,43 | SAWYER INSECT | | sodium fluoride | 62 |
| RETROVIR | 32 | REPELLENT CONTROLLED | | sodium fluoride (dental) | 64 |
| REYATAZ | 32 | RELEASE | 48 | sodium phosphates | 57 |
| RHOGAM ULTRA-FILTERED | | SCHOOLTIME SHAMPOO | 49 | sodium polystyrene | |
| PLUS | 71 | SCOT-TUSSIN DM | 41 | sulfonate | 63 |
| riboflavin | 80 | SCOT-TUSSIN SENIOR | 41 | SODIUM | |
| RID | 49 | SEASONIQUE | 37 | SULFACETAMIDE/SULFUR | |
| RID COMPLETE LICE | | SEGLUROMET | 18 | | 43 |
| ELIMINATION | 49 | selegiline hcl | 29 | SORBITOL | 57 |
| RID ESSENTIAL LICE | | selenium sulfide | 44 | sotalol hcl | 34,35 |
| ELIMINATION KIT | 49 | SELSUN BLUE | 44 | | |
| RIFADIN | 27 | | | | |
| rifampin | 27 | | | | |

| | | | | | |
|--|----|---|----|------------------------------------|----|
| sotalol hcl (afib/afib) | 34 | SYNTHROID | 74 | thiamine mononitrate | 80 |
| SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES | 60 | tacrolimus | 63 | thioridazine hcl | 30 |
| SPACER/AEROSOL-HOLDING CHAMBERS | 60 | tacrolimus (topical) | 47 | thiothixene | 30 |
| SPACERS AND BREATHING CHAMBERS-MISC | 60 | TAGAMET HB | 75 | thyroid | 74 |
| spinosad | 49 | TAMIFLU | 34 | tiagabine hcl | 14 |
| spironolactone | 51 | tamoxifen citrate | 28 | TIAZAC | 35 |
| spironolactone & hydrochlorothiazide | 51 | tamsulosin hcl | 54 | TIKOSYN | 10 |
| SPORANOX | 22 | TAPAZOLE | 74 | timolol maleate | 35 |
| SPORANOX PULSEPAK | 22 | TARKA | 26 | timolol maleate (ophth) | 68 |
| STARLIX | 20 | tazarotene | 44 | TIMOPTIC | 68 |
| stavudine | 32 | TAZORAC | 44 | TIMOPTIC OCUDOSE | 68 |
| STEGLATRO | 20 | TDVAX | 74 | TINACTIN | 44 |
| STRATTERA | 1 | TEARS NATURALE PM | 68 | tioconazole vaginal | 78 |
| STRIBILD | 32 | TECFIDERA | 73 | TIVICAY | 33 |
| SUBOXONE | 7 | TECFIDERA STARTER PACK | 73 | tizanidine hcl | 66 |
| sucralfate | 75 | TEGRETOL | 13 | TOBRADEX | 70 |
| SUDAFED CHILDRENS | 67 | TEGRETOL-XR | 13 | tobramycin (ophth) | 69 |
| SUDAFED CONGESTION | 67 | telmisartan | 25 | tobramycin sulfate | 2 |
| SUDAFED PE CHILDRENS NASAL DECONGESTANT | 67 | telmisartan-amlodipine | 26 | tobramycin-dexamethasone | 70 |
| SUDAFED PE SINUS CONGESTION | 67 | telmisartan-hydrochlorothiazide | 26 | TOBREX | 69 |
| SUDAFED SINUS CONGESTION | 67 | temazepam | 56 | TOFRANIL | 17 |
| sulfacetamide sod- prednisolone | 70 | TEMIXYS | 32 | tolnaftate | 44 |
| sulfacetamide sodium | 45 | TEMOVATE | 46 | tolterodine tartrate | 76 |
| sulfacetamide sodium (acne) | 43 | TENIVAC | 75 | TOPAMAX | 14 |
| sulfacetamide sodium (ophth) | 69 | tenofovir disoproxil fumarate | 32 | TOPAMAX SPRINKLE | 14 |
| sulfacetamide sodium w/ sulfur | 43 | TENORETIC 100 | 26 | TOPICORT | 46 |
| sulfamethoxazole- trimethoprim | 8 | TENORETIC 50 | 26 | topiramate | 14 |
| sulfasalazine | 53 | TENORMIN | 34 | TOPROL XL | 34 |
| sulindac | 4 | terazosin hcl | 25 | toremifene citrate | 28 |
| sumatriptan | 60 | terbinafine hcl | 22 | torsemide | 51 |
| sumatriptan succinate | 61 | terbinafine hcl (topical) | 44 | tramadol hcl | 6 |
| SUSTIVA | 32 | terbutaline sulfate | 11 | tramadol-acetaminophen | 7 |
| SYMAX DUOTAB | 75 | terconazole vaginal | 78 | trandolapril | 24 |
| SYMBICORT | 11 | TESSALON PERLES | 39 | trandolapril-verapamil hcl | 26 |
| SYMDEKO | 74 | testosterone cypionate | 7 | tranexamic acid | 55 |
| SYMFI | 32 | TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT | 75 | TRANXENE T | 10 |
| SYMFI LO | 32 | tetracaine hcl (ophth) | 69 | tranylcypromine sulfate | 15 |
| SYMLINPEN 120 | 17 | tetrahydrozoline hcl (ophth) | 69 | trazodone hcl | 16 |
| SYMLINPEN 60 | 17 | TGT GLUCOSE | 19 | TRECTOR | 27 |
| SYMTUZA | 32 | THEO-24 | 11 | tretinoin | 43 |
| | | theophylline | 11 | TREXALL | 28 |
| | | thiamine hcl | 80 | TRI-NORINYL 28 | 37 |
| | | | | triamcinolone acetonide (mouth) | 64 |
| | | | | triamcinolone acetonide (nasal) | 66 |

| | | | | | |
|---|----|------------------------------------|----|--|----|
| triamcinolone acetonide (topical)..... | 46 | TYLENOL EXTRA STRENGTH..... | 4 | venlafaxine hcl..... | 17 |
| TRIAMINIC COLD & COUGH DAY TIME CHILDRENS..... | 41 | TYLENOL INFANTS..... | 4 | VENTOLIN HFA..... | 11 |
| TRIAMINIC LONG ACTING COUGH..... | 39 | TYLENOL INFANTS PAIN+FEVER..... | 4 | verapamil hcl..... | 35 |
| triamterene & hydrochlorothiazide..... | 51 | TYLENOL/CODEINE #3..... | 7 | VERELAN..... | 35 |
| triazolam..... | 56 | TYLENOL/CODEINE #4..... | 7 | VERELAN PM..... | 35 |
| TRIBENZOR..... | 26 | ULTRACET..... | 7 | VERIPRED 20..... | 38 |
| TRIDESILON..... | 46 | ULTRAM..... | 6 | VIBRAMYCIN..... | 74 |
| trifluoperazine hcl..... | 30 | ULTRATHON INSECT REPELLENT..... | 48 | VICTOZA..... | 19 |
| trifluridine..... | 69 | ULTRATHON INSECT REPELLENT 8..... | 48 | VIDEX EC..... | 33 |
| TRIGLIDE..... | 24 | UNILET LANCETS MICRO-THIN33G..... | 59 | VIDEXPEDIATRIC..... | 33 |
| trihexyphenidyl hcl..... | 28 | UNISOM SLEEPGELS..... | 55 | VIGAMOX..... | 69 |
| TRILEPTAL..... | 14 | UNISOM SLEEPTABS..... | 55 | VIIBRYD..... | 16 |
| trimethoprim..... | 8 | UNISTIK PRO SAFETY LANCET 21G..... | 59 | VIRACEPT..... | 33 |
| TRINTELLIX..... | 16 | UNISTIK PRO SAFETY LANCET 25G..... | 59 | VIRAMUNE..... | 33 |
| TRIUMEQ..... | 33 | UNISTIK PRO SAFETY LANCET 28G..... | 59 | VIRAMUNE XR..... | 33 |
| TRIZIVIR..... | 33 | UP & UP GLUCOSE..... | 19 | VIREAD..... | 33 |
| tropicamide..... | 68 | urea..... | 46 | VIROPTIC..... | 69 |
| tropium chloride..... | 76 | URECHOLINE..... | 76 | VISINE..... | 69 |
| TRUE METRIX BLOOD GLUCOSETEST STRIPS..... | 50 | UROCIT-K 10..... | 54 | VISINE RED EYE COMFORT..... | 69 |
| TRUE METRIX CONTROL SOLUTION LEVEL 1..... | 59 | UROCIT-K 5..... | 54 | VISTARIL..... | 9 |
| TRUE METRIX CONTROL SOLUTION LEVEL 2..... | 59 | URSO 250..... | 53 | VISTOGARD..... | 21 |
| TRUE METRIX CONTROL SOLUTION LEVEL 3..... | 59 | ursodiol..... | 53 | vitamin e..... | 79 |
| TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS..... | 50 | VAGIFEM..... | 79 | VITAMIN E..... | 79 |
| TRUECONTROL GLUCOSE CONTROL LEVEL 0..... | 59 | valacyclovir hcl..... | 33 | vitamins w/ lipotropics..... | 66 |
| TRUECONTROL GLUCOSE CONTROL LEVEL 1..... | 59 | VALCYTE..... | 33 | VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS..... | 50 |
| TRUETRACK BLOOD GLUCOSE TEST..... | 50 | valganciclovir hcl..... | 33 | VIVAGUARD INO CONTROL SOLUTION..... | 59 |
| TRUETRACK TEST..... | 50 | VALIUM..... | 10 | VIVAGUARD LANCETS..... | 59 |
| TRUMENBA..... | 77 | valproate sodium..... | 15 | VIVELLE-DOT..... | 52 |
| TRUSOPT..... | 70 | valproic acid..... | 15 | VIVITROL..... | 21 |
| TRUVADA..... | 33 | valsartan..... | 25 | VOLTAREN..... | 43 |
| TUDORZA PRESSAIR..... | 10 | valsartan-hydrochlorothiazide..... | 26 | VYTORIN..... | 23 |
| TUMS..... | 8 | VALTOCO..... | 13 | VYVANSE..... | 1 |
| TUMS LASTING EFFECTS..... | 8 | VALTrex..... | 33 | WALGREENS GLUCOSE..... | 19 |
| TWYNSTA..... | 26 | VALUE PLUS GLUCOSE..... | 19 | warfarin sodium..... | 12 |
| TYBOST..... | 33 | VANCOGIN..... | 8 | WELLBUTRIN SR..... | 15 |
| TYLENOL..... | 4 | VANCOGIN HCL..... | 8 | WELLBUTRIN XL..... | 15 |
| TYLENOL CHILDRENS..... | 4 | vancomycin hcl..... | 8 | white petrolatum-mineral oil..... | 68 |
| TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER4..... | | VAQTA..... | 78 | XALATAN..... | 70 |
| | | VARIVAX..... | 78 | XANAX..... | 10 |
| | | VASERETIC..... | 27 | XARELTO..... | 12 |
| | | VASOTEC..... | 24 | XELJANZ..... | 3 |
| | | | | XELJANZ XR..... | 3 |
| | | | | XEROSTOMIA RELIEF SPRAY..... | 64 |
| | | | | XYZAL ALLERGY 24HR..... | 23 |

| | |
|--------------------------------|-------|
| YASMIN 28 | 37 |
| YAZ | 37 |
| ZADITOR | 70 |
| zaleplon | 56 |
| ZANAFLEX | 66 |
| ZARONTIN | 14 |
| ZARXIO | 55 |
| ZERIT | 33 |
| ZESTORETIC | 27 |
| ZESTRIL | 24 |
| ZETIA | 24 |
| ZIAC | 27 |
| ZIAGEN | 33 |
| zidovudine | 33 |
| zinc oxide (topical) | 48 |
| zinc sulfate | 63 |
| ZINC SULFATE | 63 |
| ziprasidone hcl | 29 |
| ZITHROMAX | 57 |
| ZITHROMAX TRI-PAK | 57 |
| ZITHROMAX Z-PAK | 57 |
| ZOCOR | 24 |
| ZOFRAN | 21 |
| ZOFRAN ODT | 21 |
| zolmitriptan | 61 |
| ZOLOFT | 16 |
| zolpidem tartrate | 56 |
| ZOMIG | 61 |
| ZOMIG ZMT | 61 |
| ZONEGRAN | 14 |
| zonisamide | 14 |
| ZOSTAVAX | 78 |
| ZOVIRAX | 33,45 |
| ZUBSOLV | 7 |
| ZYBAN | 74 |
| ZYLOPRIM | 54 |
| ZYPREXA | 30 |
| ZYRTEC ALLERGY | 23 |
| ZYRTEC CHILDRENS ALLERGY | 23 |
| ZYRTEC-D ALLERGY/CONGESTION | 41 |