

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

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

Pharmacy Program

Peach State Health Plan covers medicine for Georgia Families® Medicaid and Peach Care for Kids® members. The pharmacy team works with doctors and pharmacists to be sure medicines for a lot of illnesses are covered. Peach State Health Plan pays for prescription drugs and some over-the-counter (OTC) medications. Your doctor must write a prescription for these drugs. The pharmacy program does not pay for all drugs. Some drugs need a prior authorization (PA). Some drugs have limits on age, dose, and maximum quantities.

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 drug is covered. You can get to the tool by using this link <https://members.envolverx.com/>

Preferred Drug List (PDL)

The Peach State Health Plan Preferred Drug List (PDL) is the list of covered drugs. The 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.

Pharmacy Benefit Manager (PBM)

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

Specialty Drugs

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

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

These drugs are not usually available at local pharmacies. Be sure to call the specialty pharmacy for a refill before you run out of medicine. Drugs that specialty pharmacies provided are marked in the PDL. This list is on the Peach State Health Plan website at www.pshp.com. Please contact 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. 80% of the days' supply or 25 days must have passed before the medicine can be refilled for PDL drugs

that are not controlled. Controlled medicines 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 drugs on the PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Pharmacy Services on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at www.pshp.com. The completed form and doctor notes to show your history should be **faxed to Pharmacy Services at 1-833-582-2342**. A request can also be sent using the secure electronic Prior Authorization portal by Cover My Meds at www.covermymeds.com.

Peach State Health Plan will cover the medicine if:

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

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

Step Therapy

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

Quantity Limits

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

Age Limits

Some medicine on the Peach State Health Plan PDL may have age limits. These are based on the Food and Drug Administration (FDA) approved labeling and for your safety. If the doctor feels you need the drug anyway, a PA may be sent to Pharmacy Services. If Pharmacy Services does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Medical Necessity Requests

If you need a medicine that is not on the PDL, your doctor can make a medical necessity (MN) PA request for the drug. There are medicines on the PDL to treat most conditions. For drugs not on the PDL, Peach State Health Plan requires:

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

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

72 Hour Emergency Supply Policy

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

Exclusions

Below you will find a list of things that are not part of the Peach State PDL. The 72-hour emergency supply policy does not cover these drugs either.

- Drugs that are considered experimental
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for weight loss
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Cough and cold preparations
- Infusion therapy and supplies

- Physician administered drugs, that are not listed in the PDL, Specialty Drug Benefit, or the Physician Administered Drug Prior Authorization List

Newly Approved Products

Peach State Health Plan reviews new drugs before adding them to the PDL. These medicines will need a PA review until they are added to the PDL. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

Over-the-Counter Medications

The Peach State Health Plan 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 and work the same as brand-name drugs. If you or your doctor feels a brand-name is needed, your doctor can ask for PA. We will cover the brand-name drug if there is a medical reason you need the brand-name. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other medicine. It will also tell you about the appeal process.

Drug Efficacy Study and Implementation Drugs

Drug Efficacy Study and Implementation (DESI) drugs are said to be less effective by the Food and Drug Administration. DESI products are not covered by Peach State Health Plan.

Filling a Prescription

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

Ordering, Prescribing and Referring (OPR) Provider Requirements

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

Peach State Health Plan: Preferred Drug List (PDL)



Copayments

The table below shows co-pay amounts for the drugs. The co-pay is based on the actual cost of the medicine. Co-pays are not required for:

- Children under the age of 21 who are covered under the Medicaid benefit
- PeachCare for Kids® members under age 6
- Pregnant women
- Family planning supplies
- Members in the hospital or a nursing home
- Alaskan Eskimo members, or American Indian members
- Members with breast and/or cervical cancer

Prescription	Member Copayment
Preferred Drug List (PDL) Medicine	\$0.50
Non-PDL Medicine	
Under \$10.00	\$0.50
Between \$10.01 and \$25.00	\$1.00
Between \$25.01 and \$50.00	\$2.00
More than \$50.01	\$3.00

Contact Information

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

Language Assistance

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

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
<i>NP</i>	Non-Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	Age Limit: Drug is limited to a specific age
<i>PA</i>	Prior Authorization: Review required before prescription can be filled
<i>QL</i>	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both prescription and over the counter coverage
<i>SP</i>	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
<i>ST</i>	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
<i>ADHD</i>	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12. After that 30 days can be filled. Edit resets if no fills in 4 months.
<i>Test Strips</i>	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days EXCEPTIONS: The below members may get up to 200 strips per 30 days • Members who are less than 18 years old • Members with a Gestational Diabetes or Diabetes in Pregnancy
STANDARD ABBREVIATIONS	

Dose Form	Dose Form Description	Dose Form	Dose Form Description
<i>AEPB</i>	Aerosol Powder Breath Activated	<i>CPCR</i>	Capsule ER
<i>AERB</i>	Aerosol, breath activated	<i>CPDR</i>	Capsule Delayed Release
<i>AERO</i>	Aerosol	<i>CPEP</i>	Capsule Enteric Coated Particles
<i>AJKT</i>	Auto-injector Kit	<i>CPSP</i>	Capsule Sprinkle
<i>AUIJ</i>	Auto-injector	<i>CREA</i>	Cream
<i>CAPS</i>	Capsule	<i>CSDR</i>	Capsule Delayed Release Sprinkle
<i>CHEW</i>	Tablet Chewable	<i>DEVI</i>	Device
<i>CONC</i>	Concentrate	<i>ELIX</i>	Elixir
<i>CP12</i>	Capsule ER 12 HR	<i>EMUL</i>	Emulsion
<i>CP24</i>	Capsule ER 24 HR	<i>ENEM</i>	Enema

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Dose Form	Dose Form Description	Dose Form	Dose Form Description
EX	External	SHAM	Shampoo
GRAN	Granules	SOAJ	Solution Auto-injector
IJ	Injection	SOCT	Solution Cartridge
IMPL	Implant	SOLN	Solution
INHA	Inhaler	SOLR	Solution Reconstituted
INJ	Injectable	SOPN	Solution Pen-injector
IUD	Intrauterine Device	SOSY	Solution Prefilled Syringe
IV	Intravenous	SRER	Suspension Reconstituted ER
LIQD	Liquid	STRP	Strip
LOTN	Lotion	SUBL	Tablet Sublingual
LOZG	Lozenge	SUER	Suspension Extended Release
LPOP	Lollipop	SUPN	Suspension Pen-injector
MISC	Miscellaneous	SUPP	Suppository
NA	Nasal	SUSP	Suspension
NEBU	Nebulization solution	SUSR	Suspension Reconstituted
OINT	Ointment	SUSY	Suspension Prefilled Syringe
OP	Ophthalmic	SYRP	Syrup
OPHT	Ophthalmic	T12A	Tablet ER 12 Hour Abuse-Deterrent
OR	Oral	TABS	Tablets
PACK	Packet	TB12	Tablet ER 12 Hour
PEN	Pen-injector	TB24	Tablet ER 24 Hour
PNKT	Pen-injector Kit	TBCR	Tablet ER
POT	Potassium	TBDP	Tablet Dispersible
POWD	Powder	TBEC	Tablet Enteric Coated
PRSY	Prefilled Syringe	TBEF	Tablet Effervescent
PSKT	Prefilled Syringe Kit	TBPK	Tablet Therapy Pack
PSTE	Paste	TBSO	Tablet Soluble
PT24	Patch 24 Hour	TEST	Diagnostic Test
PT72	Patch 72 Hour	TINC	Tincture
PTCH	Patch	TROC	Troche
PTTW	Patch Biweekly	VA	Vaginal
PTWK	Patch Weekly	VI	Visual Indicator
RE	Rectal	WAFR	Wafer
S.O.P.	Sterile Ophthalmic Preparation	XR	Extended Release

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (<i>Use amphetamine-dextroamphetamine</i>)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (<i>Use amphetamine-dextroamphetamine</i>)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
ADZENYS ER SUEP (<i>Use amphetamine</i>)	NP	
<i>amphetamine-dextroamphetamine tabs</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
<i>amphetamine-dextroamphetamine cp24</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 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</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)
VYVANSE CAPS	P	Try methylphenidate ER, or Adderall XR, or dexamethylphenidate ER; Clinical Edit: ADHD; QL(1 ea daily); ST
Analeptics		
<i>caffeine citrate soln or</i>	P	QL(45 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
Anti-Obesity Agents		
IMCIVREE	P	SP; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old); ST
<i>clonidine hcl (adhd) tb12</i>	P	
<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (<i>Use clonidine hcl (adhd)</i>)	NP	
STRATTERA (<i>Use atomoxetine hcl</i>)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old); ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP; PA
Stimulants - Misc.		
CONCERTA TBCR 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>dexamethylphenidate hcl tabs</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)

Georgia Medicaid Updated April 1, 2023
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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FOCALIN TABS (<i>Use dextmethylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)
METHYLIN SOLN 5 MG/5ML (<i>Use methylphenidate hcl</i>)	NP	QL(1800 ml per 30 days retail); 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)
METHYLIN SOLN 10 MG/5ML (<i>Use methylphenidate hcl</i>)	NP	QL(900 ml per 30 days retail); AL(At least 3 yrs old)	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl soln 5 mg/5ml</i>	P	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)	Alternative Medicine - B's		
<i>methylphenidate hcl tbcr 10 mg, 20 mg, 36 mg</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	REMIFEMIN MENOPAUSE RELIEF TABS	NP	
<i>methylphenidate hcl soln 10 mg/5ml</i>	P	QL(900 ml per 30 days retail); AL(At least 3 yrs old)	Alternative Medicine - G's		
<i>methylphenidate hcl tb24 36 mg</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	<i>ginger (zingiber officinalis) caps 250 mg</i>	P	OTC; QL(4 ea daily)
<i>methylphenidate hcl tabs 10 mg, 20 mg</i>	P	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)	Alternative Medicine - M's		
<i>methylphenidate hcl tabs 5 mg</i>	P	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)	<i>melatonin tabs 3 mg, 5 mg</i>	P	OTC; QL(1 ea daily)
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)	<i>melatonin tbdp 3 mg</i>	P	QL(1 ea daily)
<i>methylphenidate hcl cpcr</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)	MELATONIN SUBL	P	QL(1 ea daily)
<i>methylphenidate hcl tbcr 18 mg, 27 mg, 54 mg</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
			Aminoglycosides		
			ARIKAYCE	P	SP; PA
			BETHKIS NEBU (<i>Use tobramycin</i>)	NP	SP; PA
			KITABIS PAK NEBU (<i>Use tobramycin</i>)	NP	SP; PA
			<i>neomycin sulfate tabs</i>	P	
			TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA
			TOBI PODHALER CAPS	P	SP; PA
			<i>tobramycin nebu</i>	P	SP; PA
			<i>tobramycin sulfate soln ij</i>	P	PA
			<i>tobramycin sulfate solr</i>	P	PA
			ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		

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

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<i>ibuprofen susp 100 mg/5ml</i>	P	RX/OTC	NEOPROFEN (<i>Use ibuprofen lysine</i>)	NP	
<i>ibuprofen lysine</i>	P		<i>piroxicam caps</i>	P	
INDOCIN SUPP	P		<i>sulindac tabs</i>	P	
INDOCIN SUSP	P		TIVORBEX CAPS (<i>Use indomethacin</i>)	NP	
<i>indomethacin caps 25 mg, 50 mg</i>	P		VIVLODEX CAPS (<i>Use meloxicam</i>)	NP	
<i>indomethacin sodium</i>	P		Phosphodiesterase 4 (PDE4) Inhibitors		
INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	NP	OTC	OTEZLA TBPk	P	SP; PA
<i>ketorolac tromethamine tabs</i>	P	QL(20 ea per 30 days retail); AL(At least 17 yrs old)	OTEZLA TABS	P	SP; PA
<i>ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml</i>	P		Pyrimidine Synthesis Inhibitors		
KETOROLAC TROMETHAMINE SOLN IJ 15 MG/ML, 30 MG/ML	P		ARAVA (<i>Use leflunomide</i>)	NP	QL(1 ea daily)
LODINE TABS (<i>Use etodolac</i>)	NP		<i>leflunomide</i>	P	QL(1 ea daily)
<i>meloxicam tabs</i>	P		Selective Costimulation Modulators		
MOBIC TABS (<i>Use meloxicam</i>)	NP		ORENCIA SOSY	P	SP; PA
MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	NP	OTC	ORENCIA SOLR	P	SP; PA
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	NP	OTC	ORENCIA CLICKJECT SOAJ	P	SP; PA
<i>nabumetone</i>	P		Soluble Tumor Necrosis Factor Receptor Agents		
NALFON CAPS (<i>Use fenoprofen calcium</i>)	NP		ENBREL SOSY	P	SP; PA
NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NP		ENBREL SOLR	P	SP; PA
NAPROSYN SUSP (<i>Use naproxen</i>)	NP		ENBREL SOLN	P	SP; PA
<i>naproxen susp</i>	P		ENBREL MINI SOCT	P	SP; PA
<i>naproxen tabs</i>	P		ENBREL SURECLICK SOAJ	P	SP; PA
<i>naproxen sodium tabs 220 mg</i>	P	OTC; QL(2 ea daily)	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>naproxen sodium tabs 275 mg, 550 mg</i>	P		Analgesic Combinations		
			<i>butalbital-acetaminophen tabs 50 mg-325 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
			<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Opioid Agonists			<i>morphine sulfate soln or 10 mg/0.5ml, 20 mg/ml, 100 mg/5ml</i>	P	Clinical Edit: Opioids; QL(240 ea per fill retail)
<i>codeine sulfate tabs</i>	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)	<i>morphine sulfate tabs</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)	<i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i>	P	Clinical Edit: Opioids; QL(21.4 ml daily)
DILAUDID TABS 2 MG, 4 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)	<i>morphine sulfate supp</i>	P	Clinical Edit: Opioids; QL(18 ea per fill retail)
DILAUDID TABS 8 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily)	MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NP	QL(3 ea daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR (<i>Use fentanyl</i>)	NP	QL(0.34 ea daily)	OXAYDO TABS	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	P	QL(0.34 ea daily)	<i>oxycodone hcl tabs 30 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily)
<i>hydromorphone hcl tabs 2 mg, 4 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>oxycodone hcl t12a</i>	P	QL(2 ea daily); PA
<i>hydromorphone hcl tabs 8 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily)	<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids; QL(2 ea daily)	<i>oxycodone hcl caps</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>meperidine hcl tabs 50 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>oxycodone hcl conc 100 mg/5ml</i>	P	Clinical Edit: Opioids; QL(90 ml per fill retail)
<i>meperidine hcl soln or 50 mg/5ml</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	<i>oxycodone hcl soln</i>	P	Clinical Edit: Opioids; QL(30 ml daily)
<i>methadone hcl tabs 5 mg</i>	P	QL(6 ea daily); PA	OXYCONTIN T12A	P	QL(2 ea daily); PA
<i>methadone hcl tabs 10 mg</i>	P	QL(10 ea daily); PA	ROXICODONE TABS 30 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily)
<i>morphine sulfate tbc</i>	P	QL(3 ea daily)	ROXICODONE TABS 5 MG, 15 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)
			<i>tramadol hcl tabs 50 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRAM TABS (<i>Use tramadol hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (<i>Use oxycodone w/ acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)
ZOHYDRO ER CP12 (<i>Use hydrocodone bitartrate</i>)	NP		<i>tramadol-acetaminophen 37.5 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
Opioid Combinations			ULTRACET 37.5 MG-325 MG (<i>Use tramadol-acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	P	Clinical Edit: Opioids; QL(30 ml daily); AL(At least 12 yrs old)	Opioid Partial Agonists		
<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg-300 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)	BELBUCA FILM	P	PA
<i>butalbital-acetaminophen-caffeine w/ codeine 30 mg-40 mg-50 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)	BUNAVAIL FILM BU 0.7 MG-4.2 MG, 1 MG-6.3 MG	P	PA
<i>butalbital-aspirin-caffeine w/cod 30 mg-40 mg-50 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)	BUPRENEX SOLN (<i>Use buprenorphine hcl</i>)	NP	PA
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>buprenorphine hcl subl</i>	P	PA
<i>hydrocodone-acetaminophen soln</i>	P	Clinical Edit: Opioids; QL(180 ml daily)	<i>buprenorphine hcl film</i>	P	PA
<i>oxycodone w/ acetaminophen soln 5 mg/5ml-325 mg/5ml</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	<i>buprenorphine hcl soln</i>	P	PA
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate film sl 0.5 mg-2 mg, 1 mg-4 mg</i>	P	QL(3 ea daily)
<i>oxycodone-aspirin 4.835 mg-325 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	P	QL(3 ea daily)
			SUBLOCADE SOSY	P	2 rti MAX fill; 30 rti day(s) supply; SP; PA
			SUBOXONE FILM SL 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily); PA
			SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 4 MG-1 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily)
ZUBSOLV SUBL	P	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL GEL TD (<i>Use testosterone</i>)	NP	
AVEED SOLN	P	SP; PA
DEPO-TESTOSTERONE SOLN IM 100 MG/ML (<i>Use testosterone cypionate</i>)	NP	QL(0.2858 ml daily)
DEPO-TESTOSTERONE SOLN IM 200 MG/ML (<i>Use testosterone cypionate</i>)	NP	QL(4 ml per 30 days retail)
METHITEST TABS	P	
TESTOPEL PLLT	P	SP; PA
<i>testosterone cypionate soln im 200 mg/ml</i>	P	QL(4 ml per 30 days retail)
<i>testosterone cypionate soln im 100 mg/ml</i>	P	QL(0.2858 ml daily)
<i>testosterone enanthate soln im</i>	P	QL(4 ml per 30 days retail)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	NP	
<i>hydrocortisone (intrarectal)</i>	P	
Rectal Combinations		
ANALPRAM-HC LOTN EX 1 %-2.5 %	P	QL(62 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-shark liver oil-cocoa butter 0.25 %-3 %-85.5 %</i>	P	OTC; QL(12 ea per 30 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum 0.25 %-3 %-14 %-71.9 %</i>	P	OTC; QL(31 gm per 30 days retail)
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	
<i>hydrocortisone (rectal) ex 2.5 %</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone liqd</i>	P	QL(744 ml per 30 days retail)
<i>alum & mag hydrox-simethicone susp</i>	P	QL(744 ml per 30 days retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	OTC
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs 325 mg, 650 mg</i>	P	OTC; QL(100 ea per 30 days retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) chew 500 mg</i>	P	OTC
TUMS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
Antacids - Magnesium Salts		
<i>magnesium oxide tabs 400 mg</i>	P	OTC
ANTHELMINTICS - Drugs to Treat Worm Infections		

Drug Name	Drug Tier	Requirements/ Limits
Anthelmintics		
ALBENZA (Use albendazole)	NP	
BENZNIDAZOLE	P	SP; PA
EMVERM CHEW	P	QL(1 ea per 14 days retail)
pyrantel pamoate susp 144 mg/ml	P	OTC; QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 (Use ranolazine)	NP	
Nitrates		
isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg, 30 mg	P	
isosorbide mononitrate tb24	P	QL(1 ea daily)
isosorbide mononitrate tabs	P	QL(2 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (Use nitroglycerin)	NP	
nitroglycerin pt24	P	
nitroglycerin subl	P	
nitroglycerin cpcr	P	
NITROSTAT SUBL (Use nitroglycerin)	NP	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 5 mg, 10 mg	P	QL(6 ea daily)
buspirone hcl 7.5 mg, 30 mg	P	QL(3 ea daily)
buspirone hcl 15 mg	P	QL(4 ea daily)
hydroxyzine hcl syrp	P	
hydroxyzine hcl tabs	P	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NORPACE CR CP12 150 MG	P		SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
<i>quinidine gluconate tbc</i>	P		SINGULAIR PACK (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
<i>quinidine sulfate tabs</i>	P		SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
Antiarrhythmics Type I-B			Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>mexiletine hcl</i>	P		DALIRESP (<i>Use roflumilast</i>)	NP	QL(1 ea daily)
Antiarrhythmics Type I-C			<i>roflumilast</i>	P	QL(1 ea daily)
<i>flecainide acetate</i>	P		Steroid Inhalants		
<i>propafenone hcl tabs</i>	P		ARNUITY ELLIPTA	P	QL(1 ea daily)
Antiarrhythmics Type III			ASMANEX HFA AERO	P	QL(0.44 gm daily)
<i>amiodarone hcl tabs 200 mg</i>	P		<i>budesonide (inhalation) susp</i>	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
<i>dofetilide</i>	P		FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old)
TIKOSYN (<i>Use dofetilide</i>)	NP		FLOVENT HFA 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			FLUTICASONE PROPIONATE HFA 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
Antiasthmatic - Monoclonal Antibodies			FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old)
CINQAIR	P	SP; PA	PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
TEZSPIRE SOSY	P	SP; PA	QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)
XOLAIR SOLR	P	SP; PA	QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
XOLAIR SOSY	P	SP; PA	Sympathomimetics		
Anti-Inflammatory Agents					
<i>cromolyn sodium nebu</i>	P	QL(8 ml daily)			
Bronchodilators - Anticholinergics					
ATROVENT HFA	P	QL(25.8 gm per fill retail)			
INCRUSE ELLIPTA	P	QL(1 ea daily)			
<i>ipratropium bromide soln .02 %</i>	P	QL(375 ml per 20 days retail)			
TUDORZA PRESSAIR	P	QL(1 ea per 30 days retail)			
Leukotriene Modulators					
<i>montelukast sodium tabs</i>	P	QL(1 ea daily)			
<i>montelukast sodium chew</i>	P	QL(1 ea daily)			
<i>montelukast sodium pack</i>	P	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NP	QL(2 ea daily; 60 ea per 30 days retail)	PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail; 2 ea per 30 days retail); AL(At least 4 yrs old - Up to 18 yrs old)
<i>albuterol sulfate tabs</i>	P				
<i>albuterol sulfate nebu .5 %, 2.5 mg/0.5ml</i>	P		PROVENTIL HFA AERS (Use albuterol sulfate)	NP	
<i>albuterol sulfate aers</i>	P	QL(8.5 gm per fill retail; 17 gm per 30 days retail)	SEREVENT DISKUS	P	QL(60 ea per fill retail)
<i>albuterol sulfate tb12</i>	P		SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	NP	
<i>albuterol sulfate aers</i>	NP		<i>terbutaline sulfate tabs</i>	P	
<i>albuterol sulfate nebu .083 %</i>	P	QL(12.5 ml daily)	VENTOLIN HFA AERS (Use albuterol sulfate)	NP	
<i>albuterol sulfate syrp</i>	P		Xanthines		
<i>albuterol sulfate nebu .63 mg/3ml, 1.25 mg/3ml</i>	P	QL(375 ml per 30 days retail)	THEO-24 CP24	P	
<i>albuterol sulfate aers</i>	P	QL(6.7 gm per fill retail; 13.4 gm per 30 days retail)	<i>theophylline soln</i>	P	QL(475 ml per fill retail)
<i>albuterol sulfate aers</i>	P	QL(18 gm per fill retail; 36 gm per 30 days retail)	<i>theophylline tb24</i>	P	
ALBUTEROL SULFATE NEBU	P		<i>theophylline elix</i>	P	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(11 gm per fill retail)	<i>theophylline tb12 300 mg, 450 mg</i>	P	
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	P	QL(4 gm per 30 days retail)	ANTICOAGULANTS - Blood Thinners		
<i>fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act</i>	P	QL(2 ea daily; 60 ea per 30 days retail)	Coumarin Anticoagulants		
<i>ipratropium-albuterol soln 0.5 mg/3ml-2.5 mg/3ml</i>	P	QL(12 ml daily)	<i>warfarin sodium tabs</i>	P	
ISUPREL (Use isoproterenol hcl)	NP		Direct Factor Xa Inhibitors		
PROAIR HFA AERS (Use albuterol sulfate)	NP		ELIQUIS TABS	P	QL(2 ea daily)
			ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
			Heparins And Heparinoid-Like Agents		
			ARIXTRA (Use fondaparinux sodium)	NP	SP; PA
			<i>enoxaparin sodium soln ij 300 mg/3ml</i>	P	SP
			<i>enoxaparin sodium sosy</i>	P	QL(0 ml daily); SP; PA
			<i>fondaparinux sodium</i>	P	SP; PA
			FRAGMIN SOSY	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 95000 UNIT/3.8ML	P	SP; PA	BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP; PA
<i>heparin sodium (porcine) soln ij 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	P		BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA
LOVENOX SOSY (<i>Use enoxaparin sodium</i>)	NP	QL(0 ml daily); SP; PA	<i>carbamazepine susp</i>	P	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	SP	<i>carbamazepine chew</i>	P	
ANTICONVULSANTS - Drugs to Treat Seizures			<i>carbamazepine tabs</i>	P	
Anticonvulsants - Benzodiazepines			<i>carbamazepine tb12</i>	P	
<i>clonazepam tabs</i>	P	QL(3 ea daily); AL(At least 18 yrs old)	DIACOMIT CAPS 500 MG	P	QL(6 ea daily); SP; PA
DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT CAPS 250 MG	P	QL(12 ea daily); SP; PA
DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT PACK 500 MG	P	QL(6 ea daily); SP; PA
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT PACK 250 MG	P	QL(12 ea daily); SP; PA
<i>diazepam (anticonvulsant) gel</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	EPIDIOLEX	P	SP; PA
KLONOPIN TABS (<i>Use clonazepam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)	FINTEPLA	P	SP; PA
NAYZILAM	P	QL(10 ea per 30 days retail); PA	<i>gabapentin tabs 600 mg</i>	P	QL(6 ea daily)
VALTOCO LQPK	P	QL(10 ea per 30 days retail); PA	<i>gabapentin soln</i>	P	
VALTOCO LIQD	P	QL(10 ea per 30 days retail); PA	<i>gabapentin caps</i>	P	QL(9 ea daily)
Anticonvulsants - Misc.			<i>gabapentin tabs 800 mg</i>	P	QL(4 ea daily)
BANZEL TABS (<i>Use rufinamide</i>)	NP	SP; PA	KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 ea daily)
			KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	
			KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(16 ml daily)
			KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 ea daily)
			KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	Use levetiracetam IR; ST
			LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	
			LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP	
			LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	Use lamotrigine IR; ST
			<i>lamotrigine tabs</i>	P	

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

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DILANTIN (Use phenytoin sodium extended)	P		divalproex sodium tbec 500 mg	P	QL(7 ea daily)
DILANTIN INFATABS CHEW (Use phenytoin)	P		divalproex sodium tb24 250 mg	P	QL(3 ea daily)
DILANTIN-125 SUSP (Use phenytoin)	P		divalproex sodium csdr	P	QL(8 ea daily)
phenytoin chew	P		divalproex sodium tb24 500 mg	P	QL(7 ea daily)
phenytoin susp	P		valproate sodium soln or 250 mg/5ml	P	
phenytoin sodium soln	P		valproic acid caps	P	
phenytoin sodium extended 30 mg, 100 mg	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
Succinimides			Alpha-2 Receptor Antagonists (Tetracyclics)		
ethosuximide soln	P		mirtazapine tabs 15 mg	P	QL(3 ea daily)
ethosuximide caps	P		mirtazapine tbdp 30 mg	P	QL(1.5 ea daily)
ZARONTIN CAPS (Use ethosuximide)	NP		mirtazapine tabs 7.5 mg, 45 mg	P	QL(1 ea daily)
ZARONTIN SOLN (Use ethosuximide)	NP		mirtazapine tabs 30 mg	P	QL(1.5 ea daily)
Valproic Acid			mirtazapine tbdp 15 mg	P	QL(3 ea daily)
DEPAKOTE TBEC 125 MG (Use divalproex sodium)	NP	QL(2 ea daily)	mirtazapine tbdp 45 mg	P	QL(1 ea daily)
DEPAKOTE TBEC 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)	REMERON TABS 15 MG (Use mirtazapine)	NP	QL(3 ea daily)
DEPAKOTE TBEC 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)	REMERON TABS 30 MG (Use mirtazapine)	NP	QL(1.5 ea daily)
DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)	REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	NP	QL(3 ea daily)
DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)	REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	NP	QL(1 ea daily)
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NP	QL(8 ea daily)	REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	NP	QL(1.5 ea daily)
divalproex sodium tbec 250 mg	P	QL(3 ea daily)	Antidepressants - Misc.		
divalproex sodium tbec 125 mg	P	QL(2 ea daily)	bupropion hcl tb12 100 mg	P	QL(4 ea daily)
			bupropion hcl tabs	P	QL(3 ea daily)
			bupropion hcl tb12 200 mg	P	QL(2 ea daily)

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<i>bupropion hcl tb24 150 mg</i>	P	QL(3 ea daily)	CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(1 ea daily)
<i>bupropion hcl tb12 150 mg</i>	P	QL(3 ea daily)	CELEXA TABS 20 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(2 ea daily)
<i>bupropion hcl tb24 300 mg</i>	P	QL(1 ea daily)	<i>citalopram hydrobromide tabs 20 mg</i>	P	QL(2 ea daily)
<i>maprotiline hcl</i>	P		<i>citalopram hydrobromide tabs 40 mg</i>	P	QL(1 ea daily)
WELLBUTRIN SR TB12 100 MG (Use <i>bupropion hcl</i>)	NP	QL(4 ea daily)	<i>citalopram hydrobromide tabs 10 mg</i>	P	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (Use <i>bupropion hcl</i>)	NP	QL(3 ea daily)	<i>citalopram hydrobromide soln</i>	P	
WELLBUTRIN SR TB12 200 MG (Use <i>bupropion hcl</i>)	NP	QL(2 ea daily)	<i>escitalopram oxalate tabs 20 mg</i>	P	QL(1 ea daily); AL(At least 12 yrs old)
WELLBUTRIN XL TB24 300 MG (Use <i>bupropion hcl</i>)	NP	QL(1 ea daily)	<i>escitalopram oxalate tabs 5 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
WELLBUTRIN XL TB24 150 MG (Use <i>bupropion hcl</i>)	NP	QL(3 ea daily)	<i>escitalopram oxalate tabs 10 mg</i>	P	QL(2 ea daily); AL(At least 12 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			<i>fluoxetine hcl caps 40 mg</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
ZULRESSO	P	SP; PA	<i>fluoxetine hcl soln</i>	P	QL(600 ml per 30 days retail); AL(Up to 6 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl tabs 10 mg</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
NARDIL (Use <i>phenelzine sulfate</i>)	NP		<i>fluoxetine hcl caps 10 mg, 20 mg</i>	P	QL(4 ea daily)
PARNATE (Use <i>tranylcypromine sulfate</i>)	NP		<i>fluoxetine hcl tabs 20 mg</i>	P	QL(4 ea daily)
<i>phenelzine sulfate</i>	P		<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	P	QL(2 ea daily)
<i>tranylcypromine sulfate</i>	P		<i>fluvoxamine maleate tabs 100 mg</i>	P	QL(3 ea daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>)	NP	QL(1 ea daily); AL(At least 12 yrs old)
SPRAVATO 56MG DOSE	P	SP; PA	LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>)	NP	QL(4 ea daily); AL(At least 12 yrs old)
SPRAVATO 84MG DOSE	P	SP; PA			
Selective Serotonin Reuptake Inhibitors (SSRIs)					
CELEXA TABS 10 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(4 ea daily)			

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
ANDEXXA 200 MG	P	SP; PA
BRIDION	P	SP; PA
<i>deferoxamine mesylate</i>	P	SP; PA
DESFERAL 500 MG (<i>Use deferoxamine mesylate</i>)	NP	SP; PA
SM IPECAC SYRUP	P	
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl soln .4 mg/ml, 4 mg/10ml</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl sosy</i>	P	QL(4 ml per 90 days retail)
<i>naloxone hcl liqd</i>	P	QL(4 ea per 90 days retail)
<i>naloxone hcl soct</i>	P	QL(2 ml per 90 days retail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD (<i>Use naloxone hcl</i>)	NP	QL(4 ea per 90 days retail)
VIVITROL	P	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron tbdp</i>	P	QL(2 ea daily)
<i>ondansetron hcl tabs 24 mg</i>	P	QL(1 ea per 14 days retail)
<i>ondansetron hcl soln or 4 mg/5ml</i>	P	QL(50 ml per 30 days retail)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	P	QL(2 ea daily)
ZOFRAN TABS 4 MG (<i>Use ondansetron hcl</i>)	NP	QL(2 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NP	OTC; RX/OTC
<i>dimenhydrinate tabs</i>	P	OTC; QL(24 ea per fill retail)
DRAMAMINE TABS (<i>Use dimenhydrinate</i>)	NP	OTC; QL(24 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DRAMAMINE CHEW	P	OTC; QL(24 ea per fill retail)
<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	P	RX/OTC
<i>meclizine hcl chew</i>	P	OTC; RX/OTC
TIGAN CAPS (<i>Use trimethobenzamide hcl</i>)	NP	
TRANSDERM SCOP (<i>Use scopolamine</i>)	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
EMEND (<i>Use fosaprepitant dimeglumine</i>)	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin tabs</i>	P	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	P	QL(90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 150 MG (<i>Use fluconazole</i>)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 100 MG, 200 MG (<i>Use fluconazole</i>)	NP	
DIFLUCAN TABS 50 MG (<i>Use fluconazole</i>)	NP	QL(3 ea per 14 days retail)
<i>fluconazole tabs 100 mg, 200 mg</i>	P	
<i>fluconazole tabs 150 mg</i>	P	QL(2 ea per fill retail)
<i>fluconazole susr</i>	P	QL(70 ml per fill retail)
<i>fluconazole tabs 50 mg</i>	P	QL(3 ea per 14 days retail)

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<i>itraconazole caps</i>	P	QL(1 ea daily); PA
SPORANOX CAPS (<i>Use itraconazole</i>)	NP	QL(1 ea daily); PA
SPORANOX PULSEPAK CAPS (<i>Use itraconazole</i>)	NP	QL(1 ea daily); PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate syrp</i>	P	OTC
<i>chlorpheniramine maleate tabs</i>	P	OTC; QL(120 ea per fill retail)
CHLOR-TRIMETON TABS (<i>Use chlorpheniramine maleate</i>)	NP	OTC; QL(120 ea per fill retail)
CHLOR-TRIMETON SYRP (<i>Use chlorpheniramine maleate</i>)	NP	OTC
Antihistamines - Ethanolamines		
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(4 ea daily)
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NP	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(240 ml per fill retail)
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	QL(4 ea daily)
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(4 ea daily)
<i>clemastine fumarate tabs 1.34 mg</i>	P	OTC; QL(2 ea daily)
<i>diphenhydramine hcl tabs 25 mg</i>	P	OTC; QL(4 ea daily)
<i>diphenhydramine hcl elix 12.5 mg/5ml</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl caps</i>	P	QL(4 ea daily)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	QL(1 ea daily)
ZOCOR TABS 80 MG (<i>Use simvastatin</i>)	NP	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	ST
ZETIA (<i>Use ezetimibe</i>)	NP	ST
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tabs</i>	P	
<i>niacin (antihyperlipidemic) tbc</i>	P	
NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NP	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	P	SP; PA
PRALUENT SOAJ	P	SP; PA
REPATHA SOSY	P	SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
REPATHA SURECLICK SOAJ	P	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>Use quinapril hcl</i>)	NP	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>Use ramipril</i>)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril hcl 5 mg, 10 mg, 20 mg</i>	P	QL(1 ea daily)
<i>benazepril hcl 40 mg</i>	P	QL(2 ea daily)
<i>captopril</i>	P	QL(3 ea daily)
<i>enalapril maleate tabs</i>	P	QL(2 ea daily)
<i>fosinopril sodium</i>	P	QL(1 ea daily)
<i>lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	P	QL(2 ea daily)
<i>lisinopril tabs 2.5 mg</i>	P	QL(1 ea daily)
LOTENSIN 10 MG, 20 MG (<i>Use benazepril hcl</i>)	NP	QL(1 ea daily)
LOTENSIN 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</i>	P	
<i>ramipril caps</i>	P	QL(2 ea daily)
<i>trandolapril 4 mg</i>	P	QL(2 ea daily)
<i>trandolapril 1 mg, 2 mg</i>	P	QL(1 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)
Agents for Pheochromocytoma		
DEMSEER (<i>Use metyrosine</i>)	NP	SP; PA
<i>metyrosine</i>	P	SP; PA
Angiotensin II Receptor Antagonists		
ATACAND (<i>Use candesartan cilexetil</i>)	NP	
AVAPRO (<i>Use irbesartan</i>)	NP	QL(1 ea daily)
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	Use losartan or irbesartan; QL(1 ea daily); ST
<i>candesartan cilexetil</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COZAAR (Use losartan potassium)	NP	QL(1 ea daily)	amlodipine besylate-valsartan	P	Use losartan or irbesartan; ST
DIOVAN TABS (Use valsartan)	NP	QL(1 ea daily)	amlodipine-valsartan-hydrochlorothiazide	P	Use losartan or irbesartan; ST
irbesartan	P	QL(1 ea daily)	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NP	
losartan potassium	P	QL(1 ea daily)	atenolol & chlorthalidone	P	QL(2 ea daily)
MICARDIS (Use telmisartan)	NP	QL(1 ea daily)	AVALIDE (Use irbesartan-hydrochlorothiazide)	NP	QL(1 ea daily)
olmesartan medoxomil	P	Use losartan or irbesartan; QL(1 ea daily); ST	AZOR (Use amlodipine besylate-olmesartan medoxomil)	NP	Use losartan or irbesartan; ST
telmisartan	P	QL(1 ea daily)	benazepril & hydrochlorothiazide	P	QL(1 ea daily)
valsartan tabs	P	QL(1 ea daily)	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NP	Use losartan or irbesartan; QL(1 ea daily); ST
Antiadrenergic Antihypertensives			bisoprolol & hydrochlorothiazide	P	QL(1 ea daily)
CARDURA (Use doxazosin mesylate)	NP		candesartan cilexetil-hydrochlorothiazide	P	
clonidine hcl tabs	P		captopril & hydrochlorothiazide 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg	P	QL(2 ea daily)
doxazosin mesylate	P		DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NP	QL(1 ea daily)
guanfacine hcl	P		DUTOPROL TB24	P	QL(1 ea daily)
methyldopa tabs	P		enalapril maleate & hydrochlorothiazide	P	QL(2 ea daily)
MINIPRESS CAPS (Use prazosin hcl)	NP		EXFORGE (Use amlodipine besylate-valsartan)	NP	Use losartan or irbesartan; ST
prazosin hcl caps	P		EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	Use losartan or irbesartan; ST
terazosin hcl	P		fosinopril sodium & hydrochlorothiazide	P	QL(1 ea daily)
Antihypertensive Combinations					
ACCURETIC 10 MG-12.5 MG	P	QL(3 ea daily)			
ACCURETIC 20 MG-25 MG (Use quinapril-hydrochlorothiazide)	NP	QL(2 ea daily)			
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NP	QL(4 ea daily)			
ACCURETIC 10 MG-12.5 MG (Use quinapril-hydrochlorothiazide)	NP	QL(3 ea daily)			
amlodipine besylate-benazepril hcl	P	QL(1 ea daily)			
amlodipine besylate-olmesartan medoxomil	P	Use losartan or irbesartan; ST			

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<i>HYZAAR (Use losartan potassium & hydrochlorothiazide)</i>	NP	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide 10 mg-12.5 mg, 12.5 mg-20 mg</i>	P	QL(2 ea daily)
<i>lisinopril & hydrochlorothiazide 20 mg-25 mg, 25 mg-20 mg</i>	P	QL(1 ea daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>LOTENSIN HCT 10 MG-12.5 MG, 12.5 MG-20 MG, 20 MG-25 MG (Use benazepril & hydrochlorothiazide)</i>	NP	QL(1 ea daily)
<i>LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (Use amlodipine besylate-benazepril hcl)</i>	NP	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide tabs 25 mg-100 mg, 25 mg-50 mg</i>	P	QL(2 ea daily)
<i>MICARDIS HCT (Use telmisartan-hydrochlorothiazide)</i>	NP	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	Use losartan or irbesartan; ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	Use losartan or irbesartan; QL(1 ea daily); ST
<i>propranolol & hydrochlorothiazide</i>	P	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 20 mg-25 mg</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril-hydrochlorothiazide 12.5 mg-20 mg</i>	P	QL(4 ea daily)
<i>TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (Use trandolapril-verapamil hcl)</i>	NP	
<i>telmisartan-amlodipine</i>	P	
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>TENORETIC 100 25 MG-100 MG (Use atenolol & chlorthalidone)</i>	NP	QL(2 ea daily)
<i>TENORETIC 50 25 MG-50 MG (Use atenolol & chlorthalidone)</i>	NP	QL(2 ea daily)
<i>trandolapril-verapamil hcl</i>	P	
<i>TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)</i>	NP	Use losartan or irbesartan; ST
<i>TWYNSTA (Use telmisartan-amlodipine)</i>	NP	
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>VASERETIC 10 MG-25 MG (Use enalapril maleate & hydrochlorothiazide)</i>	NP	QL(2 ea daily)
<i>ZESTORETIC 10 MG-12.5 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)</i>	NP	QL(2 ea daily)
<i>ZESTORETIC 20 MG-25 MG (Use lisinopril & hydrochlorothiazide)</i>	NP	QL(1 ea daily)
<i>ZIAC (Use bisoprolol & hydrochlorothiazide)</i>	NP	QL(1 ea daily)
Antihypertensives - Misc.		
<i>VECAMEYL</i>	P	SP; PA
Vasodilators		
<i>hydralazine hcl tabs</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>minoxidil 10 mg</i>	P	QL(10 ea daily)
<i>minoxidil 2.5 mg</i>	P	QL(3 ea daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS 500 MG (Use metronidazole)	NP	
<i>metronidazole tabs</i>	P	
<i>trimethoprim tabs</i>	P	
TRIMETHOPRIM TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG (Use sulfamethoxazole-trimethoprim)	NP	
BACTRIM DS TABS 160 MG-800 MG (Use sulfamethoxazole-trimethoprim)	NP	
<i>methenamine-hyosc-methylene blue-sod phospheryl sal tabs 0.12 mg-10.8 mg-36.2 mg-40.8 mg-81.6 mg</i>	P	
<i>sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml</i>	P	
<i>sulfamethoxazole-trimethoprim tabs</i>	P	
Carbapenems		
<i>ertapenem sodium ij</i>	P	SP; PA
INVANZ IJ (Use ertapenem sodium)	NP	SP; PA
Cyclic Lipopeptides		
CUBICIN (Use daptomycin)	NP	
CUBICIN RF (Use daptomycin)	NP	
DAPTOMYCIN (Use daptomycin)	NP	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COLY-MYCIN M (<i>Use colistimethate sodium</i>)	NP		Antimyasthenic/Cholinergic Agents		
Urinary Anti-infectives			MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NP	
MACROBID (<i>Use nitrofurantoin monohydrate</i>)	NP		MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NP	
<i>methenamine mandelate</i>	P		<i>pyridostigmine bromide tabs 60 mg</i>	P	
<i>nitrofurantoin</i>	P	QL(40 ml daily)	<i>pyridostigmine bromide tbc</i>	P	
<i>nitrofurantoin macrocrystal 50 mg, 100 mg</i>	P		RUZURGI	P	QL(10 ea daily); SP; PA
<i>nitrofurantoin monohydrate</i>	P		ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)			Antimycobacterial Agents		
Antimalarial Combinations			<i>ethambutol hcl tabs</i>	P	
COARTEM 20 MG-120 MG	P	QL(24 ea per fill retail)	<i>isoniazid tabs</i>	P	
Antimalarials			<i>isoniazid syrup</i>	P	
<i>chloroquine phosphate tabs 250 mg</i>	P		MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NP	
<i>chloroquine phosphate tabs 500 mg</i>	P	QL(1 ea daily)	MYCOBUTIN (<i>Use rifabutin</i>)	NP	
DARAPRIM (<i>Use pyrimethamine</i>)	NP	SP; PA	<i>pyrazinamide</i>	P	
<i>hydroxychloroquine sulfate 200 mg</i>	P		<i>rifabutin</i>	P	
KRINTAFEL	P	QL(2 ea per 30 days retail)	<i>rifampin caps</i>	P	
<i>mefloquine hcl</i>	P		TRECATOR	P	
PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NP		ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
<i>primaquine phosphate tabs</i>	P		Alkylating Agents		
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NP		ALKERAN (<i>Use melphalan hcl</i>)	NP	SP; PA
<i>pyrimethamine</i>	P	SP; PA	ALKERAN (<i>Use melphalan</i>)	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			BELRAPZO SOLN	P	SP; PA
			<i>bendamustine hcl soln</i>	P	SP; PA
			BENDAMUSTINE HYDROCHLORIDE SOLN	P	SP; PA
			BENDEKA SOLN	P	SP; PA

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine caps</i>	P	QL(6 ea daily)	<i>valacyclovir hcl 1 gm, 1000 mg</i>	P	QL(42 ea per 21 days retail)
<i>zidovudine syrp</i>	P	QL(60 ml daily)	<i>valacyclovir hcl 500 mg</i>	P	QL(2 ea daily)
<i>zidovudine tabs</i>	P	QL(2 ea daily)	VALTREX 500 MG (Use <i>valacyclovir hcl</i>)	NP	QL(2 ea daily)
CMV Agents			VALTREX 1 GM (Use <i>valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)
LIVTENCITY	P	SP; PA	ZOVIRAX SUSP (Use <i>acyclovir</i>)	NP	QL(400 ml per 30 days retail)
PREVYMIS SOLN	P	SP; PA	Influenza Agents		
PREVYMIS TABS	P	QL(1 ea daily); SP; PA	<i>oseltamivir phosphate caps 30 mg</i>	P	QL(20 ea per 30 days retail)
VALCYTE TABS (Use <i>valganciclovir hcl</i>)	NP	QL(2 ea daily)	<i>oseltamivir phosphate caps 45 mg, 75 mg</i>	P	QL(10 ea per 30 days retail)
<i>valganciclovir hcl tabs</i>	P	QL(2 ea daily)	<i>oseltamivir phosphate susr</i>	P	QL(120 ml per 30 days retail)
Hepatitis Agents			RELENZA DISKHALER	P	QL(20 ea per fill retail); AL(At least 5 yrs old)
EPCLUSA PACK 50 MG-200 MG	P	SP; PA	TAMIFLU CAPS 30 MG (Use <i>oseltamivir phosphate</i>)	NP	QL(20 ea per 30 days retail)
HEPSERA (Use <i>adefovir dipivoxil</i>)	NP		TAMIFLU CAPS 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NP	QL(10 ea per 30 days retail)
MAVYRET PACK 50 MG-20 MG	P	QL(6 ea daily); SP; PA	TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	NP	QL(120 ml per 30 days retail)
MAVYRET TABS 40 MG-100 MG	P	QL(3 ea daily); SP; PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
PEGASYS SOLN	P	SP; PA	Alpha-Beta Blockers		
PEGINTRON 50 MCG/0.5ML	P	SP; PA	<i>carvedilol 25 mg</i>	P	QL(4 ea daily)
<i>ribavirin (hepatitis c) tabs 200 mg</i>	P	SP; PA	<i>carvedilol 3.125 mg, 6.25 mg, 12.5 mg</i>	P	QL(3 ea daily)
<i>ribavirin (hepatitis c) caps</i>	P	SP; PA	<i>carvedilol phosphate</i>	P	QL(1 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS 100 MG-400 MG	P	QL(1 ea daily); SP; PA	COREG 3.125 MG, 6.25 MG, 12.5 MG (Use <i>carvedilol</i>)	NP	QL(3 ea daily)
SOVALDI TABS	P	SP; PA	COREG 25 MG (Use <i>carvedilol</i>)	NP	QL(4 ea daily)
VEMLIDY	P	SP; PA	COREG CR (Use <i>carvedilol phosphate</i>)	NP	QL(1 ea daily)
Herpes Agents					
<i>acyclovir caps</i>	P	QL(50 ea per 30 days retail)			
<i>acyclovir tabs or 400 mg</i>	P	QL(3 ea daily)			
<i>acyclovir susp</i>	P	QL(400 ml per 30 days retail)			
<i>acyclovir tabs or 800 mg</i>	P	QL(50 ea per 30 days retail)			
<i>famciclovir</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl tabs 100 mg</i>	P	QL(3 ea daily)
<i>labetalol hcl tabs 200 mg</i>	P	QL(6 ea daily)
<i>labetalol hcl tabs 300 mg</i>	P	QL(8 ea daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	P	
<i>atenolol tabs</i>	P	QL(2 ea daily)
<i>bisoprolol fumarate</i>	P	QL(1 ea daily)
LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4 ea daily)
LOPRESSOR TABS 100 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4.5 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 100 mg</i>	P	QL(4.5 ea daily)
<i>metoprolol tartrate tabs 25 mg, 50 mg</i>	P	QL(4 ea daily)
TENORMIN TABS (<i>Use atenolol</i>)	NP	QL(2 ea daily)
TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NP	QL(4 ea daily)
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	QL(2 ea daily)
BETAPACE AF (<i>Use sotalol hcl (afib/afl)</i>)	NP	QL(2 ea daily)
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>Use nadolol</i>)	NP	QL(2 ea daily)
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nadolol tabs 20 mg, 40 mg, 80 mg</i>	P	QL(2 ea daily)
<i>pindolol tabs</i>	P	
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	P	
<i>propranolol hcl cp24</i>	P	QL(2 ea daily)
<i>propranolol hcl tabs</i>	P	
<i>sotalol hcl tabs 240 mg</i>	P	
<i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i>	P	QL(2 ea daily)
<i>sotalol hcl (afib/afl)</i>	P	QL(2 ea daily)
<i>timolol maleate tabs</i>	P	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	P	QL(1 ea daily)
CALAN SR TBCR (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NP	QL(3 ea daily)
CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(2 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(1 ea daily)
<i>diltiazem hcl cp24 120 mg, 180 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl cp12</i>	P	QL(2 ea daily)
<i>diltiazem hcl tabs</i>	P	QL(3 ea daily)
<i>diltiazem hcl cp24 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl coated beads cp24 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl extended release beads 240 mg</i>	P	QL(2 ea daily)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
Stimulator		
ADEMPAS	P	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 ea daily); SP; PA
VYNDAQEL	P	QL(4 ea daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil susr</i>	P	
<i>cefadroxil tabs</i>	P	
<i>cefadroxil caps</i>	P	
<i>cephalexin caps 250 mg, 500 mg</i>	P	
<i>cephalexin susr</i>	P	
KEFLEX CAPS 750 MG (Use <i>cephalexin</i>)	NP	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	P	
<i>cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	P	
CEFOTAN IJ (Use <i>cefotetan disodium</i>)	NP	
<i>cefprozil tabs</i>	P	QL(20 ea per fill retail)
<i>cefprozil susr</i>	P	QL(200 ml per fill retail); AL(Up to 12 yrs old)
<i>cefuroxime axetil tabs</i>	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	P	QL(20 ea per fill retail)
<i>cefdinir susr</i>	P	QL(100 ml per fill retail)
<i>cefixime caps</i>	P	
<i>ceftriaxone sodium ij 1 gm, 250 mg, 500 mg</i>	P	QL(3 ea per fill retail)

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>terbinafine hcl (topical) crea</i>	P	OTC; QL(30 gm per fill retail)
TINACTIN CREA (Use <i>tolnaftate</i>)	NP	OTC; QL(30 gm per fill retail)
<i>tolnaftate crea</i>	P	OTC; QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	OTC
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel ex</i>	P	2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC
VOLTAREN GEL EX (Use <i>diclofenac sodium (topical)</i>)	NP	2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	P	SP; PA
CARAC CREA (Use <i>fluorouracil (topical)</i>)	NP	
EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NP	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) crea .5 %</i>	P	
<i>fluorouracil (topical) soln</i>	P	QL(10 ml per 30 days retail)
LEVULAN KERASTICK SOLR	P	SP; PA
TARGRETIN (Use <i>bexarotene (topical)</i>)	NP	SP; PA
VALCHLOR	P	SP; PA
Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>camphor & menthol lotn 0.5 %-0.5 %</i>	P	OTC; QL(222 ml per fill retail)	TREMFYA SOPN	P	SP; PA
SARNA LOTN 0.5 %-0.5 % (Use camphor & menthol)	NP	OTC; QL(222 ml per fill retail)	Antiseborrheic Products		
Antipsoriatics			DHS ZINC SHAM (Use pyrrithione zinc)	NP	
<i>calcipotriene crea</i>	P		OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	NP	QL(120 ml per fill retail)
<i>calcipotriene soln</i>	P	QL(60 ml per fill retail)	OVACE WASH LIQD (Use sulfacetamide sodium)	NP	QL(120 ml per fill retail)
COSENTYX SOSY	P	SP; PA	<i>selenium sulfide lotn 1 %</i>	P	OTC; QL(420 ml per fill retail)
COSENTYX SENSOREADY PEN SOAJ	P	SP; PA	<i>selenium sulfide sham 1 %</i>	P	OTC; QL(420 ml per fill retail)
DOVONEX CREA (Use calcipotriene)	NP		<i>selenium sulfide lotn 2.5 %</i>	P	
ILUMYA	P	SP; PA	SELRX SHAM (Use selenium sulfide)	NP	
OXSORALEN ULTRA (Use methoxsalen rapid)	NP		SELSUN BLUE LOTN (Use selenium sulfide)	NP	OTC; QL(420 ml per fill retail)
SILIQ	P	SP; PA	SELSUN BLUE DAILY LOTN (Use selenium sulfide)	NP	OTC; QL(420 ml per fill retail)
SKYRIZI PSKT	P	SP; PA	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	NP	OTC; QL(420 ml per fill retail)
SKYRIZI SOSY	P	SP; PA	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	NP	OTC; QL(420 ml per fill retail)
SKYRIZI PEN SOAJ	P	SP; ST; PA	<i>sulfacetamide sodium liqd</i>	P	QL(120 gm per fill retail)
SORIATANE 10 MG, 25 MG (Use acitretin)	NP		Antivirals - Topical		
STELARA SOSY	P	SP; PA	<i>acyclovir topical crea</i>	P	QL(5 gm per fill retail)
TALTZ SOAJ	P	SP; PA	<i>acyclovir topical oint</i>	P	QL(30 gm per 30 days retail)
TALTZ SOSY	P	SP; PA	ZOVIRAX CREA (Use acyclovir topical)	NP	QL(5 gm per fill retail)
<i>tazarotene gel</i>	P	QL(6.67 gm daily); AL(Up to 20 yrs old)	ZOVIRAX OINT (Use acyclovir topical)	NP	QL(30 gm per 30 days retail)
<i>tazarotene crea</i>	P	QL(2 gm daily); AL(Up to 20 yrs old)	Burn Products		
TAZORAC CREA	P	QL(2 gm daily); AL(Up to 20 yrs old)			
TAZORAC GEL (Use tazarotene)	NP	QL(6.67 gm daily); AL(Up to 20 yrs old)			
TAZORAC CREA (Use tazarotene)	NP	QL(2 gm daily); AL(Up to 20 yrs old)			
TREMFYA SOSY	P	SP; PA			

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SILVADENE (Use silver sulfadiazine)	NP		desoximetasone oint .25 %	P	QL(2 gm daily)
silver sulfadiazine	P		DIPROLENE AF CREA (Use betamethasone dipropionate augmented)	NP	QL(50 gm per fill retail)
Corticosteroids - Topical			EPIFOAM FOAM 1 %-1 %	P	QL(15 gm per fill retail)
betamethasone dipropionate (topical) crea	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)	fluocinolone acetonide oil	P	QL(118.28 ml per fill retail)
betamethasone dipropionate augmented crea	P	QL(50 gm per fill retail)	fluocinonide oint	P	QL(60 gm per fill retail)
betamethasone valerate oint	P		fluocinonide crea .05 %	P	1 rtl pack lmt per fill; QL(150 gm per 30 days retail)
betamethasone valerate lotn	P		fluocinonide gel	P	QL(60 gm per fill retail)
betamethasone valerate crea	P		fluocinonide soln	P	QL(60 ml per fill retail)
clobetasol propionate crea .05 %	P	QL(60 gm per fill retail)	fluocinonide emulsified base	P	QL(60 gm per fill retail)
clobetasol propionate gel .05 %	P	QL(60 gm per fill retail)	fluticasone propionate oint	P	QL(60 gm per fill retail)
clobetasol propionate oint .05 %	P	QL(60 gm per fill retail)	fluticasone propionate crea .05 %	P	QL(60 gm per fill retail)
clobetasol propionate soln .05 %	P	QL(50 ml per fill retail)	hydrocortisone (topical) lotn 2.5 %	P	QL(120 ml per fill retail)
clobetasol propionate emollient base .05 %	P	QL(60 gm per fill retail)	hydrocortisone (topical) crea 1 %	P	QL(454 gm per fill retail); RX/OTC
CUTIVATE LOTN (Use fluticasone propionate)	NP		hydrocortisone (topical) lotn 1 %	P	QL(453.6 gm per fill retail)
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	NP	QL(118.28 ml per fill retail)	hydrocortisone (topical) crea .5 %	P	OTC
DESONATE GEL (Use desonide)	NP		hydrocortisone (topical) crea 2.5 %	P	
desonide oint	P	QL(2 gm daily)	hydrocortisone (topical) oint 1 %, 2.5 %	P	RX/OTC
desonide crea	P		hydrocortisone butyrate soln	P	
DESOWEN CREA (Use desonide)	NP		mometasone furoate crea	P	QL(50 gm per fill retail)
desoximetasone crea .05 %	P		mometasone furoate soln	P	QL(60 ml per fill retail)
desoximetasone gel	P	QL(2 gm daily)	mometasone furoate oint	P	QL(45 gm per fill retail)
desoximetasone crea .25 %	P	QL(2 gm daily)			

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

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

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

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

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

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

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

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

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

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

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<i>desmopressin acetate spray</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated</i>	P	QL(5 ml per fill retail)
STIMATE SOLN NA	P	SP; PA
Somatostatic Agents		
LANREOTIDE ACETATE	P	SP; PA
<i>octreotide acetate soln</i>	P	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP; PA
SANDOSTATIN LAR DEPOT KIT	P	SP; PA
SIGNIFOR	P	SP; PA
SIGNIFOR LAR	P	SP; PA
SOMATULINE DEPOT	P	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	P	SP; PA
JYNARQUE TBPB	P	SP; PA
SAMSCA TABS (<i>Use tolvaptan</i>)	NP	SP; PA
<i>tolvaptan tabs</i>	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 0.5 MG-1 MG (<i>Use estradiol & norethindrone acetate</i>)	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 days retail)
<i>estradiol & norethindrone acetate tabs</i>	P	QL(1 ea daily)
FEMHRT 0.5 MG-2.5 MCG (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NP	
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPHASE 0.625 MG-5 MG	P	

Drug Name	Drug Tier	Requirements/Limits
PREMPRO	P	
Estrogens		
ALORA PTTW	P	QL(8 ea per fill retail)
CLIMARA PTWK (<i>Use estradiol</i>)	NP	QL(4 ea per fill retail)
ESTRACE TABS (<i>Use estradiol</i>)	NP	
<i>estradiol tabs</i>	P	
<i>estradiol pttw</i>	P	QL(8 ea per fill retail)
<i>estradiol ptwk</i>	P	QL(4 ea per fill retail)
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(8 ea per fill retail)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(8 ea per fill retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	P	
<i>ciprofloxacin hcl tabs 100 mg</i>	P	QL(6 ea per fill retail)
<i>levofloxacin tabs</i>	P	QL(1 ea daily; 14 ea per fill retail)
<i>ofloxacin 400 mg</i>	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ml per 30 days retail)

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

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

Drug Name	Drug Tier	Requirements/Limits
PYRIDIUM TABS (Use <i>phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		
THIOLA TABS (Use <i>tiopronin</i>)	NP	SP; PA
THIOLA EC TBEC	P	SP; PA
<i>tiopronin tabs</i>	P	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX 15 MG/ML-50 MG/ML	P	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid 0.5 mg-500 mg</i>	P	
Gout Agents		
<i>allopurinol</i>	P	
<i>colchicine tabs</i>	P	QL(6 ea per fill retail)
COLCRYS TABS (Use <i>colchicine</i>)	NP	QL(6 ea per fill retail)
KRYSTEXXA	P	SP; PA
ZYLOPRIM (Use <i>allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA

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COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
FIBRYGA	P	SP; PA
HEMLIBRA	P	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HEMOFIL M SOLR 1501 - 2000 UNIT	P	PA
HUMATE-P SOLR	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
JIVI	P	SP; PA
KCENTRA	P	SP; PA
KOATE SOLR	P	SP; PA
KOATE-DVI SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
MONONINE	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ SOLR	P	SP; PA
NUWIQ KIT	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIASTAP	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Bradykinin B2 Receptor Antagonists		
FIRAZYR (Use <i>icatibant acetate</i>)	NP	SP; PA
<i>icatibant acetate</i>	P	SP; PA
Complement Inhibitors		
BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	P	SP; PA
ENJAYMO	P	SP; PA
HAEGARDA SOLR SC	P	SP; PA
RUCONEST	P	SP; PA
TAVNEOS	P	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Hemin		
PANHEMATIN 350 MG	P	SP; PA
Human Protein C		
CEPROTIN	P	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	P	SP; PA
ORLADEYO	P	SP; PA
TAKHZYRO SOSY 300 MG/2ML	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
Plasma Proteins		
RYPLAZIM	P	SP; PA
THROMBATE III	P	SP; PA
THROMBATE III W/10 ML STERILE WATER	P	SP; PA
THROMBATE III W/20 ML STERILE WATER	P	SP; PA
Platelet Aggregation Inhibitors		
BRILINTA	P	QL(2 ea daily)
CABLIVI	P	SP; PA
<i>cilostazol</i>	P	QL(2 ea daily)

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<i>clopidogrel bisulfate 75 mg</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (Use prasugrel hcl)	NP	QL(1 ea daily)
INTEGRILIN 20 MG/10ML, 75 MG/100ML (Use eptifibatide)	NP	
PLAVIX 75 MG (Use clopidogrel bisulfate)	NP	
<i>prasugrel hcl</i>	P	QL(1 ea daily)
Pyruvate Kinase Activators		
PYRUKYND TABS	P	SP; PA
PYRUKYND TAPER PACK TBPB	P	SP; PA
Thrombolytic Agent - Misc		
DEFITELIO	P	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
ELELYSO	P	SP; PA
<i>miglustat</i>	P	SP; PA
VPRIV	P	SP; PA
ZAVESCA (Use miglustat)	NP	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
ENDARI	P	SP; PA
OXBRYTA TBSO	P	SP; PA
OXBRYTA TABS 500 MG	P	SP; PA
SIKLOS TABS	P	PA
Cobalamins		
<i>cyanocobalamin soln ij</i>	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tabs 1 mg</i>	P	RX/OTC
<i>folic acid tabs 400 mcg, 800 mcg</i>	P	OTC; QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOSY	P	SP; PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP; PA
EPOGEN	P	SP; PA
GRANIX SOSY	P	SP; PA
GRANIX SOLN	P	SP; PA
LEUKINE SOLR IJ	P	SP; PA
MIRCERA	P	SP; PA
MULPLETA	P	SP; PA
NEUPOGEN SOLN	P	SP; PA
NEUPOGEN SOSY	P	SP; PA
NIVESTYM SOSY	P	SP; PA
NIVESTYM SOLN	P	SP; PA
NYVEPRIA	P	SP; PA
PROCRIT	P	SP; PA
PROCRIT	P	SP; PA
RELEUKO SOLN	P	SP; PA
RELEUKO SOSY	P	SP; PA
RETACRIT	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 0.8 mg-1 mg-1.3 mg-5 mg-6 mg-6.9 mg-10 mg-10 mg-15 mcg-18.2 mg-30 mg-200 mg-324 mg</i>	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (Use ferrous sulfate)	NP	OTC; QL(3.4 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
FERRETT'S TABS	P	OTC; QL(2 ea daily)
<i>ferrous fumarate tabs</i>	P	OTC; QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	OTC; QL(100 ea per 30 days retail); AL(Up to 50 yrs old)
<i>ferrous sulfate elix</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate soln</i>	P	OTC; QL(3.4 ml daily)
<i>ferrous sulfate tabs 65 mg, 325 mg</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate tbec</i>	P	OTC; AL(Up to 50 yrs old)
FERROUS SULFATE TBEC	P	OTC; AL(Up to 50 yrs old)
IRON TABS 28 MG	P	OTC
IRON CHEWS PEDIATRIC CHEW	P	OTC
<i>polysaccharide iron complex caps 150 mg</i>	P	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL	P	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR (<i>Use aminocaproic acid</i>)	NP	QL(236.5 ml per 30 days retail); SP
AMICAR TABS 1000 MG (<i>Use aminocaproic acid</i>)	NP	SP; PA
AMICAR TABS 500 MG (<i>Use aminocaproic acid</i>)	NP	QL(24 ea per fill retail); SP
<i>aminocaproic acid soln iv 250 mg/ml</i>	P	SP; PA
<i>aminocaproic acid tabs 500 mg</i>	P	QL(24 ea per fill retail); SP
<i>aminocaproic acid tabs 1000 mg</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid soln or .25 gm/ml</i>	P	QL(236.5 ml per 30 days retail); SP
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</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) tabs 25 mg</i>	P	OTC; QL(1 ea daily)
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	P	OTC
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	P	OTC
<i>doxylamine succinate (sleep)</i>	P	OTC
TYLENOL PM EXTRA STRENGTH LIQD 50 MG/30ML-1000 MG/30ML (<i>Use diphenhydramine-acetaminophen (sleep)</i>)	NP	
UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NP	OTC
UNISOM SLEEPTABS (<i>Use doxylamine succinate (sleep)</i>)	NP	OTC
Barbiturate Hypnotics		
NEMBUTAL SODIUM SOLN (<i>Use pentobarbital sodium</i>)	NP	
<i>phenobarbital tabs</i>	P	
<i>phenobarbital elix</i>	P	
Non-Barbiturate Hypnotics		

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

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

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ZITHROMAX TRI-PAK TABS (Use azithromycin)	NP	QL(4 ea daily)	BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ZITHROMAX Z-PAK TABS (Use azithromycin)	NP	QL(6 ea per fill retail)	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
Clarithromycin			DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	
clarithromycin tabs	P	QL(28 ea per fill retail)	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	
clarithromycin tb24	P	QL(14 ea per fill retail)	DEXCOM G4 PLATINUM RECEIVER KIT	NP	
clarithromycin susr 125 mg/5ml	P	QL(100 ml per fill retail)	DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	
clarithromycin susr 250 mg/5ml	P	QL(200 ml per fill retail)	DEXCOM G4 PLATINUM RECEIVER KIT	NP	
Erythromycins			DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	NP		DEXCOM G5 MOBILE RECEIVERKIT	NP	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	NP		DEXCOM G5 RECEIVER KIT	NP	
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	NP		DEXCOM G6 RECEIVER	NP	
erythromycin base tbec	P		DEXCOM G7 RECEIVER	NP	
erythromycin base cpep	P		DEXCOM G7 SENSOR	NP	
erythromycin base tabs	P		EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
erythromycin ethylsuccinate tabs	P		EVERSENSE SENSOR/HOLDER	NP	
erythromycin ethylsuccinate susr	P		FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
erythromycin stearate tabs 250 mg	P		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
MEDICAL DEVICES AND SUPPLIES			FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
Bandages-Dressings-Tape			FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
GAUZE SPONGES	P	RX/OTC			
Contraceptives					
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC			
Diabetic Supplies					

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

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ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC	CLEVER CHOICE PEAK FLOW METER	P	RX/OTC
AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail); RX/OTC	CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
AIRZONE PEAK FLOW METER	P	RX/OTC	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC	DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
BREATHE EASE PEAK FLOW METER	P	RX/OTC	EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail); RX/OTC	EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail); RX/OTC			
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC			

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EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail); RX/OTC
FILTER AIR PP MISC	P	QL(1 ea per 360 days retail); RX/OTC	NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail); RX/OTC	NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC	NOSE CLIP MISC	P	QL(1 ea per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 days retail); RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	P	RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 days retail); RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER	P	RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	RX/OTC	PARI MASK SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail); RX/OTC			

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
TRIVISC SOSY	P	SP; PA
VISCO-3 SOSY	P	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)
SALINE NASAL SPRAY 0.65%	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)
Nasal Antiallergy		
azelastine hcl .15 %, 205.5 mcg/spray	P	QL(30 ml per fill retail); RX/OTC
azelastine hcl .1 %, 137 mcg/spray	P	
cromolyn sodium (nasal) 5.2 mg/act	P	OTC; QL(26 ml per 30 days retail)
NASALCROM (Use cromolyn sodium (nasal))	NP	OTC; QL(26 ml per 30 days retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) .03 %	P	QL(31 ml per 30 days retail)
ipratropium bromide (nasal) .06 %	P	QL(15 ml per 30 days retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
flunisolide (nasal) .025 %	P	QL(25 ml per 30 days retail)

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 days retail)	<i>flurbiprofen sodium</i>	P	QL(5 ml per 30 days retail)
RETISERT	P	SP; PA	<i>ketorolac tromethamine (ophth) .5 %</i>	P	QL(10 ml per fill retail)
<i>sulfacetamide sod-prednisolone soln 0.23 %-10 %</i>	P	QL(10 ml per 30 days retail)	<i>ketorolac tromethamine (ophth) .4 %</i>	P	QL(5 ml per 30 days retail)
TOBRADEX SUSP 0.1 %-0.3 % (<i>Use tobramycin-dexamethasone</i>)	NP	QL(10 ml per fill retail)	<i>ketotifen fumarate (ophth) .025 %</i>	P	
TOBRADEX OINT 0.1 %-0.3 %	P	QL(4 gm per 30 days retail)	TRUSOPT (<i>Use dorzolamide hcl</i>)	NP	QL(10 ml per 30 days retail)
<i>tobramycin-dexamethasone susp 0.1 %-0.3 %</i>	P	QL(10 ml per fill retail)	ZADITOR (<i>Use ketotifen fumarate (ophth)</i>)	NP	
TRIESENCE	P	SP; PA	Prostaglandins - Ophthalmic		
XIPERE	P	SP; PA	<i>latanoprost soln</i>	P	QL(5 ml per 30 days retail)
YUTIQ	P	SP; PA	LATANOPROST SOLN	P	QL(5 ml per 30 days retail)
Ophthalmics - Misc.			XALATAN SOLN (<i>Use latanoprost</i>)	NP	QL(5 ml per 30 days retail)
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(10 ml per fill retail)	OTIC AGENTS - Drugs to Treat the Ear		
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(5 ml per 30 days retail)	Otic Agents - Miscellaneous		
ALOCRIIL	P	QL(5 ml per 30 days retail); PA	<i>acetic acid (otic)</i>	P	QL(15 ml per 30 days retail)
ALOMIDE	P	QL(10 ml per 30 days retail); PA	<i>carbamide peroxide (otic) 6.5 %</i>	P	OTC; QL(15 ml per 30 days retail)
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 30 days retail)	DEBROX 6.5 % (<i>Use carbamide peroxide (otic)</i>)	NP	OTC; QL(15 ml per 30 days retail)
AZOPT (<i>Use brinzolamide</i>)	NP		Otic Anti-infectives		
<i>brinzolamide</i>	P		<i>ofloxacin (otic)</i>	P	QL(10 ml per fill retail)
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per fill retail)	Otic Combinations		
CYSTADROPS	P	SP; PA	CIPRODEX 0.1 %-0.3 % (<i>Use ciprofloxacin-dexamethasone</i>)	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
CYSTARAN	P	SP; PA	<i>ciprofloxacin-dexamethasone 0.1 %-0.3 %</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 30 days retail)			
<i>dorzolamide hcl</i>	P	QL(10 ml per 30 days retail)			
DORZOLAMIDE HCL	P	QL(10 ml per 30 days retail)			

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc (otic) soln 1 %-3.5 mg/ml-10000 unit/ml</i>	P	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp 1 %-3.5 mg/ml-10000 unit/ml</i>	P	QL(20 ml per 30 days retail)
OTOVEL 0.025 %-0.3 % (Use ciprofloxacin-fluocinolone acetonide)	NP	
<i>pramoxine-hc-chloroxylenol 1 mg/ml-10 mg/ml-10 mg/ml</i>	P	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC (Use fluocinolone acetonide (otic))	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)
<i>fluocinolone acetonide (otic)</i>	P	QL(20 ml per fill retail); AL(At least 5 yrs old)
<i>hydrocortisone w/acetic acid 1 %-2 %</i>	P	QL(20 ml per 30 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	P	SP; PA
CUTAQUIG	P	SP; PA
CUVITRU SOLN	P	SP; PA
CYTOGAM	P	SP; PA
FLEBOGAMMA DIF SOLN	P	SP; PA
GAMASTAN	P	SP; PA
GAMMAGARD LIQUID	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP; PA
GAMMAKED	P	SP; PA
GAMMAPLEX SOLN	P	SP; PA
GAMUNEX-C	P	SP; PA
HEPAGAM B SOLN IJ	P	SP; PA
HIZENTRA SOLN	P	SP; PA
HIZENTRA SOSY	P	SP; PA
HYPERHEP B SOLN IM	P	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
HYPERRHO S/D MINI-DOSE SOSY IM	P	SP; PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	SP; PA
NABI-HB SOLN IM	P	SP; PA
OCTAGAM SOLN	P	SP; PA
PANZYGA	P	SP; PA
PRIVIGEN SOLN	P	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
RHOPHYLAC SOSY IJ	P	SP; PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP; PA
XEMBIFY	P	SP; PA
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP; PA
ZINPLAVA	P	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	P	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin tabs 875 mg</i>	P	
<i>amoxicillin chew 125 mg, 250 mg</i>	P	
<i>amoxicillin susr</i>	P	
<i>ampicillin caps 500 mg</i>	P	
Natural Penicillins		
<i>penicillin v potassium solr</i>	P	
<i>penicillin v potassium tabs</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate tabs 125 mg-875 mg, 875 mg-125 mg</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate tabs</i>	P	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 28.5 mg/5ml-200 mg/5ml</i>	P	QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 125 mg/5ml-31.25 mg/5ml, 31.25 mg/5ml-125 mg/5ml, 62.5 mg/5ml-250 mg/5ml</i>	P	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 42.9 mg/5ml-600 mg/5ml, 57 mg/5ml-400 mg/5ml, 600 mg/5ml-42.9 mg/5ml</i>	P	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate chew</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate tb12 62.5 mg-1000 mg</i>	P	QL(40 ea per 30 days retail)
AUGMENTIN TABS 500 MG-125 MG (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)
AUGMENTIN SUSR	P	QL(150 ml per fill retail)
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(150 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(200 ml per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
SIMPLYTHICK EASY MIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
SIMPLYTHICK EASYMIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
Liquid Vehicles		
FLAVOR BLEND SUSP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC
<i>glycine diluent 94 mg/50ml-73.3 mg/50ml</i>	P	SP; PA
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
MX-SOL BLEND SUSP	P	RX/OTC
MX-SOL BLEND SF SUSP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC
MX-SOL SUSPEND SUSP	P	RX/OTC
ORA-BLEND SUSP	P	RX/OTC
ORA-BLEND SF SUSP	P	RX/OTC

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

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

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

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PROLASTIN-C SOLR	P	SP; PA	tetracycline hcl caps 500 mg	P	
ZEMAIRA SOLR	P	SP; PA	VIBRAMYCIN CAPS (Use doxycycline hyclate)	NP	
Cystic Fibrosis Agents			THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
BRONCHITOL	P	SP; PA	Antithyroid Agents		
BRONCHITOL TOLERANCE TEST	P	SP; PA	methimazole tabs	P	
KALYDECO TABS	P	SP; PA	propylthiouracil	P	
KALYDECO PACK	P	SP; PA	Thyroid Hormones		
ORKAMBI TABS	P	SP; PA	ARMOUR THYROID TABS	P	
ORKAMBI PACK	P	SP; PA	CYTOMEL TABS (Use liothyronine sodium)	NP	
PULMOZYME	P	SP; PA	levothyroxine sodium tabs	P	
SYMDEKO	P	SP; PA	liothyronine sodium tabs	P	
TRIKAFTA	P	QL(3 ea daily); SP; PA	NP THYROID 120 TABS	P	
Pulmonary Fibrosis Agents			NP THYROID 15 TABS	P	
ESBRIET CAPS (Use pirfenidone)	NP	SP; PA	NP THYROID 30 TABS	P	
ESBRIET TABS (Use pirfenidone)	NP	SP; PA	NP THYROID 60 TABS	P	
OFEV	P	SP; PA	NP THYROID 90 TABS	P	
pirfenidone caps	P	SP; PA	SYNTHROID TABS (Use levothyroxine sodium)	P	
pirfenidone tabs 267 mg, 801 mg	P	SP; PA	TRIOSTAT SOLN (Use liothyronine sodium)	NP	
TETRACYCLINES - Drugs to Treat Bacterial Infections			TOXOIDS		
Tetracyclines			Toxoid Combinations		
ACTICLATE TABS (Use doxycycline hyclate)	NP		ADACEL SUSP 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
doxycycline (monohydrate) caps 50 mg, 100 mg	P		BOOSTRIX SUSP 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
doxycycline (monohydrate) tabs 50 mg, 100 mg	P		BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
doxycycline hyclate caps	P				
doxycycline hyclate tabs 100 mg	P				
minocycline hcl caps	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate sublingual .125 mg</i>	NP	
INFANRIX 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate tabs .125 mg</i>	NP	
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate sublingual .125 mg</i>	P	
TENIVAC INJ 2 LFU-5 LFU	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate solution or .125 mg/ml</i>	NP	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate tbdp .125 mg</i>	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			HYOSCYAMINE SULFATE POWD	P	
			LEVBIID TB12 (Use <i>hyoscyamine sulfate</i>)	NP	QL(4 ea daily)
			LEVSIN SOLN IJ .5 MG/ML (Use <i>hyoscyamine sulfate</i>)	NP	
			ROBINUL TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 ea daily)
			ROBINUL FORTE TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 ea daily)
			SYMAX DUOTAB TBCR	P	
			H-2 Antagonists		
			<i>cimetidine tabs</i>	P	RX/OTC
			<i>cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml</i>	P	
			<i>famotidine susr</i>	P	
Antispasmodics			<i>famotidine tabs 10 mg</i>	P	OTC
<i>dicyclomine hcl tabs</i>	P		<i>famotidine tabs 20 mg, 40 mg</i>	P	RX/OTC
<i>dicyclomine hcl caps</i>	P		PEPCID TABS (Use <i>famotidine</i>)	NP	RX/OTC
<i>dicyclomine hcl soln or</i>	P	QL(496 ml per 30 days retail)	PEPCID AC TABS 10 MG (Use <i>famotidine</i>)	NP	OTC
<i>glycopyrrolate tabs 1 mg, 2 mg</i>	P	QL(4 ea daily)	PEPCID AC TABS (Use <i>famotidine</i>)	NP	RX/OTC
<i>hyoscyamine sulfate tabs .125 mg</i>	P		PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NP	RX/OTC
<i>hyoscyamine sulfate elix</i>	P		TAGAMET HB TABS (Use <i>cimetidine</i>)	NP	RX/OTC
<i>hyoscyamine sulfate soln or .125 mg/ml</i>	P				
<i>hyoscyamine sulfate elix</i>	NP				
<i>hyoscyamine sulfate tbdp .125 mg</i>	NP				
<i>hyoscyamine sulfate tb12 .375 mg</i>	P	QL(4 ea daily)			

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

Drug Name	Drug Tier	Requirements/ Limits
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NP	QL(4 ea daily); RX/OTC
PRILOSEC OTC TBEC (<i>Use omeprazole magnesium</i>)	NP	OTC; QL(1 ea daily)
PROTONIX TBEC 40 MG (<i>Use pantoprazole sodium</i>)	NP	QL(2 ea daily)
PROTONIX TBEC 20 MG (<i>Use pantoprazole sodium</i>)	NP	QL(1 ea daily)
PROTONIX SOLR (<i>Use pantoprazole sodium</i>)	NP	
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>Use misoprostol</i>)	NP	
<i>misoprostol</i>	P	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole 30 mg-500 mg-500 mg</i>	P	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL TABS (<i>Use tolterodine tartrate</i>)	NP	QL(2 ea daily)
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NP	QL(1 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (<i>Use oxybutynin chloride</i>)	NP	QL(2 ea daily)
ENABLEX 7.5 MG (<i>Use darifenacin hydrobromide</i>)	NP	
<i>oxybutynin chloride tabs</i>	P	QL(3 ea daily)
<i>oxybutynin chloride tb24</i>	P	QL(2 ea daily)
<i>oxybutynin chloride syrup</i>	P	QL(496 ml per 30 days retail)
<i>tolterodine tartrate cp24</i>	P	QL(1 ea daily)
<i>tolterodine tartrate tabs</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>tropium chloride tabs</i>	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	
VACCINES		
Bacterial Vaccines		
BEXSERO	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
MENACTRA	P	Limit 2 fills per Lifetime; QL(0.5 ml per fill retail; 2 ml per 999 days retail); AL(At least 19 yrs old)
MENQUADFI	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
MENVEO SOLR	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 19 yrs old)
PNEUMOVAX 23	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23/1 DOSE	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
PREVNAR 13	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TRUMENBA	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
Viral Vaccines		
ASTRAZENECA COVID-19 VACCINE	P	
ENGRIX-B SUSY 20 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
ENGRIX-B SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
ENGRIX-B SUSY 10 MCG/0.5ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/5-11Y	P	
			PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y	P	
GARDASIL 9 SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	RECOMBIVAX HB SUSP 5 MCG/0.5ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
HAVRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)	RECOMBIVAX HB SUSY 10 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old - Up to 19 yrs old)
HAVRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	RECOMBIVAX HB SUSY 5 MCG/0.5ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old - Up to 19 yrs old)
INFLUENZA VACCINE	P	AL; At least 13 years old; QL (1 ea per 180 days retail)	RECOMBIVAX HB SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
JANSSEN COVID-19 VACCINE	P		SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P	
M-M-R II SOLR	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 19 yrs old)	SHINGRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 50 yrs old)
MODERNA COVID-19 VACCINE	P		SPIKEVAX COVID-19 VACCINE	P	
NOVAVAX COVID-19 VACCINE	P				
PFIZER-BIONTECH COVID-19VACCINE	P				

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

Georgia Medicaid

Updated April 1, 2023

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

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

Drug Name	Drug Tier	Requirements/ Limits
vitamin e caps 45 mg, 90 mg, 100 unit, 200 unit, 268 mg, 400 unit	P	QL(2 ea daily)
vitamin e caps 100 unit, 200 unit, 400 unit	P	OTC; QL(2 ea daily)
VITAMIN E CHEW	P	OTC; QL(2 ea daily)
Water Soluble Vitamins		
ascorbic acid tabs	P	OTC; QL(100 ea per 30 days retail)
B-1 TABS	P	OTC; QL(100 ea per 30 days retail)
niacin cpcr 250 mg, 500 mg	P	OTC
niacin tbcr	P	OTC
niacin tabs 500 mg	P	OTC
NIACIN TR TBCR	P	OTC
pyridoxine hcl tabs 25 mg, 50 mg, 100 mg	P	OTC
riboflavin tabs	P	OTC; QL(100 ea per 30 days retail)
SLO-NIACIN TBCR (Use niacin)	NP	OTC
thiamine hcl tabs	P	OTC; QL(100 ea per 30 days retail)
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MG/ML-0.6 MG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	85	dihydrate	11	butalbital-aspirin-caffeine w/cod 30 mg-40 mg-50 mg-325 mg	7
BRAFTOVI 75 MG	32	bumetanide tabs	61	BYDUREON BCISE AUIJ	18
BREATHE EASE NEBULIZER MASK/CHILD MISC	74	BUNAVAIL FILM BU 0.7 MG-4.2 MG, 1 MG-6.3 MG	7	BYETTA SOPN 10 MCG/0.04ML ..	18
BREATHE EASE NEBULIZER MASK/INFANT MISC	74	buprenorphine hcl film	7	BYETTA SOPN 5 MCG/0.02ML ...	19
BREATHE EASE PEAK FLOW METER	74	buprenorphine hcl soln	7	BYLVAY (PELLETS) CPSP	65
BREYANZI	30	buprenorphine hcl subl	7	BYLVAY CAPS	65
BRIDION	21	buprenorphine hcl-naloxone hcl dihydrate film sl 0.5 mg-2 mg, 1 mg-4 mg	7	CABLIVI	67
BRILINTA	67	buprenorphine hcl-naloxone hcl dihydrate subl	7	CABOMETYX TABS 20 MG, 60 MG . 32	
brimonidine tartrate .2 %	90	bupropion hcl (smoking deterrent) 97		CABOMETYX TABS 40 MG	32
BRINEURA	62	bupropion hcl tabs	14	caffeine citrate soln or	1
brinzolamide	92	bupropion hcl tb12 100 mg	14	CAFFEINE CITRATED POWD	1
BRIVIACT SOLN IV 50 MG/5ML ..	12	bupropion hcl tb12 150 mg	15	calcipotriene crea	53
bromocriptine mesylate caps	35	bupropion hcl tb12 200 mg	14	calcipotriene soln	53
bromocriptine mesylate tabs 2.5 mg 35		bupropion hcl tb24 150 mg	15	calcitonin (salmon) ij	61
brompheniramine & phenyleph elix 1 mg/5ml-2.5 mg/5ml	46	bupropion hcl tb24 300 mg	15	calcitonin (salmon) na	61
brompheniramine & pseudoeph elix 1 mg/5ml-15 mg/5ml	46	buspirone hcl 15 mg	9	calcitriol caps	62
brompheniramine & pseudoeph liqd 1 mg/5ml-15 mg/5ml	46	buspirone hcl 5 mg, 10 mg	9	CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	78
BRONCHITOL	98	buspirone hcl 7.5 mg, 30 mg	9	calcium acetate (phosphate binder) caps	65
BRONCHITOL TOLERANCE TEST . 98		butalbital-acetaminophen tabs 50 mg-325 mg	4	calcium carbonate (antacid) chew 500 mg	8
BRUKINSA	32	butalbital-acetaminophen-caffeine caps 40 mg-50 mg-325 mg	5	calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 20 mcg-600 mg, 400 unit-600 mg, 400 unit-600 mg-800 unit-600 mg, 600 mg-400 unit, 600 mg-800 unit, 800 unit-600 mg	78
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	74	butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg	4	calcium carbonate-cholecalciferol tabs 200 unit-500 mg, 200 unit-500 mg-500 mg-200 unit, 5 mcg-500 mg, 500 mg-200 unit	78
budesonide (inhalation) susp	10	butalbital-acetaminophen-caffeine w/ codeine 30 mg-40 mg-50 mg-325 mg	7		
budesonide-formoterol fumarate		butalbital-aspirin-caffeine caps 40 mg-50 mg-325 mg	5		

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

chlorhexidine gluconate liqd 37	cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml 99	CLEVER CHOICE PEAK FLOW METER 74
chloroquine phosphate tabs 250 mg . 28	cimetidine tabs 99	clindamycin hcl 150 mg, 300 mg .. 27
chloroquine phosphate tabs 500 mg . 28	CIMZIA KIT 65	clindamycin palmitate hydrochloride . 27
chlorpheniramine maleate syrp 22	CIMZIA PSKT 65	clindamycin phosphate (topical) gel 50
chlorpheniramine maleate tabs 22	CIMZIA STARTER KIT PSKT 65	clindamycin phosphate (topical) lotn . 50
chlorpromazine hcl tabs 10 mg 37	cinacalcet hcl 63	clindamycin phosphate (topical) soln . 50
chlorpromazine hcl tabs 25 mg, 50 mg, 100 mg, 200 mg 37	CINQAIR 10	clindamycin phosphate vaginal crea 103
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CHOLBAM 65	ciprofloxacin hcl tabs 100 mg 64	clobetasol propionate emollient base .05 % 54
cholecalciferol caps 1.25 mg, 1.25 mg, 50000 unit 104	ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg 64	clobetasol propionate gel .05 % ... 54
cholecalciferol caps 125 mcg, 5000 unit 104	ciprofloxacin-dexamethasone 0.1 %-0.3 % 92	clobetasol propionate oint .05 % .. 54
cholecalciferol caps 25 mcg, 50 mcg, 1000 unit, 2000 unit 104	cisplatin soln 50 mg/50ml, 100 mg/100ml, 200 mg/200ml 29	clobetasol propionate soln .05 % .. 54
cholecalciferol liqd or 10 mcg/ml, 400 unit/ml 104	CISPLATIN SOLR 29	clomipramine hcl 75 mg 17
cholecalciferol liqd or 400 ut/0.028ml 104	citalopram hydrobromide soln 15	clonazepam tabs 12
cholestyramine light pack 23	citalopram hydrobromide tabs 10 mg 15	clonidine hcl (adhd) tb12 1
cholestyramine light powd 23	citalopram hydrobromide tabs 20 mg 15	clonidine hcl tabs 25
cholestyramine pack 23	citalopram hydrobromide tabs 40 mg 15	clopidogrel bisulfate 75 mg 68
cholestyramine powd 23	cladribine 10 mg/10ml 29	clorazepate dipotassium tabs 9
CHORIONIC GONADOTROPIN IM 62	clarithromycin susr 125 mg/5ml ... 72	clotrimazole (topical) crea 51
CIBINQO 55	clarithromycin susr 250 mg/5ml ... 72	clotrimazole (topical) soln 51
cilostazol 67	clarithromycin tabs 72	clotrimazole vaginal crea 1 % 103
CILOXAN OINT 90	clarithromycin tb24 72	clotrimazole vaginal crea 2 % 103
CIMDUO 300 MG-300 MG 37	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT 59	clotrimazole w/ betamethasone crea 0.05 %-1 % 52
	clemastine fumarate tabs 1.34 mg 22	

clotrimazole w/ betamethasone lotn 0.05 %-1 %51	SOAJ53	cyclosporine caps81
clozapine tabs36	COSENTYX SOSY 53	cyclosporine modified (for microemulsion) caps81
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COAGADEX67	COTELLIC32	cyclosporine soln iv 50 mg/ml 81
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CODEINE SULFATE TABS6	cromolyn sodium (nasal) 5.2 mg/act 87	CYSTADROPS92
colchicine tabs 66	cromolyn sodium (ophth)92	CYSTAGON CAPS 66
colchicine w/ probenecid 0.5 mg-500 mg66	cromolyn sodium nebu10	CYSTARAN 92
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COMPLERA 25 MG-200 MG-300 MG37	CVS GLUCOSE 4 GM-6 MG 17	DARZALEX FASPRO 30000 UNIT/15ML-1800 MG/15ML 32
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COPIKTRA32	cyanocobalamin soln ij68	DAURISMO 31
CORETEXT SUSP58	cyclobenzaprine hcl tabs 5 mg, 10 mg86	DDAVP 63
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CORTISONE ACETATE TABS45	cyclopentolate hcl .5 % 90	deferasirox pack 20
COSENTYX SENSOREADY PEN	cyclopentolate hcl 1 %, 2 %90	deferasirox tabs20
	CYCLOPHOSPHAMIDE MONOHYDRATE SOLN29	deferasirox tbso20
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deferiprone tabs	20	desvenlafaxine succinate 100 mg .	16	DEXCOM G7 SENSOR	72
deferoxamine mesylate	21	desvenlafaxine succinate 25 mg, 50 mg	16	dexlansoprazole	100
DEFITELIO	68	DEX4 4 GM-6 MG	17	dexmethylphenidate hcl tabs	1
DEFLUX 15 MG/ML-50 MG/ML ...	66	DEX4 FAST ACTING GLUCOSE 4 GM-6 MG	17	dexrazoxane hcl	34
DELSTRIGO 100 MG-300 MG-300 MG	37	DEX4 NATURALS 4 GM-6 MG ...	17	DEXTENZA INST	91
DEPO-SUBQ PROVERA 104 SUSY SC	45	DEX4 POUCH PACK 4 GM-6 MG .	17	dextroamphetamine sulfate cp24 ...	1
DERMAREST PSORIASIS GEL ...	56	DEX4 QUICK DISSOLVE GLUCOSE CHEW	17	dextroamphetamine sulfate tabs 5 mg, 10 mg	1
DESCOVY 15 MG-120 MG	37	dexamethasone elix	45	dextromethorphan hbr liqd 7.5 mg/5ml	46
DESCOVY 25 MG-200 MG	37	dexamethasone sodium phosphate (ophth)	91	dextromethorphan polistirex suer ..	46
desipramine hcl tabs 10 mg, 50 mg, 75 mg, 100 mg, 150 mg	17	dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml	45	dextromethorphan-doxylamine- acetaminophen liqd	47
desipramine hcl tabs 25 mg	17	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	45	dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 100 mg/5ml- 10 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 200 mg/10ml-20 mg/10ml	47
desmopressin acetate soln ij	63	dexamethasone soln	45	dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml	47
DESMOPRESSIN ACETATE SOLN NA	63	dexamethasone tabs	45	dextromethorphan-guaifenesin liqd 100 mg/5ml-5 mg/5ml, 15 mg/5ml- 200 mg/5ml, 20 mg/20ml-400 mg/20ml, 30 mg/5ml-200 mg/5ml, 30 mg/5ml-30 mg/5ml-200 mg/5ml-200 mg/5ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml	47
desmopressin acetate spray	64	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	72	dextromethorphan-guaifenesin syrup 10 mg/5ml-10 mg/5ml-100 mg/5ml- 100 mg/5ml, 10 mg/5ml-100 mg/5ml .	47
desmopressin acetate spray refrigerated	64	DEXCOM G4 PLATINUM RECEIVER KIT	72	dextromethorphan-guaifenesin tb12 30 mg-600 mg	47
desmopressin acetate tabs	63	DEXCOM G5 MOBILE RECEIVERKIT	72	dextromethorphan-phenylephrine- acetaminophen caps 5 mg-10 mg- 325 mg	47
desogestrel & ethinyl estradiol	44	DEXCOM G6 RECEIVER	72	DEXYCU SUSP IO	91
desogestrel-ethinyl estradiol (biphasic)	44	DEXCOM G7 RECEIVER	72		
desogestrel-ethinyl estradiol (triphasic)	44				
desonide crea	54				
desonide oint	54				
desoximetasone crea .05 %	54				
desoximetasone crea .25 %	54				
desoximetasone gel	54				
desoximetasone oint .25 %	54				

DHIVY TABS 25 MG-100 MG 35	diltiazem hcl cp24 120 mg, 180 mg 41	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC ... 74
DIABETIC TUSSIN COLD/FLU CAPS 4 MG-15 MG-325 MG 47	diltiazem hcl cp24 240 mg 41	DISPOSABLE MOUTHPIECE/LOW RANGE MISC 74
DIACOMIT CAPS 250 MG 12	diltiazem hcl extended release beads 120 mg, 180 mg, 300 mg, 360 mg, 420 mg 42	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC 74
DIACOMIT CAPS 500 MG 12	diltiazem hcl extended release beads 240 mg 41	DISPOSABLE PAPER MOUTHPIECE MISC 74
DIACOMIT PACK 250 MG 12	diltiazem hcl tabs 41	disulfiram 250 mg 96
DIACOMIT PACK 500 MG 12	dimenhydrinate tabs 21	divalproex sodium csdr 14
diazepam (anticonvulsant) gel 12	dimethyl fumarate cpdr 96	divalproex sodium tb24 250 mg ... 14
diazepam soln or 5 mg/5ml 9	dimethyl fumarate misc 96	divalproex sodium tb24 500 mg ... 14
diazepam tabs 9	diphenhydramine hcl (sleep) caps 50 mg 69	divalproex sodium tbec 125 mg 14
dibucaine 56	diphenhydramine hcl (sleep) tabs 25 mg 69	divalproex sodium tbec 250 mg 14
dichlorphenamide 60	diphenhydramine hcl (sleep) tabs 50 mg 69	divalproex sodium tbec 500 mg 14
diclofenac potassium tabs 50 mg ... 3	diphenhydramine hcl caps 22	docetaxel conc 20 mg/ml, 80 mg/4ml, 160 mg/8ml 34
diclofenac sodium (ophth) 92	diphenhydramine hcl elix 12.5 mg/5ml 22	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML 34
diclofenac sodium (topical) gel ex . 52	diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml . 22	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 34
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dicloxacillin sodium 94	diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml 20	docusate sodium caps 100 mg, 250 mg 71
dicyclomine hcl caps 99	diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg 20	docusate sodium caps 50 mg 71
dicyclomine hcl soln or 99	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML 99	docusate sodium liqd 71
dicyclomine hcl tabs 99	dipyridamole 68	docusate sodium syrp 71
diflunisal tabs 5	disopyramide phosphate caps 9	DOCUSATE SODIUM SYRP 71
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digoxin tabs .125 mg, .25 mg, 125 mcg, 250 mcg 42		dofetilide 10
dihydroergotamine mesylate soln na 4 mg/ml 77		DOJOLVI 89
DILANTIN 13		donepezil hydrochloride tabs 5 mg,
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg 41		
diltiazem hcl coated beads cp24 240 mg 41		
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10 mg	96	EASY FLOW HEPA FILTER MISC 74	ELLUME COVID-19 HOME TEST KIT	59
dorzolamide hcl	92	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP ..	ELOCTATE	67
DORZOLAMIDE HCL	92	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	EMBRACE PEN NEEDLES/30G X 5MM	73
DORZOLAMIDE HCL/TIMOLOL MALEATE 0.5 %-2 %	89	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP ..	EMBRACE PEN NEEDLES/31G X 5MM	73
dorzolamide hcl-timolol maleate ..	89	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	EMBRACE PEN NEEDLES/31G X 8MM	73
DOVATO 300 MG-50 MG	37	EASE CONTROLLER KIT MISC ..	EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP ..	59
doxazosin mesylate	25	econazole nitrate crea	EMCYT	31
doxepin hcl caps	17	ED BRON GP LIQD 5 MG/5ML-100 MG/5ML	EMFLAZA SUSP	45
doxepin hcl conc	17	EDURANT	EMFLAZA TABS	45
doxycycline (monohydrate) caps 50 mg, 100 mg	98	efavirenz caps 200 mg	EMOLLIENT LOTION-MISC	55
doxycycline (monohydrate) tabs 50 mg, 100 mg	98	efavirenz caps 50 mg	EMPLICITI	30
doxycycline hyclate caps	98	efavirenz tabs	emtricitabine caps	38
doxycycline hyclate tabs 100 mg ..	98	efavirenz-emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg- 600 mg	emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg, 300 mg- 200 mg	38
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DRAMAMINE CHEW	21	ELAPRASE	EMVERM CHEW	9
drospirenone-ethinyl estradiol	44	ELELYSO	enalapril maleate & hydrochlorothiazide	25
DROXIA CAPS	68	eletriptan hydrobromide	enalapril maleate tabs	24
droxidopa	104	ELIGARD KIT SC 7.5 MG	ENBREL MINI SOCT	4
DRYSOL SOLN	56	ELIGARD SC 45 MG	ENBREL SOLN	4
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	16	ELIQUIS STARTER PACK TBPB ..	ENBREL SOLR	4
DUROLANE PRSY	87	ELIQUIS TABS	ENBREL SOSY	4
DUTOPROL TB24	25	ELLA	ENBREL SURECLICK SOAJ	4
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ENGERIX-B SUSP	101	ERLEADA 60 MG	31	ethambutol hcl tabs	28
ENGERIX-B SUSY 10 MCG/0.5ML 101		erlotinib hcl	30	ethosuximide caps	14
ENGERIX-B SUSY 20 MCG/ML .	101	ertapenem sodium ij	27	ethosuximide soln	14
ENHERTU	30	ERWINASE	33	ethynodiol diacet & eth estrad	44
ENJAYMO	67	ERWINAZE	34	etodolac caps	3
enoxaparin sodium soln ij 300 mg/3ml	11	erythromycin (acne aid) gel	50	etodolac tabs	3
enoxaparin sodium sosy	11	erythromycin (acne aid) soln	50	etonogestrel-ethinyl estradiol 0.015 mg/24hr-0.12 mg/24hr	44
ENSPRYNG	81	erythromycin (ophth)	90	etoposide caps	34
ENTYVIO	65	erythromycin base cpep	72	etoposide soln 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	34
EPCLUSA PACK 50 MG-200 MG .	40	erythromycin base tabs	72	etravirine	38
EPICORD/ 1CM X 2CM SHEE	58	erythromycin base tbec	72	etravirine 200 mg	38
EPIDIOLEX	12	erythromycin ethylsuccinate susr ..	72	EUFLEXXA SOSY	87
EPIFOAM FOAM 1 %-1 %	54	erythromycin ethylsuccinate tabs ..	72	EULEXIN	31
epinephrine (anaphylaxis) soaj .	15	erythromycin stearate tabs 250 mg 72		EVENITY	61
mg/0.15ml	103	escitalopram oxalate tabs 10 mg ..	15	everolimus tabs	32
epinephrine (anaphylaxis) soaj ...	103	escitalopram oxalate tabs 20 mg ..	15	everolimus tbso	32
epinephrine hcl (nasal)	88	escitalopram oxalate tabs 5 mg	15	EVERSENSE SENSOR/HOLDER 72	
epirubicin hcl soln 50 mg/25ml, 200 mg/100ml	32	esomeprazole magnesium cpdr 20 mg	100	EVKEEZA	23
EPOGEN	68	ESPEROCT	67	EVOMELA	29
epoprostenol sodium	42	estradiol & norethindrone acetate tabs	64	EVRYSDI	89
EQL DRY MOUTH ORAL RINSE SOLN	82	estradiol pttw	64	exemestane	31
ERBITUX	30	estradiol ptwk	64	EXKIVITY	30
ergocalciferol caps	104	estradiol tabs	64	EXONDYS 51	88
ergocalciferol soln or	104	estradiol vaginal crea	103	EXPIRATORY MOUTHPIECE MISC . 75	
ergotamine w/ caffeine tabs 100 mg- 1 mg	77	estradiol vaginal tabs	103	EXSERVAN FILM	88
		ESTROFACTORS TABS 0.67 MG-10 MCG-13 MCG-16.7 MG-30 MG-33 MG-66.7 MG-66.7 MG-66.7 UNIT-		EXTAVIA KIT	96

EYLEA SOLN90	5 mg-6 mg-6.9 mg-10 mg-10 mg-15 mcg-18.2 mg-30 mg-200 mg-324 mg 68	UNIT/ML-1150 UNIT/ML85
EYLEA SOSY90		FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT10
ezetimibe24	FERROUS GLUCONATE TABS 324 MG69	FLOVENT HFA 44 MCG/ACT10
ezetimibe-simvastatin23		FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT59
famciclovir40	ferrous sulfate elix69	fluconazole susr21
famotidine susr99	ferrous sulfate soln69	fluconazole tabs 100 mg, 200 mg .21
famotidine tabs 10 mg99	ferrous sulfate tabs 65 mg, 325 mg 69	fluconazole tabs 150 mg21
famotidine tabs 20 mg, 40 mg99	ferrous sulfate tbec69	fluconazole tabs 50 mg21
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FASTEP COVID-19 ANTIGEN HOME TEST KIT59	FEVERALL JUNIOR STRENGTH SUPP5	fludarabine phosphate solr29
FEIBA67	fexofenadine hcl tabs 180 mg22	fludrocortisone acetate tabs46
felbamate susp13	fexofenadine hcl tabs 60 mg22	flunisolide (nasal) .025 %87
felbamate tabs13	FIBRYGA67	fluocinolone acetonide (otic)93
felodipine42	FILTER AIR PP MISC75	fluocinolone acetonide oil54
fenofibrate micronized 134 mg, 200 mg23	finasteride66	fluocinonide crea .05 %54
fenofibrate micronized 67 mg23	fingolimod hcl96	fluocinonide emulsified base54
fenofibrate tabs 160 mg23	FINTEPLA12	fluocinonide gel54
fenofibrate tabs 54 mg23	FIRMAGON 80 MG31	fluocinonide oint54
FENOFIBRATE TABS23	FIRVANQ SOLR OR27	fluocinonide soln54
fenoprofen calcium caps 400 mg ...3	FLAVOR BLEND SUSP94	fluorometholone (ophth) susp91
FENSOLVI62	FLAVOR PLUS LIQD94	fluorouracil (topical) crea .5 %52
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr ..6	FLAVOR SWEET SYRP94	fluorouracil (topical) crea 5 %52
FERRETT'S TABS69	FLAVOR SWEET-SF SYRP94	fluorouracil (topical) soln52
FERRIPROX SOLN20	flavoxate hcl101	fluoxetine hcl caps 10 mg, 20 mg ..15
FERRIPROX TWICE-A-DAY TABS 20	FLEBOGAMMA DIF SOLN93	fluoxetine hcl caps 40 mg15
	flecainide acetate10	fluoxetine hcl soln15
ferrous fumarate tabs69	FLORIVA PLUS SOLN 0.6 MG/ML-0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-2 MCG/ML-2 MG/ML-5 UNIT/ML-29.7 MCG/ML-32 MG/ML-400	fluoxetine hcl tabs 10 mg15
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 0.8 mg-1 mg-1.3 mg-		fluoxetine hcl tabs 20 mg15
		fluphenazine decanoate37

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

GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT59	glyburide tabs20	guaifenesin-codeine soln47
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT59	glyburide-metformin17	guaifenesin-codeine syrp 10 mg/5ml- 100 mg/5ml47
GENICIN VITA-Q TABS 5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG-1000 MCG-1000 MCG83	glycerin (laxative) supp 2 gm70	guanfacine hcl (adhd)1
gentamicin sulfate (ophth) oint90	glycine diluent 94 mg/50ml-73.3 mg/50ml94	guanfacine hcl25
gentamicin sulfate (ophth) soln90	glycopyrrolate tabs 1 mg, 2 mg99	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC73
gentamicin sulfate (topical) crea ...51	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP59	GYNAZOLE-1103
gentamicin sulfate (topical) oint51	GNP GLUCOSE18	HAEGARDA SOLR SC67
GENVISC 850 SOSY87	GNP GLUCOSE CHEW18	HALAVEN34
GENVOYA 10 MG-150 MG-150 MG- 200 MG38	GNP QUICK DISSOLVE GLUCOSE CHEW18	haloperidol decanoate36
GILENYA .5 MG97	GOCOVRI CP2435	haloperidol lactate conc36
GILOTRIF30	GOJJI BLOOD KETONE TEST STRIPS59	haloperidol tabs .5 mg, 1 mg, 2 mg, 5 mg, 10 mg36
GIMOTI SOLN NA65	GONAL-F RFF REDIRECT SOPN .62	haloperidol tabs 20 mg36
ginger (zingiber officinalis) caps 250 mg2	GONAL-F RFF SOLR SC62	HAVRIX102
GLASSIA SOLN97	GONAL-F SOLR IJ62	HEMLIBRA67
glatiramer acetate sosy97	GOODSENSE GLUCOSE 4 GM-6 MG18	HEMOFIL M SOLR 1501 -2000 UNIT67
glimepiride 1 mg, 2 mg20	GRANIX SOLN68	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT67
glimepiride 4 mg20	GRANIX SOSY68	HEPAGAM B SOLN IJ93
glipizide tabs20	GRAPE SYRUP SYRP94	heparin sodium (porcine) soln ij 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml12
glipizide tb2420	griseofulvin microsize susp21	HERCEPTIN 150 MG30
glipizide-metformin hcl17	griseofulvin microsize tabs21	HERCEPTIN HYLECTA 10000 UNIT/5ML-600 MG/5ML32
glucagon (rdna)18	griseofulvin ultramicrosize21	HIGH POTENCY MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG84
GLUCOSE18	guaifenesin liqd50	
GLUCOSE CHEW18	guaifenesin syrp50	
GLUCOSE INSTANT ENERGY 4 GM-6 MG18	guaifenesin tb12 1200 mg50	
glyburide micronized 1.5 mg, 3 mg, 6 mg20	guaifenesin tb12 600 mg50	
	guaifenesin-codeine liqd 10 mg/5ml- 100 mg/5ml47	

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

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

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

LANREOTIDE ACETATE	64	levetiracetam tabs 250 mg, 750 mg	13	lidocaine-prilocaine crea 2.5 %-2.5 %	56
lansoprazole cpdr 15 mg	100	levetiracetam tabs 500 mg	13	LIORESAL INTRATHECAL SOLN IT	87
lansoprazole cpdr 30 mg	100	levetiracetam tb24	13	liothyronine sodium tabs	98
lapatinib ditosylate	33	levobunolol hcl .5 %	89	lisinopril & hydrochlorothiazide 10	
latanoprost soln	92	levocarnitine (metabolic modifiers)		mg-12.5 mg, 12.5 mg-20 mg	26
LATANOPROST SOLN	92	soln or 1 gm/10ml	63	lisinopril & hydrochlorothiazide 20	
LEADER GLUCOSE	18	levocarnitine (metabolic modifiers)		mg-25 mg, 25 mg-20 mg	26
LEADER QUICK DISSOLVE		tabs	63	lisinopril tabs 2.5 mg	24
GLUCOSE CHEW	18	levocetirizine dihydrochloride tabs	22	lisinopril tabs 5 mg, 10 mg, 20 mg, 30	
leflunomide	4	levofloxacin tabs	64	mg, 40 mg	24
lenalidomide	80	levoleucovorin calcium soln 250		LITETOUCH MASK LARGE MISC	75
LENVIMA 10 MG DAILY DOSE ..	29	mg/25ml	34	LITETOUCH MASK MEDIUM MISC .	75
LENVIMA 12MG DAILY DOSE ...	29	levoleucovorin calcium solr	34	LITETOUCH MASK SMALL MISC	.75
LENVIMA 14 MG DAILY DOSE ...	29	levonorgestrel & eth estradiol tabs	44	lithium carbonate caps	35
LENVIMA 18 MG DAILY DOSE ...	30	levonorgestrel (emergency oc) 1.5		lithium carbonate tabs	35
LENVIMA 20 MG DAILY DOSE ...	30	mg	45	lithium carbonate tbcr	35
LENVIMA 24 MG DAILY DOSE ...	30	levonorgestrel-eth estradiol		LITTLE REMEDIES SALINE	
LENVIMA 4 MG DAILY DOSE	30	(triphasic)	44	SPRAY/DROPS SOLN	87
LENVIMA 8 MG DAILY DOSE	30	levonorgestrel-ethinyl estradiol (91-		LIVMARLI	65
LEQVIO	24	day) 0.03 mg-0.15 mg, 0.15 mg-0.03		LIVTENCITY	40
letrozole	31	mg	44	LOHIST-D LIQD 2 MG/5ML-30	
leucovorin calcium tabs	34	levothyroxine sodium tabs	98	MG/5ML	47
LEUKERAN	29	LEVULAN KERASTICK SOLR	52	LONGS GLUCOSE 4 GM-6 MG ...	18
LEUKINE SOLR IJ	68	LEXIVA SUSP	38	LONSURF	32
leuprolide acetate kit ij 1 mg/0.2ml	31	LIBTAYO	30	loperamide hcl caps	20
LEUPROLIDE		LICEMD GEL 0.33 %-4 %	57	loperamide hcl tabs	20
ACETATE/BUPIVACAINE		lidocaine crea 4 %	56	lopinavir-ritonavir soln 400 mg/5ml-	
HYDROCHLORIDE 5 MG/ML-25		lidocaine hcl (mouth-throat) 2 % ...	82	100 mg/5ml	38
MG/ML	31	lidocaine hcl crea 3 %	56	lopinavir-ritonavir tabs 100 mg-25 mg	
levetiracetam soln or 100 mg/ml, 500		lidocaine hcl crea 4 %	56		38
mg/5ml	13	lidocaine hcl gel 2 %	56		
levetiracetam tabs 1000 mg	13	lidocaine oint	56		

lopinavir-ritonavir tabs 50 mg-200 mg38	LUPRON DEPOT-PED (1-MONTH) . 62	meclizine hcl chew21
loratadine & pseudoephedrine tb12 5 mg-120 mg47	LUPRON DEPOT-PED (3-MONTH) . 62	meclizine hcl tabs 12.5 mg, 25 mg 21
loratadine & pseudoephedrine tb24 10 mg-240 mg48	LUXTURNA91	medroxyprogesterone acetate (contraceptive) susp im45
loratadine soln22	LYNPARZA TABS33	medroxyprogesterone acetate (contraceptive) susy im45
loratadine syrp22	LYSODREN31	medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg95
loratadine tabs22	MACI86	mefloquine hcl28
loratadine tbdp22	MAGNESIUM CAPS 400 MG79	megestrol acetate susp31
lorazepam tabs9	magnesium citrate71	megestrol acetate tabs31
LORBRENA33	MAGNESIUM EXTRA STRENGTH CAPS79	MEIJER GLUCOSE 4 GM-6 MG .. 18
losartan potassium & hydrochlorothiazide26	magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml71	MEKINIST33
losartan potassium25	magnesium oxide (mg supplement) tabs 400 mg80	MEKTOVI33
lovastatin tabs 10 mg, 20 mg23	MAGNESIUM OXIDE CAPS79	MELATONIN SUBL2
lovastatin tabs 40 mg23	magnesium oxide tabs 400 mg8	melatonin tabs 3 mg, 5 mg2
loxapine succinate36	MAKENA SOAJ95	melatonin tbdp 3 mg2
LUCENTIS SOLN90	malathion57	meloxicam tabs4
LUCENTIS SOSY90	maprotiline hcl15	melphalan29
LUMIZYME63	maraviroc tabs 300 mg38	melphalan hcl29
LUMOXITI30	maraviroc tabs38	memantine hcl soln96
LUNG PERFORMANCE PEAK FLOW METER75	MARGENZA30	memantine hcl tabs96
LUPANETA PACK62	MARQIBO34	MENACTRA101
LUPKYNIS81	MATULANE34	MENOPUR SC62
LUPRON DEPOT (1-MONTH) KIT IM31	MAVYRET PACK 50 MG-20 MG ..40	MENQUADFI101
LUPRON DEPOT (3-MONTH) KIT IM31	MAVYRET TABS 40 MG-100 MG .40	MENVEO SOLR101
LUPRON DEPOT (4-MONTH) IM .31	MAXI-TUSS PE LIQD 2 MG/5ML-5 MG/5ML48	meperidine hcl soln or 50 mg/5ml ...6
LUPRON DEPOT (6-MONTH) IM .31	MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML48	meperidine hcl tabs 50 mg6
		meprobamate9
		MEPSEVII63
		mercaptopurine tabs29

mesalamine cp24	65	methylphenidate hcl soln 5 mg/5ml .2	miconazole nitrate (topical) crea ...	52
mesalamine cpdr	65	methylphenidate hcl tabs 10 mg, 20	miconazole nitrate vaginal crea ..	103
mesalamine enem	65	mg	miconazole nitrate vaginal kit 0 ..	103
mesalamine tbec	65	methylphenidate hcl tabs 5 mg	miconazole nitrate vaginal supp 100	
mesna soln	34	methylphenidate hcl tb24 18 mg, 27	mg	103
MESNEX TABS	34	mg, 54 mg	miconazole nitrate vaginal supp 200	
metformin hcl tabs 500 mg	17	methylphenidate hcl tb24 36 mg	mg	103
metformin hcl tabs 850 mg, 1000 mg	17	methylphenidate hcl tbcr 10 mg, 20	MICRHOGAM ULTRA-	
		mg, 36 mg	FILTEREDPLUS SOSY IM	93
metformin hcl tb24 500 mg	17	methylphenidate hcl tbcr 18 mg, 27	MICROLIFE DIGITAL PEAK FLOW	
metformin hcl tb24 750 mg	17	mg, 54 mg	METER	75
methadone hcl tabs 10 mg	6	methylprednisolone tabs 4 mg, 8 mg .	midazolam hcl soln ij	70
methadone hcl tabs 5 mg	6	45	midodrine hcl	104
methazolamide tabs	60	methylprednisolone tbpk	miglustat	68
methenamine mandelate	28	metoclopramide hcl soln or 5 mg/5ml,	MILLIPRED TABS	45
methenamine-hyosc-methylene blue-		10 mg/10ml	MINI WRIGHT AFS PEAK	
sod phos-phenyl sal tabs 0.12 mg-		metoclopramide hcl tabs	FLOWMETER LOW RANGE	75
10.8 mg-36.2 mg-40.8 mg-81.6 mg		metolazone	MINI WRIGHT PEAK FLOW METER	
27		metoprolol & hydrochlorothiazide		75
methimazole tabs	98	tabs 25 mg-100 mg, 25 mg-50 mg .26	MINI WRIGHT PEAK FLOW METER	
METHITEST TABS	8	metoprolol succinate tb24 200 mg .41	STANDARD RANGE	75
methocarbamol tabs	87	metoprolol succinate tb24 25 mg, 50	MINIELITE FILTER	
METHOTREXATE	3	mg, 100 mg	REPLACEMENTS MISC	75
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PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML 85		PEGINTRON 50 MCG/0.5ML	40	phenobarbital elix	69
PCCA SWEET-SF SYRP 70 %	95	PEG-PREP 0.74 GM-2.86 GM-5 MG-5.6 GM-210 GM	70	phenobarbital tabs	69
PCCA SYRUP VEHICLE SYRP	95	PEMAZYRE	33	phenylephrine hcl (mydriatic) soln 2.5 %	90
PCCA-PLUS SUSP	95	PEMETREXED 500 MG/20ML	29	phenylephrine hcl (oral) tabs	88
PEAK A-I-R FLOW METER	76	pemetrexed disodium solr 100 mg, 500 mg	29	phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml	48
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	76	PEMFEXY	29	phenylephrine-dm liqd 2.5 mg/5ml-5 mg/5ml	48
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PEDIATRIC DISPOSABLE MOUTPIECE MISC	76	penicillin v potassium solr	94	phenylephrine-shark liver oil-cocoa butter 0.25 %-3 %-85.5 %	8
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC .	76	penicillin v potassium tabs	94	phenylephrine-shark liver oil-mineral oil-petrolatum 0.25 %-3 %-14 %-71.9 %	8
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pioglitazone hcl-metformin hcl tabs	POLY-VI-FLOR CHEW85	potassium chloride pack or 20 meq
17	polyvinyl alcohol 1.4 %89	80
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STRP60	0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-	%80
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LPM76	POLY-VITE/IRON SOLN 0.3 MG/ML-	PHOSPHATE92
podofilox soln56	0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-	prednisolone sodium phosphate soln
	4 MG/ML-5 UNIT/ML-11 MG/ML-50	
	MG/ML-400 UNIT/ML-833 UNIT/ML	
	86	
	POMALYST31	
	PORTRAZZA30	

20 mg/5ml	45	probenecid	66	propranolol & hydrochlorothiazide	26
prednisolone sodium phosphate soln		prochlorperazine	37	propranolol hcl cp24	41
5 mg/5ml, 6.7 mg/5ml, 15 mg/5ml	45	prochlorperazine maleate tabs	37	propranolol hcl soln or 20 mg/5ml, 40	
prednisolone soln	45	PROCRT	68	mg/5ml	41
prednisolone tabs	45	PROCYSBI CPDR	66	propranolol hcl tabs	41
PREDNISONE INTENSOL CONC	46	PROCYSBI PACK	66	propylthiouracil	98
prednisone soln	46	PROFILNINE	67	PROTEXT SUSP	59
prednisone tabs	45	progesterone caps 100 mg	95	pseudoephed-bromphen-dm syrps 2	
prednisone tbpk	45	progesterone caps 200 mg	95	mg/5ml-10 mg/5ml-30 mg/5ml, 30	
PREFERRED PLUS GLUCOSE 4		PROGRAF PACK	81	mg/5ml-2 mg/5ml-10 mg/5ml	49
GM-6 MG	18	PROLASTIN-C SOLN	97	pseudoephedrine hcl liqd 15 mg/5ml	
PREGNYL W/DILUENT		PROLASTIN-C SOLR	98	88	
BENZYLALCOHOL/NACL IM	62	PROLEUKIN	34	pseudoephedrine hcl tabs	88
PREMARIN	103	PROLIA SOSY	61	pseudoephedrine hcl tb12	88
PREMARIN TABS	64	promethazine & phenylephrine syrps 5		pseudoephedrine w/ dm-gg liqd 10	
PREMPHASE 0.625 MG-5 MG	64	mg/5ml-6.25 mg/5ml	49	mg/5ml-30 mg/5ml-100 mg/5ml ...	49
PREMPRO	64	PROMETHAZINE HCL POWD	44	pseudoephedrine-guaifenesin syrps	
PRENATAL VITAMINS-MISC	86	promethazine hcl soln 6.25 mg/5ml		30 mg/5ml-100 mg/5ml	49
PREVNAR 13	101	23		pseudoephedrine-guaifenesin tb12	
PREVYMIS SOLN	40	promethazine hcl supp	23	60 mg-600 mg, 600 mg-60 mg	49
PREVYMIS TABS	40	promethazine hcl syrps	23	pseudoephedrine-ibuprofen tabs 30	
PREZCOBIX 150 MG-800 MG	39	promethazine hcl tabs	23	mg-200 mg	49
PREZISTA SUSP	39	promethazine hcl tabs	23	psyllium caps .52 gm	70
PREZISTA TABS 150 MG	39	promethazine w/codeine soln 10		psyllium powd 28.3 %, 30 %, 30.9 %, 33	
PREZISTA TABS 75 MG, 600 MG	39	mg/5ml-6.25 mg/5ml	49	%, 48.57 %, 58.6 %, 68 %, 100 %	
PREZISTA TABS 800 MG	39	promethazine w/codeine syrps 10		70	
PRIALT	5	mg/5ml-6.25 mg/5ml	49	PTS PANELS EGLU STRP	60
primaquine phosphate tabs	28	promethazine-dm syrps	49	PTS PANELS KETONE TEST	60
primidone	13	promethazine-phenylephrine-codeine		PULMOZYME	98
PRIVIGEN SOLN	93	5 mg/5ml-6.25 mg/5ml-10 mg/5ml	49	PURAPLY 2CM X 4CM	59
PROAIR RESPICLICK AEPB	11	PRONEB ULTRA FILTER SET MISC		PURAPLY 5CM X 5 CM	59
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RETACRIT	68	risperidone tabs	36	SAIZENPREP	
RETEVMO	33	risperidone tbdp	36	RECONSTITUTIONKIT IJ	62
RETHYMIC	80	ritonavir tabs	39	salicylic acid gel 6 %	56
RETISERT	92	RITUXAN	30	SALINE NASAL SPRAY 0.65%	87
REVCovi	63	RITUXAN HYCELA	32	salsalate	5
REVLIMID	80	rivastigmine 4.6 mg/24hr, 9.5 mg/24hr	96	SAMI THE SEAL	
REYATAZ PACK	39	rivastigmine tartrate caps	96	REPLACEMENTFILTERS MISC	76
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RIASTAP	67	romidepsin solr	33	sapropterin dihydrochloride pack	63
ribavirin (hepatitis c) caps	40	ropinirole hydrochloride tabs .25 mg, 3 mg, 4 mg	35	sapropterin dihydrochloride tabs	63
ribavirin (hepatitis c) tabs 200 mg	40	ropinirole hydrochloride tabs .5 mg, 1 mg, 2 mg, 5 mg	35	SAVELLA TABS	96
riboflavin tabs	104	rosuvastatin calcium tabs	23	SAVELLA TITRATION PACK MISC	96
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	57	ROZLYTREK	33	SAWYER INSECT REPELLENT	
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RIGHTEST GS333 BLOOD		rufinamide susp	13	SCHOOLTIME SHAMPOO SHAM	57
GLUCOSE TEST STRIPS STRP	60	rufinamide tabs	13	SCOT-TUSSIN DM LIQD 2 MG/5ML-15 MG/5ML	49
RIGHTEST GT333 BLOOD		RUKOBIA	39	SCOT-TUSSIN SENIOR LIQD 15 MG/5ML-200 MG/5ML	49
GLUCOSE TEST STRIPS STRP	60	RUXIENCE	30	SEGLUROMET	17
riluzole tabs	88	RUZURGI	28	selegiline hcl caps	35
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SOFOSBUVIR/VELPATASVIR TABS		SPINRAZA	89
100 MG-400 MG	40	spironolactone & hydrochlorothiazide	
SOLESTA 15 MG/ML-50 MG/ML	80	25 mg-25 mg	61
SOLQUA 100/33 33 MCG/ML-100		spironolactone tabs	61
UNIT/ML	17	SPRAVATO 56MG DOSE	15
SOMATULINE DEPOT	64	SPRAVATO 84MG DOSE	15
SOMAVERT	62	SPRYCEL	33
SOOTHENEB NBL 100 CHILD		stavudine caps	39
MASK MISC	77	STEGLATRO	20
SOOTHENEB NBL 100		STELARA 130 MG/26ML	65
MEDICATION CUP MISC	77	STELARA SOSY	53
SOOTHENEB NBL 100 MESH CAP		STERILE DILUENT FOR	
MISC	77	TREPROSTINIL INJECTION 73.3	
SOOTHENEB NBL100 ADULT		MG/50ML-94 MG/50ML	95
MASK MISC	77	STIMATE SOLN NA	64
sorafenib tosylate	33	STIVARGA	33
SORBITOL OR 70 %	71	STRENSIQ	63
SOSWEET SYRP	95	STRIBILD 150 MG-150 MG-200 MG-	
sotalol hcl (afib/afib)	41	300 MG	39
sotalol hcl tabs 240 mg	41	SUBLOCADE SOSY	7
sotalol hcl tabs 80 mg, 120 mg, 160		sucrafate susp	100
mg	41	sucrafate tabs	100
SOVALDI TABS	40	SUDAFED CHILDRENS LIQD	88
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CHAMBER SUPPLIES	77	DECONGESTANT SOLN	88
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CHAMBERS	77	sulfacetamide sodium (ophth) oint	91
SPACERS AND BREATHING		sulfacetamide sodium (ophth) soln	90
CHAMBERS-MISC	77	sulfacetamide sodium liqd	53
SPEEDY SWAB RAPID COVID-19		sulfacetamide sodium w/ sulfur lotn	5
ANTIGEN SELF-TEST KIT	60		
SPIKEVAX COVID-19 VACCINE			

95	tacrolimus caps	81	TEMPO WELCOME KIT	73
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	tadalafil (pulmonary hypertension) tabs	43	temsirolimus	33
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	TAFINLAR	33	TENIVAC INJ 2 LFU-5 LFU	99
SUSPENSION VEHICLE SUSP	TAGRISSO	30	tenofovir disoproxil fumarate tabs	39
SUSVIMO OCULAR IMPLANT	TAKHZYRO SOLN	67	TEPEZZA	62
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SYLVANT	TALTZ SOAJ	53	terbinafine hcl (topical) crea	52
SYMAX DUOTAB TBCR	TALTZ SOSY	53	terbinafine hcl tabs	21
SYMDEKO	TALZENNA	33	terbutaline sulfate tabs	11
SYMLINPEN 120 SOPN	tamoxifen citrate tabs	31	terconazole vaginal crea	103
SYMLINPEN 60 SOPN	tamsulosin hcl	66	terconazole vaginal supp	103
SYNAGIS SOLN	TARPEYO CPDR	46	teriflunomide	97
SYNAREL	TASIGNA	33	TERIPARATIDE SOPN	62
SYNOJOYNT SOSY	TAVNEOS	67	TESTOPEL PLLT	8
SYNRIBO	tazarotene crea	53	testosterone cypionate soln im 100 mg/ml	8
SYNVISC ONE SOSY	tazarotene gel	53	testosterone cypionate soln im 200 mg/ml	8
SYNVISC SOSY	TAZORAC CREA	53	testosterone enanthate soln im	8
SYRPALTA SYRP	TAZVERIK	33	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	99
SYRSPEND SF LIQD	TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	99	tetrabenazine	96
SYRUP VEHICLE SF SYRP	TECARTUS 0	30	tetracaine hcl (ophth)	91
SYRUP VEHICLE SYRP	TECENTRIQ	30	tetracycline hcl caps 500 mg	98
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-18 MG-20 MG-60 MG-400 MCG-1500 MCG	TEGSEDI	97	tetrahydrozoline hcl (ophth) .05 %	91
TABLOID	telmisartan	25	TEZSPIRE SOSY	10
TABRECTA	telmisartan-amlodipine	26	TGT GLUCOSE 4 GM-6 MG	18
tacrolimus (topical) oint .03 %	telmisartan-hydrochlorothiazide	26	THALOMID	80
tacrolimus (topical) oint .1 %	temazepam 15 mg, 30 mg	70	THEO-24 CP24	11
	TEMIXYS 300 MG-300 MG	39	theophylline elix	11
	TEMODAR SOLR	29		
	temozolomide caps	29		

theophylline soln	11	TIVDAK	30	trandolapril 1 mg, 2 mg	24
theophylline tb12 300 mg, 450 mg .11		TIVICAY TABS 50 MG	39	trandolapril 4 mg	24
theophylline tb24	11	tizanidine hcl tabs	87	trandolapril-verapamil hcl	26
THERA TABS 3 MG-3 MG-3.4 MG-9		TOBI PODHALER CAPS	2	tranexamic acid tabs	69
MCG-10 MG-20 MG-30 MCG-30		TOBRADEX OINT 0.1 %-0.3 % ...	92	tranylcypromine sulfate	15
UNIT-45 MG-90 MG-400 MCG-400		tobramycin (ophth) soln	91	TRAZIMERA	30
UNIT-5000 UNIT	84	tobramycin nebu	2	trazodone hcl tabs 300 mg	16
THEREMS MULTIVITAMIN TABS 3		tobramycin sulfate soln ij	2	trazodone hcl tabs 50 mg, 100 mg,	
MG-3 MG-3.4 MG-9 MCG-10 MCG-		tobramycin sulfate solr	2	150 mg	16
10 MG-13.6 MG-20 MG-30 MCG-35		tobramycin-dexamethasone susp 0.1		TRECTOR	28
MG-45 MG-90 MG-400 MCG-1500		%-0.3 %	92	TRELSTAR MIXJECT	31
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thiamine mononitrate tabs	104	tolterodine tartrate cp24	100	tretinoin (chemotherapy)	34
THIOLA EC TBEC	66	tolterodine tartrate tabs	100	tretinoin crea .025 %, .05 %, .1 % .51	
thioridazine hcl	37	tolvaptan tabs	64	tretinoin gel .01 %	51
thiotepa	29	topiramate cpsp 15 mg	13	tretinoin gel .025 %	51
thiothixene	37	topiramate cpsp 25 mg	13	TRETTEN	67
THRESHOLD IMT MISC	77	topiramate tabs 100 mg	13	TREXALL TABS	29
THROMBATE III	67	topiramate tabs 200 mg	13	triamcinolone acetonide (mouth) .82	
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WATER	67	topotecan hcl soln	35	88	
THROMBATE III W/20 ML STERILE		TOPOTECAN HCL SOLN	35	triamcinolone acetonide (topical) crea	
WATER	67	topotecan hcl solr	35		55
THYMOGLOBULIN	81	toremifene citrate	31	triamcinolone acetonide (topical) lotn	
THYROGEN .9 MG	59	torsemide tabs	61	55	
tiagabine hcl	13	TOTECT	34	triamcinolone acetonide (topical) oint	
TIBSOVO	33	TRACLEER TBSO	43	.025 %	55
TIGLUTIK SUSP	88	tramadol hcl tabs 50 mg	6	triamcinolone acetonide (topical) oint	
timolol maleate (ophth) soln	89	tramadol-acetaminophen 37.5 mg-		.1 %, .5 %	55
timolol maleate tabs	41	325 mg	7	TRIAMINIC COLD & COUGH DAY	
tioconazole vaginal 6.5 %	103			TIME CHILDRENS SYRP 2.5	
tiopronin tabs	66			MG/5ML-5 MG/5ML	49

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VENCLEXTA STARTING PACK TBPB	30	VIREAD TABS	39	VYVANSE CAPS	1
VENCLEXTA TABS	30	VIRTUSSIN DAC SOLN 10 MG/5ML- 30 MG/5ML-70 %-100 MG/5ML	49	VYVGART	80
venlafaxine hcl cp24 150 mg	16	VISCO-3 SOSY	87	VYXEOS 100 MG-44 MG	32
venlafaxine hcl cp24 37.5 mg	16	VISTOGARD	21	WAKIX	1
venlafaxine hcl cp24 75 mg	16	VISUDYNE	91	WALGREENS GLUCOSE 6 MG-4 GM	18
venlafaxine hcl tabs	16	VITAMIN D3 LIQD OR 5000 UNIT/ML	104	WALGREENS GLUCOSE CHEW	18
venlafaxine hcl tb24 150 mg	16	vitamin e caps 100 unit, 200 unit, 400 unit	104	WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD 7.5 MG/5ML-15 MG/5ML	49
venlafaxine hcl tb24 37.5 mg, 75 mg, 225 mg	16	vitamin e caps 45 mg, 90 mg, 100 unit, 200 unit, 268 mg, 400 unit	104	warfarin sodium tabs	11
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verapamil hcl cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	42	VITRACKVI CAPS	33	WILATE KIT	67
verapamil hcl tabs	42	VITRACKVI SOLN	33	WINDMILL TRAINER MISC	77
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VERZENIO	33	VONJO	33	XELJANZ XR TB24	3
vigabatrin pack	13	VONVENDI	67	XEMBIFY	93
vigabatrin tabs	13	VORAXAZE	34	XENLETA TABS	27
VIJOICE	81	VOTRIENT	33	XEOMIN	88
vilazodone hcl tabs	16	VOXZOGO	63	XERMELO	66
VILTEPSO	88	VPRIV	68	XEROSTOMIA RELIEF SPRAY SOLN	83
VIMIZIM	63	VYNDAMAX	43	XGEVA SOLN	62
vincristine sulfate	34	VYNDALCEL	43	XIAFLEX	80
VIRACEPT TABS 250 MG	39	VYONDYS 53	88	XIPERE	92
VIRACEPT TABS 625 MG	39				
VIREAD POWD	39				

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