

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](http://www.pshp.com).

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

These drugs are not usually available at local pharmacies. Be sure to call the specialty pharmacy for a refill before you run out of medicine. Drugs that specialty pharmacies provided are marked in the PDL. This list is on the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com). Please 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](http://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](http://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](http://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<sup>®</sup>. 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<sup>®</sup>.

# 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 |
|-------------------------------------------|------------------|
| <b>Preferred Drug List (PDL) Medicine</b> | \$0.50           |
| <b>Non-PDL Medicine</b>                   |                  |
| 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>                              | <b>Age Limit:</b> Drug is limited to a specific age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <i>PA</i>                              | <b>Prior Authorization:</b> Review required before prescription can be filled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>QL</i>                              | <b>Quantity Limit:</b> There is a limit on the amount covered per prescription or within a set time frame.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <i>Rx/OTC</i>                          | Product has both <b>prescription and over the counter</b> coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <i>SP</i>                              | <b>Specialty Drug:</b> High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <i>ST</i>                              | <b>Step Therapy:</b> Requires trial and failure of one or more preferred products prior to coverage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CLINICAL EDIT DESCRIPTIONS             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Edit Name                              | Edit Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <i>Opioid</i>                          | <p>Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records.</p> <p>Treatment-Naïve* Limits:</p> <ul style="list-style-type: none"> <li>• Daily Dose Max = 50 MME**</li> <li>• Day Supply Max = 7 days</li> <li>• Must use Short-acting opioids before Long-acting opioids</li> </ul> <p style="text-align: right;">*Treatment-Naïve means no opioid fill in last 180 days<br/>**MME = Morphine Milligram Equivalent</p> |
| <i>ADHD</i>                            | First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12. After that 30 days can be filled. Edit resets if no fills in 4 months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>Test Strips</i>                     | <p>Insulin users are limited to 150 strips per 30 days;<br/>Non-insulin users are limited to 100 strips per 90 days<br/>EXCEPTIONS: The below members may get up to 200 strips per 30 days</p> <ul style="list-style-type: none"> <li>• Members who are less than 18 years old</li> <li>• Members with a Gestational Diabetes or Diabetes in Pregnancy</li> </ul>                                                                                                                                                                                                                                                                               |
| 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                            |

# Peach State Health Plan: Preferred Drug List (PDL)



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

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



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

Georgia Medicaid

Updated October 1, 2023

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

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

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

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| Drug Name                                                                          | Drug Tier | Requirements/ Limits                    |
|------------------------------------------------------------------------------------|-----------|-----------------------------------------|
| <b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b> |           |                                         |
| <b>Analgesic Combinations</b>                                                      |           |                                         |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>                   | P         | QL(4 ea daily); AL(At least 12 yrs old) |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>                   | P         | QL(4 ea daily); AL(At least 12 yrs old) |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                                  | P         | QL(4 ea daily); AL(At least 12 yrs old) |
| <i>butalbital-aspirin-caffeine CAPS</i>                                            | P         | QL(4 ea daily); AL(At least 18 yrs old) |
| <i>ESGIC TABS (Use butalbital-acetaminophen-caffeine)</i>                          | NP        | QL(4 ea daily); AL(At least 12 yrs old) |
| <b>Analgesics Other</b>                                                            |           |                                         |
| <i>acetaminophen CHEW</i>                                                          | P         | OTC                                     |
| <i>acetaminophen ELIX</i>                                                          | P         | OTC                                     |
| <i>acetaminophen LIQD 160 MG/5ML</i>                                               | P         | OTC                                     |
| <i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>             | P         | OTC                                     |
| <i>acetaminophen SUPP 120 MG, 650 MG</i>                                           | P         | OTC; QL(12 ea per 30 days retail)       |
| <i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>                   | P         | OTC                                     |
| <i>acetaminophen TABS 325 MG, 500 MG</i>                                           | P         | OTC                                     |
| <i>FEVERALL JUNIOR STRENGTH SUPP</i>                                               | P         | OTC; QL(12 ea per 30 days retail)       |
| <i>INFANTS SILAPAP SOLN OR</i>                                                     | P         | QL(30 ml per fill retail)               |
| <i>OFIRMEV SOLN IV (Use acetaminophen)</i>                                         | NF        |                                         |

| Drug Name                                                                | Drug Tier | Requirements/ Limits              |
|--------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)</i> | NP        | OTC                               |
| <i>TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)</i>            | NP        | OTC                               |
| <i>TYLENOL CHILDRENS SUSP (Use acetaminophen)</i>                        | NP        | OTC                               |
| <i>TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)</i>                   | NP        | OTC                               |
| <i>TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)</i>              | NP        | OTC                               |
| <i>TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)</i>               | NP        | OTC                               |
| <i>TYLENOL TABS (Use acetaminophen)</i>                                  | NP        | OTC                               |
| <b>Analgesics-Peptide Channel Blockers</b>                               |           |                                   |
| <i>PRIALT</i>                                                            | P         | SP; PA                            |
| <b>Salicylates</b>                                                       |           |                                   |
| <i>aspirin buffered (cal carb-mag carb-mag oxide)</i>                    | P         | OTC                               |
| <i>aspirin CHEW</i>                                                      | P         | OTC                               |
| <i>ASPIRIN SUPP 300 MG</i>                                               | P         | OTC; QL(12 ea per 30 days retail) |
| <i>aspirin TABS 325 MG</i>                                               | P         | OTC                               |
| <i>aspirin TBEC 81 MG, 325 MG</i>                                        | P         | OTC                               |
| <i>BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))</i>     | NP        | OTC                               |
| <i>diflunisal TABS</i>                                                   | P         |                                   |
| <i>ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)</i>                         | NP        | OTC                               |
| <i>ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)</i>                       | NP        | OTC                               |

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

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

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

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



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

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

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

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| Drug Name                                                                                                 | Drug Tier | Requirements/ Limits                                                                         | Drug Name                                                                                                         | Drug Tier | Requirements/ Limits       |
|-----------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>                                                    | P         | QL(375 ml per 30 days retail)                                                                | VENTOLIN HFA AERS<br>(Use <i>albuterol sulfate</i> )                                                              | NP        |                            |
| <i>albuterol sulfate NEBU 0.083 %</i>                                                                     | P         | QL(12.5 ml daily)                                                                            | XOPENEX HFA (Use <i>levalbuterol tartrate</i> )                                                                   | NP        | QL(0.5 gm daily)           |
| <i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>                                                         | P         |                                                                                              | Xanthines                                                                                                         |           |                            |
| ALBUTEROL SULFATE NEBU                                                                                    | P         |                                                                                              | THEO-24 CP24                                                                                                      | P         |                            |
| <i>albuterol sulfate SYRP</i>                                                                             | P         |                                                                                              | <i>theophylline ELIX</i>                                                                                          | P         |                            |
| <i>albuterol sulfate TABS</i>                                                                             | P         |                                                                                              | <i>theophylline SOLN</i>                                                                                          | P         | QL(475 ml per fill retail) |
| <i>budesonide-formoterol fumarate dihydrate</i>                                                           | NP        |                                                                                              | <i>theophylline TB12</i>                                                                                          | P         |                            |
| <i>budesonide-formoterol fumarate dihydrate</i>                                                           | P         | QL(11 gm per fill retail)                                                                    | <i>theophylline TB24</i>                                                                                          | P         |                            |
| COMBIVENT RESPIMAT AERS                                                                                   | P         | QL(4 gm per 30 days retail)                                                                  | ANTICOAGULANTS - Blood Thinners                                                                                   |           |                            |
| <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | P         | QL(2 ea daily; 60 ea per 30 days retail)                                                     | Coumarin Anticoagulants                                                                                           |           |                            |
| <i>ipratropium-albuterol SOLN</i>                                                                         | P         | QL(12 ml daily)                                                                              | <i>warfarin sodium TABS</i>                                                                                       | P         |                            |
| <i>levalbuterol tartrate</i>                                                                              | P         | QL(0.5 gm daily)                                                                             | Direct Factor Xa Inhibitors                                                                                       |           |                            |
| PROAIR HFA AERS (Use <i>albuterol sulfate</i> )                                                           | NP        |                                                                                              | ELIQUIS STARTER PACK TBPK                                                                                         | P         | QL(2.47 ea daily)          |
| 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) | ELIQUIS TABS                                                                                                      | P         | QL(2 ea daily)             |
| PROVENTIL HFA AERS (Use <i>albuterol sulfate</i> )                                                        | NP        |                                                                                              | Heparins And Heparinoid-Like Agents                                                                               |           |                            |
| SEREVENT DISKUS                                                                                           | P         | QL(60 ea per fill retail)                                                                    | ARIXTRA (Use <i>fondaparinux sodium</i> )                                                                         | NP        | SP; PA                     |
| SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i> )                                          | NP        |                                                                                              | <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>                                                                       | P         | SP                         |
| <i>terbutaline sulfate TABS</i>                                                                           | P         |                                                                                              | <i>enoxaparin sodium SOSY</i>                                                                                     | P         | SP; PA                     |
|                                                                                                           |           |                                                                                              | <i>fondaparinux sodium</i>                                                                                        | P         | SP; PA                     |
|                                                                                                           |           |                                                                                              | FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML                                                                     | P         | SP; PA                     |
|                                                                                                           |           |                                                                                              | FRAGMIN SOSY                                                                                                      | P         | SP; PA                     |
|                                                                                                           |           |                                                                                              | <i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | P         |                            |
|                                                                                                           |           |                                                                                              | LOVENOX SOLN IJ 300 MG/3ML (Use <i>enoxaparin sodium</i> )                                                        | NP        | SP                         |
|                                                                                                           |           |                                                                                              | LOVENOX SOSY (Use <i>enoxaparin sodium</i> )                                                                      | NP        | SP; PA                     |

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| Drug Name                                                          | Drug Tier | Requirements/Limits                              |
|--------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>ANTICONVULSANTS - Drugs to Treat Seizures</b>                   |           |                                                  |
| Anticonvulsants - Benzodiazepines                                  |           |                                                  |
| <i>clonazepam TABS</i>                                             | P         | QL(3 ea daily); AL(At least 18 yrs old)          |
| DIASTAT ACUDIAL GEL 20 MG ( <i>Use diazepam (anticonvulsant)</i> ) | NP        | QL(1 ea per fill retail); AL(At least 2 yrs old) |
| DIASTAT ACUDIAL GEL 10 MG ( <i>Use diazepam (anticonvulsant)</i> ) | P         | QL(1 ea per fill retail); AL(At least 2 yrs old) |
| DIASTAT PEDIATRIC GEL ( <i>Use diazepam (anticonvulsant)</i> )     | NP        | QL(1 ea per fill retail); AL(At least 2 yrs old) |
| <i>diazepam (anticonvulsant) GEL</i>                               | P         | QL(1 ea per fill retail); AL(At least 2 yrs old) |
| KLONOPIN TABS ( <i>Use clonazepam</i> )                            | NP        | QL(3 ea daily); AL(At least 18 yrs old)          |
| NAYZILAM                                                           | P         | QL(10 ea per 30 days retail); PA                 |
| VALTOCO 10 MG DOSE LIQD                                            | P         | QL(10 ea per 30 days retail); PA                 |
| VALTOCO 15 MG DOSE LQPK                                            | P         | QL(10 ea per 30 days retail); PA                 |
| VALTOCO 20 MG DOSE LQPK                                            | P         | QL(10 ea per 30 days retail); PA                 |
| VALTOCO 5 MG DOSE LIQD                                             | P         | QL(10 ea per 30 days retail); PA                 |
| Anticonvulsants - Misc.                                            |           |                                                  |
| BANZEL SUSP ( <i>Use rufinamide</i> )                              | NP        | SP; PA                                           |
| BANZEL TABS ( <i>Use rufinamide</i> )                              | NP        | SP; PA                                           |
| BRIVIACT SOLN IV 50 MG/5ML                                         | P         | SP; PA                                           |
| <i>carbamazepine CHEW</i>                                          | P         |                                                  |
| <i>carbamazepine SUSP</i>                                          | P         |                                                  |

| Drug Name                                                     | Drug Tier | Requirements/Limits      |
|---------------------------------------------------------------|-----------|--------------------------|
| <i>carbamazepine TABS</i>                                     | P         |                          |
| <i>carbamazepine TB12</i>                                     | P         |                          |
| DIACOMIT CAPS 250 MG                                          | P         | QL(12 ea daily); SP; PA  |
| DIACOMIT CAPS 500 MG                                          | P         | QL(6 ea daily); SP; PA   |
| DIACOMIT PACK 500 MG                                          | P         | QL(6 ea daily); SP; PA   |
| DIACOMIT PACK 250 MG                                          | P         | QL(12 ea daily); SP; PA  |
| EPIDIOLEX                                                     | P         | SP; PA                   |
| FINTEPLA                                                      | P         | SP; PA                   |
| <i>gabapentin CAPS</i>                                        | P         | QL(9 ea daily)           |
| <i>gabapentin SOLN</i>                                        | P         |                          |
| <i>gabapentin TABS 600 MG</i>                                 | P         | QL(6 ea daily)           |
| <i>gabapentin TABS 800 MG</i>                                 | P         | QL(4 ea daily)           |
| KEPPRA XR TB24 ( <i>Use levetiracetam</i> )                   | NP        | Use levetiracetam IR; ST |
| 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 TABS 500 MG ( <i>Use levetiracetam</i> )               | NP        | QL(6 ea daily)           |
| KEPPRA TABS 1000 MG ( <i>Use levetiracetam</i> )              | NP        |                          |
| LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>Use lamotrigine</i> ) | NP        |                          |
| LAMICTAL XR TB24 ( <i>Use lamotrigine</i> )                   | NP        | Use lamotrigine IR; ST   |
| LAMICTAL TABS ( <i>Use lamotrigine</i> )                      | NP        |                          |
| <i>lamotrigine CHEW</i>                                       | P         |                          |
| <i>lamotrigine TABS</i>                                       | P         |                          |
| <i>lamotrigine TB24</i>                                       | P         | Use lamotrigine IR; ST   |
| <i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>            | P         | QL(16 ml daily)          |

| Drug Name                                           | Drug Tier | Requirements/ Limits     | Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|--------------------------|-----------------------------------------------------|-----------|----------------------|
| <i>levetiracetam TABS 250 MG, 750 MG</i>            | P         | QL(4 ea daily)           | <i>topiramate CPSP 15 MG</i>                        | P         | QL(6 ea daily)       |
| <i>levetiracetam TABS 1000 MG</i>                   | P         |                          | <i>topiramate CPSP 25 MG</i>                        | P         | 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 TB24</i>                           | P         | Use levetiracetam IR; ST | <i>topiramate TABS 25 MG, 50 MG</i>                 | P         | QL(6 ea daily)       |
| <i>MYSOLINE (Use primidone)</i>                     | NP        |                          | <i>topiramate TABS 200 MG</i>                       | P         | QL(3 ea daily)       |
| <i>NEURONTIN CAPS (Use gabapentin)</i>              | NP        | QL(9 ea daily)           | <i>TRILEPTAL SUSP (Use oxcarbazepine)</i>           | NP        |                      |
| <i>NEURONTIN SOLN (Use gabapentin)</i>              | NP        |                          | <i>TRILEPTAL TABS (Use oxcarbazepine)</i>           | NP        |                      |
| <i>NEURONTIN TABS 600 MG (Use gabapentin)</i>       | NP        | QL(6 ea daily)           | <i>ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)</i> | NP        |                      |
| <i>NEURONTIN TABS 800 MG (Use gabapentin)</i>       | NP        | QL(4 ea daily)           | <i>zonisamide CAPS</i>                              | P         |                      |
| <i>oxcarbazepine SUSP</i>                           | P         |                          | Carbamates                                          |           |                      |
| <i>oxcarbazepine TABS</i>                           | P         |                          | <i>felbamate SUSP</i>                               | P         |                      |
| <i>primidone</i>                                    | P         |                          | <i>felbamate TABS</i>                               | P         |                      |
| <i>rufinamide SUSP</i>                              | P         | SP; PA                   | <i>FELBATOL SUSP (Use felbamate)</i>                | NP        |                      |
| <i>rufinamide TABS</i>                              | P         | SP; PA                   | <i>FELBATOL TABS (Use felbamate)</i>                | NP        |                      |
| <i>TEGRETOL SUSP (Use carbamazepine)</i>            | NP        |                          | GABA Modulators                                     |           |                      |
| <i>TEGRETOL TABS (Use carbamazepine)</i>            | NP        |                          | <i>GABITRIL (Use tiagabine hcl)</i>                 | NP        |                      |
| <i>TEGRETOL-XR TB12 (Use carbamazepine)</i>         | NP        |                          | <i>SABRIL PACK (Use vigabatrin)</i>                 | NP        | SP; PA               |
| <i>TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)</i> | NP        | QL(8 ea daily)           | <i>SABRIL TABS (Use vigabatrin)</i>                 | NP        | SP; PA               |
| <i>TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)</i> | NP        | QL(6 ea daily)           | <i>tiagabine hcl</i>                                | P         |                      |
| <i>TOPAMAX TABS 25 MG, 50 MG (Use topiramate)</i>   | NP        | QL(6 ea daily)           | <i>vigabatrin PACK</i>                              | P         | SP; PA               |
| <i>TOPAMAX TABS 100 MG (Use topiramate)</i>         | NP        | QL(4 ea daily)           | <i>vigabatrin TABS</i>                              | P         | SP; PA               |
| <i>TOPAMAX TABS 200 MG (Use topiramate)</i>         | NP        | QL(3 ea daily)           | Hydantoins                                          |           |                      |
|                                                     |           |                          | <i>DILANTIN</i>                                     | P         |                      |
|                                                     |           |                          | <i>DILANTIN (Use phenytoin sodium extended)</i>     | P         |                      |
|                                                     |           |                          | <i>DILANTIN INFATABS CHEW (Use phenytoin)</i>       | P         |                      |

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|---------------------------------------------------------|-----------|----------------------|-----------------------------------------------------|-----------|----------------------|
| DILANTIN-125 SUSP<br>(Use phenytoin)                    | P         |                      | <i>divalproex sodium TBEC 250 MG</i>                | P         | QL(3 ea daily)       |
| <i>phenytoin sodium extended 100 MG</i>                 | P         |                      | <i>divalproex sodium TBEC 500 MG</i>                | P         | QL(7 ea daily)       |
| <i>phenytoin sodium SOLN</i>                            | P         |                      | <i>valproate sodium SOLN OR 250 MG/5ML</i>          | P         |                      |
| <i>phenytoin CHEW</i>                                   | P         |                      | <i>valproic acid CAPS</i>                           | P         |                      |
| <i>phenytoin SUSP</i>                                   | P         |                      | <b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>  |           |                      |
| <b>Succinimides</b>                                     |           |                      | <b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>  |           |                      |
| <i>ethosuximide CAPS</i>                                | P         |                      | <i>mirtazapine TABS 7.5 MG, 45 MG</i>               | P         | QL(1 ea daily)       |
| <i>ethosuximide SOLN</i>                                | P         |                      | <i>mirtazapine TABS 15 MG</i>                       | P         | QL(3 ea daily)       |
| ZARONTIN CAPS (Use <i>ethosuximide</i> )                | NP        |                      | <i>mirtazapine TABS 30 MG</i>                       | P         | QL(1.5 ea daily)     |
| ZARONTIN SOLN (Use <i>ethosuximide</i> )                | NP        |                      | <i>mirtazapine TBDP 45 MG</i>                       | P         | QL(1 ea daily)       |
| <b>Valproic Acid</b>                                    |           |                      | <i>mirtazapine TBDP 30 MG</i>                       | P         | QL(1.5 ea daily)     |
| DEPAKOTE ER TB24 500 MG (Use <i>divalproex sodium</i> ) | NP        | QL(7 ea daily)       | <i>mirtazapine TBDP 15 MG</i>                       | P         | QL(3 ea daily)       |
| DEPAKOTE ER TB24 250 MG (Use <i>divalproex sodium</i> ) | NP        | QL(3 ea daily)       | REMERON SOLTAB TBDP 45 MG (Use <i>mirtazapine</i> ) | NP        | QL(1 ea daily)       |
| DEPAKOTE SPRINKLES CSDR (Use <i>divalproex sodium</i> ) | NP        | QL(8 ea daily)       | REMERON SOLTAB TBDP 30 MG (Use <i>mirtazapine</i> ) | NP        | QL(1.5 ea daily)     |
| DEPAKOTE TBEC 500 MG (Use <i>divalproex sodium</i> )    | NP        | QL(7 ea daily)       | REMERON SOLTAB TBDP 15 MG (Use <i>mirtazapine</i> ) | NP        | QL(3 ea daily)       |
| DEPAKOTE TBEC 125 MG (Use <i>divalproex sodium</i> )    | NP        | QL(2 ea daily)       | REMERON TABS 15 MG (Use <i>mirtazapine</i> )        | NP        | QL(3 ea daily)       |
| DEPAKOTE TBEC 250 MG (Use <i>divalproex sodium</i> )    | NP        | QL(3 ea daily)       | REMERON TABS 30 MG (Use <i>mirtazapine</i> )        | NP        | QL(1.5 ea daily)     |
| <i>divalproex sodium CSDR</i>                           | P         | QL(8 ea daily)       | <b>Antidepressants - Misc.</b>                      |           |                      |
| <i>divalproex sodium TB24 250 MG</i>                    | P         | QL(3 ea daily)       | <i>bupropion hcl TABS</i>                           | P         | QL(3 ea daily)       |
| <i>divalproex sodium TB24 500 MG</i>                    | P         | QL(7 ea daily)       | <i>bupropion hcl TB12 150 MG</i>                    | P         | QL(3 ea daily)       |
| <i>divalproex sodium TBEC 125 MG</i>                    | P         | QL(2 ea daily)       | <i>bupropion hcl TB12 200 MG</i>                    | P         | QL(2 ea daily)       |
|                                                         |           |                      | <i>bupropion hcl TB12 100 MG</i>                    | P         | QL(4 ea daily)       |
|                                                         |           |                      | <i>bupropion hcl TB24 150 MG</i>                    | P         | QL(3 ea daily)       |

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

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



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

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

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

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

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| Drug Name                                                          | Drug Tier | Requirements/ Limits        |
|--------------------------------------------------------------------|-----------|-----------------------------|
| <i>glimepiride 4 MG</i>                                            | P         | QL(2 ea daily)              |
| <i>glipizide TABS</i>                                              | P         |                             |
| <i>glipizide TB24</i>                                              | P         |                             |
| GLUCOTROL XL TB24<br>(Use <i>glipizide</i> )                       | NP        |                             |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>                     | P         |                             |
| <i>glyburide TABS</i>                                              | P         |                             |
| GLYNASE (Use <i>glyburide micronized</i> )                         | NP        |                             |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>    |           |                             |
| Antidiarrheal/Probiotic Agents - Misc.                             |           |                             |
| <i>bismuth subsalicylate CHEW 262 MG</i>                           | P         | OTC                         |
| <i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>        | P         | OTC                         |
| PEPTO-BISMOL MAX STRENGTH SUSP (Use <i>bismuth subsalicylate</i> ) | NP        | OTC                         |
| PEPTO-BISMOL TO-GO CHEW (Use <i>bismuth subsalicylate</i> )        | NP        | OTC                         |
| PEPTO-BISMOL CHEW (Use <i>bismuth subsalicylate</i> )              | NP        | OTC                         |
| Antiperistaltic Agents                                             |           |                             |
| <i>diphenoxylate w/ atropine LIQD</i>                              | P         |                             |
| <i>diphenoxylate w/ atropine TABS</i>                              | P         |                             |
| IMODIUM A-D CAPS (Use <i>loperamide hcl</i> )                      | NP        | OTC; QL(8 ea daily); RX/OTC |
| IMODIUM A-D TABS (Use <i>loperamide hcl</i> )                      | NP        | OTC; QL(8 ea daily)         |
| LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i> )               | NP        |                             |
| <i>loperamide hcl CAPS</i>                                         | P         | OTC; QL(8 ea daily); RX/OTC |

| Drug Name                                           | Drug Tier | Requirements/ Limits                |
|-----------------------------------------------------|-----------|-------------------------------------|
| <i>loperamide hcl TABS</i>                          | P         | OTC; QL(8 ea daily)                 |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>           |           |                                     |
| Antidotes - Chelating Agents                        |           |                                     |
| CHEMET                                              | P         |                                     |
| <i>deferasirox PACK</i>                             | P         | SP; PA                              |
| <i>deferasirox TABS</i>                             | P         | SP; PA                              |
| <i>deferasirox TBSO</i>                             | P         | SP; PA                              |
| <i>deferiprone TABS</i>                             | P         | SP; PA                              |
| EXJADE TBSO (Use <i>deferasirox</i> )               | NP        | SP; PA                              |
| FERRIPROX TWICE-A-DAY TABS                          | P         | SP; PA                              |
| FERRIPROX SOLN                                      | P         | SP; PA                              |
| FERRIPROX TABS (Use <i>deferiprone</i> )            | NP        | SP; PA                              |
| JADENU SPRINKLE PACK (Use <i>deferasirox</i> )      | NP        | SP; PA                              |
| JADENU TABS (Use <i>deferasirox</i> )               | NP        | SP; PA                              |
| Antidotes and Specific Antagonists                  |           |                                     |
| ANDEXXA 200 MG                                      | P         | SP; PA                              |
| BRIDION                                             | P         | SP; PA                              |
| <i>deferoxamine mesylate</i>                        | P         | SP; PA                              |
| DESFERAL 500 MG (Use <i>deferoxamine mesylate</i> ) | NP        | SP; PA                              |
| SM IPECAC SYRUP                                     | P         |                                     |
| VISTOGARD                                           | P         |                                     |
| Opioid Antagonists                                  |           |                                     |
| <i>naloxone hcl LIQD</i>                            | P         | QL(4 ea per 90 days retail); RX/OTC |
| <i>naloxone hcl SOCT</i>                            | P         | QL(2 ml per 90 days retail)         |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>       | P         | QL(2 ml per 90 days retail)         |
| <i>naloxone hcl SOSY</i>                            | P         | QL(4 ml per 90 days retail)         |
| <i>naltrexone hcl</i>                               | P         |                                     |

| Drug Name                                               | Drug Tier | Requirements/Limits                 | Drug Name                                                          | Drug Tier | Requirements/Limits             |
|---------------------------------------------------------|-----------|-------------------------------------|--------------------------------------------------------------------|-----------|---------------------------------|
| NARCAN LIQD ( <i>Use naloxone hcl</i> )                 | NP        | QL(4 ea per 90 days retail); RX/OTC | DIFLUCAN SUSR ( <i>Use fluconazole</i> )                           | NP        | QL(70 ml per fill retail)       |
| VIVITROL                                                | P         | SP                                  | DIFLUCAN TABS 100 MG, 200 MG ( <i>Use fluconazole</i> )            | NP        |                                 |
| <b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b> |           |                                     | DIFLUCAN TABS 150 MG ( <i>Use fluconazole</i> )                    | NP        | QL(2 ea per fill retail)        |
| <b>5-HT3 Receptor Antagonists</b>                       |           |                                     | DIFLUCAN TABS 50 MG ( <i>Use fluconazole</i> )                     | NP        | QL(3 ea per 14 days retail)     |
| <i>ondansetron hcl SOLN OR 4 MG/5ML</i>                 | P         | QL(50 ml per 30 days retail)        | <i>fluconazole SUSR</i>                                            | P         | QL(70 ml per fill retail)       |
| <i>ondansetron hcl TABS 24 MG</i>                       | P         | QL(1 ea per 14 days retail)         | <i>fluconazole TABS 50 MG</i>                                      | P         | QL(3 ea per 14 days retail)     |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i>                  | P         | QL(2 ea daily)                      | <i>fluconazole TABS 150 MG</i>                                     | P         | QL(2 ea per fill retail)        |
| <i>ondansetron TBDP</i>                                 | P         | QL(2 ea daily)                      | <i>fluconazole TABS 100 MG, 200 MG</i>                             | P         |                                 |
| ZOFRAN TABS 4 MG ( <i>Use ondansetron hcl</i> )         | NP        | QL(2 ea daily)                      | <i>itraconazole CAPS</i>                                           | P         | QL(1 ea daily); PA              |
| <b>Antiemetics - Anticholinergic</b>                    |           |                                     | SPORANOX PULSEPAK CAPS ( <i>Use itraconazole</i> )                 | NP        | QL(1 ea daily); PA              |
| ANTIVERT CHEW ( <i>Use meclizine hcl</i> )              | NP        | OTC; RX/OTC                         | SPORANOX CAPS ( <i>Use itraconazole</i> )                          | NP        | QL(1 ea daily); PA              |
| <i>dimenhydrinate TABS</i>                              | P         | OTC; QL(24 ea per fill retail)      | <b>ANTIHIISTAMINES - Drugs to Treat Allergies</b>                  |           |                                 |
| DRAMAMINE CHEW                                          | P         | OTC; QL(24 ea per fill retail)      | <b>Antihistamines - Alkylamines</b>                                |           |                                 |
| DRAMAMINE TABS ( <i>Use dimenhydrinate</i> )            | NP        | OTC; QL(24 ea per fill retail)      | <i>chlorpheniramine maleate SYRP</i>                               | P         | OTC                             |
| <i>meclizine hcl CHEW</i>                               | P         | OTC; RX/OTC                         | <i>chlorpheniramine maleate TABS</i>                               | P         | OTC; QL(120 ea per fill retail) |
| <i>meclizine hcl TABS 12.5 MG, 25 MG</i>                | P         | RX/OTC                              | <b>Antihistamines - Ethanolamines</b>                              |           |                                 |
| <b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>   |           |                                     | BENADRYL ALLERGY CHILDRENS LIQD ( <i>Use diphenhydramine hcl</i> ) | NP        | OTC; QL(240 ml per fill retail) |
| <b>Antifungals</b>                                      |           |                                     | BENADRYL ALLERGY EXTRA STRENGTH TABS                               | P         | QL(4 ea daily)                  |
| <i>griseofulvin microsize SUSP</i>                      | P         |                                     | BENADRYL ALLERGY ULTRATABS TABS ( <i>Use diphenhydramine hcl</i> ) | NP        | OTC; QL(4 ea daily)             |
| <i>griseofulvin microsize TABS</i>                      | P         |                                     | BENADRYL ALLERGY CAPS ( <i>Use diphenhydramine hcl</i> )           | NP        | QL(4 ea daily)                  |
| <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)       |                                                                    |           |                                 |
| <b>Imidazole-Related Antifungals</b>                    |           |                                     |                                                                    |           |                                 |

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|--------------------------------------------------------------|-----------|------------------------------------|--------------------------------------------------------------|-----------|---------------------------------------------------|
| BENADRYL ALLERGY TABS (Use diphenhydramine hcl)              | NP        | OTC; QL(4 ea daily)                | fexofenadine hcl TABS 60 MG                                  | P         | QL(2 ea daily)                                    |
| clemastine fumarate TABS 1.34 MG                             | P         | OTC; QL(2 ea daily)                | fexofenadine hcl TABS 180 MG                                 | P         | QL(1 ea daily)                                    |
| diphenhydramine hcl CAPS                                     | P         | QL(4 ea daily)                     | levocetirizine dihydrochloride TABS                          | P         | RX/OTC                                            |
| diphenhydramine hcl ELIX 12.5 MG/5ML                         | P         | QL(240 ml per fill retail)         | loratadine SOLN                                              | P         | OTC; QL(240 ml per fill retail)                   |
| diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML | P         | OTC; QL(240 ml per fill retail)    | loratadine TABS                                              | P         | OTC; QL(1 ea daily)                               |
| diphenhydramine hcl TABS 25 MG                               | P         | OTC; QL(4 ea daily)                | loratadine TBDP 10 MG                                        | P         | OTC; QL(1 ea daily)                               |
| Antihistamines - Non-Sedating                                |           |                                    | XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride) | NP        | RX/OTC                                            |
| ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl)            | NP        | QL(2 ea daily)                     | ZYRTEC ALLERGY TABS (Use cetirizine hcl)                     | NP        | QL(1 ea daily)                                    |
| ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)           | NP        | QL(1 ea daily)                     | ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)        | NP        | QL(240 ml per fill retail); RX/OTC                |
| cetirizine hcl CHEW                                          | P         | QL(1 ea daily)                     | Antihistamines - Phenothiazines                              |           |                                                   |
| cetirizine hcl SOLN OR                                       | P         | QL(240 ml per fill retail); RX/OTC | promethazine hcl SOLN 6.25 MG/5ML                            | P         | AL(At least 2 yrs old)                            |
| cetirizine hcl SYRP OR                                       | P         | QL(240 ml per fill retail); RX/OTC | promethazine hcl SUPP                                        | P         | QL(12 ea per fill retail); AL(At least 2 yrs old) |
| cetirizine hcl TABS                                          | P         | QL(1 ea daily)                     | promethazine hcl SYRP                                        | P         | AL(At least 2 yrs old)                            |
| CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)             | NP        | OTC; QL(240 ml per fill retail)    | promethazine hcl TABS                                        | P         | AL(At least 2 yrs old)                            |
| CLARITIN REDITABS JUNIORS TBDP (Use loratadine)              | NP        | OTC; QL(1 ea daily)                | Antihistamines - Piperidines                                 |           |                                                   |
| CLARITIN REDITABS TBDP 10 MG (Use loratadine)                | NP        | OTC; QL(1 ea daily)                | cyproheptadine hcl SYRP                                      | P         |                                                   |
| CLARITIN SOLN (Use loratadine)                               | NP        | OTC; QL(240 ml per fill retail)    | cyproheptadine hcl TABS                                      | P         |                                                   |
| CLARITIN TABS (Use loratadine)                               | NP        | OTC; QL(1 ea daily)                | ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol        |           |                                                   |
|                                                              |           |                                    | Angiotensin-like Protein Inhibitors                          |           |                                                   |
|                                                              |           |                                    | EVKEEZA                                                      | P         | SP; PA                                            |
|                                                              |           |                                    | Antihyperlipidemics - Combinations                           |           |                                                   |
|                                                              |           |                                    | ezetimibe-simvastatin                                        | P         | QL(1 ea daily); ST                                |

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

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| Drug Name                                                               | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------|-----------|----------------------|
| REPATHA PUSHTRONEX SYSTEM SOCT                                          | P         | SP; PA               |
| REPATHA SURECLICK SOAJ                                                  | P         | SP; PA               |
| REPATHA SOSY                                                            | P         | SP; PA               |
| <b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>           |           |                      |
| <b>ACE Inhibitors</b>                                                   |           |                      |
| 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)       |
| <i>benazepril hcl 40 MG</i>                                             | P         | QL(2 ea daily)       |
| <i>benazepril hcl 5 MG, 10 MG, 20 MG</i>                                | P         | QL(1 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 20 MG ( <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 1 MG, 2 MG</i>                                          | P         | QL(1 ea daily)       |
| <i>trandolapril 4 MG</i>                                                | P         | QL(2 ea daily)       |
| VASOTEC TABS ( <i>Use enalapril maleate</i> )                           | NP        | QL(2 ea daily)       |
| ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG ( <i>Use lisinopril</i> ) | NP        | QL(2 ea daily)       |
| ZESTRIL TABS 2.5 MG ( <i>Use lisinopril</i> )                           | NP        | QL(1 ea daily)       |

| Drug Name                                    | Drug Tier | Requirements/ Limits                           |
|----------------------------------------------|-----------|------------------------------------------------|
| <b>Agents for Pheochromocytoma</b>           |           |                                                |
| DEMSER ( <i>Use metyrosine</i> )             | NP        | SP; PA                                         |
| <i>metyrosine</i>                            | P         | SP; PA                                         |
| <b>Angiotensin II Receptor Antagonists</b>   |           |                                                |
| 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         |                                                |
| COZAAR ( <i>Use losartan potassium</i> )     | NP        | QL(1 ea daily)                                 |
| DIOVAN TABS ( <i>Use valsartan</i> )         | NP        | QL(1 ea daily)                                 |
| <i>irbesartan</i>                            | P         | QL(1 ea daily)                                 |
| <i>losartan potassium</i>                    | P         | QL(1 ea daily)                                 |
| MICARDIS ( <i>Use telmisartan</i> )          | NP        | QL(1 ea daily)                                 |
| <i>olmesartan medoxomil</i>                  | P         | Use losartan or irbesartan; QL(1 ea daily); ST |
| <i>telmisartan</i>                           | P         | QL(1 ea daily)                                 |
| <i>valsartan TABS</i>                        | P         | QL(1 ea daily)                                 |
| <b>Antiadrenergic Antihypertensives</b>      |           |                                                |
| CARDURA ( <i>Use doxazosin mesylate</i> )    | NP        |                                                |
| <i>clonidine hcl TABS</i>                    | P         |                                                |
| <i>doxazosin mesylate</i>                    | P         |                                                |
| <i>guanfacine hcl</i>                        | P         |                                                |
| <i>methyldopa TABS</i>                       | P         |                                                |
| MINIPRESS CAPS ( <i>Use prazosin hcl</i> )   | NP        |                                                |
| <i>prazosin hcl CAPS</i>                     | P         |                                                |
| <i>terazosin hcl</i>                         | P         |                                                |
| <b>Antihypertensive Combinations</b>         |           |                                                |

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

| Drug Name                                                                    | Drug Tier | Requirements/ Limits                           | Drug Name                                                                                                                                        | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>   | P         | QL(2 ea daily)                                 | VASERETIC 25 MG-10 MG ( <i>Use enalapril maleate &amp; hydrochlorothiazide</i> )                                                                 | NP        | QL(2 ea daily)       |
| <i>metoprolol &amp; hydrochlorothiazide TABS 50 MG-100 MG</i>                | P         | QL(1 ea daily)                                 | ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>Use lisinopril &amp; hydrochlorothiazide</i> )                                                      | NP        | QL(2 ea daily)       |
| MICARDIS HCT ( <i>Use telmisartan-hydrochlorothiazide</i> )                  | NP        | QL(1 ea daily)                                 | ZESTORETIC 25 MG-20 MG ( <i>Use lisinopril &amp; hydrochlorothiazide</i> )                                                                       | NP        | QL(1 ea daily)       |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>                   | P         | Use losartan or irbesartan; ST                 | ZIAC ( <i>Use bisoprolol &amp; hydrochlorothiazide</i> )                                                                                         | NP        | QL(1 ea daily)       |
| <i>olmesartan medoxomil-hydrochlorothiazide</i>                              | P         | Use losartan or irbesartan; QL(1 ea daily); ST | Antihypertensives - Misc.                                                                                                                        |           |                      |
| <i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>                           | P         | QL(4 ea daily)                                 | VECAMYL                                                                                                                                          | P         | SP; PA               |
| <i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>                             | P         | QL(2 ea daily)                                 | Vasodilators                                                                                                                                     |           |                      |
| <i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>                           | P         | QL(3 ea daily)                                 | <i>hydralazine hcl TABS</i>                                                                                                                      | P         |                      |
| <i>telmisartan-amlodipine</i>                                                | P         |                                                | <i>minoxidil 2.5 MG</i>                                                                                                                          | P         | QL(3 ea daily)       |
| <i>telmisartan-hydrochlorothiazide</i>                                       | P         | QL(1 ea daily)                                 | <i>minoxidil 10 MG</i>                                                                                                                           | P         | QL(10 ea daily)      |
| TENORETIC 100 ( <i>Use atenolol &amp; chlorthalidone</i> )                   | NP        | QL(2 ea daily)                                 | ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections                                                                              |           |                      |
| TENORETIC 50 ( <i>Use atenolol &amp; chlorthalidone</i> )                    | NP        | QL(2 ea daily)                                 | Anti-infective Agents - Misc.                                                                                                                    |           |                      |
| <i>trandolapril-verapamil hcl</i>                                            | P         |                                                | <i>metronidazole TABS</i>                                                                                                                        | P         |                      |
| TRIBENZOR ( <i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> ) | NP        | Use losartan or irbesartan; ST                 | <i>trimethoprim TABS</i>                                                                                                                         | P         |                      |
| TWYNSTA ( <i>Use telmisartan-amlodipine</i> )                                | NP        |                                                | Anti-infective Misc. - Combinations                                                                                                              |           |                      |
| <i>valsartan-hydrochlorothiazide</i>                                         | P         | QL(1 ea daily)                                 | BACTRIM DS TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )                                                                                     | NP        |                      |
|                                                                              |           |                                                | BACTRIM TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )                                                                                        | NP        |                      |
|                                                                              |           |                                                | <i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i> | P         |                      |
|                                                                              |           |                                                | <i>sulfamethoxazole-trimethoprim SUSP</i>                                                                                                        | P         |                      |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits         |
|-------------------------------------------------------------------------------|-----------|------------------------------|
| <i>sulfamethoxazole-trimethoprim TABS</i>                                     | P         |                              |
| Carbapenems                                                                   |           |                              |
| <i>ertapenem sodium IJ</i>                                                    | P         | SP; PA                       |
| INVANZ IJ ( <i>Use ertapenem sodium</i> )                                     | NP        | SP; PA                       |
| Glycopeptides                                                                 |           |                              |
| FIRVANQ SOLR OR ( <i>Use vancomycin hcl</i> )                                 | NP        | QL(300 ml per fill retail)   |
| VANCOCIN CAPS 250 MG ( <i>Use vancomycin hcl</i> )                            | NP        | QL(8 ea daily)               |
| VANCOCIN CAPS 125 MG ( <i>Use vancomycin hcl</i> )                            | NP        | QL(4 ea daily)               |
| <i>vancomycin hcl CAPS 250 MG</i>                                             | P         | QL(8 ea daily)               |
| <i>vancomycin hcl CAPS 125 MG</i>                                             | P         | QL(4 ea daily)               |
| <i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>                                   | P         | QL(14 ea per fill retail)    |
| <i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>                  | P         | QL(300 ml per fill retail)   |
| <i>vancomycin hcl SOLR IV 500 MG</i>                                          | P         | QL(14 ea per 30 days retail) |
| Leprostatics                                                                  |           |                              |
| <i>dapsone</i>                                                                | P         |                              |
| Lincosamides                                                                  |           |                              |
| CLEOCIN 150 MG, 300 MG ( <i>Use clindamycin hcl</i> )                         | NP        |                              |
| CLEOCIN PEDIATRIC GRANULES ( <i>Use clindamycin palmitate hydrochloride</i> ) | 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                       |

| Drug Name                                                            | Drug Tier | Requirements/ Limits         |
|----------------------------------------------------------------------|-----------|------------------------------|
| Oxazolidinones                                                       |           |                              |
| SIVEXTRO TABS                                                        | P         | QL(6 ea per fill retail); PA |
| Pleuromutilins                                                       |           |                              |
| XENLETA TABS                                                         | P         | SP; PA                       |
| Urinary Anti-infectives                                              |           |                              |
| MACROBID ( <i>Use nitrofurantoin monohyd macro</i> )                 | NP        |                              |
| MACRODANTIN 50 MG, 100 MG ( <i>Use nitrofurantoin macrocrystal</i> ) | NP        |                              |
| <i>methenamine mandelate</i>                                         | P         |                              |
| <i>nitrofurantoin</i>                                                | P         | QL(40 ml daily)              |
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>                     | P         |                              |
| <i>nitrofurantoin monohyd macro</i>                                  | P         |                              |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)        |           |                              |
| Antimalarial Combinations                                            |           |                              |
| COARTEM                                                              | P         | QL(24 ea per fill retail)    |
| Antimalarials                                                        |           |                              |
| <i>chloroquine phosphate TABS 250 MG</i>                             | P         |                              |
| <i>chloroquine phosphate TABS 500 MG</i>                             | P         | QL(1 ea daily)               |
| DARAPRIM ( <i>Use pyrimethamine</i> )                                | NP        | SP; PA                       |
| <i>hydroxychloroquine sulfate 200 MG</i>                             | P         |                              |
| KRINTAFEL                                                            | P         | QL(2 ea per 30 days retail)  |
| <i>mefloquine hcl</i>                                                | P         |                              |
| PLAQUENIL ( <i>Use hydroxychloroquine sulfate</i> )                  | NP        |                              |

| Drug Name                                                                            | Drug Tier | Requirements/ Limits    | Drug Name                                                                               | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|-------------------------|-----------------------------------------------------------------------------------------|-----------|----------------------|
| <i>primaquine phosphate TABS</i>                                                     | P         |                         | ALKERAN ( <i>Use melphalan</i> )                                                        | NP        |                      |
| PRIMAQUINE PHOSPHATE TABS ( <i>Use primaquine phosphate</i> )                        | NP        |                         | BELRAPZO SOLN                                                                           | P         | SP; PA               |
| <i>pyrimethamine</i>                                                                 | P         | SP; PA                  | <i>bendamustine hcl SOLR</i>                                                            | P         | SP; PA               |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                                             |           |                         | BENDAMUSTINE HYDROCHLORIDE SOLN                                                         | P         | SP; PA               |
| Antimyasthenic/Cholinergic Agents                                                    |           |                         | BENDEKA SOLN                                                                            | P         | SP; PA               |
| MESTINON TIMESPAN TBCR ( <i>Use pyridostigmine bromide</i> )                         | NP        |                         | <i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i> | P         | SP; PA               |
| MESTINON TABS ( <i>Use pyridostigmine bromide</i> )                                  | NP        |                         | <i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>                            | P         | SP; PA               |
| <i>pyridostigmine bromide TABS 60 MG</i>                                             | P         |                         | CISPLATIN SOLR                                                                          | P         | SP; PA               |
| <i>pyridostigmine bromide TBCR</i>                                                   | P         |                         | CYCLOPHOSPHAMIDE MONOHYDRATE SOLN                                                       | P         | SP; PA               |
| RUZURGI                                                                              | P         | QL(10 ea daily); SP; PA | <i>cyclophosphamide SOLN</i>                                                            | P         | SP; PA               |
| <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |           |                         | CYCLOPHOSPHAMIDE SOLN                                                                   | P         | SP; PA               |
| Antimycobacterial Agents                                                             |           |                         | CYCLOPHOSPHAMIDE SOLN                                                                   | P         | SP; PA               |
| <i>ethambutol hcl TABS</i>                                                           | P         |                         | <i>cyclophosphamide SOLR IJ</i>                                                         | P         | SP; PA               |
| <i>isoniazid SYRP</i>                                                                | P         |                         | EVOMELA                                                                                 | P         | SP; PA               |
| <i>isoniazid TABS</i>                                                                | P         |                         | LEUKERAN                                                                                | P         |                      |
| MYAMBUTOL TABS 400 MG ( <i>Use ethambutol hcl</i> )                                  | NP        |                         | <i>melphalan</i>                                                                        | P         |                      |
| MYCOBUTIN ( <i>Use rifabutin</i> )                                                   | NP        |                         | <i>melphalan hcl</i>                                                                    | P         | SP; PA               |
| <i>pyrazinamide</i>                                                                  | P         |                         | MYLERAN TABS                                                                            | P         |                      |
| <i>rifabutin</i>                                                                     | P         |                         | TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG ( <i>Use temozolomide</i> )                 | NP        | SP; PA               |
| <i>rifampin CAPS</i>                                                                 | P         |                         | TEMODAR SOLR                                                                            | P         | SP; PA               |
| TRECTOR                                                                              | P         |                         | <i>temozolomide CAPS</i>                                                                | P         | SP; PA               |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>              |           |                         | TEPADINA ( <i>Use thiotepa</i> )                                                        | NP        | SP; PA               |
| Alkylating Agents                                                                    |           |                         | <i>thiotepa</i>                                                                         | P         | SP; PA               |
| ALKERAN ( <i>Use melphalan hcl</i> )                                                 | NP        | SP; PA                  |                                                                                         |           |                      |

| Drug Name                                                                       | Drug Tier | Requirements/ Limits | Drug Name                                | Drug Tier | Requirements/ Limits   |
|---------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------|-----------|------------------------|
| TREANDA SOLR ( <i>Use bendamustine hcl</i> )                                    | NP        | SP; PA               | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG  | P         |                        |
| VIVIMUSTA SOLN                                                                  | P         | SP; PA               | VIDAZA SUSR ( <i>Use azacitidine</i> )   | NP        | SP; PA                 |
| YONDELIS                                                                        | P         | SP; PA               | XELODA ( <i>Use capecitabine</i> )       | NP        | SP; PA                 |
| ZEPZELCA                                                                        | P         | SP; PA               | Antineoplastic - Angiogenesis Inhibitors |           |                        |
| Antimetabolites                                                                 |           |                      | CYRAMZA                                  | P         | SP; PA                 |
| ALIMTA SOLR ( <i>Use pemetrexed disodium</i> )                                  | NP        | SP; PA               | INLYTA                                   | P         | SP; PA                 |
| <i>azacitidine SUSR</i>                                                         | P         | SP; PA               | LENVIMA 10 MG DAILY DOSE                 | P         | QL(1 ea daily); SP; PA |
| <i>capecitabine</i>                                                             | P         | SP; PA               | LENVIMA 12MG DAILY DOSE                  | P         | QL(3 ea daily); SP; PA |
| <i>cladribine 10 MG/10ML</i>                                                    | P         | SP; PA               | LENVIMA 14 MG DAILY DOSE                 | P         | QL(2 ea daily); SP; PA |
| <i>cytarabine SOLN</i>                                                          | P         | SP; PA               | LENVIMA 18 MG DAILY DOSE                 | P         | QL(2 ea daily); SP; PA |
| DACOGEN ( <i>Use decitabine</i> )                                               | NP        | SP; PA               | LENVIMA 20 MG DAILY DOSE                 | P         | QL(2 ea daily); SP; PA |
| <i>decitabine</i>                                                               | P         | SP; PA               | LENVIMA 24 MG DAILY DOSE                 | P         | QL(3 ea daily); SP; PA |
| <i>fludarabine phosphate SOLN</i>                                               | P         | SP; PA               | LENVIMA 4 MG DAILY DOSE                  | P         | QL(1 ea daily); SP; PA |
| FLUDARABINE PHOSPHATE SOLN                                                      | P         | SP; PA               | LENVIMA 8 MG DAILY DOSE                  | P         | QL(2 ea daily); SP; PA |
| <i>fludarabine phosphate SOLR</i>                                               | P         | SP; PA               | MVASI                                    | P         | SP; PA                 |
| FOLOTYN                                                                         | P         | SP; PA               | ZALTRAP                                  | P         | SP; PA                 |
| FOLOTYN ( <i>Use pralatrexate</i> )                                             | NP        | SP; PA               | ZIRABEV                                  | P         | SP; PA                 |
| <i>mercaptopurine TABS</i>                                                      | P         |                      | Antineoplastic - Antibodies              |           |                        |
| <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | P         |                      | ADCETRIS                                 | P         | SP; PA                 |
| <i>methotrexate sodium TABS 2.5 MG</i>                                          | P         |                      | ARZERRA                                  | P         | SP; PA                 |
| ONUREG TABS                                                                     | P         | SP; PA               | BAVENCIO                                 | P         | SP; PA                 |
| PEMETREXED 500 MG/20ML                                                          | P         | SP; PA               | BESPONSA                                 | P         | SP; PA                 |
| <i>pemetrexed disodium SOLR 100 MG, 500 MG</i>                                  | P         | SP; PA               | BLENREP                                  | P         | SP; PA                 |
| PEMFEXY                                                                         | P         | SP; PA               | BLINCYTO                                 | P         | SP; PA                 |
| <i>pralatrexate</i>                                                             | P         | SP; PA               | DARZALEX                                 | P         | SP; PA                 |
| PURIXAN SUSP                                                                    | P         |                      | EMPLICITI                                | P         | SP; PA                 |
| TABLOID                                                                         | P         | SP; PA               | ENHERTU                                  | P         | SP; PA                 |
|                                                                                 |           |                      | GAZYVA                                   | P         | SP; PA                 |

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| Drug Name                               | Drug Tier | Requirements/ Limits | Drug Name                                    | Drug Tier | Requirements/ Limits |
|-----------------------------------------|-----------|----------------------|----------------------------------------------|-----------|----------------------|
| IMFINZI                                 | P         | SP; PA               | ABECMA                                       | P         | SP; PA               |
| JEMPERLI                                | P         | SP; PA               | BREYANZI                                     | P         | SP; PA               |
| KADCYLA                                 | P         | SP; PA               | CARVYKTI                                     | P         | SP; PA               |
| KEYTRUDA                                | P         | SP; PA               | TECARTUS                                     | P         | SP; PA               |
| KIMMTRAK                                | P         | SP; PA               | Antineoplastic - EGFR Inhibitors             |           |                      |
| LIBTAYO                                 | P         | SP; PA               | ERBITUX                                      | P         | SP; PA               |
| LUMOXITI                                | P         | SP; PA               | <i>erlotinib hcl</i>                         | P         | SP; PA               |
| MONJUVI                                 | P         | SP; PA               | EXKIVITY                                     | P         | SP; PA               |
| MYLOTARG                                | P         | SP; PA               | <i>gefitinib</i>                             | P         | SP; PA               |
| OPDIVO                                  | P         | SP; PA               | GILOTTRIF                                    | P         | SP; PA               |
| PADCEV                                  | P         | SP; PA               | IRESSA ( <i>Use gefitinib</i> )              | NP        | SP; PA               |
| POLIVY                                  | P         | SP; PA               | PORTRAZZA                                    | P         | SP; PA               |
| POTELIGEO                               | P         | SP; PA               | TAGRISSE                                     | P         | SP; PA               |
| RIABNI                                  | P         | SP; PA               | TARCEVA ( <i>Use erlotinib hcl</i> )         | NP        | SP; PA               |
| RITUXAN                                 | P         | SP; PA               | VECTIBIX 100 MG/5ML, 400 MG/20ML             | P         | SP; PA               |
| RUXIENCE                                | P         | SP; PA               | VIZIMPRO                                     | P         | SP; PA               |
| TECENTRIQ                               | P         | SP; PA               | Antineoplastic - Hedgehog Pathway Inhibitors |           |                      |
| TIVDAK                                  | P         | SP; PA               | DAURISMO                                     | P         | SP; PA               |
| TRUXIMA                                 | P         | SP; PA               | ERIVEDGE                                     | P         | SP; PA               |
| UNITUXIN                                | P         | SP; PA               | ODOMZO                                       | P         | SP; PA               |
| YERVOY                                  | P         | SP; PA               | Antineoplastic - Hormonal and Related Agents |           |                      |
| ZEVALIN Y-90                            | P         | SP; PA               | <i>abiraterone acetate</i>                   | P         | SP; PA               |
| ZYNLONTA                                | P         | SP; PA               | <i>anastrozole</i>                           | P         |                      |
| Antineoplastic - Anti-HER2 Agents       |           |                      | ARIMIDEX ( <i>Use anastrozole</i> )          | NP        |                      |
| HERCEPTIN 150 MG                        | P         | SP; PA               | AROMASIN ( <i>Use exemestane</i> )           | NP        |                      |
| KANJINTI 420 MG                         | P         | SP; PA               | <i>bicalutamide</i>                          | P         | QL(1 ea daily)       |
| MARGENZA                                | P         | SP; PA               | CAMCEVI                                      | P         | SP; PA               |
| OGIVRI                                  | P         | SP; PA               | CASODEX ( <i>Use bicalutamide</i> )          | NP        | QL(1 ea daily)       |
| PERJETA                                 | P         | SP; PA               | ELIGARD SC 22.5 MG, 30 MG, 45 MG             | P         | SP; PA               |
| TRAZIMERA                               | P         | SP; PA               | ELIGARD KIT SC 7.5 MG                        | P         | SP; PA               |
| TUKYSA                                  | P         | SP; PA               | EMCYT                                        | P         | SP; PA               |
| Antineoplastic - BCL-2 Inhibitors       |           |                      |                                              |           |                      |
| VENCLEXTA STARTING PACK TBPK            | P         | SP; PA               |                                              |           |                      |
| VENCLEXTA TABS                          | P         | SP; PA               |                                              |           |                      |
| Antineoplastic - Cellular Immunotherapy |           |                      |                                              |           |                      |

| Drug Name                                            | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|
| ERLEADA 60 MG                                        | P         | SP; PA               |
| EULEXIN                                              | P         |                      |
| <i>exemestane</i>                                    | P         |                      |
| FARESTON (Use toremifene citrate)                    | NP        | PA                   |
| FEMARA (Use letrozole)                               | NP        |                      |
| FIRMAGON 80 MG                                       | P         | SP; PA               |
| <i>flutamide</i>                                     | P         |                      |
| <i>hydroxyprogesterone caproate (antineoplastic)</i> | P         | SP; PA               |
| <i>letrozole</i>                                     | P         |                      |
| LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE         | P         | SP; PA               |
| <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>          | P         | SP; PA               |
| LUPRON DEPOT (1-MONTH) KIT IM                        | P         | SP; PA               |
| LUPRON DEPOT (3-MONTH) KIT IM                        | P         | SP; PA               |
| LUPRON DEPOT (4-MONTH) IM                            | P         | SP; PA               |
| LUPRON DEPOT (6-MONTH) IM                            | P         | SP; PA               |
| LYSODREN                                             | P         | SP; PA               |
| <i>megestrol acetate SUSP</i>                        | P         |                      |
| <i>megestrol acetate TABS</i>                        | P         |                      |
| NUBEQA                                               | P         | SP; PA               |
| ORGOVYX                                              | P         | SP; PA               |
| <i>tamoxifen citrate TABS</i>                        | P         |                      |
| <i>toremifene citrate</i>                            | P         | PA                   |
| TRELSTAR MIXJECT                                     | P         | SP; PA               |
| XTANDI CAPS                                          | P         | SP; PA               |
| XTANDI TABS                                          | P         | SP; PA               |
| YONSA                                                | P         | SP; PA               |
| ZOLADEX                                              | P         | SP; PA               |
| ZYTIGA (Use abiraterone acetate)                     | NP        | SP; PA               |
| Antineoplastic - Hypoxia-Inducible Factor            |           |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------------|-----------|------------------------|
| Inhibitors                                             |           |                        |
| WELIREG                                                | P         | SP; PA                 |
| Antineoplastic - Immunomodulators                      |           |                        |
| POMALYST                                               | P         | SP; PA                 |
| Antineoplastic - PDGFR-alpha Inhibitors                |           |                        |
| AYVAKIT                                                | P         | QL(1 ea daily); SP; PA |
| Antineoplastic - XPO1 Inhibitors                       |           |                        |
| XPOVIO                                                 | P         | SP; PA                 |
| XPOVIO 60 MG TWICE WEEKLY                              | P         | SP; PA                 |
| XPOVIO 80 MG TWICE WEEKLY                              | P         | SP; PA                 |
| Antineoplastic Antibiotics                             |           |                        |
| <i>daunorubicin hcl SOLN</i>                           | P         | SP; PA                 |
| DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML             | P         | SP; PA                 |
| DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl) | NP        | SP; PA                 |
| ELLENCE SOLN                                           | P         | SP; PA                 |
| <i>epirubicin hcl SOLN 50 MG/25ML, 200 MG/100ML</i>    | P         | SP; PA                 |
| <i>mitoxantrone hcl 2 MG/ML</i>                        | P         | SP; PA                 |
| <i>valrubicin</i>                                      | P         | SP; PA                 |
| VALSTAR (Use valrubicin)                               | NP        | SP; PA                 |
| Antineoplastic Combinations                            |           |                        |
| DARZALEX FASPRO                                        | P         | SP; PA                 |
| HERCEPTIN HYLECTA                                      | P         | SP; PA                 |
| INQOVI                                                 | P         | SP; PA                 |
| KISQALI FEMARA 200 DOSE                                | P         | SP; PA                 |
| KISQALI FEMARA 400 DOSE                                | P         | SP; PA                 |

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|-------------------------------------------------|-----------|------------------------|---------------------------------------------------|-----------|------------------------|
| KISQALI FEMARA 600 DOSE                         | P         | SP; PA                 | GAVRETO                                           | P         | SP; PA                 |
| LONSURF                                         | P         | SP; PA                 | GLEEVEC ( <i>Use imatinib mesylate</i> )          | NP        | SP; PA                 |
| OPDUALAG                                        | P         | SP; PA                 | IBRANCE CAPS                                      | P         | SP; PA                 |
| PHESGO                                          | P         | SP; PA                 | IBRANCE TABS                                      | P         | SP; PA                 |
| RITUXAN HYCELA                                  | P         | SP; PA                 | ICLUSIG                                           | P         | QL(1 ea daily); SP; PA |
| VYXEOS                                          | P         | SP; PA                 | IDHIFA                                            | P         | SP; PA                 |
| Antineoplastic Enzyme Inhibitors                |           |                        | <i>imatinib mesylate</i>                          | P         | SP; PA                 |
| AFINITOR DISPERZ TBSO ( <i>Use everolimus</i> ) | NP        | SP; PA                 | IMBRUVICA CAPS                                    | P         | SP; PA                 |
| AFINITOR TABS ( <i>Use everolimus</i> )         | NP        | SP; PA                 | IMBRUVICA TABS                                    | P         | QL(1 ea daily); SP; PA |
| ALECENSA                                        | P         | SP; PA                 | INREBIC                                           | P         | SP; PA                 |
| ALIQOPA                                         | P         | SP; PA                 | ISTODAX (OVERFILL) SOLR ( <i>Use romidepsin</i> ) | NP        | SP; PA                 |
| ALUNBRIG TABS                                   | P         | SP; PA                 | JAKAFI                                            | P         | QL(2 ea daily); SP; PA |
| ALUNBRIG TBPK                                   | P         | SP; PA                 | KISQALI                                           | P         | SP; PA                 |
| BALVERSA                                        | P         | SP; PA                 | KOSELUGO                                          | P         | SP; PA                 |
| BELEODAQ                                        | P         | SP; PA                 | KYPROLIS                                          | P         | SP; PA                 |
| <i>bortezomib SOLR IJ</i>                       | P         | SP; PA                 | <i>lapatinib ditosylate</i>                       | P         | SP; PA                 |
| BORTEZOMIB SOLR IV 3.5 MG                       | P         | SP; PA                 | LORBRENA                                          | P         | SP; PA                 |
| BOSULIF                                         | P         | SP; PA                 | LUMAKRAS                                          | P         | SP; PA                 |
| BRAFTOVI 75 MG                                  | P         | SP; PA                 | LYNPARZA TABS                                     | P         | QL(4 ea daily); SP; PA |
| BRUKINSA                                        | P         | SP; PA                 | MEKINIST TABS                                     | P         | SP; PA                 |
| CABOMETYX TABS 40 MG                            | P         | QL(2 ea daily); SP; PA | MEKTOVI                                           | P         | SP; PA                 |
| CABOMETYX TABS 20 MG, 60 MG                     | P         | QL(1 ea daily); SP; PA | NERLYNX                                           | P         | SP; PA                 |
| CALQUENCE                                       | P         | SP; PA                 | NEXAVAR ( <i>Use sorafenib tosylate</i> )         | NP        | SP; PA                 |
| CAPRELSA                                        | P         | SP; PA                 | NINLARO                                           | P         | SP; PA                 |
| COMETRIQ KIT                                    | P         | SP; PA                 | PEMAZYRE                                          | P         | SP; PA                 |
| COPIKTRA                                        | P         | SP; PA                 | PIQRAY 200MG DAILY DOSE                           | P         | SP; PA                 |
| COTELLIC                                        | P         | SP; PA                 | PIQRAY 250MG DAILY DOSE                           | P         | SP; PA                 |
| <i>everolimus TABS</i>                          | P         | SP; PA                 | PIQRAY 300MG DAILY DOSE                           | P         | SP; PA                 |
| <i>everolimus TBSO</i>                          | P         | SP; PA                 | QINLOCK                                           | P         | SP; PA                 |
| FARYDAK                                         | P         | SP; PA                 | RETEVMO                                           | P         | SP; PA                 |
| FOTIVDA                                         | P         | SP; PA                 |                                                   |           |                        |
| FYARRO                                          | P         | SP; PA                 |                                                   |           |                        |

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|--------------------------------------------|-----------|------------------------|------------------------------------------------|-----------|----------------------|
| ROMIDEPSIN SOLN                            | P         | SP; PA                 | ZYDELIG                                        | P         | SP; PA               |
| <i>romidepsin SOLR</i>                     | P         | SP; PA                 | ZYKADIA TABS                                   | P         | SP; PA               |
| ROZLYTREK                                  | P         | SP; PA                 | Antineoplastic Enzymes                         |           |                      |
| RUBRACA                                    | P         | SP; PA                 | ASPARLAS                                       | P         | SP; PA               |
| RYDAPT                                     | P         | SP; PA                 | ERWINASE                                       | P         | SP; PA               |
| SCEMBLIX                                   | P         | SP; PA                 | ONCASPAR                                       | P         | SP; PA               |
| <i>sorafenib tosylate</i>                  | P         | SP; PA                 | RYLAZE                                         | P         | SP; PA               |
| SPRYCEL                                    | P         | SP; PA                 | Antineoplastic Radiopharmaceuticals            |           |                      |
| STIVARGA                                   | P         | SP; PA                 | AZEDRA DOSIMETRIC                              | P         | SP; PA               |
| <i>sunitinib malate</i>                    | P         | SP; PA                 | AZEDRA THERAPEUTIC                             | P         | SP; PA               |
| SUTENT ( <i>Use sunitinib malate</i> )     | NP        | SP; PA                 | Antineoplastics Misc.                          |           |                      |
| TABRECTA                                   | P         | SP; PA                 | ACTIMMUNE                                      | P         | SP; PA               |
| TAFINLAR CAPS                              | P         | SP; PA                 | ALFERON N                                      | P         | SP; PA               |
| TALZENNA                                   | P         | SP; PA                 | <i>arsenic trioxide</i>                        | P         | SP; PA               |
| TASIGNA                                    | P         | SP; PA                 | BESREMI                                        | P         | SP; PA               |
| TAZVERIK                                   | P         | SP; PA                 | <i>bexarotene</i>                              | P         | SP; PA               |
| <i>temsirolimus</i>                        | P         | SP; PA                 | HYDREA ( <i>Use hydroxyurea</i> )              | NP        |                      |
| TIBSOVO                                    | P         | SP; PA                 | <i>hydroxyurea</i>                             | P         |                      |
| TORISEL ( <i>Use temsirolimus</i> )        | NP        | SP; PA                 | INTRON A SOLN                                  | P         | SP; PA               |
| TURALIO                                    | P         | SP; PA                 | INTRON A SOLR                                  | P         | SP; PA               |
| TYKERB ( <i>Use lapatinib ditosylate</i> ) | NP        | SP; PA                 | MATULANE                                       | P         | SP; PA               |
| UKONIQ                                     | P         | SP; PA                 | PHOTOFRIN                                      | P         | SP; PA               |
| VELCADE SOLR IJ ( <i>Use bortezomib</i> )  | NP        | SP; PA                 | PROLEUKIN                                      | P         | SP; PA               |
| VERZENIO                                   | P         | QL(2 ea daily); SP; PA | SYNRIBO                                        | P         | SP; PA               |
| VITRAKVI CAPS                              | P         | SP; PA                 | TARGRETIN ( <i>Use bexarotene</i> )            | NP        | SP; PA               |
| VITRAKVI SOLN                              | P         | SP; PA                 | <i>tretinoin (chemotherapy)</i>                | P         | SP; PA               |
| VONJO                                      | P         | SP; PA                 | TRISENOX ( <i>Use arsenic trioxide</i> )       | NP        | SP; PA               |
| VOTRIENT                                   | P         | SP; PA                 | Chemotherapy Adjuncts                          |           |                      |
| XALKORI                                    | P         | SP; PA                 | KEPIVANCE                                      | P         | SP; PA               |
| XOSPATA                                    | P         | SP; PA                 | Chemotherapy Rescue/Antidote/Protective Agents |           |                      |
| ZEJULA CAPS                                | P         | SP; PA                 | <i>dexrazoxane hcl</i>                         | P         | SP; PA               |
| ZELBORAF                                   | P         | SP; PA                 | KHAPZORY                                       | P         | SP; PA               |
| ZOLINZA                                    | P         | SP; PA                 | <i>leucovorin calcium TABS</i>                 | P         |                      |

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|-------------------------------------------------------------------------|-----------|---------------------|
| <i>levoleucovorin calcium SOLN 250 MG/25ML</i>                          | P         | SP; PA              |
| <i>levoleucovorin calcium SOLR</i>                                      | P         | SP; PA              |
| <i>mesna SOLN</i>                                                       | P         | SP; PA              |
| MESNEX SOLN ( <i>Use mesna</i> )                                        | NP        | SP; PA              |
| MESNEX TABS                                                             | P         | SP; PA              |
| TOTECT                                                                  | P         | SP; PA              |
| VORAXAZE                                                                | P         | SP; PA              |
| Mitotic Inhibitors                                                      |           |                     |
| ABRAXANE                                                                | P         | SP; PA              |
| <i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>                   | P         | SP; PA              |
| DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML                          | P         | SP; PA              |
| DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML ( <i>Use docetaxel</i> ) | NP        | SP; PA              |
| <i>docetaxel SOLN</i>                                                   | P         | SP; PA              |
| DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML                        | P         | SP; PA              |
| DOCETAXEL SOLN ( <i>Use docetaxel</i> )                                 | NP        | SP; PA              |
| <i>etoposide CAPS</i>                                                   | P         | SP; PA              |
| <i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>                | P         | SP; PA              |
| HALAVEN                                                                 | P         | SP; PA              |
| IXEMPRA KIT                                                             | P         | SP; PA              |
| JEVTANA                                                                 | P         | SP; PA              |
| MARQIBO                                                                 | P         | SP; PA              |
| <i>paclitaxel protein-bound particles</i>                               | P         | SP; PA              |
| PACLITAXEL PROTEIN-BOUND PARTICLES                                      | P         | SP; PA              |
| <i>vincristine sulfate</i>                                              | P         | SP; PA              |

| Drug Name                                                                     | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------|-----------|---------------------|
| Oncolytic Viral Agents                                                        |           |                     |
| IMLYGIC                                                                       | P         | SP; PA              |
| Topoisomerase I Inhibitors                                                    |           |                     |
| CAMPTOSAR ( <i>Use irinotecan hcl</i> )                                       | NP        | SP; PA              |
| HYCANTIN CAPS                                                                 | P         | SP; PA              |
| HYCANTIN SOLR ( <i>Use topotecan hcl</i> )                                    | NP        | SP; PA              |
| <i>irinotecan hcl</i>                                                         | P         | SP; PA              |
| <i>topotecan hcl SOLN</i>                                                     | P         | SP; PA              |
| TOPOTECAN HCL SOLN                                                            | P         | SP; PA              |
| TOPOTECAN HCL SOLN ( <i>Use topotecan hcl</i> )                               | NP        | SP; PA              |
| <i>topotecan hcl SOLR</i>                                                     | P         | SP; PA              |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease |           |                     |
| Antiparkinson Adjunctive Therapy                                              |           |                     |
| <i>carbidopa</i>                                                              | P         |                     |
| LODOSYN ( <i>Use carbidopa</i> )                                              | NP        |                     |
| Antiparkinson Anticholinergics                                                |           |                     |
| <i>benztropine mesylate TABS</i>                                              | P         |                     |
| <i>trihexyphenidyl hcl TABS</i>                                               | P         |                     |
| Antiparkinson Dopaminergics                                                   |           |                     |
| <i>amantadine hcl CAPS</i>                                                    | P         |                     |
| <i>amantadine hcl SOLN</i>                                                    | P         |                     |
| APOKYN SOCT                                                                   | P         | SP; PA              |
| <i>apomorphine hydrochloride SOCT</i>                                         | P         | SP; PA              |
| <i>bromocriptine mesylate CAPS</i>                                            | P         |                     |
| <i>bromocriptine mesylate TABS 2.5 MG</i>                                     | P         |                     |
| <i>carbidopa-levodopa TABS</i>                                                | P         |                     |
| <i>carbidopa-levodopa TBCR</i>                                                | P         |                     |

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|---------------------------------------------------------------------------|-----------|--------------------------------------------|--------------------------------------------------------------------------|-----------|--------------------------------------------|
| DHIVY TABS                                                                | P         |                                            | <i>ziprasidone hcl</i>                                                   | P         | QL(2 ea daily);<br>AL(At least 18 yrs old) |
| GOCOVRI CP24                                                              | P         | SP; PA                                     | Benzisoxazoles                                                           |           |                                            |
| PARLODEL CAPS ( <i>Use bromocriptine mesylate</i> )                       | NP        |                                            | INVEGA HAFYERA                                                           | P         | SP; PA                                     |
| PARLODEL TABS ( <i>Use bromocriptine mesylate</i> )                       | NP        |                                            | INVEGA SUSTENNA                                                          | P         | SP; PA                                     |
| <i>pramipexole dihydrochloride TABS</i>                                   | P         | QL(3 ea daily);<br>AL(At least 18 yrs old) | INVEGA TRINZA                                                            | P         | SP; PA                                     |
| <i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>                  | P         | QL(6 ea daily)                             | PERSERIS PRSY                                                            | P         | SP; PA                                     |
| <i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>             | P         | QL(3 ea daily)                             | RISPERDAL CONSTA                                                         | P         | SP; PA                                     |
| SINEMET TABS 100 MG-10 MG, 100 MG-25 MG ( <i>Use carbidopa-levodopa</i> ) | NP        |                                            | RISPERDAL SOLN ( <i>Use risperidone</i> )                                | NP        | QL(4 ml daily);<br>AL(At least 5 yrs old)  |
| Antiparkinson Monoamine Oxidase Inhibitors                                |           |                                            | RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>Use risperidone</i> ) | NP        | QL(4 ea daily);<br>AL(At least 5 yrs old)  |
| <i>selegiline hcl CAPS</i>                                                | P         |                                            | <i>risperidone SOLN</i>                                                  | P         | QL(4 ml daily);<br>AL(At least 5 yrs old)  |
| <i>selegiline hcl TABS</i>                                                | P         |                                            | <i>risperidone TABS</i>                                                  | P         | QL(4 ea daily);<br>AL(At least 5 yrs old)  |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders           |           |                                            | <i>risperidone TBDP</i>                                                  | P         | QL(2 ea daily);<br>AL(At least 5 yrs old)  |
| Antimanic Agents                                                          |           |                                            | Butyrophenones                                                           |           |                                            |
| LITHIUM                                                                   | P         |                                            | HALDOL DECANOATE 100 ( <i>Use haloperidol decanoate</i> )                | NP        |                                            |
| <i>lithium carbonate CAPS</i>                                             | P         |                                            | HALDOL DECANOATE 50 ( <i>Use haloperidol decanoate</i> )                 | NP        |                                            |
| <i>lithium carbonate TABS</i>                                             | P         |                                            | <i>haloperidol decanoate</i>                                             | P         |                                            |
| <i>lithium carbonate TBCR</i>                                             | P         |                                            | <i>haloperidol lactate CONC</i>                                          | P         |                                            |
| LITHOBID TBCR ( <i>Use lithium carbonate</i> )                            | P         |                                            | <i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>                  | P         | QL(3 ea daily)                             |
| Antipsychotics - Misc.                                                    |           |                                            | <i>haloperidol TABS 20 MG</i>                                            | P         |                                            |
| GEODON ( <i>Use ziprasidone hcl</i> )                                     | NP        | QL(2 ea daily);<br>AL(At least 18 yrs old) | Dibenzapines                                                             |           |                                            |
| LATUDA ( <i>Use lurasidone hcl</i> )                                      | NP        |                                            | <i>clozapine TABS</i>                                                    | P         | QL(3 ea daily);<br>AL(At least 18 yrs old) |
| <i>lurasidone hcl</i>                                                     | P         |                                            |                                                                          |           |                                            |
| NUPLAZID CAPS                                                             | P         | QL(1 ea daily);<br>PA                      |                                                                          |           |                                            |
| NUPLAZID TABS 10 MG                                                       | P         | QL(1 ea daily);<br>PA                      |                                                                          |           |                                            |

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|-----------------------------------------------------------------|-----------|---------------------------------------------------------------|-------------------------------------------------------------|-----------|----------------------------------------------------|
| CLOZARIL TABS ( <i>Use clozapine</i> )                          | NP        | QL(3 ea daily);<br>AL(At least 18 yrs old)                    | <i>chlorpromazine hcl TABS 10 MG</i>                        | P         | QL(10 ea daily)                                    |
| <i>loxapine succinate</i>                                       | P         | QL(4 ea daily)                                                | <i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i> | P         | QL(3 ea daily)                                     |
| <i>olanzapine TABS 2.5 MG, 5 MG</i>                             | P         | QL(4 ea daily);<br>AL(At least 10 yrs old)                    | <i>fluphenazine decanoate</i>                               | P         |                                                    |
| <i>olanzapine TABS 7.5 MG, 10 MG</i>                            | P         | QL(2 ea daily);<br>AL(At least 10 yrs old)                    | <i>fluphenazine hcl TABS</i>                                | P         |                                                    |
| <i>olanzapine TABS 15 MG, 20 MG</i>                             | P         | QL(1 ea daily);<br>AL(At least 10 yrs old)                    | <i>perphenazine TABS</i>                                    | P         | QL(4 ea daily)                                     |
| <i>quetiapine fumarate TABS 300 MG, 400 MG</i>                  | P         | QL(2 ea daily);<br>AL(At least 10 yrs old)                    | <i>prochlorperazine</i>                                     | P         |                                                    |
| <i>quetiapine fumarate TABS 25 MG, 50 MG</i>                    | P         | QL(4 ea daily);<br>AL(At least 10 yrs old - Up to 17 yrs old) | <i>prochlorperazine maleate TABS</i>                        | P         |                                                    |
| <i>quetiapine fumarate TABS 100 MG, 200 MG</i>                  | P         | QL(4 ea daily);<br>AL(At least 10 yrs old)                    | <i>thioridazine hcl</i>                                     | P         | QL(3 ea daily)                                     |
| SEROQUEL TABS 300 MG, 400 MG ( <i>Use quetiapine fumarate</i> ) | NP        | QL(2 ea daily);<br>AL(At least 10 yrs old)                    | <i>trifluoperazine hcl TABS</i>                             | P         | QL(2 ea daily)                                     |
| SEROQUEL TABS 25 MG, 50 MG ( <i>Use quetiapine fumarate</i> )   | NP        | QL(4 ea daily);<br>AL(At least 10 yrs old - Up to 17 yrs old) | Quinolinone Derivatives                                     |           |                                                    |
| SEROQUEL TABS 100 MG, 200 MG ( <i>Use quetiapine fumarate</i> ) | NP        | QL(4 ea daily);<br>AL(At least 10 yrs old)                    | ABILIFY MAINTENA PRSY                                       | P         | SP; PA                                             |
| ZYPREXA RELPREVV                                                | P         | SP; PA                                                        | ABILIFY MAINTENA SRER                                       | P         | SP; PA                                             |
| ZYPREXA TABS 7.5 MG, 10 MG ( <i>Use olanzapine</i> )            | NP        | QL(2 ea daily);<br>AL(At least 10 yrs old)                    | ABILIFY MYCITE                                              | P         | PA                                                 |
| ZYPREXA TABS 2.5 MG, 5 MG ( <i>Use olanzapine</i> )             | NP        | QL(4 ea daily);<br>AL(At least 10 yrs old)                    | ABILIFY TABS ( <i>Use aripiprazole</i> )                    | NP        | QL(1 ea daily);<br>AL(At least 6 yrs old)          |
| ZYPREXA TABS 15 MG, 20 MG ( <i>Use olanzapine</i> )             | NP        | QL(1 ea daily);<br>AL(At least 10 yrs old)                    | <i>aripiprazole SOLN OR</i>                                 | P         | QL(750 ml per fill retail); AL(At least 6 yrs old) |
| Dihydroindolones                                                |           |                                                               | <i>aripiprazole TABS</i>                                    | P         | QL(1 ea daily);<br>AL(At least 6 yrs old)          |
| <i>molindone hcl</i>                                            | P         | QL(4 ea daily)                                                | <i>aripiprazole TBDP</i>                                    | P         | QL(1 ea daily);<br>AL(At least 6 yrs old)          |
| Phenothiazines                                                  |           |                                                               | ARISTADA                                                    | P         | SP; PA                                             |
|                                                                 |           |                                                               | ARISTADA INITIO                                             | P         | SP; PA                                             |
|                                                                 |           |                                                               | Thioxanthenes                                               |           |                                                    |
|                                                                 |           |                                                               | <i>thiothixene</i>                                          | P         | QL(3 ea daily)                                     |
|                                                                 |           |                                                               | ANTISEPTICS & DISINFECTANTS                                 |           |                                                    |
|                                                                 |           |                                                               | Antiseptics & Disinfectants                                 |           |                                                    |
|                                                                 |           |                                                               | <i>formaldehyde SOLN 10 %</i>                               | P         | QL(90 ml per fill retail)                          |
|                                                                 |           |                                                               | Chlorine Antiseptics                                        |           |                                                    |

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|--------------------------------------------------------------|-----------|---------------------------------|------------------------------------------------------------------|-----------|----------------------|
| <i>chlorhexidine gluconate LIQD</i>                          | P         | OTC; QL(946 ml per fill retail) | <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>        | P         | QL(1 ea daily)       |
| HIBICLENS LIQD ( <i>Use chlorhexidine gluconate</i> )        | NP        | OTC; QL(946 ml per fill retail) | <i>efavirenz TABS</i>                                            | P         | QL(1 ea daily)       |
| <b>ANTIVIRALS - Drugs to Treat Viral Infections</b>          |           |                                 | <i>emtricitabine CAPS</i>                                        | P         | QL(1 ea daily)       |
| <b>Antiretrovirals</b>                                       |           |                                 | <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i> | P         | QL(1 ea daily)       |
| <i>abacavir sulfate-lamivudine</i>                           | P         | QL(1 ea daily)                  | EMTRIVA CAPS ( <i>Use emtricitabine</i> )                        | NP        | QL(1 ea daily)       |
| <i>abacavir sulfate-lamivudine-zidovudine</i>                | P         | QL(2 ea daily)                  | EMTRIVA SOLN                                                     | P         | QL(24 ml daily)      |
| <i>abacavir sulfate SOLN</i>                                 | P         | QL(30 ml daily)                 | EPIVIR SOLN ( <i>Use lamivudine</i> )                            | NP        | QL(30 ml daily)      |
| <i>abacavir sulfate TABS</i>                                 | P         | QL(2 ea daily)                  | EPIVIR TABS 150 MG ( <i>Use lamivudine</i> )                     | NP        | QL(2 ea daily)       |
| APTIVUS CAPS                                                 | P         | QL(4 ea daily); ST              | EPIVIR TABS 300 MG ( <i>Use lamivudine</i> )                     | NP        | QL(1 ea daily)       |
| <i>atazanavir sulfate CAPS 300 MG</i>                        | P         |                                 | EPZICOM ( <i>Use abacavir sulfate-lamivudine</i> )               | NP        | QL(1 ea daily)       |
| <i>atazanavir sulfate CAPS 150 MG, 200 MG</i>                | P         | QL(2 ea daily)                  | <i>etravirine 200 MG</i>                                         | P         | QL(2 ea daily)       |
| BIKTARVY                                                     | P         | QL(1 ea daily)                  | <i>etravirine 100 MG</i>                                         | P         | QL(4 ea daily)       |
| CIMDUO                                                       | P         | QL(1 ea daily); ST              | <i>fosamprenavir calcium TABS</i>                                | P         | QL(4 ea daily)       |
| COMBIVIR ( <i>Use lamivudine-zidovudine</i> )                | NP        | QL(2 ea daily)                  | FUZEON SOLR                                                      | P         | SP; PA               |
| COMPLERA                                                     | P         | QL(1 ea daily)                  | GENVOYA                                                          | P         | QL(1 ea daily)       |
| CRIXIVAN 400 MG                                              | P         | QL(6 ea daily)                  | INTELENCE 200 MG ( <i>Use etravirine</i> )                       | NP        | QL(2 ea daily)       |
| <i>darunavir TABS 600 MG</i>                                 | P         | QL(2 ea daily); ST              | INTELENCE 100 MG ( <i>Use etravirine</i> )                       | NP        | QL(4 ea daily)       |
| <i>darunavir TABS 800 MG</i>                                 | P         | QL(1 ea daily); ST              | INTELENCE 25 MG                                                  | P         | QL(4 ea daily)       |
| DELSTRIGO                                                    | P         | QL(1 ea daily)                  | INVIRASE TABS                                                    | P         | QL(4 ea daily); ST   |
| DESCOVY 120 MG-15 MG                                         | P         | QL(1 ea daily); PA              | ISENTRESS HD TABS                                                | P         | QL(2 ea daily)       |
| DESCOVY 200 MG-25 MG                                         | P         | QL(1 ea daily); PA              | ISENTRESS CHEW 100 MG                                            | P         | QL(6 ea daily)       |
| DOVATO                                                       | P         |                                 | ISENTRESS CHEW 25 MG                                             | P         | QL(12 ea daily)      |
| EDURANT                                                      | P         | QL(1 ea daily)                  | ISENTRESS PACK                                                   | P         | QL(2 ea daily)       |
| <i>efavirenz CAPS 50 MG</i>                                  | P         | QL(2 ea daily)                  | ISENTRESS TABS                                                   | P         | QL(2 ea daily)       |
| <i>efavirenz CAPS 200 MG</i>                                 | P         | QL(1 ea daily)                  | JULUCA                                                           | P         | QL(1 ea daily)       |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | P         | QL(1 ea daily)                  |                                                                  |           |                      |

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

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|-------------------------------------------------------------------------|-----------|-----------------------------------------|-----------------------------------------|-----------|---------------------------------------------------------------------|
| TRIUMEQ TABS                                                            | P         | QL(1 ea daily); AL(At least 18 yrs old) | EPCLUSA PACK 50 MG-200 MG               | P         | SP; PA                                                              |
| TRIZIVIR                                                                | P         | QL(2 ea daily)                          | MAVYRET PACK                            | P         | QL(6 ea daily); SP; PA                                              |
| TROGARZO                                                                | P         | SP; PA                                  | MAVYRET TABS                            | P         | QL(3 ea daily); SP; PA                                              |
| TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate) | P         | QL(1 ea daily)                          | PEGASYS SOLN                            | P         | SP; PA                                                              |
| TYBOST                                                                  | P         | QL(1 ea daily); AL(At least 18 yrs old) | ribavirin (hepatitis c) CAPS            | P         | SP; PA                                                              |
| VIRACEPT TABS 625 MG                                                    | P         | QL(4 ea daily)                          | ribavirin (hepatitis c) TABS 200 MG     | P         | SP; PA                                                              |
| VIRACEPT TABS 250 MG                                                    | P         | QL(9 ea daily)                          | SOFOSBUVIR/VELPATA SVIR TABS            | P         | QL(1 ea daily); SP; PA                                              |
| VIRAMUNE XR TB24 400 MG (Use nevirapine)                                | NP        | QL(1 ea daily)                          | SOVALDI TABS                            | P         | SP; PA                                                              |
| VIRAMUNE SUSP (Use nevirapine)                                          | NP        | QL(40 ml daily)                         | VEMLIDY                                 | P         | SP; PA                                                              |
| VIREAD POWD                                                             | P         | QL(240 gm per 30 days retail)           | Herpes Agents                           |           |                                                                     |
| VIREAD TABS 150 MG, 200 MG, 250 MG                                      | P         | QL(1 ea daily)                          | acyclovir CAPS                          | P         | QL(50 ea per 30 days retail)                                        |
| VIREAD TABS (Use tenofovir disoproxil fumarate)                         | NP        | QL(1 ea daily)                          | acyclovir SUSP                          | P         | QL(400 ml per 30 days retail)                                       |
| ZIAGEN SOLN (Use abacavir sulfate)                                      | NP        | QL(30 ml daily)                         | acyclovir TABS OR 400 MG                | P         | QL(3 ea daily)                                                      |
| ZIAGEN TABS (Use abacavir sulfate)                                      | NP        | QL(2 ea daily)                          | acyclovir TABS OR 800 MG                | P         | QL(50 ea per 30 days retail)                                        |
| zidovudine CAPS                                                         | P         | QL(6 ea daily)                          | famciclovir                             | P         |                                                                     |
| zidovudine SYRP                                                         | P         | QL(60 ml daily)                         | valacyclovir hcl 1 GM, 1000 MG          | P         | QL(42 ea per 21 days retail)                                        |
| zidovudine TABS                                                         | P         | QL(2 ea daily)                          | valacyclovir hcl 500 MG                 | P         | QL(2 ea daily)                                                      |
| CMV Agents                                                              |           |                                         | VALTREX 500 MG (Use valacyclovir hcl)   | NP        | QL(2 ea daily)                                                      |
| LIVTENCITY                                                              | P         | SP; PA                                  | VALTREX 1 GM (Use valacyclovir hcl)     | NP        | QL(42 ea per 21 days retail)                                        |
| PREVYMIS SOLN                                                           | P         | SP; PA                                  | ZOVIRAX SUSP (Use acyclovir)            | NP        | QL(400 ml per 30 days retail)                                       |
| PREVYMIS TABS                                                           | P         | QL(1 ea daily); SP; PA                  | Influenza Agents                        |           |                                                                     |
| VALCYTE TABS (Use valganciclovir hcl)                                   | NP        | QL(2 ea daily)                          | oseltamivir phosphate CAPS 45 MG, 75 MG | P         | 1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail) |
| valganciclovir hcl TABS                                                 | P         | QL(2 ea daily)                          |                                         |           |                                                                     |
| Hepatitis Agents                                                        |           |                                         |                                         |           |                                                                     |

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

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| Drug Name                                                                          | Drug Tier | Requirements/ Limits | Drug Name                                                                                        | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>nadolol TABS 20 MG, 40 MG, 80 MG</i>                                            | P         | QL(2 ea daily)       | <i>diltiazem hcl CP24 240 MG</i>                                                                 | P         | QL(2 ea daily)       |
| <i>pindolol TABS</i>                                                               | P         |                      | <i>diltiazem hcl CP24 120 MG, 180 MG</i>                                                         | P         | QL(1 ea daily)       |
| <i>propranolol hcl CP24</i>                                                        | P         | QL(2 ea daily)       | <i>diltiazem hcl TABS</i>                                                                        | P         | QL(3 ea daily)       |
| <i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>                                | P         |                      | <i>felodipine</i>                                                                                | P         | QL(1 ea daily)       |
| <i>propranolol hcl TABS</i>                                                        | P         |                      | <i>nicardipine hcl CAPS</i>                                                                      | P         |                      |
| <i>sotalol hcl (afib/af)</i>                                                       | P         | QL(2 ea daily)       | <i>nifedipine CAPS</i>                                                                           | P         | QL(4 ea daily)       |
| <i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>                                      | P         | QL(2 ea daily)       | <i>nifedipine TB24 30 MG, 90 MG</i>                                                              | P         | QL(1 ea daily)       |
| <i>sotalol hcl TABS 240 MG</i>                                                     | P         |                      | <i>nifedipine TB24 60 MG</i>                                                                     | P         | QL(2 ea daily)       |
| <i>timolol maleate TABS</i>                                                        | P         |                      | NORVASC TABS (Use <i>amlodipine besylate</i> )                                                   | NP        | QL(1 ea daily)       |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>               |           |                      | PROCARDIA XL TB24 30 MG, 90 MG (Use <i>nifedipine</i> )                                          | NP        | QL(1 ea daily)       |
| Calcium Channel Blockers                                                           |           |                      | PROCARDIA XL TB24 60 MG (Use <i>nifedipine</i> )                                                 | NP        | QL(2 ea daily)       |
| <i>amlodipine besylate TABS</i>                                                    | P         | QL(1 ea daily)       | TIAZAC 240 MG (Use <i>diltiazem hcl extended release beads</i> )                                 | NP        | QL(2 ea daily)       |
| CALAN SR TBCR (Use <i>verapamil hcl</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)       |
| CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use <i>diltiazem hcl coated beads</i> )   | NP        | QL(1 ea daily)       | <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>                                 | P         | QL(1 ea daily)       |
| CARDIZEM CD CP24 240 MG (Use <i>diltiazem hcl coated beads</i> )                   | NP        | QL(2 ea daily)       | <i>verapamil hcl CP24 100 MG, 200 MG</i>                                                         | P         | QL(2 ea daily)       |
| CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use <i>diltiazem hcl</i> )                     | NP        | QL(3 ea daily)       | <i>verapamil hcl TABS</i>                                                                        | P         | QL(3 ea daily)       |
| <i>diltiazem hcl coated beads CP24 240 MG</i>                                      | P         | QL(2 ea daily)       | <i>verapamil hcl TBCR</i>                                                                        | P         | QL(2 ea daily)       |
| <i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>                      | P         | QL(1 ea daily)       | VERAPAMIL HYDROCHLORIDE ER CP24 (Use <i>verapamil hcl</i> )                                      | NP        | QL(2 ea daily)       |
| <i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i> | P         | QL(1 ea daily)       | VERELAN PM CP24 300 MG (Use <i>verapamil hcl</i> )                                               | NP        | QL(1 ea daily)       |
| <i>diltiazem hcl extended release beads 240 MG</i>                                 | P         | QL(2 ea daily)       | VERELAN PM CP24 100 MG, 200 MG (Use <i>verapamil hcl</i> )                                       | NP        | QL(2 ea daily)       |
| <i>diltiazem hcl CP12</i>                                                          | P         | QL(2 ea daily)       | VERELAN CP24 (Use <i>verapamil hcl</i> )                                                         | NP        | QL(1 ea daily)       |

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| Drug Name                                                                              | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------------------|-----------|----------------------|
| <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>           |           |                      |
| Cardiac Glycosides                                                                     |           |                      |
| <i>digoxin SOLN OR 0.05 MG/ML</i>                                                      | P         |                      |
| <i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>                                | P         |                      |
| LANOXIN SOLN IJ ( <i>Use digoxin</i> )                                                 | P         |                      |
| LANOXIN TABS 125 MCG, 250 MCG ( <i>Use digoxin</i> )                                   | P         |                      |
| <b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b> |           |                      |
| Cardiac Myosin Inhibitors                                                              |           |                      |
| CAMZYOS                                                                                | P         | SP; PA               |
| Impotence Agents                                                                       |           |                      |
| BI-MIX SOLR                                                                            | P         | PA                   |
| IFE-BIMIX 30/1 SOLN                                                                    | P         | PA                   |
| SUPER BI-MIX SOLR                                                                      | P         | PA                   |
| SUPER TRI-MIX SOLR                                                                     | P         | SP; PA               |
| TRI-MIX SOLR                                                                           | P         | SP; PA               |
| Prostaglandin Vasodilators                                                             |           |                      |
| <i>epoprostenol sodium</i>                                                             | P         | SP; PA               |
| FLOLAN ( <i>Use epoprostenol sodium</i> )                                              | NP        | SP; PA               |
| ORENITRAM TBCR                                                                         | P         | SP; PA               |
| TYVASO REFILL SOLN IN                                                                  | P         | SP; PA               |
| TYVASO STARTER SOLN IN                                                                 | P         | SP; PA               |
| TYVASO SOLN IN                                                                         | P         | SP; PA               |
| VELETRI ( <i>Use epoprostenol sodium</i> )                                             | NP        | SP; PA               |
| VENTAVIS                                                                               | P         | SP; PA               |
| Pulmonary Hypertension - Endothelin Receptor                                           |           |                      |

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

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|-------------------------------------------------------------|-----------|--------------------------------------------------|
| Stimulator                                                  |           |                                                  |
| ADEMPAS                                                     | P         | SP; PA                                           |
| Transthyretin Stabilizers                                   |           |                                                  |
| VYNDAMAX                                                    | P         | QL(1 ea daily); SP; PA                           |
| VYNDAQEL                                                    | P         | QL(4 ea daily); SP; PA                           |
| <b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b> |           |                                                  |
| Cephalosporins - 1st Generation                             |           |                                                  |
| <i>cefadroxil CAPS</i>                                      | P         |                                                  |
| <i>cefadroxil SUSR</i>                                      | P         |                                                  |
| <i>cefadroxil TABS</i>                                      | P         |                                                  |
| <i>cephalexin CAPS 250 MG, 500 MG</i>                       | P         |                                                  |
| <i>cephalexin SUSR</i>                                      | P         |                                                  |
| KEFLEX CAPS 750 MG (Use <i>cephalexin</i> )                 | NF        |                                                  |
| Cephalosporins - 2nd Generation                             |           |                                                  |
| <i>cefaclor CAPS</i>                                        | P         |                                                  |
| <i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>     | P         |                                                  |
| <i>cefprozil SUSR</i>                                       | P         | QL(200 ml per fill retail); AL(Up to 12 yrs old) |
| <i>cefprozil TABS</i>                                       | P         | QL(20 ea per fill retail)                        |
| <i>cefuroxime axetil TABS</i>                               | P         | QL(20 ea per fill retail)                        |
| Cephalosporins - 3rd Generation                             |           |                                                  |
| <i>cefdinir 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)                         |

| Drug Name                                                             | Drug Tier | Requirements/ Limits      |
|-----------------------------------------------------------------------|-----------|---------------------------|
| SUPRAX CAPS (Use <i>cefixime</i> )                                    | NP        |                           |
| <b>CHEMICALS</b>                                                      |           |                           |
| Bulk Chemicals - O's                                                  |           |                           |
| OMEPRazole                                                            | P         | PA                        |
| Bulk Chemicals - P's                                                  |           |                           |
| PROMETHAZINE HCL POWD                                                 | P         | PA                        |
| <b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>                    |           |                           |
| Combination Contraceptives - Oral                                     |           |                           |
| <i>desogestrel &amp; ethinyl estradiol</i>                            | P         |                           |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>                       | P         |                           |
| <i>desogestrel-ethinyl estradiol (triphasic)</i>                      | P         |                           |
| <i>drospirenone-ethinyl estradiol</i>                                 | P         | QL(1 ea daily)            |
| ESTROSTEP FE (Use <i>norethindrone acetate-ethinyl estradiol-fe</i> ) | NP        |                           |
| <i>ethynodiol diacet &amp; eth estrad</i>                             | P         | QL(1 ea daily)            |
| GENERESS FE (Use <i>norethindrone &amp; ethinyl estradiol-fe</i> )    | NP        |                           |
| <i>levonorgestrel &amp; eth estradiol TABS</i>                        | P         |                           |
| <i>levonorgestrel-eth estradiol (triphasic)</i>                       | P         |                           |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>      | P         | QL(91 ea per fill retail) |
| LOSEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )  | NF        |                           |
| MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i> )       | NP        |                           |

| Drug Name                                                                        | Drug Tier | Requirements/ Limits        | Drug Name                                                                                    | Drug Tier | Requirements/ Limits          |
|----------------------------------------------------------------------------------|-----------|-----------------------------|----------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | P         |                             | ELLA                                                                                         | P         | QL(4 ea per 365 days retail)  |
| <i>norethindrone &amp; eth estradiol</i>                                         | P         |                             | <i>levonorgestrel (emergency oc) 1.5 MG</i>                                                  | P         | QL(1 ea per 21 days retail)   |
| <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | P         |                             | PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i> )                                  | NP        | QL(1 ea per 21 days retail)   |
| <i>norethindrone acet &amp; eth estra</i>                                        | P         |                             | Progestin Contraceptives - Injectable                                                        |           |                               |
| <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | P         |                             | DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i> ) | NP        | QL(1 ml per fill retail)      |
| <i>norethindrone-eth estradiol (triphasic)</i>                                   | P         |                             | DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i> ) | NP        | QL(1 ml per fill retail)      |
| <i>norgestimate-ethinyl estradiol</i>                                            | P         |                             | DEPO-SUBQ PROVERA 104 SUSY SC                                                                | P         | QL(1 ml per fill retail)      |
| <i>norgestimate-ethinyl estradiol (triphasic)</i>                                | P         |                             | <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>                                   | P         | QL(1 ml per fill retail)      |
| <i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>                          | P         | QL(2 ea daily)              | <i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>                                   | P         | QL(1 ml per fill retail)      |
| QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )                | NF        |                             | Progestin Contraceptives - Oral                                                              |           |                               |
| SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )               | NP        | QL(91 ea per fill retail)   | <i>norethindrone (contraceptive)</i>                                                         | P         |                               |
| TYBLUME CHEW                                                                     | P         |                             | CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions                |           |                               |
| YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i> )                           | NP        | QL(1 ea daily)              | Glucocorticosteroids                                                                         |           |                               |
| YAZ (Use <i>drospirenone-ethinyl estradiol</i> )                                 | NP        | QL(1 ea daily)              | CORTEF TABS (Use <i>hydrocortisone</i> )                                                     | NP        |                               |
| Combination Contraceptives - Transdermal                                         |           |                             | CORTISONE ACETATE TABS                                                                       | P         |                               |
| <i>norelgestromin-ethinyl estradiol</i>                                          | P         | QL(3 ea per 28 days retail) | <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>                | P         | QL(150 ml per 30 days retail) |
| Combination Contraceptives - Vaginal                                             |           |                             |                                                                                              |           |                               |
| <i>etonogestrel-ethinyl estradiol</i>                                            | P         | QL(1 ea per fill retail)    |                                                                                              |           |                               |
| NUVARING (Use <i>etonogestrel-ethinyl estradiol</i> )                            | NP        | QL(1 ea per fill retail)    |                                                                                              |           |                               |
| Emergency Contraceptives                                                         |           |                             |                                                                                              |           |                               |

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

| Drug Name                                                                 | Drug Tier | Requirements/ Limits          |
|---------------------------------------------------------------------------|-----------|-------------------------------|
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML                            | P         | QL(150 ml per 30 days retail) |
| <i>dexamethasone ELIX</i>                                                 | P         |                               |
| <i>dexamethasone SOLN</i>                                                 | P         |                               |
| <i>dexamethasone TABS</i>                                                 | P         |                               |
| EMFLAZA SUSP                                                              | P         | SP; PA                        |
| EMFLAZA TABS                                                              | P         | SP; PA                        |
| <i>hydrocortisone TABS</i>                                                | P         |                               |
| MEDROL DOSEPAK TBPk (Use <i>methylprednisolone</i> )                      | NP        |                               |
| MEDROL TABS 4 MG, 8 MG (Use <i>methylprednisolone</i> )                   | NP        |                               |
| <i>methylprednisolone TABS</i> 4 MG, 8 MG                                 | P         |                               |
| <i>methylprednisolone TBPk</i>                                            | P         |                               |
| MILLIPRED TABS                                                            | P         |                               |
| PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i> )                | NP        |                               |
| <i>prednisolone sodium phosphate SOLN</i> 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML | P         |                               |
| <i>prednisolone sodium phosphate SOLN</i> 20 MG/5ML                       | P         | QL(150 ml per fill retail)    |
| <i>prednisolone SOLN</i>                                                  | P         |                               |
| <i>prednisolone TABS</i>                                                  | P         |                               |
| PREDNISONE INTENSOL CONC                                                  | P         |                               |
| <i>prednisone SOLN</i>                                                    | P         |                               |
| <i>prednisone TABS</i>                                                    | P         |                               |
| <i>prednisone TBPk</i>                                                    | P         |                               |
| TARPEYO CPDR                                                              | P         | SP; PA                        |
| ZILRETTA SRER                                                             | P         | SP; PA                        |
| Mineralocorticoids                                                        |           |                               |
| <i>fludrocortisone acetate TABS</i>                                       | P         |                               |

| Drug Name                                                                   | Drug Tier | Requirements/ Limits                                                     |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------|
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms        |           |                                                                          |
| Antitussives                                                                |           |                                                                          |
| <i>benzonatate</i> 100 MG                                                   | P         | AL(At least 10 yrs old - Up to 21 yrs old)                               |
| <i>benzonatate</i> 200 MG                                                   | P         | QL(30 ea per 30 days retail); AL(At least 10 yrs old - Up to 21 yrs old) |
| DELSYM COUGH CHILDRENS SUER (Use <i>dextromethorphan polistirex</i> )       | NP        | OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)                  |
| DELSYM SUER (Use <i>dextromethorphan polistirex</i> )                       | NP        | OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)                  |
| <i>dextromethorphan hbr LIQD</i> 7.5 MG/5ML                                 | P         | OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)                  |
| <i>dextromethorphan polistirex LQCR</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 (Use <i>hydrocodone bitartrate-homatropine methylbromide</i> ) | NP        | AL(At least 18 yrs old - Up to 21 yrs old)                               |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>                | P         | AL(At least 18 yrs old - Up to 21 yrs old)                               |
| TESSALON PERLES (Use <i>benzonatate</i> )                                   | NP        | AL(At least 10 yrs old - Up to 21 yrs old)                               |
| TRIAMINIC LONG ACTING COUGH LIQD (Use <i>dextromethorphan hbr</i> )         | NP        | OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)                  |
| Cough/Cold/Allergy Combinations                                             |           |                                                                          |

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

| Drug Name                                                    | Drug Tier | Requirements/ Limits                                                   | Drug Name                                                    | Drug Tier | Requirements/ Limits                                  |
|--------------------------------------------------------------|-----------|------------------------------------------------------------------------|--------------------------------------------------------------|-----------|-------------------------------------------------------|
| MUCINEX D TB12 (Use pseudoephedrine-guaifenesin)             | NP        | QL(210 ea per fill retail); AL(Up to 21 yrs old)                       | pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML        | P         | OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old) |
| phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML | P         | QL(240 ml per fill retail); AL(Up to 21 yrs old)                       | pseudoephedrine-guaifenesin TB12 600 MG-60 MG                | P         | QL(210 ea per fill retail); AL(Up to 21 yrs old)      |
| phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML                    | P         | OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)                  | pseudoephedrine-ibuprofen TABS                               | P         | OTC; AL(Up to 21 yrs old)                             |
| phenylephrine-dm SOLN                                        | P         | OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)                  | PX DAYTIME MULTI-SYMPTOM CAPS                                | P         | OTC; AL(Up to 21 yrs old)                             |
| promethazine & phenylephrine SYRP                            | P         | QL(240 ml per 7 days retail); AL(Up to 21 yrs old)                     | PX NITETIME MULTI-SYMPTOM CAPS                               | P         | OTC; QL(240 ea per fill retail); AL(Up to 21 yrs old) |
| promethazine w/codeine SOLN                                  | P         | QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old) | QC TRIACTING DAYTIME CHILDRENS SYRP                          | P         | OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old) |
| promethazine w/codeine SYRP                                  | P         | QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old) | SCOT-TUSSIN DM LIQD                                          | P         | OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old) |
| promethazine-dm SYRP                                         | P         | QL(240 ml per fill retail); AL(Up to 21 yrs old)                       | SCOT-TUSSIN SENIOR LIQD                                      | P         | OTC; AL(Up to 21 yrs old)                             |
| promethazine-phenylephrine-codeine                           | 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               | P         | OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old) |
| pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML    | P         | QL(240 ml per fill retail); AL(Up to 21 yrs old)                       | VIRTUSSIN DAC SOLN                                           | NP        |                                                       |
| pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML | P         | OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)                | WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD                       | P         | OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old) |
|                                                              |           |                                                                        | ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine) | NP        | AL(Up to 21 yrs old)                                  |
|                                                              |           |                                                                        | ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)      | NP        | AL(Up to 21 yrs old)                                  |
|                                                              |           |                                                                        | Expectorants                                                 |           |                                                       |

| Drug Name                                                      | Drug Tier | Requirements/ Limits                                    | Drug Name                                                        | Drug Tier | Requirements/ Limits                            |
|----------------------------------------------------------------|-----------|---------------------------------------------------------|------------------------------------------------------------------|-----------|-------------------------------------------------|
| GERI-TUSSIN SYRP                                               | P         | OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old) | BENZAC AC WASH LIQD 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)      | BENZOYL PEROXIDE CLEANSER LIQD                                   | P         |                                                 |
| <i>guaifenesin SYRP</i>                                        | P         | QL(240 ml per 7 days retail); AL(Up to 21 yrs old)      | <i>benzoyl peroxide BAR</i>                                      | P         |                                                 |
| <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 %, 10 %</i>                      | P         |                                                 |
| MUCINEX MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i> )        | NP        | OTC; QL(2 ea daily); AL(Up to 21 yrs old)               | CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i> )     | NP        |                                                 |
| MUCINEX TB12 (Use <i>guaifenesin</i> )                         | NP        | QL(40 ea per 30 days retail); AL(Up to 21 yrs old)      | CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i> )      | NP        | QL(60 ml per fill retail)                       |
| Misc. Respiratory Inhalants                                    |           |                                                         | <i>clindamycin phosphate (topical) GEL</i>                       | P         | QL(60 gm per fill retail)                       |
| <i>sodium chloride (inhalant) AERS</i>                         | P         | OTC; QL(240 ml per fill retail)                         | <i>clindamycin phosphate (topical) LOTN</i>                      | P         |                                                 |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>        | P         |                                                         | <i>clindamycin phosphate (topical) SOLN</i>                      | P         |                                                 |
| Mucolytics                                                     |           |                                                         | DIFFERIN DAILY DEEP CLEANSER LIQD (Use <i>benzoyl peroxide</i> ) | NP        | RX/OTC                                          |
| <i>acetylcysteine SOLN</i>                                     | P         |                                                         | ERYGEL GEL (Use <i>erythromycin (acne aid)</i> )                 | NP        | QL(60 gm per fill retail)                       |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions               |           |                                                         | <i>erythromycin (acne aid) GEL</i>                               | P         | QL(60 gm per fill retail)                       |
| Acne Products                                                  |           |                                                         | <i>erythromycin (acne aid) SOLN</i>                              | P         |                                                 |
| 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>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>                   | P         | QL(2 ea daily); AL(At least 12 yrs old); PA     |
| ACNE MEDICATION 10 LOTN                                        | P         | OTC                                                     | KLARON (Use <i>sulfacetamide sodium (acne)</i> )                 | NP        |                                                 |
| ACNE MEDICATION 5 LOTN                                         | P         | OTC                                                     | RETIN-A CREA (Use <i>tretinoin</i> )                             | NP        | QL(20 gm per fill retail); AL(Up to 35 yrs old) |
|                                                                |           |                                                         | RETIN-A GEL 0.025 % (Use <i>tretinoin</i> )                      | NP        | AL(Up to 35 yrs old)                            |



| Drug Name                                                   | Drug Tier | Requirements/ Limits                               | Drug Name                                                                         | Drug Tier | Requirements/ Limits                 |
|-------------------------------------------------------------|-----------|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------|--------------------------------------|
| RETIN-A GEL 0.01 %<br>(Use tretinoin)                       | NP        | QL(15 gm per fill retail);<br>AL(Up to 35 yrs old) | NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine) | NP        | OTC; QL(30 gm per fill retail)       |
| SODIUM SULFACETAMIDE/SULFUR SUSP 10 %-5 %                   | P         |                                                    | Antifungals - Topical                                                             |           |                                      |
| sulfacetamide sodium (acne)                                 | P         |                                                    | clotrimazole (topical) CREA                                                       | P         | QL(90 gm per fill retail);<br>RX/OTC |
| sulfacetamide sodium w/ sulfur LOTN 10 %-5 %                | P         | QL(60 gm per fill retail)                          | clotrimazole (topical) SOLN                                                       | P         | QL(60 ml per fill retail);<br>RX/OTC |
| tretinoin CREA 0.025 %, 0.05 %, 0.1 %                       | P         | QL(20 gm per fill retail);<br>AL(Up to 35 yrs old) | clotrimazole w/ betamethasone CREA                                                | P         | QL(45 gm per 30 days retail)         |
| tretinoin GEL 0.025 %                                       | P         | AL(Up to 35 yrs old)                               | clotrimazole w/ betamethasone LOTN                                                | P         | QL(31 ml per 30 days retail)         |
| tretinoin GEL 0.01 %                                        | P         | QL(15 gm per fill retail);<br>AL(Up to 35 yrs old) | econazole nitrate CREA                                                            | P         | QL(30 gm per fill retail)            |
| Antibiotics - Topical                                       |           |                                                    | ketoconazole (topical) CREA                                                       | P         | QL(60 gm per fill retail)            |
| bacitracin (topical) OINT                                   | P         | OTC; QL(30 gm per fill retail)                     | ketoconazole (topical) SHAM 2 %                                                   | P         |                                      |
| bacitracin zinc OINT                                        | P         | OTC; QL(30 ea per fill retail)                     | LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))                         | NP        | OTC; QL(30 gm per fill retail)       |
| CENTANY OINT                                                | P         |                                                    | LAMISIL AT CREA (Use terbinafine hcl (topical))                                   | NP        | OTC; QL(30 gm per fill retail)       |
| gentamicin sulfate (topical) CREA                           | P         | QL(60 gm per fill retail)                          | LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))                           | NP        | QL(90 gm per fill retail);<br>RX/OTC |
| gentamicin sulfate (topical) OINT                           | P         | QL(60 gm per fill retail)                          | LOTRIMIN AF CREA (Use clotrimazole (topical))                                     | NP        | QL(90 gm per fill retail);<br>RX/OTC |
| mupirocin calcium (topical)                                 | P         | QL(30 gm per fill retail)                          | MICATIN CREA (Use miconazole nitrate (topical))                                   | NP        | QL(60 gm per fill retail)            |
| mupirocin OINT                                              | P         |                                                    | miconazole nitrate (topical) CREA                                                 | P         | QL(60 gm per fill retail)            |
| neomycin-bacitracin-polymyxin OINT                          | P         | OTC; QL(454 ea per fill retail)                    | NIZORAL SHAM                                                                      | P         | OTC                                  |
| neomycin-polymyxin w/ pramoxine                             | P         | OTC; QL(30 gm per fill retail)                     | nystatin (topical) CREA                                                           | P         | QL(30 gm per fill retail)            |
| NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) | NP        | OTC; QL(454 ea per fill retail)                    | nystatin (topical) OINT                                                           | P         | QL(30 gm per fill retail)            |

| Drug Name                                                                | Drug Tier | Requirements/ Limits                                            | Drug Name                                      | Drug Tier | Requirements/ Limits                    |
|--------------------------------------------------------------------------|-----------|-----------------------------------------------------------------|------------------------------------------------|-----------|-----------------------------------------|
| <i>nystatin (topical) POWD EX</i>                                        | P         | QL(60 gm per fill retail)                                       | TARGRETIN (Use <i>bexarotene (topical)</i> )   | NP        | SP; PA                                  |
| <i>nystatin-triamcinolone CREA</i>                                       | P         | QL(60 gm per fill retail)                                       | VALCHLOR                                       | P         | SP; PA                                  |
| <i>nystatin-triamcinolone OINT</i>                                       | P         | QL(60 gm per fill retail)                                       | Antipruritics - Topical                        |           |                                         |
| <i>terbinafine hcl (topical) CREA</i>                                    | P         | OTC; QL(30 gm per fill retail)                                  | <i>camphor &amp; menthol LOTN</i>              | P         | OTC; QL(222 ml per fill retail)         |
| TINACTIN CREA (Use <i>tolnaftate</i> )                                   | NP        | OTC; QL(30 gm per fill retail)                                  | SARNA LOTN (Use <i>camphor &amp; menthol</i> ) | NP        | OTC; QL(222 ml per fill retail)         |
| <i>tolnaftate CREA</i>                                                   | P         | OTC; QL(30 gm per fill retail)                                  | Antipsoriatics                                 |           |                                         |
| Antihistamines-Topical                                                   |           |                                                                 | <i>calcipotriene CREA</i>                      | P         |                                         |
| ITCH RELIEF CREA                                                         | P         | OTC                                                             | <i>calcipotriene SOLN</i>                      | P         | QL(60 ml per fill retail)               |
| Anti-inflammatory Agents - Topical                                       |           |                                                                 | COSENTYX SENSOREADY PEN SOAJ                   | P         | SP; PA                                  |
| <i>diclofenac sodium (topical) GEL EX</i>                                | P         | 2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC | COSENTYX SOSY                                  | P         | SP; PA                                  |
| VOLTAREN ARTHRITIS PAIN 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 | DOVONEX CREA (Use <i>calcipotriene</i> )       | NP        |                                         |
| Antineoplastic or Premalignant Lesion Agents - Topical                   |           |                                                                 | ILUMYA                                         | P         | SP; PA                                  |
| <i>bexarotene (topical)</i>                                              | P         | SP; PA                                                          | SILIQ                                          | P         | SP; PA                                  |
| CARAC CREA (Use <i>fluorouracil (topical)</i> )                          | NP        |                                                                 | SKYRIZI PEN SOAJ                               | P         | SP; ST; PA                              |
| EFUDEX CREA (Use <i>fluorouracil (topical)</i> )                         | NP        | QL(40 gm per 30 days retail)                                    | SKYRIZI PSKT                                   | P         | SP; PA                                  |
| <i>fluorouracil (topical) CREA 5 %</i>                                   | P         | QL(40 gm per 30 days retail)                                    | SKYRIZI SOSY                                   | P         | SP; PA                                  |
| <i>fluorouracil (topical) CREA 0.5 %</i>                                 | P         |                                                                 | STELARA SOSY                                   | P         | SP; PA                                  |
| <i>fluorouracil (topical) SOLN</i>                                       | P         | QL(10 ml per 30 days retail)                                    | TALTZ SOAJ                                     | P         | SP; PA                                  |
| LEVULAN KERASTICK SOLR                                                   | P         | SP; PA                                                          | TALTZ SOSY                                     | P         | SP; PA                                  |
|                                                                          |           |                                                                 | <i>tazarotene CREA</i>                         | P         | QL(2 gm daily); AL(Up to 20 yrs old)    |
|                                                                          |           |                                                                 | <i>tazarotene GEL</i>                          | P         | QL(6.67 gm daily); AL(Up to 20 yrs old) |
|                                                                          |           |                                                                 | TAZORAC CREA                                   | P         | QL(2 gm daily); AL(Up to 20 yrs old)    |
|                                                                          |           |                                                                 | TAZORAC CREA (Use <i>tazarotene</i> )          | NP        | QL(2 gm daily); AL(Up to 20 yrs old)    |
|                                                                          |           |                                                                 | TAZORAC GEL (Use <i>tazarotene</i> )           | NP        | QL(6.67 gm daily); AL(Up to 20 yrs old) |
|                                                                          |           |                                                                 | TREMFYA SOPN                                   | P         | SP; PA                                  |

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|--------------------------------------------------------------------|-----------|---------------------------------|--------------------------------------------------------|-----------|--------------------------------------------|
| TREMFYA SOSY                                                       | P         | SP; PA                          | SILVADENE (Use silver sulfadiazine)                    | NP        |                                            |
| Antiseborrheic Products                                            |           |                                 | silver sulfadiazine                                    | P         |                                            |
| OVACE PLUS WASH LIQD (Use sulfacetamide sodium)                    | NP        | QL(120 ml per fill retail)      | Corticosteroids - Topical                              |           |                                            |
| OVACE WASH LIQD (Use sulfacetamide sodium)                         | NP        | QL(120 ml per fill retail)      | betamethasone dipropionate (topical) CREA              | P         | 1 rtl pack lmt amt; 30 rtl pack lmt day(s) |
| selenium sulfide LOTN 1 %                                          | P         | OTC; QL(420 ml per fill retail) | betamethasone dipropionate augmented CREA              | P         | QL(50 gm per fill retail)                  |
| selenium sulfide LOTN 2.5 %                                        | P         |                                 | betamethasone valerate CREA                            | P         |                                            |
| selenium sulfide SHAM 1 %                                          | P         | OTC; QL(420 ml per fill retail) | betamethasone valerate LOTN                            | P         |                                            |
| SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (Use selenium sulfide) | NP        | OTC; QL(420 ml per fill retail) | betamethasone valerate OINT                            | P         |                                            |
| SELSUN BLUE DAILY LOTN (Use selenium sulfide)                      | NP        | OTC; QL(420 ml per fill retail) | clobetasol propionate emollient base 0.05 %            | P         | QL(60 gm per fill retail)                  |
| SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)                  | NP        | OTC; QL(420 ml per fill retail) | clobetasol propionate CREA 0.05 %                      | P         | QL(60 gm per fill retail)                  |
| SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)               | NP        | OTC; QL(420 ml per fill retail) | clobetasol propionate GEL 0.05 %                       | P         | QL(60 gm per fill retail)                  |
| SELSUN BLUE LOTN (Use selenium sulfide)                            | NP        | OTC; QL(420 ml per fill retail) | clobetasol propionate OINT 0.05 %                      | P         | QL(60 gm per fill retail)                  |
| sulfacetamide sodium LIQD                                          | P         | QL(120 gm per fill retail)      | clobetasol propionate SOLN 0.05 %                      | P         | QL(50 ml per fill retail)                  |
| Antivirals - Topical                                               |           |                                 | DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) | NP        | QL(118.28 ml per fill retail)              |
| acyclovir topical CREA                                             | P         | QL(5 gm per fill retail)        | desonide CREA                                          | P         |                                            |
| acyclovir topical OINT                                             | P         | QL(30 gm per 30 days retail)    | desonide OINT                                          | P         | QL(2 gm daily)                             |
| ZOVIRAX CREA (Use acyclovir topical)                               | NP        | QL(5 gm per fill retail)        | DESOWEN CREA (Use desonide)                            | NP        |                                            |
| ZOVIRAX OINT (Use acyclovir topical)                               | NP        | QL(30 gm per 30 days retail)    | desoximetasone CREA 0.05 %                             | P         |                                            |
| Burn Products                                                      |           |                                 | desoximetasone CREA 0.25 %                             | P         | QL(2 gm daily)                             |
|                                                                    |           |                                 | desoximetasone GEL                                     | P         | QL(2 gm daily)                             |
|                                                                    |           |                                 | desoximetasone OINT 0.25 %                             | P         | QL(2 gm daily)                             |

| Drug Name                                                       | Drug Tier | Requirements/ Limits                                   | Drug Name                                                              | Drug Tier | Requirements/ Limits               |
|-----------------------------------------------------------------|-----------|--------------------------------------------------------|------------------------------------------------------------------------|-----------|------------------------------------|
| DIPROLENE AF CREA<br>(Use betamethasone dipropionate augmented) | NP        | QL(50 gm per fill retail)                              | MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use hydrocortisone (topical)) | NP        | QL(454 gm per fill retail); RX/OTC |
| EPIFOAM FOAM                                                    | P         | QL(15 gm per fill retail)                              | TEMOVATE CREA (Use clobetasol propionate)                              | NP        | QL(60 gm per fill retail)          |
| fluocinolone acetonide OIL                                      | P         | QL(118.28 ml per fill retail)                          | TEMOVATE OINT (Use clobetasol propionate)                              | NP        | QL(60 gm per fill retail)          |
| fluocinonide emulsified base                                    | P         | QL(60 gm per fill retail)                              | TOPICORT CREA 0.05 % (Use desoximetasone)                              | NP        |                                    |
| fluocinonide CREA 0.05 %                                        | P         | 1 rtl pack lmt per fill; QL(150 gm per 30 days retail) | TOPICORT CREA 0.25 % (Use desoximetasone)                              | NP        | QL(2 gm daily)                     |
| fluocinonide GEL                                                | P         | QL(60 gm per fill retail)                              | TOPICORT GEL (Use desoximetasone)                                      | NP        | QL(2 gm daily)                     |
| fluocinonide OINT                                               | P         | QL(60 gm per fill retail)                              | TOPICORT OINT 0.25 % (Use desoximetasone)                              | NP        | QL(2 gm daily)                     |
| fluocinonide SOLN                                               | P         | QL(60 ml per fill retail)                              | triamcinolone acetonide (topical) CREA                                 | P         |                                    |
| fluticasone propionate CREA 0.05 %                              | P         | QL(60 gm per fill retail)                              | triamcinolone acetonide (topical) LOTN                                 | P         | QL(60 ml per fill retail)          |
| fluticasone propionate OINT                                     | P         | QL(60 gm per fill retail)                              | triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %                    | P         |                                    |
| hydrocortisone (topical) CREA 0.5 %                             | P         | OTC                                                    | triamcinolone acetonide (topical) OINT 0.025 %                         | P         | QL(454 gm per fill retail)         |
| hydrocortisone (topical) CREA 1 %                               | P         | QL(454 gm per fill retail); RX/OTC                     | TRIDESILON CREA 0.05 % (Use desonide)                                  | NP        |                                    |
| hydrocortisone (topical) CREA 2.5 %                             | P         |                                                        | Eczema Agents                                                          |           |                                    |
| hydrocortisone (topical) LOTN 1 %                               | P         | QL(453.6 gm per fill retail)                           | ADBRY                                                                  | P         | SP; PA                             |
| hydrocortisone (topical) LOTN 2.5 %                             | P         | QL(120 ml per fill retail)                             | CIBINQO                                                                | P         | SP; PA                             |
| hydrocortisone (topical) OINT 1 %, 2.5 %                        | P         | RX/OTC                                                 | Emollient/Keratolytic Agents                                           |           |                                    |
| hydrocortisone butyrate SOLN                                    | P         |                                                        | KERALAC CREA 47 % (Use urea)                                           | NF        |                                    |
| mometasone furoate CREA                                         | P         | QL(50 gm per fill retail)                              | urea CREA 40 %                                                         | P         | RX/OTC                             |
| mometasone furoate OINT                                         | P         | QL(45 gm per fill retail)                              | urea LOTN 40 %                                                         | P         |                                    |
| mometasone furoate SOLN                                         | P         | QL(60 ml per fill retail)                              | UTOPIC CREA (Use urea)                                                 | NF        |                                    |
|                                                                 |           |                                                        | Emollients                                                             |           |                                    |
|                                                                 |           |                                                        | EMOLLIENT LOTION-MISC                                                  | P         | RX/OTC                             |

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|---------------------------------------------------------|-----------|-----------------------------------------------------------|
| <i>lactic acid (ammonium lactate) CREA</i>              | P         | QL(385 gm per fill retail); RX/OTC                        |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i>         | P         | QL(1368 gm per fill retail); RX/OTC                       |
| Immunomodulating Agents - Topical                       |           |                                                           |
| ALDARA (Use <i>imiquimod</i> )                          | NP        | QL(48 ea per 180 days retail)                             |
| <i>imiquimod 5 %</i>                                    | P         | QL(48 ea per 180 days retail)                             |
| Immunosuppressive Agents - Topical                      |           |                                                           |
| ELIDEL (Use <i>pimecrolimus</i> )                       | NP        | QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA  |
| <i>pimecrolimus</i>                                     | P         | QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA  |
| PROTOPIC OINT 0.1 % (Use <i>tacrolimus (topical)</i> )  | NP        | QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA |
| PROTOPIC OINT 0.03 % (Use <i>tacrolimus (topical)</i> ) | NP        | QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA  |
| <i>tacrolimus (topical) OINT 0.03 %</i>                 | P         | QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA  |
| <i>tacrolimus (topical) OINT 0.1 %</i>                  | P         | QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA |
| Keratolytic/Antimitotic Agents                          |           |                                                           |
| DERMAREST PSORIASIS GEL                                 | P         | OTC                                                       |
| KERALYT GEL                                             | P         | OTC                                                       |
| KERALYT GEL (Use <i>salicylic acid</i> )                | NP        |                                                           |
| <i>podofilox SOLN</i>                                   | P         |                                                           |
| <i>salicylic acid GEL 6 %</i>                           | P         |                                                           |
| Local Anesthetics - Topical                             |           |                                                           |

| Drug Name                                | Drug Tier | Requirements/ Limits                                   |
|------------------------------------------|-----------|--------------------------------------------------------|
| <i>capsaicin CREA 0.025 %, 0.075 %</i>   | P         | OTC; QL(60 gm per fill retail)                         |
| <i>capsaicin CREA 0.1 %</i>              | P         | OTC; QL(43 gm per fill retail)                         |
| CAPZASIN-HP CREA (Use <i>capsaicin</i> ) | NP        | OTC; QL(43 gm per fill retail)                         |
| CAPZASIN-P CREA                          | P         | OTC; QL(42.5 gm per fill retail)                       |
| CASTIVA WARMING LOTN                     | P         | OTC; QL(30 gm per fill retail)                         |
| <i>dibucaine</i>                         | P         | OTC; QL(56.7 gm per fill retail)                       |
| <i>lidocaine hcl CREA 3 %</i>            | P         | QL(453.6 gm per fill retail); RX/OTC                   |
| <i>lidocaine hcl CREA 4 %</i>            | P         | OTC; QL(2 gm daily)                                    |
| <i>lidocaine hcl GEL 2 %</i>             | P         | AL(At least 21 yrs old)                                |
| <i>lidocaine CREA 4 %</i>                | P         | OTC; QL(2 gm daily)                                    |
| <i>lidocaine OINT</i>                    | P         | 1 rtl pack lmt per fill; QL(100 gm per 30 days retail) |
| <i>lidocaine-prilocaine CREA</i>         | P         | QL(30 gm per fill retail)                              |
| LMX 4 CREA (Use <i>lidocaine</i> )       | NP        | OTC; QL(2 gm daily)                                    |
| RA ARTHRITIS PAIN RELIEF CREA            | P         | OTC; QL(60 gm per fill retail)                         |
| Misc. Topical                            |           |                                                        |
| DRYSOL SOLN                              | P         |                                                        |
| <i>lanolin (topical) CREA</i>            | P         | OTC                                                    |
| <i>lanolin (topical) OINT</i>            | P         | OTC                                                    |
| LANOLOR CREA                             | P         | OTC                                                    |

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|--------------------------------------------------------|-----------|-----------------------------------------------------------|------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| OFF DEEP WOODS AERO                                    | P         | OTC;QL(170 gm per fill retail,340 gm per 30 days retail)  | LICEMD GEL                                                                   | P         | OTC                                                                             |
| OFF DEEP WOODS DRY AERO                                | P         | OTC;QL(113 gm per fill retail,226 gm per 30 days retail)  | <i>malathion</i>                                                             | P         | QL(59 ml per fill retail)                                                       |
| REPEL SPORTSMEN MAX LOTN                               | NP        |                                                           | NATROBA (Use <i>spinosad</i> )                                               | NP        | Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail) |
| SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN        | NP        |                                                           | NIX CREME RINSE LIQD EX (Use <i>permethrin</i> )                             | NP        | OTC                                                                             |
| ULTRATHON INSECT REPELLENT 8 AERO                      | P         | OTC;QL(170 gm per fill retail,340 gm per 30 days retail)  | 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)                                                      |
| <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>permethrin LOTN</i>                                                       | P         | OTC                                                                             |
| METROCREAM CREA (Use <i>metronidazole (topical)</i> )  | NP        |                                                           | <i>pyrethrins-piperonyl butoxide LIQD</i>                                    | P         | OTC                                                                             |
| METROLOTION LOTN (Use <i>metronidazole (topical)</i> ) | NP        |                                                           | <i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i> | P         | OTC                                                                             |
| <i>metronidazole (topical) CREA</i>                    | P         |                                                           | <i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>       | P         | OTC                                                                             |
| <i>metronidazole (topical) GEL 0.75 %</i>              | P         | QL(45 gm per fill retail)                                 | RID ESSENTIAL LICE ELIMINATION KIT KIT EX                                    | P         | OTC                                                                             |
| <i>metronidazole (topical) LOTN</i>                    | P         |                                                           | SCHOOLTIME SHAMPOO SHAM                                                      | P         | OTC; QL(1 ml per 14 days retail)                                                |
| Scabicides & Pediculicides                             |           |                                                           | <i>spinosad</i>                                                              | P         | Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail) |
| <i>crotamiton LOTN</i>                                 | P         | QL(454 gm per fill retail)                                | Tar Products                                                                 |           |                                                                                 |
|                                                        |           |                                                           | <i>coal tar extract SHAM 0.5 %</i>                                           | P         | OTC                                                                             |
|                                                        |           |                                                           | DHS TAR GEL SHAM (Use <i>coal tar extract</i> )                              | NP        | OTC                                                                             |
|                                                        |           |                                                           | DHS TAR SHAM (Use <i>coal tar extract</i> )                                  | NP        | OTC                                                                             |

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|-----------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------|-----------|----------------------|
| NEUTROGENA T/GEL SHAM 0.5 % <i>(Use coal tar extract)</i> | NP        | OTC                  | MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM             | P         | SP; PA               |
| Wound Care Products                                       |           |                      | MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED | P         | SP; PA               |
| AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET                 | P         | SP; PA               | MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X7CM/MESHED | P         | SP; PA               |
| APLIGRAF DISK                                             | P         | SP; PA               | MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED | P         | SP; PA               |
| CORETEXT SUSP 1 ML, 2 ML                                  | P         | SP; PA               | MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED | P         | SP; PA               |
| EPICORD/ 1CM X 2CM SHEE                                   | P         | SP; PA               | MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH  | P         | SP; PA               |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM          | P         | SP; PA               | MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH  | P         | SP; PA               |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM          | P         | SP; PA               | MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED | P         | SP; PA               |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM          | P         | SP; PA               | NOVACHOR                                                     | P         | SP; PA               |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM          | P         | SP; PA               | OASIS ULTRA TRI-LAYER MATRIX FENESTRATED                     | P         | SP; PA               |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM          | P         | SP; PA               | OASIS WOUND MATRIX                                           | P         | SP; PA               |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM          | P         | SP; PA               | OSTEOCONDUCTIVE MATRIX PLUS                                  | P         | SP; PA               |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM         | P         | SP; PA               | PROTEXT SUSP                                                 | P         | SP; PA               |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM         | P         | SP; PA               | PURAPLY 2CM X 4CM                                            | P         | SP; PA               |
|                                                           |           |                      | PURAPLY 5CM X 5 CM                                           | P         | SP; PA               |
|                                                           |           |                      | PURAPLY 6CM X 9CM                                            | P         | SP; PA               |
|                                                           |           |                      | DIAGNOSTIC PRODUCTS                                          |           |                      |

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| Drug Name                                        | Drug Tier | Requirements/ Limits     | Drug Name                                            | Drug Tier | Requirements/ Limits     |
|--------------------------------------------------|-----------|--------------------------|------------------------------------------------------|-----------|--------------------------|
| Diagnostic Drugs                                 |           |                          | EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP        | NP        | RX/OTC                   |
| CORTROSYN SOLR<br>(Use cosyntropin)              | NP        | SP; PA                   | EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP          | NP        | RX/OTC                   |
| cosyntropin SOLR                                 | P         | SP; PA                   | ELLUME COVID-19 HOME TEST KIT                        | P         | QL(2 ea per fill retail) |
| THYROGEN 0.9 MG                                  | P         | SP; PA                   | EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP           | NP        | RX/OTC                   |
| Diagnostic Tests                                 |           |                          | FASTEP COVID-19 ANTIGEN HOME TEST KIT                | NP        |                          |
| ACCU-CHEK GUIDE TEST STRIPS STRP                 | NP        | RX/OTC                   | FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT              | P         | QL(2 ea per fill retail) |
| BD VERITOR AT-HOME COVID-19 TEST KIT             | P         | QL(2 ea per fill retail) | FORA GTEL BLOOD KETONE TEST STRIPS                   | P         | OTC; QL(1 ea daily)      |
| BINAXNOW COVID-19 AG CARD HOME TEST KIT          | P         | QL(2 ea per fill retail) | FORA TEST N' GO ADVANCE/VOICE/6 CONNECT              | P         | OTC; QL(1 ea daily)      |
| BLOOD GLUCOSE TEST STRIPS333 STRP                | NP        | RX/OTC                   | FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP | NP        | RX/OTC                   |
| BLULINK GLUCOSE TEST STRIPS STRP                 | NP        | RX/OTC                   | FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP          | NP        | RX/OTC                   |
| CARESTART COVID-19 ANTIGEN HOME TEST KIT         | P         | QL(2 ea per fill retail) | GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT      | NP        |                          |
| CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP         | NP        | RX/OTC                   | GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT      | NP        |                          |
| CHEMSTRIP-K STRP                                 | P         | OTC; QL(6.67 ea daily)   | GNP EASY TOUCH GLUCOSE TEST STRIPS STRP              | NP        | RX/OTC                   |
| CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT       | P         | QL(2 ea per fill retail) | GOJJI BLOOD KETONE TEST STRIPS                       | P         | OTC; QL(1 ea daily)      |
| CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT    | NP        |                          | IHEALTH COVID-19 ANTIGENRAPID TEST KIT               | P         | QL(2 ea per fill retail) |
| COVID-19 AG 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) |                                                      |           |                          |
| CVS COVID-19 AT HOME TESTKIT KIT                 | NP        |                          |                                                      |           |                          |
| EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP | NP        | RX/OTC                   |                                                      |           |                          |



| Drug Name                                        | Drug Tier | Requirements/ Limits               | Drug Name                                                                          | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------|-----------|------------------------------------|------------------------------------------------------------------------------------|-----------|------------------------|
| INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT | NP        |                                    | RELION KETONE TEST STRIPS STRP                                                     | P         | OTC; QL(6.67 ea daily) |
| INTELISWAB COVID-19 RAPID TEST KIT               | P         | QL(2 ea per fill retail)           | RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP                                      | NP        | RX/OTC                 |
| KETONE TEST STRIPS STRP                          | P         | OTC; QL(6.67 ea daily)             | RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP                                      | NP        | RX/OTC                 |
| KETONE STRP                                      | P         | OTC; QL(6.67 ea daily)             | SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT                                   | NP        |                        |
| KETOSTIX STRP                                    | P         | OTC; QL(6.67 ea daily)             | VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP                                       | NP        | RX/OTC                 |
| NOVA MAX PLUS KETONE TESTSTRIPS                  | P         | OTC; QL(1 ea daily)                | <b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>                       |           |                        |
| ON/GO COVID-19 ANTIGEN SELF-TEST KIT             | P         | QL(2 ea per fill retail)           | Digestive Enzymes                                                                  |           |                        |
| ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT         | NP        |                                    | CREON CPEP                                                                         | P         | Smart PA               |
| ONETOUCH ULTRA STRP                              | NP        | RX/OTC                             | <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b> |           |                        |
| ONETOUCH ULTRA STRP                              | P         | Clinical Edit: Test Strips; RX/OTC | Carbonic Anhydrase Inhibitors                                                      |           |                        |
| ONETOUCH VERIO IN VITRO MEDI-CAL STRP            | NP        | RX/OTC                             | acetazolamide CP12                                                                 | P         |                        |
| ONETOUCH VERIO TEST STRIPS STRP                  | P         | Clinical Edit: Test Strips; RX/OTC | acetazolamide TABS                                                                 | P         |                        |
| ONETOUCH VERIO TEST STRIPS STRP                  | NP        | RX/OTC                             | dichlorphenamide                                                                   | P         | SP; PA                 |
| PILOT COVID-19 AT-HOME TEST KIT                  | NP        |                                    | KEVEYIS (Use dichlorphenamide)                                                     | NP        | SP; PA                 |
| PIP BLOOD GLUCOSE TEST STRIP STRP                | NP        | RX/OTC                             | methazolamide TABS                                                                 | P         |                        |
| PRECISION XTRA                                   | P         | OTC; QL(1 ea daily)                | Diuretic Combinations                                                              |           |                        |
| PTS PANELS EGLU STRP                             | NP        | RX/OTC                             | ALDACTAZIDE (Use spironolactone & hydrochlorothiazide)                             | NP        |                        |
| PTS PANELS KETONE TEST                           | P         | OTC; QL(1 ea daily)                | amiloride & hydrochlorothiazide                                                    | P         | QL(1 ea daily)         |
| QUICKVUE AT-HOME COVID-19 TEST KIT               | P         | QL(2 ea per fill retail)           | MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)                            | NP        |                        |
| RAPID SARS-COV-2 ANTIGENTEST CARD KIT            | NP        |                                    | MAXZIDE TABS (Use triamterene & hydrochlorothiazide)                               | NP        |                        |

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|-----------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>spironolactone &amp; hydrochlorothiazide</i>                                               | P         |                      |
| <i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>                               | P         |                      |
| <i>triamterene &amp; hydrochlorothiazide TABS</i>                                             | P         |                      |
| Loop Diuretics                                                                                |           |                      |
| <i>bumetanide TABS</i>                                                                        | P         |                      |
| BUMEX TABS 0.5 MG (Use bumetanide)                                                            | NP        |                      |
| <i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>                                                 | P         |                      |
| <i>furosemide TABS</i>                                                                        | P         |                      |
| LASIX TABS (Use furosemide)                                                                   | NP        |                      |
| SOAANZ TABS 20 MG                                                                             | NP        | QL(1 ea daily)       |
| <i>toremide TABS</i>                                                                          | P         | QL(1 ea daily)       |
| Potassium Sparing Diuretics                                                                   |           |                      |
| ALDACTONE TABS (Use spironolactone)                                                           | NP        |                      |
| <i>amiloride hcl TABS</i>                                                                     | P         | QL(4 ea daily)       |
| <i>spironolactone TABS</i>                                                                    | P         |                      |
| Thiazides and Thiazide-Like Diuretics                                                         |           |                      |
| <i>chlorthalidone 25 MG, 50 MG</i>                                                            | P         |                      |
| <i>hydrochlorothiazide CAPS</i>                                                               | P         |                      |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i>                                                  | P         |                      |
| <i>indapamide TABS 1.25 MG, 2.5 MG</i>                                                        | P         |                      |
| <i>metolazone</i>                                                                             | P         |                      |
| ENDOCRINE AND METABOLIC AGENTS - MISC.<br>- Drugs to Treat Bone Disease and Regulate Hormones |           |                      |
| Adrenal Steroid Inhibitors                                                                    |           |                      |
| ISTURISA                                                                                      | P         | SP; PA               |
| RECORLEV                                                                                      | P         | SP; PA               |

| Drug Name                                               | Drug Tier | Requirements/ Limits            |
|---------------------------------------------------------|-----------|---------------------------------|
| Bone Density Regulators                                 |           |                                 |
| ACTONEL TABS 35 MG (Use risedronate sodium)             | NP        | QL(4 ea per fill retail); PA    |
| <i>alendronate sodium SOLN</i>                          | P         | QL(10.8 ml daily)               |
| <i>alendronate sodium TABS 35 MG, 70 MG</i>             | P         | QL(0.15 ea daily)               |
| <i>alendronate sodium TABS 5 MG, 10 MG</i>              | P         | QL(1 ea daily)                  |
| ATELVIA TBEC (Use risedronate sodium)                   | NP        | QL(4 ea per 28 days retail); PA |
| <i>calcitonin (salmon) NA</i>                           | P         | 1 rtl pack lmt per fill         |
| <i>calcitonin (salmon) IJ</i>                           | P         | QL(2 ml per fill retail)        |
| EVENITY                                                 | P         | SP; PA                          |
| FORTEO SOPN                                             | P         | SP; PA                          |
| FOSAMAX TABS 70 MG (Use alendronate sodium)             | NP        | QL(0.15 ea daily)               |
| <i>ibandronate sodium SOLN</i>                          | P         | SP; PA                          |
| MIACALCIN IJ (Use calcitonin (salmon))                  | NP        | QL(2 ml per fill retail)        |
| NATPARA                                                 | P         | SP; PA                          |
| <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i> | P         | SP; PA                          |
| PAMIDRONATE DISODIUM SOLN                               | P         | SP; PA                          |
| PROLIA SOSY                                             | P         | SP; PA                          |
| RECLAST SOLN (Use zoledronic acid)                      | NP        | SP; PA                          |
| <i>risedronate sodium TABS 35 MG</i>                    | P         | QL(4 ea per fill retail); PA    |
| <i>risedronate sodium TABS 5 MG, 30 MG</i>              | P         | QL(1 ea daily); PA              |
| <i>risedronate sodium TBEC</i>                          | P         | QL(4 ea per 28 days retail); PA |
| TERIPARATIDE SOPN                                       | P         | SP; PA                          |
| TYMLOS                                                  | P         | SP; PA                          |
| XGEVA SOLN                                              | P         | SP; PA                          |
| <i>zoledronic acid CONC</i>                             | P         | SP; PA                          |

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|----------------------------------------------------------------|-----------|---------------------|
| <i>zoledronic acid SOLN</i>                                    | P         | SP; PA              |
| ZOLEDRONIC ACID SOLN                                           | P         | SP; PA              |
| Fertility Regulators                                           |           |                     |
| CHORIONIC GONADOTROPIN IM                                      | P         | PA                  |
| FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML | P         | PA                  |
| GONAL-F RFF REDIJECT SOPN                                      | P         | PA                  |
| GONAL-F RFF SOLR SC                                            | P         | PA                  |
| GONAL-F SOLR IJ                                                | P         | PA                  |
| MENOPUR SC                                                     | P         | PA                  |
| NOVAREL IM                                                     | P         | PA                  |
| OVIDREL INJ                                                    | P         | PA                  |
| PREGNYL IM 10000 UNIT                                          | P         | PA                  |
| PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM                        | P         | PA                  |
| GnRH/LHRH Antagonists                                          |           |                     |
| <i>cetrorelix acetate</i>                                      | P         | PA                  |
| CETROTIDE 0.25 MG                                              | P         | PA                  |
| <i>ganirelix acetate</i>                                       | P         | PA                  |
| GANIRELIX ACETATE (Use <i>ganirelix acetate</i> )              | NP        | PA                  |
| Growth Hormone Receptor Antagonists                            |           |                     |
| SOMAVERT                                                       | P         | SP; PA              |
| Growth Hormones                                                |           |                     |
| NORDITROPIN FLEXPPO SOPN                                       | P         | SP; PA              |
| SAIZEN IJ                                                      | P         | SP; PA              |
| SAIZENPREP RECONSTITUTIONKIT IJ                                | P         | SP; PA              |
| SEROSTIM SC 4 MG, 5 MG, 6 MG                                   | P         | SP; PA              |
| SKYTROFA                                                       | P         | SP; PA              |

| Drug Name                                                                    | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------|-----------|---------------------|
| ZORBTIVE SC                                                                  | P         | SP; PA              |
| Hormone Receptor Modulators                                                  |           |                     |
| EVISTA (Use <i>raloxifene hcl</i> )                                          | NP        | QL(1 ea daily)      |
| <i>raloxifene hcl</i>                                                        | P         | QL(1 ea daily)      |
| Insulin-Like Growth Factor Receptor Inhibitors                               |           |                     |
| TEPEZZA                                                                      | P         | SP; PA              |
| Insulin-Like Growth Factors (Somatomedins)                                   |           |                     |
| INCRELEX                                                                     | P         | SP; PA              |
| LHRH/GnRH Agonist Analog Pituitary Suppressants                              |           |                     |
| FENSOLVI SC                                                                  | P         | SP; PA              |
| LUPRON DEPOT-PED (1-MONTH)                                                   | P         | SP; PA              |
| LUPRON DEPOT-PED (3-MONTH)                                                   | P         | SP; PA              |
| SUPPRELIN LA                                                                 | P         | SP; PA              |
| SYNAREL                                                                      | P         | SP; PA              |
| TRIPTODUR                                                                    | P         | SP; PA              |
| Metabolic Modifiers                                                          |           |                     |
| ALDURAZYME                                                                   | P         | SP; PA              |
| <i>betaine</i>                                                               | P         | SP; PA              |
| BRINEURA                                                                     | P         | SP; PA              |
| BUPHENYL POWD (Use <i>sodium phenylbutyrate</i> )                            | NP        | SP; PA              |
| BUPHENYL TABS (Use <i>sodium phenylbutyrate</i> )                            | NP        | SP; PA              |
| <i>calcitriol CAPS</i>                                                       | P         |                     |
| CARBAGLU (Use <i>carglumic acid</i> )                                        | NP        | SP; PA              |
| <i>carglumic acid</i>                                                        | P         | SP; PA              |
| CARNITOR SF SOLN OR (Use <i>levocarnitine (metabolic modifiers)</i> )        | NP        | QL(30 ml daily)     |
| CARNITOR SOLN OR 1 GM/10ML (Use <i>levocarnitine (metabolic modifiers)</i> ) | NP        | QL(30 ml daily)     |

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|------------------------------------------------------------------|-----------|--------------------------|------------------------------------------------------------|-----------|--------------------------|
| CARNITOR TABS ( <i>Use levocarnitine (metabolic modifiers)</i> ) | NP        | QL(3 ea daily)           | ROCALTROL CAPS ( <i>Use calcitriol</i> )                   | NP        |                          |
| cinacalcet hcl                                                   | P         | SP; PA                   | sapropterin dihydrochloride PACK                           | P         | SP; PA                   |
| CRYSVITA                                                         | P         | SP; PA                   | sapropterin dihydrochloride TABS                           | P         | SP; PA                   |
| CYSTADANE ( <i>Use betaine</i> )                                 | NP        | SP; PA                   | SENSIPAR ( <i>Use cinacalcet hcl</i> )                     | NP        | SP; PA                   |
| ELAPRASE                                                         | P         | SP; PA                   | sodium phenylbutyrate POWD                                 | P         | SP; PA                   |
| GALAFOLD                                                         | P         | QL(0.5 ea daily); SP; PA | sodium phenylbutyrate TABS                                 | P         | SP; PA                   |
| KANUMA                                                           | P         | SP; PA                   | STRENSIQ                                                   | P         | SP; PA                   |
| KUVAN PACK ( <i>Use sapropterin dihydrochloride</i> )            | NP        | SP; PA                   | VIMIZIM                                                    | P         | SP; PA                   |
| KUVAN TABS ( <i>Use sapropterin dihydrochloride</i> )            | NP        | SP; PA                   | XURIDEN                                                    | P         | SP; PA                   |
| levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML            | P         | QL(30 ml daily)          | ZEMPLAR SOLN ( <i>Use paricalcitol</i> )                   | NP        | SP; PA                   |
| levocarnitine (metabolic modifiers) TABS                         | P         | QL(3 ea daily)           | Natriuretic Peptides                                       |           |                          |
| LUMIZYME                                                         | P         | SP; PA                   | VOXZOGO                                                    | P         | SP; PA                   |
| MEPSEVII                                                         | P         | SP; PA                   | Posterior Pituitary Hormones                               |           |                          |
| MYALEPT                                                          | P         | SP; PA                   | DDAVP SOLN IJ 4 MCG/ML ( <i>Use desmopressin acetate</i> ) | NP        | SP; PA                   |
| NAGLAZYME                                                        | P         | SP; PA                   | DDAVP TABS ( <i>Use desmopressin acetate</i> )             | NP        | QL(6 ea daily)           |
| NEXVIAZYME                                                       | P         | SP; PA                   | desmopressin acetate spray                                 | P         | QL(5 ml per fill retail) |
| nitisinone CAPS                                                  | P         | SP; PA                   | desmopressin acetate spray refrigerated                    | P         | QL(5 ml per fill retail) |
| NITYR TABS                                                       | P         | SP; PA                   | desmopressin acetate SOLN IJ                               | P         | SP; PA                   |
| NULIBRY                                                          | P         | SP; PA                   | DESMOPRESSIN ACETATE SOLN NA                               | P         | SP; PA                   |
| ORFADIN CAPS 20 MG                                               | P         | SP; PA                   | desmopressin acetate TABS                                  | P         | QL(6 ea daily)           |
| ORFADIN CAPS ( <i>Use nitisinone</i> )                           | NP        | SP; PA                   | STIMATE SOLN NA                                            | P         | SP; PA                   |
| ORFADIN SUSP                                                     | P         | SP; PA                   | Somatostatic Agents                                        |           |                          |
| PALYNZIQ                                                         | P         | SP; PA                   | octreotide acetate SOLN                                    | P         | SP; PA                   |
| paricalcitol SOLN                                                | P         | SP; PA                   | SANDOSTATIN LAR DEPOT KIT                                  | P         | SP; PA                   |
| PARSABIV                                                         | P         | SP; PA                   |                                                            |           |                          |
| RAVICTI                                                          | P         | SP; PA                   |                                                            |           |                          |
| REVCovi                                                          | P         | SP; PA                   |                                                            |           |                          |

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|--------------------------------------------------------------------------------------|-----------|-----------------------------|------------------------------------------------------------------------|-----------|---------------------------------------|
| SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML ( <i>Use octreotide acetate</i> ) | NP        | SP; PA                      | MINIVELLE PTTW ( <i>Use estradiol</i> )                                | NP        | QL(8 ea per fill retail)              |
| SIGNIFOR                                                                             | P         | SP; PA                      | PREMARIN TABS                                                          | P         | QL(1 ea daily)                        |
| SIGNIFOR LAR                                                                         | P         | SP; PA                      | VIVELLE-DOT PTTW ( <i>Use estradiol</i> )                              | NP        | QL(8 ea per fill retail)              |
| Vasopressin Receptor Antagonists                                                     |           |                             | FLUOROQUINOLONES - Drugs to Treat Bacterial Infections                 |           |                                       |
| JYNARQUE TABS                                                                        | P         | SP; PA                      | Fluoroquinolones                                                       |           |                                       |
| JYNARQUE TBPk                                                                        | P         | SP; PA                      | <i>ciprofloxacin hcl TABS 100 MG</i>                                   | P         | QL(6 ea per fill retail)              |
| SAMSCA TABS ( <i>Use tolvaptan</i> )                                                 | NP        | SP; PA                      | <i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>                   | P         |                                       |
| <i>tolvaptan TABS</i>                                                                | P         | SP; PA                      | CIPRO TABS 250 MG, 500 MG ( <i>Use ciprofloxacin hcl</i> )             | NP        |                                       |
| ESTROGENS - Hormone Replacement/Modifying Drugs                                      |           |                             | <i>levofloxacin TABS</i>                                               | P         | QL(1 ea daily; 14 ea per fill retail) |
| Estrogen Combinations                                                                |           |                             | <i>ofloxacin 400 MG</i>                                                | P         | QL(56 ea per fill retail)             |
| ACTIVELLA TABS 1 MG-0.5 MG ( <i>Use estradiol &amp; norethindrone acetate</i> )      | NP        | QL(1 ea daily)              | GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs |           |                                       |
| COMBIPATCH PTTW                                                                      | P         | QL(8 ea per 28 days retail) | Antiflatulents                                                         |           |                                       |
| <i>estradiol &amp; norethindrone acetate TABS</i>                                    | P         | QL(1 ea daily)              | MYLICON INFANTS GAS RELIEF DYE FREE SUSP ( <i>Use simethicone</i> )    | NP        | OTC; QL(31 ml per 30 days retail)     |
| FEMHRT ( <i>Use norethindrone acetate-ethinyl estradiol</i> )                        | NP        |                             | MYLICON INFANTS GAS RELIEF SUSP ( <i>Use simethicone</i> )             | NP        | OTC; QL(31 ml per 30 days retail)     |
| <i>norethindrone acetate-ethinyl estradiol</i>                                       | P         |                             | <i>simethicone CHEW 80 MG</i>                                          | P         | OTC                                   |
| PREMPHASE                                                                            | P         |                             | <i>simethicone LIQD OR 20 MG/0.3ML</i>                                 | P         | OTC; QL(31 ml per 30 days retail)     |
| PREMPRO                                                                              | P         |                             | <i>simethicone SUSP</i>                                                | P         | OTC; QL(31 ml per 30 days retail)     |
| Estrogens                                                                            |           |                             | Bile Acid Synthesis Disorder Agents                                    |           |                                       |
| ALORA PTTW                                                                           | P         | QL(8 ea per fill retail)    | CHOLBAM                                                                | P         | SP; PA                                |
| CLIMARA PTWK ( <i>Use estradiol</i> )                                                | NP        | QL(4 ea per fill retail)    | Farnesoid X Receptor (FXR) Agonists                                    |           |                                       |
| ESTRACE TABS ( <i>Use estradiol</i> )                                                | NP        |                             |                                                                        |           |                                       |
| <i>estradiol PTTW</i>                                                                | P         | QL(8 ea per fill retail)    |                                                                        |           |                                       |
| <i>estradiol PTWK</i>                                                                | P         | QL(4 ea per fill retail)    |                                                                        |           |                                       |
| <i>estradiol TABS</i>                                                                | P         |                             |                                                                        |           |                                       |

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|--------------------------------------------------------|-----------|------------------------|---------------------------------------------------------------------|-----------|---------------------------------------|
| OICALIVA                                               | P         | QL(1 ea daily); SP; PA | INFLIXIMAB                                                          | P         | SP; PA                                |
| Gallstone Solubilizing Agents                          |           |                        | LIALDA TBEC ( <i>Use mesalamine</i> )                               | NP        |                                       |
| CHENODAL                                               | P         | SP; PA                 | <i>mesalamine CP24</i>                                              | P         |                                       |
| URSO 250 TABS ( <i>Use ursodiol</i> )                  | NP        | QL(7 ea daily)         | <i>mesalamine CPDR</i>                                              | P         |                                       |
| <i>ursodiol CAPS</i>                                   | P         |                        | <i>mesalamine ENEM</i>                                              | P         | QL(60 ml daily)                       |
| <i>ursodiol TABS 250 MG</i>                            | P         | QL(7 ea daily)         | <i>mesalamine TBEC</i>                                              | P         |                                       |
| Gastrointestinal Stimulants                            |           |                        | REMICADE                                                            | P         | SP; PA                                |
| GIMOTI SOLN NA                                         | P         | SP; PA                 | RENFLEXIS                                                           | P         | SP; PA                                |
| <i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i> | P         |                        | SFROWASA ENEM                                                       | P         |                                       |
| <i>metoclopramide hcl TABS</i>                         | P         |                        | STELARA 130 MG/26ML                                                 | P         | SP; PA                                |
| REGLAN TABS ( <i>Use metoclopramide hcl</i> )          | NP        |                        | <i>sulfasalazine TABS</i>                                           | P         |                                       |
| Ileal Bile Acid Transporter (IBAT) Inhibitors          |           |                        | <i>sulfasalazine TBEC</i>                                           | P         |                                       |
| BYLVAY (PELLETS) CPSP                                  | P         | SP; PA                 | Intestinal Acidifiers                                               |           |                                       |
| BYLVAY CAPS                                            | P         | SP; PA                 | <i>lactulose (encephalopathy)</i>                                   | P         |                                       |
| LIVMARLI                                               | P         | SP; PA                 | Phosphate Binder Agents                                             |           |                                       |
| Inflammatory Bowel Agents                              |           |                        | <i>calcium acetate (phosphate binder) CAPS</i>                      | P         |                                       |
| APRISO CP24 ( <i>Use mesalamine</i> )                  | NP        |                        | Short Bowel Syndrome (SBS) Agents                                   |           |                                       |
| ASACOL HD TBEC ( <i>Use mesalamine</i> )               | NP        |                        | GATTEX                                                              | P         | SP; PA                                |
| AVSOLA                                                 | P         | SP; PA                 | Tryptophan Hydroxylase Inhibitors                                   |           |                                       |
| AZULFIDINE EN-TABS TBEC ( <i>Use sulfasalazine</i> )   | NP        |                        | XERMELO                                                             | P         | SP; PA                                |
| AZULFIDINE TABS ( <i>Use sulfasalazine</i> )           | NP        |                        | <b>GENITOURINARY AGENTS - MISCELLANEOUS -</b>                       |           |                                       |
| <i>balsalazide disodium CAPS</i>                       | P         | QL(9 ea daily)         | Miscellaneous Drugs to Treat Reproductive Organs and Urinary System |           |                                       |
| COLAZAL CAPS ( <i>Use balsalazide disodium</i> )       | NP        | QL(9 ea daily)         | Alkalinizers                                                        |           |                                       |
| DELZICOL CPDR ( <i>Use mesalamine</i> )                | NP        |                        | <i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i> | P         |                                       |
| ENTYVIO                                                | P         | SP; PA                 | <i>sodium citrate &amp; citric acid</i>                             | P         | QL(500 ml per 30 days retail); RX/OTC |
| INFLECTRA                                              | P         | SP; PA                 | <i>sodium citrate &amp; citric acid</i>                             | NP        | RX/OTC                                |
|                                                        |           |                        | UROKIT-K 10 TBCR ( <i>Use potassium citrate (alkalinizer)</i> )     | NP        |                                       |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------|-----------|----------------------|
| UROCIT-K 5 TBCR ( <i>Use potassium citrate (alkalinizer)</i> ) | NP        |                      |
| Cystinosis Agents                                              |           |                      |
| CYSTAGON CAPS                                                  | P         | SP; PA               |
| PROCYSBI CPDR                                                  | P         | SP; PA               |
| PROCYSBI PACK                                                  | P         | SP; PA               |
| Genitourinary Irrigants                                        |           |                      |
| <i>sodium chloride (gu irrigant) 0.9 %</i>                     | P         |                      |
| Hyperoxaluria Agents                                           |           |                      |
| OXLUMO                                                         | P         | SP; PA               |
| Prostatic Hypertrophy Agents                                   |           |                      |
| <i>finasteride</i>                                             | P         | QL(1 ea daily)       |
| FLOMAX ( <i>Use tamsulosin hcl</i> )                           | NP        | QL(2 ea daily)       |
| PROSCAR ( <i>Use finasteride</i> )                             | NP        | QL(1 ea daily)       |
| <i>tamsulosin hcl</i>                                          | P         | QL(2 ea daily)       |
| Urinary Analgesics                                             |           |                      |
| <i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>         | P         |                      |
| PYRIDIUM TABS ( <i>Use phenazopyridine hcl</i> )               | NP        |                      |
| Urinary Stone Agents                                           |           |                      |
| THIOLA EC TBEC                                                 | P         | SP; PA               |
| THIOLA TABS ( <i>Use tiopronin</i> )                           | NP        | SP; PA               |
| <i>tiopronin TABS</i>                                          | P         | SP; PA               |
| Vesicoureteral Reflux (VUR) Agents                             |           |                      |
| DEFLUX                                                         | P         | SP; PA               |
| <b>GOUT AGENTS - Drugs to Treat Gout</b>                       |           |                      |
| Gout Agent Combinations                                        |           |                      |
| <i>colchicine w/ probenecid</i>                                | P         |                      |
| Gout Agents                                                    |           |                      |

| Drug Name                                                            | Drug Tier | Requirements/ Limits     |
|----------------------------------------------------------------------|-----------|--------------------------|
| <i>allopurinol</i>                                                   | P         |                          |
| <i>colchicine TABS</i>                                               | P         | QL(6 ea per fill retail) |
| COLCRYS TABS ( <i>Use colchicine</i> )                               | NP        | QL(6 ea per fill retail) |
| KRYSTEXXA                                                            | P         | SP; PA                   |
| ZYLOPRIM ( <i>Use allopurinol</i> )                                  | NP        |                          |
| Uricosurics                                                          |           |                          |
| <i>probenecid</i>                                                    | P         |                          |
| <b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b> |           |                          |
| Antihemophilic Products                                              |           |                          |
| ADVATE                                                               | P         | SP; PA                   |
| ADYNOVATE                                                            | P         | SP; PA                   |
| AFSTYLA                                                              | P         | SP; PA                   |
| ALPHANATE SOLR                                                       | P         | SP; PA                   |
| ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT                          | P         | SP; PA                   |
| ALPROLIX                                                             | P         | SP; PA                   |
| BENEFIX KIT                                                          | P         | SP; PA                   |
| COAGADEX                                                             | P         | SP; PA                   |
| CORIFACT                                                             | P         | SP; PA                   |
| ELOCTATE                                                             | P         | SP; PA                   |
| ESPEROCT                                                             | P         | SP; PA                   |
| FEIBA                                                                | P         | SP; PA                   |
| FIBRYGA                                                              | P         | SP; PA                   |
| HEMLIBRA                                                             | P         | SP; PA                   |
| HEMOFIL M SOLR 1501 - 2000 UNIT                                      | P         | PA                       |
| HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT              | P         | SP; PA                   |
| HUMATE-P SOLR                                                        | P         | SP; PA                   |
| IDELVION                                                             | P         | SP; PA                   |
| IXINITY SOLR                                                         | P         | SP; PA                   |
| JIVI                                                                 | P         | SP; PA                   |

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|-----------------------------------------------|-----------|----------------------|
| KCENTRA                                       | P         | SP; PA               |
| KOATE-DVI SOLR 500 UNIT, 1000 UNIT            | P         | SP; PA               |
| KOATE SOLR                                    | P         | SP; PA               |
| KOGENATE FS KIT                               | P         | SP; PA               |
| KOVALTRY                                      | P         | SP; PA               |
| MONONINE 1000 UNIT                            | P         | SP; PA               |
| NOVOSEVEN RT                                  | P         | SP; PA               |
| NUWIQ KIT                                     | P         | SP; PA               |
| NUWIQ SOLR                                    | P         | SP; PA               |
| OBIZUR                                        | P         | SP; PA               |
| PROFILNINE                                    | P         | SP; PA               |
| REBINYN                                       | P         | SP; PA               |
| RECOMBINATE SOLR                              | P         | SP; PA               |
| RIASTAP                                       | P         | SP; PA               |
| RIXUBIS SOLR                                  | P         | SP; PA               |
| SEVENFACT                                     | P         | SP; PA               |
| TRETTEN                                       | P         | SP; PA               |
| VONVENDI                                      | P         | SP; PA               |
| WILATE KIT                                    | P         | SP; PA               |
| XYNTHA                                        | P         | SP; PA               |
| XYNTHA SOLOFUSE                               | P         | SP; PA               |
| Bradykinin B2 Receptor Antagonists            |           |                      |
| FIRAZYR SOSY ( <i>Use icatibant acetate</i> ) | NP        | SP; PA               |
| <i>icatibant acetate SOLN</i>                 | P         | SP; PA               |
| <i>icatibant acetate SOSY</i>                 | P         | SP; PA               |
| Complement Inhibitors                         |           |                      |
| BERINERT KIT                                  | P         | SP; PA               |
| CINRYZE SOLR IV                               | P         | SP; PA               |
| ENJAYMO                                       | P         | SP; PA               |
| HAEGARDA SOLR SC                              | P         | SP; PA               |
| RUCONEST                                      | P         | SP; PA               |
| TAVNEOS                                       | P         | SP; PA               |
| Hematorheologic Agents                        |           |                      |
| <i>pentoxifylline</i>                         | P         |                      |

| Drug Name                                             | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|----------------------|
| Hemin                                                 |           |                      |
| PANHEMATIN 350 MG                                     | P         | SP; PA               |
| Human Protein C                                       |           |                      |
| CEPROTIN                                              | P         | SP; PA               |
| Plasma Kallikrein Inhibitors                          |           |                      |
| KALBITOR                                              | P         | SP; PA               |
| ORLADEYO                                              | P         | SP; PA               |
| TAKHZYRO SOLN                                         | P         | SP; PA               |
| TAKHZYRO SOSY                                         | P         | SP; PA               |
| Plasma Proteins                                       |           |                      |
| RYPLAZIM                                              | P         | SP; PA               |
| THROMBATE III                                         | P         | SP; PA               |
| THROMBATE III W/10 ML STERILE WATER                   | P         | SP; PA               |
| THROMBATE III W/20 ML STERILE WATER                   | P         | SP; PA               |
| Platelet Aggregation Inhibitors                       |           |                      |
| BRILINTA                                              | P         | QL(2 ea daily)       |
| CABLIVI                                               | P         | SP; PA               |
| <i>cilostazol</i>                                     | P         | QL(2 ea daily)       |
| <i>clopidogrel bisulfate 75 MG</i>                    | P         |                      |
| <i>dipyridamole</i>                                   | P         |                      |
| EFFIENT ( <i>Use prasugrel hcl</i> )                  | NP        | QL(1 ea daily)       |
| PLAVIX 75 MG ( <i>Use clopidogrel bisulfate</i> )     | NP        |                      |
| <i>prasugrel hcl</i>                                  | P         | QL(1 ea daily)       |
| Pyruvate Kinase Activators                            |           |                      |
| PYRUKYND TAPER PACK TBPB                              | P         | SP; PA               |
| PYRUKYND TABS                                         | P         | SP; PA               |
| Thrombolytic Agent - Misc                             |           |                      |
| DEFITELIO                                             | P         | SP; PA               |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders |           |                      |

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| Drug Name                                                                         | Drug Tier | Requirements/ Limits          | Drug Name                                               | Drug Tier | Requirements/ Limits                                     |
|-----------------------------------------------------------------------------------|-----------|-------------------------------|---------------------------------------------------------|-----------|----------------------------------------------------------|
| Agents for Gaucher Disease                                                        |           |                               | NIVESTYM SOLN                                           | P         | SP; PA                                                   |
| CERDELGA                                                                          | P         | SP; PA                        | NIVESTYM SOSY                                           | P         | SP; PA                                                   |
| CEREZYME 400 UNIT                                                                 | P         | SP; PA                        | NYVEPRIA                                                | P         | SP; PA                                                   |
| <i>miglustat</i>                                                                  | P         | SP; PA                        | PROCRIT                                                 | P         | SP; PA                                                   |
| ZAVESCA ( <i>Use miglustat</i> )                                                  | NP        | SP; PA                        | PROCRIT                                                 | P         | SP; PA                                                   |
| Agents for Sickle Cell Disease                                                    |           |                               | RELEUKO SOLN                                            | P         | SP; PA                                                   |
| DROXIA CAPS                                                                       | P         |                               | RELEUKO SOSY                                            | P         | SP; PA                                                   |
| ENDARI                                                                            | P         | SP; PA                        | RETACRIT                                                | P         | SP; PA                                                   |
| OXBRYTA TABS 500 MG                                                               | P         | SP; PA                        | RETACRIT                                                | P         | SP; PA                                                   |
| OXBRYTA TBSO                                                                      | P         | SP; PA                        | ZARXIO                                                  | P         | SP; PA                                                   |
| SIKLOS TABS                                                                       | P         | PA                            | Hematopoietic Mixtures                                  |           |                                                          |
| Cobalamins                                                                        |           |                               | <i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i> | P         | QL(1 ea daily)                                           |
| <i>cyanocobalamin SOLN IJ</i>                                                     | P         | QL(10 ml per 270 days retail) | Iron                                                    |           |                                                          |
| Folic Acid/Folates                                                                |           |                               | FER-IN-SOL SOLN ( <i>Use ferrous sulfate</i> )          | NP        | OTC; QL(3.4 ml daily)                                    |
| <i>folic acid TABS 400 MCG, 800 MCG</i>                                           | P         | OTC; QL(1 ea daily)           | FERRETTS TABS                                           | P         | OTC; QL(2 ea daily)                                      |
| <i>folic acid TABS 1 MG</i>                                                       | P         | RX/OTC                        | <i>ferrous fumarate TABS 324 MG</i>                     | P         | OTC; QL(2 ea daily)                                      |
| Hematopoietic Growth Factors                                                      |           |                               | FERROUS GLUCONATE TABS 324 MG                           | P         | OTC; QL(100 ea per 30 days retail); AL(Up to 50 yrs old) |
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML | P         | SP; PA                        | <i>ferrous sulfate ELIX</i>                             | P         | OTC; AL(Up to 50 yrs old)                                |
| ARANESP ALBUMIN FREE SOSY                                                         | P         | SP; PA                        | <i>ferrous sulfate SOLN</i>                             | P         | OTC; QL(3.4 ml daily)                                    |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML     | P         | SP; PA                        | <i>ferrous sulfate TABS 65 MG, 325 MG</i>               | P         | OTC; AL(Up to 50 yrs old)                                |
| GRANIX SOLN                                                                       | P         | SP; PA                        | <i>ferrous sulfate TBEC</i>                             | P         | OTC; AL(Up to 50 yrs old)                                |
| GRANIX SOSY                                                                       | P         | SP; PA                        | FERROUS SULFATE TBEC                                    | P         | OTC; AL(Up to 50 yrs old)                                |
| LEUKINE SOLR IJ                                                                   | P         | SP; PA                        | IRON CHEWS PEDIATRIC CHEW                               | P         | OTC                                                      |
| MIRCERA                                                                           | P         | SP; PA                        | IRON TABS 28 MG                                         | P         | OTC                                                      |
| MULPLETA                                                                          | P         | SP; PA                        | <i>polysaccharide iron complex CAPS 150 MG</i>          | P         | QL(1 ea daily)                                           |
| NEUPOGEN SOLN                                                                     | P         | SP; PA                        | Stem Cell Mobilizers                                    |           |                                                          |
| NEUPOGEN SOSY                                                                     | P         | SP; PA                        |                                                         |           |                                                          |

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|-------------------------------------------------------------------|-----------|------------------------------------------------------|
| MOZOBIL (Use <i>plerixafor</i> )                                  | NP        | SP; PA                                               |
| <i>plerixafor</i>                                                 | P         | SP; PA                                               |
| <b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b> |           |                                                      |
| Hemostatics - Systemic                                            |           |                                                      |
| AMICAR SOLN OR (Use <i>aminocaproic acid</i> )                    | NP        | QL(236.5 ml per 30 days retail); SP                  |
| AMICAR TABS 1000 MG (Use <i>aminocaproic acid</i> )               | NP        | SP; PA                                               |
| AMICAR TABS 500 MG (Use <i>aminocaproic acid</i> )                | NP        | QL(24 ea per fill retail); SP                        |
| <i>aminocaproic acid</i> SOLN OR 0.25 GM/ML                       | P         | QL(236.5 ml per 30 days retail); SP                  |
| <i>aminocaproic acid</i> SOLN IV 250 MG/ML                        | P         | SP; PA                                               |
| <i>aminocaproic acid</i> TABS 500 MG                              | P         | QL(24 ea per fill retail); SP                        |
| <i>aminocaproic acid</i> TABS 1000 MG                             | P         | SP; PA                                               |
| LYSTEDA TABS (Use <i>tranexamic acid</i> )                        | NP        | QL(30 ea per 7 days retail); AL(At least 12 yrs old) |
| <i>tranexamic acid</i> TABS                                       | P         | QL(30 ea per 7 days retail); AL(At least 12 yrs old) |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>                  |           |                                                      |
| Antihistamine Hypnotics                                           |           |                                                      |
| <i>diphenhydramine hcl</i> (sleep) CAPS 50 MG                     | P         | OTC                                                  |
| <i>diphenhydramine hcl</i> (sleep) TABS 50 MG                     | P         | OTC                                                  |
| <i>diphenhydramine hcl</i> (sleep) TABS 25 MG                     | P         | OTC; QL(1 ea daily)                                  |
| <i>doxylamine succinate</i> (sleep)                               | P         | OTC                                                  |

| Drug Name                                                      | Drug Tier | Requirements/Limits                                   |
|----------------------------------------------------------------|-----------|-------------------------------------------------------|
| UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl</i> (sleep)) | NP        | OTC                                                   |
| UNISOM SLEEPTABS (Use <i>doxylamine succinate</i> (sleep))     | NP        | OTC                                                   |
| Barbiturate Hypnotics                                          |           |                                                       |
| <i>phenobarbital</i> ELIX                                      | P         |                                                       |
| <i>phenobarbital</i> TABS                                      | P         |                                                       |
| Non-Barbiturate Hypnotics                                      |           |                                                       |
| AMBIEN TABS (Use <i>zolpidem tartrate</i> )                    | NP        | QL(14 ea per 31 days retail); AL(At least 21 yrs old) |
| <i>flurazepam hcl</i>                                          | P         | AL(At least 18 yrs old - Up to 65 yrs old)            |
| HALCION 0.25 MG (Use <i>triazolam</i> )                        | NP        | QL(1 ea daily); AL(At least 18 yrs old)               |
| <i>midazolam hcl</i> SOLN IJ                                   | P         |                                                       |
| RESTORIL 15 MG, 30 MG (Use <i>temazepam</i> )                  | NP        | AL(At least 18 yrs old)                               |
| <i>temazepam</i> 15 MG, 30 MG                                  | P         | AL(At least 18 yrs old)                               |
| <i>triazolam</i>                                               | P         | QL(1 ea daily); AL(At least 18 yrs old)               |
| <i>zaleplon</i> 10 MG                                          | P         | QL(2 ea daily); AL(At least 18 yrs old)               |
| <i>zaleplon</i> 5 MG                                           | P         | QL(1 ea daily); AL(At least 18 yrs old)               |
| <i>zolpidem tartrate</i> TABS                                  | P         | QL(14 ea per 31 days retail); AL(At least 21 yrs old) |
| <b>LAXATIVES - Bowel Treatment Drugs</b>                       |           |                                                       |
| Bulk Laxatives                                                 |           |                                                       |
| <i>calcium polycarbophil</i> TABS                              | P         | OTC; QL(10 ea daily)                                  |

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

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|---------------------------------------------------------|-----------|-----------------------------|--------------------------------------------------------|-----------|------------------------------------|
| <i>docusate sodium CAPS 100 MG, 250 MG</i>              | P         | OTC; QL(3 ea daily)         | <i>clarithromycin SUSR 125 MG/5ML</i>                  | P         | QL(100 ml per fill retail)         |
| <i>docusate sodium CAPS 50 MG</i>                       | P         | OTC                         | <i>clarithromycin SUSR 250 MG/5ML</i>                  | P         | QL(200 ml per fill retail)         |
| <i>docusate sodium LIQD</i>                             | P         | OTC                         | <i>clarithromycin TABS</i>                             | P         | QL(28 ea per fill retail)          |
| <i>docusate sodium SYRP</i>                             | P         | OTC                         | <i>clarithromycin TB24</i>                             | P         | QL(14 ea per fill retail)          |
| DOCUSATE SODIUM SYRP                                    | P         | OTC                         | Erythromycins                                          |           |                                    |
| <i>docusate sodium TABS</i>                             | P         | OTC                         | E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) | NP        |                                    |
| <b>MACROLIDES - Drugs to Treat Bacterial Infections</b> |           |                             | ERYPED 200 SUSR (Use erythromycin ethylsuccinate)      | NP        |                                    |
| Azithromycin                                            |           |                             | ERYPED 400 SUSR (Use erythromycin ethylsuccinate)      | NP        |                                    |
| <i>azithromycin PACK</i>                                | P         | QL(2 ea per fill retail)    | <i>erythromycin base CPEP</i>                          | P         |                                    |
| <i>azithromycin SUSR 100 MG/5ML</i>                     | P         | QL(15 ml per fill retail)   | <i>erythromycin base TABS</i>                          | P         |                                    |
| <i>azithromycin SUSR 200 MG/5ML</i>                     | P         | QL(30 ml per fill retail)   | <i>erythromycin base TBEC</i>                          | P         |                                    |
| <i>azithromycin TABS 500 MG</i>                         | P         | QL(4 ea daily)              | <i>erythromycin ethylsuccinate SUSR</i>                | P         |                                    |
| <i>azithromycin TABS 250 MG</i>                         | P         | QL(6 ea per fill retail)    | <i>erythromycin ethylsuccinate TABS</i>                | P         |                                    |
| <i>azithromycin TABS 600 MG</i>                         | P         | QL(8 ea per 28 days retail) | <i>erythromycin stearate TABS 250 MG</i>               | P         |                                    |
| ZITHROMAX TRI-PAK TABS (Use azithromycin)               | NP        | QL(4 ea daily)              | <b>MEDICAL DEVICES AND SUPPLIES</b>                    |           |                                    |
| ZITHROMAX Z-PAK TABS (Use azithromycin)                 | NP        | QL(6 ea per fill retail)    | Bandages-Dressings-Tape                                |           |                                    |
| ZITHROMAX PACK (Use azithromycin)                       | NP        | QL(2 ea per fill retail)    | GAUZE SPONGES                                          | P         | RX/OTC                             |
| ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)            | NP        | QL(30 ml per fill retail)   | Contraceptives                                         |           |                                    |
| ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)            | NP        | QL(15 ml per fill retail)   | CONDOMS-MISC                                           | P         | QL (36 ea per 30 days retail); OTC |
| ZITHROMAX TABS 250 MG (Use azithromycin)                | NP        | QL(6 ea per fill retail)    | Diabetic Supplies                                      |           |                                    |
| ZITHROMAX TABS 500 MG (Use azithromycin)                | NP        | QL(4 ea daily)              | BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT        | NP        | RX/OTC                             |
| Clarithromycin                                          |           |                             |                                                        |           |                                    |

| Drug Name                                                | Drug Tier | Requirements/ Limits             | Drug Name                                               | Drug Tier | Requirements/ Limits             |
|----------------------------------------------------------|-----------|----------------------------------|---------------------------------------------------------|-----------|----------------------------------|
| CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT     | NP        | RX/OTC                           | FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM          | P         | QL(1 ea per 365 days retail); PA |
| DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT                | NP        |                                  | FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT      | NP        | RX/OTC                           |
| DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE          | NP        |                                  | GUARDIAN 4 GLUCOSE SENSOR                               | NP        |                                  |
| DEXCOM G4 PLATINUM RECEIVER KIT                          | NP        |                                  | GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC        | NP        |                                  |
| DEXCOM G4 PLATINUM RECEIVER KIT/SHARE                    | NP        |                                  | LANCETS-MISC                                            | P         | QL (6.67 ea daily); OTC          |
| DEXCOM G5 MOBILE RECEIVERKIT                             | NP        |                                  | LANCING DEVICE-MISC                                     | P         | OTC                              |
| DEXCOM G5 RECEIVER KIT                                   | NP        |                                  | ONETOUCH SOLUTIONS FIT KIT                              | NP        |                                  |
| DEXCOM G6 RECEIVER                                       | NP        |                                  | ONETOUCH SOLUTIONS RX STARTER KIT KIT                   | NP        |                                  |
| DEXCOM G7 RECEIVER                                       | NP        |                                  | ONETOUCH ULTRA 2 KIT                                    | NP        | RX/OTC                           |
| DEXCOM G7 SENSOR                                         | NP        |                                  | ONETOUCH ULTRA 2 KIT                                    | P         | RX/OTC                           |
| EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT       | NP        | RX/OTC                           | ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT | NP        | RX/OTC                           |
| EVERSENSE E3 SENSOR/HOLDER                               | NP        |                                  | ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT | P         | RX/OTC                           |
| FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM    | P         | QL(1 ea per 365 days retail); PA | ONETOUCH VERIO REFLECT KIT                              | NP        | RX/OTC                           |
| FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM    | P         | QL(2 ea per 28 days retail); PA  | ONETOUCH VERIO REFLECT KIT                              | P         | RX/OTC                           |
| FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM | P         | QL(1 ea per 365 days retail); PA | TEMPO WELCOME KIT                                       | NP        | RX/OTC                           |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM | P         | QL(2 ea per 28 days retail); PA  | Misc. Devices                                           |           |                                  |
| FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM       | P         | QL(2 ea per 28 days retail); PA  | ALCOHOL PREP PADS-MISC                                  | P         | OTC                              |
|                                                          |           |                                  | Optical and Ophthalmic Supplies                         |           |                                  |
|                                                          |           |                                  | SUSVIMO OCULAR IMPLANT                                  | P         | SP; PA                           |
|                                                          |           |                                  | Parenteral Therapy Supplies                             |           |                                  |

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| Drug Name                                   | Drug Tier | Requirements/ Limits    | Drug Name                                   | Drug Tier | Requirements/ Limits                 |
|---------------------------------------------|-----------|-------------------------|---------------------------------------------|-----------|--------------------------------------|
| AQINJECT PEN NEEDLE/31G X 3/16"             | NP        | RX/OTC                  | PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM    | NP        | RX/OTC                               |
| AQINJECT PEN NEEDLE/32G X 5/32"             | NP        | RX/OTC                  | SURE COMFORT PEN NEEDLES31GX3/16" (5MM)     | NP        | RX/OTC                               |
| AUM INSULIN SAFETY PEN NEEDLE/31GX5MM       | NP        | RX/OTC                  | SURE COMFORT PEN NEEDLES31GX5/16" (8MM)     | NP        | RX/OTC                               |
| AUM PEN NEEDLE/32GX4MM                      | NP        | RX/OTC                  | SURE COMFORT PEN NEEDLES32GX5/32" (4MM)     | NP        | RX/OTC                               |
| AUM PEN NEEDLE/32GX6MM                      | NP        |                         | VERIFINE INSULIN PEN NEEDLE 31G X 5MM       | NP        | RX/OTC                               |
| BD PEN NEEDLES                              | P         | QL (5 ea daily); OTC    | VERIFINE INSULIN PEN NEEDLE 31G X 8MM       | NP        | RX/OTC                               |
| COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM | NP        | RX/OTC                  | VERIFINE INSULIN PEN NEEDLE 32G X 4MM       | NP        | RX/OTC                               |
| EMBRACE PEN NEEDLES/30G X 5MM               | NP        | RX/OTC                  | VERIFINE INSULIN PEN NEEDLE 32G X 6MM       | NP        |                                      |
| EMBRACE PEN NEEDLES/31G X 5MM               | NP        | QL(5 ea daily); RX/OTC  | VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM  | NP        | RX/OTC                               |
| EMBRACE PEN NEEDLES/31G X 8MM               | NP        | RX/OTC                  | VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM  | NP        | RX/OTC                               |
| EMBRACE PEN NEEDLES/32G X 4MM               | NP        | RX/OTC                  | VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM | NP        | RX/OTC                               |
| INSULIN SYRINGES                            | P         | QL (5 ea daily); OTC    | Respiratory Therapy Supplies                |           |                                      |
| INSULIN SYRINGES-MISC                       | P         | QL (5 ea daily); RX/OTC | ACE AEROSOL CLOUD ENHANCER MISC             | P         | QL(1 ea per 360 days retail); RX/OTC |
| INSUPEN 31G X 5MM                           | NP        | RX/OTC                  | ACTIVITY POUCH MISC                         | P         | QL(1 ea per 360 days retail); RX/OTC |
| INSUPEN 31G X 8MM                           | NP        | RX/OTC                  | ADAPTER PED DISPOSABLE MOUTHPIECE MISC      | P         | QL(1 ea per 180 days retail); RX/OTC |
| INSUPEN 32G X 4MM                           | NP        | RX/OTC                  | ADULT AEROSOL MASK MISC                     | P         | QL(1 ea per 360 days retail); RX/OTC |
| PEN NEEDLES 30GX5MM                         | NP        | RX/OTC                  | ADULT DISPOSABLE MOUTHPIECE MISC            | P         | QL(1 ea per 180 days retail); RX/OTC |
| PEN NEEDLES 31GX5MM                         | NP        | RX/OTC                  |                                             |           |                                      |
| PEN NEEDLES 31GX8MM                         | NP        | RX/OTC                  |                                             |           |                                      |
| PEN NEEDLES 32GX4MM                         | NP        | RX/OTC                  |                                             |           |                                      |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM    | NP        | RX/OTC                  |                                             |           |                                      |

| Drug Name                                    | Drug Tier | Requirements/ Limits                 | Drug Name                                     | Drug Tier | Requirements/ Limits                 |
|----------------------------------------------|-----------|--------------------------------------|-----------------------------------------------|-----------|--------------------------------------|
| ADULT MASK LARGE MISC                        | P         | QL(1 ea per 360 days retail); RX/OTC | CARETOUCH UNIVERSAL CPAPFILTERS MISC          | P         | QL(1 ea per 360 days retail); RX/OTC |
| AEROTRACH PLUS MISC                          | P         | QL(1 ea per 360 days retail); RX/OTC | CLEVER CHOICE PEAK FLOW METER                 | P         | RX/OTC                               |
| AIRS PEDIATRIC AEROSOL MASK 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 |
| AIRZONE PEAK FLOW METER                      | P         | RX/OTC                               | DISPOSABLE MOUTHPIECE FULL RANGE 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 LOWRANGE/PEDIATRIC MISC | P         | QL(1 ea per 180 days retail); RX/OTC |
| ASSESS PEAK FLOW METER FULL RANGE            | P         | RX/OTC                               | DISPOSABLE MOUTHPIECE/LOW RANGE MISC          | P         | QL(1 ea per 180 days retail); RX/OTC |
| ASSESS PEAK FLOW METER LOW RANGE             | P         | RX/OTC                               | DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC    | P         | QL(1 ea per 180 days retail); RX/OTC |
| BREATHE EASE NEBULIZER MASK/CHILD MISC       | P         | QL(1 ea per 360 days retail); RX/OTC | DISPOSABLE PAPER MOUTHPIECE MISC              | P         | QL(1 ea per 180 days retail); RX/OTC |
| BREATHE EASE NEBULIZER MASK/INFANT MISC      | P         | QL(1 ea per 360 days retail); RX/OTC | EASY FLOW 300 MM HOSE MISC                    | P         | QL(1 ea per 360 days retail); RX/OTC |
| BREATHE EASE PEAK FLOW METER                 | P         | RX/OTC                               | EASY FLOW 400 MM HOSE MISC                    | P         | QL(1 ea per 360 days retail); RX/OTC |
| BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC  | P         | QL(1 ea per 360 days retail); RX/OTC | EASY FLOW AIR NOZZLE MISC                     | P         | QL(1 ea per 360 days retail); RX/OTC |
| CARETOUCH 2 CPAP HOSE HANGER MISC            | P         | QL(1 ea per 360 days retail); RX/OTC | EASY FLOW HEPA FILTER 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 | EASE CONTROLLER KIT 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 | EXPIRATORY 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 | FILTER AIR PP 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 |                                               |           |                                      |

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



| Drug Name                                                        | Drug Tier | Requirements/ Limits                 | Drug Name                                             | Drug Tier | Requirements/ Limits                 |
|------------------------------------------------------------------|-----------|--------------------------------------|-------------------------------------------------------|-----------|--------------------------------------|
| PARI BABY CONVERSION KIT SIZE 3 MISC                             | P         | QL(1 ea per 360 days retail); RX/OTC | PIKO 1 ELECTRONIC                                     | P         | RX/OTC                               |
| PARI ERAPID NEBULIZER HANDSET 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 |
| PARI EXPIRATORY FILTER VALVE SET DEVI                            | P         | QL(1 ea per 360 days retail); RX/OTC | PILLOW MASK/CHILD MISC                                | P         | QL(1 ea per 360 days retail); RX/OTC |
| PARI MASK SET MISC                                               | P         | QL(1 ea per 360 days retail); RX/OTC | PILLOW MASK/PEDIATRIC MISC                            | P         | QL(1 ea per 360 days retail); RX/OTC |
| PARI SMARTMASK BABY/ELBOW MISC                                   | P         | QL(1 ea per 360 days retail); RX/OTC | POCKET PEAK FLOW METER                                | P         | RX/OTC                               |
| PARI SOFT PLASTIC ADULT MASK MISC                                | P         | QL(1 ea per 360 days retail); RX/OTC | POCKETPEAK PEAK FLOW METER LOW RANGE                  | P         | RX/OTC                               |
| PARI SOFT PLASTIC PEDIATRIC MASK MISC                            | P         | QL(1 ea per 360 days retail); RX/OTC | POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM | P         | RX/OTC                               |
| PARI VORTEX ADULT MASK                                           | P         | QL(1 ea per 360 days retail); RX/OTC | PRONEB ULTRA FILTER SET MISC                          | P         | QL(1 ea per 360 days retail); RX/OTC |
| PEAK A-I-R FLOW METER                                            | P         | RX/OTC                               | PURE COMFORT PEAK FLOW METER ADULT                    | P         | RX/OTC                               |
| PEAK AIR PEAK FLOW METER ADULT/PEDIATRIC                         | P         | RX/OTC                               | PURE COMFORT PEAK FLOW METER CHILD                    | P         | RX/OTC                               |
| PEDIATRIC DISPOSABLE MOUTHPIECE MISC                             | P         | QL(1 ea per 180 days retail); RX/OTC | REPLACEMENT AIR FILTER MISC                           | P         | QL(1 ea per 360 days retail); RX/OTC |
| PEDIATRIC MOUTHPIECE/DISPOSABLE MISC                             | P         | QL(1 ea per 360 days retail); RX/OTC | REPLACEMENT FILTERS MISC                              | P         | QL(1 ea per 360 days retail); RX/OTC |
| PEDIATRIC PANDA MASK                                             | P         | QL(1 ea per 360 days retail); RX/OTC | SAMI THE SEAL REPLACEMENT FILTERS MISC                | P         | QL(1 ea per 360 days retail); RX/OTC |
| PERSONAL BEST FULL RANGE                                         | P         | RX/OTC                               | SIDESTREAM ADULT FACE MASK MISC                       | P         | QL(1 ea per 360 days retail); RX/OTC |
| PFLEX MISC                                                       | P         | QL(1 ea per 360 days retail); RX/OTC | SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC      | P         | QL(1 ea per 360 days retail); RX/OTC |
| PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC | P         | QL(1 ea per 360 days retail); RX/OTC | SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC  | P         | QL(1 ea per 360 days retail); RX/OTC |

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| Drug Name                                            | Drug Tier | Requirements/ Limits                 |
|------------------------------------------------------|-----------|--------------------------------------|
| SIDESTREAM PEDIATRIC FACEMASK 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 |
| SILICONE MASK FOR BREATHERITE CHAMBER/ADULT 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 |
| SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC | P         | QL(1 ea per 360 days retail); RX/OTC |
| SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC      | P         | QL(1 ea per 360 days retail); RX/OTC |
| SOOTHENEB NBL 100 CHILD MASK MISC                    | P         | QL(1 ea per 360 days retail); RX/OTC |
| SOOTHENEB NBL 100 MEDICATION CUP MISC                | P         | QL(1 ea per 360 days retail); RX/OTC |
| SOOTHENEB NBL 100 MESH CAP MISC                      | P         | QL(1 ea per 360 days retail); RX/OTC |
| SOOTHENEB NBL100 ADULT MASK MISC                     | P         | QL(1 ea per 360 days retail); RX/OTC |
| SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES              | P         | QL (3 ea per 180days retail)         |
| SPACER/AEROSOL-HOLDING CHAMBERS                      | P         | QL (2 ea per 360 days retail)        |
| SPACERS AND BREATHING CHAMBERS-MISC                  | P         | RX/OTC                               |
| THRESHOLD IMT MISC                                   | P         | QL(1 ea per 360 days retail); RX/OTC |
| TRUZONE PEAK FLOW METER                              | P         | RX/OTC                               |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits                                 |
|------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| TUBING/WING TIP MISC                                                         | P         | QL(1 ea per 360 days retail); RX/OTC                 |
| WINDMILL TRAINER MISC                                                        | P         | QL(1 ea per 360 days retail); RX/OTC                 |
| <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>                 |           |                                                      |
| Migraine Combinations                                                        |           |                                                      |
| CAFERGOT TABS ( <i>Use ergotamine w/ caffeine</i> )                          | NP        | AL(At least 18 yrs old)                              |
| <i>ergotamine w/ caffeine TABS</i>                                           | P         | AL(At least 18 yrs old)                              |
| Migraine Products                                                            |           |                                                      |
| D.H.E. 45 SOLN IJ ( <i>Use dihydroergotamine mesylate</i> )                  | NP        | AL(At least 18 yrs old)                              |
| <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>                            | P         | AL(At least 18 yrs old)                              |
| MIGRANAL SOLN NA ( <i>Use dihydroergotamine mesylate</i> )                   | NP        | AL(At least 18 yrs old)                              |
| Serotonin Agonists                                                           |           |                                                      |
| AMERGE ( <i>Use naratriptan hcl</i> )                                        | NP        | QL(9 ea per 30 days retail); AL(At least 18 yrs old) |
| <i>eletriptan hydrobromide</i>                                               | P         | QL(6 ea per 30 days retail); AL(At least 18 yrs old) |
| 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) |
| IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML ( <i>Use sumatriptan succinate</i> ) | NP        | QL(2 ml per 30 days retail); AL(At least 12 yrs old) |
| IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML ( <i>Use sumatriptan succinate</i> ) | NP        | QL(2 ml per 30 days retail); AL(At least 12 yrs old) |

| Drug Name                                                    | Drug Tier | Requirements/ Limits                                      | Drug Name                                                                                                                                     | Drug Tier | Requirements/ Limits                                    |
|--------------------------------------------------------------|-----------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| IMITREX SOLN 6 MG/0.5ML ( <i>Use sumatriptan succinate</i> ) | NP        | QL(2.5 ml per 30 days retail);<br>AL(At least 12 yrs old) | <i>zolmitriptan SOLN 5 MG</i>                                                                                                                 | P         | QL(6 ea per 30 days retail);<br>AL(At least 12 yrs old) |
| IMITREX TABS ( <i>Use sumatriptan succinate</i> )            | NP        | QL(9 ea per 30 days retail);<br>AL(At least 12 yrs old)   | <i>zolmitriptan TABS</i>                                                                                                                      | P         | QL(6 ea per 30 days retail);<br>AL(At least 18 yrs old) |
| MAXALT-MLT TBDP 10 MG ( <i>Use rizatriptan benzoate</i> )    | NP        | QL(0.4 ea daily)                                          | <i>zolmitriptan TBDP</i>                                                                                                                      | P         | QL(6 ea per 30 days retail);<br>AL(At least 18 yrs old) |
| MAXALT TABS 10 MG ( <i>Use rizatriptan benzoate</i> )        | NP        | QL(12 ea per 30 days retail);<br>AL(At least 6 yrs old)   | ZOMIG SOLN ( <i>Use zolmitriptan</i> )                                                                                                        | NP        | QL(6 ea per 30 days retail);<br>AL(At least 12 yrs old) |
| <i>naratriptan hcl</i>                                       | P         | QL(9 ea per 30 days retail);<br>AL(At least 18 yrs old)   | ZOMIG TABS 2.5 MG, 5 MG ( <i>Use zolmitriptan</i> )                                                                                           | NP        | QL(6 ea per 30 days retail);<br>AL(At least 18 yrs old) |
| RELPAX ( <i>Use eletriptan hydrobromide</i> )                | NP        | QL(6 ea per 30 days retail);<br>AL(At least 18 yrs old)   | <b>MINERALS &amp; ELECTROLYTES</b>                                                                                                            |           |                                                         |
| <i>rizatriptan benzoate TABS</i>                             | P         | QL(12 ea per 30 days retail);<br>AL(At least 6 yrs old)   | Calcium                                                                                                                                       |           |                                                         |
| <i>rizatriptan benzoate TBDP</i>                             | P         | QL(0.4 ea daily)                                          | CALCIUM 600+D HIGH POTENCY TABS                                                                                                               | P         | OTC; QL(2 ea daily)                                     |
| <i>sumatriptan</i>                                           | P         | QL(6 ea per 30 days retail);<br>AL(At least 12 yrs old)   | <i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG-600 MG, 800 UNIT-600 MG</i> | P         | QL(2 ea daily)                                          |
| <i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>                 | P         | QL(2 ml per 30 days retail);<br>AL(At least 12 yrs old)   | <i>calcium carbonate-cholecalciferol TABS 200 UNIT-200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>                    | P         | OTC                                                     |
| <i>sumatriptan succinate SOCT 6 MG/0.5ML</i>                 | P         | QL(2 ml per 30 days retail);<br>AL(At least 12 yrs old)   | <i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>                                                                                       | P         | OTC; QL(2 ea daily)                                     |
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i>                 | P         | QL(2.5 ml per 30 days retail);<br>AL(At least 12 yrs old) | <i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>                                                                      | P         | OTC                                                     |
| <i>sumatriptan succinate TABS</i>                            | P         | QL(9 ea per 30 days retail);<br>AL(At least 12 yrs old)   | CALTRATE 600+D3 TABS ( <i>Use calcium carbonate-cholecalciferol</i> )                                                                         | NP        | QL(2 ea daily)                                          |

| Drug Name                                                                  | Drug Tier | Requirements/ Limits        | Drug Name                                                                                      | Drug Tier | Requirements/ Limits         |
|----------------------------------------------------------------------------|-----------|-----------------------------|------------------------------------------------------------------------------------------------|-----------|------------------------------|
| CALTRATE BONE HEALTH TABS ( <i>Use calcium carbonate-cholecalciferol</i> ) | NP        | QL(2 ea daily)              | Fluoride                                                                                       |           |                              |
| <i>oyster shell</i>                                                        | P         | OTC                         | <i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>                                      | P         | AL(Up to 15 yrs old)         |
| OYSTER SHELL CALCIUM/D TABS                                                | P         | OTC                         | <i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>                                           | P         | AL(Up to 15 yrs old); RX/OTC |
| PARVA-CAL                                                                  | P         | OTC                         | Magnesium                                                                                      |           |                              |
| QC CALCIUM 500MG/D3 TABS                                                   | P         | OTC                         | MAGNESIUM EXTRA STRENGTH CAPS                                                                  | P         | OTC                          |
| Electrolyte Mixtures                                                       |           |                             | <i>magnesium oxide (mg supplement) TABS 400 MG</i>                                             | P         | OTC                          |
| BIOLYTE SOLN                                                               | P         | QL(1000 ml per fill retail) | MAGNESIUM OXIDE CAPS                                                                           | P         | OTC                          |
| CERALYTE 70 SOLN                                                           | P         | QL(1000 ml per fill retail) | MAGNESIUM CAPS 400 MG                                                                          | P         | OTC                          |
| CERASPORT EX1 SOLN                                                         | P         | QL(1000 ml per fill retail) | MAGOX 400 TABS ( <i>Use magnesium oxide (mg supplement)</i> )                                  | NP        | OTC                          |
| CERASPORT SOLN                                                             | P         | QL(1000 ml per fill retail) | Phosphate                                                                                      |           |                              |
| ENFAMIL ENFALYTE SOLN                                                      | P         | QL(1000 ml per fill retail) | K-PHOS NEUTRAL ( <i>Use pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> ) | NP        | QL(8 ea daily)               |
| EQUALYTE SOLN ( <i>Use oral electrolytes</i> )                             | NP        | QL(1000 ml per fill retail) | <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>                        | P         | QL(8 ea daily)               |
| HYDRALYTE FREEZER POPS SOLN                                                | P         | QL(1000 ml per fill retail) | Potassium                                                                                      |           |                              |
| HYDRALYTE SOLN                                                             | P         | QL(1000 ml per fill retail) | K-TAB TBCR 8 MEQ, 10 MEQ ( <i>Use potassium chloride</i> )                                     | NP        |                              |
| KINDERLYTE PREMAX SOLN                                                     | P         | QL(1000 ml per fill retail) | <i>potassium bicarbonate TBEF</i>                                                              | P         |                              |
| KINDERLYTE SOLN                                                            | P         | QL(1000 ml per fill retail) | <i>potassium chloride microencapsulated crystals er</i>                                        | P         |                              |
| <i>oral electrolytes SOLN</i>                                              | P         | QL(1000 ml per fill retail) | <i>potassium chloride CPCR 10 MEQ</i>                                                          | P         |                              |
| PEDIALYTE ADVANCED CARE SOLN ( <i>Use oral electrolytes</i> )              | NP        | QL(1000 ml per fill retail) | <i>potassium chloride CPCR 8 MEQ</i>                                                           | P         | QL(1 ea daily)               |
| PEDIALYTE FREEZER POPS SOLN ( <i>Use oral electrolytes</i> )               | NP        | QL(1000 ml per fill retail) |                                                                                                |           |                              |
| PEDIALYTE SINGLES SOLN ( <i>Use oral electrolytes</i> )                    | NP        | QL(1000 ml per fill retail) |                                                                                                |           |                              |
| PEDIALYTE SOLN ( <i>Use oral electrolytes</i> )                            | NP        | QL(1000 ml per fill retail) |                                                                                                |           |                              |

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| Drug Name                                         | Drug Tier | Requirements/ Limits       | Drug Name                                                             | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|----------------------------|-----------------------------------------------------------------------|-----------|----------------------|
| <i>potassium chloride PACK OR 20 MEQ</i>          | P         |                            | CELLCEPT CAPS ( <i>Use mycophenolate mofetil</i> )                    | NP        |                      |
| <i>potassium chloride SOLN OR 10 %, 20 %</i>      | P         |                            | CELLCEPT SUSR ( <i>Use mycophenolate mofetil</i> )                    | NP        |                      |
| <i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>      | P         |                            | CELLCEPT TABS ( <i>Use mycophenolate mofetil</i> )                    | NP        |                      |
| Zinc                                              |           |                            | <i>cyclosporine modified (for microemulsion) CAPS</i>                 | P         |                      |
| <i>zinc sulfate CAPS</i>                          | P         | QL(100 ea per fill retail) | <i>cyclosporine modified (for microemulsion) SOLN</i>                 | P         |                      |
| ZINC SULFATE CAPS                                 | P         | QL(100 ea per fill retail) | <i>cyclosporine CAPS</i>                                              | P         |                      |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>          |           |                            | <i>cyclosporine SOLN IV 50 MG/ML</i>                                  | P         |                      |
| Allogeneic Tissue                                 |           |                            | ENSPRYNG                                                              | P         | SP; PA               |
| RETHYMIC                                          | P         | SP; PA                     | GAMIFANT                                                              | P         | SP; PA               |
| Chelating Agents                                  |           |                            | IMURAN TABS ( <i>Use azathioprine</i> )                               | NP        |                      |
| DEPEN TITRATABS TABS ( <i>Use penicillamine</i> ) | NP        |                            | LUPKYNIS                                                              | P         | SP; PA               |
| <i>penicillamine TABS</i>                         | P         |                            | <i>mycophenolate mofetil CAPS</i>                                     | P         |                      |
| SYPRINE ( <i>Use trientine hcl</i> )              | NP        | SP; PA                     | <i>mycophenolate mofetil SUSR</i>                                     | P         |                      |
| <i>trientine hcl</i>                              | P         | SP; PA                     | <i>mycophenolate mofetil TABS</i>                                     | P         |                      |
| Enzymes                                           |           |                            | <i>mycophenolate sodium</i>                                           | P         |                      |
| XIAFLEX                                           | P         | SP; PA                     | MYFORTIC ( <i>Use mycophenolate sodium</i> )                          | NP        |                      |
| Fecal Incontinence Bulking Agents                 |           |                            | NEORAL CAPS ( <i>Use cyclosporine modified (for microemulsion))</i> ) | NP        |                      |
| SOLESTA                                           | P         | SP; PA                     | NEORAL SOLN ( <i>Use cyclosporine modified (for microemulsion))</i> ) | NP        |                      |
| Immunomodulators                                  |           |                            | NULOJIX                                                               | P         | SP; PA               |
| <i>lenalidomide</i>                               | P         | SP; PA                     | PROGRAF CAPS ( <i>Use tacrolimus</i> )                                | NP        |                      |
| REVLIMID                                          | P         | SP; PA                     | PROGRAF PACK                                                          | P         | PA                   |
| REZUROCK                                          | P         | SP; PA                     | RAPAMUNE SOLN ( <i>Use sirolimus</i> )                                | NP        |                      |
| THALOMID                                          | P         | SP; PA                     | RAPAMUNE TABS ( <i>Use sirolimus</i> )                                | NP        |                      |
| VYVGART                                           | P         | SP; PA                     |                                                                       |           |                      |
| Immunosuppressive Agents                          |           |                            |                                                                       |           |                      |
| ATGAM                                             | P         | SP; PA                     |                                                                       |           |                      |
| <i>azathioprine TABS 50 MG</i>                    | P         |                            |                                                                       |           |                      |
| <i>azathioprine TABS 75 MG, 100 MG</i>            | P         | PA                         |                                                                       |           |                      |

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|---------------------------------------------------|-----------|----------------------------|
| SANDIMMUNE CAPS<br>(Use cyclosporine)             | NP        |                            |
| SANDIMMUNE SOLN OR                                | P         |                            |
| SANDIMMUNE SOLN IV<br>50 MG/ML (Use cyclosporine) | NP        |                            |
| sirolimus SOLN                                    | P         |                            |
| sirolimus TABS                                    | P         |                            |
| tacrolimus CAPS                                   | P         |                            |
| THYMOGLOBULIN                                     | P         | SP; PA                     |
| Lymphatic Agents                                  |           |                            |
| SYLVANT                                           | P         | SP; PA                     |
| PIK3CA-Related Overgrowth Spectrum (PROS) Agents  |           |                            |
| VIJOICE                                           | P         | SP; PA                     |
| Potassium Removing Agents                         |           |                            |
| sodium polystyrene sulfonate POWD                 | P         |                            |
| sodium polystyrene sulfonate SUSP OR 15 GM/60ML   | P         |                            |
| Progeria Treatment Agents                         |           |                            |
| ZOKINVY                                           | P         | SP; PA                     |
| Systemic Lupus Erythematosus Agents               |           |                            |
| BENLYSTA SOAJ                                     | P         | SP; PA                     |
| BENLYSTA SOLR                                     | P         | SP; PA                     |
| BENLYSTA SOSY                                     | P         | SP; PA                     |
| SAPHNELO                                          | P         | SP; PA                     |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                 |           |                            |
| Anesthetics Topical Oral                          |           |                            |
| lidocaine hcl (mouth-throat) 2 %                  | P         | QL(100 ml per fill retail) |
| Anti-infectives - Throat                          |           |                            |
| nystatin (mouth-throat)                           | P         | QL(120 ml per fill retail) |
| Antiseptics - Mouth/Throat                        |           |                            |

| Drug Name                                                           | Drug Tier | Requirements/ Limits               |
|---------------------------------------------------------------------|-----------|------------------------------------|
| chlorhexidine gluconate (mouth-throat)                              | P         |                                    |
| PERIDEX (Use chlorhexidine gluconate (mouth-throat))                | NP        |                                    |
| Dental Products                                                     |           |                                    |
| PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))  | NP        |                                    |
| PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))         | NP        |                                    |
| PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental)) | NP        |                                    |
| PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))             | NP        | PA                                 |
| PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))               | NP        |                                    |
| sodium fluoride (dental) CREA                                       | P         | PA                                 |
| sodium fluoride (dental) GEL                                        | P         |                                    |
| sodium fluoride (dental) PSTE DT                                    | P         |                                    |
| Periodontal Products                                                |           |                                    |
| ARESTIN                                                             | P         | SP; PA                             |
| Steroids - Mouth/Throat/Dental                                      |           |                                    |
| triamcinolone acetonide (mouth)                                     | P         | QL(5 gm per fill retail)           |
| Throat Products - Misc.                                             |           |                                    |
| AQUORAL SOLN                                                        | P         | QL(900 ml per fill retail); RX/OTC |
| BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN                           | P         | QL(900 ml per fill retail); RX/OTC |

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

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



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

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|-----------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| GABLOFEN SOLN IT<br>10000 MCG/20ML, 40000 MCG/20ML                                | P         | SP; PA               | LITTLE REMEDIES<br>SALINE SPRAY/DROPS<br>SOLN                              | P         | OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old) |
| GABLOFEN SOLN IT<br>(Use baclofen)                                                | NP        | SP; PA               | SALINE NASAL SPRAY<br>0.65%                                                | P         | OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old) |
| LIORESAL<br>INTRATHECAL SOLN IT<br>0.05 MG/ML, 10 MG/5ML                          | P         | SP; PA               | <b>Nasal Antiallergy</b>                                                   |           |                                                       |
| LIORESAL<br>INTRATHECAL SOLN IT<br>(Use baclofen)                                 | NP        | SP; PA               | azelastine hcl 0.1 %, 137 MCG/SPRAY                                        | P         |                                                       |
| methocarbamol TABS                                                                | P         |                      | azelastine hcl 0.15 %, 205.5 MCG/SPRAY                                     | P         | QL(30 ml per fill retail); RX/OTC                     |
| orphenadrine citrate TB12                                                         | P         |                      | cromolyn sodium (nasal) 5.2 MG/ACT                                         | P         | OTC; QL(26 ml per 30 days retail)                     |
| tizanidine hcl TABS                                                               | P         |                      | NASALCROM (Use cromolyn sodium (nasal))                                    | NP        | OTC; QL(26 ml per 30 days retail)                     |
| ZANAFLEX TABS 4 MG<br>(Use tizanidine hcl)                                        | NP        |                      | <b>Nasal Anticholinergics</b>                                              |           |                                                       |
| <b>Viscosupplements</b>                                                           |           |                      | ipratropium bromide (nasal) 0.06 %                                         | P         | QL(15 ml per 30 days retail)                          |
| DUROLANE PRSY                                                                     | P         | SP; PA               | ipratropium bromide (nasal) 0.03 %                                         | P         | QL(31 ml per 30 days retail)                          |
| EUFLEXXA SOSY                                                                     | P         | SP; PA               | <b>Nasal Steroids</b>                                                      |           |                                                       |
| GEL-ONE                                                                           | P         | SP; PA               | FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal)) | NP        | QL(16 ml per fill retail); RX/OTC                     |
| GELSYN-3 SOSY                                                                     | P         | SP; PA               | FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))           | NP        | QL(16 ml per fill retail); RX/OTC                     |
| GENVISC 850 SOSY                                                                  | P         | SP; PA               | flunisolide (nasal) 0.025 %                                                | P         | QL(25 ml per 30 days retail)                          |
| HYALGAN SOLN                                                                      | P         | SP; PA               | fluticasone propionate (nasal) SUSP                                        | P         | QL(16 ml per fill retail); RX/OTC                     |
| HYALGAN SOSY                                                                      | P         | SP; PA               | NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetate (nasal))   | NP        | AL(At least 2 yrs old)                                |
| HYMOVIS                                                                           | P         | SP; PA               |                                                                            |           |                                                       |
| HYRONAN KIT                                                                       | P         | SP; PA               |                                                                            |           |                                                       |
| MONOVISC                                                                          | P         | SP; PA               |                                                                            |           |                                                       |
| ORTHOVISC                                                                         | P         | SP; PA               |                                                                            |           |                                                       |
| SUPARTZ FX SOSY                                                                   | P         | SP; PA               |                                                                            |           |                                                       |
| SYNOJOYNT SOSY                                                                    | P         | SP; PA               |                                                                            |           |                                                       |
| SYNVISC ONE SOSY                                                                  | P         | SP; PA               |                                                                            |           |                                                       |
| SYNVISC SOSY                                                                      | P         | SP; PA               |                                                                            |           |                                                       |
| TRILURON SOSY                                                                     | P         | SP; PA               |                                                                            |           |                                                       |
| TRIVISC SOSY                                                                      | P         | SP; PA               |                                                                            |           |                                                       |
| VISCO-3 SOSY                                                                      | P         | SP; PA               |                                                                            |           |                                                       |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL -<br/>Drugs to treat the Nose or Sinus</b> |           |                      |                                                                            |           |                                                       |
| <b>Nasal Agents - Misc.</b>                                                       |           |                      |                                                                            |           |                                                       |

| Drug Name                                                                 | Drug Tier | Requirements/ Limits                                    |
|---------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| NASACORT ALLERGY 24HR AERO ( <i>Use triamcinolone acetonide (nasal)</i> ) | NP        | AL(At least 2 yrs old)                                  |
| <i>triamcinolone acetonide (nasal)</i> AERO                               | P         | AL(At least 2 yrs old)                                  |
| Sympathomimetic Decongestants                                             |           |                                                         |
| ADRENALIN 0.1 % ( <i>Use epinephrine hcl (nasal)</i> )                    | NP        | QL(120 ml per fill retail); AL(Up to 21 yrs old)        |
| <i>epinephrine hcl (nasal)</i>                                            | P         | QL(120 ml per fill retail); AL(Up to 21 yrs old)        |
| <i>phenylephrine hcl (oral)</i> TABS                                      | P         | OTC; QL(24 ea per fill retail)                          |
| <i>pseudoephedrine hcl</i> TABS                                           | P         | OTC; AL(Up to 21 yrs old)                               |
| <i>pseudoephedrine hcl</i> TB12                                           | P         | OTC; QL(62 ea per 30 days retail); AL(Up to 21 yrs old) |
| SUDAFED CHILDRENS LIQD                                                    | P         | OTC; AL(Up to 21 yrs old)                               |
| SUDAFED CONGESTION TABS ( <i>Use pseudoephedrine hcl</i> )                | NP        | OTC; AL(Up to 21 yrs old)                               |
| SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN                              | P         | OTC; QL(120 ml per fill retail)                         |
| SUDAFED PE SINUS CONGESTION TABS ( <i>Use phenylephrine hcl (oral)</i> )  | NP        | OTC; QL(24 ea per fill retail)                          |
| SUDAFED SINUS CONGESTION TABS ( <i>Use pseudoephedrine hcl</i> )          | NP        | OTC; AL(Up to 21 yrs old)                               |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles                    |           |                                                         |
| ALS Agents                                                                |           |                                                         |
| EXSERVAN FILM                                                             | P         | SP; PA                                                  |

| Drug Name                            | Drug Tier | Requirements/ Limits |
|--------------------------------------|-----------|----------------------|
| RADICAVA ORS STARTER KIT SUSP        | P         | SP; PA               |
| RADICAVA ORS SUSP                    | P         | SP; PA               |
| RADICAVA SOLN                        | P         | SP; PA               |
| RILUTEK TABS ( <i>Use riluzole</i> ) | NP        | PA                   |
| <i>riluzole</i> TABS                 | P         | PA                   |
| TIGLUTIK SUSP                        | P         | SP; PA               |
| Muscular Dystrophy Agents            |           |                      |
| AMONDYS 45                           | P         | SP; PA               |
| EXONDYS 51                           | P         | SP; PA               |
| VILTEPSO                             | P         | SP; PA               |
| VYONDYS 53                           | P         | SP; PA               |
| Spinal Muscular Atrophy Agents (SMA) |           |                      |
| EVRYSDI                              | P         | SP; PA               |
| SPINRAZA                             | P         | SP; PA               |
| ZOLGENSMA 10.1-10.5 KG               | P         | SP; PA               |
| ZOLGENSMA 10.6-11.0 KG               | P         | SP; PA               |
| ZOLGENSMA 11.1-11.5 KG               | P         | SP; PA               |
| ZOLGENSMA 11.6-12.0 KG               | P         | SP; PA               |
| ZOLGENSMA 12.1-12.5 KG               | P         | SP; PA               |
| ZOLGENSMA 12.6-13.0 KG               | P         | SP; PA               |
| ZOLGENSMA 13.1-13.5 KG               | P         | SP; PA               |
| ZOLGENSMA 13.6-14.0 KG               | P         | SP; PA               |
| ZOLGENSMA 14.1-14.5 KG               | P         | SP; PA               |
| ZOLGENSMA 14.6-15.0 KG               | P         | SP; PA               |
| ZOLGENSMA 15.1-15.5 KG               | P         | SP; PA               |
| ZOLGENSMA 15.6-16.0 KG               | P         | SP; PA               |

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| Drug Name              | Drug Tier | Requirements/ Limits            |
|------------------------|-----------|---------------------------------|
| ZOLGENSMA 16.1-16.5 KG | P         | SP; PA                          |
| ZOLGENSMA 16.6-17.0 KG | P         | SP; PA                          |
| ZOLGENSMA 17.1-17.5 KG | P         | SP; PA                          |
| ZOLGENSMA 17.6-18.0 KG | P         | SP; PA                          |
| ZOLGENSMA 18.1-18.5 KG | P         | SP; PA                          |
| ZOLGENSMA 18.6-19.0 KG | P         | SP; PA                          |
| ZOLGENSMA 19.1-19.5 KG | P         | SP; PA                          |
| ZOLGENSMA 19.6-20.0 KG | P         | SP; PA                          |
| ZOLGENSMA 2.6-3.0 KG   | P         | SP; PA                          |
| ZOLGENSMA 20.1-20.5 KG | P         | SP; PA                          |
| ZOLGENSMA 20.6-21.0 KG | P         | SP; PA                          |
| ZOLGENSMA 3.1-3.5 KG   | P         | SP; PA                          |
| ZOLGENSMA 3.6-4.0 KG   | P         | SP; PA                          |
| ZOLGENSMA 4.1-4.5 KG   | P         | SP; PA                          |
| ZOLGENSMA 4.6-5.0 KG   | P         | SP; PA                          |
| ZOLGENSMA 5.1-5.5 KG   | P         | SP; PA                          |
| ZOLGENSMA 5.6-6.0 KG   | P         | SP; PA                          |
| ZOLGENSMA 6.1-6.5 KG   | P         | SP; PA                          |
| ZOLGENSMA 6.6-7.0 KG   | P         | SP; PA                          |
| ZOLGENSMA 7.1-7.5 KG   | P         | SP; PA                          |
| ZOLGENSMA 7.6-8.0 KG   | P         | SP; PA                          |
| ZOLGENSMA 8.1-8.5 KG   | P         | SP; PA                          |
| ZOLGENSMA 8.6-9.0 KG   | P         | SP; PA                          |
| ZOLGENSMA 9.1-9.5 KG   | P         | SP; PA                          |
| ZOLGENSMA 9.6-10.0 KG  | P         | SP; PA                          |
| <b>NUTRIENTS</b>       |           |                                 |
| Carbohydrates          |           |                                 |
| POLYCOSE LIQD          | P         | OTC; QL(124 ml per fill retail) |

| Drug Name                                                    | Drug Tier | Requirements/ Limits              |
|--------------------------------------------------------------|-----------|-----------------------------------|
| POLYCOSE POWD                                                | P         | OTC; QL(350 gm per fill retail)   |
| Lipids                                                       |           |                                   |
| DOJOLVI                                                      | P         | SP; PA                            |
| Misc. Nutritional Substances                                 |           |                                   |
| <i>omega-3 fatty acids CAPS</i>                              | P         | OTC; QL(6 ea daily)               |
| <i>omega-3 fatty acids CPDR</i>                              | P         | QL(6 ea daily)                    |
| <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>            |           |                                   |
| Artificial Tears and Lubricants                              |           |                                   |
| <i>polyvinyl alcohol 1.4 %</i>                               | P         | OTC; QL(31 ml per 30 days retail) |
| <i>white petrolatum-mineral oil</i>                          | P         | OTC; QL(30 gm per fill retail)    |
| Beta-blockers - Ophthalmic                                   |           |                                   |
| <i>betaxolol hcl (ophth) SOLN</i>                            | P         |                                   |
| <i>carteolol hcl (ophth)</i>                                 | P         |                                   |
| COSOPT ( <i>Use dorzolamide hcl-timolol maleate</i> )        | NP        | QL(10 ml per 30 days retail)      |
| DORZOLAMIDE HCL/TIMOLOL MALEATE                              | P         | QL(10 ml per 30 days retail)      |
| <i>dorzolamide hcl-timolol maleate</i>                       | P         | QL(10 ml per 30 days retail)      |
| <i>levobunolol hcl 0.5 %</i>                                 | P         | QL(15 ml per 30 days retail)      |
| <i>timolol maleate (ophth) SOLN</i>                          | P         | QL(15 ea per 30 days retail)      |
| TIMOPTIC OCUDOSE SOLN ( <i>Use timolol maleate (ophth)</i> ) | NP        | QL(15 ea per 30 days retail)      |
| TIMOPTIC SOLN ( <i>Use timolol maleate (ophth)</i> )         | NP        | QL(15 ml per 30 days retail)      |
| Cycloplegic Mydriatics                                       |           |                                   |
| <i>atropine sulfate (ophthalmic) OINT</i>                    | P         |                                   |

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|--------------------------------------------------------------------------|-----------|------------------------------|-----------------------------------------------------------|-----------|------------------------------|
| <i>atropine sulfate (ophthalmic) SOLN</i>                                | P         |                              | VABYSMO                                                   | P         | SP; PA                       |
| ATROPINE SULFATE SOLN 1 %                                                | P         |                              | Ophthalmic Adrenergic Agents                              |           |                              |
| ATROPINE SULFATE SOLN 1 % ( <i>Use atropine sulfate (ophthalmic)</i> )   | NP        |                              | <i>apraclonidine hcl</i>                                  | P         |                              |
| CYCLOGYL 0.5 %                                                           | P         | QL(15 ml per 30 days retail) | <i>brimonidine tartrate 0.2 %</i>                         | P         |                              |
| CYCLOGYL 2 %                                                             | P         |                              | IOPIDINE                                                  | P         |                              |
| CYCLOGYL ( <i>Use cyclopentolate hcl</i> )                               | NP        |                              | Ophthalmic Anti-infectives                                |           |                              |
| <i>cyclopentolate hcl 0.5 %</i>                                          | P         | QL(15 ml per 30 days retail) | BACIGUENT                                                 | P         | QL(4 gm per 30 days retail)  |
| <i>cyclopentolate hcl 1 %, 2 %</i>                                       | P         |                              | <i>bacitracin (ophthalmic)</i>                            | P         | QL(4 gm per 30 days retail)  |
| <i>homatropine hbr</i>                                                   | P         | QL(15 ml per fill retail)    | <i>bacitracin-polymyxin b (ophth)</i>                     | P         | QL(4 gm per 30 days retail)  |
| ISOPTO ATROPINE SOLN                                                     | P         |                              | BLEPH-10 SOLN ( <i>Use sulfacetamide sodium (ophth)</i> ) | NP        | QL(15 ml per 30 days retail) |
| MYDRIACYL SOLN ( <i>Use tropicamide</i> )                                | NP        |                              | CILOXAN OINT                                              | P         |                              |
| <i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>                          | P         | QL(5 ml per 30 days retail)  | CILOXAN SOLN ( <i>Use ciprofloxacin hcl (ophth)</i> )     | NP        |                              |
| <i>tropicamide SOLN</i>                                                  | P         |                              | <i>ciprofloxacin hcl (ophth) SOLN</i>                     | P         |                              |
| Miotics                                                                  |           |                              | <i>erythromycin (ophth)</i>                               | P         |                              |
| ISOPTO CARPINE SOLN ( <i>Use pilocarpine hcl</i> )                       | NP        |                              | <i>gentamicin sulfate (ophth) OINT</i>                    | P         | QL(4 gm per 30 days retail)  |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>                                | P         |                              | <i>gentamicin sulfate (ophth) SOLN</i>                    | P         |                              |
| Ophthalmic - Angiogenesis Inhibitors                                     |           |                              | MOXEZA SOLN OP ( <i>Use moxifloxacin hcl (ophth)</i> )    | NF        |                              |
| BEOVU SOLN                                                               | P         | SP; PA                       | <i>moxifloxacin hcl (ophth) SOLN OP</i>                   | P         | QL(3 ml per fill retail)     |
| BEVACIZUMAB IZ 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML | P         | SP; PA                       | <i>neomycin-bacitracin zn-polymyxin</i>                   | P         | QL(4 gm per 30 days retail)  |
| EYLEA SOLN                                                               | P         | SP; PA                       | <i>neomycin-polymyxin-gramicidin</i>                      | P         | QL(10 ml per 30 days retail) |
| EYLEA SOSY                                                               | P         | SP; PA                       | OCUFLOX ( <i>Use ofloxacin (ophth)</i> )                  | NP        | QL(10 ml per 30 days retail) |
| LUCENTIS SOLN                                                            | P         | SP; PA                       | <i>ofloxacin (ophth)</i>                                  | P         | QL(10 ml per 30 days retail) |
| LUCENTIS SOSY                                                            | P         | SP; PA                       | <i>polymyxin b-trimethoprim</i>                           | P         | QL(10 ml per fill retail)    |
| SUSVIMO SOLN                                                             | P         | SP; PA                       | POLYTRIM ( <i>Use polymyxin b-trimethoprim</i> )          | NP        | QL(10 ml per fill retail)    |

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|--------------------------------------------------------------------|-----------|-----------------------------------|-----------------------------------------------------------|-----------|------------------------------|
| <i>sulfacetamide sodium (ophth) OINT</i>                           | P         | QL(4 gm per 30 days retail)       | BLEPHAMIDE S.O.P. OINT                                    | P         |                              |
| <i>sulfacetamide sodium (ophth) SOLN</i>                           | P         | QL(15 ml per 30 days retail)      | BLEPHAMIDE SUSP                                           | P         | QL(10 ml per fill retail)    |
| <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 ( <i>Use 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 ( <i>Use moxifloxacin hcl (ophth)</i> )            | NP        | QL(3 ml per fill retail)          | FML LIQUIFILM SUSP ( <i>Use fluorometholone (ophth)</i> ) | NP        |                              |
| Ophthalmic Decongestants                                           |           |                                   | FML OINT                                                  | P         | QL(4 gm per 30 days retail)  |
| <i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>                  | P         | OTC; QL(15 ml per 30 days retail) | ILUVIEN                                                   | P         | SP; PA                       |
| OPCON-A ( <i>Use naphazoline w/ pheniramine</i> )                  | NP        | OTC; QL(15 ml per 30 days retail) | MAXITROL OINT ( <i>Use neomycin-polymy-dexameth</i> )     | NP        | QL(4 gm per 30 days retail)  |
| <i>tetrahydrozoline hcl (ophth) 0.05 %</i>                         | P         | OTC                               | MAXITROL SUSP ( <i>Use neomycin-polymy-dexameth</i> )     | NP        | QL(10 ml per 30 days retail) |
| VISINE RED EYE COMFORT ( <i>Use tetrahydrozoline hcl (ophth)</i> ) | NP        | OTC                               | <i>neomycin-polymy-dexameth OINT</i>                      | P         | QL(4 gm per 30 days retail)  |
| Ophthalmic Gene Therapy                                            |           |                                   | <i>neomycin-polymy-dexameth SUSP</i>                      | P         | QL(10 ml per 30 days retail) |
| LUXTURNA                                                           | P         | SP; PA                            | <i>neomycin-polymyxin-hc (ophth)</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 ( <i>Use 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                                               | P         | QL(5 ml per fill retail)     |
| Ophthalmic Photoenhancers                                          |           |                                   | <i>prednisolone acetate (ophth)</i>                       | P         |                              |
| PHOTREXA VISCOUS                                                   | P         | SP; PA                            | PREDNISOLONE ACETATE P-F                                  | P         |                              |
| PHOTREXA/PHOTREXA VISCOUS KIT                                      | P         | SP; PA                            | PREDNISOLONE SODIUM PHOSPHATE                             | P         | QL(15 ml per 30 days retail) |
| Ophthalmic Steroids                                                |           |                                   | RETISERT                                                  | P         | SP; PA                       |

| Drug Name                                               | Drug Tier | Requirements/ Limits             |
|---------------------------------------------------------|-----------|----------------------------------|
| <i>sulfacetamide sod-prednisolone SOLN</i>              | P         | QL(10 ml per 30 days retail)     |
| TOBRADEX OINT                                           | P         | QL(4 gm per 30 days retail)      |
| TOBRADEX SUSP ( <i>Use tobramycin-dexamethasone</i> )   | NP        | QL(10 ml per fill retail)        |
| <i>tobramycin-dexamethasone SUSP</i>                    | P         | QL(10 ml per fill retail)        |
| TRIESENCE                                               | P         | SP; PA                           |
| XIPERE                                                  | P         | SP; PA                           |
| YUTIQ                                                   | P         | SP; PA                           |
| Ophthalmics - Misc.                                     |           |                                  |
| ACULAR ( <i>Use ketorolac tromethamine (ophth)</i> )    | NP        | QL(10 ml per fill retail)        |
| ACULAR LS ( <i>Use ketorolac tromethamine (ophth)</i> ) | NP        | QL(5 ml per 30 days retail)      |
| ALOCRI                                                  | P         | QL(5 ml per 30 days retail); PA  |
| ALOMIDE                                                 | P         | QL(10 ml per 30 days retail); PA |
| <i>azelastine hcl (ophth)</i>                           | P         | QL(6 ml per 30 days retail)      |
| AZOPT ( <i>Use brinzolamide</i> )                       | NP        |                                  |
| <i>brinzolamide</i>                                     | P         |                                  |
| <i>cromolyn sodium (ophth)</i>                          | P         | QL(10 ml per fill retail)        |
| CYSTADROPS                                              | P         | SP; PA                           |
| CYSTARAN                                                | P         | SP; PA                           |
| <i>diclofenac sodium (ophth)</i>                        | P         | QL(3 ml per 30 days retail)      |
| <i>dorzolamide hcl</i>                                  | P         | QL(10 ml per 30 days retail)     |
| DORZOLAMIDE HCL                                         | P         | QL(10 ml per 30 days retail)     |
| <i>flurbiprofen sodium</i>                              | P         | QL(5 ml per 30 days retail)      |
| <i>ketorolac tromethamine (ophth) 0.5 %</i>             | P         | QL(10 ml per fill retail)        |
| <i>ketorolac tromethamine (ophth) 0.4 %</i>             | P         | QL(5 ml per 30 days retail)      |

| Drug Name                                             | Drug Tier | Requirements/ Limits                                             |
|-------------------------------------------------------|-----------|------------------------------------------------------------------|
| <i>ketotifen fumarate (ophth) 0.025 %</i>             | P         |                                                                  |
| TRUSOPT ( <i>Use dorzolamide hcl</i> )                | NP        | QL(10 ml per 30 days retail)                                     |
| ZADITOR ( <i>Use ketotifen fumarate (ophth)</i> )     | NP        |                                                                  |
| Prostaglandins - Ophthalmic                           |           |                                                                  |
| <i>latanoprost SOLN</i>                               | P         | QL(5 ml per 30 days retail)                                      |
| LATANOPROST SOLN                                      | P         | QL(5 ml per 30 days retail)                                      |
| XALATAN SOLN ( <i>Use latanoprost</i> )               | NP        | QL(5 ml per 30 days retail)                                      |
| OTIC AGENTS - Drugs to Treat the Ear                  |           |                                                                  |
| Otic Agents - Miscellaneous                           |           |                                                                  |
| <i>acetic acid (otic)</i>                             | P         | QL(15 ml per 30 days retail)                                     |
| <i>carbamide peroxide (otic) 6.5 %</i>                | P         | OTC; QL(15 ml per 30 days retail)                                |
| DEBROX 6.5 % ( <i>Use carbamide peroxide (otic)</i> ) | NP        | OTC; QL(15 ml per 30 days retail)                                |
| Otic Anti-infectives                                  |           |                                                                  |
| <i>ofloxacin (otic)</i>                               | P         | QL(10 ml per fill retail)                                        |
| Otic Combinations                                     |           |                                                                  |
| CIPRODEX ( <i>Use ciprofloxacin-dexamethasone</i> )   | NP        | 1 rti MAX fill; 30 rti day(s) supply; QL(7.5 ml per fill retail) |
| <i>ciprofloxacin-dexamethasone</i>                    | P         | 1 rti MAX fill; 30 rti day(s) supply; QL(7.5 ml per fill retail) |
| <i>neomycin-polymyxin-hc (otic) SOLN</i>              | P         | QL(10 ml per fill retail)                                        |
| <i>neomycin-polymyxin-hc (otic) SUSP</i>              | P         | QL(20 ml per 30 days retail)                                     |
| <i>pramoxine-hc-chloroxylonol</i>                     | P         | QL(15 ml per fill retail)                                        |
| Otic Steroids                                         |           |                                                                  |

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

| Drug Name                                                                                  | Drug Tier | Requirements/ Limits                              | Drug Name                                                                          | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|------------------------------------------------------------------------------------|-----------|----------------------|
| DERMOTIC (Use fluocinolone acetonide (otic))                                               | NP        | QL(20 ml per fill retail); AL(At least 5 yrs old) | HYPERRHO S/D SOSY IM 1500 UNIT                                                     | P         | SP                   |
| fluocinolone acetonide (otic)                                                              | P         | QL(20 ml per fill retail); AL(At least 5 yrs old) | MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM                                               | P         | SP; PA               |
| hydrocortisone w/acetic acid                                                               | P         | QL(20 ml per 30 days retail)                      | NABI-HB SOLN IM                                                                    | P         | SP; PA               |
| <b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>                               |           |                                                   | OCTAGAM SOLN                                                                       | P         | SP; PA               |
| Oxytocics                                                                                  |           |                                                   | PANZYGA                                                                            | P         | SP; PA               |
| methylergonovine maleate TABS                                                              | P         |                                                   | PRIVIGEN SOLN                                                                      | P         | SP; PA               |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b> |           |                                                   | RHOGAM ULTRA-FILTERED PLUS SOSY IM                                                 | P         | SP                   |
| Immune Serums                                                                              |           |                                                   | RHOPHYLAC SOSY IJ                                                                  | P         | SP; PA               |
| BIVIGAM SOLN                                                                               | P         | SP; PA                                            | WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML | P         | SP; PA               |
| CUTAQUIG                                                                                   | P         | SP; PA                                            | XEMBIFY                                                                            | P         | SP; PA               |
| CUVITRU SOLN                                                                               | P         | SP; PA                                            | <b>Monoclonal Antibodies</b>                                                       |           |                      |
| CYTOGAM                                                                                    | P         | SP; PA                                            | SYNAGIS SOLN                                                                       | P         | SP; PA               |
| FLEBOGAMMA DIF SOLN                                                                        | P         | SP; PA                                            | ZINPLAVA                                                                           | P         | SP; PA               |
| GAMASTAN                                                                                   | P         | SP; PA                                            | <b>Passive Immunizing Agents - Combinations</b>                                    |           |                      |
| GAMMAGARD LIQUID                                                                           | P         | SP; PA                                            | HYQVIA                                                                             | P         | SP; PA               |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR                                                   | P         | SP; PA                                            | <b>PENICILLINS - Drugs to Treat Bacterial Infections</b>                           |           |                      |
| GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML                                    | P         | SP; PA                                            | <b>Aminopenicillins</b>                                                            |           |                      |
| GAMMAPLEX SOLN                                                                             | P         | SP; PA                                            | amoxicillin CAPS                                                                   | P         |                      |
| GAMUNEX-C                                                                                  | P         | SP; PA                                            | amoxicillin CHEW 125 MG, 250 MG                                                    | P         |                      |
| HEPAGAM B SOLN IJ                                                                          | P         | SP; PA                                            | amoxicillin SUSR                                                                   | P         |                      |
| HIZENTRA SOLN                                                                              | P         | SP; PA                                            | amoxicillin TABS 875 MG                                                            | P         |                      |
| HIZENTRA SOSY                                                                              | P         | SP; PA                                            | ampicillin CAPS 500 MG                                                             | P         |                      |
| HYPERHEP B SOLN IM                                                                         | P         | SP; PA                                            | <b>Natural Penicillins</b>                                                         |           |                      |
| HYPERRHO S/D MINI-DOSE SOSY IM                                                             | P         | SP; PA                                            | penicillin v potassium SOLR                                                        | P         |                      |
|                                                                                            |           |                                                   | penicillin v potassium TABS                                                        | P         |                      |
|                                                                                            |           |                                                   | <b>Penicillin Combinations</b>                                                     |           |                      |



| Drug Name                                                                                  | Drug Tier | Requirements/ Limits                                         | Drug Name                                 | Drug Tier | Requirements/ Limits                                         |
|--------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|-------------------------------------------|-----------|--------------------------------------------------------------|
| <i>amoxicillin &amp; pot clavulanate CHEW</i>                                              | P         | QL(20 ea per fill retail)                                    | SIMPLYTHICK EASY MIX                      | P         | OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA |
| <i>amoxicillin &amp; pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i> | P         | QL(200 ml per fill retail)                                   | SIMPLYTHICK EASYMIX                       | P         | OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA |
| <i>amoxicillin &amp; pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>                       | P         | QL(100 ml per fill retail)                                   | Liquid Vehicles                           |           |                                                              |
| <i>amoxicillin &amp; pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>                       | P         | QL(150 ml per fill retail)                                   | FLAVOR BLEND SUSP                         | P         | RX/OTC                                                       |
| <i>amoxicillin &amp; pot clavulanate TABS 125 MG-875 MG</i>                                | P         | QL(20 ea per fill retail)                                    | FLAVOR PLUS LIQD                          | P         | RX/OTC                                                       |
| <i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>                 | P         | QL(30 ea per fill retail)                                    | FLAVOR SWEET-SF SYRP                      | P         | RX/OTC                                                       |
| <i>amoxicillin &amp; pot clavulanate TB12</i>                                              | P         | QL(40 ea per 30 days retail)                                 | FLAVOR SWEET SYRP                         | P         | RX/OTC                                                       |
| AUGMENTIN ES-600 SUSR (Use <i>amoxicillin &amp; pot clavulanate</i> )                      | NP        | QL(200 ml per fill retail)                                   | <i>glycine diluent</i>                    | P         | SP; PA                                                       |
| AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (Use <i>amoxicillin &amp; pot clavulanate</i> )      | NP        | QL(150 ml per fill retail)                                   | GRAPE SYRUP SYRP                          | P         | RX/OTC                                                       |
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML                                                     | P         | QL(150 ml per fill retail)                                   | MX-SOL BLEND SF SUSP                      | P         | RX/OTC                                                       |
| AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin &amp; pot clavulanate</i> )               | NP        | QL(30 ea per fill retail)                                    | MX-SOL BLEND SUSP                         | P         | RX/OTC                                                       |
| Penicillinase-Resistant Penicillins                                                        |           |                                                              | MX-SOL SF SYRP                            | P         | RX/OTC                                                       |
| <i>dicloxacillin sodium</i>                                                                | P         |                                                              | MX-SOL SUSPEND SUSP                       | P         | RX/OTC                                                       |
| PHARMACEUTICAL ADJUVANTS                                                                   |           |                                                              | MX-SOL SYRP                               | P         | RX/OTC                                                       |
| Internal Vehicle Ingredients/Agents                                                        |           |                                                              | ORA-BLEND SF SUSP                         | P         | RX/OTC                                                       |
| SIMPLYTHICK                                                                                | P         | OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA | ORA-BLEND SUSP                            | P         | RX/OTC                                                       |
|                                                                                            |           |                                                              | ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP | P         | RX/OTC                                                       |
|                                                                                            |           |                                                              | ORAL MIX SF SUSP                          | P         | RX/OTC                                                       |
|                                                                                            |           |                                                              | ORAL SUSPEND LIQD                         | P         | RX/OTC                                                       |
|                                                                                            |           |                                                              | ORAL SYRUP FLAVORED VEHICLE SYRP          | P         | RX/OTC                                                       |
|                                                                                            |           |                                                              | ORAL SYRUP SF SYRP                        | P         | RX/OTC                                                       |
|                                                                                            |           |                                                              | ORAPENN SD ANHYDROUS SWEETENED LIQD       | P         | RX/OTC                                                       |
|                                                                                            |           |                                                              | ORAPENN SD ANHYDROUS UNSWEETENED LIQD     | P         | RX/OTC                                                       |
|                                                                                            |           |                                                              | ORA-PLUS LIQD                             | P         | RX/OTC                                                       |

| Drug Name                                             | Drug Tier | Requirements/Limits |
|-------------------------------------------------------|-----------|---------------------|
| ORA-SWEET SF SYRP 10 %-9 %                            | P         | RX/OTC              |
| ORA-SWEET SYRP 4 %-5 %-54 %                           | P         | RX/OTC              |
| PCCA SWEET-SF SYRP                                    | P         | RX/OTC              |
| PCCA SYRUP VEHICLE SYRP                               | P         | RX/OTC              |
| PCCA-PLUS SUSP                                        | P         | RX/OTC              |
| PH 12 STERILE DILUENT FORFLOLAN (Use glycine diluent) | NP        | SP; PA              |
| SOSWEET SYRP                                          | P         | RX/OTC              |
| STERILE DILUENT FOR TREPROSTINIL INJECTION            | P         | SP; PA              |
| SUSPENDIT ANHYDROUS SUSP                              | P         | RX/OTC              |
| SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP             | P         | RX/OTC              |
| SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP           | P         | RX/OTC              |
| SUSPENSION VEHICLE SUSP                               | P         | RX/OTC              |
| SYRPALTA SYRP 83 %                                    | P         | RX/OTC              |
| SYRSPEND SF LIQD                                      | P         | RX/OTC              |
| SYRUP VEHICLE SF SYRP                                 | P         | RX/OTC              |
| SYRUP VEHICLE SYRP                                    | P         | RX/OTC              |
| UNISPEND ANHYDROUS SWEETENED SUSP                     | P         | RX/OTC              |
| UNISPEND ANHYDROUS UNSWEETENED SUSP                   | P         | RX/OTC              |
| VERSAFREE SYRP                                        | P         | RX/OTC              |
| VERSAPLUS SYRP                                        | P         | RX/OTC              |
| Semi Solid Vehicles                                   |           |                     |
| Ilanolin XX                                           | P         |                     |
| LANOLIN XX                                            | P         |                     |

| Drug Name                                                                                                 | Drug Tier | Requirements/Limits                                       |
|-----------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>                                                   |           |                                                           |
| Progestins                                                                                                |           |                                                           |
| AYGESTIN TABS (Use norethindrone acetate)                                                                 | NP        |                                                           |
| hydroxyprogesterone caproate OIL                                                                          | P         | QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA |
| MAKENA OIL (Use hydroxyprogesterone caproate)                                                             | NP        | QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA |
| MAKENA SOAJ                                                                                               | P         | SP; PA                                                    |
| medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG                                                           | P         |                                                           |
| norethindrone acetate TABS                                                                                | P         |                                                           |
| progesterone CAPS 200 MG                                                                                  | P         | QL(20 ea per 30 days retail)                              |
| progesterone CAPS 100 MG                                                                                  | P         | QL(30 ea per 30 days retail)                              |
| PROMETRIUM CAPS 100 MG (Use progesterone)                                                                 | NP        | QL(30 ea per 30 days retail)                              |
| PROMETRIUM CAPS 200 MG (Use progesterone)                                                                 | NP        | QL(20 ea per 30 days retail)                              |
| PROVERA (Use medroxyprogesterone acetate)                                                                 | NP        |                                                           |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b> |           |                                                           |
| Agents for Chemical Dependency                                                                            |           |                                                           |
| disulfiram 250 MG                                                                                         | P         |                                                           |
| Anti-Cataplectic Agents                                                                                   |           |                                                           |
| SODIUM OXYBATE SOLN                                                                                       | P         | SP; PA                                                    |
| XYREM SOLN                                                                                                | P         | SP; PA                                                    |
| XYWAV                                                                                                     | P         | SP; PA                                                    |

| Drug Name                                              | Drug Tier | Requirements/ Limits                           |
|--------------------------------------------------------|-----------|------------------------------------------------|
| <b>Antidementia Agents</b>                             |           |                                                |
| ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride) | NP        | QL(1 ea daily)                                 |
| donepezil hydrochloride TABS 5 MG, 10 MG               | P         | QL(1 ea daily)                                 |
| EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)     | NP        | QL(1 ea daily); PA                             |
| galantamine hydrobromide CP24                          | P         | QL(1 ea daily)                                 |
| galantamine hydrobromide SOLN                          | P         | QL(6 ml daily)                                 |
| galantamine hydrobromide TABS                          | P         | QL(2 ea daily)                                 |
| memantine hcl SOLN                                     | P         | QL(2 ml daily); PA                             |
| memantine hcl TABS                                     | P         | 1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA |
| memantine hcl TABS                                     | P         | QL(2 ea daily); PA                             |
| NAMENDA TITRATION PAK TABS (Use memantine hcl)         | NP        | 1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA |
| NAMENDA TABS (Use memantine hcl)                       | NP        | QL(2 ea daily); PA                             |
| RAZADYNE ER CP24 (Use galantamine hydrobromide)        | NP        | QL(1 ea daily)                                 |
| rivastigmine 4.6 MG/24HR, 9.5 MG/24HR                  | P         | QL(1 ea daily); PA                             |
| rivastigmine tartrate CAPS                             | P         | QL(2 ea daily); PA                             |
| <b>Combination Psychotherapeutics</b>                  |           |                                                |
| perphenazine-amitriptyline                             | P         | QL(4 ea daily)                                 |
| <b>Fibromyalgia Agents</b>                             |           |                                                |
| SAVELLA TITRATION PACK MISC                            | P         | QL(55 ea per 365 days retail); PA              |
| SAVELLA TABS                                           | P         | QL(2 ea daily); PA                             |
| <b>Movement Disorder Drug Therapy</b>                  |           |                                                |

| Drug Name                                           | Drug Tier | Requirements/ Limits   |
|-----------------------------------------------------|-----------|------------------------|
| tetrabenazine                                       | P         | SP; PA                 |
| XENAZINE (Use tetrabenazine)                        | NP        | SP; PA                 |
| <b>Multiple Sclerosis Agents</b>                    |           |                        |
| AMPYRA (Use dalfampridine)                          | NP        | SP; PA                 |
| AUBAGIO (Use teriflunomide)                         | NP        | QL(1 ea daily); SP; PA |
| AVONEX PEN AJKT                                     | P         | SP; PA                 |
| AVONEX PSKT                                         | P         | SP; PA                 |
| BAFIERTAM                                           | P         | SP; PA                 |
| COPAXONE SOSY (Use glatiramer acetate)              | NP        | SP; PA                 |
| dalfampridine                                       | P         | SP; PA                 |
| dimethyl fumarate CPDR                              | P         | SP; PA                 |
| dimethyl fumarate MISC                              | P         | SP; PA                 |
| EXTAVIA KIT                                         | P         | SP; PA                 |
| ingolimod hcl                                       | P         | QL(1 ea daily); SP; PA |
| GILENYA (Use fingolimod hcl)                        | NP        | QL(1 ea daily); SP; PA |
| GILENYA 0.5 MG                                      | P         | QL(1 ea daily); SP; PA |
| glatiramer acetate SOSY                             | P         | SP; PA                 |
| KESIMPTA                                            | P         | SP; PA                 |
| PLEGRIDY STARTER PACK SOPN                          | P         | SP; PA                 |
| PLEGRIDY STARTER PACK SOSY SC                       | P         | SP; PA                 |
| PLEGRIDY SOPN                                       | P         | SP; PA                 |
| PLEGRIDY SOSY IM                                    | P         | SP; PA                 |
| REBIF REBIDOSE TITRATIONPACK SOAJ                   | P         | SP; PA                 |
| REBIF REBIDOSE SOAJ                                 | P         | SP; PA                 |
| REBIF TITRATION PACK SOSY                           | P         | SP; PA                 |
| REBIF SOSY                                          | P         | SP; PA                 |
| TECFIDERA STARTER PACK MISC (Use dimethyl fumarate) | NP        | SP; PA                 |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits                               |
|--------------------------------------------------------------|-----------|----------------------------------------------------|
| TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )              | NP        | SP; PA                                             |
| <i>teriflunomide</i>                                         | P         | QL(1 ea daily); SP; PA                             |
| Smoking Deterrents                                           |           |                                                    |
| APO-VARENICLINE TABS                                         | P         | QL(2 ea daily); AL(At least 18 yrs old)            |
| <i>bupropion hcl (smoking deterrent)</i>                     | P         | QL(2 ea daily); AL(At least 18 yrs old)            |
| NICODERM CQ PT24 ( <i>Use nicotine</i> )                     | NP        | QL(1 ea daily)                                     |
| NICORETTE MINI LOZG ( <i>Use nicotine polacrilex</i> )       | NP        | QL(20 ea daily)                                    |
| NICORETTE STARTER KIT GUM ( <i>Use nicotine polacrilex</i> ) | NP        | QL(24 ea daily)                                    |
| NICORETTE GUM ( <i>Use nicotine polacrilex</i> )             | NP        | QL(24 ea daily)                                    |
| NICORETTE LOZG ( <i>Use nicotine polacrilex</i> )            | NP        | QL(20 ea daily)                                    |
| <i>nicotine polacrilex GUM</i>                               | P         | QL(24 ea daily)                                    |
| <i>nicotine polacrilex LOZG</i>                              | P         | QL(20 ea daily)                                    |
| NICOTINE TRANSDERMAL SYSTEM KIT                              | P         |                                                    |
| <i>nicotine MISC</i>                                         | P         | QL(1 ea daily)                                     |
| <i>nicotine PT24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>       | P         | QL(1 ea daily)                                     |
| NICOTROL INHALER INHA                                        | P         | QL(16.8 ea daily)                                  |
| NICOTROL NS SOLN                                             | P         | QL(4 ml daily)                                     |
| <i>varenicline tartrate TABS</i>                             | P         | QL(2 ea daily); AL(At least 18 yrs old)            |
| <i>varenicline tartrate TBPK</i>                             | P         | QL(53 ea per fill retail); AL(At least 18 yrs old) |
| Transthyretin Amyloidosis Agents                             |           |                                                    |
| ONPATTRO                                                     | P         | SP; PA                                             |

| Drug Name                                                   | Drug Tier | Requirements/ Limits   |
|-------------------------------------------------------------|-----------|------------------------|
| TEGSEDI                                                     | P         | SP; PA                 |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions |           |                        |
| Alpha-Proteinase Inhibitor (Human)                          |           |                        |
| ARALAST NP SOLR 500 MG, 1000 MG                             | P         | SP; PA                 |
| GLASSIA SOLN                                                | P         | SP; PA                 |
| PROLASTIN-C SOLN                                            | P         | SP; PA                 |
| PROLASTIN-C SOLR                                            | P         | SP; PA                 |
| ZEMAIRA SOLR                                                | P         | SP; PA                 |
| Cystic Fibrosis Agents                                      |           |                        |
| BRONCHITOL                                                  | P         | SP; PA                 |
| BRONCHITOL TOLERANCE TEST                                   | P         | SP; PA                 |
| KALYDECO PACK                                               | P         | SP; PA                 |
| KALYDECO TABS                                               | P         | SP; PA                 |
| ORKAMBI PACK                                                | P         | SP; PA                 |
| ORKAMBI TABS                                                | P         | SP; PA                 |
| PULMOZYME                                                   | P         | SP; PA                 |
| SYMDEKO                                                     | P         | SP; PA                 |
| TRIKAFTA TBPK                                               | P         | QL(3 ea daily); SP; PA |
| Pulmonary Fibrosis Agents                                   |           |                        |
| ESBRIET CAPS ( <i>Use pirfenidone</i> )                     | NP        | SP; PA                 |
| ESBRIET TABS ( <i>Use pirfenidone</i> )                     | NP        | SP; PA                 |
| OFEV                                                        | P         | SP; PA                 |
| <i>pirfenidone CAPS</i>                                     | P         | SP; PA                 |
| <i>pirfenidone TABS</i>                                     | P         | SP; PA                 |
| TETRACYCLINES - Drugs to Treat Bacterial Infections         |           |                        |
| Tetracyclines                                               |           |                        |
| ACTICLATE TABS ( <i>Use doxycycline hyclate</i> )           | NF        |                        |

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| Drug Name                                           | Drug Tier | Requirements/ Limits | Drug Name                                                            | Drug Tier | Requirements/ Limits                                                      |
|-----------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------|-----------|---------------------------------------------------------------------------|
| <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i> | P         |                      | Toxoid Combinations                                                  |           |                                                                           |
| <i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i> | P         |                      | ADACEL SUSP                                                          | P         | QL(0.5 ml per fill retail); AL(At least 19 yrs old)                       |
| <i>doxycycline hyclate CAPS</i>                     | P         |                      | BOOSTRIX SUSP                                                        | P         | QL(0.5 ml per fill retail); AL(At least 19 yrs old)                       |
| <i>doxycycline hyclate TABS 100 MG</i>              | P         |                      | BOOSTRIX SUSY                                                        | P         | QL(0.5 ml per fill retail); AL(At least 19 yrs old)                       |
| <i>minocycline hcl CAPS</i>                         | P         |                      | DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP                   | P         | QL(0.5 ml per fill retail); AL(At least 19 yrs old)                       |
| <i>tetracycline hcl CAPS 500 MG</i>                 | P         |                      | INFANRIX                                                             | P         | QL(0.5 ml per fill retail); AL(At least 19 yrs old)                       |
| VIBRAMYCIN CAPS ( <i>Use doxycycline hyclate</i> )  | NP        |                      | TDVAX SUSP                                                           | P         | Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old) |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones |           |                      | TENIVAC INJ                                                          | P         | Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old) |
| Antithyroid Agents                                  |           |                      | TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP                       | P         | Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old) |
| <i>methimazole TABS</i>                             | P         |                      | ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions |           |                                                                           |
| <i>propylthiouracil</i>                             | P         |                      | Antispasmodics                                                       |           |                                                                           |
| Thyroid Hormones                                    |           |                      | <i>dicyclomine hcl CAPS</i>                                          | P         |                                                                           |
| ARMOUR THYROID TABS                                 | P         |                      | <i>dicyclomine hcl SOLN OR</i>                                       | P         | QL(496 ml per 30 days retail)                                             |
| CYTOMEL TABS ( <i>Use liothyronine sodium</i> )     | NP        |                      | <i>dicyclomine hcl TABS</i>                                          | P         |                                                                           |
| <i>levothyroxine sodium TABS</i>                    | P         |                      |                                                                      |           |                                                                           |
| <i>liothyronine sodium TABS</i>                     | P         |                      |                                                                      |           |                                                                           |
| NIVA THYROID TABS                                   | P         |                      |                                                                      |           |                                                                           |
| NP THYROID 120 TABS                                 | P         |                      |                                                                      |           |                                                                           |
| NP THYROID 15 TABS                                  | P         |                      |                                                                      |           |                                                                           |
| NP THYROID 30 TABS                                  | P         |                      |                                                                      |           |                                                                           |
| NP THYROID 60 TABS                                  | P         |                      |                                                                      |           |                                                                           |
| NP THYROID 90 TABS                                  | P         |                      |                                                                      |           |                                                                           |
| SYNTHROID TABS ( <i>Use levothyroxine sodium</i> )  | P         |                      |                                                                      |           |                                                                           |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG     | P         |                      |                                                                      |           |                                                                           |
| TOXOIDS                                             |           |                      |                                                                      |           |                                                                           |

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

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

| Drug Name                                        | Drug Tier | Requirements/ Limits                                                                                      |
|--------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------|
| <i>oxybutynin chloride SYRP</i>                  | P         | QL(496 ml per 30 days retail)                                                                             |
| <i>oxybutynin chloride TABS</i>                  | P         | QL(3 ea daily)                                                                                            |
| <i>oxybutynin chloride TB24</i>                  | P         | QL(2 ea daily)                                                                                            |
| <i>tolterodine tartrate CP24</i>                 | P         | QL(1 ea daily)                                                                                            |
| <i>tolterodine tartrate TABS</i>                 | P         | QL(2 ea daily)                                                                                            |
| <i>trospium chloride TABS</i>                    | P         | QL(2 ea daily)                                                                                            |
| Urinary Antispasmodics - Cholinergic Agonists    |           |                                                                                                           |
| <i>bethanechol chloride</i>                      | P         |                                                                                                           |
| Urinary Antispasmodics - Direct Muscle Relaxants |           |                                                                                                           |
| <i>flavoxate hcl</i>                             | P         |                                                                                                           |
| VACCINES                                         |           |                                                                                                           |
| Bacterial Vaccines                               |           |                                                                                                           |
| ACTHIB SOLR IM                                   | P         |                                                                                                           |
| BEXSERO                                          | P         | 2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)                |
| HIBERIX SOLR IJ                                  | P         |                                                                                                           |
| MENACTRA                                         | P         | Limit 2 fills per Lifetime; QL(0.5 ml per fill retail; 2 ml per 999 days retail); AL(At least 19 yrs old) |
| MENQUADFI                                        | P         | 2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)                |
| MENVEO SOLN                                      | P         |                                                                                                           |

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



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

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|--------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>clotrimazole vaginal CREA 1 %</i>                                     | P         | OTC; QL(45 gm per 30 days retail) |
| GYNAZOLE-1                                                               | P         |                                   |
| <i>metronidazole vaginal</i>                                             | P         | QL(70 gm per fill retail)         |
| <i>miconazole nitrate vaginal CREA</i>                                   | P         | OTC; QL(45 gm per 30 days retail) |
| <i>miconazole nitrate vaginal KIT</i>                                    | P         |                                   |
| <i>miconazole nitrate vaginal SUPP 100 MG</i>                            | P         | OTC; QL(7 ea per 30 days retail)  |
| <i>miconazole nitrate vaginal SUPP 200 MG</i>                            | P         | QL(3 ea per 30 days retail)       |
| MONISTAT 3 COMBINATION PACK KIT (Use <i>miconazole nitrate vaginal</i> ) | NP        |                                   |
| MONISTAT 3 CREA (Use <i>miconazole nitrate vaginal</i> )                 | NP        | OTC; QL(45 gm per 30 days retail) |
| MONISTAT 7 SIMPLY CURE CREA (Use <i>miconazole nitrate vaginal</i> )     | NP        | OTC; QL(45 gm per 30 days retail) |
| <i>terconazole vaginal CREA</i>                                          | P         |                                   |
| <i>terconazole vaginal SUPP</i>                                          | P         |                                   |
| <i>tioconazole vaginal 6.5 %</i>                                         | P         | OTC                               |
| VANDAZOLE                                                                | P         | QL(70 gm per fill retail)         |
| Vaginal Estrogens                                                        |           |                                   |
| ESTRACE CREA (Use <i>estradiol vaginal</i> )                             | NP        | QL(43 gm per 30 days retail)      |
| <i>estradiol vaginal CREA</i>                                            | P         | QL(43 gm per 30 days retail)      |
| <i>estradiol vaginal TABS</i>                                            | P         |                                   |
| PREMARIN                                                                 | P         | QL(43 gm per fill retail)         |
| VAGIFEM TABS (Use <i>estradiol vaginal</i> )                             | NP        |                                   |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions           |           |                                   |

| Drug Name                                                        | Drug Tier | Requirements/ Limits                                            |
|------------------------------------------------------------------|-----------|-----------------------------------------------------------------|
| Anaphylaxis Therapy Agents                                       |           |                                                                 |
| AUVI-Q SOAJ 0.15 MG/0.15ML                                       | NP        |                                                                 |
| AUVI-Q SOAJ 0.3 MG/0.3ML                                         | NP        | 4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail) |
| <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>             | P         | QL(2 ea per fill retail; 4 ea per 365 days retail)              |
| <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>             | NP        |                                                                 |
| <i>epinephrine (anaphylaxis) SOAJ</i>                            | P         | 4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail) |
| EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )        | NP        | 4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail) |
| EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )     | NP        | 4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail) |
| Neurogenic Orthostatic Hypotension (NOH) - Agents                |           |                                                                 |
| <i>droxidopa</i>                                                 | P         | SP; PA                                                          |
| NORTHERA (Use <i>droxidopa</i> )                                 | NP        | SP; PA                                                          |
| Vasopressors                                                     |           |                                                                 |
| <i>midodrine hcl</i>                                             | P         |                                                                 |
| VITAMINS                                                         |           |                                                                 |
| Oil Soluble Vitamins                                             |           |                                                                 |
| BABY DDROPS LIQD OR (Use <i>cholecalciferol</i> )                | NP        | Age limit = less than 6 months                                  |
| <i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i> | P         | OTC; QL(100 ea per fill retail)                                 |
| <i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>                   | P         | OTC; QL(2 ea daily)                                             |

| Drug Name                                                                | Drug Tier | Requirements/ Limits               |
|--------------------------------------------------------------------------|-----------|------------------------------------|
| <i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>                 | P         | OTC; QL(8 ea per 30 days retail)   |
| <i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>                    | P         |                                    |
| <i>cholecalciferol LIQD OR 400 UT/0.028ML</i>                            | P         | Age limit = less than 6 months     |
| DRISDOL CAPS (Use <i>ergocalciferol</i> )                                | NP        |                                    |
| D-VI-SOL LIQD OR (Use <i>cholecalciferol</i> )                           | NP        |                                    |
| <i>ergocalciferol CAPS</i>                                               | P         |                                    |
| <i>ergocalciferol SOLN OR</i>                                            | P         |                                    |
| KEY-E CHEW                                                               | P         | QL(2 ea daily)                     |
| MEPHYTON TABS (Use <i>phytonadione</i> )                                 | NP        |                                    |
| <i>phytonadione TABS 5 MG</i>                                            | P         |                                    |
| VITAMIN D3 LIQD OR 5000 UNIT/ML                                          | P         | Age limit = 6 months to 1 year     |
| <i>vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT</i>                       | P         | OTC; QL(2 ea daily)                |
| <i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT</i> | P         | QL(2 ea daily)                     |
| VITAMIN E CAPS 200 UNIT                                                  | P         | OTC; QL(2 ea daily)                |
| VITAMIN E CHEW                                                           | P         | OTC; QL(2 ea daily)                |
| Water Soluble Vitamins                                                   |           |                                    |
| <i>ascorbic acid TABS</i>                                                | P         | OTC; QL(100 ea per 30 days retail) |
| B-1 TABS                                                                 | P         | OTC; QL(100 ea per 30 days retail) |
| NIACIN TR TBCR                                                           | P         | OTC                                |
| <i>niacin CPCR 250 MG, 500 MG</i>                                        | P         | OTC                                |
| <i>niacin TABS 500 MG</i>                                                | P         | OTC                                |
| <i>niacin TBCR</i>                                                       | P         | OTC                                |

| Drug Name                                       | Drug Tier | Requirements/ Limits               |
|-------------------------------------------------|-----------|------------------------------------|
| <i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i> | P         | OTC                                |
| <i>riboflavin TABS</i>                          | P         | OTC; QL(100 ea per 30 days retail) |
| SLO-NIACIN TBCR (Use <i>niacin</i> )            | NP        | OTC                                |
| <i>thiamine hcl TABS</i>                        | P         | OTC; QL(100 ea per 30 days retail) |
| <i>thiamine mononitrate TABS</i>                | P         | OTC; QL(100 ea per 30 days retail) |
| VITAMIN B-2 TABS                                | P         | OTC; QL(100 ea per 30 days retail) |

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

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| carbidopa-levodopa TABS .....                                                                | 34 | cefadroxil SUSR .....                                     | 43 | CHENODAL .....                                                | 62 |
| carbidopa-levodopa TBCR .....                                                                | 34 | cefadroxil TABS .....                                     | 43 | chlordiazepoxide hcl CAPS .....                               | 9  |
| carboplatin SOLN 50 MG/5ML, 150<br>MG/15ML, 450 MG/45ML, 600<br>MG/60ML, 1000 MG/100ML ..... | 28 | cefdinir CAPS .....                                       | 43 | chlorhexidine gluconate (mouth-<br>throat) .....              | 78 |
| CARESTART COVID-19 ANTIGEN<br>HOME TEST KIT .....                                            | 56 | cefdinir SUSR .....                                       | 43 | chlorhexidine gluconate LIQD .....                            | 37 |
| CARETOUCH 2 CPAP HOSE<br>HANGER MISC .....                                                   | 71 | cefexime CAPS .....                                       | 43 | chloroquine phosphate TABS 250<br>MG .....                    | 27 |
| CARETOUCH BLOOD GLUCOSE<br>TEST STRIPS STRP .....                                            | 56 | cefprozil SUSR .....                                      | 43 | chloroquine phosphate TABS 500<br>MG .....                    | 27 |
| CARETOUCH CPAP & BIPAP<br>HOSE/6FT MISC .....                                                | 71 | cefprozil TABS .....                                      | 43 | chlorpheniramine maleate SYRP ..                              | 21 |
| CARETOUCH CPAP MASK WIPES<br>MISC .....                                                      | 71 | ceftriaxone sodium IJ 1 GM, 250 MG,<br>500 MG .....       | 43 | chlorpheniramine maleate TABS ..                              | 21 |
| CARETOUCH CPAP<br>NEUTRALIZING PRE-WASH MISC<br>71                                           |    | cefuroxime axetil TABS .....                              | 43 | chlorpromazine hcl TABS 10 MG ..                              | 36 |
| CARETOUCH CPAP TUBE<br>CLEANING BRUSH MISC .....                                             | 71 | CENTANY OINT .....                                        | 49 | chlorpromazine hcl TABS 25 MG, 50<br>MG, 100 MG, 200 MG ..... | 36 |
| CARETOUCH UNIVERSAL<br>CPAPFILTERS MISC .....                                                | 71 | cephalexin CAPS 250 MG, 500 MG<br>43                      |    | chlorthalidone 25 MG, 50 MG .....                             | 58 |
| carglumic acid .....                                                                         | 59 | cephalexin SUSR .....                                     | 43 | chlorzoxazone TABS 500 MG .....                               | 81 |
|                                                                                              |    | CEPROTIN .....                                            | 64 | CHOLBAM .....                                                 | 61 |
|                                                                                              |    | CERALYTE 70 SOLN .....                                    | 76 | cholecalciferol CAPS 1.25 MG, 1.25<br>MG, 50000 UNIT .....    | 99 |
|                                                                                              |    | CERASPORT EX1 SOLN .....                                  | 76 | cholecalciferol CAPS 125 MCG, 5000<br>UNIT .....              | 98 |
|                                                                                              |    | CERASPORT SOLN .....                                      | 76 | cholecalciferol CAPS 25 MCG, 50                               |    |
|                                                                                              |    | CERDELGA .....                                            | 65 |                                                               |    |

|                                                                 |    |                                                         |    |                                               |    |
|-----------------------------------------------------------------|----|---------------------------------------------------------|----|-----------------------------------------------|----|
| MCG, 1000 UNIT, 2000 UNIT . . . . .                             | 98 | citalopram hydrobromide TABS 20 MG . . . . .            | 15 | clobetasol propionate SOLN 0.05 % .           | 51 |
| cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML . . . . .        | 99 | citalopram hydrobromide TABS 40 MG . . . . .            | 15 | clomipramine hcl 75 MG . . . . .              | 17 |
| cholecalciferol LIQD OR 400 UT/0.028ML . . . . .                | 99 | cladribine 10 MG/10ML . . . . .                         | 29 | clonazepam TABS . . . . .                     | 12 |
| cholestyramine light PACK . . . . .                             | 23 | clarithromycin SUSR 125 MG/5ML 68                       |    | clonidine hcl (adhd) TB12 . . . . .           | 1  |
| cholestyramine light POWD . . . . .                             | 23 | clarithromycin SUSR 250 MG/5ML 68                       |    | clonidine hcl TABS . . . . .                  | 24 |
| cholestyramine PACK . . . . .                                   | 23 | clarithromycin TABS . . . . .                           | 68 | clopidogrel bisulfate 75 MG . . . . .         | 64 |
| cholestyramine POWD . . . . .                                   | 23 | clarithromycin TB24 . . . . .                           | 68 | clorazepate dipotassium TABS . . . . .        | 9  |
| CHORIONIC GONADOTROPIN IM 59                                    |    | CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT . . . . .    | 56 | clotrimazole (topical) CREA . . . . .         | 49 |
| CIBINQO . . . . .                                               | 52 | clemastine fumarate TABS 1.34 MG .                      | 22 | clotrimazole (topical) SOLN . . . . .         | 49 |
| cilostazol . . . . .                                            | 64 | CLEVER CHOICE PEAK FLOW METER . . . . .                 | 71 | clotrimazole vaginal CREA 1 % . . .           | 98 |
| CILOXAN OINT . . . . .                                          | 85 | clindamycin hcl 150 MG, 300 MG .                        | 27 | clotrimazole vaginal CREA 2 % . . .           | 97 |
| CIMDUO . . . . .                                                | 37 | clindamycin palmitate hydrochloride .                   | 27 | clotrimazole w/ betamethasone CREA . . . . .  | 49 |
| cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML . . . . .           | 94 | clindamycin phosphate (topical) GEL                     | 48 | clotrimazole w/ betamethasone LOTN . . . . .  | 49 |
| cimetidine TABS . . . . .                                       | 94 | clindamycin phosphate (topical) LOTN . . . . .          | 48 | clozapine TABS . . . . .                      | 35 |
| cinacalcet hcl . . . . .                                        | 60 | clindamycin phosphate (topical) SOLN . . . . .          | 48 | CO MONITOR REPLACEMENT TPIECES MISC . . . . . | 71 |
| CINQAIR . . . . .                                               | 10 | clindamycin phosphate vaginal CREA . . . . .            | 97 | COAGADEX . . . . .                            | 63 |
| CINRYZE SOLR IV . . . . .                                       | 64 | CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT . . . . . | 56 | coal tar extract SHAM 0.5 % . . . . .         | 54 |
| ciprofloxacin hcl (ophth) SOLN . . . . .                        | 85 | clobetasol propionate CREA 0.05 % .                     | 51 | COARTEM . . . . .                             | 27 |
| ciprofloxacin hcl TABS 100 MG . . .                             | 61 | clobetasol propionate emollient base 0.05 % . . . . .   | 51 | codeine sulfate TABS 30 MG . . . . .          | 6  |
| ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG . . . . .         | 61 | clobetasol propionate GEL 0.05 %                        | 51 | CODEINE SULFATE TABS . . . . .                | 6  |
| ciprofloxacin-dexamethasone . . . . .                           | 87 | clobetasol propionate OINT 0.05 %                       | 51 | colchicine TABS . . . . .                     | 63 |
| cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML . . . . . | 28 |                                                         |    | colchicine w/ probenecid . . . . .            | 63 |
| CISPLATIN SOLR . . . . .                                        | 28 |                                                         |    | COLD & FLU RELIEF NIGHTTIME D LIQD . . . . .  | 46 |
| citalopram hydrobromide SOLN . . .                              | 15 |                                                         |    | colestipol hcl GRAN . . . . .                 | 23 |
| citalopram hydrobromide TABS 10 MG . . . . .                    | 15 |                                                         |    | colestipol hcl TABS . . . . .                 | 23 |
|                                                                 |    |                                                         |    | COMBIPATCH PTTW . . . . .                     | 61 |
|                                                                 |    |                                                         |    | COMBIVENT RESPIMAT AERS . .                   | 11 |

|                                 |    |                                   |    |                                  |    |
|---------------------------------|----|-----------------------------------|----|----------------------------------|----|
| COMETRIQ KIT .....              | 32 | CVS DRY MOUTH SPRAY SOLN .....    | 79 | DAILY MULTIPLE VITAMINS TABS .   | 79 |
| COMFORT EZ PRO SAFETY PEN       |    | CVS GLUCOSE .....                 | 17 | dalfampridine .....              | 91 |
| NEEDLES 31G X 5MM .....         | 70 | CVS GLUCOSE CHEW .....            | 17 | dapsone .....                    | 27 |
| COMPLERA .....                  | 37 | CVS SOFT GLUCOSE CHEW ....        | 17 | darunavir TABS 600 MG .....      | 37 |
| CONDOMS-MISC .....              | 68 | cyanocobalamin SOLN IJ .....      | 65 | darunavir TABS 800 MG .....      | 37 |
| CONTOUR NEXT GEN BLOOD          |    | cyclobenzaprine hcl TABS 5 MG, 10 |    | DARZALEX .....                   | 29 |
| GLUCOSE MONITORING SYSTEM       |    | MG .....                          | 81 | DARZALEX FASPRO .....            | 31 |
| KIT .....                       | 69 | cyclobenzaprine hcl TABS 7.5 MG   | 81 | daunorubicin hcl SOLN .....      | 31 |
| COPIKTRA .....                  | 32 | CYCLOGYL 0.5 % .....              | 85 | DAUNORUBICIN                     |    |
| CORETEXT SUSP 1 ML, 2 ML ....   | 55 | CYCLOGYL 2 % .....                | 85 | HYDROCHLORIDE SOLN 50            |    |
| CORIFACT .....                  | 63 | cyclopentolate hcl 0.5 % .....    | 85 | MG/10ML .....                    | 31 |
| CORTISONE ACETATE TABS ....     | 44 | cyclopentolate hcl 1 %, 2 % ..... | 85 | DAURISMO .....                   | 30 |
| COSENTYX SENSOREADY PEN         |    | CYCLOPHOSPHAMIDE                  |    | decitabine .....                 | 29 |
| SOAJ .....                      | 50 | MONOHYDRATE SOLN .....            | 28 | deferasirox PACK .....           | 20 |
| COSENTYX SOSY .....             | 50 | cyclophosphamide SOLN .....       | 28 | deferasirox TABS .....           | 20 |
| cosyntropin SOLR .....          | 56 | CYCLOPHOSPHAMIDE SOLN ...         | 28 | deferasirox TBSO .....           | 20 |
| COTELLIC .....                  | 32 | cyclophosphamide SOLR IJ .....    | 28 | deferiprone TABS .....           | 20 |
| COVID-19 AG TEST KIT .....      | 56 | cyclosporine CAPS .....           | 77 | deferoxamine mesylate .....      | 20 |
| COVID-19 AT-HOME TEST KIT KIT . |    | cyclosporine modified (for        |    | DEFITELIO .....                  | 64 |
| 56                              |    | microemulsion) CAPS .....         | 77 | DEFLUX .....                     | 63 |
| CREON CPEP .....                | 57 | cyclosporine modified (for        |    | DELSTRIGO .....                  | 37 |
| CRIXIVAN 400 MG .....           | 37 | microemulsion) SOLN .....         | 77 | DEPO-SUBQ PROVERA 104 SUSY       |    |
| cromolyn sodium (nasal) 5.2     |    | cyclosporine SOLN IV 50 MG/ML .   | 77 | SC .....                         | 44 |
| MG/ACT .....                    | 82 | cyproheptadine hcl SYRP .....     | 22 | DERMAREST PSORIASIS GEL ...      | 53 |
| cromolyn sodium (ophth) .....   | 87 | cyproheptadine hcl TABS .....     | 22 | DESCOVY 120 MG-15 MG .....       | 37 |
| cromolyn sodium NEBU .....      | 10 | CYRAMZA .....                     | 29 | DESCOVY 200 MG-25 MG .....       | 37 |
| crotamiton LOTN .....           | 54 | CYSTADROPS .....                  | 87 | desipramine hcl TABS 10 MG, 50   |    |
| CRYSVITA .....                  | 60 | CYSTAGON CAPS .....               | 63 | MG, 75 MG, 100 MG, 150 MG ....   | 17 |
| CUTAQUIG .....                  | 88 | CYSTARAN .....                    | 87 | desipramine hcl TABS 25 MG ....  | 17 |
| CUVITRU SOLN .....              | 88 | cytarabine SOLN .....             | 29 | desmopressin acetate SOLN IJ ... | 60 |
| CVS COVID-19 AT HOME TESTKIT    |    | CYTOGAM .....                     | 88 | DESMOPRESSIN ACETATE SOLN        |    |
| KIT .....                       | 56 |                                   |    |                                  |    |

|                                      |    |                                    |    |                                    |    |
|--------------------------------------|----|------------------------------------|----|------------------------------------|----|
| NA .....                             | 60 | dexamethasone SOLN .....           | 45 | MG/7.5ML-15 MG/7.5ML, 200          |    |
| desmopressin acetate spray .....     | 60 | dexamethasone TABS .....           | 45 | MG/10ML-20 MG/10ML .....           | 46 |
| desmopressin acetate spray           |    | DEXCOM G4 PLATINUM                 |    | dextromethorphan-guaifenesin LIQD  |    |
| refrigerated .....                   | 60 | PEDIATRIC RECEIVER KIT .....       | 69 | 100 MG/5ML-5 MG/5ML, 200           |    |
| desmopressin acetate TABS .....      | 60 | DEXCOM G4 PLATINUM                 |    | MG/5ML-200 MG/5ML-30 MG/5ML-       |    |
| desogestrel & ethinyl estradiol .... | 43 | PEDIATRIC RECEIVER KIT/SHARE       |    | 30 MG/5ML, 200 MG/5ML-30           |    |
|                                      |    | .....                              | 69 | MG/5ML, 400 MG/20ML-20             |    |
|                                      |    |                                    |    | MG/20ML .....                      | 46 |
| desogestrel-ethinyl estradiol        |    | DEXCOM G4 PLATINUM                 |    | dextromethorphan-guaifenesin LIQD  |    |
| (biphasic) .....                     | 43 | RECEIVER KIT .....                 | 69 | 200 MG/5ML-10 MG/5ML .....         | 46 |
| desogestrel-ethinyl estradiol        |    | DEXCOM G4 PLATINUM                 |    | dextromethorphan-guaifenesin SYRP  |    |
| (triphasic) .....                    | 43 | RECEIVER KIT/SHARE .....           | 69 | 100 MG/5ML-10 MG/5ML, 100          |    |
| desonide CREA .....                  | 51 | DEXCOM G5 MOBILE                   |    | MG/5ML-100 MG/5ML-10 MG/5ML-       |    |
| desonide OINT .....                  | 51 | RECEIVERKIT .....                  | 69 | 10 MG/5ML .....                    | 46 |
| desoximetasone CREA 0.05 % ....      | 51 | DEXCOM G5 RECEIVER KIT ....        | 69 | dextromethorphan-guaifenesin TB12  |    |
| desoximetasone CREA 0.25 % ....      | 51 | DEXCOM G6 RECEIVER .....           | 69 | 600 MG-30 MG .....                 | 46 |
| desoximetasone GEL .....             | 51 | DEXCOM G7 RECEIVER .....           | 69 | dextromethorphan-phenylephrine-    |    |
| desoximetasone OINT 0.25 % ....      | 51 | DEXCOM G7 SENSOR .....             | 69 | acetaminophen CAPS .....           | 46 |
| desvenlafaxine succinate 100 MG .16  |    |                                    |    | DEXYCU SUSP IO .....               | 86 |
| desvenlafaxine succinate 25 MG, 50   |    | dexlansoprazole .....              | 94 | DHIVY TABS .....                   | 35 |
| MG .....                             | 16 | dexmethylphenidate hcl TABS .....  | 2  | DIABETIC TUSSIN COLD/FLU           |    |
| DEX4 .....                           | 17 | dexrazoxane hcl .....              | 33 | CAPS .....                         | 46 |
| DEX4 FAST ACTING GLUCOSE .17         |    | DEXTENZA INST .....                | 86 | DIACOMIT CAPS 250 MG .....         | 12 |
| DEX4 NATURALS .....                  | 17 | dextroamphetamine sulfate CP24 ... | 1  | DIACOMIT CAPS 500 MG .....         | 12 |
| DEX4 POUCH PACK .....                | 17 | dextroamphetamine sulfate TABS 5   |    | DIACOMIT PACK 250 MG .....         | 12 |
|                                      |    | MG, 10 MG .....                    | 1  | DIACOMIT PACK 500 MG .....         | 12 |
| DEX4 QUICK DISSOLVE GLUCOSE          |    | dextromethorphan hbr LIQD 7.5      |    | diazepam (anticonvulsant) GEL ...  | 12 |
| CHEW .....                           | 17 | MG/5ML .....                       | 45 | diazepam SOLN OR 5 MG/5ML ....     | 9  |
| dexamethasone ELIX .....             | 45 | dextromethorphan polistirex LQCR   |    | diazepam TABS .....                | 9  |
| dexamethasone sodium phosphate       |    | 45                                 |    | dibucaine .....                    | 53 |
| (ophth) .....                        | 86 | dextromethorphan polistirex SUER   |    | dichlorphenamide .....             | 57 |
| dexamethasone sodium phosphate       |    | 45                                 |    | diclofenac potassium TABS 50 MG .4 |    |
| SOLN IJ 4 MG/ML, 20 MG/5ML, 120      |    | dextromethorphan-doxylamine-       |    | diclofenac sodium (ophth) .....    | 87 |
| MG/30ML .....                        | 44 | acetaminophen LIQD .....           | 46 | diclofenac sodium (topical) GEL EX |    |
| DEXAMETHASONE SODIUM                 |    | dextromethorphan-guaifenesin LIQD  |    | 50                                 |    |
| PHOSPHATE SOLN IJ 4 MG/ML .45        |    | 100 MG/5ML-10 MG/5ML, 150          |    |                                    |    |

|                                                                                         |    |                                                                          |    |                                                           |    |
|-----------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------|----|-----------------------------------------------------------|----|
| diclofenac sodium TBEC .....                                                            | 4  | diphenhydramine hcl (sleep) TABS<br>50 MG .....                          | 66 | docetaxel CONC 20 MG/ML, 80<br>MG/4ML, 160 MG/8ML .....   | 34 |
| dicloxacillin sodium .....                                                              | 89 | diphenhydramine hcl CAPS .....                                           | 22 | DOCETAXEL CONC 20 MG/ML, 80<br>MG/4ML, 160 MG/8ML .....   | 34 |
| dicyclomine hcl CAPS .....                                                              | 93 | diphenhydramine hcl ELIX 12.5<br>MG/5ML .....                            | 22 | DOCETAXEL SOLN 20 MG/2ML, 80<br>MG/8ML, 160 MG/16ML ..... | 34 |
| dicyclomine hcl SOLN OR .....                                                           | 93 | diphenhydramine hcl LIQD 12.5<br>MG/5ML, 25 MG/10ML, 50 MG/20ML<br>..... | 22 | docetaxel SOLN .....                                      | 34 |
| dicyclomine hcl TABS .....                                                              | 93 | diphenhydramine hcl TABS 25 MG<br>22                                     |    | docusate sodium CAPS 100 MG, 250<br>MG .....              | 68 |
| diflunisal TABS .....                                                                   | 5  | diphenoxylate w/ atropine LIQD ...                                       | 20 | docusate sodium CAPS 50 MG ...                            | 68 |
| digoxin SOLN OR 0.05 MG/ML ....                                                         | 42 | diphenoxylate w/ atropine TABS ...                                       | 20 | docusate sodium LIQD .....                                | 68 |
| digoxin TABS 0.125 MG, 0.25 MG,<br>125 MCG, 250 MCG .....                               | 42 | DIPHThERIA/TETANUS TOXOIDS<br>ADSORBED PEDIATRIC SUSP ...                | 93 | docusate sodium SYRP .....                                | 68 |
| dihydroergotamine mesylate SOLN<br>NA 4 MG/ML .....                                     | 74 | dipyridamole .....                                                       | 64 | DOCUSATE SODIUM SYRP .....                                | 68 |
| DILANTIN .....                                                                          | 13 | disopyramide phosphate CAPS ....                                         | 9  | docusate sodium TABS .....                                | 68 |
| diltiazem hcl coated beads CP24 120<br>MG, 180 MG, 300 MG .....                         | 41 | DISPOSABLE MOUTHPIECE FULL<br>RANGE MISC .....                           | 71 | dofetilide .....                                          | 10 |
| diltiazem hcl coated beads CP24 240<br>MG .....                                         | 41 | DISPOSABLE MOUTHPIECE<br>LOWRANGE/PEDIATRIC MISC ...                     | 71 | DOJOLVI .....                                             | 84 |
| diltiazem hcl CP12 .....                                                                | 41 | DISPOSABLE MOUTHPIECE/LOW<br>RANGE MISC .....                            | 71 | donepezil hydrochloride TABS 5 MG,<br>10 MG .....         | 91 |
| diltiazem hcl CP24 120 MG, 180 MG<br>41                                                 |    | DISPOSABLE PAPER<br>MOUTHPIECE MISC .....                                | 71 | dorzolamide hcl .....                                     | 87 |
| diltiazem hcl CP24 240 MG .....                                                         | 41 | disulfiram 250 MG .....                                                  | 90 | DORZOLAMIDE HCL .....                                     | 87 |
| diltiazem hcl extended release beads<br>120 MG, 180 MG, 300 MG, 360 MG,<br>420 MG ..... | 41 | divalproex sodium CSDR .....                                             | 14 | DORZOLAMIDE HCL/TIMOLOL<br>MALEATE .....                  | 84 |
| diltiazem hcl extended release beads<br>240 MG .....                                    | 41 | divalproex sodium TB24 250 MG ...                                        | 14 | dorzolamide hcl-timolol maleate ..                        | 84 |
| diltiazem hcl TABS .....                                                                | 41 | divalproex sodium TB24 500 MG ...                                        | 14 | DOVATO .....                                              | 37 |
| dimenhydrinate TABS .....                                                               | 21 | divalproex sodium TBEC 125 MG .                                          | 14 | doxazosin mesylate .....                                  | 24 |
| dimethyl fumarate CPDR .....                                                            | 91 | divalproex sodium TBEC 250 MG .                                          | 14 | doxepin hcl CAPS .....                                    | 17 |
| dimethyl fumarate MISC .....                                                            | 91 | divalproex sodium TBEC 500 MG .                                          | 14 | doxepin hcl CONC .....                                    | 17 |
| diphenhydramine hcl (sleep) CAPS<br>50 MG .....                                         | 66 |                                                                          |    | doxycycline (monohydrate) CAPS 50<br>MG, 100 MG .....     | 93 |
| diphenhydramine hcl (sleep) TABS<br>25 MG .....                                         | 66 |                                                                          |    | doxycycline (monohydrate) TABS 50<br>MG, 100 MG .....     | 93 |
|                                                                                         |    |                                                                          |    | doxycycline hyclate CAPS .....                            | 93 |
|                                                                                         |    |                                                                          |    | doxycycline hyclate TABS 100 MG                           |    |

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

|                                      |    |                                                   |    |                                                                      |    |
|--------------------------------------|----|---------------------------------------------------|----|----------------------------------------------------------------------|----|
| epoprostenol sodium                  | 42 | TABS                                              | 61 | EXONDYS 51                                                           | 83 |
| EQL DRY MOUTH ORAL RINSE SOLN        | 79 | estradiol PTTW                                    | 61 | EXPIRATORY MOUTHPIECE MISC                                           | 71 |
| ERBITUX                              | 30 | estradiol PTWK                                    | 61 | EXSERVAN FILM                                                        | 83 |
| ergocalciferol CAPS                  | 99 | estradiol TABS                                    | 61 | EXTAVIA KIT                                                          | 91 |
| ergocalciferol SOLN OR               | 99 | estradiol vaginal CREA                            | 98 | EYLEA SOLN                                                           | 85 |
| ergotamine w/ caffeine TABS          | 74 | estradiol vaginal TABS                            | 98 | EYLEA SOSY                                                           | 85 |
| ERIVEDGE                             | 30 | ESTROFACTORS TABS                                 | 79 | ezetimibe                                                            | 23 |
| ERLEADA 60 MG                        | 31 | ethambutol hcl TABS                               | 28 | ezetimibe-simvastatin                                                | 22 |
| erlotinib hcl                        | 30 | ethosuximide CAPS                                 | 14 | famciclovir                                                          | 39 |
| ertapenem sodium IJ                  | 27 | ethosuximide SOLN                                 | 14 | famotidine SUSR                                                      | 94 |
| ERWINASE                             | 33 | ethynodiol diacet & eth estrad                    | 43 | famotidine TABS 10 MG                                                | 94 |
| erythromycin (acne aid) GEL          | 48 | etodolac CAPS                                     | 4  | famotidine TABS 20 MG, 40 MG                                         | 94 |
| erythromycin (acne aid) SOLN         | 48 | etodolac TABS                                     | 4  | FARYDAK                                                              | 32 |
| erythromycin (ophth)                 | 85 | etonogestrel-ethinyl estradiol                    | 44 | FASTEP COVID-19 ANTIGEN HOME TEST KIT                                | 56 |
| erythromycin base CPEP               | 68 | etoposide CAPS                                    | 34 | FEIBA                                                                | 63 |
| erythromycin base TABS               | 68 | etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML | 34 | felbamate SUSP                                                       | 13 |
| erythromycin base TBEC               | 68 | etravirine 100 MG                                 | 37 | felbamate TABS                                                       | 13 |
| erythromycin ethylsuccinate SUSR 68  |    | etravirine 200 MG                                 | 37 | felodipine                                                           | 41 |
| erythromycin ethylsuccinate TABS 68  |    | EUFLEXXA SOSY                                     | 82 | fenofibrate micronized 134 MG, 200 MG                                | 23 |
| erythromycin stearate TABS 250 MG 68 |    | EULEXIN                                           | 31 | fenofibrate micronized 67 MG                                         | 23 |
| escitalopram oxalate TABS 10 MG 15   |    | EVENITY                                           | 58 | fenofibrate TABS 160 MG                                              | 23 |
| escitalopram oxalate TABS 20 MG 15   |    | everolimus TABS                                   | 32 | fenofibrate TABS 54 MG                                               | 23 |
| escitalopram oxalate TABS 5 MG       | 15 | everolimus TBSO                                   | 32 | FENOFIBRATE TABS                                                     | 23 |
| esomeprazole magnesium CPDR 20 MG    | 94 | EVERSENSE E3 SENSOR/HOLDER                        | 69 | fenoprofen calcium CAPS 400 MG                                       | 4  |
| ESPEROCT                             | 63 | EVKEEZA                                           | 22 | FENSOLVI SC                                                          | 59 |
| estradiol & norethindrone acetate    |    | EVOMELA                                           | 28 | fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR | 6  |
|                                      |    | EVRYSDI                                           | 83 | FERRETTS TABS                                                        | 65 |
|                                      |    | exemestane                                        | 31 |                                                                      |    |
|                                      |    | EXKIVITY                                          | 30 |                                                                      |    |

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| FERRIPROX SOLN .....20                                   | MASK/SMALL .....72                              | 15                                                                                                         |
| FERRIPROX TWICE-A-DAY TABS 20                            | FLEXICHAMBER CHILD MASK/LARGE .....72           | fluoxetine hcl CAPS 40 MG .....15                                                                          |
| ferrous fumarate TABS 324 MG ...65                       | FLEXICHAMBER CHILD MASK/SMALL .....72           | fluoxetine hcl SOLN .....15                                                                                |
| ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS .....65 | FLORIVA PLUS SOLN .....80                       | fluoxetine hcl TABS 10 MG .....15                                                                          |
| FERROUS GLUCONATE TABS 324 MG .....65                    | FLOVENT HFA .....10                             | fluoxetine hcl TABS 20 MG .....15                                                                          |
| ferrous sulfate ELIX .....65                             | FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT .....56 | fluphenazine decanoate .....36                                                                             |
| ferrous sulfate SOLN .....65                             | fluconazole SUSR .....21                        | fluphenazine hcl TABS .....36                                                                              |
| ferrous sulfate TABS 65 MG, 325 MG .....65               | fluconazole TABS 100 MG, 200 MG . 21            | flurazepam hcl .....66                                                                                     |
| ferrous sulfate TBEC .....65                             | fluconazole TABS 150 MG .....21                 | flurbiprofen sodium .....87                                                                                |
| FERROUS SULFATE TBEC .....65                             | fluconazole TABS 50 MG .....21                  | flurbiprofen TABS .....4                                                                                   |
| FEVERALL JUNIOR STRENGTH SUPP .....5                     | fludarabine phosphate SOLN .....29              | flutamide .....31                                                                                          |
| fexofenadine hcl TABS 180 MG ...22                       | FLUDARABINE PHOSPHATE SOLN .....29              | fluticasone propionate (nasal) SUSP . 82                                                                   |
| fexofenadine hcl TABS 60 MG ....22                       | fludarabine phosphate SOLR .....29              | fluticasone propionate CREA 0.05 % 52                                                                      |
| FIBRYGA .....63                                          | fludrocortisone acetate TABS .....45            | fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....10                                                |
| FILTER AIR PP MISC .....71                               | flunisolide (nasal) 0.025 % .....82             | fluticasone propionate hfa 44 MCG/ACT .....10                                                              |
| finasteride .....63                                      | fluocinolone acetonide (otic) .....88           | fluticasone propionate OINT .....52                                                                        |
| fingolimod hcl .....91                                   | fluocinolone acetonide OIL .....52              | fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....11 |
| FINTEPLA .....12                                         | fluocinonide CREA 0.05 % .....52                | fluvoxamine maleate TABS 100 MG . 15                                                                       |
| FIRMAGON 80 MG .....31                                   | fluocinonide emulsified base .....52            | fluvoxamine maleate TABS 25 MG, 50 MG .....15                                                              |
| FLAVOR BLEND SUSP .....89                                | fluocinonide GEL .....52                        | FLYP HYPERSONIQ CARTRIDGE MISC .....72                                                                     |
| FLAVOR PLUS LIQD .....89                                 | fluocinonide OINT .....52                       | FML OINT .....86                                                                                           |
| FLAVOR SWEET SYRP .....89                                | fluocinonide SOLN .....52                       | FOLCYTEINE TABS .....79                                                                                    |
| FLAVOR SWEET-SF SYRP .....89                             | fluorometholone (ophth) SUSP ....86             | folic acid TABS 1 MG .....65                                                                               |
| flavoxate hcl .....95                                    | fluorouracil (topical) CREA 0.5 % .50           |                                                                                                            |
| FLEBOGAMMA DIF SOLN .....88                              | fluorouracil (topical) CREA 5 % ...50           |                                                                                                            |
| flecainide acetate .....9                                | fluorouracil (topical) SOLN .....50             |                                                                                                            |
| FLEXICHAMBER ADULT                                       | fluoxetine hcl CAPS 10 MG, 20 MG                |                                                                                                            |



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| folic acid TABS 400 MCG, 800 MCG .65                                   | 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....69           | GM/200ML .....88                                        |
| FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML .....59 | FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....69 | GAMMAPLEX SOLN .....88                                  |
| FOLOTYN .....29                                                        | FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....69     | GAMUNEX-C .....88                                       |
| fondaparinux sodium .....11                                            | FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT .....69 | ganirelix acetate .....59                               |
| FORA GTEL BLOOD KETONE TEST STRIPS .....56                             | FULL KIT NEBULIZER SET MISC 72                             | GARDASIL 9 SUSP .....96                                 |
| FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..56                           | furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....58             | GARDASIL 9 SUSY .....96                                 |
| FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP ..56              | furosemide TABS .....58                                    | GATTEX .....62                                          |
| formaldehyde SOLN 10 % .....36                                         | FUZEON SOLR .....37                                        | GAUZE SPONGES .....68                                   |
| FORTEO SOPN .....58                                                    | FYARRO .....32                                             | GAVRETO .....32                                         |
| FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP ... 56                     | gabapentin CAPS .....12                                    | GAZYVA .....29                                          |
| fosamprenavir calcium TABS .....37                                     | gabapentin SOLN .....12                                    | gefitinib .....30                                       |
| fosinopril sodium & hydrochlorothiazide .....25                        | gabapentin TABS 600 MG .....12                             | GEL-ONE .....82                                         |
| fosinopril sodium .....24                                              | gabapentin TABS 800 MG .....12                             | GELSYN-3 SOSY .....82                                   |
| FOTIVDA .....32                                                        | GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...82      | gemfibrozil TABS .....23                                |
| FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML .....11                  | GALAFOLD .....60                                           | GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT .....56 |
| FRAGMIN SOSY .....11                                                   | galantamine hydrobromide CP24 ..91                         | GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT .....56 |
| FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....69          | galantamine hydrobromide SOLN .91                          | GENICIN VITA-Q TABS .....79                             |
| FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....69          | galantamine hydrobromide TABS .91                          | gentamicin sulfate (ophth) OINT ...85                   |
| FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....69       | GAMASTAN .....88                                           | gentamicin sulfate (ophth) SOLN ..85                    |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....69       | GAMIFANT .....77                                           | gentamicin sulfate (topical) CREA .49                   |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....69       | GAMMAGARD LIQUID .....88                                   | gentamicin sulfate (topical) OINT ..49                  |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....69       | GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....88           | GENVISC 850 SOSY .....82                                |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....69       | GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20             | GENVOYA .....37                                         |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....69       |                                                            | GERI-TUSSIN SYRP .....48                                |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....69       |                                                            | GILENYA 0.5 MG .....91                                  |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....69       |                                                            | GILOTTRIF .....30                                       |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....69       |                                                            | GIMOTI SOLN NA .....62                                  |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....69       |                                                            | ginger (zingiber officinalis) CAPS 250 MG .....2        |

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| GLASSIA SOLN .....92                                | GOODSENSE GLUCOSE ..... 18                                     | haloperidol TABS 20 MG ..... 35                                                                                              |
| glatiramer acetate SOSY ..... 91                    | GRANIX SOLN .....65                                            | HAVRIX 1440 ELU/ML .....96                                                                                                   |
| glimepiride 1 MG, 2 MG .....19                      | GRANIX SOSY .....65                                            | HAVRIX 720 ELU/0.5ML .....96                                                                                                 |
| glimepiride 4 MG .....20                            | GRAPE SYRUP SYRP ..... 89                                      | HEMLIBRA .....63                                                                                                             |
| glipizide TABS ..... 20                             | griseofulvin microsize SUSP .....21                            | HEMOFIL M SOLR 1501 -2000 UNIT<br>.....63                                                                                    |
| glipizide TB24 .....20                              | griseofulvin microsize TABS .....21                            | HEMOFIL M SOLR 250 UNIT, 500<br>UNIT, 1000 UNIT, 1700 UNIT ..... 63                                                          |
| glipizide-metformin hcl ..... 17                    | griseofulvin ultramicrosize .....21                            | HEPAGAM B SOLN IJ .....88                                                                                                    |
| glucagon (rdna) .....17                             | guaifenesin LIQD ..... 48                                      | heparin sodium (porcine) SOLN IJ<br>1000 UNIT/ML, 5000 UNIT/0.5ML,<br>5000 UNIT/ML, 10000 UNIT/ML,<br>20000 UNIT/ML ..... 11 |
| GLUCO TO GO CHEW .....18                            | guaifenesin SYRP .....48                                       | HEPLISAV-B SOSY .....96                                                                                                      |
| GLUCOSE .....18                                     | guaifenesin TB12 1200 MG .....48                               | HERCEPTIN 150 MG .....30                                                                                                     |
| GLUCOSE CHEW ..... 18                               | guaifenesin TB12 600 MG .....48                                | HERCEPTIN HYLECTA .....31                                                                                                    |
| GLUCOSE INSTANT ENERGY ...18                        | guaifenesin-codeine LIQD 10<br>MG/5ML-100 MG/5ML .....46       | HIBERIX SOLR IJ .....95                                                                                                      |
| glyburide micronized 1.5 MG, 3 MG,<br>6 MG ..... 20 | guaifenesin-codeine SOLN 10<br>MG/5ML-100 MG/5ML .....46       | HIGH POTENCY MULTIVITAMIN<br>TABS .....79                                                                                    |
| glyburide TABS ..... 20                             | guaifenesin-codeine SYRP .....46                               | HIZENTRA SOLN .....88                                                                                                        |
| glyburide-metformin ..... 17                        | guanfacine hcl (adhd) .....1                                   | HIZENTRA SOSY .....88                                                                                                        |
| glycerin (laxative) SUPP 2 GM .... 67               | guanfacine hcl .....24                                         | homatropine hbr .....85                                                                                                      |
| glycine diluent .....89                             | GUARDIAN 4 GLUCOSE SENSOR .<br>69                              | HULIO AJKT ..... 3                                                                                                           |
| glycopyrrolate TABS 1 MG, 2 MG .94                  | GUARDIAN REAL-TIME<br>REPLACEMENT MONITOR<br>PEDIATRIC .....69 | HULIO PSKT .....3                                                                                                            |
| GNP EASY TOUCH GLUCOSE<br>TEST STRIPS STRP ..... 56 | GYNAZOLE-1 .....98                                             | HUMATE-P SOLR .....63                                                                                                        |
| GNP GLUCOSE 6 MG-4 GM .....18                       | HADLIMA PUSHTOUCH SOAJ ....3                                   | HUMULIN 70/30 KWIKPEN SUPN 19                                                                                                |
| GNP GLUCOSE CHEW ..... 18                           | HADLIMA SOSY .....3                                            | HUMULIN 70/30 SUSP .....19                                                                                                   |
| GNP QUICK DISSOLVE GLUCOSE<br>CHEW .....18          | HAEGARDA SOLR SC .....64                                       | HUMULIN N KWIKPEN SUPN .... 19                                                                                               |
| GOCOVRI CP24 .....35                                | HALAVEN .....34                                                | HUMULIN N SUSP ..... 19                                                                                                      |
| GOJJI BLOOD KETONE TEST<br>STRIPS .....56           | haloperidol decanoate .....35                                  | HUMULIN R SOLN IJ .....19                                                                                                    |
| GONAL-F RFF REDIJECT SOPN .59                       | haloperidol lactate CONC .....35                               | HYALGAN SOLN .....82                                                                                                         |
| GONAL-F RFF SOLR SC .....59                         | haloperidol TABS 0.5 MG, 1 MG, 2<br>MG, 5 MG, 10 MG ..... 35   | HYALGAN SOSY .....82                                                                                                         |
| GONAL-F SOLR IJ .....59                             |                                                                |                                                                                                                              |

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| HYCANTIN CAPS .....34                                                                                       | hydromorphone hcl TABS 2 MG, 4 MG .....6              | HYRIMOZ SOSY 40 MG/0.4ML ....3                 |
| hydralazine hcl TABS .....26                                                                                | hydromorphone hcl TABS 8 MG ....6                     | HYRONAN KIT .....82                            |
| HYDRALYTE FREEZER POPS SOLN .....76                                                                         | hydroxychloroquine sulfate 200 MG 27                  | HY-VEE GLUCOSE .....18                         |
| HYDRALYTE SOLN .....76                                                                                      | hydroxyprogesterone caproate (antineoplastic) .....31 | ibandronate sodium SOLN .....58                |
| hydrochlorothiazide CAPS .....58                                                                            | hydroxyprogesterone caproate OIL 90                   | IBRANCE CAPS .....32                           |
| hydrochlorothiazide TABS 25 MG, 50 MG .....58                                                               | hydroxyurea .....33                                   | IBRANCE TABS .....32                           |
| hydrocodone bitartrate-homatropine methylbromide SOLN .....45                                               | hydroxyzine hcl SYRP .....9                           | ibuprofen CHEW .....4                          |
| hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....7 | hydroxyzine hcl TABS .....9                           | ibuprofen lysine .....4                        |
| hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....7                              | hydroxyzine pamoate CAPS .....9                       | ibuprofen SUSP 100 MG/5ML .....4               |
| hydrocortisone (intrarectal) .....8                                                                         | HYMOVIS .....82                                       | ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML .....4   |
| hydrocortisone (rectal) EX 2.5 % ...8                                                                       | hyoscyamine sulfate ELIX .....94                      | ibuprofen TABS 200 MG .....4                   |
| hydrocortisone (topical) CREA 0.5 % 52                                                                      | HYOSCYAMINE SULFATE POWD 94                           | ibuprofen TABS 400 MG, 600 MG, 800 MG .....4   |
| hydrocortisone (topical) CREA 1 % 52                                                                        | hyoscyamine sulfate SOLN OR 0.125 MG/ML .....94       | icatibant acetate SOLN .....64                 |
| hydrocortisone (topical) CREA 2.5 % 52                                                                      | hyoscyamine sulfate SUBL 0.125 MG .....94             | icatibant acetate SOSY .....64                 |
| hydrocortisone (topical) LOTN 1 % 52                                                                        | hyoscyamine sulfate TABS 0.125 MG .....94             | ICLUSIG .....32                                |
| hydrocortisone (topical) LOTN 2.5 % . 52                                                                    | hyoscyamine sulfate TB12 0.375 MG 94                  | IDELVION .....63                               |
| hydrocortisone (topical) OINT 1 %, 2.5 % .....52                                                            | hyoscyamine sulfate TBDP 0.125 MG .....94             | IDHIFA .....32                                 |
| hydrocortisone butyrate SOLN ....52                                                                         | HYPERHEP B SOLN IM .....88                            | IFE-BIMIX 30/1 SOLN .....42                    |
| hydrocortisone TABS .....45                                                                                 | HYPERRHO S/D MINI-DOSE SOSY IM .....88                | IHEALTH COVID-19 ANTIGENRAPID TEST KIT .....56 |
| hydrocortisone w/acetic acid .....88                                                                        | HYQVIA .....88                                        | ILARIS SOLN .....3                             |
| HYDROMORPHONE HCL SUPP ...6                                                                                 | HYRIMOZ SOAJ 40 MG/0.4ML ....3                        | ILUMYA .....50                                 |
|                                                                                                             |                                                       | ILUVIEN .....86                                |
|                                                                                                             |                                                       | imatinib mesylate .....32                      |
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|                                                                                                             |                                                       | IMCIVREE .....1                                |
|                                                                                                             |                                                       | IMFINZI .....30                                |
|                                                                                                             |                                                       | imipramine hcl TABS .....17                    |

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| imiquimod 5 % ..... 53                                              | INSULIN LISPRO KWIKPEN SOPN . 19                                    | IRON TABS 28 MG ..... 65                                       |
| IMLYGIC ..... 34                                                    | INSULIN LISPRO<br>PROTAMINE/INSULIN LISPRO<br>KWIKPEN SUPN ..... 19 | ISENTRESS CHEW 100 MG ..... 37                                 |
| INCRELEX ..... 59                                                   | INSULIN LISPRO SOLN IJ ..... 19                                     | ISENTRESS CHEW 25 MG ..... 37                                  |
| INCRUSE ELLIPTA ..... 10                                            | INSULIN SYRINGES ..... 70                                           | ISENTRESS HD TABS ..... 37                                     |
| indapamide TABS 1.25 MG, 2.5 MG . 58                                | INSULIN SYRINGES-MISC ..... 70                                      | ISENTRESS PACK ..... 37                                        |
| INDICAID COVID-19 RAPID<br>ANTIGEN AT-HOME TEST KIT ... 57          | INSUPEN 31G X 5MM ..... 70                                          | ISENTRESS TABS ..... 37                                        |
| INDOCIN SUSP ..... 4                                                | INSUPEN 31G X 8MM ..... 70                                          | isoniazid SYRP ..... 28                                        |
| INDOMETHACIN ..... 4                                                | INSUPEN 32G X 4MM ..... 70                                          | isoniazid TABS ..... 28                                        |
| indomethacin CAPS 25 MG, 50 MG 4                                    | INTELENCE 25 MG ..... 37                                            | ISOPTO ATROPINE SOLN ..... 85                                  |
| indomethacin sodium ..... 4                                         | INTELISWAB COVID-19 RAPID<br>TEST KIT ..... 57                      | isosorbide dinitrate TABS 5 MG, 10<br>MG, 20 MG, 30 MG ..... 9 |
| indomethacin SUPP ..... 4                                           | INTRON A SOLN ..... 33                                              | isosorbide mononitrate TABS ..... 9                            |
| INFANRIX ..... 93                                                   | INTRON A SOLR ..... 33                                              | isosorbide mononitrate TB24 ..... 9                            |
| INFANTS SILAPAP SOLN OR ..... 5                                     | INVEGA HAFYERA ..... 35                                             | isotretinoin 10 MG, 20 MG, 30 MG,<br>40 MG ..... 48            |
| INFLECTRA ..... 62                                                  | INVEGA SUSTENNA ..... 35                                            | ISTURISA ..... 58                                              |
| INFLIXIMAB ..... 62                                                 | INVEGA TRINZA ..... 35                                              | ITCH RELIEF CREA ..... 50                                      |
| INFLUENZA VACCINE ..... 96                                          | INVIRASE TABS ..... 37                                              | itraconazole CAPS ..... 21                                     |
| INLYTA ..... 29                                                     | IOPIDINE ..... 85                                                   | IXEMPRA KIT ..... 34                                           |
| INNOSPIRE REPLACEMENT<br>FILTER MISC ..... 72                       | ipratropium bromide (nasal) 0.03 %<br>82                            | IXINITY SOLR ..... 63                                          |
| INQOVI ..... 31                                                     | ipratropium bromide (nasal) 0.06 %<br>82                            | JAKAFI ..... 32                                                |
| INREBIC ..... 32                                                    | ipratropium bromide SOLN 0.02 % 10                                  | JANSSEN COVID-19 VACCINE .. 96                                 |
| INSULIN ASPART<br>PROTAMINE/INSULIN ASPART<br>FLEXPEN SUPN ..... 19 | ipratropium-albuterol SOLN ..... 11                                 | JEMPERLI ..... 30                                              |
| INSULIN ASPART<br>PROTAMINE/INSULIN ASPART<br>SUSP ..... 19         | irbesartan ..... 24                                                 | JEVTANA ..... 34                                               |
| INSULIN GLARGINE SOLN ..... 19                                      | irbesartan-hydrochlorothiazide ... 25                               | JIVI ..... 63                                                  |
| INSULIN GLARGINE SOPN ..... 19                                      | irinotecan hcl ..... 34                                             | JULUCA ..... 37                                                |
| INSULIN LISPRO JUNIOR<br>KWIKPEN SOPN ..... 19                      | IRON CHEWS PEDIATRIC CHEW<br>65                                     | JUXTAPID 5 MG, 10 MG, 20 MG, 30<br>MG ..... 23                 |
|                                                                     |                                                                     | JYNARQUE TABS ..... 61                                         |
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| KALBITOR .....                                             | 64 | KINDERLYTE SOLN .....                             | 76 | lamivudine-zidovudine .....                 | 38 |
| KALYDECO PACK .....                                        | 92 | KINERET SOSY .....                                | 3  | lamotrigine CHEW .....                      | 12 |
| KALYDECO TABS .....                                        | 92 | KISQALI .....                                     | 32 | lamotrigine TABS .....                      | 12 |
| KANJINTI 420 MG .....                                      | 30 | KISQALI FEMARA 200 DOSE ....                      | 31 | lamotrigine TB24 .....                      | 12 |
| KANUMA .....                                               | 60 | KISQALI FEMARA 400 DOSE ....                      | 31 | LANCETS-MISC .....                          | 69 |
| KCENTRA .....                                              | 64 | KISQALI FEMARA 600 DOSE ....                      | 32 | LANCING DEVICE-MISC .....                   | 69 |
| KEPIVANCE .....                                            | 33 | KOATE SOLR .....                                  | 64 | lanolin (topical) CREA .....                | 53 |
| KERALYT GEL .....                                          | 53 | KOATE-DVI SOLR 500 UNIT, 1000<br>UNIT .....       | 64 | lanolin (topical) OINT .....                | 53 |
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| ketoconazole (topical) SHAM 2 % .                          | 49 | MOUTHPIECE MISC .....                             | 72 | LANOLOR CREA .....                          | 53 |
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| KETONE TEST STRIPS STRP ....                               | 57 | KOSELUGO .....                                    | 32 | lansoprazole CPDR 30 MG .....               | 94 |
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| KETOSTIX STRP .....                                        | 57 | labetalol hcl TABS 100 MG .....                   | 40 | leflunomide .....                           | 4  |
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| KEVZARA SOSY .....                                         | 3  | lactic acid (ammonium lactate) CREA<br>.....      | 53 | LENVIMA 12MG DAILY DOSE ...                 | 29 |
| KEY-E CHEW .....                                           | 99 | lactic acid (ammonium lactate) LOTN<br>12 % ..... | 53 | LENVIMA 14 MG DAILY DOSE ...                | 29 |
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| methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....                                                              | 2  | mexiletine hcl .....                                                  | 9  | MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM .....  | 55 |
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| methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG .....                                                              | 2  | miconazole nitrate vaginal CREA .....                                 | 98 | MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM .....  | 55 |
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| MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED ..... | 55 | molindone hcl .....                                          | 36 | MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT ..                                                                                          | 80 |
| MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X7CM/MESHED ..... | 55 | mometasone furoate CREA .....                                | 52 | MULTIVITAMIN ADULT TABS ....                                                                                                                                                                                   | 79 |
| MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED ..... | 55 | mometasone furoate OINT .....                                | 52 | MULTIVITAMIN INFANT & TODDLER SOLN OR .....                                                                                                                                                                    | 81 |
| MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED ..... | 55 | mometasone furoate SOLN .....                                | 52 | MULTIVITAMIN INFANT/TODDLER SOLN OR .....                                                                                                                                                                      | 81 |
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| mirtazapine TBDP 30 MG .....                                       | 14 | morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML 6 |    |                                                                                                                                                                                                                |    |
| mirtazapine TBDP 45 MG .....                                       | 14 | morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML .....          | 6  |                                                                                                                                                                                                                |    |
| misoprostol .....                                                  | 95 | morphine sulfate SUPP .....                                  | 6  |                                                                                                                                                                                                                |    |
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| MULTI-VIT-FLOR CHEW 60 MG-1<br>MG-10 MG-1 MG-1.2 MG-10 MCG-<br>10 MG-0.5 MG-600 MCG-4.5 MCG-<br>230 MCG ..... | 80 | naproxen sodium TABS 220 MG ...              | 4  | NEUPOGEN SOLN .....                                      | 65 |
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| mupirocin OINT .....                                                                                          | 49 | naproxen SUSP .....                          | 4  | nevirapine SUSP .....                                    | 38 |
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| tazarotene GEL .....                | 50 | MG/ML .....                         | 8  | WATER .....                       | 64 |
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| tobramycin NEBU .....            | 3  | trazodone hcl TABS 300 MG .....     | 16 | trientine hcl .....               | 77 |
| tobramycin sulfate SOLN IJ ..... | 3  | trazodone hcl TABS 50 MG, 100 MG,   |    | TRIESENCE .....                   | 87 |
| tobramycin sulfate SOLR .....    | 3  | 150 MG .....                        | 16 | trifluoperazine hcl TABS .....    | 36 |
| tobramycin-dexamethasone SUSP    |    | TRECATOR .....                      | 28 | trifluridine .....                | 86 |
| 87                               |    | TRELSTAR MIXJECT .....              | 31 | trihexyphenidyl hcl TABS .....    | 34 |
| TOBREX OINT .....                | 86 | TREMFYA SOPN .....                  | 50 | TRIKAFTA TBPB .....               | 92 |
| tolnaftate CREA .....            | 50 | TREMFYA SOSY .....                  | 51 | TRILURON SOSY .....               | 82 |
| tolterodine tartrate CP24 .....  | 95 | tretinoin (chemotherapy) .....      | 33 | trimethoprim TABS .....           | 26 |
| tolterodine tartrate TABS .....  | 95 | tretinoin CREA 0.025 %, 0.05 %, 0.1 |    | TRI-MIX SOLR .....                | 42 |
| tolvaptan TABS .....             | 61 | % .....                             | 49 | TRINTELLIX .....                  | 16 |
| topiramate CPSP 15 MG .....      | 13 | tretinoin GEL 0.01 % .....          | 49 | TRIPTODUR .....                   | 59 |
| topiramate CPSP 25 MG .....      | 13 | tretinoin GEL 0.025 % .....         | 49 | TRIUMEQ TABS .....                | 39 |
| topiramate TABS 100 MG .....     | 13 | TRETEN .....                        | 64 | TRIVISC SOSY .....                | 82 |
| topiramate TABS 200 MG .....     | 13 | TREXALL TABS 5 MG, 7.5 MG, 10       |    | TRIZIVIR .....                    | 39 |
| topiramate TABS 25 MG, 50 MG ..  | 13 | MG, 15 MG .....                     | 29 | TROGARZO .....                    | 39 |
| topotecan hcl SOLN .....         | 34 | triamcinolone acetonide (mouth) ..  | 78 | tropicamide SOLN .....            | 85 |
| TOPOTECAN HCL SOLN .....         | 34 | triamcinolone acetonide (nasal)     |    | tropium chloride TABS .....       | 95 |
| topotecan hcl SOLR .....         | 34 | AERO .....                          | 83 | TRUEPLUS GLUCOSE CHEW ....        | 18 |
| toremifene citrate .....         | 31 | triamcinolone acetonide (topical)   |    | TRUEPLUS GLUCOSE ON THE GO        |    |
| torsemide TABS .....             | 58 | CREA .....                          | 52 | CHEW .....                        | 18 |
| TOTECT .....                     | 34 | triamcinolone acetonide (topical)   |    | TRULICITY .....                   | 18 |
| TRACLEER TBSO .....              | 42 | LOTN .....                          | 52 | TRUMENBA .....                    | 96 |
| tramadol hcl TABS 50 MG .....    | 7  | triamcinolone acetonide (topical)   |    | TRUXIMA .....                     | 30 |
|                                  |    | OINT 0.025 % .....                  | 52 | TRUZONE PEAK FLOW METER ..        | 74 |
|                                  |    | triamcinolone acetonide (topical)   |    |                                   |    |
|                                  |    | OINT 0.1 %, 0.5 % .....             | 52 |                                   |    |

|                                              |    |                                                            |    |                                                                  |    |
|----------------------------------------------|----|------------------------------------------------------------|----|------------------------------------------------------------------|----|
| TUBING/WING TIP MISC .....                   | 74 | valacyclovir hcl 500 MG .....                              | 39 | VEMLIDY .....                                                    | 39 |
| TUDORZA PRESSAIR .....                       | 10 | VALCHLOR .....                                             | 50 | VENCLEXTA STARTING PACK<br>TBPk .....                            | 30 |
| TUKYSA .....                                 | 30 | valganciclovir hcl TABS .....                              | 39 | VENCLEXTA TABS .....                                             | 30 |
| TURALIO .....                                | 33 | valproate sodium SOLN OR 250<br>MG/5ML .....               | 14 | venlafaxine hcl CP24 150 MG .....                                | 16 |
| TWINRIX SUSY .....                           | 97 | valproic acid CAPS .....                                   | 14 | venlafaxine hcl CP24 37.5 MG .....                               | 16 |
| TYBLUME CHEW .....                           | 44 | valrubicin .....                                           | 31 | venlafaxine hcl CP24 75 MG .....                                 | 16 |
| TYBOST .....                                 | 39 | valsartan TABS .....                                       | 24 | venlafaxine hcl TABS .....                                       | 16 |
| TYMLOS .....                                 | 58 | valsartan-hydrochlorothiazide .....                        | 26 | venlafaxine hcl TB24 150 MG .....                                | 16 |
| TYVASO REFILL SOLN IN .....                  | 42 | VALTOCO 10 MG DOSE LIQD .....                              | 12 | venlafaxine hcl TB24 37.5 MG, 75<br>MG, 225 MG .....             | 16 |
| TYVASO SOLN IN .....                         | 42 | VALTOCO 15 MG DOSE LQPK .....                              | 12 | VENTAVIS .....                                                   | 42 |
| TYVASO STARTER SOLN IN .....                 | 42 | VALTOCO 20 MG DOSE LQPK .....                              | 12 | verapamil hcl CP24 100 MG, 200 MG<br>.....                       | 41 |
| UKONIQ .....                                 | 33 | VALTOCO 5 MG DOSE LIQD .....                               | 12 | verapamil hcl CP24 120 MG, 180<br>MG, 240 MG, 300 MG, 360 MG ... | 41 |
| ULTRATHON INSECT REPELLENT<br>8 AERO .....   | 54 | VALUE PLUS GLUCOSE .....                                   | 18 | verapamil hcl TABS .....                                         | 41 |
| ULTRATHON INSECT REPELLENT<br>LOTN .....     | 54 | vancomycin hcl CAPS 125 MG ...                             | 27 | verapamil hcl TBCR .....                                         | 41 |
| UNISPEND ANHYDROUS<br>SWEETENED SUSP .....   | 90 | vancomycin hcl CAPS 250 MG ...                             | 27 | VERIFINE INSULIN PEN NEEDLE<br>31G X 5MM .....                   | 70 |
| UNISPEND ANHYDROUS<br>UNSWEETENED SUSP ..... | 90 | vancomycin hcl SOLR IV 1 GM, 1000<br>MG .....              | 27 | VERIFINE INSULIN PEN NEEDLE<br>31G X 8MM .....                   | 70 |
| UNITUXIN .....                               | 30 | vancomycin hcl SOLR IV 500 MG .                            | 27 | VERIFINE INSULIN PEN NEEDLE<br>32G X 4MM .....                   | 70 |
| UP & UP GLUCOSE .....                        | 18 | vancomycin hcl SOLR OR 25<br>MG/ML, 50 MG/ML, 250 MG/5ML . | 27 | VERIFINE INSULIN PEN NEEDLE<br>32G X 6MM .....                   | 70 |
| UPTRAVI SOLR .....                           | 42 | VANDAZOLE .....                                            | 98 | VERIFINE PLUS INSULIN PEN<br>NEEDLE 31G X 5MM .....              | 70 |
| UPTRAVI TABS .....                           | 42 | VAQTA 25 UNIT/0.5ML .....                                  | 97 | VERIFINE PLUS INSULIN PEN<br>NEEDLE 31G X 8MM .....              | 70 |
| UPTRAVI TITRATION PACK TBPk<br>42            |    | VAQTA 50 UNIT/ML .....                                     | 97 | VERIFINE PLUS INSULIN PEN<br>NEEDLES 32G X 4MM .....             | 70 |
| urea CREA 40 % .....                         | 52 | varenicline tartrate TABS .....                            | 92 | VERSAFREE SYRP .....                                             | 90 |
| urea LOTN 40 % .....                         | 52 | varenicline tartrate TBPk .....                            | 92 | VERSAPLUS SYRP .....                                             | 90 |
| ursodiol CAPS .....                          | 62 | VARIVAX INJ .....                                          | 97 |                                                                  |    |
| ursodiol TABS 250 MG .....                   | 62 | VAXNEUVANCE .....                                          | 96 |                                                                  |    |
| VABYSMO .....                                | 85 | VECAMYL .....                                              | 26 |                                                                  |    |
| valacyclovir hcl 1 GM, 1000 MG ...           | 39 | VECTIBIX 100 MG/5ML, 400<br>MG/20ML .....                  | 30 |                                                                  |    |

|                                                                        |    |                                                                                              |    |                                       |    |
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| VERZENIO .....                                                         | 33 | GLUCOSE TEST STRIPS STRP ..                                                                  | 57 | XELJANZ XR TB24 .....                 | 3  |
| vigabatrin PACK .....                                                  | 13 | VIVIMUSTA SOLN .....                                                                         | 29 | XEMBIFY .....                         | 88 |
| vigabatrin TABS .....                                                  | 13 | VIVITROL .....                                                                               | 21 | XENLETA TABS .....                    | 27 |
| VIJOICE .....                                                          | 78 | VIZIMPRO .....                                                                               | 30 | XERMELO .....                         | 62 |
| vilazodone hcl TABS .....                                              | 16 | VONJO .....                                                                                  | 33 | XEROSTOMIA RELIEF SPRAY<br>SOLN ..... | 79 |
| VILTEPSO .....                                                         | 83 | VONVENDI .....                                                                               | 64 | XGEVA SOLN .....                      | 58 |
| VIMIZIM .....                                                          | 60 | VORAXAZE .....                                                                               | 34 | XIAFLEX .....                         | 77 |
| vincristine sulfate .....                                              | 34 | VOTRIENT .....                                                                               | 33 | XIPERE .....                          | 87 |
| VIRACEPT TABS 250 MG .....                                             | 39 | VOXZOGO .....                                                                                | 60 | XOLAIR SOLR .....                     | 10 |
| VIRACEPT TABS 625 MG .....                                             | 39 | VYNDAMAX .....                                                                               | 43 | XOLAIR SOSY .....                     | 10 |
| VIREAD POWD .....                                                      | 39 | VYNDAREL .....                                                                               | 43 | XOSPATA .....                         | 33 |
| VIREAD TABS 150 MG, 200 MG,<br>250 MG .....                            | 39 | VYONDYS 53 .....                                                                             | 83 | XPOVIO .....                          | 31 |
| VIRTUSSIN DAC SOLN .....                                               | 47 | VYVANSE CAPS .....                                                                           | 1  | XPOVIO 60 MG TWICE WEEKLY<br>31       |    |
| VISCO-3 SOSY .....                                                     | 82 | VYVGART .....                                                                                | 77 | XPOVIO 80 MG TWICE WEEKLY<br>31       |    |
| VISTOGARD .....                                                        | 20 | VYXEOS .....                                                                                 | 32 | XTANDI CAPS .....                     | 31 |
| VISUDYNE .....                                                         | 86 | WAKIX .....                                                                                  | 1  | XTANDI TABS .....                     | 31 |
| VITAMIN B-2 TABS .....                                                 | 99 | WALGREENS GLUCOSE .....                                                                      | 18 | XURIDEN .....                         | 60 |
| VITAMIN D3 LIQD OR 5000<br>UNIT/ML .....                               | 99 | WALGREENS GLUCOSE CHEW ..                                                                    | 18 | XYNTHA .....                          | 64 |
| vitamin e CAPS 100 UNIT, 200 UNIT,<br>400 UNIT .....                   | 99 | WAL-TUSSIN PEDIATRIC COUGH<br>& COLD LIQD .....                                              | 47 | XYNTHA SOLOFUSE .....                 | 64 |
| VITAMIN E CAPS 200 UNIT .....                                          | 99 | warfarin sodium TABS .....                                                                   | 11 | XYREM SOLN .....                      | 90 |
| vitamin e CAPS 45 MG, 90 MG, 100<br>UNIT, 200 UNIT, 268 MG, 400 UNIT . | 99 | WELIREG .....                                                                                | 31 | XYWAV .....                           | 90 |
| VITAMIN E CHEW .....                                                   | 99 | white petrolatum-mineral oil .....                                                           | 84 | YERVOY .....                          | 30 |
| vitamins w/ lipotropics CAPS .....                                     | 81 | WILATE KIT .....                                                                             | 64 | YONDELIS .....                        | 29 |
| VITAZYME TABS .....                                                    | 80 | WINDMILL TRAINER MISC .....                                                                  | 74 | YONSA .....                           | 31 |
| VITRAKVI CAPS .....                                                    | 33 | WINRHO SDF SOLN 1500<br>UNIT/1.3ML, 2500 UNIT/2.2ML, 5000<br>UNIT/4.4ML, 15000 UNIT/13ML ... | 88 | YUSIMRY .....                         | 3  |
| VITRAKVI SOLN .....                                                    | 33 | XALKORI .....                                                                                | 33 | YUTIQ .....                           | 87 |
| VIVAGUARD INO BLOOD                                                    |    | XELJANZ SOLN .....                                                                           | 3  | zaleplon 10 MG .....                  | 66 |
|                                                                        |    | XELJANZ TABS .....                                                                           | 3  | zaleplon 5 MG .....                   | 66 |



|                                     |    |                              |    |                              |    |
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| ZALTRAP .....                       | 29 | ZOLGENSMA 14.1-14.5 KG ..... | 83 | zolmitriptan SOLN 5 MG ..... | 75 |
| ZARXIO .....                        | 65 | ZOLGENSMA 14.6-15.0 KG ..... | 83 | zolmitriptan TABS .....      | 75 |
| ZEJULA CAPS .....                   | 33 | ZOLGENSMA 15.1-15.5 KG ..... | 83 | zolmitriptan TBDP .....      | 75 |
| ZELBORAF .....                      | 33 | ZOLGENSMA 15.6-16.0 KG ..... | 83 | zolpidem tartrate TABS ..... | 66 |
| ZEMAIRA SOLR .....                  | 92 | ZOLGENSMA 16.1-16.5 KG ..... | 84 | zonisamide CAPS .....        | 13 |
| ZEPZELCA .....                      | 29 | ZOLGENSMA 16.6-17.0 KG ..... | 84 | ZORBTIVE SC .....            | 59 |
| ZEVALIN Y-90 .....                  | 30 | ZOLGENSMA 17.1-17.5 KG ..... | 84 | ZUBSOLV SUBL .....           | 8  |
| zidovudine CAPS .....               | 39 | ZOLGENSMA 17.6-18.0 KG ..... | 84 | ZULRESSO .....               | 15 |
| zidovudine SYRP .....               | 39 | ZOLGENSMA 18.1-18.5 KG ..... | 84 | ZYDELIG .....                | 33 |
| zidovudine TABS .....               | 39 | ZOLGENSMA 18.6-19.0 KG ..... | 84 | ZYKADIA TABS .....           | 33 |
| ZILRETTA SRER .....                 | 45 | ZOLGENSMA 19.1-19.5 KG ..... | 84 | ZYNLONTA .....               | 30 |
| zinc oxide (topical) OINT 20 % .... | 54 | ZOLGENSMA 19.6-20.0 KG ..... | 84 | ZYPREXA RELPREVV .....       | 36 |
| zinc sulfate CAPS .....             | 77 | ZOLGENSMA 2.6-3.0 KG .....   | 84 |                              |    |
| ZINC SULFATE CAPS .....             | 77 | ZOLGENSMA 20.1-20.5 KG ..... | 84 |                              |    |
| ZINPLAVA .....                      | 88 | ZOLGENSMA 20.6-21.0 KG ..... | 84 |                              |    |
| ziprasidone hcl .....               | 35 | ZOLGENSMA 3.1-3.5 KG .....   | 84 |                              |    |
| ZIRABEV .....                       | 29 | ZOLGENSMA 3.6-4.0 KG .....   | 84 |                              |    |
| ZOKINVY .....                       | 78 | ZOLGENSMA 4.1-4.5 KG .....   | 84 |                              |    |
| ZOLADEX .....                       | 31 | ZOLGENSMA 4.6-5.0 KG .....   | 84 |                              |    |
| zoledronic acid CONC .....          | 58 | ZOLGENSMA 5.1-5.5 KG .....   | 84 |                              |    |
| zoledronic acid SOLN .....          | 59 | ZOLGENSMA 5.6-6.0 KG .....   | 84 |                              |    |
| ZOLEDRONIC ACID SOLN .....          | 59 | ZOLGENSMA 6.1-6.5 KG .....   | 84 |                              |    |
| ZOLGENSMA 10.1-10.5 KG .....        | 83 | ZOLGENSMA 6.6-7.0 KG .....   | 84 |                              |    |
| ZOLGENSMA 10.6-11.0 KG .....        | 83 | ZOLGENSMA 7.1-7.5 KG .....   | 84 |                              |    |
| ZOLGENSMA 11.1-11.5 KG .....        | 83 | ZOLGENSMA 7.6-8.0 KG .....   | 84 |                              |    |
| ZOLGENSMA 11.6-12.0 KG .....        | 83 | ZOLGENSMA 8.1-8.5 KG .....   | 84 |                              |    |
| ZOLGENSMA 12.1-12.5 KG .....        | 83 | ZOLGENSMA 8.6-9.0 KG .....   | 84 |                              |    |
| ZOLGENSMA 12.6-13.0 KG .....        | 83 | ZOLGENSMA 9.1-9.5 KG .....   | 84 |                              |    |
| ZOLGENSMA 13.1-13.5 KG .....        | 83 | ZOLGENSMA 9.6-10.0 KG .....  | 84 |                              |    |
| ZOLGENSMA 13.6-14.0 KG .....        | 83 | ZOLINZA .....                | 33 |                              |    |