

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 Express Scripts to pay for pharmacy claims. Express Scripts is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

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

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

These drugs are not usually available at local pharmacies. Be sure to call the specialty pharmacy for a refill before you run out of medicine. Drugs that specialty pharmacies provided are marked in the PDL. This list is on the Peach State Health Plan website at www.pshp.com. Please contact Member Services if you have any questions about the PDL.

Dispensing Limits

The pharmacy can give you up to 31 days' supply of each new prescription or refill. 80% of the days' supply or 25 days must have passed before the medicine can be refilled for PDL drugs that are not controlled. Controlled medicines must have 90% of the supply used before the medicine can be refilled. You will need a new prescription for some controlled medicines.

Appropriate Use and Safety Edits

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

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

Prior Authorizations (PA)

Some drugs on the PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Pharmacy Services on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at www.pshp.com. The completed form and doctor notes to show your history should be **faxed to Pharmacy Services at 1-833-582-2342**. A request can also be sent using the secure electronic Prior Authorization portal by Cover My Meds at www.covermymeds.com.

Peach State Health Plan will cover the medicine if:

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

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

Step Therapy

Some drugs on the PDL may require another drug to be used first. This is called Step Therapy. If you filled that required drug with Peach State Health Plan already, the step therapy medicine will be covered. If you have not tried the PDL medicine, your doctor will need to send in a PA form with other medicine you have tried. If Pharmacy Services does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Quantity Limits

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

Age Limits

Some medicine on the Peach State Health Plan PDL may have age limits. These are based on the Food and Drug Administration (FDA) approved labeling and for your safety. If the doctor feels you need the drug anyway, a PA may be sent to Pharmacy Services. If Pharmacy

Services does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Medical Necessity Requests

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

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

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

72 Hour Emergency Supply Policy

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

Exclusions

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

- Drugs that are considered experimental
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for weight loss
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Cough and cold preparations
- Infusion therapy and supplies
- Physician administered drugs, that are not listed in the PDL, Specialty Drug Benefit, or the Physician Administered Drug Prior Authorization List

Newly Approved Products

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

Over-the-Counter Medications

The Peach State Health Plan PDL covers some OTC medicines. These OTCs are covered when your doctor writes a prescription for one of them.

Tobacco Cessation Medications

Tobacco Cessation is when you quit smoking cigarettes. These are the medicines Peach State Health Plan covers: generic nicotine replacement products (gum, lozenges, and patches) and bupropion SR (Zyban). You will need a prescription from your doctor for these medicines.

Generic Drugs

Brand-name drugs will not be covered without PA when an acceptable generic is available. Generic drugs have the same active ingredient and work the same as brand-name drugs. If you or your doctor feels a brand-name is needed, your doctor can ask for PA. We will cover the brand-name drug if there is a medical reason you need the brand-name. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other medicine. It will also tell you about the appeal process.

Drug Efficacy Study and Implementation Drugs

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

Filling a Prescription

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

Ordering, Prescribing and Referring (OPR) Provider Requirements

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

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:

Peach State Health Plan: Preferred Drug List (PDL)



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

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

Contact Information

Peach State Health Plan Member Services: 1-800-704-1484

Fax: 1-800-659-7518

Peach State Health Plan Member Services TTY/TDD: 1-800-255-0056

Pharmacy Services Prior Authorizations: 1-866-399-0928

Fax: 1-833-582-2342

Express Scripts Pharmacy Help Desk: 1- 833-750-4403

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 audiotope, 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

Peach State Health Plan: Preferred Drug List (PDL)



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

STANDARD ABBREVIATIONS

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	QL(2 ea daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	P	QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	P	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(2 ea daily); AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	P	QL(1 ea daily); PA
VYVANSE CAPS	P	QL(1 ea daily); PA
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
caffeine citrate SOLN OR	P	QL(45 ml per fill retail)
Anorexiants Non-Amphetamine		
PLENITY	NP	
PLENITY WELCOME KIT	NP	
Anti-Obesity Agents		
IMCIVREE	P	SP; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	P	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	QL(1 ea daily); AL(At least 6 yrs old); ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP; PA
Stimulants - Misc.		
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl TABS	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use dexmethylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
METADATE CD CPCR (Use methylphenidate hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old)	RITALIN TABS 5 MG (Use methylphenidate hcl)	NP	QL(6 ea daily); AL(At least 3 yrs old)
METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl)	NP	QL(1800 ml per 30 day(s) retail); AL(At least 3 yrs old)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl)	NP	QL(900 ml per 30 day(s) retail); AL(At least 3 yrs old)	Allergenic Extracts		
methylphenidate hcl CPCR	P	QL(1 ea daily); AL(At least 6 yrs old)	DOCK-SORREL POLLEN MIX EXTRACT IJ	NP	
methylphenidate hcl SOLN 5 MG/5ML	P	QL(1800 ml per 30 day(s) retail); AL(At least 3 yrs old)	ROUGH REDROOT PIGWEED POLLEN EXTRACT	NP	
methylphenidate hcl SOLN 10 MG/5ML	P	QL(900 ml per 30 day(s) retail); AL(At least 3 yrs old)	SORREL/DOCK MIX EXTRACT IJ	NP	
methylphenidate hcl TABS 10 MG, 20 MG	P	QL(3 ea daily); AL(At least 3 yrs old)	ALTERNATIVE MEDICINES		
methylphenidate hcl TABS 5 MG	P	QL(6 ea daily); AL(At least 3 yrs old)	Alternative Medicine - B's		
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old)	REMIFEMIN MENOPAUSE RELIEF TABS	NP	
methylphenidate hcl TB24 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old)	Alternative Medicine - G's		
methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old)	ginger (zingiber officinalis) CAPS 250 MG	P	OTC; QL(4 ea daily)
methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old)	Alternative Medicine - M's		
RELEXXII TBCR 18 MG, 27 MG, 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old)	MELATONIN SUBL	P	QL(1 ea daily)
RELEXXII TBCR 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old)	melatonin TABS 3 MG, 5 MG	P	OTC; QL(1 ea daily)
RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	NP	QL(3 ea daily); AL(At least 3 yrs old)	melatonin TBDP 3 MG	P	QL(1 ea daily)
			AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
			Aminoglycosides		
			ARIKAYCE	P	SP; PA
			BETHKIS NEBU (Use tobramycin)	NP	SP; PA
			KITABIS PAK NEBU (Use tobramycin)	NP	SP; PA
			neomycin sulfate TABS	P	
			TOBI PODHALER CAPS	P	SP; PA
			TOBI NEBU (Use tobramycin)	NP	SP; PA

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<i>tobramycin sulfate SOLN IJ</i>	P	PA	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	P	PA
<i>tobramycin sulfate SOLR</i>	P	PA	ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEITIS AJKT	P	PA
<i>tobramycin NEBU</i>	P	SP; PA	ADALIMUMAB-ADBM AJKT	NP	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-ADBM AJKT	P	SP; PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADBM AJKT	P	PA
RINVOQ TB24 30 MG, 45 MG	P	SP; PA	ADALIMUMAB-ADBM PSKT 40 MG/0.4ML	P	PA
XELJANZ XR TB24	P	SP; PA	ADALIMUMAB-ADBM PSKT	P	SP; PA
XELJANZ SOLN	P	SP; PA	ADALIMUMAB-ADBM PSKT 40 MG/0.8ML	NP	
XELJANZ TABS	P	SP; PA	ADALIMUMAB-FKJP AJKT	P	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-FKJP PSKT	P	SP; PA
METHOTREXATE	P		ADALIMUMAB-FKJP PSKT 20 MG/0.4ML	NP	
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	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	
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	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP
REDITREX SOSY	P	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEITIS AJKT	NP	
Anti-TNF-alpha - Monoclonal Antibodies			CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP
ADALIMUMAB-ADAZ SOAJ	P	SP; PA	CYLTEZO AJKT	NP	SP
ADALIMUMAB-ADAZ SOSY	P	SP; PA	CYLTEZO AJKT	NP	
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	P	SP; PA	CYLTEZO PSKT	NP	SP
ADALIMUMAB-ADBM PSORIASIS/UEITIS STARTER AJKT	P	SP; PA			

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CYLTEZO PSKT 40 MG/0.4ML	NP		<i>diclofenac potassium TABS 50 MG</i>	P	
HADLIMA PUSHTOUCH SOAJ	P	SP; PA	<i>diclofenac sodium TBEC</i>	P	
HADLIMA SOSY	P	SP; PA	<i>etodolac CAPS</i>	P	
HULIO AJKT	NP	SP	<i>etodolac TABS</i>	P	
HULIO PSKT	NP	SP	FELDENE CAPS (<i>Use piroxicam</i>)	NP	
HYRIMOZ SOAJ 40 MG/0.4ML	NP	SP	<i>fenoprofen calcium CAPS 400 MG</i>	P	
HYRIMOZ SOSY 40 MG/0.4ML	NP	SP	<i>flurbiprofen TABS</i>	P	
YUSIMRY	P	SP; PA	<i>ibuprofen lysine</i>	P	
Interleukin-1 Blockers			<i>ibuprofen CHEW</i>	P	OTC
ARCALYST	P	SP; PA	<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	P	OTC
Interleukin-1 Receptor Antagonist (IL-1Ra)			<i>ibuprofen SUSP 100 MG/5ML</i>	P	RX/OTC
KINERET SOSY	P	SP; PA	<i>ibuprofen TABS 200 MG</i>	P	OTC
Interleukin-1beta Blockers			<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P	
ILARIS SOLN	P	SP; PA	INDOCIN SUSP (<i>Use indomethacin</i>)	NP	
Interleukin-6 Receptor Inhibitors			INDOMETHACIN	P	
ACTEMRA ACTPEN SOAJ	P	SP; PA	<i>indomethacin sodium</i>	P	
ACTEMRA SOLN	P	SP; PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
ACTEMRA SOSY	P	SP; PA	<i>indomethacin SUPP</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>indomethacin SUSP</i>	P	
ADVIL TABS (<i>Use ibuprofen</i>)	NP	OTC	INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	NP	OTC
ALEVE ARTHRITIS TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 ea daily)	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	P	
ALEVE TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 ea daily)	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NP		<i>ketorolac tromethamine TABS</i>	P	QL(20 ea per 30 day(s) retail); AL(At least 17 yrs old)
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC	LODINE TABS (<i>Use etodolac</i>)	NP	
CHILDRENS MOTRIN 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
<i>meloxicam TABS</i>	P		Analgesic Combinations		
MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	NP	OTC	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	NP	OTC	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>nabumetone</i>	P		<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
NALFON CAPS (<i>Use fenoprofen calcium</i>)	NP		<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
NAPROSYN SUSP (<i>Use naproxen</i>)	NP		ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily); AL(At least 12 yrs old)
NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NP		Analgesics Other		
<i>naproxen sodium TABS 220 MG</i>	P	OTC; QL(2 ea daily)	<i>acetaminophen CHEW</i>	P	OTC
<i>naproxen sodium TABS 275 MG, 550 MG</i>	P		<i>acetaminophen ELIX</i>	P	OTC
<i>naproxen SUSP</i>	P		<i>acetaminophen LIQD 160 MG/5ML</i>	P	OTC
<i>naproxen TABS</i>	P		<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	OTC
NEOPROFEN (<i>Use ibuprofen lysine</i>)	NP		<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	OTC; QL(12 ea per 30 day(s) retail)
<i>piroxicam CAPS</i>	P		<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P	OTC
<i>sulindac TABS</i>	P		<i>acetaminophen TABS 325 MG, 500 MG</i>	P	OTC
TIVORBEX CAPS (<i>Use indomethacin</i>)	NF		FEVERALL JUNIOR STRENGTH SUPP	P	OTC; QL(12 ea per 30 day(s) retail)
Phosphodiesterase 4 (PDE4) Inhibitors			INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)
OTEZLA TABS	P	SP; PA	OFIRMEV SOLN IV (<i>Use acetaminophen</i>)	NF	
OTEZLA TBPk	P	SP; PA	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>Use acetaminophen</i>)	NP	OTC
Pyrimidine Synthesis Inhibitors					
ARAVA (<i>Use leflunomide</i>)	NP	QL(1 ea daily)			
<i>leflunomide</i>	P	QL(1 ea daily)			
Selective Costimulation Modulators					
ORENCIA CLICKJECT SOAJ	P	SP; PA			
ORENCIA SOLR	P	SP; PA			
ORENCIA SOSY	P	SP; PA			
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NP	OTC	ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
TYLENOL CHILDRENS SUSP (Use acetaminophen)	NP	OTC	Opioid Agonists		
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NP	OTC	codeine sulfate TABS 30 MG	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NP	OTC	CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NP	OTC	DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)	NP	Clinical Edit: Opioids; QL(6 ea daily)
TYLENOL TABS (Use acetaminophen)	NP	OTC	DILAUDID TABS 8 MG (Use hydromorphone hcl)	NP	Clinical Edit: Opioids; QL(4 ea daily)
Analgesics-Peptide Channel Blockers			fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	QL(0.34 ea daily)
PRIALT	P	SP; PA	HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids; QL(2 ea daily)
Salicylates			hydromorphone hcl TABS 2 MG, 4 MG	P	Clinical Edit: Opioids; QL(6 ea daily)
aspirin buffered (cal carb-mag carb-mag oxide)	P	OTC	hydromorphone hcl TABS 8 MG	P	Clinical Edit: Opioids; QL(4 ea daily)
aspirin CHEW	P	OTC	meperidine hcl SOLN OR 50 MG/5ML	P	Clinical Edit: Opioids; QL(30 ml daily)
ASPIRIN SUPP 300 MG	P	OTC; QL(12 ea per 30 day(s) retail)	meperidine hcl TABS 50 MG	P	Clinical Edit: Opioids; QL(6 ea daily)
aspirin TABS 325 MG	P	OTC	methadone hcl TABS 10 MG	P	QL(10 ea daily); PA
aspirin TBEC 81 MG, 325 MG	P	OTC	methadone hcl TABS 5 MG	P	QL(6 ea daily); PA
BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	NP	OTC	morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML	P	Clinical Edit: Opioids; QL(240 ml per fill retail)
diflunisal TABS	P				
ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	NP	OTC			
ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	NP	OTC			
ECOTRIN TBEC (Use aspirin)	NP	OTC			
salsalate	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids; QL(21.4 ml daily)	ULTRAM TABS (<i>Use tramadol hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<i>morphine sulfate SUPP</i>	P	Clinical Edit: Opioids; QL(18 ea per fill retail)	Opioid Combinations		
<i>morphine sulfate TABS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>acetaminophen w/ codeine SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily); AL(At least 12 yrs old)
<i>morphine sulfate TBCR</i>	P	QL(3 ea daily)	<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)
MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NP	QL(3 ea daily)	<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)
OXAYDO TABS 5 MG	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>butalbital-aspirin-caffeine w/cod</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
<i>oxycodone hcl CAPS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<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>oxycodone hcl CONC 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(90 ml per fill retail)	<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>oxycodone hcl SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	<i>oxycodone w/ acetaminophen SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	P	QL(2 ea daily); PA	<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>oxycodone hcl TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily)	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)			
OXYCONTIN T12A	P	QL(2 ea daily); PA			
ROXICODONE TABS 30 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily)			
ROXICODONE TABS 5 MG, 15 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)			
<i>tramadol hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol-acetaminophen</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
ULTRACET (<i>Use tramadol-acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	P	PA
BUPRENEX SOLN (<i>Use buprenorphine hcl</i>)	NP	PA
<i>buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG</i>	P	PA
<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>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	P	QL(2 ea daily); PA
<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 max fill(s) per 30 day(s) retail; SP; PA
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)
SUBOXONE FILM SL 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily); PA
ZUBSOLV SUBL	P	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		

Drug Name	Drug Tier	Requirements/ Limits
Androgens		
AVEED SOLN	P	SP; PA
METHITEST TABS	P	
TESTOPEL PLLT	P	SP; PA
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(4 ml per 30 day(s) retail)
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ml daily)
<i>testosterone enanthate SOLN IM</i>	P	QL(4 ml per 30 day(s) retail)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	NP	
<i>hydrocortisone (intrarectal)</i>	P	
Rectal Combinations		
ANALPRAM-HC LOTN EX	P	QL(62 ml per 30 day(s) retail)
<i>phenylephrine-shark liver oil-cocoa butter</i>	P	OTC; QL(12 ea per 30 day(s) retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	P	OTC; QL(31 gm per 30 day(s) retail)
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	
<i>hydrocortisone (rectal) EX 1 %</i>	P	QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (rectal) EX 1 %</i>	NP	RX/OTC
ANTACIDS		
Antacid Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(744 ml per 30 day(s) retail)
<i>alum & mag hydrox-simethicone SUSP</i>	P	QL(744 ml per 30 day(s) 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 day(s) retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	OTC
TUMS LASTING EFFECTS CHEW (Use <i>calcium carbonate (antacid)</i>)	NP	OTC
TUMS ULTRA 1000 CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
TUMS CHEW (Use <i>calcium carbonate (antacid)</i>)	NP	OTC
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	OTC
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	P	SP; PA
EMVERM CHEW	P	QL(1 ea per 14 day(s) retail)
<i>pyrantel pamoate SUSP 144 MG/ML</i>	P	OTC; QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		

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

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	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	P	SP; PA
TEZSPIRE SOSY	P	SP; PA
XOLAIR SOAJ	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 day(s) retail)
SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	NP	
<i>tiotropium bromide monohydrate CAPS</i>	P	
TUDORZA PRESSAIR	P	QL(1 ea per 30 day(s) 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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)	<i>albuterol sulfate AERS</i>	P	QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)	<i>albuterol sulfate AERS</i>	P	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			<i>albuterol sulfate AERS</i>	P	QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
DALIRESP (<i>Use roflumilast</i>)	NP	QL(1 ea daily)	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ml per 30 day(s) retail)
<i>roflumilast</i>	P	QL(1 ea daily)	<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	P	
Steroid Inhalants			<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ml daily)
ARNUITY ELLIPTA	P	QL(1 ea daily)	ALBUTEROL SULFATE NEBU	P	
ASMANEX HFA AERO	P	QL(0.44 gm daily)	<i>albuterol sulfate SYRP</i>	P	
<i>budesonide (inhalation) SUSP</i>	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)	<i>albuterol sulfate TABS</i>	P	
FLOVENT DISKUS AEPB (<i>Use fluticasone propionate (inhalation)</i>)	NP		<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(11 gm per fill retail)
FLOVENT HFA	NP		<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(0.367 gm daily)
<i>fluticasone propionate (inhalation) AEPB</i>	P		COMBIVENT RESPIMAT AERS	P	QL(4 gm per 30 day(s) retail)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)	<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 day(s) retail)
<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>ipratropium-albuterol SOLN</i>	P	QL(12 ml daily)
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)	<i>levalbuterol tartrate</i>	P	QL(0.5 gm daily)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)	PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	NP	
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)			
Sympathomimetics					
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NP	QL(2 ea daily; 60 ea per 30 day(s) retail)			
<i>albuterol sulfate AERS</i>	NP				

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PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail; 2 ea per 30 day(s) retail); AL(At least 4 yrs old - Up to 18 yrs old)	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP; PA
PROVENTIL HFA AERS (Use albuterol sulfate)	NP		FRAGMIN SOSY	P	SP; PA
SEREVENT DISKUS	P	QL(60 ea per fill retail)	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML	NP	
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	NP		heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
terbutaline sulfate TABS	P		LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NP	SP
VENTOLIN HFA AERS (Use albuterol sulfate)	NP		LOVENOX SOSY (Use enoxaparin sodium)	NP	SP; PA
XOPENEX HFA (Use levalbuterol tartrate)	NP	QL(0.5 gm daily)	Thrombin Inhibitors		
Xanthines			dabigatran etexilate mesylate CAPS	P	
THEO-24 CP24	P		PRADAXA CAPS (Use dabigatran etexilate mesylate)	NP	
theophylline ELIX	P		PRADAXA CAPS	NP	
theophylline SOLN	P	QL(475 ml per fill retail)	ANTICONVULSANTS - Drugs to Treat Seizures		
theophylline TB12	P		Anticonvulsants - Benzodiazepines		
theophylline TB24	P		clonazepam TABS	P	QL(3 ea daily); AL(At least 18 yrs old)
ANTICOAGULANTS - Blood Thinners			DIASTAT ACUDIAL GEL 20 MG (Use diazepam (anticonvulsant))	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
Coumarin Anticoagulants			DIASTAT ACUDIAL GEL 10 MG (Use diazepam (anticonvulsant))	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
warfarin sodium TABS	P		DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
Direct Factor Xa Inhibitors			diazepam (anticonvulsant) GEL	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)	diazepam (anticonvulsant) GEL 10 MG	NP	
ELIQUIS TABS	P	QL(2 ea daily)			
Heparins And Heparinoid-Like Agents					
ARIXTRA (Use fondaparinux sodium)	NP	SP; PA			
enoxaparin sodium SOLN IJ 300 MG/3ML	P	SP			
enoxaparin sodium SOSY	P	SP; PA			
fondaparinux sodium	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KLONOPIN TABS (<i>Use clonazepam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)	KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	Use levetiracetam IR; ST
NAYZILAM	P	QL(10 ea per 30 day(s) retail); PA	KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(16 ml daily)
VALTOCO 10 MG DOSE LIQD	P	QL(10 ea per 30 day(s) retail); PA	KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 ea daily)
VALTOCO 15 MG DOSE LQPK	P	QL(10 ea per 30 day(s) retail); PA	KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 ea daily)
VALTOCO 20 MG DOSE LQPK	P	QL(10 ea per 30 day(s) retail); PA	KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	
VALTOCO 5 MG DOSE LIQD	P	QL(10 ea per 30 day(s) retail); PA	LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP	
Anticonvulsants - Misc.			LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	Use lamotrigine IR; ST
BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP; PA	LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	
BANZEL TABS (<i>Use rufinamide</i>)	NP	SP; PA	<i>lamotrigine CHEW</i>	P	
BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA	<i>lamotrigine TABS</i>	P	
<i>carbamazepine CHEW</i>	P		<i>lamotrigine TB24</i>	P	Use lamotrigine IR; ST
<i>carbamazepine SUSP</i>	P		<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ml daily)
<i>carbamazepine TABS</i>	P		<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 ea daily)
<i>carbamazepine TB12</i>	P		<i>levetiracetam TABS 500 MG</i>	P	QL(6 ea daily)
DIACOMIT CAPS 250 MG	P	QL(12 ea daily); SP; PA	<i>levetiracetam TABS 1000 MG</i>	P	
DIACOMIT CAPS 500 MG	P	QL(6 ea daily); SP; PA	<i>levetiracetam TB24</i>	P	Use levetiracetam IR; ST
DIACOMIT PACK 250 MG	P	QL(12 ea daily); SP; PA	MYSOLINE (<i>Use primidone</i>)	NP	
DIACOMIT PACK 500 MG	P	QL(6 ea daily); SP; PA	NEURONTIN CAPS (<i>Use gabapentin</i>)	NP	QL(9 ea daily)
EPIDIOLEX	P	SP; PA	NEURONTIN SOLN (<i>Use gabapentin</i>)	NP	
FINTEPLA	P	SP; PA	NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 ea daily)
<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)			

Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 ea daily)
<i>oxcarbazepine SUSP</i>	P	
<i>oxcarbazepine TABS</i>	P	
<i>primidone</i>	P	
<i>rufinamide SUSP</i>	P	SP; PA
<i>rufinamide TABS</i>	P	SP; PA
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	
TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 ea daily)
TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(3 ea daily)
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 ea daily)
<i>topiramate CPSP 15 MG</i>	P	QL(6 ea daily)
<i>topiramate CPSP 25 MG</i>	P	QL(8 ea daily)
<i>topiramate TABS 200 MG</i>	P	QL(3 ea daily)
<i>topiramate TABS 100 MG</i>	P	QL(4 ea daily)
<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 ea daily)
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	
TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	
ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NP	
<i>zonisamide CAPS</i>	P	
Carbamates		
<i>felbamate SUSP</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>felbamate TABS</i>	P	
FELBATOL SUSP (<i>Use felbamate</i>)	NP	
FELBATOL TABS (<i>Use felbamate</i>)	NP	
GABA Modulators		
GABITRIL (<i>Use tiagabine hcl</i>)	NP	
SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP; PA
SABRIL TABS (<i>Use vigabatrin</i>)	NP	SP; PA
<i>tiagabine hcl</i>	P	
<i>vigabatrin PACK</i>	P	SP; PA
<i>vigabatrin TABS</i>	P	SP; PA
Hydantoins		
DILANTIN	P	
DILANTIN (<i>Use phenytoin sodium extended</i>)	P	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	P	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	P	
<i>phenytoin sodium extended 100 MG</i>	P	
<i>phenytoin sodium SOLN</i>	P	
<i>phenytoin CHEW</i>	P	
<i>phenytoin SUSP</i>	P	
Succinimides		
<i>ethosuximide CAPS</i>	P	
<i>ethosuximide SOLN</i>	P	
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	
Valproic Acid		

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DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)	mirtazapine TBDP 45 MG	P	QL(1 ea daily)
DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)	REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	NP	QL(1.5 ea daily)
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NP	QL(8 ea daily)	REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	NP	QL(3 ea daily)
DEPAKOTE TBEC 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)	REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	NP	QL(1 ea daily)
DEPAKOTE TBEC 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)	REMERON TABS 15 MG (Use mirtazapine)	NP	QL(3 ea daily)
DEPAKOTE TBEC 125 MG (Use divalproex sodium)	NP	QL(2 ea daily)	REMERON TABS 30 MG (Use mirtazapine)	NP	QL(1.5 ea daily)
divalproex sodium CSDR	P	QL(8 ea daily)	Antidepressants - Misc.		
divalproex sodium TB24 500 MG	P	QL(7 ea daily)	bupropion hcl TABS	P	QL(3 ea daily)
divalproex sodium TB24 250 MG	P	QL(3 ea daily)	bupropion hcl TB12 100 MG	P	QL(4 ea daily)
divalproex sodium TBEC 125 MG	P	QL(2 ea daily)	bupropion hcl TB12 150 MG	P	QL(3 ea daily)
divalproex sodium TBEC 500 MG	P	QL(7 ea daily)	bupropion hcl TB12 200 MG	P	QL(2 ea daily)
divalproex sodium TBEC 250 MG	P	QL(3 ea daily)	bupropion hcl TB24 150 MG	P	QL(3 ea daily)
valproate sodium SOLN OR 250 MG/5ML	P		bupropion hcl TB24 300 MG	P	QL(1 ea daily)
valproic acid CAPS	P		WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)	NP	QL(4 ea daily)
ANTIDEPRESSANTS - Drugs to Treat Depression			WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)	NP	QL(3 ea daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	NP	QL(2 ea daily)
mirtazapine TABS 30 MG	P	QL(1.5 ea daily)	WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)	NP	QL(3 ea daily)
mirtazapine TABS 7.5 MG, 45 MG	P	QL(1 ea daily)	WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	NP	QL(1 ea daily)
mirtazapine TABS 15 MG	P	QL(3 ea daily)	GABA Receptor Modulator - Neuroactive Steroid		
mirtazapine TBDP 15 MG	P	QL(3 ea daily)			
mirtazapine TBDP 30 MG	P	QL(1.5 ea daily)			

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>nortriptyline hcl SOLN</i>	P	QL(20 ml daily)
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ml per 30 day(s) retail); PA
SYMLINPEN 60 SOPN	P	QL(6 ml per 30 day(s) retail); PA
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<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>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	P	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	P	QL(1 ea daily)
<i>glipizide-metformin hcl</i>	P	
<i>glyburide-metformin</i>	P	
KAZANO (<i>Use alogliptin-metformin hcl</i>)	NP	
KOMBIGLYZE XR (<i>Use saxagliptin-metformin hcl</i>)	NP	QL(1 ea daily)
OSENI	NP	
OSENI (<i>Use alogliptin-pioglitazone</i>)	NP	
<i>pioglitazone hcl-metformin hcl TABS</i>	P	QL(2 ea daily)
<i>saxagliptin-metformin hcl</i>	P	QL(1 ea daily)
SOLQUA 100/33	P	QL(0.6 ml daily); PA
XIGDUO XR 1000 MG-10 MG, 1000 MG-5 MG	NP	
Biguanides		

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl TABS 850 MG, 1000 MG</i>	P	
<i>metformin hcl TABS 500 MG</i>	P	QL(4 ea daily)
<i>metformin hcl TB24 750 MG</i>	P	QL(3 ea daily)
<i>metformin hcl TB24 500 MG</i>	P	QL(4 ea daily)
Diabetic Other		
BD GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
CVS GLUCOSE	P	QL(50 ea per 30 day(s) retail)
CVS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
CVS SOFT GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
DEX4	P	QL(50 ea per 30 day(s) retail)
DEX4 FAST ACTING GLUCOSE	P	QL(50 ea per 30 day(s) retail)
DEX4 NATURALS	P	QL(50 ea per 30 day(s) retail)
DEX4 POUCH PACK	P	QL(50 ea per 30 day(s) retail)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) 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)
GLUCO TO GO CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
GLUCOSE	P	QL(50 ea per 30 day(s) retail)
GLUCOSE INSTANT ENERGY	P	QL(50 ea per 30 day(s) retail)
GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 day(s) retail)	TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
GNP GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	TRUEPLUS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	UP & UP GLUCOSE	P	QL(50 ea per 30 day(s) retail)
GOODSENSE GLUCOSE	P	QL(50 ea per 30 day(s) retail)	VALUE PLUS GLUCOSE	P	QL(50 ea per 30 day(s) retail)
HY-VEE GLUCOSE	P	QL(50 ea per 30 day(s) retail)	WALGREENS GLUCOSE	P	QL(50 ea per 30 day(s) retail)
KORLYM (<i>Use mifepristone (hyperglycemia)</i>)	NP	SP; PA	WALGREENS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
KROGER GLUCOSE	P	QL(50 ea per 30 day(s) retail)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
LEADER GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 day(s) retail)	<i>alogliptin benzoate</i>	P	
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	NESINA (<i>Use alogliptin benzoate</i>)	NP	
LONGS GLUCOSE	P	QL(50 ea per 30 day(s) retail)	ONGLYZA (<i>Use saxagliptin hcl</i>)	NP	QL(1 ea daily)
MEIJER GLUCOSE	P	QL(50 ea per 30 day(s) retail)	<i>saxagliptin hcl</i>	P	QL(1 ea daily)
<i>mifepristone (hyperglycemia)</i>	P	SP; PA	Incretin Mimetic Agents		
PREFERRED PLUS GLUCOSE	P	QL(50 ea per 30 day(s) retail)	BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 day(s) retail); PA
PX GLUCOSE	P	QL(50 ea per 30 day(s) retail)	BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 30 day(s) retail); AL(At least 18 yrs old); PA
RA GLUCOSE	P	QL(50 ea per 30 day(s) retail)	BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 30 day(s) retail); AL(At least 18 yrs old); PA
RELION GLUCOSE	P	QL(50 ea per 30 day(s) retail)	TRULICITY	P	QL(2 ml per 28 day(s) retail); PA
SM GLUCOSE	P	QL(50 ea per 30 day(s) retail)	VICTOZA	P	QL(0.3 ml daily); PA
SM GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	Insulin		
SMART SENSE GLUCOSE	P	QL(50 ea per 30 day(s) retail)	ADMELOG SOLOSTAR SOPN	NP	
SMART SENSE GLUCOSE TABLETS	P	QL(50 ea per 30 day(s) retail)	ADMELOG SOLN IJ	NP	
TGT GLUCOSE	P	QL(50 ea per 30 day(s) retail)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(1 ml daily)
HUMALOG SOLN IJ	NP		INSULIN LISPRO SOLN IJ	P	QL(40 ml per 30 day(s) retail)
HUMULIN 70/30 KWIKPEN SUPN	P	OTC; QL(1 ml daily)	NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	
HUMULIN 70/30 SUSP	P	OTC; QL(40 ml per 30 day(s) retail)	NOVOLIN 70/30 FLEXPEN SUPN	P	OTC; QL(1 ml daily)
HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ml daily)	NOVOLIN 70/30 RELION SUSP	NP	
HUMULIN N SUSP	P	QL(40 ml per 30 day(s) retail)	NOVOLIN 70/30 SUSP	P	OTC; QL(40 ml per 30 day(s) retail)
HUMULIN R SOLN IJ	P	OTC; QL(40 ml per 30 day(s) retail)	NOVOLIN N FLEXPEN RELION SUPN	NP	
INSULIN ASPART FLEXPEN SOPN	P	QL(1.34 ml daily)	NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ml daily)
INSULIN ASPART PENFILL SOCT	P	QL(1.34 ml daily)	NOVOLIN N RELION SUSP	NP	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(1 ml daily)	NOVOLIN N SUSP	P	QL(40 ml per 30 day(s) retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 30 day(s) retail)	NOVOLIN R RELION SOLN IJ	NP	
INSULIN ASPART SOLN IJ	P	QL(1.34 ml daily)	NOVOLIN R SOLN IJ	P	OTC; QL(40 ml per 30 day(s) retail)
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	P	QL(0.9 ml daily)	NOVOLOG FLEXPEN RELION SOPN	NP	
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	P	QL(1.5 ml daily)	NOVOLOG FLEXPEN SOPN	NP	
INSULIN DEGLUDEC SOLN	P	QL(1.5 ml daily)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	
INSULIN GLARGINE-YFGN SOLN	P	QL(1 ml daily)	NOVOLOG MIX 70/30 RELION SUSP	NP	
INSULIN GLARGINE-YFGN SOPN	P	QL(1 ml daily)	NOVOLOG MIX 70/30 SUSP	NP	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P		NOVOLOG PENFILL SOCT	NP	
INSULIN LISPRO KWIKPEN SOPN	P	QL(1.34 ml daily)	NOVOLOG RELION SOLN IJ	NP	
			NOVOLOG SOLN IJ	NP	
			SEMGLEE SOLN	NP	

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Drug Name	Drug Tier	Requirements/ Limits
SEMGLEE SOPN	NP	
TRESIBA FLEXTOUCH SOPN	NP	
TRESIBA SOLN	NP	
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily)
pioglitazone hcl	P	QL(1 ea daily)
Meglitinide Analogues		
nateglinide	P	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	P	QL(1 ea daily)
FARXIGA	NP	
FARXIGA	NP	
Sulfonylureas		
AMARYL 4 MG (Use glimepiride)	NP	QL(2 ea daily)
AMARYL 1 MG, 2 MG (Use glimepiride)	NP	QL(4 ea daily)
glimepiride 4 MG	P	QL(2 ea daily)
glimepiride 1 MG, 2 MG	P	QL(4 ea daily)
glipizide TABS	P	
glipizide TB24	P	
GLUCOTROL XL TB24 (Use glipizide)	NP	
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	
glyburide TABS	P	
GLYNASE (Use glyburide micronized)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	OTC

Drug Name	Drug Tier	Requirements/ Limits
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	P	OTC
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NP	OTC
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	P	
diphenoxylate w/ atropine TABS	P	
IMODIUM A-D CAPS (Use loperamide hcl)	NP	OTC; QL(8 ea daily); RX/OTC
IMODIUM A-D TABS (Use loperamide hcl)	NP	OTC; QL(8 ea daily)
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NP	
loperamide hcl CAPS	P	OTC; QL(8 ea daily); RX/OTC
loperamide hcl TABS	P	OTC; QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox PACK	P	SP; PA
deferasirox TABS	P	SP; PA
deferasirox TBSO	P	SP; PA
deferiprone TABS	P	SP; PA
EXJADE TBSO (Use deferasirox)	NP	SP; PA
FERRIPROX TWICE-A-DAY TABS	P	SP; PA
FERRIPROX SOLN	P	SP; PA
FERRIPROX TABS (Use deferiprone)	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	NP	SP; PA	<i>dimenhydrinate</i> TABS	P	OTC; QL(24 ea per fill retail)
JADENU TABS (<i>Use deferasirox</i>)	NP	SP; PA	DRAMAMINE CHEW	P	OTC; QL(24 ea per fill retail)
Antidotes and Specific Antagonists			DRAMAMINE TABS (<i>Use dimenhydrinate</i>)	NP	OTC; QL(24 ea per fill retail)
ANDEXXA 200 MG	P	SP; PA	<i>meclizine hcl</i> CHEW	P	OTC; RX/OTC
BRIDION SOLN	P	SP; PA	<i>meclizine hcl</i> TABS 12.5 MG, 25 MG	P	RX/OTC
<i>deferoxamine mesylate</i>	P	SP; PA	ANTIFUNGALS - Drugs to Treat Fungal Infections		
DESFERAL 500 MG (<i>Use deferoxamine mesylate</i>)	NP	SP; PA	Antifungals		
SM IPECAC SYRUP	P		<i>griseofulvin microsize</i> SUSP	P	
VISTOGARD	P		<i>griseofulvin microsize</i> TABS	P	
Opioid Antagonists			<i>griseofulvin ultramicrosize</i>	P	
<i>naloxone hcl</i> LIQD	P	QL(4 ea per 90 day(s) retail); RX/OTC	<i>nystatin</i> TABS	P	QL(6 ea daily)
<i>naloxone hcl</i> SOCT	P	QL(2 ml per 90 day(s) retail)	<i>terbinafine hcl</i> TABS	P	QL(90 ea per 120 day(s) retail)
<i>naloxone hcl</i> SOLN 0.4 MG/ML, 4 MG/10ML	P	QL(2 ml per 90 day(s) retail)	Imidazole-Related Antifungals		
<i>naloxone hcl</i> SOSY	P	QL(4 ml per 90 day(s) retail)	DIFLUCAN SUSR (<i>Use fluconazole</i>)	NP	QL(70 ml per fill retail)
<i>naltrexone hcl</i>	P		DIFLUCAN TABS 100 MG, 200 MG (<i>Use fluconazole</i>)	NP	
NARCAN LIQD (<i>Use naloxone hcl</i>)	NP	QL(4 ea per 90 day(s) retail); RX/OTC	DIFLUCAN TABS 50 MG (<i>Use fluconazole</i>)	NP	QL(3 ea per 14 day(s) retail)
VIVITROL	P	SP	DIFLUCAN TABS 150 MG (<i>Use fluconazole</i>)	NP	QL(2 ea per fill retail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			<i>fluconazole</i> SUSR	P	QL(70 ml per fill retail)
5-HT3 Receptor Antagonists			<i>fluconazole</i> TABS 50 MG	P	QL(3 ea per 14 day(s) retail)
<i>ondansetron hcl</i> SOLN OR 4 MG/5ML	P	QL(50 ml per 30 day(s) retail)	<i>fluconazole</i> TABS 100 MG, 200 MG	P	
<i>ondansetron hcl</i> TABS 4 MG, 8 MG	P	QL(2 ea daily)	<i>fluconazole</i> TABS 150 MG	P	QL(2 ea per fill retail)
<i>ondansetron hcl</i> TABS 24 MG	P	QL(1 ea per 14 day(s) retail)	<i>itraconazole</i> CAPS	P	QL(1 ea daily); PA
<i>ondansetron</i> TBDP	P	QL(2 ea daily)	SPORANOX PULSEPAK CAPS (<i>Use itraconazole</i>)	NP	QL(1 ea daily); PA
Antiemetics - Anticholinergic					
ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NP	OTC; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPORANOX CAPS (<i>Use itraconazole</i>)	NP	QL(1 ea daily); PA	ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NP	QL(1 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies			<i>cetirizine hcl CHEW</i>	P	QL(1 ea daily)
Antihistamines - Alkylamines			<i>cetirizine hcl SOLN OR</i>	P	QL(240 ml per fill retail); RX/OTC
<i>chlorpheniramine maleate SYRP</i>	P	OTC	<i>cetirizine hcl SYRP OR</i>	P	QL(240 ml per fill retail); RX/OTC
<i>chlorpheniramine maleate TABS</i>	P	OTC; QL(120 ea per fill retail)	<i>cetirizine hcl TABS</i>	P	QL(1 ea daily)
Antihistamines - Ethanolamines			CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NP	OTC; QL(240 ml per fill retail)
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(240 ml per fill retail)	CLARITIN REDITABS JUNIORS TBDP (<i>Use loratadine</i>)	NP	OTC; QL(1 ea daily)
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	QL(4 ea daily)	CLARITIN REDITABS TBDP 10 MG (<i>Use loratadine</i>)	NP	OTC; QL(1 ea daily)
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(4 ea daily)	CLARITIN SOLN (<i>Use loratadine</i>)	NP	OTC; QL(240 ml per fill retail)
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NP	QL(4 ea daily)	CLARITIN TABS (<i>Use loratadine</i>)	NP	OTC; QL(1 ea daily)
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(4 ea daily)	<i>fexofenadine hcl TABS 180 MG</i>	P	QL(1 ea daily)
<i>clemastine fumarate TABS 1.34 MG</i>	P	OTC; QL(2 ea daily)	<i>fexofenadine hcl TABS 60 MG</i>	P	QL(2 ea daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	OTC; QL(2 ea daily)	<i>levocetirizine dihydrochloride TABS</i>	P	RX/OTC
<i>diphenhydramine hcl CAPS</i>	P	QL(4 ea daily)	<i>loratadine SOLN</i>	P	OTC; QL(240 ml per fill retail)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)	<i>loratadine TABS</i>	P	OTC; QL(1 ea daily)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	OTC; QL(240 ml per fill retail)	<i>loratadine TBDP 10 MG</i>	P	OTC; QL(1 ea daily)
<i>diphenhydramine hcl TABS 25 MG</i>	P	OTC; QL(4 ea daily)	XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NP	RX/OTC
Antihistamines - Non-Sedating			ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	NP	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NP	QL(2 ea daily)	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (<i>Use cetirizine hcl</i>)	NP	QL(1 ea daily)

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ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	NP	QL(240 ml per fill retail); RX/OTC	<i>colestipol hcl TABS</i>	P	
ZYRTEC CHEW 10 MG (Use cetirizine hcl)	NP	QL(1 ea daily)	QUESTRAN LIGHT POWD (Use cholestyramine light)	NP	
Antihistamines - Phenothiazines			QUESTRAN PACK (Use cholestyramine)	NP	
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	P	AL(At least 2 yrs old)	QUESTRAN POWD (Use cholestyramine)	NP	
<i>promethazine hcl SUPP</i>	P	QL(12 ea per fill retail); AL(At least 2 yrs old)	Fibric Acid Derivatives		
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)	<i>fenofibrate micronized 67 MG</i>	P	QL(2 ea daily)
Antihistamines - Piperidines			<i>fenofibrate micronized 134 MG, 200 MG</i>	P	QL(1 ea daily)
<i>cyproheptadine hcl SYRP</i>	P		<i>fenofibrate TABS 160 MG</i>	P	QL(1 ea daily)
<i>cyproheptadine hcl TABS</i>	P		<i>fenofibrate TABS 54 MG</i>	P	QL(3 ea daily)
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol			FENOFIBRATE TABS	P	QL(1 ea daily)
Angiotensin-like Protein Inhibitors			<i>gemfibrozil TABS</i>	P	QL(2 ea daily)
EVKEEZA	P	SP; PA	LOPID TABS (Use gemfibrozil)	NP	QL(2 ea daily)
Antihyperlipidemics - Combinations			HMG CoA Reductase Inhibitors		
<i>ezetimibe-simvastatin</i>	P	QL(1 ea daily); ST	<i>atorvastatin calcium TABS</i>	P	QL(1 ea daily)
VYTORIN (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)
<i>cholestyramine light PACK</i>	P		<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 ea daily)
<i>cholestyramine light POWD</i>	P		<i>lovastatin TABS 40 MG</i>	P	QL(2 ea daily)
<i>cholestyramine PACK</i>	P		<i>pravastatin sodium</i>	P	QL(1 ea daily)
<i>cholestyramine POWD</i>	P		<i>rosuvastatin calcium TABS</i>	P	Try simvastatin or atorvastatin; QL(1 ea daily); ST
COLESTID FLAVORED GRAN (Use colestipol hcl)	NP		<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	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		Intestinal Cholesterol Absorption Inhibitors		
<i>colestipol hcl GRAN</i>	P				

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<i>ezetimibe</i>	P	ST	<i>lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 ea daily)
ZETIA (<i>Use ezetimibe</i>)	NP	ST	LOTENSIN 10 MG, 20 MG (<i>Use benazepril hcl</i>)	NP	QL(1 ea daily)
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			LOTENSIN 40 MG (<i>Use benazepril hcl</i>)	NP	QL(2 ea daily)
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP; PA	<i>quinapril hcl</i>	P	
Nicotinic Acid Derivatives			<i>ramipril CAPS</i>	P	QL(2 ea daily)
<i>niacin (antihyperlipidemic) TABS</i>	P		<i>trandolapril 1 MG, 2 MG</i>	P	QL(1 ea daily)
<i>niacin (antihyperlipidemic) TBCR</i>	P		<i>trandolapril 4 MG</i>	P	QL(2 ea daily)
NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NP		VASOTEC TABS (<i>Use enalapril maleate</i>)	NP	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>)	NP	QL(2 ea daily)
LEQVIO	P	SP; PA	ZESTRIL TABS 2.5 MG (<i>Use lisinopril</i>)	NP	QL(1 ea daily)
PRALUENT SOAJ	P	SP; PA	Agents for Pheochromocytoma		
REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA	DEMSEER (<i>Use metyrosine</i>)	NP	SP; PA
REPATHA SURECLICK SOAJ	P	SP; PA	<i>metyrosine</i>	P	SP; PA
REPATHA SOSY	P	SP; PA	Angiotensin II Receptor Antagonists		
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			ATACAND (<i>Use candesartan cilexetil</i>)	NP	
ACE Inhibitors			AVAPRO (<i>Use irbesartan</i>)	NP	QL(1 ea daily)
ACCUPRIL (<i>Use quinapril hcl</i>)	NP		BENICAR (<i>Use olmesartan medoxomil</i>)	NP	Use losartan or irbesartan; QL(1 ea daily); ST
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>Use ramipril</i>)	NP	QL(2 ea daily)	<i>candesartan cilexetil</i>	P	
<i>benazepril hcl 40 MG</i>	P	QL(2 ea daily)	COZAAR (<i>Use losartan potassium</i>)	NP	QL(1 ea daily)
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 ea daily)	DIOVAN TABS (<i>Use valsartan</i>)	NP	QL(1 ea daily)
<i>captopril</i>	P	QL(3 ea daily)	<i>irbesartan</i>	P	QL(1 ea daily)
<i>enalapril maleate TABS</i>	P	QL(2 ea daily)	<i>losartan potassium</i>	P	QL(1 ea daily)
<i>fosinopril sodium</i>	P	QL(1 ea daily)	MICARDIS (<i>Use telmisartan</i>)	NP	QL(1 ea daily)
<i>lisinopril TABS 2.5 MG</i>	P	QL(1 ea daily)			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	P	QL(1 ea daily)	<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	P	QL(2 ea daily)	TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily)	TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 ea daily)	<i>trandolapril-verapamil hcl</i>	P	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 ea daily)	TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan; ST
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	P	QL(2 ea daily)	<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide TABS 50 MG-100 MG</i>	P	QL(1 ea daily)	VASERETIC 25 MG-10 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	Use losartan or irbesartan; ST	ZESTORETIC 25 MG-20 MG (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	Use losartan or irbesartan; QL(1 ea daily); ST	ZIAC (Use <i>bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 ea daily)	Antihypertensives - Misc.		
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 ea daily)	VECAMYL	P	SP; PA
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 ea daily)	Vasodilators		
<i>telmisartan-amlodipine</i>	P		<i>hydralazine hcl TABS</i>	P	
			<i>minoxidil 2.5 MG</i>	P	QL(3 ea daily)
			<i>minoxidil 10 MG</i>	P	QL(10 ea daily)
			ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
			Anti-infective Agents - Misc.		
			<i>metronidazole TABS</i>	P	
			<i>trimethoprim TABS</i>	P	
			Anti-infective Misc. - Combinations		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP		VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	P	QL(14 ea per fill retail)
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP		Leprostatics		
<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>dapsone</i>	P	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P		Lincosamides		
<i>sulfamethoxazole-trimethoprim TABS</i>	P		CLEOCIN 150 MG, 300 MG (<i>Use clindamycin hcl</i>)	NP	
Carbapenems			CLEOCIN PEDIATRIC GRANULES (<i>Use clindamycin palmitate hydrochloride</i>)	NP	QL(300 ml per fill retail)
<i>ertapenem sodium IJ</i>	P	SP; PA	<i>clindamycin hcl 150 MG, 300 MG</i>	P	
INVANZ IJ (<i>Use ertapenem sodium</i>)	NP	SP; PA	<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)
Glycopeptides			Monobactams		
FIRVANQ SOLR OR (<i>Use vancomycin hcl</i>)	NP	QL(300 ml per fill retail)	CAYSTON	P	SP; PA
VANCO CIN CAPS 250 MG (<i>Use vancomycin hcl</i>)	NP	QL(8 ea daily)	Oxazolidinones		
VANCO CIN CAPS 125 MG (<i>Use vancomycin hcl</i>)	NP	QL(4 ea daily)	SIVEXTRO TABS	P	QL(6 ea per fill retail); PA
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 ea daily)	Pleuromutilins		
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 ea daily)	XENLETA TABS	P	SP; PA
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ml per fill retail)	Urinary Anti-infectives		
<i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>	P	QL(14 ea per fill retail)	MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NP	
<i>vancomycin hcl SOLR IV 500 MG</i>	P	QL(14 ea per 30 day(s) retail)	MACRODANTIN 50 MG, 100 MG (<i>Use nitrofurantoin macrocrystal</i>)	NP	
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	P	QL(14 ea per 30 day(s) retail)	<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					

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Drug Name	Drug Tier	Requirements/ Limits
(Parasitic Infections)		
Antimalarial Combinations		
COARTEM	P	QL(24 ea per fill retail)
Antimalarials		
chloroquine phosphate TABS 500 MG	P	QL(1 ea daily)
chloroquine phosphate TABS 250 MG	P	
DARAPRIM (Use pyrimethamine)	NP	SP; PA
hydroxychloroquine sulfate 200 MG	P	
KRINTAFEL	P	QL(2 ea per 30 day(s) retail)
mefloquine hcl	P	
PLAQUENIL (Use hydroxychloroquine sulfate)	NP	
primaquine phosphate TABS	P	
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	NP	
pyrimethamine	P	SP; PA
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	NP	
MESTINON TABS (Use pyridostigmine bromide)	NP	
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		

Drug Name	Drug Tier	Requirements/ Limits
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	NP	
MYCOBUTIN (Use rifabutin)	NP	
pyrazinamide	P	
rifabutin	P	
rifampin CAPS	P	
TRECATOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (Use melphalan)	NP	
ALKERAN IV (Use melphalan hcl)	NP	SP; PA
BELRAPZO SOLN	P	SP; PA
bendamustine hcl SOLR	P	SP; PA
BENDAMUSTINE HYDROCHLORIDE SOLN	P	SP; PA
BENDEKA SOLN	P	SP; PA
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	P	SP; PA
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	P	SP; PA
CISPLATIN SOLR	P	SP; PA
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	P	SP; PA
cyclophosphamide SOLN	P	SP; PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	P	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclophosphamide SOLR IJ</i>	P	SP; PA	<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
EVOMELA IV	P	SP; PA	<i>methotrexate sodium TABS 2.5 MG</i>	P	
KEMOPLAT SOLN	P	SP; PA	ONUREG TABS	P	SP; PA
LEUKERAN	P		PEMETREXED 500 MG/20ML	P	SP; PA
<i>melphalan</i>	P		<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	P	SP; PA
<i>melphalan hcl IV</i>	P	SP; PA	PEMFEXY	P	SP; PA
MYLERAN TABS	P		<i>pralatrexate</i>	P	SP; PA
TEMODAR CAPS 250 MG (Use temozolomide)	NP	SP; PA	PURIXAN SUSP	P	
TEMODAR SOLR	P	SP; PA	TABLOID	P	SP; PA
<i>temozolomide CAPS</i>	P	SP; PA	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
TEPADINA (Use thiotepe)	NP	SP; PA	VIDAZA SUSR (Use azacitidine)	NP	SP; PA
<i>thiotepe</i>	P	SP; PA	XELODA (Use capecitabine)	NP	SP; PA
TREANDA SOLR (Use bendamustine hcl)	NP	SP; PA	Antineoplastic - Angiogenesis Inhibitors		
VIVIMUSTA SOLN	P	SP; PA	CYRAMZA	P	SP; PA
YONDELIS	P	SP; PA	INLYTA	P	SP; PA
ZEPZELCA	P	SP; PA	LENVIMA 10 MG DAILY DOSE	P	QL(1 ea daily); SP; PA
Antimetabolites			LENVIMA 12MG DAILY DOSE	P	QL(3 ea daily); SP; PA
ALIMTA SOLR (Use pemetrexed disodium)	NP	SP; PA	LENVIMA 14 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
<i>azacitidine SUSR</i>	P	SP; PA	LENVIMA 18 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
<i>capecitabine</i>	P	SP; PA	LENVIMA 20 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
<i>cladribine 10 MG/10ML</i>	P	SP; PA	LENVIMA 24 MG DAILY DOSE	P	QL(3 ea daily); SP; PA
<i>cytarabine SOLN</i>	P	SP; PA	LENVIMA 4 MG DAILY DOSE	P	QL(1 ea daily); SP; PA
DACOGEN (Use decitabine)	NP	SP; PA	LENVIMA 8 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
<i>decitabine</i>	P	SP; PA	MVASI	P	SP; PA
<i>fludarabine phosphate SOLN</i>	P	SP; PA			
FLUDARABINE PHOSPHATE SOLN	P	SP; PA			
<i>fludarabine phosphate SOLR</i>	P	SP; PA			
FOLOTYN	P	SP; PA			
<i>mercaptopurine TABS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZALTRAP	P	SP; PA	Antineoplastic - Anti-HER2 Agents		
ZIRABEV	P	SP; PA	HERCEPTIN 150 MG	P	SP; PA
Antineoplastic - Antibodies			KANJINTI 420 MG	P	SP; PA
ADCETRIS	P	SP; PA	MARGENZA	P	SP; PA
ARZERRA	P	SP; PA	OGIVRI	P	SP; PA
BAVENCIO	P	SP; PA	PERJETA	P	SP; PA
BESPO NSA	P	SP; PA	TRAZIMERA	P	SP; PA
BLENREP	P	SP; PA	TUKYSA	P	SP; PA
BLINCYTO	P	SP; PA	Antineoplastic - BCL-2 Inhibitors		
DARZALEX	P	SP; PA	VENCLEXTA STARTING PACK TBP K	P	SP; PA
EMPLICITI	P	SP; PA	VENCLEXTA TABS	P	SP; PA
ENHERTU	P	SP; PA	Antineoplastic - Cellular Immunotherapy		
GAZYVA	P	SP; PA	ABECMA	P	SP; PA
IMFINZI	P	SP; PA	BREYANZI	P	SP; PA
JEMPERLI	P	SP; PA	CARVYKTI	P	SP; PA
KADCYLA	P	SP; PA	TECARTUS	P	SP; PA
KEYTRUDA	P	SP; PA	Antineoplastic - EGFR Inhibitors		
KIMMTRAK	P	SP; PA	ERBITUX	P	SP; PA
LIBTAYO	P	SP; PA	<i>erlotinib hcl</i>	P	SP; PA
LUMOXITI	P	SP; PA	EXKIVITY	P	SP; PA
MONJUVI	P	SP; PA	<i>gefitinib</i>	P	SP; PA
MYLOTARG	P	SP; PA	GILOTRIF	P	SP; PA
OPDIVO	P	SP; PA	IRESSA (<i>Use gefitinib</i>)	NP	SP; PA
PADCEV	P	SP; PA	PORTRAZZA	P	SP; PA
POLIVY	P	SP; PA	TAGRISSO	P	SP; PA
POTELIGEO	P	SP; PA	TARCEVA (<i>Use erlotinib hcl</i>)	NP	SP; PA
RIABNI	P	SP; PA	VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP; PA
RITUXAN	P	SP; PA	VIZIMPRO	P	SP; PA
RUXIENCE	P	SP; PA	Antineoplastic - Hedgehog Pathway Inhibitors		
TECENTRIQ	P	SP; PA	DAURISMO	P	SP; PA
TIVDAK	P	SP; PA	ERIVEDGE	P	SP; PA
TRUXIMA	P	SP; PA	ODOMZO	P	SP; PA
UNITUXIN	P	SP; PA			
YERVOY	P	SP; PA			
ZEVALIN Y-90	P	SP; PA			
ZYNLONTA	P	SP; PA			

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Antineoplastic - Hormonal and Related Agents			<i>megestrol acetate SUSP</i>	P	
<i>abiraterone acetate</i>	P	SP; PA	<i>megestrol acetate TABS</i>	P	
<i>anastrozole</i>	P		NUBEQA	P	SP; PA
ARIMIDEX (<i>Use anastrozole</i>)	NP		ORGOVYX	P	SP; PA
AROMASIN (<i>Use exemestane</i>)	NP		<i>tamoxifen citrate TABS</i>	P	
<i>bicalutamide</i>	P	QL(1 ea daily)	<i>toremifene citrate</i>	P	PA
CAMCEVI	P	SP; PA	TRELSTAR MIXJECT	P	SP; PA
CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 ea daily)	XTANDI CAPS	P	SP; PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	P	SP; PA	XTANDI TABS	P	SP; PA
ELIGARD KIT SC 7.5 MG	P	SP; PA	YONSA	P	SP; PA
EMCYT	P	SP; PA	ZOLADEX	P	SP; PA
ERLEADA 60 MG	P	SP; PA	ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP; PA
EULEXIN	P		Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
<i>exemestane</i>	P		WELIREG	P	SP; PA
FARESTON (<i>Use toremifene citrate</i>)	NP	PA	Antineoplastic - Immunomodulators		
FEMARA (<i>Use letrozole</i>)	NP		POMALYST	P	SP; PA
FIRMAGON 80 MG	P	SP; PA	Antineoplastic - PDGFR-alpha Inhibitors		
<i>flutamide</i>	P		AYVAKIT	P	QL(1 ea daily); SP; PA
<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	SP; PA	Antineoplastic - XPO1 Inhibitors		
<i>letrozole</i>	P		XPOVIO	P	SP; PA
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	P	SP; PA	XPOVIO 60 MG TWICE WEEKLY	P	SP; PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	P	SP; PA	XPOVIO 80 MG TWICE WEEKLY	P	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	P	SP; PA	Antineoplastic Antibiotics		
LUPRON DEPOT (3-MONTH) KIT IM	P	SP; PA	<i>daunorubicin hcl SOLN</i>	P	SP; PA
LUPRON DEPOT (4-MONTH) IM	P	SP; PA	DAUNORUBICIN HYDROCHLORIDE SOLN (<i>Use daunorubicin hcl</i>)	NP	SP; PA
LUPRON DEPOT (6-MONTH) IM	P	SP; PA	DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	P	SP; PA
LYSODREN	P	SP; PA	ELLENCE SOLN	P	SP; PA
			<i>mitoxantrone hcl 2 MG/ML</i>	P	SP; PA

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<i>valrubicin</i>	P	SP; PA	CABOMETYX TABS 40 MG	P	QL(2 ea daily); SP; PA
VALSTAR (<i>Use valrubicin</i>)	NP	SP; PA	CALQUENCE	P	SP; PA
Antineoplastic Combinations			CAPRELSA	P	SP; PA
DARZALEX FASPRO	P	SP; PA	COMETRIQ KIT	P	SP; PA
HERCEPTIN HYLECTA	P	SP; PA	COPIKTRA	P	SP; PA
INQOVI	P	SP; PA	COTELLIC	P	SP; PA
KISQALI FEMARA 200 DOSE	P	SP; PA	<i>everolimus TABS</i>	P	SP; PA
KISQALI FEMARA 400 DOSE	P	SP; PA	<i>everolimus TBSO</i>	P	SP; PA
KISQALI FEMARA 600 DOSE	P	SP; PA	FOTIVDA	P	SP; PA
LONSURF	P	SP; PA	FYARRO	P	SP; PA
OPDUALAG	P	SP; PA	GAVRETO	P	SP; PA
PHESGO	P	SP; PA	GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP; PA
RITUXAN HYCELA	P	SP; PA	IBRANCE CAPS	P	SP; PA
VYXEOS	P	SP; PA	IBRANCE TABS	P	SP; PA
Antineoplastic Enzyme Inhibitors			ICLUSIG	P	QL(1 ea daily); SP; PA
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP; PA	IDHIFA	P	SP; PA
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP; PA	<i>imatinib mesylate</i>	P	SP; PA
ALECENSA	P	SP; PA	IMBRUVICA CAPS	P	SP; PA
ALIQOPA	P	SP; PA	IMBRUVICA TABS	P	QL(1 ea daily); SP; PA
ALUNBRIG TABS	P	SP; PA	INREBIC	P	SP; PA
ALUNBRIG TBPk	P	SP; PA	ISTODAX SOLR (<i>Use romidepsin</i>)	NP	SP; PA
BALVERSA	P	SP; PA	JAKAFI	P	QL(2 ea daily); SP; PA
BELEODAQ	P	SP; PA	KISQALI	P	SP; PA
<i>bortezomib SOLR IJ</i>	P	SP; PA	KOSELUGO	P	SP; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP; PA	KYPROLIS	P	SP; PA
BOSULIF TABS	P	SP; PA	<i>lapatinib ditosylate</i>	P	SP; PA
BRAFTOVI 75 MG	P	SP; PA	LORBRENA	P	SP; PA
BRUKINSA	P	SP; PA	LUMAKRAS	P	SP; PA
CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily); SP; PA	LYNPARZA TABS	P	QL(4 ea daily); SP; PA
			MEKINIST TABS	P	SP; PA
			MEKTOVI	P	SP; PA
			NERLYNX	P	SP; PA

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NEXAVAR (<i>Use sorafenib tosylate</i>)	NP	SP; PA	VERZENIO	P	QL(2 ea daily); SP; PA
NINLARO	P	SP; PA	VITRAKVI CAPS	P	SP; PA
<i>pazopanib hcl</i>	P	SP; PA	VITRAKVI SOLN	P	SP; PA
PEMAZYRE	P	SP; PA	VONJO	P	SP; PA
PIQRAY 200MG DAILY DOSE	P	SP; PA	VOTRIENT (<i>Use pazopanib hcl</i>)	NP	SP; PA
PIQRAY 250MG DAILY DOSE	P	SP; PA	XALKORI CAPS	P	SP; PA
PIQRAY 300MG DAILY DOSE	P	SP; PA	XOSPATA	P	SP; PA
QINLOCK	P	SP; PA	ZEJULA CAPS	P	SP; PA
RETEVMO	P	SP; PA	ZELBORAF	P	SP; PA
<i>romidepsin SOLR</i>	P	SP; PA	ZOLINZA	P	SP; PA
ROZLYTREK CAPS	P	SP; PA	ZYDELIG	P	SP; PA
RUBRACA	P	SP; PA	ZYKADIA TABS	P	SP; PA
RYDAPT	P	SP; PA	Antineoplastic Enzymes		
SCEMBLIX	P	SP; PA	ASPARLAS	P	SP; PA
<i>sorafenib tosylate</i>	P	SP; PA	ONCASPAS	P	SP; PA
SPRYCEL	P	SP; PA	RYLAZE	P	SP; PA
STIVARGA	P	SP; PA	Antineoplastic Radiopharmaceuticals		
<i>sunitinib malate</i>	P	SP; PA	AZEDRA DOSIMETRIC	P	SP; PA
SUTENT (<i>Use sunitinib malate</i>)	NP	SP; PA	AZEDRA THERAPEUTIC	P	SP; PA
TABRECTA	P	SP; PA	Antineoplastics Misc.		
TAFINLAR CAPS	P	SP; PA	ACTIMMUNE 100 MCG/0.5ML	P	SP; PA
TALZENNA	P	SP; PA	ALFERON N	P	SP; PA
TASIGNA	P	SP; PA	<i>arsenic trioxide</i>	P	SP; PA
TAZVERIK	P	SP; PA	BESREMI	P	SP; PA
<i>temsirolimus</i>	P	SP; PA	<i>bexarotene</i>	P	SP; PA
TIBSOVO	P	SP; PA	HYDREA (<i>Use hydroxyurea</i>)	NP	
TORISEL (<i>Use temsirolimus</i>)	NP	SP; PA	<i>hydroxyurea</i>	P	
TURALIO	P	SP; PA	INTRON A SOLR	P	SP; PA
TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP; PA	MATULANE	P	SP; PA
VELCADE SOLR IJ (<i>Use bortezomib</i>)	NP	SP; PA	PHOTOFRIN	P	SP; PA
			PROLEUKIN	P	SP; PA
			SYNRIBO	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TARGRETIN (Use bexarotene)	NP	SP; PA	DOCIVYX SOLN	P	SP; PA
tretinoin (chemotherapy)	P	SP; PA	eribulin mesylate	P	SP; PA
TRISENOX (Use arsenic trioxide)	NP	SP; PA	etoposide CAPS	P	SP; PA
Chemotherapy Adjuncts			etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	P	SP; PA
KEPIVANCE 5.16 MG	P	SP	HALAVEN (Use eribulin mesylate)	NP	SP; PA
KEPIVANCE 6.25 MG	P	SP; PA	IXEMPRA KIT	P	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents			JEVTANA	P	SP; PA
dexrazoxane hcl	P	SP; PA	paclitaxel protein-bound particles	P	SP; PA
KHAPZORY	P	SP; PA	PACLITAXEL PROTEIN-BOUND PARTICLES	P	SP; PA
leucovorin calcium TABS	P		vincristine sulfate	P	SP; PA
levoleucovorin calcium SOLN 250 MG/25ML	P	SP; PA	Oncolytic Viral Agents		
levoleucovorin calcium SOLR	P	SP; PA	IMLYGIC	P	SP; PA
mesna SOLN	P	SP; PA	Topoisomerase I Inhibitors		
MESNEX SOLN (Use mesna)	NP	SP; PA	CAMPTOSAR (Use irinotecan hcl)	NP	SP; PA
MESNEX TABS	P	SP; PA	HYCANTIN CAPS	P	SP; PA
TOTECT	P	SP; PA	HYCANTIN SOLR (Use topotecan hcl)	NP	SP; PA
VORAXAZE	P	SP; PA	irinotecan hcl	P	SP; PA
Mitotic Inhibitors			topotecan hcl SOLN	P	SP; PA
ABRAXANE	P	SP; PA	TOPOTECAN HCL SOLN	P	SP; PA
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA	TOPOTECAN HCL SOLN (Use topotecan hcl)	NP	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA	topotecan hcl SOLR	P	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel)	NP	SP; PA	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
docetaxel SOLN	P	SP; PA	Antiparkinson Adjunctive Therapy		
DOCETAXEL SOLN (Use docetaxel)	NP	SP; PA	carbidopa	P	
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP; PA	LODOSYN (Use carbidopa)	NP	
			Antiparkinson Anticholinergics		
			benztropine mesylate TABS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>trihexyphenidyl hcl TABS</i>	P		<i>lithium carbonate CAPS</i>	P	
Antiparkinson Dopaminergics			<i>lithium carbonate TABS</i>	P	
<i>amantadine hcl CAPS</i>	P		<i>lithium carbonate TBCR</i>	P	
<i>amantadine hcl SOLN</i>	P		LITHOBID TBCR (<i>Use lithium carbonate</i>)	P	
APOKYN SOCT	P	SP; PA	Antipsychotics - Misc.		
<i>apomorphine hydrochloride SOCT</i>	P	SP; PA	GEODON (<i>Use ziprasidone hcl</i>)	NP	QL(2 ea daily); AL(At least 18 yrs old)
<i>bromocriptine mesylate CAPS</i>	P		LATUDA (<i>Use lurasidone hcl</i>)	NP	
<i>bromocriptine mesylate TABS 2.5 MG</i>	P		<i>lurasidone hcl</i>	P	
<i>carbidopa-levodopa TABS</i>	P		NUPLAZID CAPS	P	QL(1 ea daily); PA
<i>carbidopa-levodopa TBCR</i>	P		NUPLAZID TABS 10 MG	P	QL(1 ea daily); PA
DHIVY TABS	P		<i>ziprasidone hcl</i>	P	QL(2 ea daily); 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); AL(At least 18 yrs old)	INVEGA TRINZA	P	SP; PA
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 ea daily)	PERSERIS PRSY	P	SP; PA
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 ea daily)	RISPERDAL CONSTA (<i>Use risperidone microspheres</i>)	NP	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); 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); AL(At least 5 yrs old)
<i>selegiline hcl CAPS</i>	P		<i>risperidone microspheres</i>	P	SP; PA
<i>selegiline hcl TABS</i>	P		<i>risperidone SOLN</i>	P	QL(4 ml daily); AL(At least 5 yrs old)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			<i>risperidone TABS</i>	P	QL(4 ea daily); AL(At least 5 yrs old)
Antimanic Agents			<i>risperidone TBDP</i>	P	QL(2 ea daily); AL(At least 5 yrs old)
<i>lithium</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Butyrophenones			SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)
HALDOL DECANOATE 100 (<i>Use haloperidol decanoate</i>)	NP		SEROQUEL TABS 100 MG, 200 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)
HALDOL DECANOATE 50 (<i>Use haloperidol decanoate</i>)	NP		ZYPREXA RELPREVV	P	SP; PA
<i>haloperidol decanoate</i>	P		ZYPREXA TABS 15 MG, 20 MG (<i>Use olanzapine</i>)	NP	QL(1 ea daily); AL(At least 10 yrs old)
<i>haloperidol lactate CONC</i>	P		ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)
<i>haloperidol TABS 20 MG</i>	P		ZYPREXA TABS 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 ea daily)	Dihydroindolones		
Dibenzapines			<i>molindone hcl</i>	P	QL(4 ea daily)
<i>clozapine TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)	Phenothiazines		
CLOZARIL TABS (<i>Use clozapine</i>)	NP	QL(3 ea daily); 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 15 MG, 20 MG</i>	P	QL(1 ea daily); AL(At least 10 yrs old)	<i>fluphenazine decanoate</i>	P	
<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)	<i>fluphenazine hcl TABS</i>	P	
<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)	<i>perphenazine TABS</i>	P	QL(4 ea daily)
<i>quetiapine fumarate TABS 100 MG, 200 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)	<i>prochlorperazine</i>	P	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)	<i>prochlorperazine maleate TABS</i>	P	
<i>quetiapine fumarate TABS 25 MG, 50 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)	<i>thioridazine hcl</i>	P	QL(3 ea daily)
SEROQUEL TABS 25 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)	<i>trifluoperazine hcl TABS</i>	P	QL(2 ea daily)
			Quinolinone Derivatives		
			ABILIFY MAINTENA PRSY	P	SP; PA
			ABILIFY MAINTENA SRER	P	SP; PA
			ABILIFY TABS (<i>Use aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole SOLN OR</i>	P	QL(750 ml per fill retail); AL(At least 6 yrs old)	COMBIVIR (<i>Use lamivudine-zidovudine</i>)	NP	QL(2 ea daily)
<i>aripiprazole TABS</i>	P	QL(1 ea daily); AL(At least 6 yrs old)	COMPLERA	P	QL(1 ea daily)
<i>aripiprazole TBDP</i>	P	QL(1 ea daily); AL(At least 6 yrs old)	<i>darunavir TABS 600 MG</i>	P	QL(2 ea daily); ST
ARISTADA	P	SP; PA	<i>darunavir TABS 800 MG</i>	P	QL(1 ea daily); ST
ARISTADA INITIO	P	SP; PA	DELSTRIGO	P	QL(1 ea daily)
Thioxanthenes			DESCOVY 120 MG-15 MG	P	QL(1 ea daily); PA
<i>thiothixene</i>	P	QL(3 ea daily)	DESCOVY 200 MG-25 MG	P	QL(1 ea daily); PA
ANTISEPTICS & DISINFECTANTS			DOVATO	P	
Antiseptics & Disinfectants			EDURANT	P	QL(1 ea daily)
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ml per fill retail)	<i>efavirenz CAPS 50 MG</i>	P	QL(2 ea daily)
Chlorine Antiseptics			<i>efavirenz CAPS 200 MG</i>	P	QL(1 ea daily)
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	OTC; QL(946 ml per fill retail)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)
<i>chlorhexidine gluconate SOLN EX 4 %</i>	NP		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)
HIBICLENS SOLN EX (<i>Use chlorhexidine gluconate</i>)	NP		<i>efavirenz TABS</i>	P	QL(1 ea daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>emtricitabine CAPS</i>	P	QL(1 ea daily)
Antiretrovirals			<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 SOLN</i>	P	QL(30 ml daily)	EMTRIVA SOLN	P	QL(24 ml daily)
<i>abacavir sulfate TABS</i>	P	QL(2 ea daily)	EPIVIR SOLN (<i>Use lamivudine</i>)	NP	QL(30 ml daily)
APTIVUS CAPS	P	QL(4 ea daily); ST	EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NP	QL(2 ea daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P		EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NP	QL(1 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 ea daily)	EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NP	QL(1 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>etravirine 200 MG</i>	P	QL(2 ea daily)
			<i>fosamprenavir calcium TABS</i>	P	QL(4 ea daily)

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FUZEON SOLR	P	SP; PA	<i>nevirapine TB24 100 MG</i>	P	QL(3 ea daily)
GENVOYA	P	QL(1 ea daily)	<i>nevirapine TB24 400 MG</i>	P	QL(1 ea daily)
INTELENCE 25 MG	P	QL(4 ea daily)	NORVIR CAPS	P	QL(12 ea daily)
INTELENCE 200 MG (Use <i>etravirine</i>)	NP	QL(2 ea daily)	NORVIR SOLN	P	QL(15 ml daily)
INTELENCE 100 MG (Use <i>etravirine</i>)	NP	QL(4 ea daily)	NORVIR TABS (Use <i>ritonavir</i>)	NP	QL(12 ea daily)
ISENTRESS HD TABS	P	QL(2 ea daily)	ODEFSEY	P	
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)	PIFELTRO	P	QL(1 ea daily)
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)	PREZCOBIX	P	QL(1 ea daily)
ISENTRESS PACK	P	QL(2 ea daily)	PREZISTA SUSP	P	QL(12 ml daily); ST
ISENTRESS TABS	P	QL(2 ea daily)	PREZISTA TABS 150 MG	P	QL(3 ea daily); ST
JULUCA	P	QL(1 ea daily)	PREZISTA TABS 75 MG	P	QL(2 ea daily); ST
KALETRA SOLN (Use <i>lopinavir-ritonavir</i>)	NP	QL(480 ml per 30 day(s) retail)	PREZISTA TABS 800 MG (Use <i>darunavir</i>)	NP	QL(1 ea daily); ST
KALETRA TABS 50 MG-200 MG (Use <i>lopinavir-ritonavir</i>)	NP	QL(6 ea daily)	PREZISTA TABS 600 MG (Use <i>darunavir</i>)	NP	QL(2 ea daily); ST
KALETRA TABS 25 MG-100 MG (Use <i>lopinavir-ritonavir</i>)	NP	QL(4 ea daily)	RETROVIR CAPS (Use <i>zidovudine</i>)	NP	QL(6 ea daily)
<i>lamivudine SOLN</i>	P	QL(30 ml daily)	RETROVIR SYRP (Use <i>zidovudine</i>)	NP	QL(60 ml daily)
<i>lamivudine TABS 150 MG</i>	P	QL(2 ea daily)	REYATAZ CAPS 300 MG (Use <i>atazanavir sulfate</i>)	NP	
<i>lamivudine TABS 300 MG</i>	P	QL(1 ea daily)	REYATAZ CAPS 200 MG (Use <i>atazanavir sulfate</i>)	NP	QL(2 ea daily)
<i>lamivudine-zidovudine</i>	P	QL(2 ea daily)	REYATAZ PACK	P	QL(6 ea daily)
LEXIVA SUSP	P	QL(56 ml daily)	<i>ritonavir TABS</i>	P	QL(12 ea daily)
LEXIVA TABS (Use <i>fosamprenavir calcium</i>)	NP	QL(4 ea daily)	RUKOBIA	P	PA
<i>lopinavir-ritonavir SOLN</i>	P	QL(480 ml per 30 day(s) retail)	SELZENTRY SOLN	P	QL(35 ml 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 (Use <i>maraviroc</i>)	NP	QL(2 ea daily)
<i>maraviroc TABS 300 MG</i>	P	QL(4 ea daily)	SELZENTRY TABS 300 MG (Use <i>maraviroc</i>)	NP	QL(4 ea daily)
<i>maraviroc TABS 150 MG</i>	P	QL(2 ea daily)	<i>stavudine CAPS</i>	P	QL(2 ea daily)
<i>nevirapine SUSP</i>	P	QL(40 ml daily)	STRIBILD	P	QL(1 ea daily)
<i>nevirapine TABS</i>	P	QL(2 ea daily)	SUSTIVA CAPS 200 MG (Use <i>efavirenz</i>)	NP	QL(1 ea daily)

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SUSTIVA CAPS 50 MG (Use efavirenz)	NP	QL(2 ea daily)	PAXLOVID 100 MG-150 MG	P	
SUSTIVA TABS (Use efavirenz)	NP	QL(1 ea daily)	CMV Agents		
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)	LIVTENCITY	P	SP; PA
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)	PREVYMIS SOLN	P	SP; PA
tenofovir disoproxil fumarate TABS	P	QL(1 ea daily)	PREVYMIS TABS	P	QL(1 ea daily); SP; PA
TIVICAY TABS 50 MG	P	QL(2 ea daily)	VALCYTE TABS (Use valganciclovir hcl)	NP	QL(2 ea daily)
TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)	valganciclovir hcl TABS	P	QL(2 ea daily)
TRIZIVIR	P	QL(2 ea daily)	Hepatitis Agents		
TROGARZO	P	SP; PA	MAVYRET PACK	P	QL(6 ea daily); SP; PA
TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	P	QL(1 ea daily)	MAVYRET TABS	P	QL(3 ea daily); SP; PA
TYBOST	P	QL(1 ea daily); AL(At least 18 yrs old)	PEGASYS SOLN	P	SP; PA
VIRACEPT TABS 250 MG	P	QL(9 ea daily)	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
VIREAD POWD	P	QL(240 gm per 30 day(s) retail)	SOFOSBUVIR/VELPATA SVIR TABS	P	QL(1 ea daily); SP; PA
VIREAD TABS (Use tenofovir disoproxil fumarate)	NP	QL(1 ea daily)	SOVALDI TABS	P	SP; PA
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)	VEMLIDY	P	SP; PA
ZIAGEN SOLN (Use abacavir sulfate)	NP	QL(30 ml daily)	Herpes Agents		
ZIAGEN TABS (Use abacavir sulfate)	NP	QL(2 ea daily)	acyclovir CAPS	P	QL(50 ea per 30 day(s) retail)
zidovudine CAPS	P	QL(6 ea daily)	acyclovir SUSP	P	QL(400 ml per 30 day(s) retail)
zidovudine SYRP	P	QL(60 ml daily)	acyclovir TABS OR 800 MG	P	QL(50 ea per 30 day(s) retail)
zidovudine TABS	P	QL(2 ea daily)	acyclovir TABS OR 400 MG	P	QL(3 ea daily)
Antiviral Combinations			famciclovir	P	
			valacyclovir hcl 1 GM, 1000 MG	P	QL(42 ea per 21 day(s) retail)
			valacyclovir hcl 500 MG	P	QL(2 ea daily)
			VALTREX 1 GM (Use valacyclovir hcl)	NP	QL(42 ea per 21 day(s) retail)
			VALTREX 500 MG (Use valacyclovir hcl)	NP	QL(2 ea daily)

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ZOVIRAX SUSP (<i>Use acyclovir</i>)	NP	QL(400 ml per 30 day(s) retail)	COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NP	QL(3 ea daily)
Influenza Agents			COREG CR (<i>Use carvedilol phosphate</i>)	NP	QL(1 ea daily)
<i>oseltamivir phosphate CAPS 30 MG</i>	P	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>labetalol hcl TABS 200 MG</i>	P	QL(6 ea daily)
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	P	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>labetalol hcl TABS 100 MG</i>	P	QL(3 ea daily)
<i>oseltamivir phosphate SUSR</i>	P	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>labetalol hcl TABS 300 MG</i>	P	QL(8 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 (<i>Use oseltamivir phosphate</i>)	NP	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>acebutolol hcl CAPS</i>	P	
TAMIFLU CAPS 45 MG, 75 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>atenolol TABS</i>	P	QL(2 ea daily)
TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NP	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>bisoprolol fumarate</i>	P	QL(1 ea daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure			LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4 ea daily)
Alpha-Beta Blockers			LOPRESSOR TABS 100 MG (<i>Use 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 25 MG, 50 MG</i>	P	QL(4 ea daily)
COREG 25 MG (<i>Use carvedilol</i>)	NP	QL(4 ea daily)	<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 ea daily)
			TENORMIN TABS (<i>Use atenolol</i>)	NP	QL(2 ea daily)
			TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NP	QL(4 ea daily)
			TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NP	QL(2 ea daily)
			Beta Blockers Non-Selective		
			BETAPACE AF (<i>Use sotalol hcl (afib/afll)</i>)	NP	QL(2 ea daily)

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

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VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily)
VERELAN CP24 (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily)

CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm

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	

CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions

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

Drug Name	Drug Tier	Requirements/ Limits
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 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

Drug Name	Drug Tier	Requirements/ Limits
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 Stimulator		
ADEMPAS	P	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 ea daily); SP; PA
VYNDAQEL	P	QL(4 ea daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil 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	
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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
CHEMICALS		
Bulk Chemicals - O's		
OMEPRAZOLE	P	PA
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & 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)
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 ea daily)
GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	NP	
<i>levonorgestrel & 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 levonorgestrel-ethinyl estradiol (91-day))	NF	
MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	NP	

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Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	
<i>norethindrone & eth estradiol</i>	P	
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	
<i>norgestimate-ethinyl estradiol</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 ea daily)
QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 ea per fill retail)
TYBLUME CHEW	P	
YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 ea per 28 day(s) 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		

Drug Name	Drug Tier	Requirements/ Limits
ELLA	P	QL(4 ea per 365 day(s) retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(1 ea per 21 day(s) retail)
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>)	NP	QL(1 ea per 21 day(s) retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	
OPILL	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (Use <i>hydrocortisone</i>)	NP	
CORTISONE ACETATE TABS	P	
<i>deflazacort SUSP</i>	P	SP; PA
<i>deflazacort TABS</i>	P	SP; PA

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DEXAMETHASONE SODIUM PHOSPHATE +RFID SOSY IJ 4 MG/ML	P	QL(150 ml per 30 day(s) retail)	<i>prednisone TBPk</i>	P	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(150 ml per 30 day(s) retail)	TARPEYO CPDR	P	SP; PA
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	P	QL(150 ml per 30 day(s) retail)	ZILRETTA SRER	P	SP; PA
<i>dexamethasone ELIX</i>	P		Mineralocorticoids		
<i>dexamethasone SOLN</i>	P		<i>fludrocortisone acetate TABS</i>	P	
<i>dexamethasone TABS</i>	P		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
EMFLAZA SUSP	P	SP; PA	Antitussives		
EMFLAZA TABS (Use deflazacort)	NP	SP; PA	<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old - Up to 21 yrs old)
<i>hydrocortisone TABS</i>	P		<i>benzonatate 200 MG</i>	P	QL(30 ea per 30 day(s) retail); AL(At least 10 yrs old - Up to 21 yrs old)
MEDROL DOSEPAK TBPk (Use methylprednisolone)	NP		DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)	NP	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
MEDROL TABS 4 MG, 8 MG (Use methylprednisolone)	NP		DELSYM SUER (Use dextromethorphan polistirex)	NP	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>methylprednisolone TABS 4 MG, 8 MG</i>	P		<i>dextromethorphan hbr LIQD 7.5 MG/5ML</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>methylprednisolone TBPk</i>	P		<i>dextromethorphan polistirex LQCR</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NP		<i>dextromethorphan polistirex SUER</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ml per fill retail)	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	NP	AL(At least 18 yrs old - Up to 21 yrs old)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML</i>	P		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
<i>prednisolone SOLN</i>	P				
<i>prednisolone TABS</i>	P				
PREDNISON INTENSOL CONC	P				
<i>prednisone SOLN</i>	P				
<i>prednisone TABS</i>	P				

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TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr)	NP	OTC; QL(240 ml per 7 day(s) retail); 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)
Cough/Cold/Allergy Combinations			dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
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-200 MG/10ML-20 MG/10ML	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
brompheniramine & phenyleph ELIX	P	OTC; QL(120 ml per 30 day(s) 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 day(s) 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 day(s) 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 day(s) 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 SOLN	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 SYRP	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)	LOHIST-D LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
dextromethorphan-doxylamine-acetaminophen LIQD	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 100 MG/5ML-5 MG/5ML, 200 MG/5ML-200 MG/5ML-30 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML	P	OTC; AL(Up to 21 yrs old)	loratadine & pseudoephedrine TB24	P	OTC; QL(1 ea daily); AL(Up to 21 yrs old)
			MAXI-TUSS PE MAX LIQD	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXI-TUSS PE LIQD	P	AL(Up to 21 yrs old)	<i>promethazine-phenylephrine-codeine</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
MUCINEX D MAXIMUM STRENGTH TB12 (<i>Use pseudoephedrine-guaifenesin</i>)	NF		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
MUCINEX DM MAXIMUM STRENGTH TB12 (<i>Use dextromethorphan-guaifenesin</i>)	NF		<i>pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
MUCINEX DM TB12 (<i>Use dextromethorphan-guaifenesin</i>)	NP	QL(2 ea daily); AL(Up to 21 yrs old)	<i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
MUCINEX D TB12 (<i>Use pseudoephedrine-guaifenesin</i>)	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old)	<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	P	QL(210 ea per fill retail); AL(Up to 21 yrs old)
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	<i>pseudoephedrine-ibuprofen TABS</i>	P	OTC; AL(Up to 21 yrs old)
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	PX DAYTIME MULTI-SYMPTOM CAPS	P	OTC; AL(Up to 21 yrs old)
<i>phenylephrine-dm SOLN</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	PX NITETIME MULTI-SYMPTOM CAPS	P	OTC; QL(240 ea per fill retail); AL(Up to 21 yrs old)
<i>promethazine & phenylephrine SYRP</i>	P	QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	QC TRIACTING DAYTIME CHILDRENS SYRP	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>promethazine w/codeine SOLN</i>	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)
<i>promethazine w/codeine SYRP</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)	SCOT-TUSSIN SENIOR LIQD	P	OTC; AL(Up to 21 yrs old)
<i>promethazine-dm SYRP</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
			WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine)	NP	AL(Up to 21 yrs old)	Acne Products		
ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	NP	AL(Up to 21 yrs old)	ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin)	NP	QL(2 ea daily); AL(At least 12 yrs old); PA
Expectorants			ACNE MEDICATION 10 LOTN	P	OTC
GERI-TUSSIN SYRP	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	ACNE MEDICATION 5 LOTN	P	OTC
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML	P	QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	NP	RX/OTC
guaifenesin SYRP	P	QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	benzoyl peroxide BAR	P	
guaifenesin TB12 600 MG	P	QL(40 ea per 30 day(s) retail); AL(Up to 21 yrs old)	benzoyl peroxide GEL 2.5 %, 5 %, 10 %	P	
guaifenesin TB12 1200 MG	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	benzoyl peroxide LIQD 4 %, 5 %, 10 %	P	
MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP	
MUCINEX TB12 (Use guaifenesin)	NP	QL(40 ea per 30 day(s) retail); AL(Up to 21 yrs old)	CLINDAGEL GEL (Use clindamycin phosphate (topical))	NP	QL(60 ml per fill retail)
Misc. Respiratory Inhalants			clindamycin phosphate (topical) GEL	P	QL(60 gm per fill retail)
sodium chloride (inhalant) AERS	P	OTC; QL(240 ml per fill retail)	clindamycin phosphate (topical) LOTN	P	
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	P		clindamycin phosphate (topical) SOLN	P	
Mucolytics			DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	NP	RX/OTC
acetylcysteine SOLN	P		ERYGEL GEL (Use erythromycin (acne aid))	NP	QL(60 gm per fill retail)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			erythromycin (acne aid) GEL	P	QL(60 gm per fill retail)
			erythromycin (acne aid) SOLN	P	
			isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	P	QL(2 ea daily); AL(At least 12 yrs old); PA
			KLARON (Use sulfacetamide sodium (acne))	NP	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) OINT</i>	P	QL(30 gm per fill retail)	LEVULAN KERASTICK SOLR	P	SP; PA
<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 & 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 & 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			DOVONEX CREA (Use <i>calcipotriene</i>)	NP	
<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 gm daily); 2 max fill(s) per 30 day(s) retail; RX/OTC	ILUMYA	P	SP; PA
VOLTAREN ARTHRITIS PAIN GEL EX (Use <i>diclofenac sodium (topical)</i>)	NP	QL(6.68 gm daily); 2 max fill(s) per 30 day(s) retail; RX/OTC	SKYRIZI PEN SOAJ	P	SP; ST; PA
Antineoplastic or Premalignant Lesion Agents - Topical			SKYRIZI PSKT	P	SP; PA
<i>bexarotene (topical)</i>	P	SP; PA	SKYRIZI SOSY	P	SP; PA
CARAC CREA (Use <i>fluorouracil (topical)</i>)	NP		STELARA SOSY	P	SP; PA
EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NP	QL(40 gm per 30 day(s) retail)	TALTZ SOAJ	P	SP; PA
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 gm per 30 day(s) retail)	TALTZ SOSY	P	SP; PA
<i>fluorouracil (topical) CREA 0.5 %</i>	P		<i>tazarotene CREA</i>	P	QL(2 gm daily); AL(Up to 20 yrs old)
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ml per 30 day(s) retail)	<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
			TREMFYA SOSY	P	SP; PA
			Antiseborrheic Products		

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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 package(s) per 30 day(s) retail
selenium sulfide LOTN 2.5 %	P		betamethasone dipropionate augmented CREA	P	QL(50 gm per fill retail)
selenium sulfide LOTN 1 %	P	OTC; QL(420 ml per fill retail)	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 day(s) 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 day(s) retail)	desoximetasone CREA 0.05 %	P	
Burn Products			desoximetasone CREA 0.25 %	P	QL(2 gm daily)
SILVADENE (Use silver sulfadiazine)	NP		desoximetasone GEL	P	QL(2 gm daily)
silver sulfadiazine	P		desoximetasone OINT 0.25 %	P	QL(2 gm daily)
			EPIFOAM FOAM	P	QL(15 gm per fill retail)
			fluocinolone acetonide OIL	P	QL(118.28 ml per fill retail)

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<i>fluocinonide emulsified base</i>	P	QL(60 gm per fill retail)	TOPICORT CREA 0.05 % (Use desoximetasone)	NP	
<i>fluocinonide CREA 0.05 %</i>	P	QL(150 gm per 30 day(s) retail); 1 package(s) per fill retail	TOPICORT CREA 0.25 % (Use desoximetasone)	NP	QL(2 gm daily)
<i>fluocinonide GEL</i>	P	QL(60 gm per fill retail)	TOPICORT GEL (Use desoximetasone)	NP	QL(2 gm daily)
<i>fluocinonide OINT</i>	P	QL(60 gm per fill retail)	TOPICORT OINT 0.25 % (Use desoximetasone)	NP	QL(2 gm daily)
<i>fluocinonide SOLN</i>	P	QL(60 ml per fill retail)	<i>triamcinolone acetonide (topical) CREA</i>	P	
<i>fluticasone propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)	<i>triamcinolone acetonide (topical) LOTN</i>	P	QL(60 ml per fill retail)
<i>fluticasone propionate OINT</i>	P	QL(60 gm per fill retail)	<i>triamcinolone acetonide (topical) OINT 0.025 %</i>	P	QL(454 gm per fill retail)
HYDROCORT LOTION COMPLETEKIT THPK	NP		<i>triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %</i>	P	
<i>hydrocortisone (topical) CREA 1 %</i>	P	QL(454 gm per fill retail); RX/OTC	TRIDESILON CREA 0.05 % (Use desonide)	NP	
<i>hydrocortisone (topical) CREA 2.5 %</i>	P		Eczema Agents		
<i>hydrocortisone (topical) CREA 0.5 %</i>	P	OTC	ADBRY	P	SP; PA
<i>hydrocortisone (topical) LOTN 1 %</i>	P	QL(453.6 gm per fill retail)	CIBINQO	P	SP; PA
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(120 ml per fill retail)	Emollient/Keratolytic Agents		
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC	<i>urea CREA 40 %</i>	P	RX/OTC
<i>hydrocortisone butyrate SOLN</i>	P		<i>urea LOTN 40 %</i>	P	
HYDROCORTISONE COMPLETE KIT THPK	NP		Emollients		
<i>mometasone furoate CREA</i>	P	QL(50 gm per fill retail)	EMOLLIENT LOTION-MISC	P	RX/OTC
<i>mometasone furoate OINT</i>	P	QL(45 gm per fill retail)	<i>lactic acid (ammonium lactate) CREA</i>	P	QL(385 gm per fill retail); RX/OTC
<i>mometasone furoate SOLN</i>	P	QL(60 ml per fill retail)	<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 gm per fill retail); RX/OTC
TEMOVATE CREA (Use clobetasol propionate)	NP	QL(60 gm per fill retail)	Immunomodulating Agents - Topical		
			<i>imiquimod 5 %</i>	P	QL(48 ea per 180 day(s) retail)
			Immunosuppressive Agents - Topical		

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ELIDEL (Use pimecrolimus)	NP	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA	dibucaine	P	OTC; QL(56.7 gm per fill retail)
pimecrolimus	P	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA	lidocaine hcl CREA 3 %	P	QL(453.6 gm per fill retail)
tacrolimus (topical) OINT 0.1 %	P	QL(30 gm per 30 day(s) retail); AL(At least 16 yrs old); PA	lidocaine hcl CREA 4 %	P	OTC; QL(2 gm daily)
tacrolimus (topical) OINT 0.03 %	P	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA	lidocaine hcl GEL 2 %	P	AL(At least 21 yrs old)
Keratolytic/Antimitotic/Vesicant Agents			lidocaine CREA 4 %	P	OTC; QL(2 gm daily)
DERMAREST PSORIASIS GEL	P	OTC	lidocaine OINT	P	QL(100 gm per 30 day(s) retail); 1 package(s) per fill retail
KERALYT GEL	P	OTC	lidocaine-prilocaine CREA	P	QL(30 gm per fill retail)
KERALYT GEL (Use salicylic acid)	NP		LMX 4 CREA (Use lidocaine)	NP	OTC; QL(2 gm daily)
podofilox SOLN	P		RA ARTHRITIS PAIN RELIEF CREA	P	OTC; QL(60 gm per fill retail)
salicylic acid GEL 6 %	P		Misc. Topical		
Local Anesthetics - Topical			DRYSOL SOLN	P	
capsaicin CREA 0.1 %	P	OTC; QL(43 gm per fill retail)	lanolin (topical) CREA	P	OTC
capsaicin CREA 0.025 %, 0.075 %	P	OTC; QL(60 gm per fill retail)	lanolin (topical) OINT	P	OTC
CAPZASIN-HP CREA (Use capsaicin)	NP	OTC; QL(43 gm per fill retail)	LANOLOR CREA	P	OTC
CAPZASIN-P CREA	P	OTC; QL(42.5 gm per fill retail)	OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
CASTIVA WARMING LOTN	P	OTC; QL(30 gm per fill retail)	OFF DEEP WOODS DRY AERO	P	OTC;QL(113 gm per fill retail,226 gm per 30 days retail)
			REPEL SPORTSMEN MAX LOTN	NP	
			SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP	

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ULTRATHON INSECT REPELLENT 8 AERO	P	OTC; QL(170 gm per fill retail, 340 gm per 30 days retail)	<i>pyrethrins-piperonyl butoxide LIQD</i>	P	OTC
ULTRATHON INSECT REPELLENT LOTN	P	OTC; QL(57 gm per fill retail; 114 gm per 30 day(s) retail)	<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	OTC
<i>zinc oxide (topical) OINT 20 %</i>	P	OTC; QL(500 gm per fill retail)	<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	OTC
Rosacea Agents			RID ESSENTIAL LICE ELIMINATION KIT KIT EX	P	OTC
METROCREAM CREA (Use metronidazole (topical))	NP		SCHOOLTIME SHAMPOO SHAM	P	OTC; QL(1 ml per 14 day(s) retail)
METROLOTION LOTN (Use metronidazole (topical))	NP		<i>spinosad</i>	P	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 day(s) retail)
<i>metronidazole (topical) CREA</i>	P		Tar Products		
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 gm per fill retail)	<i>coal tar extract SHAM 0.5 %</i>	P	OTC
<i>metronidazole (topical) LOTN</i>	P		DHS TAR GEL SHAM (Use coal tar extract)	NP	OTC
Scabicides & Pediculicides			DHS TAR SHAM (Use coal tar extract)	NP	OTC
<i>crotamiton LOTN</i>	P	QL(454 gm per fill retail)	NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	NP	OTC
LICEMD GEL	P	OTC	Wound Care Products		
<i>malathion</i>	P	QL(59 ml per fill retail)	AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	P	SP; PA
NATROBA (Use <i>spinosad</i>)	NP	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 day(s) retail)	APLIGRAF DISK	P	PA
NIX CREME RINSE LIQD EX (Use <i>permethrin</i>)	NP	OTC	CORETEXT SUSP 1 ML, 2 ML	P	PA
OVIDE (Use <i>malathion</i>)	NP	QL(59 ml per fill retail)	EPICORD/ 1CM X 2CM SHEE	P	PA
<i>permethrin CREA</i>	P	QL(360 gm per fill retail)	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P	PA
<i>permethrin LIQD EX</i>	P	OTC			

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MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P	PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P	PA	NOVACHOR	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P	PA	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	P	PA	OASIS WOUND MATRIX	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	P	PA	OSTEOCONDUCTIVE MATRIX PLUS	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	P	PA	PROTEXT SUSP	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	P	PA	PURAPLY 2CM X 4CM	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	P	PA	PURAPLY 5CM X 5 CM	P	PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P	PA	PURAPLY 6CM X 9CM	P	PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	P	PA	DIAGNOSTIC PRODUCTS		
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	P	PA	Diagnostic Drugs		
			CORTROSYN SOLR (<i>Use cosyntropin</i>)	NP	SP; PA
			<i>cosyntropin</i> SOLR	P	SP; PA
			THYROGEN 0.9 MG	P	SP; PA
			Diagnostic Tests		
			ACCU-CHEK GUIDE TEST STRIPS STRP	NP	RX/OTC
			ADVIN COVID-19 ANTIGEN HOME TEST KIT	NP	
			BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	QL(2 ea per fill retail)
			BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC
			BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC
			CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
			CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)

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CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP-K STRP	P	OTC; QL(6.67 ea daily)	FORA GTEL BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)	FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	P	OTC; QL(1 ea daily)
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	NP		FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
COVID-19 AG TEST KIT	NP		FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
COVID-19 AT-HOME TEST KIT KIT	NP		GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	NP	
COVID-19 AT-HOME TEST KIT KIT	P	QL(2 ea per fill retail)	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	NP	
CVS COVID-19 AT HOME TESTKIT KIT	NP		GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY MAX BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC	GOJJI BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	NP	
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC	IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	QL(2 ea per fill retail)
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	NP	
ELLUME COVID-19 HOME TEST KIT	P	QL(2 ea per fill retail)	INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 ea per fill retail)
EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC	KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	KETONE STRP	P	OTC; QL(6.67 ea daily)
FASTEP COVID-19 ANTIGEN HOME TEST KIT	NP		KETOSTIX STRP	P	OTC; QL(6.67 ea daily)
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)	MM BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC

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NOVA MAX PLUS KETONE TESTSTRIPS	P	OTC; QL(1 ea daily)
OHC COVID-19 ANTIGEN SELF TEST KIT	NP	
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	QL(2 ea per fill retail)
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	NP	
ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips; RX/OTC
ONETOUCH ULTRA STRP	P	RX/OTC
ONETOUCH ULTRA STRP	NP	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	Clinical Edit: Test Strips; RX/OTC
PILOT COVID-19 AT-HOME TEST KIT	NP	
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
PRECISION XTRA	P	OTC; QL(1 ea daily)
PTS PANELS EGLU STRP	NP	RX/OTC
PTS PANELS KETONE TEST	P	OTC; QL(1 ea daily)
QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	NP	
RELION KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

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SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP	
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	
<i>acetazolamide TABS</i>	P	
<i>dichlorphenamide</i>	P	SP; PA
KEVEYIS (Use <i>dichlorphenamide</i>)	NP	SP; PA
<i>methazolamide TABS</i>	P	
Diuretic Combinations		
ALDACTAZIDE (Use <i>spironolactone & hydrochlorothiazide</i>)	NP	
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 ea daily)
MAXZIDE-25 TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NP	
MAXZIDE TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NP	
<i>spironolactone & hydrochlorothiazide</i>	P	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	
<i>triamterene & hydrochlorothiazide TABS</i>	P	
Loop Diuretics		

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<i>bumetanide TABS</i>	P		<i>alendronate sodium TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)
BUMEX TABS 0.5 MG (Use <i>bumetanide</i>)	NP		<i>ATELVIA TBEC (Use risedronate sodium)</i>	NP	QL(4 ea per 28 day(s) retail); PA
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P		<i>calcitonin (salmon) IJ</i>	P	QL(2 ml per fill retail)
<i>furosemide TABS</i>	P		<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail
LASIX TABS (Use <i>furosemide</i>)	NP		EVENITY	P	SP; PA
SOAANZ TABS 20 MG	NP	QL(1 ea daily)	FORTEO SOPN (Use <i>teriparatide (recombinant)</i>)	NP	SP; PA
<i>toremide TABS</i>	P	QL(1 ea daily)	FOSAMAX TABS 70 MG (Use <i>alendronate sodium</i>)	NP	QL(0.15 ea daily)
Potassium Sparing Diuretics			<i>ibandronate sodium SOLN</i>	P	SP; PA
ALDACTONE TABS (Use <i>spironolactone</i>)	NP		MIACALCIN IJ (Use <i>calcitonin (salmon)</i>)	NP	QL(2 ml per fill retail)
<i>amiloride hcl TABS</i>	P	QL(4 ea daily)	NATPARA	P	SP; PA
<i>spironolactone TABS</i>	P		<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	P	SP; PA
Thiazides and Thiazide-Like Diuretics			PAMIDRONATE DISODIUM SOLN	P	SP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	P		PROLIA SOSY	P	SP; PA
<i>hydrochlorothiazide CAPS</i>	P		RECLAST SOLN (Use <i>zoledronic acid</i>)	NP	SP; PA
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	P		<i>risedronate sodium TABS 5 MG, 30 MG</i>	P	QL(1 ea daily); PA
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P		<i>risedronate sodium TABS 35 MG</i>	P	QL(4 ea per fill retail); PA
<i>metolazone</i>	P		<i>risedronate sodium TBEC</i>	P	QL(4 ea per 28 day(s) retail); PA
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones			<i>teriparatide (recombinant) SOPN</i>	P	SP; PA
Adrenal Steroid Inhibitors			TERIPARATIDE SOPN	P	SP; PA
ISTURISA	P	SP; PA	TYMLOS	P	SP; PA
RECORLEV	P	SP; PA	XGEVA SOLN	P	SP; PA
Bone Density Regulators			<i>zoledronic acid CONC</i>	P	SP; PA
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NP	QL(4 ea per fill retail); PA	<i>zoledronic acid SOLN</i>	P	SP; 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)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOLEDRONIC ACID SOLN	P	SP; PA	Hormone Receptor Modulators		
Fertility Regulators			EVISTA (Use raloxifene hcl)	NP	QL(1 ea daily)
CHORIONIC GONADOTROPIN IM	P	PA	raloxifene hcl	P	QL(1 ea daily)
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA	Insulin-Like Growth Factor Receptor Inhibitors		
GONAL-F RFF REDIJECT SOPN	P	PA	TEPEZZA	P	SP; PA
GONAL-F RFF SOLR SC	P	PA	Insulin-Like Growth Factors (Somatomedins)		
GONAL-F SOLR IJ	P	PA	INCRELEX	P	SP; PA
MENOPUR SC	P	PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
NOVAREL IM 5000 UNIT	P	PA	FENSOLVI SC	P	SP; PA
OVIDREL INJ	P	PA	LUPRON DEPOT-PED (1-MONTH)	P	SP; PA
PREGNYL IM	P	PA	LUPRON DEPOT-PED (3-MONTH)	P	SP; PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	P	PA	SUPPRELIN LA	P	SP; PA
GnRH/LHRH Antagonists			SYNAREL	P	SP; PA
cetorelix acetate	P	PA	TRIPTODUR	P	SP; PA
CETROTIDE 0.25 MG	P	PA	Metabolic Modifiers		
ganirelix acetate	P	PA	ALDURAZYME	P	SP; PA
GANIRELIX ACETATE (Use ganirelix acetate)	NP	PA	betaine	P	SP; PA
Growth Hormone Receptor Antagonists			BRINEURA	P	SP; PA
SOMAVERT	P	SP; PA	BUPHENYL POWD (Use sodium phenylbutyrate)	NP	SP; PA
Growth Hormones			BUPHENYL TABS (Use sodium phenylbutyrate)	NP	SP; PA
NORDITROPIN FLEXPOR SOPN	P	SP; PA	calcitriol CAPS	P	
SAIZEN IJ	P	SP; PA	CARBAGLU (Use carglumic acid)	NP	SP; PA
SAIZENPREP RECONSTITUTIONKIT IJ	P	SP; PA	carglumic acid	P	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	P	SP; PA	CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)
SKYTROFA	P	SP; PA	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)
ZORBTIVE SC	P	SP; PA			

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CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NP	QL(3 ea daily)	sapropterin dihydrochloride TABS	P	SP; PA
cinacalcet hcl	P	SP; PA	SENSIPAR (Use cinacalcet hcl)	NP	SP; PA
CRYSVITA	P	SP; PA	sodium phenylbutyrate POWD	P	SP; PA
CYSTADANE (Use betaine)	NP	SP; PA	sodium phenylbutyrate TABS	P	SP; PA
ELAPRASE	P	SP; PA	STRENSIQ	P	SP; PA
GALAFOLD	P	QL(0.5 ea daily); SP; PA	VIMIZIM	P	SP; PA
KANUMA	P	SP; PA	XURIDEN	P	SP; PA
KUVAN PACK (Use sapropterin dihydrochloride)	NP	SP; PA	ZEMPLAR SOLN (Use paricalcitol)	NP	SP; PA
KUVAN TABS (Use sapropterin dihydrochloride)	NP	SP; PA	Natriuretic Peptides		
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	P	QL(30 ml daily)	VOXZOGO	P	SP; PA
levocarnitine (metabolic modifiers) TABS	P	QL(3 ea daily)	Posterior Pituitary Hormones		
LUMIZYME	P	SP; PA	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NP	SP; PA
MEPSEVII	P	SP; PA	DDAVP TABS (Use desmopressin acetate)	NP	QL(6 ea daily)
MYALEPT	P	SP; PA	desmopressin acetate spray	P	QL(5 ml per fill retail)
NAGLAZYME	P	SP; PA	desmopressin acetate spray refrigerated	P	QL(5 ml per fill retail)
NEXVIAZYME	P	SP; PA	desmopressin acetate SOLN IJ	P	SP; PA
nitisinone CAPS	P	SP; PA	DESMOPRESSIN ACETATE SOLN NA	P	SP; PA
NITYR TABS	P	SP; PA	desmopressin acetate TABS	P	QL(6 ea daily)
NULIBRY	P	SP; PA	STIMATE SOLN NA	P	SP; PA
ORFADIN CAPS (Use nitisinone)	NP	SP; PA	Somatostatic Agents		
ORFADIN SUSP	P	SP; PA	octreotide acetate SOLN	P	SP; PA
PALYNZIQ	P	SP; PA	SANDOSTATIN LAR DEPOT KIT	P	SP; PA
paricalcitol SOLN	P	SP; PA	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	NP	SP; PA
PARSABIV	P	SP; PA			
REVCovi	P	SP; PA			
ROCALtrol CAPS (Use calcitriol)	NP				
sapropterin dihydrochloride PACK	P	SP; PA			

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Drug Name	Drug Tier	Requirements/ Limits
SIGNIFOR	P	SP; PA
SIGNIFOR LAR	P	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	P	SP; PA
JYNARQUE TBPk	P	SP; PA
SAMSCA TABS (Use <i>tolvaptan</i>)	NP	SP; PA
<i>tolvaptan</i> TABS	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (Use <i>estradiol & norethindrone acetate</i>)	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 day(s) retail)
<i>estradiol & norethindrone acetate</i> TABS	P	QL(1 ea daily)
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPHASE	P	
PREMPRO	P	
Estrogens		
ALORA PTTW	P	QL(8 ea per fill retail)
CLIMARA PTWK (Use <i>estradiol</i>)	NP	QL(4 ea per fill retail)
ESTRACE TABS (Use <i>estradiol</i>)	NP	
<i>estradiol</i> PTTW	P	QL(8 ea per fill retail)
<i>estradiol</i> PTWK	P	QL(4 ea per fill retail)
<i>estradiol</i> TABS	P	
MINIVELLE PTTW (Use <i>estradiol</i>)	NP	QL(8 ea per fill retail)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW (Use <i>estradiol</i>)	NP	QL(8 ea per fill retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/ Limits
Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl</i> TABS 250 MG, 500 MG, 750 MG	P	
<i>ciprofloxacin hcl</i> TABS 100 MG	P	QL(6 ea per fill retail)
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i>)	NP	
<i>levofloxacin</i> TABS	P	QL(1 ea daily; 14 ea per fill retail)
<i>ofloxacin</i> 400 MG	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use <i>simethicone</i>)	NP	OTC; QL(31 ml per 30 day(s) retail)
MYLICON INFANTS GAS RELIEF SUSP (Use <i>simethicone</i>)	NP	OTC; QL(31 ml per 30 day(s) retail)
<i>simethicone</i> CHEW 80 MG	P	OTC
<i>simethicone</i> LIQD OR 20 MG/0.3ML	P	OTC; QL(31 ml per 30 day(s) retail)
<i>simethicone</i> SUSP	P	OTC; QL(31 ml per 30 day(s) retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	P	SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	P	QL(1 ea daily); SP; PA
Gallstone Solubilizing Agents		
CHENODAL	P	SP; PA
URSO 250 TABS (Use <i>ursodiol</i>)	NP	QL(7 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>ursodiol CAPS</i>	P	
<i>ursodiol TABS 250 MG</i>	P	QL(7 ea daily)
Gastrointestinal Stimulants		
GIMOTI SOLN NA	P	SP; PA
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NP	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	P	SP; PA
BYLVAY CAPS	P	SP; PA
LIVMARLI	P	SP; PA
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NP	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	
AVSOLA	P	SP; PA
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	P	QL(9 ea daily)
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	QL(9 ea daily)
DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
ENTYVIO SOLR	P	SP; PA
INFLECTRA SOLR	P	SP; PA
INFLIXIMAB	P	SP; PA
LIALDA TBEC (<i>Use mesalamine</i>)	NP	
<i>mesalamine CP24</i>	P	
<i>mesalamine CPDR</i>	P	
<i>mesalamine ENEM</i>	P	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine TBEC</i>	P	
REMICADE	P	SP; PA
RENFLEXIS	P	SP; PA
SFROWASA ENEM	P	
STELARA 130 MG/26ML	P	SP; PA
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	P	
Short Bowel Syndrome (SBS) Agents		
GATTEX	P	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	P	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS -		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	P	
<i>sodium citrate & citric acid</i>	P	QL(500 ml per 30 day(s) retail); RX/OTC
<i>sodium citrate & citric acid</i>	NP	RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP; PA
PROCYSBI CPDR	P	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
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 (Use <i>tamsulosin hcl</i>)	NP	QL(2 ea daily)
PROSCAR (Use <i>finasteride</i>)	NP	QL(1 ea daily)
<i>tamsulosin hcl</i>	P	QL(2 ea daily)
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (Use <i>phenazopyridine hcl</i>)	NF	
<i>phenazopyridine hcl</i> TABS 100 MG, 100 MG, 200 MG	P	
PYRIDIUM TABS (Use <i>phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		
THIOLA EC TBEC (Use <i>tiopronin</i>)	NP	SP; PA
THIOLA TABS (Use <i>tiopronin</i>)	NP	SP; PA
<i>tiopronin</i> TABS	P	SP; PA
<i>tiopronin</i> TBEC	P	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	P	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol</i>	P	
<i>colchicine</i> TABS	P	QL(6 ea per fill retail)
COLCRYS TABS (Use <i>colchicine</i>)	NP	QL(6 ea per fill retail)
KRYSTEXXA	P	SP; PA
ZYLOPRIM (Use <i>allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
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 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	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

Drug Name	Drug Tier	Requirements/ Limits
JIVI	P	SP; PA
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
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 (Use <i>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
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 (Use <i>prasugrel hcl</i>)	NP	QL(1 ea daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	P	QL(1 ea daily)
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	P	SP; PA
PYRUKYND TABS	P	SP; PA
Thrombolytic Agent - Misc		
DEFITELIO	P	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA

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CEREZYME 400 UNIT	P	SP; PA
<i>miglustat</i>	P	SP; PA
ZAVESCA (<i>Use miglustat</i>)	NP	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
ENDARI	P	SP; PA
OXBRYTA TABS 500 MG	P	SP; PA
OXBRYTA TBSO	P	SP; PA
SIKLOS TABS	P	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	QL(10 ml per 270 day(s) retail)
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	P	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	OTC; QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP; PA
ARANESP ALBUMIN FREE SOSY	P	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA
GRANIX SOLN	P	SP; PA
GRANIX SOSY	P	SP; PA
LEUKINE SOLR IJ	P	SP; PA
MIRCERA	P	SP; PA
MULPLETA	P	SP; PA
NEUPOGEN SOLN	P	SP; PA
NEUPOGEN SOSY	P	SP; PA
NIVESTYM SOLN	P	SP; PA
NIVESTYM SOSY	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
NYVEPRIA	P	SP; PA
PROCRIT	P	SP; PA
PROCRIT	P	SP; PA
RELEUKO SOLN	P	SP; PA
RELEUKO SOSY	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NP	OTC; QL(3.4 ml daily)
FERRETTES TABS	P	OTC; QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	P	OTC; QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	OTC; QL(100 ea per 30 day(s) retail); AL(Up to 50 yrs old)
<i>ferrous sulfate SOLN 15 MG/ML</i>	P	OTC; QL(3.4 ml daily)
<i>ferrous sulfate SOLN 44 MG/5ML, 220 MG/5ML, 300 MG/6.8ML</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate TBEC</i>	P	OTC; AL(Up to 50 yrs old)
FERROUS SULFATE TBEC (<i>Use ferrous sulfate</i>)	NP	OTC; AL(Up to 50 yrs old)
IRON CHEWS PEDIATRIC CHEW	P	OTC
IRON TABS 28 MG	P	OTC
<i>polysaccharide iron complex CAPS 150 MG</i>	P	QL(1 ea daily)
Stem Cell Mobilizers		

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MOZOBIL (Use <i>plerixafor</i>)	NP	SP; PA	UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl</i> (sleep))	NP	OTC
<i>plerixafor</i>	P	SP; PA	UNISOM SLEEPTABS (Use <i>doxylamine succinate</i> (sleep))	NP	OTC
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			Barbiturate Hypnotics		
Hemostatics - Systemic			<i>phenobarbital ELIX</i>	P	
AMICAR SOLN OR (Use <i>aminocaproic acid</i>)	NP	QL(236.5 ml per 30 day(s) retail); SP	<i>phenobarbital TABS</i>	P	
AMICAR TABS 500 MG (Use <i>aminocaproic acid</i>)	NP	QL(24 ea per fill retail); SP	Non-Barbiturate Hypnotics		
AMICAR TABS 1000 MG (Use <i>aminocaproic acid</i>)	NP	SP; PA	AMBIEN TABS (Use <i>zolpidem tartrate</i>)	NP	QL(14 ea per 31 day(s) retail); AL(At least 21 yrs old)
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	P	QL(236.5 ml per 30 day(s) retail); SP	<i>flurazepam hcl</i>	P	AL(At least 18 yrs old - Up to 65 yrs old)
<i>aminocaproic acid SOLN IV 250 MG/ML</i>	P	SP; PA	HALCION 0.25 MG (Use <i>triazolam</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>aminocaproic acid TABS 1000 MG</i>	P	SP; PA	<i>midazolam hcl SOLN IJ</i>	P	
<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 ea per fill retail); SP	RESTORIL 15 MG, 30 MG (Use <i>temazepam</i>)	NP	AL(At least 18 yrs old)
LYSTEDA TABS (Use <i>tranexamic acid</i>)	NP	QL(30 ea per 7 day(s) retail); AL(At least 12 yrs old)	<i>temazepam 15 MG, 30 MG</i>	P	AL(At least 18 yrs old)
<i>tranexamic acid TABS</i>	P	QL(30 ea per 7 day(s) retail); AL(At least 12 yrs old)	<i>triazolam</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>zaleplon 5 MG</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
Antihistamine Hypnotics			<i>zaleplon 10 MG</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl</i> (sleep) CAPS 50 MG	P	OTC	<i>zolpidem tartrate TABS</i>	P	QL(14 ea per 31 day(s) retail); AL(At least 21 yrs old)
<i>diphenhydramine hcl</i> (sleep) TABS 25 MG	P	OTC; QL(1 ea daily)	LAXATIVES - Bowel Treatment Drugs		
<i>diphenhydramine hcl</i> (sleep) TABS 50 MG	P	OTC	Bulk Laxatives		
<i>doxylamine succinate</i> (sleep)	P	OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcium polycarbophil TABS</i>	P	OTC; QL(10 ea daily)	Laxatives - Miscellaneous		
<i>EVAC POWD (Use psyllium)</i>	NP	OTC	<i>glycerin (laxative) SUPP 2 GM</i>	P	OTC
<i>METAMUCIL FREE & NATURAL POWD (Use psyllium)</i>	NP		<i>GLYCERIN ADULT SUPP (Use glycerin (laxative))</i>	NP	OTC
<i>METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium)</i>	NP	OTC	<i>lactulose SOLN</i>	P	
<i>METAMUCIL POWD (Use psyllium)</i>	NP	OTC	<i>MIRALAX POWD (Use polyethylene glycol 3350)</i>	NP	QL(34 gm daily)
<i>NATURAL FIBER LAXATIVE POWD</i>	P	OTC	<i>polyethylene glycol 3350 POWD</i>	P	QL(34 gm daily)
<i>psyllium CAPS 0.52 GM</i>	P	OTC	<i>SORBITOL OR 70 %</i>	P	OTC
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 58.6 %, 100 %</i>	P	OTC	Saline Laxatives		
<i>psyllium POWD 43 %</i>	P		<i>FLEET ENEMA ENEM (Use sodium phosphates)</i>	NP	OTC
<i>psyllium POWD 43 %</i>	NP		<i>FLEET PEDIATRIC ENEM (Use sodium phosphates)</i>	NP	OTC
Laxative Combinations			<i>FLEET SALINE ENEMA EXTRAVOLUME ENEM (Use sodium phosphates)</i>	NP	OTC
<i>GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i>	NP	QL(4000 ml per fill retail)	<i>magnesium citrate</i>	P	OTC
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	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 day(s) retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ml per fill retail)	<i>sodium phosphates ENEM</i>	P	OTC
<i>PEG-PREP</i>	P		Stimulant Laxatives		
<i>sennosides-docusate sodium TABS</i>	P	OTC; QL(4 ea daily)	<i>bisacodyl SUPP</i>	P	OTC; QL(12 ea per fill retail)
<i>SENOKOT S TABS (Use sennosides-docusate sodium)</i>	NP	OTC; QL(4 ea daily)	<i>bisacodyl TBEC</i>	P	OTC; QL(1 ea daily)
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P		<i>DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)</i>	NP	OTC; QL(1 ea daily)
<i>SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)</i>	NP		<i>DULCOLAX SUPP (Use bisacodyl)</i>	NP	OTC; QL(12 ea per fill retail)
			<i>DULCOLAX TBEC (Use bisacodyl)</i>	NP	OTC; QL(1 ea daily)
			<i>sennosides TABS 8.6 MG</i>	P	OTC; QL(12 ea per fill retail)
			<i>SENOKOT TABS (Use sennosides)</i>	NP	OTC; QL(12 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Surfactant Laxatives			ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NP	QL(4 ea daily)
COLACE CLEAR CAPS (<i>Use docusate sodium</i>)	NP	OTC	ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)
COLACE CAPS 100 MG (<i>Use docusate sodium</i>)	NP	OTC; QL(3 ea daily)	Clarithromycin		
<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 (<i>Use erythromycin ethylsuccinate</i>)	NP	
MACROLIDES - Drugs to Treat Bacterial Infections			ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
Azithromycin			ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
<i>azithromycin PACK</i>	P	QL(2 ea per fill retail)	<i>erythromycin base CPEP</i>	P	
<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(30 ml per fill retail)	<i>erythromycin base TABS</i>	P	
<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 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 day(s) retail)	<i>erythromycin stearate TABS 250 MG</i>	P	
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NP	QL(4 ea daily)	MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)	Bandages-Dressings-Tape		
ZITHROMAX PACK (<i>Use azithromycin</i>)	NP	QL(2 ea per fill retail)	GAUZE SPONGES	P	RX/OTC
ZITHROMAX SUSR 200 MG/5ML (<i>Use azithromycin</i>)	NP	QL(30 ml per fill retail)	Contraceptives		
ZITHROMAX SUSR 100 MG/5ML (<i>Use azithromycin</i>)	NP	QL(15 ml per fill retail)	CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
			Diabetic Supplies		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail); PA
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DEXCOM G6 RECEIVER	NP		GUARDIAN 4 GLUCOSE SENSOR	NP	
DEXCOM G7 RECEIVER	NP		GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	
DEXCOM G7 SENSOR	NP		LANCETS-MISC	P	QL (6.67 ea daily); OTC
EASY MAX T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC	LANCING DEVICE-MISC	P	OTC
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	MM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EVERSENSE E3 SENSOR/HOLDER	NP		ONETOUCH SOLUTIONS FIT KIT	NP	
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	ONETOUCH ULTRA 2 KIT	P	RX/OTC
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail); PA	ONETOUCH ULTRA 2 KIT	P	RX/OTC
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail); PA	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	NP		ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	NP		ONETOUCH VERIO REFLECT KIT	P	RX/OTC
			ONETOUCH VERIO REFLECT KIT	P	RX/OTC
			SOF-SENSOR	NP	
			TEMPO WELCOME KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Misc. Devices			EMBRACE PEN NEEDLES/32G X 4MM	NP	RX/OTC
ALCOHOL PREP PADS-MISC	P	OTC	INSULIN SYRINGES	P	QL (5 ea daily); OTC
Optical and Ophthalmic Supplies			INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
SUSVIMO OCULAR IMPLANT	P	SP; PA	INSUPEN 31G X 5MM	NP	RX/OTC
Parenteral Therapy Supplies			INSUPEN 31G X 8MM	NP	RX/OTC
ADVOCATE INSULIN PEN NEEDLE/32GX4MM	NP	RX/OTC	INSUPEN 32G X 4MM	NP	RX/OTC
AQINJECT PEN NEEDLE/31G X 3/16"	NP	RX/OTC	PEN NEEDLES 30GX5MM	NP	RX/OTC
AQINJECT PEN NEEDLE/32G X 5/32"	NP	RX/OTC	PEN NEEDLES 31G X 8MM	NP	RX/OTC
ASSURE ID DUO PRO SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC	PEN NEEDLES 31GX5MM	NP	RX/OTC
ASSURE ID PRO SAFETY PEN NEEDLES 30G X 5MM	NP	RX/OTC	PEN NEEDLES 31GX8MM	NP	RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	RX/OTC	PEN NEEDLES 32G X 4MM	NP	RX/OTC
AUM PEN NEEDLE/32GX4MM	NP	RX/OTC	PEN NEEDLES 32GX4MM	NP	RX/OTC
AUM PEN NEEDLE/32GX6MM	NP		PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	RX/OTC
BD PEN NEEDLES	P	QL (5 ea daily); OTC	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	NP	RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC	SURE COMFORT PEN NEEDLES 31GX3/16" (5MM)	NP	RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	NP	RX/OTC	SURE COMFORT PEN NEEDLES 31GX5/16" (8MM)	NP	RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	NP	RX/OTC	SURE COMFORT PEN NEEDLES 32GX5/32" (4MM)	NP	RX/OTC
EMBRACE PEN NEEDLES/30G X 5MM	NP	RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC
EMBRACE PEN NEEDLES/31G X 5MM	NP	QL (5 ea daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NP	RX/OTC
EMBRACE PEN NEEDLES/31G X 8MM	NP	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	NP	RX/OTC	ADULT MASK LARGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	NP	RX/OTC	AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM	NP	RX/OTC	AEROECLIPSE MASK LARGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM	NP	RX/OTC	AEROECLIPSE MASK MEDIUM MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC	AEROECLIPSE MASK SMALL MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC	AEROTRACH PLUS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP		AIRZONE PEAK FLOW METER	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC	ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	NP	RX/OTC	ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC
VERIFINE PLUS PEN NEEDLE/32G X 4MM	NP	RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE PEAK FLOW METER	P	RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 day(s) retail); RX/OTC	EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	FILTER AIR PP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 ea per 360 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	LUNG PERFORMANCE PEAK FLOW METER	P	RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	P	QL(1 ea per 360 day(s) retail); RX/OTC
			MASK VORTEX/TODDLER/LAD YBUG	P	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MICROLIFE DIGITAL PEAK FLOW METER	P	RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	RX/OTC	PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI MASK SET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
NOSE CLIP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	PARI VORTEX ADULT MASK	P	QL(1 ea per 360 day(s) retail); RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	PEAK A-I-R FLOW METER	P	RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	RX/OTC
PANDA MASK LARGE	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC
PANDA MASK MEDIUM	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PANDA MASK SMALL	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC PANDA MASK	P	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PERSONAL BEST FULL RANGE	P	RX/OTC	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PFLEX MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PIKO 1 ELECTRONIC	P	RX/OTC	SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
POCKET PEAK FLOW METER	P	RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	P	RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT PEAK FLOW METER ADULT	P	RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	P	RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			
REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	NP	AL(At least 18 yrs old)
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	Serotonin Agonists		
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	AMERGE (Use naratriptan hcl)	NP	QL(9 ea per 30 day(s) retail); AL(At least 18 yrs old)
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)	eletriptan hydrobromide	P	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)	IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	NP	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)
STRIVE DUAL ZONE PEAK FLOW METER	P	RX/OTC	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)
THRESHOLD IMT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	IMITREX TABS (Use sumatriptan succinate)	NP	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old)
TRUZONE PEAK FLOW METER	P	RX/OTC	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	NP	QL(0.4 ea daily)
TUBING/WING TIP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MAXALT TABS 10 MG (Use rizatriptan benzoate)	NP	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	naratriptan hcl	P	QL(9 ea per 30 day(s) retail); AL(At least 18 yrs old)
WINDMILL TRAINER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	RELPAX (Use eletriptan hydrobromide)	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			rizatriptan benzoate TABS	P	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
Migraine Combinations					
CAFERGOT TABS (Use ergotamine w/ caffeine)	NP	AL(At least 18 yrs old)			
ergotamine w/ caffeine TABS	P	AL(At least 18 yrs old)			
Migraine Products					
dihydroergotamine mesylate SOLN NA 4 MG/ML	P	AL(At least 18 yrs old)			

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<i>rizatriptan benzoate TBDP</i>	P	QL(0.4 ea daily)	<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</i>	P	QL(6 ea per 30 day(s) retail); 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 day(s) retail); 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 SOCT 6 MG/0.5ML</i>	P	QL(2 ml per 30 day(s) retail); 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 SOLN 6 MG/0.5ML</i>	P	QL(2.5 ml per 30 day(s) retail); AL(At least 12 yrs old)	CALTRATE 600+D3 TABS (Use <i>calcium carbonate-cholecalciferol</i>)	NP	QL(2 ea daily)
<i>sumatriptan succinate TABS</i>	P	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old)	CALTRATE BONE HEALTH TABS (Use <i>calcium carbonate-cholecalciferol</i>)	NP	QL(2 ea daily)
<i>zolmitriptan SOLN 5 MG</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)	<i>oyster shell</i>	P	OTC
<i>zolmitriptan TABS</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	OYSTER SHELL CALCIUM/D TABS	P	OTC
<i>zolmitriptan TBDP</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	PARVA-CAL	P	OTC
ZOMIG SOLN (Use <i>zolmitriptan</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)	QC CALCIUM 500MG/D3 TABS	P	OTC
ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	Electrolyte Mixtures		
MINERALS & ELECTROLYTES			BIOLYTE SOLN	P	QL(1000 ml per fill retail)
Calcium			CERALYTE 70 SOLN	P	QL(1000 ml per fill retail)
CALCIUM 600+D HIGH POTENCY TABS	P	OTC; QL(2 ea daily)	CERASPORT EX1 SOLN	P	QL(1000 ml per fill retail)
			CERASPORT SOLN	P	QL(1000 ml per fill retail)
			ENFAMIL ENFALYTE SOLN	P	QL(1000 ml per fill retail)
			EQUALYTE SOLN (Use <i>oral electrolytes</i>)	NP	QL(1000 ml per fill retail)

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HYDRALYTE FREEZER POPS SOLN	P	QL(1000 ml per fill retail)	MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NP	OTC
HYDRALYTE SOLN	P	QL(1000 ml per fill retail)	Phosphate		
KINDERLYTE PREMAX SOLN	P	QL(1000 ml per fill retail)	K-PHOS NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily)
KINDERLYTE SOLN	P	QL(1000 ml per fill retail)	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 ea daily)
<i>oral electrolytes SOLN</i>	P	QL(1000 ml per fill retail)	Potassium		
PEDIALYTE ADVANCED CARE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	K-TAB TBCR 8 MEQ, 10 MEQ (<i>Use potassium chloride</i>)	NP	
PEDIALYTE FREEZER POPS SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium bicarbonate TBEF</i>	P	
PEDIALYTE IMMUNE SUPPORT SOLN	P	QL(1000 ml per fill retail)	<i>potassium chloride microencapsulated crystals er</i>	P	
PEDIALYTE SINGLES 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 SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride CPCR 10 MEQ</i>	P	
TRUELYTE SOLN	P	QL(1000 ml per fill retail)	<i>potassium chloride PACK OR 20 MEQ</i>	P	
Fluoride			<i>potassium chloride SOLN OR 10 %, 20 %</i>	P	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	P	AL(Up to 15 yrs old)	<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P	
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC	Zinc		
Magnesium			<i>zinc sulfate CAPS</i>	P	QL(100 ea per fill retail)
MAGNESIUM EXTRA STRENGTH CAPS	P	OTC	MISCELLANEOUS THERAPEUTIC CLASSES		
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG</i>	P	OTC	Allogeneic Tissue		
MAGNESIUM OXIDE CAPS	P	OTC	RETHYMIC	P	SP; PA
MAGNESIUM CAPS 400 MG	P	OTC	Chelating Agents		
			DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	NP	
			<i>penicillamine TABS</i>	P	

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SYPRINE (<i>Use trientine hcl</i>)	NP	SP; PA	<i>mycophenolate mofetil CAPS</i>	P	
<i>trientine hcl 250 MG</i>	P	SP; PA	<i>mycophenolate mofetil SUSR</i>	P	
<i>trientine hcl 500 MG</i>	P	SP	<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	SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NP	
Immunosuppressive Agents			SANDIMMUNE SOLN IV 50 MG/ML (<i>Use cyclosporine</i>)	NP	
ATGAM	P	SP; PA	SANDIMMUNE SOLN OR	P	
<i>azathioprine TABS 50 MG</i>	P		<i>sirolimus SOLN</i>	P	
<i>azathioprine TABS 75 MG, 100 MG</i>	P	PA	<i>sirolimus TABS</i>	P	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP		<i>tacrolimus CAPS</i>	P	
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP		THYMOGLOBULIN	P	SP; PA
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP		Lymphatic Agents		
<i>cyclosporine modified (for microemulsion) CAPS</i>	P		SYLVANT	P	SP; PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	P		PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
<i>cyclosporine CAPS</i>	P		VIJOICE TBPK	P	SP; PA
<i>cyclosporine SOLN IV 50 MG/ML</i>	P		Potassium Removing Agents		
ENSPRYNG	P	SP; PA			
GAMIFANT	P	SP; PA			
IMURAN TABS (<i>Use azathioprine</i>)	NP				
LUPKYNIS	P	SP; PA			

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<i>sodium polystyrene sulfonate POWD</i>	P		PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	P		PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NP	PA
Progeria Treatment Agents			PREVIDENT FLUORIDE GEL (<i>Use sodium fluoride (dental)</i>)	NP	
ZOKINVY	P	SP; PA	<i>sodium fluoride (dental) CREA</i>	P	PA
Systemic Lupus Erythematosus Agents			<i>sodium fluoride (dental) GEL</i>	P	
BENLYSTA SOAJ	P	SP; PA	<i>sodium fluoride (dental) PSTE DT</i>	P	
BENLYSTA SOLR	P	SP; PA	Periodontal Products		
BENLYSTA SOSY	P	SP; PA	ARESTIN	P	SP; PA
SAPHNELO	P	SP; PA	Steroids - Mouth/Throat/Dental		
MOUTH/THROAT/DENTAL AGENTS			<i>triamcinolone acetonide (mouth)</i>	P	QL(5 gm per fill retail)
Anesthetics Topical Oral			Throat Products - Misc.		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)	AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
Anti-infectives - Throat			BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	NP	QL(120 ml per fill retail)	CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>nystatin (mouth-throat)</i>	P	QL(120 ml per fill retail)	CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
Antiseptics - Mouth/Throat			EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	P		MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NP		MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC
Dental Products					
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP				
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NP				
PREVIDENT 5000 KIDS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOUTH KOTE SOLN	P	QL(900 ea per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC	Multivitamins		
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC	ALTRIXA TABS	P	OTC; QL(1 ea daily); RX/OTC
<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
MULTIVITAMINS			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 & folic acid CAPS</i>	P	QL(1 ea daily); RX/OTC	NEOMULTIVITE TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	P	QL(1 ea daily); RX/OTC	OMNICAP TABS	P	OTC; QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron			ONE DAILY ESSENTIALS TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ iron TABS</i>	P	OTC; QL(1 ea daily)	ONE DAILY ESSENTIAL TABS	P	OTC; QL(1 ea daily); RX/OTC
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	OTC; QL(1 ea daily)	ONE VITE DAILY MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals			ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC	ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 ea daily); RX/OTC

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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); 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); 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)	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Articular Cartilage Repair Therapy		
Pediatric Multiple Vitamins			MACI	P	SP; PA
BPROTECTED PEDIA POLY-VITE SOLN OR	P	OTC; QL(50 ml per fill retail)	Central Muscle Relaxants		
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)	<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	P	SP; PA
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)	<i>baclofen TABS 10 MG, 20 MG</i>	P	
			<i>chlorzoxazone TABS 500 MG</i>	P	
			<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 ea daily)
			<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 ea daily)
			GABLOFEN SOLN IT (Use baclofen)	NP	SP; PA
			GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	P	SP; PA
			LIORESAL INTRATHECAL SOLN IT (Use baclofen)	NP	SP; PA

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LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	P	SP; PA	Nasal Antiallergy		
methocarbamol TABS 500 MG, 750 MG	P		azelastine hcl 0.1 %, 137 MCG/SPRAY	P	
orphenadrine citrate TB12	P		azelastine hcl 0.15 %, 205.5 MCG/SPRAY	P	QL(30 ml per fill retail); RX/OTC
tizanidine hcl TABS	P		cromolyn sodium (nasal) 5.2 MG/ACT	P	OTC; QL(26 ml per 30 day(s) retail)
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP		NASALCROM (Use cromolyn sodium (nasal))	NP	OTC; QL(26 ml per 30 day(s) retail)
Viscosupplements			Nasal Anticholinergics		
DUROLANE PRSY	P	SP; PA	ipratropium bromide (nasal) 0.03 %	P	QL(31 ml per 30 day(s) retail)
EUFLEXXA SOSY	P	SP; PA	ipratropium bromide (nasal) 0.06 %	P	QL(15 ml per 30 day(s) retail)
GEL-ONE	P	SP; PA	Nasal Steroids		
GELSYN-3 SOSY	P	SP; PA	FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
GENVISC 850 SOSY	P	SP; PA	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
HYALGAN SOLN	P	SP; PA	flunisolide (nasal) 0.025 %	P	QL(25 ml per 30 day(s) retail)
HYALGAN SOSY	P	SP; PA	fluticasone propionate (nasal) SUSP	P	QL(16 ml per fill retail); RX/OTC
HYMOVIS	P	SP; PA	NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
HYRONAN KIT	P	SP; PA	NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
MONOVISC	P	SP; PA	triamcinolone acetonide (nasal) AERO	P	AL(At least 2 yrs old)
ORTHOVISC	P	SP; PA	Sympathomimetic Decongestants		
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			
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus					
Nasal Agents - Misc.					
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)			
SALINE NASAL SPRAY 0.65%	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADRENALIN 0.1 % (<i>Use epinephrine hcl (nasal)</i>)	NP	QL(120 ml per fill retail); AL(Up to 21 yrs old)	TEGLUTIK SUSP	P	SP; PA
<i>epinephrine hcl (nasal)</i>	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)	TIGLUTIK SUSP	P	SP; PA
<i>phenylephrine hcl (oral) TABS</i>	P	OTC; QL(24 ea per fill retail)	Muscular Dystrophy Agents		
<i>pseudoephedrine hcl TABS</i>	P	OTC; AL(Up to 21 yrs old)	AMONDYS 45	P	SP; PA
<i>pseudoephedrine hcl TB12</i>	P	OTC; QL(62 ea per 30 day(s) retail); AL(Up to 21 yrs old)	EXONDYS 51	P	SP; PA
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)	VILTEPSO	P	SP; PA
SUDAFED CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)	VYONDYS 53	P	SP; PA
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC; QL(120 ml per fill retail)	Spinal Muscular Atrophy Agents (SMA)		
SUDAFED PE SINUS CONGESTION TABS (<i>Use phenylephrine hcl (oral)</i>)	NP	OTC; QL(24 ea per fill retail)	EVRYSDI	P	SP; PA
SUDAFED SINUS CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)	SPINRAZA	P	SP; PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			ZOLGENSMA 10.1-10.5 KG	P	SP; PA
ALS Agents			ZOLGENSMA 10.6-11.0 KG	P	SP; PA
EXSERVAN FILM	P	SP; PA	ZOLGENSMA 11.1-11.5 KG	P	SP; PA
RADICAVA ORS STARTER KIT SUSP	P	SP; PA	ZOLGENSMA 11.6-12.0 KG	P	SP; PA
RADICAVA ORS SUSP	P	SP; PA	ZOLGENSMA 12.1-12.5 KG	P	SP; PA
RADICAVA SOLN	P	SP; PA	ZOLGENSMA 12.6-13.0 KG	P	SP; PA
RILUTEK TABS (<i>Use riluzole</i>)	NP	PA	ZOLGENSMA 13.1-13.5 KG	P	SP; PA
<i>riluzole TABS</i>	P	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
			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

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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
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	OTC; QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC; QL(350 gm per fill retail)
Lipids		
DOJOLVI	P	SP; PA
Misc. Nutritional Substances		

Drug Name	Drug Tier	Requirements/ Limits
<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)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	P	OTC; QL(31 ml per 30 day(s) 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 (Use dorzolamide hcl-timolol maleate)	NP	QL(10 ml per 30 day(s) retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE	P	QL(10 ml per 30 day(s) retail)
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 30 day(s) retail)
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ml per 30 day(s) retail)
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ml per 30 day(s) retail)
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	NP	QL(15 ea per 30 day(s) retail)
TIMOPTIC SOLN (Use timolol maleate (ophth))	NP	QL(15 ml per 30 day(s) retail)
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	P	
<i>atropine sulfate (ophthalmic) SOLN</i>	P	
ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic))	NP	
ATROPINE SULFATE SOLN 1 %	P	

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CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NP	
CYCLOGYL 0.5 %	P	QL(15 ml per 30 day(s) retail)
CYCLOGYL 2 %	P	
<i>cyclopentolate hcl 0.5 %</i>	P	QL(15 ml per 30 day(s) retail)
<i>cyclopentolate hcl 1 %, 2 %</i>	P	
<i>homatropine hbr</i>	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(5 ml per 30 day(s) retail)
<i>tropicamide SOLN</i>	P	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	P	SP; PA
BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	P	SP; PA
BEVACIZUMAB IO 2.75 MG/0.11ML	P	PA
EYLEA HD SOLN	P	SP; PA
EYLEA SOLN	P	SP; PA
EYLEA SOSY	P	SP; PA
LUCENTIS SOLN 0.3 MG/0.05ML	P	SP; PA
LUCENTIS SOSY	P	SP; PA
SUSVIMO SOLN	P	SP; PA
VABYSMO	P	SP; PA
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate 0.2 %</i>	P	
IOPIDINE	P	
Ophthalmic Anti-infectives		
BACIGUENT	P	QL(4 gm per 30 day(s) retail)
<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per 30 day(s) retail)
<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 gm per 30 day(s) retail)
BLEPH-10 SOLN (<i>Use sulfacetamide sodium (ophth)</i>)	NP	QL(15 ml per 30 day(s) retail)
CILOXAN OINT	P	
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	
ERYTHROMYCIN	P	
<i>erythromycin (ophth)</i>	P	
<i>gentamicin sulfate (ophth) OINT</i>	P	QL(4 gm per 30 day(s) retail)
<i>gentamicin sulfate (ophth) SOLN</i>	P	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 gm per 30 day(s) retail)
<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ml per 30 day(s) retail)
OCUFLOX (<i>Use ofloxacin (ophth)</i>)	NP	QL(10 ml per 30 day(s) retail)
<i>ofloxacin (ophth)</i>	P	QL(10 ml per 30 day(s) retail)
<i>polymyxin b-trimethoprim</i>	P	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 gm per 30 day(s) retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ml per 30 day(s) retail)
<i>tobramycin (ophth) SOLN</i>	P	QL(5 ml per 30 day(s) retail)
TOBREX OINT	P	
<i>trifluridine</i>	P	QL(8 ml per 30 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(3 ml per fill retail)	ILUVIEN	P	SP; PA
Ophthalmic Decongestants			MAXITROL OINT (Use neomycin-polymy- dexameth)	NP	QL(4 gm per 30 day(s) retail)
naphazoline w/ pheniramine 0.315 %- 0.027 %	P	OTC; QL(15 ml per 30 day(s) retail)	MAXITROL SUSP (Use neomycin-polymy- dexameth)	NP	QL(10 ml per 30 day(s) retail)
OPCON-A (Use naphazoline w/ pheniramine)	NP	OTC; QL(15 ml per 30 day(s) retail)	neomycin-polymy- dexameth OINT	P	QL(4 gm per 30 day(s) retail)
tetrahydrozoline hcl (ophth) 0.05 %	P	OTC	neomycin-polymy- dexameth SUSP	P	QL(10 ml per 30 day(s) retail)
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	NP	OTC	neomycin-polymyxin-hc (ophth)	P	QL(15 ml per 30 day(s) retail)
Ophthalmic Gene Therapy			OZURDEX IMPL	P	SP; PA
LUXTURNA	P	SP; PA	PRED FORTE (Use prednisolone acetate (ophth))	NP	
Ophthalmic Local Anesthetics			PRED MILD	P	QL(10 ml per 30 day(s) retail)
tetracaine hcl (ophth)	P		PRED-G SUSP	P	QL(5 ml per fill retail)
Ophthalmic Photodynamic Therapy Agents			prednisolone acetate (ophth)	P	
VISUDYNE	P	SP; PA	PREDNISOLONE ACETATE P-F	P	
Ophthalmic Photoenhancers			PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 day(s) retail)
PHOTREXA/PHOTREXA VISCIOUS KIT	P	SP; PA	RETISERT	P	SP; PA
Ophthalmic Steroids			sulfacetamide sod- prednisolone SOLN	P	QL(10 ml per 30 day(s) retail)
BLEPHAMIDE S.O.P. OINT	P		TOBRADEX OINT	P	QL(4 gm per 30 day(s) retail)
dexamethasone sodium phosphate (ophth)	P		TOBRADEX SUSP (Use tobramycin- dexamethasone)	NP	QL(10 ml per fill retail)
DEXTENZA INST	P	SP; PA	tobramycin- dexamethasone SUSP	P	QL(10 ml per fill retail)
DEXYCU SUSP IO	P	SP; PA	TRIESENCE	P	SP; PA
fluorometholone (ophth) SUSP	P		XIPERE	P	SP; PA
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NP		YUTIQ	P	SP; PA
FML OINT	P	QL(4 gm per 30 day(s) retail)	Ophthalmics - Misc.		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACULAR (Use ketorolac tromethamine (ophth))	NP	QL(10 ml per fill retail)	XALATAN SOLN (Use latanoprost)	NP	QL(5 ml per 30 day(s) retail)
ACULAR LS (Use ketorolac tromethamine (ophth))	NP	QL(5 ml per 30 day(s) retail)	OTIC AGENTS - Drugs to Treat the Ear		
ALOCRIL	P	QL(5 ml per 30 day(s) retail); PA	Otic Agents - Miscellaneous		
ALOMIDE	P	QL(10 ml per 30 day(s) retail); PA	acetic acid (otic)	P	QL(15 ml per 30 day(s) retail)
azelastine hcl (ophth)	P	QL(6 ml per 30 day(s) retail)	carbamide peroxide (otic) 6.5 %	P	OTC; QL(15 ml per 30 day(s) retail)
AZOPT (Use brinzolamide)	NP		DEBROX 6.5 % (Use carbamide peroxide (otic))	NP	OTC; QL(15 ml per 30 day(s) retail)
brinzolamide	P		Otic Anti-infectives		
cromolyn sodium (ophth)	P	QL(10 ml per fill retail)	ofloxacin (otic)	P	QL(10 ml per fill retail)
CYSTADROPS	P	SP; PA	Otic Combinations		
CYSTARAN	P	SP; PA	CIPRODEX (Use ciprofloxacin-dexamethasone)	NP	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail
diclofenac sodium (ophth)	P	QL(3 ml per 30 day(s) retail)	ciprofloxacin-dexamethasone	P	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail
dorzolamide hcl	P	QL(10 ml per 30 day(s) retail)	neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ml per fill retail)
DORZOLAMIDE HCL	P	QL(10 ml per 30 day(s) retail)	neomycin-polymyxin-hc (otic) SUSP	P	QL(20 ml per 30 day(s) retail)
flurbiprofen sodium	P	QL(5 ml per 30 day(s) retail)	Otic Steroids		
ketorolac tromethamine (ophth) 0.4 %	P	QL(5 ml per 30 day(s) retail)	DERMOTIC (Use fluocinolone acetonide (otic))	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)
ketorolac tromethamine (ophth) 0.5 %	P	QL(10 ml per fill retail)	fluocinolone acetonide (otic)	P	QL(20 ml per fill retail); AL(At least 5 yrs old)
ketotifen fumarate (ophth) 0.035 %	P		hydrocortisone w/acetic acid	P	QL(20 ml per 30 day(s) retail)
TRUSOPT (Use dorzolamide hcl)	NP	QL(10 ml per 30 day(s) retail)	HYDROCORTISONE/ACE TIC ACID (Use hydrocortisone w/acetic acid)	NP	QL(20 ml per 30 day(s) retail)
ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	NP		OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Prostaglandins - Ophthalmic					
latanoprost SOLN	P	QL(5 ml per 30 day(s) retail)			
LATANOPROST SOLN	P	QL(5 ml per 30 day(s) retail)			

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Oxytocics			OCTAGAM SOLN	P	SP; PA
<i>methylergonovine maleate TABS</i>	P		OCTAGAM SOLN 5 GM/50ML	P	PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			PANZYGA	P	SP; PA
Immune Serums			PRIVIGEN SOLN 5 GM/50ML	P	PA
BIVIGAM SOLN 10 %	P	SP; PA	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	SP; PA
BIVIGAM SOLN 5 GM/50ML	P	PA	RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
CUTAQUIG	P	SP; PA	RHOPHYLAC SOSY IJ	P	SP; PA
CUVITRU 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
CYTOGAM	P	SP; PA	XEMBIFY	P	SP; PA
FLEBOGAMMA DIF SOLN	P	SP; PA	Monoclonal Antibodies		
FLEBOGAMMA DIF SOLN 5 GM/50ML	P	PA	SYNAGIS SOLN	P	SP; PA
GAMASTAN	P	SP; PA	ZINPLAVA	P	SP; PA
GAMMAGARD LIQUID	P	SP; PA	Passive Immunizing Agents - Combinations		
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP; PA	HYQVIA	P	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA	PENICILLINS - Drugs to Treat Bacterial Infections		
GAMMAPLEX SOLN 5 GM/50ML	P	PA	Aminopenicillins		
GAMMAPLEX SOLN	P	SP; PA	<i>amoxicillin CAPS</i>	P	
GAMUNEX-C	P	SP; PA	<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
HEPAGAM B SOLN IJ	P	SP; PA	<i>amoxicillin SUSR</i>	P	
HIZENTRA SOLN	P	SP; PA	AMOXICILLIN SUSR (Use <i>amoxicillin</i>)	NP	
HIZENTRA SOSY	P	SP; PA	<i>amoxicillin TABS 875 MG</i>	P	
HYPERHEP B SOLN IM	P	SP; PA	<i>ampicillin CAPS 500 MG</i>	P	
HYPERRHO S/D MINI-DOSE SOSY IM	P	SP; PA	Natural Penicillins		
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP	<i>penicillin v potassium SOLR</i>	P	
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	SP; PA	<i>penicillin v potassium TABS</i>	P	
NABI-HB SOLN IM	P	SP; PA			

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Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 ea per 30 day(s) retail)
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(200 ml per fill retail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	QL(150 ml per fill retail)
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
SIMPLYTHICK EASY MIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
SIMPLYTHICK EASYMIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
Liquid Vehicles		
FLAVOR BLEND SUSP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC
<i>glycine diluent</i>	P	SP; PA
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL BLEND SF SUSP	P	RX/OTC
MX-SOL BLEND SUSP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC
MX-SOL SUSPEND SUSP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
ORA-BLEND SF SUSP	P	RX/OTC
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	Drug Name	Drug Tier	Requirements/ Limits
ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC	Drugs		
ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC	Progestins		
PCCA SWEET-SF SYRP	P	RX/OTC	AYGESTIN TABS (<i>Use norethindrone acetate</i>)	NP	
PCCA SYRUP VEHICLE SYRP	P	RX/OTC	<i>hydroxyprogesterone caproate OIL</i>	P	QL(2 ml per fill retail; 2 ml per 11 day(s) retail); SP; PA
PCCA-PLUS SUSP	P	RX/OTC	MAKENA OIL (<i>Use hydroxyprogesterone caproate</i>)	NP	QL(2 ml per fill retail; 2 ml per 11 day(s) retail); SP; PA
PH 12 STERILE DILUENT FORFLOLAN	P	SP; PA	MAKENA SOAJ	P	SP; PA
SOSWEET SYRP	P	RX/OTC	<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
STERILE DILUENT FOR REMODULIN (<i>Use glycine diluent</i>)	NP	SP; PA	<i>norethindrone acetate TABS</i>	P	
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC	<i>progesterone CAPS 100 MG</i>	P	QL(30 ea per 30 day(s) retail)
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC	<i>progesterone CAPS 200 MG</i>	P	QL(20 ea per 30 day(s) retail)
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC	PROMETRIUM CAPS 200 MG (<i>Use progesterone</i>)	NP	QL(20 ea per 30 day(s) retail)
SUSPENSION VEHICLE SUSP	P	RX/OTC	PROMETRIUM CAPS 100 MG (<i>Use progesterone</i>)	NP	QL(30 ea per 30 day(s) retail)
SYRPALTA SYRP 83 %	P	RX/OTC	PROVERA (<i>Use medroxyprogesterone acetate</i>)	NP	
SYRSPEND SF LIQD	P	RX/OTC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
SYRUP VEHICLE SF SYRP	P	RX/OTC	Agents for Chemical Dependency		
SYRUP VEHICLE SYRP	P	RX/OTC	<i>disulfiram 250 MG</i>	P	
UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC	Anti-Cataplectic Agents		
UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC	SODIUM OXYBATE SOLN	P	SP; PA
VERSAFREE SYRP	P	RX/OTC	XYREM SOLN	P	SP; PA
VERSAPLUS SYRP	P	RX/OTC	XYWAV	P	SP; PA
Semi Solid Vehicles			Antidementia Agents		
<i>Ianolin XX</i>	P				
LANOLIN XX	P				
PROGESTINS - Hormone Replacement/Modifying					

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Drug Name	Drug Tier	Requirements/ Limits
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	QL(2 ea daily); PA
memantine hcl TABS	P	1 package(s) per 28 day(s) retail; PA
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NP	1 package(s) per 28 day(s) retail; 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
Combination Psychotherapeutics		
perphenazine-amitriptyline	P	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 day(s) retail); PA
SAVELLA TABS	P	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
tetrabenazine	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
XENAZINE (Use tetrabenazine)	NP	SP; PA
Multiple Sclerosis Agents		
AMPYRA (Use dalfampridine)	NP	SP; PA
AUBAGIO (Use teriflunomide)	NP	QL(1 ea daily); SP
AVONEX PEN AJKT	P	SP; PA
AVONEX PSKT	P	SP; PA
BAFIERTAM	P	SP; PA
COPAXONE SOSY (Use glatiramer acetate)	NP	SP
dalfampridine	P	SP; PA
dimethyl fumarate CDPK	P	SP
dimethyl fumarate CPDR	P	SP
EXTAVIA KIT	P	SP; PA
ingolimod hcl	P	QL(1 ea daily); SP
GILENYA 0.5 MG	P	QL(1 ea daily); SP
GILENYA (Use ingolimod hcl)	NP	QL(1 ea daily); SP
glatiramer acetate SOSY	P	SP
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 CDPK (Use dimethyl fumarate)	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP
<i>teriflunomide</i>	P	QL(1 ea daily); SP
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 TD (<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 XX</i>	P	QL(1 ea daily)
<i>nicotine PT24 TD 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
ZEMAIRA SOLR 1000 MG	P	SP; PA
ZEMAIRA SOLR 4000 MG	P	PA
Cystic Fibrosis Agents		
BRONCHITOL	P	SP; PA
BRONCHITOL TOLERANCE TEST	P	SP; PA
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	P	SP; PA
KALYDECO PACK 5.8 MG	P	SP
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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTICLATE TABS (<i>Use doxycycline hyclate</i>)	NF		SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	P	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	P		TOXOIDS		
<i>doxycycline hyclate CAPS</i>	P		Toxoid Combinations		
<i>doxycycline hyclate TABS 100 MG</i>	P		ADACEL SUSP	P	
<i>minocycline hcl CAPS</i>	P		BOOSTRIX SUSP	P	
<i>tetracycline hcl CAPS 500 MG</i>	P		BOOSTRIX SUSY	P	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP		DAPTACEL	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
Antithyroid Agents			INFANRIX	P	
<i>methimazole TABS</i>	P		KINRIX SUSY	P	
<i>propylthiouracil</i>	P		PEDIARIX SUSY	P	
Thyroid Hormones			PENTACEL	P	
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		QUADRACEL SUSP	P	
ARMOUR THYROID TABS	P		QUADRACEL SUSY	P	
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP		TDVAX SUSP	P	
<i>levothyroxine sodium TABS</i>	P		TENIVAC INJ	P	
<i>liothyronine sodium TABS</i>	P		TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	P	
NIVA THYROID TABS	P		VAXELIS SUSP	P	
NP THYROID 120 TABS	P		VAXELIS SUSY	P	
NP THYROID 15 TABS	P		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
NP THYROID 30 TABS	P		Antispasmodics		
NP THYROID 60 TABS	P		<i>dicyclomine hcl CAPS</i>	P	
NP THYROID 90 TABS	P		<i>dicyclomine hcl SOLN OR</i>	P	QL(496 ml per 30 day(s) retail)
			<i>dicyclomine hcl TABS</i>	P	
			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 ea daily)
			<i>hyoscyamine sulfate ELIX</i>	P	
			<i>hyoscyamine sulfate ELIX</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HYOSCYAMINE SULFATE POWD	P		PEPCID AC TABS 20 MG (Use famotidine)	NP	RX/OTC
hyoscyamine sulfate SOLN OR 0.125 MG/ML	NP		PEPCID TABS (Use famotidine)	NP	RX/OTC
hyoscyamine sulfate SOLN OR 0.125 MG/ML	P		TAGAMET HB 200 TABS (Use cimetidine)	NP	RX/OTC
hyoscyamine sulfate SUBL 0.125 MG	P		TAGAMET HB TABS (Use cimetidine)	NP	RX/OTC
hyoscyamine sulfate SUBL 0.125 MG	NP		Misc. Anti-Ulcer		
hyoscyamine sulfate TABS 0.125 MG	NP		CARAFATE SUSP (Use sucralfate)	NP	QL(420 ml per fill retail)
hyoscyamine sulfate TABS 0.125 MG	P		CARAFATE TABS (Use sucralfate)	NP	
hyoscyamine sulfate TB12 0.375 MG	P	QL(4 ea daily)	sucralfate SUSP	P	QL(420 ml per fill retail)
hyoscyamine sulfate TBDP 0.125 MG	P		sucralfate TABS	P	
hyoscyamine sulfate TBDP 0.125 MG	NP		Proton Pump Inhibitors		
LEVBIID TB12 (Use hyoscyamine sulfate)	NP	QL(4 ea daily)	DEXILANT (Use dexlansoprazole)	NP	ST
LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate)	NP		dexlansoprazole	P	ST
ROBINUL FORTE TABS (Use glycopyrrolate)	NP	QL(4 ea daily)	esomeprazole magnesium CPDR 20 MG	P	QL(2 ea daily); RX/OTC
ROBINUL TABS (Use glycopyrrolate)	NP	QL(4 ea daily)	lansoprazole CPDR 15 MG	P	QL(4 ea daily); RX/OTC
H-2 Antagonists			lansoprazole CPDR 30 MG	P	
cimetidine hcl OR 300 MG/5ML	P		NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC
cimetidine TABS	P	RX/OTC	NEXIUM 24HR CPDR (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC
famotidine SUSR	P		NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC
famotidine TABS 10 MG	P	OTC	OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC
famotidine TABS 20 MG, 40 MG	P		omeprazole magnesium TBEC	P	OTC; QL(1 ea daily)
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	NP	RX/OTC	omeprazole CPDR	P	QL(2 ea daily)
PEPCID AC TABS 10 MG (Use famotidine)	NP	OTC			

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Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 ea daily)
PREVACID 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 20 MG (Use <i>pantoprazole sodium</i>)	NP	QL(1 ea daily)
PROTONIX TBEC 40 MG (Use <i>pantoprazole sodium</i>)	NP	QL(2 ea daily)
VOQUEZNA	NP	
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 day(s) max supply per 365 day(s) retail
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)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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	
BCG VACCINE	P	
BEXSERO	P	
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PENBRAYA	P	
PNEUMOVAX 23	P	
PNEUMOVAX 23/1 DOSE	P	
PREVNAR 13	P	
PREVNAR 20	P	
TRUMENBA	P	
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		
ABRYSVO	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)
ACAM2000	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AREXVY	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)	MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	P	
COMIRNATY 2023-24 SUSP	P		MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	P	
COMIRNATY 2023-24 SUSY	P		MODERNA COVID-19 VACCINE6MO-5Y SUSP	P	
COMIRNATY SUSP	P		MODERNA COVID-19 VACCINE SUSP	P	
DENGIVAXIA	P		NOVAVAX COVID-19 VACCINE	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail	NOVAVAX COVID-19 VACCINE/2023-24	P	
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P	
GARDASIL 9 SUSP	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P	
GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P	
HAVRIX	P		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P	
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P	
IMOVAX RABIES (H.D.C.V.) SUSR	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	P	
IPOL INACTIVATED IPV	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	P	
IXIARO	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	P	
JANSSEN COVID-19 VACCINE	P		PFIZER-BIONTECH COVID-19VACCINE SUSP	P	
JYNNEOS	P				
M-M-R II SOLR	P				
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	P				
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail	<i>clotrimazole vaginal CREA 1 %</i>	P	OTC; QL(45 gm per 30 day(s) retail)
PRIORIX SUSR	P		<i>clotrimazole vaginal CREA 2 %</i>	P	OTC; QL(31 gm per 30 day(s) retail)
PROQUAD SUSR	P		GYNAZOLE-1	P	
RABAVERT	P		<i>metronidazole vaginal</i>	P	QL(70 gm per fill retail)
RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal CREA</i>	P	OTC; QL(45 gm per 30 day(s) retail)
RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal KIT</i>	P	
ROTARIX SUSP	P		<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 ea per 30 day(s) retail)
ROTARIX SUSR	P		<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	OTC; QL(7 ea per 30 day(s) retail)
ROTATEQ SOLN	P		MONISTAT 3 COMBINATION PACK KIT (Use <i>miconazole nitrate vaginal</i>)	NP	
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	MONISTAT 3 CREA (Use <i>miconazole nitrate vaginal</i>)	NP	OTC; QL(45 gm per 30 day(s) retail)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P		MONISTAT 7 SIMPLY CURE CREA (Use <i>miconazole nitrate vaginal</i>)	NP	OTC; QL(45 gm per 30 day(s) retail)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P		<i>terconazole vaginal CREA</i>	P	
SPIKEVAX COVID-19 VACCINE SUSP	P		<i>terconazole vaginal SUPP</i>	P	
STAMARIL SUSR	P		<i>tioconazole vaginal 6.5 %</i>	P	OTC
TICOVAC	P		VANDAZOLE	P	QL(70 gm per fill retail)
TWINRIX SUSY	P		Vaginal Anti-inflammatory Agents		
VAQTA	P		<i>hydrocortisone vaginal</i>	P	QL(454 gm per fill retail)
VARIVAX INJ	P	2 max fill(s) per 999 day(s) retail	MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (Use <i>hydrocortisone vaginal</i>)	NP	QL(454 gm per fill retail)
YF-VAX INJ	P		Vaginal Estrogens		
VAGINAL AND RELATED PRODUCTS					
Vaginal Anti-infectives					
CLEOCIN CREA (Use <i>clindamycin phosphate vaginal</i>)	NP				
<i>clindamycin phosphate vaginal CREA</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	QL(43 gm per 30 day(s) retail)
<i>estradiol vaginal CREA</i>	P	QL(43 gm per 30 day(s) retail)
<i>estradiol vaginal TABS</i>	P	
PREMARIN	P	QL(43 gm per fill retail)
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail
AUVI-Q SOAJ 0.15 MG/0.15ML	NP	
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	P	QL(2 ea per fill retail; 4 ea per 365 day(s) retail)
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail
EPIPEN-JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	P	SP; PA
NORTHERA (<i>Use droxidopa</i>)	NP	SP; PA
Vasopressors		
<i>midodrine hcl</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR (<i>Use 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)
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	P	OTC; QL(8 ea per 30 day(s) 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 (<i>Use ergocalciferol</i>)	NP	
D-VI-SOL LIQD OR (<i>Use cholecalciferol</i>)	NP	
<i>ergocalciferol CAPS</i>	P	
<i>ergocalciferol SOLN OR</i>	P	
KEY-E CHEW	P	QL(2 ea daily)
MEPHYTON TABS (<i>Use 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		

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

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carbamazepine TABS	13	carglumic acid	60	cefprozil SUSR	44
carbamazepine TB12	13	CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers)) 60		cefprozil TABS	44
carbamide peroxide (otic) 6.5 % ...	89	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	60	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	44
carbidopa	35	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	61	cefuroxime axetil TABS	44
carbidopa-levodopa TABS	36	carteolol hcl (ophth)	86	CELEXA TABS 10 MG (Use citalopram hydrobromide)	16
carbidopa-levodopa TBCR	36	carvedilol 25 MG	41	CELEXA TABS 20 MG (Use citalopram hydrobromide)	16
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	29	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	41	CELEXA TABS 40 MG (Use citalopram hydrobromide)	16
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	42	carvedilol phosphate	41	CELLCEPT CAPS (Use mycophenolate mofetil)	79
CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)	42	CARVYKTI	31	CELLCEPT SUSR (Use mycophenolate mofetil)	79
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	42			CELLCEPT TABS (Use mycophenolate mofetil)	79
				CENTANY OINT	50
				cephalexin CAPS 250 MG, 500 MG 44	
				cephalexin SUSR	44

CEPROTIN	65	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	37	dexamethasone)	89
CERALYTE 70 SOLN	77	chlorthalidone 25 MG, 50 MG	59	ciprofloxacin hcl (ophth) SOLN	87
CERASPORT EX1 SOLN	77	chlorzoxazone TABS 500 MG	83	ciprofloxacin hcl TABS 100 MG ...	62
CERASPORT SOLN	77	CHOLBAM	62	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	62
CERDELGA	65	cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	100	ciprofloxacin-dexamethasone	89
CEREZYME 400 UNIT	66	cholecalciferol CAPS 125 MCG, 5000 UNIT	100	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	29
cetirizine hcl CHEW	23	cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT	100	CISPLATIN SOLR	29
cetirizine hcl SOLN OR	23	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	100	citalopram hydrobromide SOLN ...	16
cetirizine hcl SYRP OR	23	cholecalciferol LIQD OR 400 UT/0.028ML	100	citalopram hydrobromide TABS 10 MG	16
cetirizine hcl TABS	23	cholecalciferol LIQD OR 400 UT/0.028ML	100	citalopram hydrobromide TABS 20 MG	16
cetirizine-pseudoephedrine	47	cholestyramine light PACK	24	citalopram hydrobromide TABS 40 MG	16
cetorelix acetate	60	cholestyramine light POWD	24	cladribine 10 MG/10ML	30
CETROTIDE 0.25 MG	60	cholestyramine PACK	24	clarithromycin SUSR 125 MG/5ML	69
CHEMET	21	cholestyramine POWD	24	clarithromycin SUSR 250 MG/5ML	69
CHEMSTRIP-K STRP	57	CHORIONIC GONADOTROPIN IM 60		clarithromycin TABS	69
CHENODAL	62	CIBINQO	53	clarithromycin TB24	69
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	4	cilostazol	65	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	23
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	4	CILOXAN OINT	87	CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	23
chlordiazepoxide hcl CAPS	10	CIMDUO	38	CLARITIN REDITABS TBDP 10 MG (Use loratadine)	23
chlorhexidine gluconate (mouth-throat)	80	cimetidine hcl OR 300 MG/5ML ...	96	CLARITIN SOLN (Use loratadine) .	23
chlorhexidine gluconate SOLN EX 4 %	38	cimetidine TABS	96	CLARITIN TABS (Use loratadine) .	23
chloroquine phosphate TABS 250 MG	29	cinacalcet hcl	61	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	47
chloroquine phosphate TABS 500 MG	29	CINQAIR	10	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	47
chlorpheniramine maleate SYRP ..	23	CINRYZE SOLR IV	65		
chlorpheniramine maleate TABS ..	23	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	62		
chlorpromazine hcl TABS 10 MG ..	37	CIPRODEX (Use ciprofloxacin-			

CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	57	clobetasol propionate OINT 0.05 %	52	colchicine TABS	64
clemastine fumarate TABS 1.34 MG	23	clobetasol propionate SOLN 0.05 %	52	colchicine w/ probenecid	64
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	28	clomipramine hcl 75 MG	17	COLCRYS TABS (Use colchicine)	64
CLEOCIN CREA (Use clindamycin phosphate vaginal)	99	clonazepam TABS	12	COLD & FLU RELIEF NIGHTTIME D LIQD	47
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	28	clonidine hcl (adhd) TB12	1	COLESTID FLAVORED GRAN (Use colestipol hcl)	24
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	49	clonidine hcl TABS	26	COLESTID GRAN (Use colestipol hcl)	24
CLEVER CHOICE PEAK FLOW METER	73	clopidogrel bisulfate 75 MG	65	COLESTID TABS (Use colestipol hcl)	24
CLIMARA PTWK (Use estradiol)	62	clorazepate dipotassium TABS	10	colestipol hcl GRAN	24
CLINDAGEL GEL (Use clindamycin phosphate (topical))	49	clotrimazole (topical) CREA	50	colestipol hcl TABS	24
clindamycin hcl 150 MG, 300 MG	28	clotrimazole (topical) SOLN	50	COMBIPATCH PTTW	62
clindamycin palmitate hydrochloride	28	clotrimazole vaginal CREA 1 %	99	COMBIVENT RESPIMAT AERS	11
clindamycin phosphate (topical) GEL	49	clotrimazole vaginal CREA 2 %	99	COMBIVIR (Use lamivudine-zidovudine)	38
clindamycin phosphate (topical) LOTN	49	clotrimazole w/ betamethasone CREA	50	COMETRIQ KIT	33
clindamycin phosphate (topical) SOLN	49	clotrimazole w/ betamethasone LOTN	50	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	71
clindamycin phosphate vaginal CREA	99	clozapine TABS	37	COMIRNATY 2023-24 SUSP	98
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	57	CLOZARIL TABS (Use clozapine)	37	COMIRNATY 2023-24 SUSY	98
clobetasol propionate CREA 0.05 %	52	CO MONITOR REPLACEMENT TPIECES MISC	73	COMIRNATY SUSP	98
clobetasol propionate emollient base 0.05 %	52	COAGADDEX	64	COMPLERA	38
clobetasol propionate GEL 0.05 %	52	coal tar extract SHAM 0.5 %	55	CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	1
		COARTEM	29	CONCERTA TBCR 36 MG (Use methylphenidate hcl)	1
		codeine sulfate TABS 30 MG	6	CONDOMS-MISC	69
		CODEINE SULFATE TABS	6	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	70
		COLACE CAPS 100 MG (Use docusate sodium)	69	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM	
		COLACE CLEAR CAPS (Use docusate sodium)	69		
		COLAZAL CAPS (Use balsalazide disodium)	63		

KIT	70	cromolyn sodium (ophth)	89	cyclosporine modified (for microemulsion) SOLN	79
COPAXONE SOSY (Use glatiramer acetate)	93	cromolyn sodium NEBU	10	cyclosporine SOLN IV 50 MG/ML .	79
COPIKTRA	33	crotamiton LOTN	55	CYLTEZO AJKT	3
COREG 25 MG (Use carvedilol) ...	41	CRYSVITA	61	CYLTEZO PSKT 40 MG/0.4ML	4
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	41	CUTAQUIG	90	CYLTEZO PSKT	3
COREG CR (Use carvedilol phosphate)	41	CUVITRU SOLN	90	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3
CORETEXT SUSP 1 ML, 2 ML ...	55	CVS COVID-19 AT HOME TESTKIT KIT	57	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3
CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	42	CVS DRY MOUTH SPRAY SOLN .	80	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEITIS AJKT ...	3
CORIFACT	64	CVS GLUCOSE	18	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEITIS AJKT ...	3
CORTEF TABS (Use hydrocortisone)	45	CVS GLUCOSE CHEW	18	CYMBALTA CPEP (Use duloxetine hcl)	17
CORTENEMA (Use hydrocortisone (intrarectal))	8	CVS SOFT GLUCOSE CHEW	18	cyproheptadine hcl SYRP	24
CORTISONE ACETATE TABS	45	cyanocobalamin SOLN IJ 1000 MCG/ML	66	cyproheptadine hcl TABS	24
CORTROSYN SOLR (Use cosyntropin)	56	cyclobenzaprine hcl TABS 5 MG, 10 MG	83	CYRAMZA	30
COSOPT (Use dorzolamide hcl- timolol maleate)	86	cyclobenzaprine hcl TABS 7.5 MG	83	CYSTADANE (Use betaine)	61
cosyntropin SOLR	56	CYCLOGYL (Use cyclopentolate hcl)	87	CYSTADROPS	89
COTELLIC	33	CYCLOGYL 0.5 %	87	CYSTAGON CAPS	63
COVID-19 AG TEST KIT	57	CYCLOGYL 2 %	87	CYSTARAN	89
COVID-19 AT-HOME TEST KIT KIT . 57		cyclopentolate hcl 0.5 %	87	cytarabine SOLN	30
COZAAR (Use losartan potassium) 25		cyclopentolate hcl 1 %, 2 %	87	CYTOGAM	90
CREON CPEP	58	CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	29	CYTOMEL TABS (Use liothyronine sodium)	95
CRESTOR TABS (Use rosuvastatin calcium)	24	CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	29	CYTOTEC (Use misoprostol)	97
cromolyn sodium (nasal) 5.2 MG/ACT	84	cyclophosphamide SOLN	29	dabigatran etexilate mesylate CAPS . 12	
		cyclophosphamide SOLR IJ	30	DACOGEN (Use decitabine)	30
		cyclosporine CAPS	79	DAILY MULTIPLE VITAMINS TABS . 81	
		cyclosporine modified (for microemulsion) CAPS	79	dalfampridine	93

DALIRESP (Use roflumilast)	11	deferiprone TABS	21	CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	45
dapagliflozin propanediol	21	deferoxamine mesylate	22	DEPO-SUBQ PROVERA 104 SUSY SC	45
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	18	DEFITELIO	65	DERMAREST PSORIASIS GEL ...	54
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	18	deflazacort SUSP	45	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	52
dapsone	28	deflazacort TABS	45	DERMOTIC (Use fluocinolone acetonide (otic))	89
DAPTACEL	95	DEFLUX	64	DESCOVY 120 MG-15 MG	38
DARAPRIM (Use pyrimethamine) 29		DELSTRIGO	38	DESCOVY 200 MG-25 MG	38
darunavir TABS 600 MG	38	DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)	46	DESFERAL 500 MG (Use deferoxamine mesylate)	22
darunavir TABS 800 MG	38	DELSYM SUER (Use dextromethorphan polistirex)	46	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	17
DARZALEX	31	DELZICOL CPDR (Use mesalamine) 63		desipramine hcl TABS 25 MG	17
DARZALEX FASPRO	33	DEMSEER (Use metyrosine)	25	desmopressin acetate SOLN IJ ...	61
daunorubicin hcl SOLN	32	DENGAXIA	98	DESMOPRESSIN ACETATE SOLN NA	61
DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl)	32	DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	15	desmopressin acetate spray	61
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	32	DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	15	desmopressin acetate spray refrigerated	61
DAURISMO	31	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	15	desmopressin acetate TABS	61
DAYHIST ALLERGY 12 HOUR RELIEF TABS	23	DEPAKOTE TBEC 125 MG (Use divalproex sodium)	15	desogestrel & ethinyl estradiol	44
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	61	DEPAKOTE TBEC 250 MG (Use divalproex sodium)	15	desogestrel-ethinyl estradiol (biphasic)	44
DDAVP TABS (Use desmopressin acetate)	61	DEPAKOTE TBEC 500 MG (Use divalproex sodium)	15	desogestrel-ethinyl estradiol (triphasic)	44
DEBROX 6.5 % (Use carbamide peroxide (otic))	89	DEPEN TITRATABS TABS (Use penicillamine)	78	desonide CREA	52
decitabine	30	DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	45	desonide OINT	52
deferasirox PACK	21	DEPO-PROVERA		DESOWEN CREA (Use desonide) 52	
deferasirox TABS	21			desoximetasone CREA 0.05 %	52
deferasirox TBSO	21			desoximetasone CREA 0.25 %	52

desoximetasone GEL52	96	DEXYCU SUSP IO88
desoximetasone OINT 0.25 %52	dexlansoprazole96	DHIVY TABS36
desvenlafaxine succinate 100 MG .17	dexmethylphenidate hcl TABS1	DHS TAR GEL SHAM (Use coal tar extract)55
desvenlafaxine succinate 25 MG, 50 MG17	dexrazoxane hcl35	DHS TAR SHAM (Use coal tar extract)55
DETROL LA CP24 (Use tolterodine tartrate)97	DEXTENZA INST88	DIABETIC TUSSIN COLD/FLU CAPS47
DETROL TABS (Use tolterodine tartrate)97	dextroamphetamine sulfate CP24 ...1	DIACOMIT CAPS 250 MG13
DEX418	dextroamphetamine sulfate TABS 5 MG, 10 MG1	DIACOMIT CAPS 500 MG13
DEX4 FAST ACTING GLUCOSE .18	dextromethorphan hbr LIQD 7.5 MG/5ML46	DIACOMIT PACK 250 MG13
DEX4 NATURALS18	dextromethorphan polistirex LQCR 46	DIACOMIT PACK 500 MG13
DEX4 POUCH PACK18	dextromethorphan polistirex SUER 46	DIASTAT ACUDIAL GEL 10 MG (Use diazepam (anticonvulsant)) .. 12
DEX4 QUICK DISSOLVE GLUCOSE CHEW18	dextromethorphan-doxylamine-acetaminophen LIQD47	DIASTAT ACUDIAL GEL 20 MG (Use diazepam (anticonvulsant)) .. 12
dexamethasone ELIX46	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML47	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))12
dexamethasone sodium phosphate (ophth)88	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/20ML47	diazepam (anticonvulsant) GEL 10 MG12
DEXAMETHASONE SODIUM PHOSPHATE +RFID SOSY IJ 4 MG/ML46	dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML47	diazepam (anticonvulsant) GEL ... 12
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML46	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML47	diazepam SOLN OR 5 MG/5ML ...10
dexamethasone sodium phosphate SOSY IJ 4 MG/ML46	dextromethorphan-guaifenesin TB12 600 MG-30 MG47	diazepam TABS10
dexamethasone SOLN46	dextromethorphan-phenylephrine-acetaminophen CAPS47	dibucaine54
dexamethasone TABS46		dichlorphenamide58
DEXCOM G6 RECEIVER70		diclofenac potassium TABS 50 MG .4
DEXCOM G7 RECEIVER70		diclofenac sodium (ophth)89
DEXCOM G7 SENSOR70		diclofenac sodium (topical) GEL EX 51
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) ...1		diclofenac sodium TBEC4
DEXILANT (Use dexlansoprazole)		dicloxacillin sodium91
		dicyclomine hcl CAPS95
		dicyclomine hcl SOLN OR95

dicyclomine hcl TABS	95	diltiazem hcl CP24 240 MG	42	RANGE MISC	73
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	49	diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	42	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC ...	73
DIFLUCAN SUSR (Use fluconazole) . 22		diltiazem hcl extended release beads 240 MG	42	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	73
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	22	diltiazem hcl TABS	42	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	73
DIFLUCAN TABS 150 MG (Use fluconazole)	22	dimenhydrinate TABS	22	DISPOSABLE PAPER MOUTHPIECE MISC	73
DIFLUCAN TABS 50 MG (Use fluconazole)	22	dimethyl fumarate CDPK	93	DISPOSABLE PAPER MOUTHPIECE MISC	73
diflunisal TABS	6	dimethyl fumarate CPDR	93	disulfiram 250 MG	92
digoxin SOLN OR 0.05 MG/ML	43	DIOVAN HCT (Use valsartan-hydrochlorothiazide)	26	DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride)	97
digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	43	DIOVAN TABS (Use valsartan) ...	25	divalproex sodium CSDR	15
dihydroergotamine mesylate SOLN NA 4 MG/ML	76	diphenhydramine hcl (sleep) CAPS 50 MG	67	divalproex sodium TB24 250 MG ..	15
DILANTIN (Use phenytoin sodium extended)	14	diphenhydramine hcl (sleep) TABS 25 MG	67	divalproex sodium TB24 500 MG ..	15
DILANTIN	14	diphenhydramine hcl (sleep) TABS 50 MG	67	divalproex sodium TBEC 125 MG .	15
DILANTIN INFATABS CHEW (Use phenytoin)	14	diphenhydramine hcl (sleep) TABS 50 MG	67	divalproex sodium TBEC 250 MG .	15
DILANTIN-125 SUSP (Use phenytoin)	14	diphenhydramine hcl CAPS	23	divalproex sodium TBEC 500 MG .	15
DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)	6	diphenhydramine hcl ELIX 12.5 MG/5ML	23	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel)	35
DILAUDID TABS 8 MG (Use hydromorphone hcl)	6	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	23	docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	35
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	42	diphenhydramine hcl TABS 25 MG 23		DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	35
diltiazem hcl coated beads CP24 240 MG	42	diphenoxylate w/ atropine LIQD ...	21	DOCETAXEL SOLN (Use docetaxel) 35	
diltiazem hcl CP12	42	diphenoxylate w/ atropine TABS ..	21	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	35
diltiazem hcl CP24 120 MG, 180 MG 42		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	95	docetaxel SOLN	35
		dipyridamole	65	DOCIVYX SOLN	35
		disopyramide phosphate CAPS ...	10	DOCK-SORREL POLLEN MIX EXTRACT IJ	2
		DISPOSABLE MOUTHPIECE FULL			

docusate sodium CAPS 100 MG, 250 MG	69	DRISDOL CAPS (Use ergocalciferol) 100		BLOOD GLUCOSE SYSTEM KIT .70	
docusate sodium CAPS 50 MG ...	69	drospirenone-ethinyl estradiol	44	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP ..	57
docusate sodium LIQD	69	DROXIA CAPS	66	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	70
docusate sodium SYRP	69	droxidopa	100	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP ..	57
DOCUSATE SODIUM SYRP	69	DRYSOL SOLN	54	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	57
docusate sodium TABS	69	DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	68	EBASE CONTROLLER KIT MISC .73	
dofetilide	10	DULCOLAX SUPP (Use bisacodyl) 68		econazole nitrate CREA	50
DOJOLVI	86	DULCOLAX TBEC (Use bisacodyl) 68		ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	6
donepezil hydrochloride TABS 5 MG, 10 MG	93	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	17	ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	6
dorzolamide hcl	89	DUROLANE PRSY	84	ECOTRIN TBEC (Use aspirin)	6
DORZOLAMIDE HCL	89	DUTOPROL TB24 12.5 MG-50 MG 26		ED BRON GP LIQD	47
DORZOLAMIDE HCL/TIMOLOL MALEATE	86	D-VI-SOL LIQD OR (Use cholecalciferol)	100	EDURANT	38
dorzolamide hcl-timolol maleate ..	86	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	69	efavirenz CAPS 200 MG	38
DOVATO	38	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	71	efavirenz CAPS 50 MG	38
DOVONEX CREA (Use calcipotriene)	51	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	71	efavirenz TABS	38
doxazosin mesylate	26	EASY FLOW 300 MM HOSE MISC 73		efavirenz-emtricitabine-tenofovir disoproxil fumarate	38
doxepin hcl CAPS	17	EASY FLOW 400 MM HOSE MISC 73		efavirenz-lamivudine-tenofovir disoproxil fumarate	38
doxepin hcl CONC	17	EASY FLOW AIR NOZZLE MISC .73		EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	17
doxycycline (monohydrate) CAPS 50 MG, 100 MG	95	EASY FLOW HEPA FILTER MISC 73		EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	17
doxycycline (monohydrate) TABS 50 MG, 100 MG	95	EASY MAX BLOOD GLUCOSE TEST STRIP STRP	57	EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	17
doxycycline hyclate CAPS	95	EASY MAX T1 SELF-MONITORING		EFFIENT (Use prasugrel hcl)	65
doxycycline hyclate TABS 100 MG 95				EFUDEX CREA (Use fluorouracil	
doxylamine succinate (sleep)	67				
DRAMAMINE CHEW	22				
DRAMAMINE TABS (Use dimenhydrinate)	22				

(topical))51	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG38	EPIVIR TABS 150 MG (Use lamivudine)38
ELAPRASE61	EMTRIVA CAPS (Use emtricitabine) . 38	EPIVIR TABS 300 MG (Use lamivudine)38
eletriptan hydrobromide76	EMTRIVA SOLN38	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML66
ELIDEL (Use pimecrolimus)54	EMVERM CHEW9	epoprostenol sodium43
ELIGARD KIT SC 7.5 MG32	enalapril maleate & hydrochlorothiazide26	EPZICOM (Use abacavir sulfate-lamivudine)38
ELIGARD SC 22.5 MG, 30 MG, 45 MG32	enalapril maleate TABS25	EQL DRY MOUTH ORAL RINSE SOLN80
ELIQUIS STARTER PACK TBPK . 12	ENDARI66	EQUALYTE SOLN (Use oral electrolytes)77
ELIQUIS TABS12	ENFAMIL ENFALYTE SOLN77	ERBITUX31
ELLA45	ENERGIX-B SUSP 20 MCG/ML ...98	ergocalciferol CAPS100
ELLEENCE SOLN32	ENERGIX-B SUSY98	ergocalciferol SOLN OR100
ELLUME COVID-19 HOME TEST KIT57	ENHERTU31	ergotamine w/ caffeine TABS76
ELOCTATE64	ENJAYMO65	eribulin mesylate35
EMBRACE PEN NEEDLES/30G X 5MM71	enoxaparin sodium SOLN IJ 300 MG/3ML12	ERIVEDGE31
EMBRACE PEN NEEDLES/31G X 5MM71	enoxaparin sodium SOSY12	ERLEADA 60 MG32
EMBRACE PEN NEEDLES/31G X 8MM71	ENSPRYNG79	erlotinib hcl31
EMBRACE PEN NEEDLES/32G X 4MM71	ENTYVIO SOLR63	ertapenem sodium IJ28
EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP ..57	EPICORD/ 1CM X 2CM SHEE55	ERYGEL GEL (Use erythromycin (acne aid))49
EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP ..57	EPIDIOLEX13	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)69
EMCYT32	EPIFOAM FOAM52	ERYPED 400 SUSR (Use erythromycin ethylsuccinate)69
EMFLAZA SUSP46	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML100	erythromycin (acne aid) GEL49
EMFLAZA TABS (Use deflazacort) 46	epinephrine (anaphylaxis) SOAJ .100	erythromycin (acne aid) SOLN49
EMOLLIENT LOTION-MISC53	epinephrine hcl (nasal)85	erythromycin (ophth)87
EMPLICITI31	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))100	ERYTHROMYCIN87
emtricitabine CAPS38	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))100	
	EPIVIR SOLN (Use lamivudine) ...38	

erythromycin base CPEP	69	ethosuximide SOLN	14	EXPIRATORY MOUTHPIECE MISC .	73
erythromycin base TABS	69	ethynodiol diacet & eth estrad	44	EXSERVAN FILM	85
erythromycin base TBEC	69	etodolac CAPS	4	EXTAVIA KIT	93
erythromycin ethylsuccinate SUSR	69	etodolac TABS	4	EYLEA HD SOLN	87
erythromycin ethylsuccinate TABS	69	etonogestrel-ethinyl estradiol	45	EYLEA SOLN	87
erythromycin stearate TABS 250 MG	69	etoposide CAPS	35	EYLEA SOSY	87
ESBRIET CAPS (Use pirfenidone)	94	etoposide SOLN 1 GM/50ML, 100	35	ezetimibe	25
ESBRIET TABS (Use pirfenidone)	94	MG/5ML, 500 MG/25ML	35	ezetimibe-simvastatin	24
escitalopram oxalate TABS 10 MG	16	etravirine 100 MG	38	famciclovir	40
escitalopram oxalate TABS 20 MG	16	etravirine 200 MG	38	famotidine SUSR	96
escitalopram oxalate TABS 5 MG .	16	EUFLEXXA SOSY	84	famotidine TABS 10 MG	96
ESGIC TABS (Use butalbital-		EULEXIN	32	famotidine TABS 20 MG, 40 MG ..	96
acetaminophen-caffeine)	5	EVAC POWD (Use psyllium)	68	FARESTON (Use toremifene citrate)	32
esomeprazole magnesium CPDR 20		EVENITY	59	FARXIGA	21
MG	96	everolimus TABS	33	FASTEP COVID-19 ANTIGEN	
ESPEROCT	64	everolimus TBSO	33	HOME TEST KIT	57
ESTRACE CREA (Use estradiol		EVERSENSE E3 SENSOR/HOLDER	70	FEIBA	64
vaginal)	100	EVISTA (Use raloxifene hcl)	60	felbamate SUSP	14
ESTRACE TABS (Use estradiol) ..	62	EVKEEZA	24	felbamate TABS	14
estradiol & norethindrone acetate		EVOMELA IV	30	FELBATOL SUSP (Use felbamate)	14
TABS	62	EVRYSDI	85	FELBATOL TABS (Use felbamate)	14
estradiol PTTW	62	EXELON 4.6 MG/24HR, 9.5		FELDENE CAPS (Use piroxicam) ..	4
estradiol PTWK	62	MG/24HR (Use rivastigmine)	93	felodipine	42
estradiol TABS	62	exemestane	32	FEMARA (Use letrozole)	32
estradiol vaginal CREA	100	EXFORGE (Use amlodipine		fenofibrate micronized 134 MG, 200	
estradiol vaginal TABS	100	besylate-valsartan)	26	MG	24
ESTROFACTORS TABS	81	EXFORGE HCT (Use amlodipine-		fenofibrate micronized 67 MG	24
ethambutol hcl TABS	29	valsartan-hydrochlorothiazide)	26	fenofibrate TABS 160 MG	24
ethosuximide CAPS	14	EXJADE TBSO (Use deferasirox) .	21		
		EXKIVITY	31		
		EXONDYS 51	85		

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FENOFIBRATE TABS24	fingolimod hcl93	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal)) 84
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FENSOLVI SC 60	FIRAZYR SOSY (Use icatibant acetate)65	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR6	FIRMAGON 80 MG 32	FLOVENT HFA11
FER-IN-SOL SOLN (Use ferrous sulfate) 66	FIRVANQ SOLR OR (Use vancomycin hcl)28	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT57
FERRETTS TABS 66	FLAVOR BLEND SUSP 91	fluconazole SUSR 22
FERRIPROX SOLN21	FLAVOR PLUS LIQD91	fluconazole TABS 100 MG, 200 MG . 22
FERRIPROX TABS (Use deferiprone)21	FLAVOR SWEET SYRP91	fluconazole TABS 150 MG 22
FERRIPROX TWICE-A-DAY TABS 21	FLAVOR SWEET-SF SYRP91	fluconazole TABS 50 MG22
ferrous fumarate TABS 324 MG ...66	flavoxate hcl97	fludarabine phosphate SOLN30
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS 66	FLEBOGAMMA DIF SOLN 5 GM/50ML90	FLUDARABINE PHOSPHATE SOLN30
FERROUS GLUCONATE TABS 324 MG 66	FLEBOGAMMA DIF SOLN 90	fludarabine phosphate SOLR30
ferrous sulfate SOLN 15 MG/ML ..66	flecainide acetate10	fludrocortisone acetate TABS 46
ferrous sulfate SOLN 44 MG/5ML, 220 MG/5ML, 300 MG/6.8ML66	FLEET ENEMA ENEM (Use sodium phosphates)68	flunisolide (nasal) 0.025 %84
ferrous sulfate TABS 65 MG, 325 MG66	FLEET PEDIATRIC ENEM (Use sodium phosphates) 68	fluocinolone acetonide (otic) 89
FERROUS SULFATE TBEC (Use ferrous sulfate) 66	FLEET SALINE ENEMA EXTRAVOLUME ENEM (Use sodium phosphates)68	fluocinolone acetonide OIL 52
ferrous sulfate TBEC66	FLEXICHAMBER ADULT MASK/SMALL73	fluocinonide CREA 0.05 %53
FEVERALL JUNIOR STRENGTH SUPP5	FLEXICHAMBER CHILD MASK/LARGE73	fluocinonide emulsified base53
fexofenadine hcl TABS 180 MG ...23	FLEXICHAMBER CHILD MASK/SMALL73	fluocinonide GEL53
fexofenadine hcl TABS 60 MG23	FLOLAN (Use epoprostenol sodium)43	fluocinonide OINT53
FIBRYGA64	FLOMAX (Use tamsulosin hcl) ...64	fluocinonide SOLN53
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		fluorouracil (topical) CREA 0.5 % ..51
		fluorouracil (topical) CREA 5 % ...51

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fluoxetine hcl CAPS 10 MG, 20 MG 16	FML OINT88	FRAGMIN SOSY12
fluoxetine hcl CAPS 40 MG16	FOCALIN TABS (Use dexmethylphenidate hcl)1	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM70
fluoxetine hcl SOLN16	FOLCYTEINE TABS81	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM70
fluoxetine hcl TABS 10 MG16	folic acid TABS 1 MG66	
fluoxetine hcl TABS 20 MG16	folic acid TABS 400 MCG, 800 MCG . 66	
fluphenazine decanoate37	FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML60	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM70
fluphenazine hcl TABS37	FOLOTYN30	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM70
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flurbiprofen TABS4	FORA GTEL BLOOD KETONE TEST STRIPS57	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM70
flutamide32	FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..57	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM70
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fluticasone propionate (nasal) SUSP . 84	formaldehyde SOLN 10 %38	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM70
fluticasone propionate CREA 0.05 % 53	FORTEO SOPN (Use teriparatide (recombinant))59	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT70
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT11	FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP ... 57	FULL KIT NEBULIZER SET MISC 73
fluticasone propionate hfa 44 MCG/ACT11	FOSAMAX TABS 70 MG (Use alendronate sodium)59	furosemide SOLN OR 10 MG/ML, 40 MG/5ML59
fluticasone propionate OINT53	fosamprenavir calcium TABS38	furosemide TABS59
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT11	fosinopril sodium & hydrochlorothiazide26	FUZEON SOLR39
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gabapentin TABS 600 MG	13	GEL-ONE	84	glipizide-metformin hcl	18
gabapentin TABS 800 MG	13	GELSYN-3 SOSY	84	glucagon (rdna)	18
GABITRIL (Use tiagabine hcl)	14	gemfibrozil TABS	24	GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	18
GABLOFEN SOLN IT (Use baclofen) 83		GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	57	GLUCO TO GO CHEW	18
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	83	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	57	GLUCOSE	18
GALAFOLD	61	GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	44	GLUCOSE CHEW	18
galantamine hydrobromide CP24 ..	93	GENICIN VITA-Q TABS	81	GLUCOSE INSTANT ENERGY ...	18
galantamine hydrobromide SOLN ..	93	gentamicin sulfate (ophth) OINT ..	87	GLUCOTROL XL TB24 (Use glipizide)	21
galantamine hydrobromide TABS ..	93	gentamicin sulfate (ophth) SOLN ..	87	glyburide micronized 1.5 MG, 3 MG, 6 MG	21
GAMASTAN	90	gentamicin sulfate (topical) CREA ..	50	glyburide TABS	21
GAMIFANT	79	gentamicin sulfate (topical) OINT ..	50	glyburide-metformin	18
GAMMAGARD LIQUID	90	GENVISC 850 SOSY	84	glycerin (laxative) SUPP 2 GM	68
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	90	GENVOYA	39	GLYCERIN ADULT SUPP (Use glycerin (laxative))	68
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	90	GEODON (Use ziprasidone hcl) ..	36	glycine diluent	91
GAMMAPLEX SOLN 5 GM/50ML ..	90	GERI-TUSSIN SYRP	49	glycopyrrolate TABS 1 MG, 2 MG ..	95
GAMMAPLEX SOLN	90	GILENYA (Use fingolimod hcl)	93	GLYNASE (Use glyburide micronized)	21
GAMUNEX-C	90	GILENYA 0.5 MG	93	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	57
GANIRELIX ACETATE (Use ganirelix acetate)	60	GILOTRIF	31	GNP GLUCOSE 6 MG-4 GM	19
ganirelix acetate	60	GIMOTI SOLN NA	63	GNP GLUCOSE CHEW	19
GARDASIL 9 SUSP	98	ginger (zingiber officinalis) CAPS 250 MG	2	GNP QUICK DISSOLVE GLUCOSE CHEW	19
GARDASIL 9 SUSY	98	GLASSIA SOLN	94	GOCOVRI CP24	36
GATTEX	63	glatiramer acetate SOSY	93	GOJJI BLOOD KETONE TEST STRIPS	57
GAUZE SPONGES	69	GLEEVEC (Use imatinib mesylate) 33		GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod	
GAVRETO	33	glimepiride 1 MG, 2 MG	21		
GAZYVA	31	glimepiride 4 MG	21		
		glipizide TABS	21		

sulfate)	68	35	HIZENTRA SOLN	90
GONAL-F RFF REDIJECT SOPN	60	HALCION 0.25 MG (Use triazolam) 67	HIZENTRA SOSY	90
GONAL-F RFF SOLR SC	60	HALDOL DECANOATE 100 (Use haloperidol decanoate)	homatropine hbr	87
GONAL-F SOLR IJ	60	HALDOL DECANOATE 50 (Use haloperidol decanoate)	HULIO AJKT	4
GOODSENSE GLUCOSE	19	haloperidol decanoate	HULIO PSKT	4
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	57	haloperidol decanoate	HUMALOG KWIKPEN SOPN 100 UNIT/ML	20
GRANIX SOLN	66	haloperidol lactate CONC	HUMALOG SOLN IJ	20
GRANIX SOSY	66	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	HUMATE-P SOLR	64
GRAPE SYRUP SYRP	91	haloperidol TABS 20 MG	HUMULIN 70/30 KWIKPEN SUPN 20	
griseofulvin microsize SUSP	22	HAVRIX	HUMULIN 70/30 SUSP	20
griseofulvin microsize TABS	22	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	HUMULIN N KWIKPEN SUPN	20
griseofulvin ultramicrosize	22	HEMOFIL M SOLR 1501 -2000 UNIT	HUMULIN N SUSP	20
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML	49	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	HUMULIN R SOLN IJ	20
guaifenesin SYRP	49	HEPAGAM B SOLN IJ	HYALGAN SOLN	84
guaifenesin TB12 1200 MG	49	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	HYALGAN SOSY	84
guaifenesin TB12 600 MG	49	HEPLISAV-B SOSY	HYCANTIN CAPS	35
guaifenesin-codeine SOLN	47	HERCEPTIN 150 MG	HYCANTIN SOLR (Use topotecan hcl)	35
guaifenesin-codeine SYRP	47	HERCEPTIN HYLECTA	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	46
guanfacine hcl (adhd)	1	HIBERIX SOLR IJ	hydralazine hcl TABS	27
guanfacine hcl	26	HIBICLENS SOLN EX (Use chlorhexidine gluconate)	HYDRALYTE FREEZER POPS SOLN	78
GUARDIAN 4 GLUCOSE SENSOR . 70		HIGH POTENCY MULTIVITAMIN TABS	HYDRALYTE SOLN	78
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	70		HYDREA (Use hydroxyurea)	34
GYNAZOLE-1	99		hydrochlorothiazide CAPS	59
HADLIMA PUSHTOUCH SOAJ	4		hydrochlorothiazide TABS 25 MG, 50 MG	59
HADLIMA SOSY	4		hydrocodone bitartrate-homatropine methylbromide SOLN	46
HAEGARDA SOLR SC	65			
HALAVEN (Use eribulin mesylate)				

hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 7	hydromorphone hcl TABS 8 MG 6	HY-VEE GLUCOSE 19
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 7	hydroxychloroquine sulfate 200 MG 29	HYZAAR (Use losartan potassium & hydrochlorothiazide) 26
HYDROCORT LOTION COMPLETEKIT THPK 53	hydroxyprogesterone caproate (antineoplastic) 32	ibandronate sodium SOLN 59
hydrocortisone (intrarectal) 8	hydroxyprogesterone caproate OIL 92	IBRANCE CAPS 33
hydrocortisone (rectal) EX 1 % 8	hydroxyurea 34	IBRANCE TABS 33
hydrocortisone (rectal) EX 2.5 % ... 8	hydroxyzine hcl SYRP 9	ibuprofen CHEW 4
hydrocortisone (topical) CREA 0.5 % 53	hydroxyzine hcl TABS 9	ibuprofen lysine 4
hydrocortisone (topical) CREA 1 % 53	hydroxyzine pamoate CAPS 9	ibuprofen SUSP 100 MG/5ML 4
hydrocortisone (topical) CREA 2.5 % 53	HYMOVIS 84	ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML 4
hydrocortisone (topical) LOTN 1 % 53	hyoscyamine sulfate ELIX 95	ibuprofen TABS 200 MG 4
hydrocortisone (topical) LOTN 2.5 % . 53	HYOSCYAMINE SULFATE POWD 96	ibuprofen TABS 400 MG, 600 MG, 800 MG 4
hydrocortisone (topical) OINT 1 %, 2.5 % 53	hyoscyamine sulfate SOLN OR 0.125 MG/ML 96	icatibant acetate SOLN 65
hydrocortisone butyrate SOLN 53	hyoscyamine sulfate SUBL 0.125 MG 96	icatibant acetate SOSY 65
HYDROCORTISONE COMPLETE KIT THPK 53	hyoscyamine sulfate SUBL 0.125 MG 96	ICLUSIG 33
hydrocortisone TABS 46	hyoscyamine sulfate TABS 0.125 MG 96	IDELVION 64
hydrocortisone vaginal 99	hyoscyamine sulfate TB12 0.375 MG 96	IDHIFA 33
hydrocortisone w/acetic acid 89	hyoscyamine sulfate TBDP 0.125 MG 96	IFE-BIMIX 30/1 SOLN 43
HYDROCORTISONE/ACETIC ACID (Use hydrocortisone w/acetic acid) 89	HYPERHEP B SOLN IM 90	IHEALTH COVID-19 ANTIGENRAPID TEST KIT 57
HYDROMORPHONE HCL SUPP ... 6	HYPERRHO S/D MINI-DOSE SOSY IM 90	ILARIS SOLN 4
hydromorphone hcl TABS 2 MG, 4 MG 6	HYQVIA 90	ILUMYA 51
	HYRIMOZ SOAJ 40 MG/0.4ML 4	ILUVIEN 88
	HYRIMOZ SOSY 40 MG/0.4ML 4	imatinib mesylate 33
	HYRONAN KIT 84	IMBRUVICA CAPS 33
		IMBRUVICA TABS 33
		IMCIVREE 1
		IMFINZI 31
		imipramine hcl TABS 17

imiquimod 5 % 53	INFANRIX 95	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 20
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan) 76	INFANTS ADVIL SUSP (Use ibuprofen) 4	INSULIN LISPRO SOLN IJ 20
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate) 76	INFANTS SILAPAP SOLN OR 5	INSULIN SYRINGES 71
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate) 76	INFLECTRA SOLR 63	INSULIN SYRINGES-MISC 71
IMITREX TABS (Use sumatriptan succinate) 76	INFLIXIMAB 63	INSUPEN 31G X 5MM 71
IMLYGIC 35	INLYTA 30	INSUPEN 31G X 8MM 71
IMODIUM A-D CAPS (Use loperamide hcl) 21	INNOSPIRE REPLACEMENT FILTER MISC 73	INSUPEN 32G X 4MM 71
IMODIUM A-D TABS (Use loperamide hcl) 21	INQOVI 33	INTELENCE 100 MG (Use etravirine) 39
IMOVAX RABIES (H.D.C.V.) SUSR 98	INREBIC 33	INTELENCE 200 MG (Use etravirine) 39
IMURAN TABS (Use azathioprine) 79	INSULIN ASPART FLEXPEN SOPN . 20	INTELENCE 25 MG 39
INCRELEX 60	INSULIN ASPART PENFILL SOCT 20	INTELISWAB COVID-19 RAPID TEST KIT 57
INCRUSE ELLIPTA 10	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 20	INTRON A SOLR 34
indapamide TABS 1.25 MG, 2.5 MG . 59	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 20	INTUNIV (Use guanfacine hcl (adhd)) 1
INDERAL LA CP24 (Use propranolol hcl) 42	INSULIN ASPART SOLN IJ 20	INVANZ IJ (Use ertapenem sodium) . 28
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ... 57	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML 20	INVEGA HAFYERA 36
INDOCIN SUSP (Use indomethacin) . 4	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML 20	INVEGA SUSTENNA 36
INDOMETHACIN 4	INSULIN DEGLUDEC SOLN 20	INVEGA TRINZA 36
indomethacin CAPS 25 MG, 50 MG 4	INSULIN GLARGINE-YFGN SOLN 20	IOPIDINE 87
indomethacin sodium 4	INSULIN GLARGINE-YFGN SOPN 20	IPOL INACTIVATED IPV 98
indomethacin SUPP 4	INSULIN LISPRO JUNIOR KWIKPEN SOPN 20	ipratropium bromide (nasal) 0.03 % 84
indomethacin SUSP 4	INSULIN LISPRO KWIKPEN SOPN . 20	ipratropium bromide (nasal) 0.06 % 84
		ipratropium bromide SOLN 0.02 % 10
		ipratropium-albuterol SOLN 11
		irbesartan 25

irbesartan-hydrochlorothiazide	26	JAKAFI	33	KEPIVANCE 6.25 MG	35
IRESSA (Use gefitinib)	31	JANSSEN COVID-19 VACCINE	98	KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	13
irinotecan hcl	35	JEMPERLI	31	KEPPRA TABS 1000 MG (Use levetiracetam)	13
IRON CHEWS PEDIATRIC CHEW 66		JEVTANA	35	KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	13
IRON TABS 28 MG	66	JIVI	65	KEPPRA TABS 500 MG (Use levetiracetam)	13
ISENTRESS CHEW 100 MG	39	JULUCA	39	KEPPRA XR TB24 (Use levetiracetam)	13
ISENTRESS CHEW 25 MG	39	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	25	KERALYT GEL (Use salicylic acid) 54	
ISENTRESS HD TABS	39	JYNARQUE TABS	62	KERALYT GEL	54
ISENTRESS PACK	39	JYNARQUE TBPk	62	KESIMPTA	93
ISENTRESS TABS	39	JYNNEOS	98	ketoconazole (topical) CREA	50
isoniazid SYRP	29	KADCYLA	31	ketoconazole (topical) SHAM 2 %	50
isoniazid TABS	29	KALBITOR	65	KETONE STRP	57
ISOPTO ATROPINE SOLN	87	KALETRA SOLN (Use lopinavir- ritonavir)	39	KETONE TEST STRIPS STRP	57
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	9	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	39	ketorolac tromethamine (ophth) 0.4 %	89
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	39	ketorolac tromethamine (ophth) 0.5 %	89
isosorbide mononitrate TABS	9	KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	94	ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	4
isosorbide mononitrate TB24	9	KALYDECO PACK 5.8 MG	94	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	4
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	49	KALYDECO TABS	94	ketorolac tromethamine TABS	4
ISTODAX SOLR (Use romidepsin)	33	KANJINTI 420 MG	31	KETOSTIX STRP	57
ISTURISA	59	KANUMA	61	ketotifen fumarate (ophth) 0.035 % 89	
ITCH RELIEF CREA	51	KAPVAY TB12 (Use clonidine hcl (adhd))	1	KEVEYIS (Use dichlorphenamide) 58	
itraconazole CAPS	22	KAZANO (Use alogliptin-metformin hcl)	18	KEY-E CHEW	100
IXEMPRA KIT	35	KCENTRA	65		
IXIARO	98	KEMOPLAT SOLN	30		
IXINITY SOLR	64	KEPIVANCE 5.16 MG	35		
JADENU SPRINKLE PACK (Use deferasirox)	22				
JADENU TABS (Use deferasirox)	22				

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KINDERLYTE PREMAX SOLN	78	K-TAB TBCR 8 MEQ, 10 MEQ (Use potassium chloride)	78	LANCETS-MISC	70
KINDERLYTE SOLN	78	KUVAN PACK (Use sapropterin dihydrochloride)	61	LANCING DEVICE-MISC	70
KINERET SOSY	4	KUVAN TABS (Use sapropterin dihydrochloride)	61	lanolin (topical) CREA	54
KINRIX SUSY	95	KYPROLIS	33	lanolin (topical) OINT	54
KISQALI	33	labetalol hcl TABS 100 MG	41	lanolin XX	92
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KLONOPIN TABS (Use clonazepam)	13	lactulose SOLN	68	lansoprazole CPDR 30 MG	96
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KOVALTRY	65	lamivudine TABS 300 MG	39	leflunomide	5
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				LENVIMA 10 MG DAILY DOSE ..	30
				LENVIMA 12MG DAILY DOSE ...	30
				LENVIMA 14 MG DAILY DOSE ...	30
				LENVIMA 18 MG DAILY DOSE ...	30
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NEOMULTIVITE TABS81		NICORETTE GUM (Use nicotine polacrilex)94
neomycin sulfate TABS2		NICORETTE LOZG (Use nicotine polacrilex)94
neomycin-bacitracin zn-polymyxin 87		NICORETTE MINI LOZG (Use nicotine polacrilex)94
neomycin-bacitracin-polymyxin OINT		

NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	94	NIX CREME RINSE LIQD EX (Use permethrin)	55	nortriptyline hcl SOLN	18
nicotine MISC XX	94	NIZORAL SHAM	50	NORVASC TABS (Use amlodipine besylate)	42
nicotine polacrilex GUM	94	NORDITROPIN FLEXPOR SOPN	60	NORVIR CAPS	39
nicotine polacrilex LOZG	94	norelgestromin-ethinyl estradiol	45	NORVIR SOLN	39
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	94	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	45	NORVIR TABS (Use ritonavir)	39
NICOTINE TRANSDERMAL SYSTEM KIT	94	norethindrone & eth estradiol	45	NOSE CLIP MISC	74
NICOTROL INHALER INHA	94	norethindrone & ethinyl estradiol-fe 45	45	NOVA MAX PLUS KETONE TESTSTRIPS	58
NICOTROL NS SOLN	94	norethindrone (contraceptive)	45	NOVACHOR	56
nifedipine CAPS	42	norethindrone acet & eth estra	45	NOVAREL IM 5000 UNIT	60
nifedipine TB24 30 MG, 90 MG	42	norethindrone acetate TABS	92	NOVAVAX COVID-19 VACCINE	98
nifedipine TB24 60 MG	42	norethindrone acetate-ethinyl estradiol	62	NOVAVAX COVID-19 VACCINE/2023-24	98
NINLARO	34	norethindrone acetate-ethinyl estradiol-fe	45	NOVOLIN 70/30 FLEXPEN RELION SUPN	20
nitisinone CAPS	61	norethindrone-eth estradiol (triphasic)	45	NOVOLIN 70/30 FLEXPEN SUPN	20
NITRO-BID OINT	9	norgestimate-ethinyl estradiol (triphasic)	45	NOVOLIN 70/30 RELION SUSP	20
NITRO-DUR PT24 (Use nitroglycerin)	9	norgestimate-ethinyl estradiol	45	NOVOLIN 70/30 SUSP	20
nitrofurantoin	28	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	45	NOVOLIN N FLEXPEN RELION SUPN	20
nitrofurantoin macrocrystal 50 MG, 100 MG	28	NORPACE CAPS (Use disopyramide phosphate)	10	NOVOLIN N FLEXPEN SUPN	20
nitrofurantoin monohyd macro	28	NORPACE CR CP12 150 MG	10	NOVOLIN N RELION SUSP	20
nitroglycerin CPCR	9	NORPRAMIN TABS 10 MG (Use desipramine hcl)	17	NOVOLIN N SUSP	20
nitroglycerin PT24	9	NORPRAMIN TABS 25 MG (Use desipramine hcl)	17	NOVOLIN R RELION SOLN IJ	20
nitroglycerin SUBL	9	NORTHERA (Use droxidopa)	100	NOVOLIN R SOLN IJ	20
NITROSTAT SUBL (Use nitroglycerin)	9	nortriptyline hcl CAPS	17	NOVOLOG FLEXPEN RELION SOPN	20
NITYR TABS	61			NOVOLOG FLEXPEN SOPN	20
NIVA THYROID TABS	95			NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	20
NIVESTYM SOLN	66			NOVOLOG MIX 70/30 RELION SUSP	20
NIVESTYM SOSY	66				

NOVOLOG MIX 70/30 SUSP	20	FENESTRATED	56	omega-3 fatty acids CAPS	86
NOVOLOG PENFILL SOCT	20	OASIS WOUND MATRIX	56	omega-3 fatty acids CPDR	86
NOVOLOG RELION SOLN IJ	20	OBIZUR	65	OMEPRAZOLE	44
NOVOLOG SOLN IJ	20	OCALIVA	62	OMEPRAZOLE 20MG TABLET ..	96
NOVOSEVEN RT	65	OCTAGAM SOLN 5 GM/50ML	90	omeprazole CPDR	96
NP THYROID 120 TABS	95	OCTAGAM SOLN	90	omeprazole magnesium TBEC	96
NP THYROID 15 TABS	95	octreotide acetate SOLN	61	OMNICAP TABS	81
NP THYROID 30 TABS	95	OCUFLOX (Use ofloxacin (ophth))	87	ON/GO COVID-19 ANTIGEN SELF- TEST KIT	58
NP THYROID 60 TABS	95	ODEFSEY	39	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	58
NP THYROID 90 TABS	95	ODOMZO	31	ONCASPAR	34
NUBEQA	32	OFEV	94	ondansetron hcl SOLN OR 4 MG/5ML	22
NULIBRY	61	OFF DEEP WOODS AERO	54	ondansetron hcl TABS 24 MG	22
NULOJIX	79	OFF DEEP WOODS DRY AERO	54	ondansetron hcl TABS 4 MG, 8 MG 22	
NUMOISYN LIQD	81	OFIRMEV SOLN IV (Use acetaminophen)	5	ondansetron TBDP	22
NUPLAZID CAPS	36	ofloxacin (ophth)	87	ONE DAILY ESSENTIAL TABS ...	81
NUPLAZID TABS 10 MG	36	ofloxacin (otic)	89	ONE DAILY ESSENTIALS TABS ..	81
NUVARING (Use etonogestrel- ethinyl estradiol)	45	ofloxacin 400 MG	62	ONE FLOW TESTER TUBE MOUTHPIECE MISC	74
NUWIQ KIT	65	OGIVRI	31	ONE VITE DAILY MULTIVITAMIN TABS	81
NUWIQ SOLR	65	OHC COVID-19 ANTIGEN SELF TEST KIT	58	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)	81
NYSTATIN (Use nystatin (mouth- throat))	80	olanzapine TABS 15 MG, 20 MG ..	37	ONE-A-DAY MENS TABS (Use multiple vitamin)	81
nystatin (mouth-throat)	80	olanzapine TABS 2.5 MG, 5 MG ..	37	ONETOUCH SOLUTIONS FIT KIT 70	
nystatin (topical) CREA	50	olanzapine TABS 7.5 MG, 10 MG ..	37	ONETOUCH ULTRA 2 KIT	70
nystatin (topical) OINT	51	olmesartan medoxomil	26	ONETOUCH ULTRA STRP	58
nystatin (topical) POWD EX	51	olmesartan medoxomil-amlodipine- hydrochlorothiazide	27	ONETOUCH VERIO FLEX BLOOD	
nystatin TABS	22	olmesartan medoxomil- hydrochlorothiazide	27		
nystatin-triamcinolone CREA	51	OMBRA COMPRESSOR AIR FILTERS MISC	74		
nystatin-triamcinolone OINT	51				
NYVEPRIA	66				
OASIS ULTRA TRI-LAYER MATRIX					

GLUCOSE MONITORING SYSTEM KIT	70	SWEETENED LIQD	91	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	3
ONETOUCH VERIO REFLECT KIT 70		ORAPENN SD ANHYDROUS UNSWEETENED LIQD	91	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	52
ONETOUCH VERIO TEST STRIPS STRP	58	ORA-PLUS LIQD	91	OVACE WASH LIQD (Use sulfacetamide sodium)	52
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	74	ORA-SWEET SF SYRP 10 %-9 % 92		OVIDE (Use malathion)	55
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC .	74	ORA-SWEET SYRP 4 %-5 %-54 % 92		OVIDREL INJ	60
ONGLYZA (Use saxagliptin hcl) ..	19	ORENCIA CLICKJECT SOAJ	5	OXAYDO TABS 5 MG	7
ONPATTRO	94	ORENCIA SOLR	5	oxazepam CAPS	10
ONUREG TABS	30	ORENCIA SOSY	5	OXBRYTA TABS 500 MG	66
OPCON-A (Use naphazoline w/ pheniramine)	88	ORENITRAM TBCR	43	OXBRYTA TBSO	66
OPDIVO	31	ORFADIN CAPS (Use nitisinone) .	61	oxcarbazepine SUSP	14
OPDUALAG	33	ORFADIN SUSP	61	oxcarbazepine TABS	14
OPILL	45	ORGOVYX	32	OXLUMO	64
ORA-BLEND SF SUSP	91	ORKAMBI PACK	94	oxybutynin chloride TABS	97
ORA-BLEND SUSP	91	ORKAMBI TABS	94	oxybutynin chloride TB24	97
oral electrolytes SOLN	78	ORLADEYO	65	oxycodone hcl CAPS	7
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP ...	91	orphenadrine citrate TB12	84	oxycodone hcl CONC 100 MG/5ML 7	
ORAL MIX SF SUSP	91	ORTHOVISC	84	oxycodone hcl SOLN	7
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	81	oseltamivir phosphate CAPS 30 MG . 41		oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	7
ORAL SUSPEND LIQD	91	oseltamivir phosphate CAPS 45 MG, 75 MG	41	oxycodone hcl TABS 30 MG	7
ORAL SYRUP FLAVORED VEHICLE SYRP	91	oseltamivir phosphate SUSR	41	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	7
ORAL SYRUP SF SYRP	91	OSENI (Use alogliptin-pioglitazone) . 18		oxycodone w/ acetaminophen SOLN 7	
ORAPENN SD ANHYDROUS		OSENI	18	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7
		OSTEOCONDUCTIVE MATRIX PLUS	56	OXYCONTIN T12A	7
		OTEZLA TABS	5	oyster shell	77
		OTEZLA TBPk	5		
		OTREXUP SOAJ 10 MG/0.4ML, 12.5			

OYSTER SHELL CALCIUM/D TABS . 77	SET DEVI 74	pazopanib hcl 34
OZURDEX IMPL 88	PARI MASK SET MISC 74	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 83
paclitaxel protein-bound particles . 35	PARI SMARTMASK BABY/ELBOW MISC 74	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 83
PACLITAXEL PROTEIN-BOUNDPARTICLES 35	PARI SOFT PLASTIC ADULT MASK MISC 74	PCCA SWEET-SF SYRP 92
PADCEV 31	PARI SOFT PLASTIC PEDIATRIC MASK MISC 74	PCCA SYRUP VEHICLE SYRP ... 92
PALYNZIQ 61	PARI VORTEX ADULT MASK 74	PCCA-PLUS SUSP 92
PAMELOR CAPS (Use nortriptyline hcl) 18	paricalcitol SOLN 61	PEAK A-I-R FLOW METER 74
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML 59	PARLODEL CAPS (Use bromocriptine mesylate) 36	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC 74
PAMIDRONATE DISODIUM SOLN 59	PARLODEL TABS (Use bromocriptine mesylate) 36	ped multivitamins w/fl & iron SOLN 82
PANDA MASK LARGE 74	PARNATE (Use tranylcypromine sulfate) 16	PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes) 78
PANDA MASK MEDIUM 74	paroxetine hcl SUSP 16	PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes) 78
PANDA MASK SMALL 74	paroxetine hcl TABS 10 MG 16	PEDIALYTE IMMUNE SUPPORT SOLN 78
PANHEMATIN 350 MG 65	paroxetine hcl TABS 20 MG 16	PEDIALYTE SINGLES SOLN (Use oral electrolytes) 78
pantoprazole sodium TBEC 20 MG 97	paroxetine hcl TABS 30 MG, 40 MG . 16	PEDIALYTE SOLN (Use oral electrolytes) 78
pantoprazole sodium TBEC 40 MG 97	paroxetine hcl TB24 16	PEDIAPRED SOLN (Use prednisolone sodium phosphate) .. 46
PANZYGA 90	PARSABIV 61	PEDIARIX SUSY 95
PARI ALTERA NEBULIZER HANDSET MISC 74	PARVA-CAL 77	PEDIATRIC DISPOSABLE MOUTPIECE MISC 74
PARI BABY CONVERSION KITSIZE 1 MISC 74	PAXIL CR TB24 (Use paroxetine hcl) 16	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 74
PARI BABY CONVERSION KITSIZE 2 MISC 74	PAXIL SUSP (Use paroxetine hcl) . 16	PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS 82
PARI BABY CONVERSION KITSIZE 3 MISC 74	PAXIL TABS 10 MG (Use paroxetine hcl) 16	pediatric multivitamins w/fl CHEW . 82
PARI ERAPID NEBULIZER HANDSET MISC 74	PAXIL TABS 20 MG (Use paroxetine hcl) 16	pediatric multivitamins w/fl SOLN . 82
PARI EXPIRATORY FILTER VALVE	PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl) 16	
	PAXLOVID 100 MG-150 MG 40	

PEDIATRIC PANDA MASK	74	famotidine)	96	19VACCINE/BIVALENT/5-11Y ...	98
pediatric vitamins acd w/ fluoride SOLN	82	PEPCID TABS (Use famotidine) ...	96	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ...	98
PEDVAX HIB SUSP	97	PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	21	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	98
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	68	PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate) 21		PFLEX MISC	75
peg 3350-potassium chloride-sod bicarbonate-sod chloride	68	PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	21	PH 12 STERILE DILUENT FORFOLAN	92
PEGASYS SOLN	40	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	7	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC ..	75
PEG-PREP	68	PERIDEX (Use chlorhexidine gluconate (mouth-throat))	80	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	64
PEMAZYRE	34	PERJETA	31	phenelzine sulfate	16
PEMETREXED 500 MG/20ML	30	permethrin CREA	55	phenobarbital ELIX	67
pemetrexed disodium SOLR 100 MG, 500 MG	30	permethrin LIQD EX	55	phenobarbital TABS	67
PEMFEXY	30	perphenazine TABS	37	phenylephrine hcl (mydriatic) SOLN 2.5 %	87
PEN NEEDLES 30GX5MM	71	perphenazine-amitriptyline	93	phenylephrine hcl (oral) TABS	85
PEN NEEDLES 31G X 8MM	71	PERSERIS PRSY	36	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	48
PEN NEEDLES 31GX5MM	71	PERSONAL BEST FULL RANGE	75	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	48
PEN NEEDLES 31GX8MM	71	PFIZER-BIONTECH COVID-19VACCINE SUSP	98	phenylephrine-dm SOLN	48
PEN NEEDLES 32G X 4MM	71	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	98	phenylephrine-shark liver oil-cocoa butter	8
PEN NEEDLES 32GX4MM	71	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	98	phenylephrine-shark liver oil-mineral oil-petrolatum	8
PENBRAYA	97	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	98	phenytoin CHEW	14
penicillamine TABS	78	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	98	phenytoin sodium extended 100 MG .	14
penicillin v potassium SOLR	90	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	98	phenytoin sodium SOLN	14
penicillin v potassium TABS	90	PFIZER-BIONTECH COVID-		phenytoin SUSP	14
PENTACEL	95				
pentoxifylline	65				
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	96				
PEPCID AC TABS 10 MG (Use famotidine)	96				
PEPCID AC TABS 20 MG (Use					

PHESGO	33	PLAVIX 75 MG (Use clopidogrel bisulfate)	65	POLY-VITA/IRON SOLN	83
PHOTOFRIN	34	PLEGRIDY SOPN	93	POLY-VITE PEDIATRIC SOLN OR	83
PHOTREXA/PHOTREXA VISCOUS KIT	88	PLEGRIDY SOSY IM	93	POLY-VITE/IRON SOLN	83
phytonadione TABS 5 MG	100	PLEGRIDY STARTER PACK SOPN .	93	POMALYST	32
PIFELTRO	39	PLEGRIDY STARTER PACK SOSY SC	93	PORTRAZZA	31
PIKO 1 ELECTRONIC	75	PLENITY	1	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	78
PILLOW MASK/ADULT MISC	75	PLENITY WELCOME KIT	1	potassium bicarbonate TBEF	78
PILLOW MASK/CHILD MISC	75	plerixafor	67	potassium chloride CPCR 10 MEQ	78
PILLOW MASK/PEDIATRIC MISC	75	PNEUMOVAX 23	97	potassium chloride CPCR 8 MEQ .	78
pilocarpine hcl (oral) 5 MG	81	PNEUMOVAX 23/1 DOSE	97	potassium chloride microencapsulated crystals er	78
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	87	POCKET PEAK FLOW METER ...	75	potassium chloride PACK OR 20 MEQ	78
PILOT COVID-19 AT-HOME TEST KIT	58	POCKETPEAK PEAK FLOW METER LOW RANGE	75	potassium chloride SOLN OR 10 %, 20 %	78
pimecrolimus	54	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	75	potassium chloride TBCR 8 MEQ, 10 MEQ	78
pindolol TABS	42	podofilox SOLN	54	potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	63
pioglitazone hcl	21	POLIVY	31	POTELIGEO	31
pioglitazone hcl-metformin hcl TABS .	18	POLYCOSE LIQD	86	PRADAXA CAPS (Use dabigatran etexilate mesylate)	12
PIP BLOOD GLUCOSE TEST STRIP STRP	58	POLYCOSE POWD	86	PRADAXA CAPS	12
PIQRAY 200MG DAILY DOSE ...	34	polyethylene glycol 3350 POWD ..	68	pralatrexate	30
PIQRAY 250MG DAILY DOSE ...	34	polymyxin b-trimethoprim	87	PRALUENT SOAJ	25
PIQRAY 300MG DAILY DOSE ...	34	polysaccharide iron complex CAPS 150 MG	66	pramipexole dihydrochloride TABS	36
pirfenidone CAPS	94	POLY-VI-FLOR CHEW	82	prasugrel hcl	65
pirfenidone TABS	94	polyvinyl alcohol 1.4 %	86	pravastatin sodium	24
piroxicam CAPS	5	POLY-VI-SOL SOLN OR	83	prazosin hcl CAPS	26
PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) ...	45	POLY-VI-SOL/IRON SOLN	83		
PLAQUENIL (Use hydroxychloroquine sulfate)	29	POLY-VITA SOLN OR	83		

PRECISION XTRA	58	PREVACID CPDR 30 MG (Use lansoprazole)	97	primidone	14
PRED FORTE (Use prednisolone acetate (ophth))	88	PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))	80	PRIORIX SUSR	99
PRED MILD	88	PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	80	PRISTIQ 100 MG (Use desvenlafaxine succinate)	17
PRED-G SUSP	88	PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental))	80	PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	17
prednisolone acetate (ophth)	88	PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))	80	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	90
PREDNISOLONE ACETATE P-F	88	PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	80	PRIVIGEN SOLN 5 GM/50ML	90
PREDNISOLONE SODIUM PHOSPHATE	88	PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))	80	PROAIR HFA AERS (Use albuterol sulfate)	11
prednisolone sodium phosphate SOLN 20 MG/5ML	46	PREVNAR 13	97	PROAIR RESPICLICK AEPB	12
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	46	PREVNAR 20	97	probenecid	64
prednisolone SOLN	46	PREVYMIS SOLN	40	PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)	42
prednisolone TABS	46	PREVYMIS TABS	40	PROCARDIA XL TB24 60 MG (Use nifedipine)	42
PREDNISONE INTENSOL CONC	46	PREZCOBIX	39	prochlorperazine	37
prednisone SOLN	46	PREZISTA SUSP	39	prochlorperazine maleate TABS	37
prednisone TABS	46	PREZISTA TABS 150 MG	39	PROCRIT	66
prednisone TBPk	46	PREZISTA TABS 600 MG (Use darunavir)	39	PROCYSBI CPDR	63
PREFERRED PLUS GLUCOSE	19	PREZISTA TABS 75 MG	39	PROCYSBI PACK	64
PREGNYL IM	60	PREZISTA TABS 800 MG (Use darunavir)	39	PROFILNINE	65
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	60	PRIALT	6	progesterone CAPS 100 MG	92
PREHEVBRIO	99	PRILOSEC OTC TBEC (Use omeprazole magnesium)	97	progesterone CAPS 200 MG	92
PREMARIN	100	PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	29	PROGRAF CAPS (Use tacrolimus)	79
PREMARIN TABS	62	primaquine phosphate TABS	29	PROGRAF PACK	79
PREMPHASE	62			PROLASTIN-C SOLN	94
PREMPRO	62			PROLEUKIN	34
PRENATAL VITAMINS-MISC	83			PROLIA SOSY	59
PREVACID 24HR CPDR (Use lansoprazole)	97			promethazine & phenylephrine SYRP	48

PROMETHAZINE HCL POWD44	PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl) 17	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM 71
promethazine hcl SOLN OR 6.25 MG/5ML24	PROZAC CAPS 40 MG (Use fluoxetine hcl) 17	PURIXAN SUSP30
promethazine hcl SUPP 24	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 48	PX DAYTIME MULTI-SYMPTOM CAPS48
promethazine hcl TABS24	pseudoephedrine hcl TABS85	PX GLUCOSE19
promethazine w/codeine SOLN ...48	pseudoephedrine hcl TB1285	PX NITETIME MULTI-SYMPTOM CAPS48
promethazine w/codeine SYRP ...48	pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML .48	pyrantel pamoate SUSP 144 MG/ML 9
promethazine-dm SYRP48	pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML48	pyrazinamide29
promethazine-phenylephrine-codeine48	pseudoephedrine-guaifenesin TB12 600 MG-60 MG48	pyrethrins-piperonyl butoxide LIQD 55
PROMETRIUM CAPS 100 MG (Use progesterone)92	pseudoephedrine-ibuprofen TABS 48	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ...55
PROMETRIUM CAPS 200 MG (Use progesterone)92	psyllium CAPS 0.52 GM68	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %55
PRONEB ULTRA FILTER SET MISC75	psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 58.6 %, 100 %68	PYRIDIDIUM TABS (Use phenazopyridine hcl)64
propafenone hcl TABS10	psyllium POWD 43 %68	pyridostigmine bromide TABS 60 MG29
propranolol hcl CP2442	PTS PANELS EGLU STRP58	pyridostigmine bromide TBCR29
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML42	PTS PANELS KETONE TEST58	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG 101
propranolol hcl TABS42	PULMICORT SUSP (Use budesonide (inhalation)) 11	pyrimethamine29
propylthiouracil95	PULMOZYME94	PYRUKYND TABS65
PROQUAD SUSR99	PURAPLY 2CM X 4CM56	PYRUKYND TAPER PACK TBPk .65
PROSCAR (Use finasteride)64	PURAPLY 5CM X 5 CM56	QC CALCIUM 500MG/D3 TABS ...77
PROTEXT SUSP56	PURAPLY 6CM X 9CM56	QC TRIACTING DAYTIME CHILDRENS SYRP48
PROTONIX TBEC 20 MG (Use pantoprazole sodium)97	PURE COMFORT PEAK FLOW METER ADULT75	QINLOCK34
PROTONIX TBEC 40 MG (Use pantoprazole sodium)97	PURE COMFORT PEAK FLOW METER CHILD75	QUADRACEL SUSP95
PROVENTIL HFA AERS (Use albuterol sulfate) 12	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM 71	QUADRACEL SUSY95
PROVERA (Use medroxyprogesterone acetate)92		

QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day))	45	quinidine sulfate TABS	10	RECLAST SOLN (Use zoledronic acid)	59
QUESTRAN LIGHT POWD (Use cholestyramine light)	24	QUINTABS TABS	82	RECOMBINATE SOLR	65
QUESTRAN PACK (Use cholestyramine)	24	QVAR REDHALER 40 MCG/ACT	11	RECOMBIVAX HB SUSP	99
QUESTRAN POWD (Use cholestyramine)	24	QVAR REDHALER 80 MCG/ACT	11	RECOMBIVAX HB SUSY	99
quetiapine fumarate TABS 100 MG, 200 MG	37	RA ARTHRITIS PAIN RELIEF CREA 54		RECORLEV	59
quetiapine fumarate TABS 25 MG, 50 MG	37	RA DRY MOUTH SOLN	81	REDITREX SOSY	3
quetiapine fumarate TABS 300 MG, 400 MG	37	RA GLUCOSE	19	REGLAN TABS (Use metoclopramide hcl)	63
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	83	RABAVERT	99	RELENZA DISKHALER	41
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	83	RADICAVA ORS STARTER KIT SUSP	85	RELEUKO SOLN	66
QUFLORA PEDIATRIC SOLN	83	RADICAVA ORS SUSP	85	RELEUKO SOSY	66
QUICKVUE AT-HOME COVID-19 TEST KIT	58	RADICAVA SOLN	85	RELEXXII TBCR 18 MG, 27 MG, 54 MG	2
quinapril hcl	25	raloxifene hcl	60	RELEXXII TBCR 36 MG	2
quinapril-hydrochlorothiazide 12.5 MG-10 MG	27	ramipril CAPS	25	RELION GLUCOSE	19
quinapril-hydrochlorothiazide 12.5 MG-20 MG	27	RAPAMUNE SOLN (Use sirolimus) 79		RELION KETONE TEST STRIPS STRP	58
quinapril-hydrochlorothiazide 25 MG-20 MG	27	RAPAMUNE TABS (Use sirolimus) 79		RELPAK (Use eletriptan hydrobromide)	76
quinidine gluconate TBCR	10	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	58	REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	15
		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	3	REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	15
		RAZADYNE ER CP24 (Use galantamine hydrobromide)	93	REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	15
		REBIF REBIDOSE SOAJ	93	REMERON TABS 15 MG (Use mirtazapine)	15
		REBIF REBIDOSE TITRATIONPACK SOAJ	93	REMERON TABS 30 MG (Use mirtazapine)	15
		REBIF SOSY	93	REMICADE	63
		REBIF TITRATION PACK SOSY	93	REMIFEMIN MENOPAUSE RELIEF TABS	2
		REBINYN	65	RENFLEXIS	63

REPATHA PUSHTRONEX SYSTEM SOCT	25	citrate (pulmonary hypertension)) . 43	MG	59
REPATHA SOSY	25	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) . 43	risedronate sodium TBEC	59
REPATHA SURECLICK SOAJ	25	REVCIVI	RISPERDAL CONSTA (Use risperidone microspheres)	36
REPEL SPORTSMEN MAX LOTN 54		REVLIMID	RISPERDAL SOLN (Use risperidone)	36
REPLACEMENT AIR FILTER MISC . 75		REYATAZ CAPS 200 MG (Use atazanavir sulfate)	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 36	
REPLACEMENT FILTERS MISC ..	75	REYATAZ CAPS 300 MG (Use atazanavir sulfate)	risperidone microspheres	36
RESTORIL 15 MG, 30 MG (Use temazepam)	67	REYATAZ PACK	risperidone SOLN	36
RETACRIT	66	REZUROCK	risperidone TABS	36
RETEVMO	34	RHOGAM ULTRA-FILTERED PLUS SOSY IM	risperidone TBDP	36
RETHYMIC	78	RHOPHYLAC SOSY IJ	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	2
RETIN-A CREA (Use tretinoin)	50	RIABNI	RITALIN TABS 5 MG (Use methylphenidate hcl)	2
RETIN-A GEL 0.01 % (Use tretinoin) 50		RIASTAP	ritonavir TABS	39
RETIN-A GEL 0.025 % (Use tretinoin)	50	ribavirin (hepatitis c) CAPS	RITUXAN	31
RETISERT	88	ribavirin (hepatitis c) TABS 200 MG 40	RITUXAN HYCELA	33
RETROVIR CAPS (Use zidovudine) . 39		riboflavin TABS	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	93
RETROVIR SYRP (Use zidovudine) . 39		RID ESSENTIAL LICE ELIMINATION KIT KIT EX	rivastigmine tartrate CAPS	93
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	75	rifabutin	RIXUBIS SOLR	65
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	75	rifampin CAPS	rizatriptan benzoate TABS	76
REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	75	RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP ..	rizatriptan benzoate TBDP	77
REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) . 43		RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP ..	ROBINUL FORTE TABS (Use glycopyrrolate)	96
REVATIO SUSR (Use sildenafil		RILUTEK TABS (Use riluzole)	ROBINUL TABS (Use glycopyrrolate)	96
		riluzole TABS	ROCALTROL CAPS (Use calcitriol) 61	
		RINVOQ TB24 30 MG, 45 MG	roflumilast	11
		risedronate sodium TABS 35 MG .		
		risedronate sodium TABS 5 MG, 30		

romidepsin SOLR	34	salicylic acid GEL 6 %	54	selegiline hcl CAPS	36
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	36	SALINE NASAL SPRAY 0.65% ..	84	selegiline hcl TABS	36
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	36	salsalate	6	selenium sulfide LOTN 1 %	52
rosuvastatin calcium TABS	24	SAMI THE SEAL		selenium sulfide LOTN 2.5 %	52
ROTARIX SUSP	99	REPLACEMENTFILTERS MISC ..	75	selenium sulfide SHAM 1 %	52
ROTARIX SUSR	99	SAMSCA TABS (Use tolvaptan) ..	62	SELSUN BLUE CARE MENS	
ROTATEQ SOLN	99	SANDIMMUNE CAPS (Use		MAXIMUM STRENGTH LOTN (Use	
ROUGH REDROOT PIGWEED		cyclosporine)	79	selenium sulfide)	52
POLLEN EXTRACT	2	SANDIMMUNE SOLN IV 50 MG/ML		SELSUN BLUE DAILY LOTN (Use	
ROXICODONE TABS 30 MG (Use		(Use cyclosporine)	79	selenium sulfide)	52
oxycodone hcl)	7	SANDIMMUNE SOLN OR	79	SELSUN BLUE LOTN (Use selenium	
ROXICODONE TABS 5 MG, 15 MG		SANDOSTATIN LAR DEPOT KIT .	61	sulfide)	52
(Use oxycodone hcl)	7	SANDOSTATIN SOLN 50 MCG/ML,		SELSUN BLUE MEDICATED LOTN	
ROZLYTREK CAPS	34	100 MCG/ML, 500 MCG/ML (Use		(Use selenium sulfide)	52
RUBRACA	34	octreotide acetate)	61	SELSUN BLUE MOISTURIZING	
RUCONEST	65	SAPHNELO	80	LOTN (Use selenium sulfide)	52
rufinamide SUSP	14	sapropterin dihydrochloride		SELZENTRY SOLN	39
rufinamide TABS	14	PACK .	61	SELZENTRY TABS 150 MG (Use	
RUKOBIA	39	sapropterin dihydrochloride		maraviroc)	39
RUXIENCE	31	TABS .	61	SELZENTRY TABS 25 MG, 75 MG	
RYDAPT	34	SARNA LOTN (Use camphor &		39	
RYLAZE	34	menthol)	51	SELZENTRY TABS 300 MG (Use	
RYPLAZIM	65	SAVELLA TABS	93	maraviroc)	39
SABRIL PACK (Use vigabatrin) ...	14	SAVELLA TITRATION PACK MISC		SEMGLEE SOLN	20
SABRIL TABS (Use vigabatrin)	14	93		SEMGLEE SOPN	21
SAIZEN IJ	60	SAWYER INSECT REPELLENT		sennosides TABS 8.6 MG	68
SAIZENPREP		CONTROLLED RELEASE LOTN .	54	sennosides-docusate sodium	
RECONSTITUTIONKIT IJ	60	saxagliptin hcl	19	TABS	
SALAGEN 5 MG (Use pilocarpine hcl		saxagliptin-metformin hcl	18	68	
(oral))	81	SCEMBLIX	34	SENOKOT S TABS (Use	
		SCHOOLTIME SHAMPOO SHAM	55	sennosides-docusate sodium)	68
		SCOT-TUSSIN DM LIQD	48	SENOKOT TABS (Use sennosides)	
		SCOT-TUSSIN SENIOR LIQD	48	68	
		SEASONIQUE (Use levonorgestrel-		SENSIPAR (Use cinacalcet hcl) ..	61
		ethinyl estradiol (91-day))	45	SEREVENT DISKUS	12

SEROQUEL TABS 100 MG, 200 MG (Use quetiapine fumarate)	37	hypertension) TABS	43	sirolimus TABS	79
SEROQUEL TABS 25 MG, 50 MG (Use quetiapine fumarate)	37	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	75	SIVEXTRO TABS	28
SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	37	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	75	SKYRIZI PEN SOAJ	51
SEROSTIM SC 4 MG, 5 MG, 6 MG 60		SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	75	SKYRIZI PSKT	51
sertraline hcl CONC	17	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	75	SKYRIZI SOSY	51
sertraline hcl TABS 100 MG	17	SILVADENE (Use silver sulfadiazine)	52	SKYTROFA	60
sertraline hcl TABS 25 MG, 50 MG 17		silver sulfadiazine	52	SLO-NIACIN TBCR (Use niacin) .	101
SEVENFACT	65	simethicone CHEW 80 MG	62	SM GLUCOSE	19
SFROWASA ENEM	63	simethicone LIQD OR 20 MG/0.3ML . 62		SM GLUCOSE CHEW	19
SHINGRIX	99	simethicone SUSP	62	SM IPECAC SYRUP	22
SIDESTREAM ADULT FACE MASK MISC	75	SIMPLYTHICK	91	SMART SENSE GLUCOSE	19
SIDESTREAM PEDIATRIC FACEMASK MISC	75	SIMPLYTHICK EASY MIX	91	SMART SENSE GLUCOSE TABLETS	19
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 75		SIMPLYTHICK EASYMIX	91	SOAANZ TABS 20 MG	59
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	75	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	24	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	9
SIDESTREAM PLUS ADULT FACE MASK MISC	75	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa)	36	sodium chloride (gu irrigant) 0.9 %	64
SIGNIFOR	62	SINGULAIR CHEW (Use montelukast sodium)	10	sodium chloride (inhalant) AERS ..	49
SIGNIFOR LAR	62	SINGULAIR PACK (Use montelukast sodium)	11	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	49
SIKLOS TABS	66	SINGULAIR TABS (Use montelukast sodium)	11	sodium citrate & citric acid	63
sildenafil citrate (pulmonary hypertension) SOLN	43	sirolimus SOLN	79	sodium fluoride (dental) CREA	80
sildenafil citrate (pulmonary hypertension) SUSR	43			sodium fluoride (dental) GEL	80
sildenafil citrate (pulmonary				sodium fluoride (dental) PSTE DT .	80
				sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	78
				sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	78
				SODIUM OXYBATE SOLN	92
				sodium phenylbutyrate POWD	61
				sodium phenylbutyrate TABS	61
				sodium phosphates ENEM	68

sodium polystyrene sulfonate POWD 80	SPACERS AND BREATHING CHAMBERS-MISC76	1	STRENSIQ61
sodium polystyrene sulfonate SUSP OR 15 GM/60ML80	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT58		STRIBILD39
sodium sulfate-potassium sulfate- magnesium sulfate68	SPIKEVAX COVID-19 VACCINE SUSP99		STRIVE DUAL ZONE PEAK FLOW METER76
SOFOSBUVIR/VELPATASVIR TABS40	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP99		SUBLOCADE SOSY8
SOF-SENSOR70	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY99		SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)8
SOLESTA79	spinosad55		SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)8
SOLQUA 100/3318	SPINRAZA85		sucalfate SUSP96
SOMAVERT60	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .10		sucalfate TABS96
SOOTHENEB NBL 100 CHILD MASK MISC75	spironolactone & hydrochlorothiazide58		SUDAFED CHILDRENS LIQD85
SOOTHENEB NBL 100 MEDICATION CUP MISC76	spironolactone TABS59		SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)85
SOOTHENEB NBL 100 MESH CAP MISC76	SPORANOX CAPS (Use itraconazole)23		SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN85
SOOTHENEB NBL100 ADULT MASK MISC76	SPORANOX PULSEPAK CAPS (Use itraconazole)22		SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))85
sorafenib tosylate34	SPRAVATO 56MG DOSE16		SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl) .85
SORBITOL OR 70 %68	SPRAVATO 84MG DOSE16		sulfacetamide sodium (acne)50
SORREL/DOCK MIX EXTRACT IJ .2	SPRYCEL34		sulfacetamide sodium (ophth) OINT 87
SOSWEET SYRP92	STAMARIL SUSR99		sulfacetamide sodium (ophth) SOLN . 87
sotalol hcl (afib/af)42	stavudine CAPS39		sulfacetamide sodium LIQD52
sotalol hcl TABS 240 MG42	STELARA 130 MG/26ML63		sulfacetamide sodium w/ sulfur LOTN 10 %-5 %50
sotalol hcl TABS 80 MG, 120 MG, 160 MG42	STELARA SOSY51		sulfacetamide sodium w/ sulfur SUSP 10 %-5 %50
SOVALDI TABS40	STERILE DILUENT FOR REMODULIN (Use glycine diluent) 92		
SOVUNA 200 MG29	STIMATE SOLN NA61		
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES76	STIVARGA34		
SPACER/AEROSOL-HOLDING CHAMBERS76	STRATTERA (Use atomoxetine hcl)		

sulfacetamide sod-prednisolone SOLN	88	BLOC/SWEETENED SUSP	92	SYRSPEND SF LIQD	92
sulfamethoxazole-trimethoprim SUSP	28	SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP ...	92	SYRUP VEHICLE SF SYRP	92
sulfamethoxazole-trimethoprim TABS	28	SUSPENSION VEHICLE SUSP ...	92	SYRUP VEHICLE SYRP	92
sulfasalazine TABS	63	SUSTIVA CAPS 200 MG (Use efavirenz)	39	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS ...	81
sulfasalazine TBEC	63	SUSTIVA CAPS 50 MG (Use efavirenz)	40	TABLOID	30
sulindac TABS	5	SUSTIVA TABS (Use efavirenz) ...	40	TABRECTA	34
sumatriptan	77	SUSVIMO OCULAR IMPLANT ...	71	tacrolimus (topical) OINT 0.03 % ..	54
sumatriptan succinate SOAJ 6 MG/0.5ML	77	SUSVIMO SOLN	87	tacrolimus (topical) OINT 0.1 % ...	54
sumatriptan succinate SOCT 6 MG/0.5ML	77	SUTENT (Use sunitinib malate) ...	34	tacrolimus CAPS	79
sumatriptan succinate SOLN 6 MG/0.5ML	77	SYLVANT	79	tadalafil (pulmonary hypertension) TABS	43
sumatriptan succinate TABS	77	SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	12	TAFINLAR CAPS	34
sunitinib malate	34	SYMDEKO	94	TAGAMET HB 200 TABS (Use cimetidine)	96
SUPARTZ FX SOSY	84	SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	40	TAGAMET HB TABS (Use cimetidine)	96
SUPER BI-MIX SOLR	43	SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	40	TAGRISSE	31
SUPER TRI-MIX SOLR	43	SYMLINPEN 120 SOPN	18	TAKHZYRO SOLN	65
SUPPRELIN LA	60	SYMLINPEN 60 SOPN	18	TAKHZYRO SOSY	65
SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	68	SYNAGIS SOLN	90	TALTZ SOAJ	51
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	71	SYNAREL	60	TALTZ SOSY	51
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	71	SYNOJOYNT SOSY	84	TALZENNA	34
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	71	SYNRIBO	34	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	41
SUSPENDIT ANHYDROUS SUSP 92		SYNTHROID TABS (Use levothyroxine sodium)	95	TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	41
SUSPENDRX WITH BITTER-		SYNVISC ONE SOSY	84	TAMIFLU SUSR (Use oseltamivir phosphate)	41
		SYNVISC SOSY	84	tamoxifen citrate TABS	32
		SYPRINE (Use trientine hcl)	79	tamsulosin hcl	64
		SYRPALTA SYRP 83 %	92	TARCEVA (Use erlotinib hcl)	31

TARGRETIN (Use bexarotene (topical))	51	TEMODAR CAPS 250 MG (Use temozolomide)	30	testosterone enanthate SOLN IM	8
TARGRETIN (Use bexarotene)	35	TEMODAR SOLR	30	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	95
TARPEYO CPDR	46	TEMOVATE CREA (Use clobetasol propionate)	53	tetrabenazine	93
TASIGNA	34	temozolomide CAPS	30	tetracaine hcl (ophth)	88
TAVNEOS	65	TEMPO WELCOME KIT	70	tetracycline hcl CAPS 500 MG	95
tazarotene CREA	51	temsirolimus	34	tetrahydrozoline hcl (ophth) 0.05 %	88
tazarotene GEL	51	TENIVAC INJ	95	TEZSPIRE SOSY	10
TAZORAC CREA (Use tazarotene)	51	tenofovir disoproxil fumarate TABS 40		TGT GLUCOSE	19
TAZORAC CREA	51	TENORETIC 100 (Use atenolol & chlorthalidone)	27	THALOMID	79
TAZORAC GEL (Use tazarotene)	51	TENORETIC 50 (Use atenolol & chlorthalidone)	27	THEO-24 CP24	12
TAZVERIK	34	TENORMIN TABS (Use atenolol)	41	theophylline ELIX	12
TDVAX SUSP	95	TEPADINA (Use thiotepa)	30	theophylline SOLN	12
TECARTUS	31	TEPEZZA	60	theophylline TB12	12
TECENTRIQ	31	terazosin hcl	26	theophylline TB24	12
TECFIDERA CPDR (Use dimethyl fumarate)	94	terbinafine hcl (topical) CREA	51	THERA TABS	82
TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	93	terbinafine hcl TABS	22	THEREMS MULTIVITAMIN TABS	82
TEGLUTIK SUSP	85	terbutaline sulfate TABS	12	thiamine hcl TABS	101
TEGRETOL SUSP (Use carbamazepine)	14	terconazole vaginal CREA	99	thiamine mononitrate TABS 100 MG	101
TEGRETOL TABS (Use carbamazepine)	14	terconazole vaginal SUPP	99	THIOLA EC TBEC (Use tiopronin)	64
TEGRETOL-XR TB12 (Use carbamazepine)	14	teriflunomide	94	THIOLA TABS (Use tiopronin)	64
TEGSEDI	94	teriparatide (recombinant) SOPN	59	thioridazine hcl	37
telmisartan	26	TERIPARATIDE SOPN	59	thiotepa	30
telmisartan-amlodipine	27	TESTOPEL PLLT	8	thiothixene	38
telmisartan-hydrochlorothiazide	27	testosterone cypionate SOLN IM 100 MG/ML	8	THRESHOLD IMT MISC	76
temazepam 15 MG, 30 MG	67	testosterone cypionate SOLN IM 200 MG/ML	8	THROMBATE III	65
				THYMOGLOBULIN	79
				THYROGEN 0.9 MG	56
				THYROID TABS 15 MG, 30 MG, 60	

MG, 90 MG, 120 MG	95	TOBRADEX SUSP (Use tobramycin-dexamethasone)	88	topiramate TABS 200 MG	14
tiagabine hcl	14	tobramycin (ophth) SOLN	87	topiramate TABS 25 MG, 50 MG ..	14
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl extended release beads)	42	tobramycin NEBU	3	TOPOTECAN HCL SOLN (Use topotecan hcl)	35
TIAZAC 240 MG (Use diltiazem hcl extended release beads)	42	tobramycin sulfate SOLN IJ	3	topotecan hcl SOLN	35
TIBSOVO	34	tobramycin sulfate SOLR	3	TOPOTECAN HCL SOLN	35
TICOVAC	99	tobramycin-dexamethasone SUSP 88		topotecan hcl SOLR	35
TIGLUTIK SUSP	85	TOBREX OINT	87	TOPROL XL TB24 200 MG (Use metoprolol succinate)	41
TIKOSYN (Use dofetilide)	10	tolnaftate CREA	51	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 41	
timolol maleate (ophth) SOLN	86	tolterodine tartrate CP24	97	toremifene citrate	32
timolol maleate TABS	42	tolterodine tartrate TABS	97	TORISEL (Use temsirolimus)	34
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	86	tolvaptan TABS	62	torsemide TABS	59
TIMOPTIC SOLN (Use timolol maleate (ophth))	86	TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	14	TOTECT	35
TINACTIN CREA (Use tolnaftate) .	51	TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	14	TRACLEER TABS (Use bosentan) 43	
tioconazole vaginal 6.5 %	99	TOPAMAX TABS 100 MG (Use topiramate)	14	TRACLEER TBSO	43
tiopronin TABS	64	TOPAMAX TABS 200 MG (Use topiramate)	14	tramadol hcl TABS 50 MG	7
tiopronin TBEC	64	TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	14	tramadol-acetaminophen	8
tiotropium bromide monohydrate CAPS	10	TOPICORT CREA 0.05 % (Use desoximetasone)	53	trandolapril 1 MG, 2 MG	25
TIVDAK	31	TOPICORT CREA 0.25 % (Use desoximetasone)	53	trandolapril 4 MG	25
TIVICAY TABS 50 MG	40	TOPICORT GEL (Use desoximetasone)	53	trandolapril-verapamil hcl	27
TIVORBEX CAPS (Use indomethacin)	5	TOPICORT OINT 0.25 % (Use desoximetasone)	53	tranexamic acid TABS	67
tizanidine hcl TABS	84	topiramate CPSP 15 MG	14	TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	10
TM-DAILY VITE TABS	82	topiramate CPSP 25 MG	14	tranylcypromine sulfate	16
TOBI NEBU (Use tobramycin)	2	topiramate TABS 100 MG	14	TRAZIMERA	31
TOBI PODHALER CAPS	2			trazodone hcl TABS 300 MG	17
TOBRADEX OINT	88			trazodone hcl TABS 50 MG, 100 MG, 150 MG	17

TREANDA SOLR (Use bendamustine hcl)	30	TABS	58	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	71
TRECTOR	29	triazolam	67	TRUE MULTIVITAMIN TABS	82
TRELSTAR MIXJECT	32	TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	27	TRUELYTE SOLN	78
TREMFYA SOPN	51	TRIDESILON CREA 0.05 % (Use desonide)	53	TRUEPLUS GLUCOSE CHEW	19
TREMFYA SOSY	51	trientine hcl 250 MG	79	TRUEPLUS GLUCOSE ON THE GO CHEW	19
TRESIBA FLEXTOUCH SOPN	21	trientine hcl 500 MG	79	TRULICITY	19
TRESIBA SOLN	21	TRIESENCE	88	TRUMENBA	97
tretinoin (chemotherapy)	35	trifluoperazine hcl TABS	37	TRUSOPT (Use dorzolamide hcl) .	89
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	50	trifluridine	87	TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	40
tretinoin GEL 0.01 %	50	trihexyphenidyl hcl TABS	36	TRUXIMA	31
tretinoin GEL 0.025 %	50	TRIKAFTA TBPK	94	TRUZONE PEAK FLOW METER .	76
TRETEN	65	TRILEPTAL SUSP (Use oxcarbazepine)	14	TUBING/WING TIP MISC	76
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	30	TRILEPTAL TABS (Use oxcarbazepine)	14	TUDORZA PRESSAIR	10
triamcinolone acetonide (mouth) ..	80	TRILURON SOSY	84	TUKYSA	31
triamcinolone acetonide (nasal) AERO	84	trimethoprim TABS	27	TUMS CHEW (Use calcium carbonate (antacid))	9
triamcinolone acetonide (topical) CREA	53	TRI-MIX SOLR	43	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) ..	9
triamcinolone acetonide (topical) LOTN	53	TRINTELLIX	17	TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid))	9
triamcinolone acetonide (topical) OINT 0.025 %	53	TRIPTODUR	60	TURALIO	34
triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %	53	TRISENOX (Use arsenic trioxide) .	35	TWINRIX SUSY	99
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	48	TRIUMEQ TABS	40	TYBLUME CHEW	45
TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr) 47		TRIVISC SOSY	84	TYBOST	40
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	58	TROGARZO	40	TYKERB (Use lapatinib ditosylate) 34	
triamterene & hydrochlorothiazide		tropicamide SOLN	87	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	5
		trospium chloride TABS	97		
		TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	71		

TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	6	NEEDLE 31GX8MM	72	VALIUM TABS (Use diazepam) ...	10
TYLENOL CHILDRENS SUSP (Use acetaminophen)	6	UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	67	valproate sodium SOLN OR 250 MG/5ML	15
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	6	UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	67	valproic acid CAPS	15
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	6	UNISPEND ANHYDROUS SWEETENED SUSP	92	valrubicin	33
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	6	UNISPEND ANHYDROUS UNSWEETENED SUSP	92	valsartan TABS	26
TYLENOL TABS (Use acetaminophen)	6	UNITUXIN	31	valsartan-hydrochlorothiazide	27
TYMLOS	59	UP & UP GLUCOSE	19	VALSTAR (Use valrubicin)	33
TYPHIM VI SOLN	97	UPTRAVI SOLR	44	VALTOCO 10 MG DOSE LIQD	13
TYPHIM VI SOSY	97	UPTRAVI TABS	44	VALTOCO 15 MG DOSE LQPK ...	13
TYVASO REFILL SOLN IN	43	UPTRAVI TITRATION PACK TBPK 44		VALTOCO 20 MG DOSE LQPK ...	13
TYVASO SOLN IN	43	urea CREA 40 %	53	VALTOCO 5 MG DOSE LIQD	13
TYVASO STARTER SOLN IN	43	urea LOTN 40 %	53	VALTrex 1 GM (Use valacyclovir hcl)	40
ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	76	UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	63	VALTrex 500 MG (Use valacyclovir hcl)	40
ULTRACET (Use tramadol- acetaminophen)	8	UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	63	VALUE PLUS GLUCOSE	19
ULTRAM TABS (Use tramadol hcl) .	7	URSO 250 TABS (Use ursodiol) ..	62	VANCOcin CAPS 125 MG (Use vancomycin hcl)	28
ULTRATHON INSECT REPELLENT 8 AERO	55	ursodiol CAPS	63	VANCOcin CAPS 250 MG (Use vancomycin hcl)	28
ULTRATHON INSECT REPELLENT LOTN	55	ursodiol TABS 250 MG	63	vancomycin hcl CAPS 125 MG	28
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	72	VABYSMO	87	vancomycin hcl CAPS 250 MG	28
UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	72	VAGIFEM TABS (Use estradiol vaginal)	100	vancomycin hcl SOLR IV 1 GM, 1000 MG	28
UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM	72	valacyclovir hcl 1 GM, 1000 MG ...	40	vancomycin hcl SOLR IV 500 MG .	28
UNIFINE SAFECONTROL PEN		valacyclovir hcl 500 MG	40	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .	28
		VALCHLOR	51	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	28
		VALCYTE TABS (Use valganciclovir hcl)	40	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	28
		valganciclovir hcl TABS	40	VANDAZOLE	99

VAQTA	99	albuterol sulfate)	12	doxycycline hyclate)	95
varenicline tartrate TABS	94	verapamil hcl CP24 100 MG, 200 MG	42	VICTOZA	19
varenicline tartrate TBPK	94	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ...	42	VIDAZA SUSR (Use azacitidine) ..	30
VARIVAX INJ	99	verapamil hcl TABS	42	vigabatrin PACK	14
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	27	verapamil hcl TBCR	42	vigabatrin TABS	14
VASOTEC TABS (Use enalapril maleate)	25	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	42	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	88
VAXCHORA	97	VERELAN CP24 (Use verapamil hcl) 43		VIIBRYD TABS (Use vilazodone hcl) 17	
VAXELIS SUSP	95	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	43	VIJOICE TBPK	79
VAXELIS SUSY	95	VERELAN PM CP24 300 MG (Use verapamil hcl)	43	vilazodone hcl TABS	17
VAXNEUVANCE	97	VERIFINE INSULIN PEN NEEDLE 31G X 5MM	72	VILTEPSO	85
VECAMYL	27	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	72	VIMIZIM	61
VECTIBIX 100 MG/5ML, 400 MG/20ML	31	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	72	vincristine sulfate	35
VELCADE SOLR IJ (Use bortezomib)	34	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	72	VIRACEPT TABS 250 MG	40
VELETRI (Use epoprostenol sodium)	43	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	72	VIRACEPT TABS 625 MG	40
VEMLIDY	40	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	72	VIREAD POWD	40
VENCLEXTA STARTING PACK TBPK	31	VERIFINE PLUS PEN NEEDLE/32G X 4MM	72	VIREAD TABS (Use tenofovir disoproxil fumarate)	40
VENCLEXTA TABS	31	VERSAFREE SYRP	92	VIREAD TABS 150 MG, 200 MG, 250 MG	40
venlafaxine hcl CP24 150 MG	17	VERSAPLUS SYRP	92	VISCO-3 SOSY	84
venlafaxine hcl CP24 37.5 MG	17	VERZENIO	34	VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	88
venlafaxine hcl CP24 75 MG	17	VIBRAMYCIN CAPS (Use		VISTARIL CAPS (Use hydroxyzine pamoate)	9
venlafaxine hcl TABS	17			VISTOGARD	22
venlafaxine hcl TB24 150 MG	17			VISUDYNE	88
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	17			VITAMIN D3 LIQD OR 5000 UNIT/ML	100
VENTAVIS	43			vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT	100
VENTOLIN HFA AERS (Use				VITAMIN E CAPS 200 UNIT	100

vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT . 100	VYXEOS33	XENAZINE (Use tetrabenazine) .. 93
VITAMIN E CHEW100	WAKIX1	XENLETA TABS28
vitamins w/ lipotropics CAPS 83	WALGREENS GLUCOSE 19	XERMELO63
VITAZYME TABS82	WALGREENS GLUCOSE CHEW .19	XEROSTOMIA RELIEF SPRAY SOLN81
VITRAKVI CAPS34	WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD48	XGEVA SOLN59
VITRAKVI SOLN34	warfarin sodium TABS 12	XIAFLEX79
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..58	WELIREG 32	XIGDUO XR 1000 MG-10 MG, 1000 MG-5 MG18
VIVELLE-DOT PTTW (Use estradiol) 62	WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)15	XIPERE88
VIVIMUSTA SOLN30	WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)15	XOLAIR SOAJ 10
VIVITROL 22	WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)15	XOLAIR SOLR10
VIVOTIF97	WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)15	XOLAIR SOSY10
VIZIMPRO31	WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)15	XOPENEX HFA (Use levalbuterol tartrate)12
VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) . 51	white petrolatum-mineral oil86	XOSPATA34
VONJO 34	WILATE KIT65	XPOVIO 32
VONVENDI65	WINDMILL TRAINER MISC76	XPOVIO 60 MG TWICE WEEKLY 32
VOQUEZNA97	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...90	XPOVIO 80 MG TWICE WEEKLY 32
VORAXAZE 35	XALATAN SOLN (Use latanoprost) 89	XTANDI CAPS32
VOTRIENT (Use pazopanib hcl) ..34	XALKORI CAPS 34	XTANDI TABS 32
VOXZOGO 61	XANAX TABS (Use alprazolam) ...10	XURIDEN61
VYNDAMAX44	XELJANZ SOLN3	XYNTHA65
VYND AQEL 44	XELJANZ TABS3	XYNTHA SOLOFUSE65
VYONDYS 5385	XELJANZ XR TB24 3	XYREM SOLN 92
VYTORIN (Use ezetimibe-simvastatin)24	XELODA (Use capecitabine)30	XYWAV92
VYVANSE CAPS1	XEMBIFY90	XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride) 23
VYVGART79		YASMIN 28 (Use drospirenone-ethinyl estradiol) 45

YAZ (Use drospirenone-ethinyl estradiol)	45	ZESTRIL TABS 2.5 MG (Use lisinopril)	25	ZITHROMAX Z-PAK TABS (Use azithromycin)	69
YERVOY	31	ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril) 25		ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	24
YF-VAX INJ	99	ZETIA (Use ezetimibe)	25	ZOKINVY	80
YONDELIS	30	ZEVALIN Y-90	31	ZOLADEX	32
YONSA	32	ZIAC (Use bisoprolol & hydrochlorothiazide)	27	zoledronic acid CONC	59
YUSIMRY	4	ZIAGEN SOLN (Use abacavir sulfate)	40	zoledronic acid SOLN	59
YUTIQ	88	ZIAGEN TABS (Use abacavir sulfate)	40	ZOLEDRONIC ACID SOLN	60
ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	89	zidovudine CAPS	40	ZOLGENSMA 10.1-10.5 KG	85
zaleplon 10 MG	67	zidovudine SYRP	40	ZOLGENSMA 10.6-11.0 KG	85
zaleplon 5 MG	67	zidovudine TABS	40	ZOLGENSMA 11.1-11.5 KG	85
ZALTRAP	31	ZILRETTA SRER	46	ZOLGENSMA 11.6-12.0 KG	85
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	84	zinc oxide (topical) OINT 20 %	55	ZOLGENSMA 12.1-12.5 KG	85
ZARONTIN CAPS (Use ethosuximide)	14	zinc sulfate CAPS	78	ZOLGENSMA 12.6-13.0 KG	85
ZARONTIN SOLN (Use ethosuximide)	14	ZINPLAVA	90	ZOLGENSMA 13.1-13.5 KG	85
ZARXIO	66	ziprasidone hcl	36	ZOLGENSMA 13.6-14.0 KG	85
ZAVESCA (Use miglustat)	66	ZIRABEV	31	ZOLGENSMA 14.1-14.5 KG	85
ZEJULA CAPS	34	ZITHROMAX PACK (Use azithromycin)	69	ZOLGENSMA 14.6-15.0 KG	85
ZELBORAF	34	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	69	ZOLGENSMA 15.1-15.5 KG	85
ZEMAIRA SOLR 1000 MG	94	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	69	ZOLGENSMA 15.6-16.0 KG	85
ZEMAIRA SOLR 4000 MG	94	ZITHROMAX TABS 250 MG (Use azithromycin)	69	ZOLGENSMA 16.1-16.5 KG	85
ZEMPLAR SOLN (Use paricalcitol) 61		ZITHROMAX TABS 500 MG (Use azithromycin)	69	ZOLGENSMA 16.6-17.0 KG	85
ZEPZELCA	30	ZITHROMAX TRI-PAK TABS (Use azithromycin)	69	ZOLGENSMA 17.1-17.5 KG	85
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	27			ZOLGENSMA 17.6-18.0 KG	86
ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide) ...	27			ZOLGENSMA 18.1-18.5 KG	86
				ZOLGENSMA 18.6-19.0 KG	86
				ZOLGENSMA 19.1-19.5 KG	86
				ZOLGENSMA 19.6-20.0 KG	86
				ZOLGENSMA 2.6-3.0 KG	86
				ZOLGENSMA 20.1-20.5 KG	86

ZOLGENSMA 20.6-21.0 KG	86	ZORBTIVE SC	60
ZOLGENSMA 3.1-3.5 KG	86	ZOVIRAX CREA (Use acyclovir topical)	52
ZOLGENSMA 3.6-4.0 KG	86	ZOVIRAX OINT (Use acyclovir topical)	52
ZOLGENSMA 4.1-4.5 KG	86	ZOVIRAX SUSP (Use acyclovir) ..	41
ZOLGENSMA 4.6-5.0 KG	86	ZUBSOLV SUBL	8
ZOLGENSMA 5.1-5.5 KG	86	ZULRESSO	16
ZOLGENSMA 5.6-6.0 KG	86	ZYDELIG	34
ZOLGENSMA 6.1-6.5 KG	86	ZYKADIA TABS	34
ZOLGENSMA 6.6-7.0 KG	86	ZYLOPRIM (Use allopurinol)	64
ZOLGENSMA 7.1-7.5 KG	86	ZYNLONTA	31
ZOLGENSMA 7.6-8.0 KG	86	ZYPREXA RELPREVV	37
ZOLGENSMA 8.1-8.5 KG	86	ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	37
ZOLGENSMA 8.6-9.0 KG	86	ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	37
ZOLGENSMA 9.1-9.5 KG	86	ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	37
ZOLGENSMA 9.6-10.0 KG	86	ZYRTEC ALLERGY TABS (Use cetirizine hcl)	23
ZOLINZA	34	ZYRTEC CHEW 10 MG (Use cetirizine hcl)	24
zolmitriptan SOLN 5 MG	77	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl) ..	23
zolmitriptan TABS	77	ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	24
zolmitriptan TBDP	77	ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine)	49
ZOLOFT CONC (Use sertraline hcl) 17		ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	49
ZOLOFT TABS 100 MG (Use sertraline hcl)	17	ZYTIGA (Use abiraterone acetate) 32	
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	17		
zolpidem tartrate TABS	67		
ZOMIG SOLN (Use zolmitriptan) ..	77		
ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	77		
ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	14		
zonisamide CAPS	14		