

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, Peach Care for Kids® and Georgia Pathways to Coverage 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](tel:1-800-704-1484) (TTY/TTD [1-800-255-0056](tel: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 logging into the [Member Portal](#).

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 Pharmacy and Therapeutics (P&T) Committee. The group is made up of the Chief Medical Officer, the Chief Medical Director of Pharmacy Services, and several Peach State Health Plan primary care physicians, 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.

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 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 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:

- 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

Peach State Health Plan: Preferred Drug List (PDL)



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 audiotape, call Member Services. Interpreter services are provided free of charge to you. Peach State Health Plan has a telephone language line available 24 hours a day, 7 days a week.

¿Necesita ayuda para entender esto? Si la necesita, llame a la línea de Servicios para los miembros de Peach State Health Plan al 1-800-704-1484. Si es una persona con problemas de audición, llame a nuestro TTY 1-800-255-0056. Para obtener esta información en letra más grande o que se la lean por teléfono, llame a Servicios para los Miembros.

Preferred Drug List Abbreviations

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

Peach State Health Plan: Preferred Drug List (PDL)

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>IMPL</i>	Implant
<i>AERB</i>	Aerosol, breath activated	<i>INHA</i>	Inhaler
<i>AERO</i>	Aerosol	<i>INJ</i>	Injectable
<i>AJKT</i>	Auto-injector Kit	<i>IUD</i>	Intrauterine Device
<i>AUIJ</i>	Auto-injector	<i>IV</i>	Intravenous
<i>CAPS</i>	Capsule	<i>LIQD</i>	Liquid
<i>CHEW</i>	Tablet Chewable	<i>LOTN</i>	Lotion
<i>CONC</i>	Concentrate	<i>LOZG</i>	Lozenge
<i>CP12</i>	Capsule ER 12 HR	<i>LPOP</i>	Lollipop
<i>CP24</i>	Capsule ER 24 HR	<i>MISC</i>	Miscellaneous
<i>CPCR</i>	Capsule ER	<i>NA</i>	Nasal
<i>CPDR</i>	Capsule Delayed Release	<i>NEBU</i>	Nebulization solution
<i>CPEP</i>	Capsule Enteric Coated Particles	<i>OINT</i>	Ointment
<i>CPSP</i>	Capsule Sprinkle	<i>OP</i>	Ophthalmic
<i>CREA</i>	Cream	<i>OPHT</i>	Ophthalmic
<i>CSDR</i>	Capsule Delayed Release Sprinkle	<i>OR</i>	Oral
<i>DEVI</i>	Device	<i>PACK</i>	Packet
<i>ELIX</i>	Elixir	<i>PEN</i>	Pen-injector
<i>EMUL</i>	Emulsion	<i>PNKT</i>	Pen-injector Kit
<i>ENEM</i>	Enema	<i>POT</i>	Potassium
<i>EX</i>	External	<i>POWD</i>	Powder
<i>GRAN</i>	Granules	<i>PRSY</i>	Prefilled Syringe
<i>IJ</i>	Injection	<i>PSKT</i>	Prefilled Syringe Kit

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Dose Form	Dose Form Description	Dose Form	Dose Form Description
<i>PSTE</i>	Paste	<i>SUSR</i>	Suspension Reconstituted
<i>PT24</i>	Patch 24 Hour	<i>SUSY</i>	Suspension Prefilled Syringe
<i>PT72</i>	Patch 72 Hour	<i>SYRP</i>	Syrup
<i>PTCH</i>	Patch	<i>T12A</i>	Tablet ER 12 Hour Abuse-Deterrent
<i>PTTW</i>	Patch Biweekly	<i>TABS</i>	Tablets
<i>PTWK</i>	Patch Weekly	<i>TB12</i>	Tablet ER 12 Hour
<i>RE</i>	Rectal	<i>TB24</i>	Tablet ER 24 Hour
<i>S.O.P.</i>	Sterile Ophthalmic Preparation	<i>TBCR</i>	Tablet ER
<i>SHAM</i>	Shampoo	<i>TBDP</i>	Tablet Dispersible
<i>SOAJ</i>	Solution Auto-injector	<i>TBEC</i>	Tablet Enteric Coated
<i>SOCT</i>	Solution Cartridge	<i>TBEF</i>	Tablet Effervescent
<i>SOLN</i>	Solution	<i>TBPK</i>	Tablet Therapy Pack
<i>SOLR</i>	Solution Reconstituted	<i>TBSO</i>	Tablet Soluble
<i>SOPN</i>	Solution Pen-injector	<i>TEST</i>	Diagnostic Test
<i>SOSY</i>	Solution Prefilled Syringe	<i>TINC</i>	Tincture
<i>SRER</i>	Suspension Reconstituted ER	<i>TROC</i>	Troche
<i>STRP</i>	Strip	<i>VA</i>	Vaginal
<i>SUBL</i>	Tablet Sublingual	<i>VI</i>	Visual Indicator
<i>SUER</i>	Suspension Extended Release	<i>WAFR</i>	Wafer
<i>SUPN</i>	Suspension Pen-injector	<i>XR</i>	Extended Release
<i>SUPP</i>	Suppository		
<i>SUSP</i>	Suspension		

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 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 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
lisdexamfetamine dimesylate CHEW	P	QL(1 EA daily); PA
VYVANSE CAPS (Use lisdexamfetamine dimesylate)	NP	QL(1 EA daily); PA
VYVANSE CHEW (Use lisdexamfetamine dimesylate)	NP	QL(1 EA daily); PA
Analeptics		
CAFFEINE CITRATED POWD	P	QL(45 GM per fill retail)
caffeine citrate SOLN PO 60 MG/3ML	P	QL(45 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Anorexiants Non-Amphetamine		
PLENITY	NP	
PLENITY WELCOME KIT	NP	
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)
STRATTERA (Use atomoxetine hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old); ST
Stimulants - Misc.		
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	NP	QL(1 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)
METADATE CD CPR (Use methylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)
METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl)	NP	QL(900 ML per 30 day(s) retail); 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)
methylphenidate hcl CPR	P	QL(1 EA daily); AL(At least 6 yrs old)

Georgia Medicaid Updated July 2026
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl SOLN 5 MG/5ML</i>	P	QL(1800 ML per 30 day(s) retail); AL(At least 3 yrs old)
<i>methylphenidate hcl SOLN 10 MG/5ML</i>	P	QL(900 ML per 30 day(s) retail); AL(At least 3 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	P	QL(3 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	P	QL(6 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 54 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 36 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (Use <i>methylphenidate hcl</i>)	NP	QL(6 EA daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG (Use <i>methylphenidate hcl</i>)	NP	QL(3 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ROUGH PIGWEED	NP	
SHEEP SORREL-YELLOW DOCK IJ	NP	
SORREL/DOCK MIX IJ	NP	
ALTERNATIVE MEDICINES		

Drug Name	Drug Tier	Requirements/ Limits
Alternative Medicine - B's		
REMIFEMIN MENOPAUSE RELIEF TABS	NP	
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) CAPS 250 MG</i>	P	OTC; QL(4 EA daily)
Alternative Medicine - M's		
MELATONIN SUBL	P	QL(1 EA daily)
<i>melatonin TABS 3 MG, 5 MG</i>	P	OTC; QL(1 EA daily)
<i>melatonin TBDP 3 MG</i>	P	QL(1 EA daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU (Use <i>tobramycin</i>)	NP	SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use <i>tobramycin</i>)	NP	SP; PA
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	P	SP; PA
TOBI NEBU (Use <i>tobramycin</i>)	NP	SP; PA
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	P	PA
<i>tobramycin sulfate SOLR</i>	P	PA
<i>tobramycin NEBU</i>	P	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
<i>tofacitinib citrate SOLN 1 MG/ML</i>	P	QL(10 ML daily); SP; PA
<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	P	QL(2 EA daily); SP; PA

Georgia Medicaid Updated July 2026
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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tofacitinib citrate TB24 11 MG, 22 MG</i>	P	QL(1 EA daily); SP; PA	ADALIMUMAB-ADBIM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	NP	SP
XELJANZ XR TB24 22 MG (<i>Use tofacitinib citrate</i>)	NP	QL(1 EA daily); SP; PA	ADALIMUMAB-ADBIM (2 SYRINGE) PSKT	P	SP; PA
XELJANZ XR TB24 11 MG	P	QL(1 EA daily); SP; PA	ADALIMUMAB-ADBIM(CD/UC/HS STRT) AJKT	P	SP; PA
XELJANZ SOLN 1 MG/ML (<i>Use tofacitinib citrate</i>)	NP	QL(10 ML daily); SP; PA	ADALIMUMAB-ADBIM(PS/UV STARTER) AJKT	P	SP; PA
XELJANZ TABS 5 MG, 10 MG (<i>Use tofacitinib citrate</i>)	NP	QL(2 EA daily); SP; PA	ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML	P	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-BWWD SOSY 40 MG/0.4ML	P	SP; PA
OTREXUP SOAJ 20 MG/0.4ML	P	SP; PA	ADALIMUMAB-FKJP (2 PEN) AJKT	P	SP; PA
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	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	
ADALIMUMAB-AATY (1 PEN) AJKT	P	SP; PA	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	P	SP; PA	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	
ADALIMUMAB-AATY (2 SYRINGE) PSKT	P	SP; PA	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	P	SP; PA	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADAZ SOAJ	P	SP; PA	CYLTEZO (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADAZ SOSY	P	SP; PA	CYLTEZO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADBIM (2 PEN) AJKT	P	SP; PA	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
ADALIMUMAB-ADBIM (2 PEN) AJKT	NP	SP	CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
			HADLIMA PUSHTOUCH SOAJ	P	SP; PA
			HADLIMA SOSY	P	SP; PA
			HULIO (2 PEN) AJKT	NP	SP
			HULIO (2 SYRINGE) PSKT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP	<i>flurbiprofen TABS</i>	P	
HYRIMOZ SOAJ	NP	SP	<i>ibuprofen lysine</i>	P	
HYRIMOZ SOSY	NP	SP	<i>ibuprofen CHEW</i>	P	OTC
SIMLANDI (1 PEN) AJKT	P	SP; PA	<i>ibuprofen SUSP 50 MG/1.25ML</i>	P	OTC
SIMLANDI (1 SYRINGE) PSKT	P	SP; PA	<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC
SIMLANDI (2 PEN) AJKT	P	SP; PA	<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P	
SIMLANDI (2 SYRINGE) PSKT	P	SP; PA	<i>ibuprofen TABS 200 MG</i>	P	OTC
YUFLYMA (1 PEN) AJKT	NP	SP	INDOCIN SUSP (<i>Use indomethacin</i>)	NP	
YUFLYMA (2 PEN) AJKT	NP	SP	INDOMETHACIN SODIUM	P	
YUFLYMA (2 SYRINGE) PSKT	NP	SP	<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP	<i>indomethacin SUPP</i>	P	
YUSIMRY	P	SP; PA	<i>indomethacin SUSP</i>	P	
Interleukin-1 Blockers			<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	P	
ARCALYST	P	SP; PA	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
Interleukin-1beta Blockers			<i>ketorolac tromethamine TABS</i>	P	QL(20 EA per 30 day(s) retail); AL(At least 17 yrs old)
ILARIS SOLN	P	SP; PA	LODINE TABS (<i>Use etodolac</i>)	NP	
Interleukin-6 Receptor Inhibitors			LURBIPR TABS 100 MG (<i>Use flurbiprofen</i>)	NP	
ACTEMRA ACTPEN SOAJ	P	SP; PA	LURBIRO TABS 100 MG (<i>Use flurbiprofen</i>)	NP	
ACTEMRA SOLN	P	SP; PA	<i>meloxicam TABS</i>	P	
ACTEMRA SOSY	P	SP; PA	MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	NP	OTC
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>nabumetone</i>	P	
ALEVE TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 EA daily)	NALFON CAPS (<i>Use fenoprofen calcium</i>)	NP	
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NP				
<i>diclofenac potassium TABS 50 MG</i>	P				
<i>diclofenac sodium TBEC</i>	P				
<i>etodolac CAPS</i>	P				
<i>etodolac TABS</i>	P				
<i>fenoprofen calcium CAPS 400 MG</i>	P				

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NAPROSYN SUSP (<i>Use naproxen</i>)	NP		<i>acetaminophen CHEW</i>	P	OTC
NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NP		<i>acetaminophen ELIX</i>	P	OTC
<i>naproxen sodium TABS 275 MG, 550 MG</i>	P		<i>acetaminophen LIQD 160 MG/5ML</i>	P	OTC
<i>naproxen sodium TABS 220 MG</i>	P	OTC; QL(2 EA daily)	<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	OTC
<i>naproxen SUSP</i>	P		<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	OTC; QL(12 EA per 30 day(s) retail)
<i>naproxen TABS</i>	P		<i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	OTC
NEOPROFEN (<i>Use ibuprofen lysine</i>)	NP		<i>acetaminophen TABS 325 MG, 500 MG</i>	P	OTC
<i>piroxicam CAPS</i>	P		FEVERALL JUNIOR STRENGTH SUPP	P	OTC; QL(12 EA per 30 day(s) retail)
<i>sulindac TABS</i>	P		Analgesics-Peptide Channel Blockers		
Phosphodiesterase 4 (PDE4) Inhibitors			PRIALT	P	SP; PA
OTEZLA TABS	P	SP; PA	Salicylates		
OTEZLA TBPk	P	SP; PA	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	OTC
Pyrimidine Synthesis Inhibitors			<i>aspirin CHEW</i>	P	OTC
ARAVA (<i>Use leflunomide</i>)	NP	QL(1 EA daily)	ASPIRIN SUPP 300 MG	P	OTC; QL(12 EA per 30 day(s) retail)
<i>leflunomide</i>	P	QL(1 EA daily)	<i>aspirin TABS 325 MG</i>	P	OTC
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			<i>aspirin TBEC 81 MG, 325 MG</i>	P	OTC
Analgesic Combinations			<i>diflunisal TABS</i>	P	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	DOLOBID TABS	P	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	<i>salsalate</i>	P	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily); AL(At least 18 yrs old)	Opioid Agonists		
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NP	QL(4 EA daily); AL(At least 12 yrs old)			
Analgesics Other					

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<i>codeine sulfate TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(2 EA daily); AL(At least 12 yrs old)	<i>morphine sulfate SUPP 5 MG, 10 MG, 20 MG</i>	P	Clinical Edit: Opioids; QL(6 EA daily)
CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 EA daily); AL(At least 12 yrs old)	<i>morphine sulfate SUPP 30 MG</i>	P	Clinical Edit: Opioids; QL(4 EA daily)
DEMEROL SOLN IJ (<i>Use meperidine hcl</i>)	NF		<i>morphine sulfate TABS</i>	P	Clinical Edit: Opioids; QL(6 EA daily)
DILAUDID TABS 2 MG, 4 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 EA daily)	<i>morphine sulfate TBCR</i>	P	QL(3 EA daily)
DILAUDID TABS 8 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 EA daily)	MS CONTIN TBCR 15 MG (<i>Use morphine sulfate</i>)	P	QL(3 EA daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	QL(0.34 EA daily)	MS CONTIN TBCR 30 MG, 60 MG, 100 MG, 200 MG (<i>Use morphine sulfate</i>)	NP	QL(3 EA daily)
HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids; QL(2 EA daily)	<i>oxycodone hcl CAPS</i>	P	Clinical Edit: Opioids; QL(6 EA daily)
<i>hydromorphone hcl TABS 2 MG, 4 MG</i>	P	Clinical Edit: Opioids; QL(6 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(5 ML daily)
<i>hydromorphone hcl TABS 8 MG</i>	P	Clinical Edit: Opioids; QL(4 EA daily)	<i>oxycodone hcl SOLN</i>	P	Clinical Edit: Opioids; QL(30 ML daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	Clinical Edit: Opioids; QL(30 ML daily)	<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	P	QL(2 EA daily); PA
<i>meperidine hcl TABS 50 MG</i>	P	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)
<i>methadone hcl TABS 10 MG</i>	P	QL(10 EA daily); PA	<i>oxycodone hcl TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(4 EA daily)
<i>methadone hcl TABS 5 MG</i>	P	QL(6 EA daily); PA	OXYCONTIN T12A	P	QL(2 EA daily); PA
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids; QL(21.4 ML daily)	ROXICODONE TABS 15 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 EA daily)
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(9 ML daily)	ROXICODONE TABS 30 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 EA daily)
			<i>tramadol hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 18 yrs old)
			Opioid Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine SOLN</i>	P	Clinical Edit: Opioids; QL(30 ML daily); AL(At least 12 yrs old)	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 EA daily)
<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)	<i>tramadol-acetaminophen</i>	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 18 yrs old)
<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)	Opioid Partial Agonists		
<i>butalbital-aspirin-caffeine w/cod</i>	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 12 yrs old)	BELBUCA FILM	P	QL(2 EA daily); PA
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	P	QL(2 EA daily); PA
<i>hydrocodone-acetaminophen SOLN</i>	P	Clinical Edit: Opioids; QL(180 ML daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	P	QL(3 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 EA daily)
<i>oxycodone w/ acetaminophen SOLN</i>	P	Clinical Edit: Opioids; QL(30 ML daily)	<i>buprenorphine hcl SOLN</i>	P	QL(4 ML 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>buprenorphine hcl SUBL 8 MG</i>	P	QL(3 EA daily); PA
PERCOCET TABS 325 MG-2.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NF		<i>buprenorphine hcl SUBL 2 MG</i>	P	QL(2 EA daily); PA
			SUBLOCADE SOSY 300 MG/1.5ML	P	QL(0.05 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA
			SUBLOCADE SOSY 100 MG/0.5ML	P	QL(0.02 ML daily); 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 (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 EA daily); PA	SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	OTC; QL(31 GM per 30 day(s) retail)
ZUBSOLV SUBL 2.1 MG-8.6 MG	P	QL(2 EA daily); PA	Rectal Steroids		
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG, 2.9 MG-11.4 MG	P	QL(1 EA daily); PA	ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			<i>hydrocortisone (rectal) EX 1 %</i>	NP	RX/OTC
Androgens			<i>hydrocortisone (rectal) EX 2.5 %</i>	P	
AVEED SOLN	P	SP; PA	PREPARATION H EX 1 %	P	QL(454 GM per fill retail); RX/OTC
<i>methyltestosterone TABS</i>	P		PREPARATION H SOOTHING RELIEF EX 1 %	P	QL(454 GM per fill retail); RX/OTC
TESTOPEL PLLT	P	SP; PA	ANTACIDS		
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ML daily)	Antacid Combinations		
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(4 ML per 30 day(s) retail)	<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(744 ML per 30 day(s) retail)
<i>testosterone enanthate SOLN IM</i>	P	QL(4 ML per 30 day(s) retail)	<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	P	QL(744 ML per 30 day(s) retail)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			Antacids - Aluminum Salts		
Intrarectal Steroids			ALUMINUM HYDROXIDE GEL SUSP	P	OTC
CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	NP		Antacids - Bicarbonate		
<i>hydrocortisone (intrarectal)</i>	P		<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	OTC; QL(100 EA per 30 day(s) retail)
Rectal Combinations			Antacids - Calcium Salts		
ANALPRAM HC LOTN EX	P	QL(62 ML per 30 day(s) retail)	<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	OTC
ANALPRAM-HC LOTN EX	P	QL(62 ML per 30 day(s) retail)	Antacids - Magnesium Salts		
HEMORRHOIDAL 0.25 %-85.5 %-3 %	P	OTC; QL(12 EA per 30 day(s) retail)	<i>magnesium oxide TABS 400 MG</i>	P	OTC

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Drug Name	Drug Tier	Requirements/ Limits
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	P	SP; PA
EMVERM CHEW	P	QL(1 EA per 14 day(s) retail)
PIN RID CHEW	P	QL(3 EA per fill retail)
<i>pyrantel pamoate SUSP</i>	P	OTC; QL(60 ML per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily)
<i>isosorbide mononitrate TB24</i>	P	QL(1 EA daily)
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP	
<i>nitroglycerin OINT</i>	P	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SUBL</i>	P	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	
NITRO-TIME CPCR 2.5 MG, 6.5 MG, 9 MG	P	
ANTIANKXIETY 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)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS 25 MG (<i>Use hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
<i>alprazolam TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
ATIVAN TABS (<i>Use lorazepam</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 EA daily); AL(At least 18 yrs old)
<i>clorazepate dipotassium TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>diazepam SOLN PO 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)
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	

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NORPACE CR CP12 150 MG	P		SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)	NP	
NORPACE CAPS (Use disopyramide phosphate)	P		tiotropium bromide CAPS IN 18 MCG	P	
quinidine gluconate TBCR	P		TUDORZA PRESSAIR	P	QL(1 EA per 30 day(s) retail)
quinidine sulfate TABS	P		umeclidinium bromide 62.5 MCG/INH	P	QL(1 EA daily)
Antiarrhythmics Type I-B			Leukotriene Modulators		
mexiletine hcl	P		montelukast sodium CHEW	P	QL(1 EA daily)
Antiarrhythmics Type I-C			montelukast sodium PACK	P	QL(1 EA daily)
flecainide acetate	P		montelukast sodium TABS	P	QL(1 EA daily)
propafenone hcl TABS	P		SINGULAIR CHEW (Use montelukast sodium)	NP	QL(1 EA daily)
Antiarrhythmics Type III			SINGULAIR PACK (Use montelukast sodium)	NP	QL(1 EA daily)
amiodarone hcl TABS 200 MG	P		SINGULAIR TABS (Use montelukast sodium)	NP	QL(1 EA daily)
dofetilide	P		Selective Phosphodiesterase 4 (PDE4) Inhibitors		
TIKOSYN (Use dofetilide)	NP		DALIRESP (Use roflumilast)	NP	QL(1 EA daily)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			roflumilast	P	QL(1 EA daily)
Antiasthmatic - Monoclonal Antibodies			Steroid Inhalants		
CINQAIR	P	SP; PA	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))	NP	
TEZSPIRE SOSY	P	SP; PA	ASMANEX HFA AERO	P	QL(0.44 GM daily)
XOLAIR SOAJ	P	SP; PA	beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	P	QL(17.4 GM per fill retail)
XOLAIR SOLR	P	SP; PA	budesonide (inhalation) SUSP	P	QL(120 ML per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
XOLAIR SOSY	P	SP; PA			
Anti-Inflammatory Agents					
cromolyn sodium NEBU	P	QL(8 ML daily)			
Bronchodilators - Anticholinergics					
ATROVENT HFA 17 MCG/ACT (Use ipratropium bromide hfa)	NP	QL(25.8 GM per fill retail)			
INCRUSE ELLIPTA	P	QL(1 EA daily)			
ipratropium bromide hfa 17 MCG/ACT	P	QL(25.8 GM per fill retail)			
ipratropium bromide SOLN 0.02 %	P	QL(375 ML per 20 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLOVENT HFA 44 MCG/ACT (<i>Use fluticasone propionate hfa</i>)	NP		<i>albuterol sulfate AERS</i>	P	QL(6.7 GM per fill retail; 13.4 GM per 30 day(s) retail)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	P	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	NP	
<i>fluticasone propionate (inhalation) AEPB</i>	P		<i>albuterol sulfate AERS</i>	P	QL(18 GM per fill retail; 36 GM per 30 day(s) retail)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	NP		<i>albuterol sulfate AERS</i>	P	QL(8.5 GM per fill retail; 17 GM 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>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ML daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(10.6 GM per fill retail); AL(Up to 12 yrs old)	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ML per 30 day(s) retail)
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>albuterol sulfate NEBU</i>	P	
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 GM daily)	ALBUTEROL SULFATE NEBU	P	
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 GM daily)	<i>albuterol sulfate SYRP</i>	P	
Sympathomimetics			<i>albuterol sulfate TABS</i>	P	
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NP	QL(2 EA daily)	<i>budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT</i>	P	QL(10.2 GM per fill retail)
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF		<i>budesonide-formoterol fumarate dihydrate</i>	NP	
AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF		<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(0.367 GM daily)
AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF		<i>budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT</i>	P	QL(11 GM per fill retail)
<i>albuterol sulfate AERS</i>	NP		COMBIVENT RESPIMAT AERS	P	QL(0.14 GM daily)
			<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)
			<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)
			<i>levalbuterol tartrate</i>	P	QL(0.5 GM daily)

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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
			FRAGMIN SOSY	P	SP; PA
			<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML</i>	NP	
PROVENTIL HFA AERS (Use albuterol sulfate)	NP		<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
SEREVENT DISKUS	P	QL(60 EA per fill retail)	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NP	SP
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	NP		LOVENOX SOSY (Use enoxaparin sodium)	NP	SP; PA
<i>terbutaline sulfate TABS</i>	P		Thrombin Inhibitors		
VENTOLIN HFA AERS (Use albuterol sulfate)	NP		<i>dabigatran etexilate mesylate CAPS</i>	P	
XOPENEX HFA (Use levalbuterol tartrate)	NP	QL(0.5 GM daily)	PRADAXA CAPS (Use dabigatran etexilate mesylate)	NP	
Xanthines			ANTICONVULSANTS - Drugs to Treat Seizures		
THEO-24 CP24	P		Anticonvulsants - Benzodiazepines		
<i>theophylline ELIX</i>	P		<i>clonazepam TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>theophylline SOLN</i>	P	QL(475 ML per fill retail)	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NP	QL(1 EA per fill retail); AL(At least 2 yrs old)
<i>theophylline TB12</i>	P		<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 EA per fill retail); AL(At least 2 yrs old)
<i>theophylline TB24</i>	P		KLONOPIN TABS (Use clonazepam)	NP	QL(3 EA daily); AL(At least 18 yrs old)
ANTICOAGULANTS - Blood Thinners			NAYZILAM	P	QL(10 EA per 30 day(s) retail); PA
Coumarin Anticoagulants			VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 33 day(s) retail; 10 EA per 33 days mail); PA
<i>warfarin sodium TABS</i>	P				
Direct Factor Xa Inhibitors					
ELIQUIS DVT/PE STARTER PACK TBPK	P	QL(2.47 EA daily)			
ELIQUIS TABS	P	QL(2 EA daily)			
Heparins And Heparinoid-Like Agents					
ARIXTRA (Use fondaparinux sodium)	NP	SP; PA			
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	SP			
<i>enoxaparin sodium SOSY</i>	P	SP; PA			
<i>fondaparinux sodium</i>	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P	QL(10 EA per 33 day(s) retail; 10 EA per 33 days mail); PA	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	NP	QL(16 ML daily)
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P	QL(10 EA per 33 day(s) retail; 10 EA per 33 days mail); PA	KEPPRA TABS 1000 MG (Use levetiracetam)	NP	
VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 33 day(s) retail; 10 EA per 33 days mail); PA	KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	NP	QL(4 EA daily)
Anticonvulsants - Misc.			KEPPRA TABS 500 MG (Use levetiracetam)	NP	QL(6 EA daily)
BANZEL SUSP (Use rufinamide)	NP	SP; PA	LAMICTAL XR TB24 (Use lamotrigine)	NP	Use lamotrigine IR; ST
BANZEL TABS (Use rufinamide)	NP	SP; PA	LAMICTAL CHEW (Use lamotrigine)	NP	
brivaracetam SOLN IV 50 MG/5ML	P	SP; PA	LAMICTAL TABS (Use lamotrigine)	NP	
BRIVIACT SOLN IV 50 MG/5ML (Use brivaracetam)	NP	SP; PA	lamotrigine CHEW	P	
carbamazepine CHEW 100 MG	P		lamotrigine TABS	P	
carbamazepine SUSP	P		lamotrigine TB24	P	Use lamotrigine IR; ST
carbamazepine TABS	P		levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	QL(16 ML daily)
carbamazepine TB12	P		levetiracetam TABS 1000 MG	P	
DIACOMIT CAPS 250 MG	P	QL(12 EA daily); SP; PA	levetiracetam TABS 250 MG, 750 MG	P	QL(4 EA daily)
DIACOMIT CAPS 500 MG	P	QL(6 EA daily); SP; PA	levetiracetam TABS 500 MG	P	QL(6 EA daily)
DIACOMIT PACK 250 MG	P	QL(12 EA daily); SP; PA	levetiracetam TB24	P	Use levetiracetam IR; ST
DIACOMIT PACK 500 MG	P	QL(6 EA daily); SP; PA	MYSOLINE (Use primidone)	NP	
EPIDIOLEX	P	SP; PA	NEURONTIN CAPS (Use gabapentin)	NP	QL(9 EA daily)
FINTEPLA	P	SP; PA	NEURONTIN SOLN (Use gabapentin)	NP	
gabapentin CAPS	P	QL(9 EA daily)	NEURONTIN TABS 600 MG (Use gabapentin)	NP	QL(6 EA daily)
gabapentin SOLN	P		NEURONTIN TABS 800 MG (Use gabapentin)	NP	QL(4 EA daily)
gabapentin TABS 600 MG	P	QL(6 EA daily)	oxcarbazepine SUSP	P	
gabapentin TABS 800 MG	P	QL(4 EA daily)	oxcarbazepine TABS	P	
KEPPRA XR TB24 (Use levetiracetam)	NP	Use levetiracetam IR; ST			

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<i>primidone</i>	P		FELBATOL TABS (<i>Use felbamate</i>)	NP	
<i>rufinamide SUSP</i>	P	SP; PA	GABA Modulators		
<i>rufinamide TABS</i>	P	SP; PA	SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP; PA
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP		SABRIL TABS (<i>Use vigabatrin</i>)	NP	SP; PA
TEGRETOL TABS (<i>Use carbamazepine</i>)	NP		<i>tiagabine hcl</i>	P	
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP		<i>vigabatrin PACK</i>	P	SP; PA
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 EA daily)	<i>vigabatrin TABS</i>	P	SP; PA
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 EA daily)	Hydantoins		
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(3 EA daily)	DILANTIN (<i>Use phenytoin sodium extended</i>)	P	
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 EA daily)	DILANTIN	P	
TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 EA daily)	DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	P	
<i>topiramate CPSP 25 MG</i>	P	QL(8 EA daily)	DILANTIN-125 SUSP (<i>Use phenytoin</i>)	P	
<i>topiramate CPSP 15 MG</i>	P	QL(6 EA daily)	DILANTIN SUSP (<i>Use phenytoin</i>)	P	
<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 EA daily)	<i>phenytoin sodium extended 100 MG</i>	P	
<i>topiramate TABS 100 MG</i>	P	QL(4 EA daily)	<i>phenytoin sodium SOLN</i>	P	
<i>topiramate TABS 200 MG</i>	P	QL(3 EA daily)	<i>phenytoin CHEW</i>	P	
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP		<i>phenytoin SUSP</i>	P	
TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP		Succinimides		
ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NP		<i>ethosuximide CAPS</i>	P	
<i>zonisamide CAPS</i>	P		<i>ethosuximide SOLN</i>	P	
Carbamates			ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	
<i>felbamate SUSP</i>	P		ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	
<i>felbamate TABS</i>	P		Valproic Acid		
FELBATOL SUSP (<i>Use felbamate</i>)	NP		DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	QL(7 EA daily)

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DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NP	QL(3 EA daily)	REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 EA daily)
DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	QL(8 EA daily)	REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 EA daily)
DEPAKOTE TBEC 125 MG (<i>Use divalproex sodium</i>)	NP	QL(2 EA daily)	REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NP	QL(1 EA daily)
DEPAKOTE TBEC 500 MG (<i>Use divalproex sodium</i>)	NP	QL(7 EA daily)	REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 EA daily)
DEPAKOTE TBEC 250 MG (<i>Use divalproex sodium</i>)	NP	QL(3 EA daily)	REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 EA daily)
<i>divalproex sodium CSDR</i>	P	QL(8 EA daily)	Antidepressants - Misc.		
<i>divalproex sodium TB24 500 MG</i>	P	QL(7 EA daily)	<i>bupropion hcl TABS</i>	P	QL(3 EA daily)
<i>divalproex sodium TB24 250 MG</i>	P	QL(3 EA daily)	<i>bupropion hcl TB12 150 MG</i>	P	QL(3 EA daily)
<i>divalproex sodium TBEC 125 MG</i>	P	QL(2 EA daily)	<i>bupropion hcl TB12 100 MG</i>	P	QL(4 EA daily)
<i>divalproex sodium TBEC 250 MG</i>	P	QL(3 EA daily)	<i>bupropion hcl TB12 200 MG</i>	P	QL(2 EA daily)
<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 EA daily)	<i>bupropion hcl TB24 150 MG</i>	P	QL(3 EA daily)
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P		<i>bupropion hcl TB24 300 MG</i>	P	QL(1 EA daily)
<i>valproic acid CAPS</i>	P		FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	
ANTIDEPRESSANTS - Drugs to Treat Depression			WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NP	QL(4 EA daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 EA daily)
<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 EA daily)	WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NP	QL(2 EA daily)
<i>mirtazapine TABS 15 MG</i>	P	QL(3 EA daily)	WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NP	QL(1 EA daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 EA daily)	WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 EA daily)
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 EA daily)	GABA Receptor Modulator - Neuroactive Steroid		
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 EA daily)			
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 EA daily)			

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

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

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NORPRAMIN TABS 10 MG (Use desipramine hcl)	NP		SOLQUA	P	QL(0.6 ML daily); PA
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NP	QL(2 EA daily)	XIGDUO XR TB24 PO (Use dapagliflozin free base-metformin hcl)	NP	QL(2 EA daily)
nortriptyline hcl CAPS	P		XIGDUO XR TB24 PO (Use dapagliflozin free base-metformin hcl)	NP	QL(1 EA daily)
nortriptyline hcl SOLN	P	QL(20 ML daily)	ZITUVIMET XR TB24	NP	
PAMELOR CAPS (Use nortriptyline hcl)	NP		ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin free base-metformin hcl)	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			Biguanides		
Antidiabetic Combinations			GLUMETZA TB24 (Use metformin hcl)	NF	
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NP	QL(2 EA daily)	metformin hcl TABS 500 MG	P	QL(4 EA daily)
alogliptin-metformin hcl	P	QL(2 EA daily)	metformin hcl TABS 850 MG, 1000 MG	P	
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	P		metformin hcl TB24 750 MG	P	QL(3 EA daily)
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG	P	QL(1 EA daily)	metformin hcl TB24 500 MG	P	QL(4 EA daily)
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG	P	QL(2 EA daily)	Diabetic Other		
dapagliflozin-saxagliptin	P	QL(1 EA daily)	BD GLUCOSE CHEW	P	OTC; QL(50 EA per 30 day(s) retail)
glipizide-metformin hcl	P		CVS GLUCOSE	P	QL(50 EA per 30 day(s) retail)
glyburide-metformin	P		DEX4	P	QL(50 EA per 30 day(s) retail)
pioglitazone hcl-metformin hcl TABS	P	QL(2 EA daily)	DEX4 NATURALS	P	QL(50 EA per 30 day(s) retail)
QTERN 5 MG-10 MG	P	QL(1 EA daily)	dextrose (diabetic use) CHEW 4 GM	P	OTC; QL(50 EA per 30 day(s) retail)
saxagliptin-metformin hcl	P	QL(1 EA daily)	GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon)	NP	QL(1 EA per fill retail)
sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	P	QL(2 EA daily)	glucagon SOLR IJ 1 MG	P	QL(1 EA per fill retail)
sitagliptin free base-metformin hcl TB24	P	QL(1 EA daily)	glucose-vitamin c 6 MG-4 GM	P	QL(50 EA per 30 day(s) retail)
sitagliptin free base-metformin hcl TB24	P	QL(2 EA daily)			

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KROGER GLUCOSE	P	QL(50 EA per 30 day(s) retail)	TRULICITY	P	QL(2 ML per 28 day(s) retail); AL(At least 10 yrs old); PA
RA GLUCOSE	P	QL(50 EA per 30 day(s) retail)	VICTOZA (Use liraglutide)	NP	QL(0.3 ML daily); AL(At least 10 yrs old)
TGT GLUCOSE	P	QL(50 EA per 30 day(s) retail)	Insulin		
TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC; QL(50 EA per 30 day(s) retail)	ADMELOG SOLOSTAR SOPN	NP	
TRUEPLUS GLUCOSE CHEW	P	OTC; QL(50 EA per 30 day(s) retail)	ADMELOG SOLN IJ	NP	
WALGREENS GLUCOSE	P	QL(50 EA per 30 day(s) retail)	HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG SOLN IJ	NP	
<i>alogliptin benzoate</i>	P		HUMULIN 70/30 KWIKPEN SUPN	P	OTC; QL(1 ML daily)
ONGLYZA 5 MG (Use saxagliptin hcl)	NP	QL(1 EA daily)	HUMULIN 70/30 SUSP	P	OTC; QL(40 ML per 30 day(s) retail)
<i>saxagliptin hcl</i>	P	QL(1 EA daily)	HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ML daily)
<i>sitagliptin 25 MG, 50 MG, 100 MG</i>	P	QL(1 EA daily)	HUMULIN N SUSP	P	QL(40 ML per 30 day(s) retail)
ZITUVIO 25 MG, 50 MG, 100 MG (Use sitagliptin)	NP		HUMULIN R SOLN IJ	P	OTC; QL(40 ML per 30 day(s) retail)
Incretin Mimetic Agents			INSULIN GLARGINE-YFGN SOLN	P	QL(1 ML daily)
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	NP	QL(0.08 ML daily); AL(At least 18 yrs old)	INSULIN GLARGINE-YFGN SOPN	P	QL(1 ML daily)
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	NP	QL(0.04 ML daily); AL(At least 18 yrs old)	INSULIN GLARGINE-YFGN SOPN	NP	
<i>exenatide SOPN 10 MCG/0.04ML</i>	P	QL(0.08 ML daily); AL(At least 18 yrs old)	INSULIN LISPRO (1 UNIT DIAL) SOPN	P	QL(1.34 ML daily)
<i>exenatide SOPN 5 MCG/0.02ML</i>	P	QL(0.04 ML daily); AL(At least 18 yrs old)	INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	
<i>liraglutide</i>	P	QL(0.3 ML daily); AL(At least 10 yrs old)	INSULIN LISPRO PROT & LISPRO SUPN	P	QL(1 ML daily)
			INSULIN LISPRO SOLN IJ	P	QL(40 ML per 30 day(s) retail)
			NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN 70/30 FLEXPEN SUPN	P	OTC; QL(1 ML daily)
NOVOLIN 70/30 RELION SUSP	NP	
NOVOLIN 70/30 SUSP	P	OTC; QL(40 ML per 30 day(s) retail)
NOVOLIN N FLEXPEN RELION SUPN	NP	
NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ML daily)
NOVOLIN N RELION SUSP	NP	
NOVOLIN N SUSP	P	QL(40 ML per 30 day(s) retail)
NOVOLIN R FLEXPEN RELION SOPN IJ	P	QL(1 ML daily)
NOVOLIN R FLEXPEN SOPN IJ	P	QL(1 ML daily)
NOVOLIN R RELION SOLN IJ	NP	
NOVOLIN R SOLN IJ	P	OTC; QL(40 ML per 30 day(s) retail)
SEMGLEE (YFGN) SOLN	NP	
SEMGLEE (YFGN) SOPN	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 TABS PO 5 MG, 10 MG	P	QL(1 EA daily)
FARXIGA TABS PO (Use dapagliflozin)	NP	QL(1 EA daily)
Sulfonylureas		
glimepiride 1 MG, 2 MG	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
glimepiride 4 MG	P	QL(2 EA daily)
glipizide TABS	P	
glipizide TB24	P	
GLUCOTROL XL TB24 5 MG, 10 MG (Use glipizide)	NP	
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	
glyburide TABS	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	OTC
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	P	OTC
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	P	
diphenoxylate w/ atropine TABS	P	
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
EXJADE TBSO (Use deferasirox)	NP	SP; PA
JADENU SPRINKLE PACK (Use deferasirox)	NP	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
JADENU TABS (<i>Use deferasirox</i>)	NP	SP; PA
Antidotes and Specific Antagonists		
<i>deferoxamine mesylate</i>	P	SP; PA
DESFERAL 500 MG (<i>Use deferoxamine mesylate</i>)	NP	SP; PA
SM IPECAC SYRUP	P	
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	P	QL(4 EA per 90 day(s) retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ML per 90 day(s) retail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD (<i>Use naloxone hcl</i>)	NP	QL(4 EA per 90 day(s) retail); RX/OTC
VIVITROL	P	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 30 day(s) retail)
<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 EA per 14 day(s) retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(2 EA daily)
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(3 EA daily)
<i>ondansetron TBDP 16 MG</i>	P	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NP	OTC; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>dimenhydrinate TABS</i>	P	OTC; QL(24 EA per fill retail)
DRAMAMINE CHEW	P	OTC; QL(24 EA per fill retail)
<i>meclizine hcl CHEW</i>	P	OTC; RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin TABS</i>	P	QL(6 EA daily)
<i>terbinafine hcl TABS</i>	P	QL(90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NP	QL(70 ML per fill retail)
DIFLUCAN TABS 100 MG, 200 MG (<i>Use fluconazole</i>)	NP	
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail)
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)
<i>fluconazole TABS 50 MG</i>	P	QL(3 EA per 14 day(s) retail)
<i>itraconazole CAPS</i>	P	QL(1 EA daily); PA
SPORANOX CAPS (<i>Use itraconazole</i>)	NP	QL(1 EA daily); PA
ANTIHIISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	P	OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpheniramine maleate TABS</i>	P	OTC; QL(120 EA per fill retail)	CLARITIN SOLN (<i>Use loratadine</i>)	NP	OTC; QL(240 ML per fill retail)
Antihistamines - Ethanolamines			CLARITIN TABS (<i>Use loratadine</i>)	NP	OTC; QL(1 EA daily)
BENADRYL ALLERGY EXTRA STR TABS	P	QL(4 EA daily)	<i>fexofenadine hcl TABS 60 MG</i>	P	QL(2 EA daily)
CLEMASZ TABS 2.68 MG (<i>Use clemastine fumarate</i>)	NF		<i>fexofenadine hcl TABS 180 MG</i>	P	QL(1 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)	ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	NP	QL(1 EA daily)
Antihistamines - Non-Sedating			Antihistamines - Phenothiazines		
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NP	QL(1 EA daily)	<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	AL(At least 2 yrs old)
<i>cetirizine hcl CHEW</i>	P	QL(1 EA daily)	<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)
<i>cetirizine hcl CHEW</i>	NP		<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
<i>cetirizine hcl SOLN PO</i>	P	QL(240 ML per fill retail); RX/OTC	Antihistamines - Piperidines		
<i>cetirizine hcl SYRP PO 1 MG/ML</i>	P	QL(240 ML per fill retail); RX/OTC	<i>ciproheptadine hcl SYRP</i>	P	
<i>cetirizine hcl TABS</i>	P	QL(1 EA daily)	<i>ciproheptadine hcl TABS</i>	P	
CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NP	OTC; QL(240 ML per fill retail)	ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
CLARITIN REDITABS TBDP 5 MG (<i>Use loratadine</i>)	NF		Angiotensin-like Protein Inhibitors		
CLARITIN REDITABS TBDP 10 MG (<i>Use loratadine</i>)	NP	OTC; QL(1 EA daily)	EVKEEZA	P	SP; PA
			Antihyperlipidemics - Combinations		
			<i>ezetimibe-simvastatin</i>	P	QL(1 EA daily); ST
			VYTORIN (<i>Use ezetimibe-simvastatin</i>)	NP	QL(1 EA daily); ST

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Bile Acid Sequestrants			LIPITOR TABS (<i>Use atorvastatin calcium</i>)	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 GRAN (<i>Use colestipol hcl</i>)	NP		<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 EA daily)
COLESTID TABS (<i>Use colestipol hcl</i>)	NP		ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	QL(1 EA daily)
<i>colestipol hcl GRAN</i>	P		Intestinal Cholesterol Absorption Inhibitors		
<i>colestipol hcl TABS</i>	P		<i>ezetimibe</i>	P	ST
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NP		ZETIA (<i>Use ezetimibe</i>)	NP	ST
QUESTRAN PACK (<i>Use cholestyramine</i>)	NP		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
QUESTRAN POWD (<i>Use cholestyramine</i>)	NP		JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP; PA
Fibric Acid Derivatives			Nicotinic Acid Derivatives		
<i>fenofibrate micronized 67 MG</i>	P	QL(2 EA daily)	<i>niacin (antihyperlipidemic) TABS</i>	P	
<i>fenofibrate micronized 134 MG, 200 MG</i>	P	QL(1 EA daily)	<i>niacin (antihyperlipidemic) TBCR</i>	P	
<i>fenofibrate TABS 54 MG</i>	P	QL(3 EA daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>fenofibrate TABS 160 MG</i>	P	QL(1 EA daily)	LEQVIO	P	SP; PA
FENOGLIDE TABS (<i>Use fenofibrate</i>)	NF		PRALUENT SOAJ	P	SP; PA
<i>gemfibrozil TABS</i>	P	QL(2 EA daily)	REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
LOPID TABS (<i>Use gemfibrozil</i>)	NP	QL(2 EA daily)	REPATHA SURECLICK SOAJ	P	SP; PA
TRICOR TABS (<i>Use fenofibrate</i>)	NF		REPATHA SOSY	P	SP; PA
HMG CoA Reductase Inhibitors			ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
<i>atorvastatin calcium TABS</i>	P	QL(1 EA daily)			
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NP	Try simvastatin or atorvastatin; QL(1 EA daily); ST			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACE Inhibitors			BENICAR (Use olmesartan medoxomil)	NP	Use losartan or irbesartan; QL(1 EA daily); ST
ACCUPRIL (Use quinapril hcl)	NP		candesartan cilexetil	P	
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (Use ramipril)	NP	QL(2 EA daily)	COZAAR (Use losartan potassium)	NP	QL(1 EA daily)
benazepril hcl 40 MG	P	QL(2 EA daily)	DIOVAN TABS (Use valsartan)	NP	QL(1 EA daily)
benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 EA daily)	irbesartan	P	QL(1 EA daily)
captopril	P	QL(3 EA daily)	losartan potassium	P	QL(1 EA daily)
enalapril maleate TABS	P	QL(2 EA daily)	MICARDIS (Use telmisartan)	NP	QL(1 EA daily)
fosinopril sodium	P	QL(1 EA daily)	olmesartan medoxomil	P	Use losartan or irbesartan; QL(1 EA daily); ST
lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	QL(2 EA daily)	telmisartan	P	QL(1 EA daily)
lisinopril TABS 2.5 MG	P	QL(1 EA daily)	valsartan TABS	P	QL(1 EA daily)
LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	NP	QL(1 EA daily)	Antiadrenergic Antihypertensives		
LOTENSIN 40 MG (Use benazepril hcl)	NP	QL(2 EA daily)	CARDURA (Use doxazosin mesylate)	NP	
quinapril hcl	P		clonidine hcl TABS	P	
ramipril CAPS	P	QL(2 EA daily)	doxazosin mesylate	P	
trandolapril 4 MG	P	QL(2 EA daily)	guanfacine hcl	P	
trandolapril 1 MG, 2 MG	P	QL(1 EA daily)	methyldopa TABS	P	
VASOTEC TABS (Use enalapril maleate)	NP	QL(2 EA daily)	prazosin hcl CAPS	P	
ZESTRIL TABS 2.5 MG (Use lisinopril)	NP	QL(1 EA daily)	terazosin hcl	P	
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril)	NP	QL(2 EA daily)	Antihypertensive Combinations		
Agents for Pheochromocytoma			ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	NP	QL(3 EA daily)
DEMSEER (Use metyrosine)	NP	SP; PA	ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NP	QL(4 EA daily)
metyrosine	P	SP; PA	amlodipine besylate-benazepril hcl	P	QL(1 EA daily)
Angiotensin II Receptor Antagonists			amlodipine besylate-olmesartan medoxomil	P	Use losartan or irbesartan; ST
ATACAND (Use candesartan cilexetil)	NP		amlodipine besylate-valsartan	P	Use losartan or irbesartan; ST
AVAPRO 150 MG, 300 MG (Use irbesartan)	NP	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	Use losartan or irbesartan; ST	<i>HYZAAR (Use losartan potassium & hydrochlorothiazide)</i>	NP	QL(1 EA daily)
<i>ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)</i>	NP		<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>atenolol & chlorthalidone</i>	P	QL(2 EA daily)	<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	P	QL(2 EA daily)
<i>AVALIDE (Use irbesartan-hydrochlorothiazide)</i>	NP	QL(1 EA daily)	<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	P	QL(1 EA daily)
<i>AZOR (Use amlodipine besylate-olmesartan medoxomil)</i>	NP	Use losartan or irbesartan; ST	<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>benazepril & hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)</i>	NP	QL(1 EA daily)
<i>BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)</i>	NP	Use losartan or irbesartan; QL(1 EA daily); ST	<i>LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)</i>	NP	QL(1 EA daily)
<i>bisoprolol & hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>metoprolol & hydrochlorothiazide TABS 50 MG-100 MG</i>	P	QL(1 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	P		<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	P	QL(2 EA daily)
<i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	P	QL(2 EA daily)	<i>MICARDIS HCT (Use telmisartan-hydrochlorothiazide)</i>	NP	QL(1 EA daily)
<i>captopril & hydrochlorothiazide 25 MG-50 MG</i>	P	QL(3 EA daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	Use losartan or irbesartan; ST
<i>DIOVAN HCT (Use valsartan-hydrochlorothiazide)</i>	NP	QL(1 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	Use losartan or irbesartan; QL(1 EA daily); ST
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 EA daily)	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 EA daily)
<i>EXFORGE (Use amlodipine besylate-valsartan)</i>	NP	Use losartan or irbesartan; ST			
<i>EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)</i>	NP	Use losartan or irbesartan; ST			
<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 EA daily)	<i>metronidazole TABS 250 MG, 500 MG</i>	P	
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 EA daily)	<i>trimethoprim TABS</i>	P	
<i>telmisartan-amlodipine</i>	P		Anti-infective Misc. - Combinations		
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 EA daily)	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	NP	
TENORETIC 100 (Use atenolol & chlorthalidone)	NP	QL(2 EA daily)	BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	NP	
TENORETIC 50 (Use atenolol & chlorthalidone)	NP	QL(2 EA daily)	<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	P	
<i>trandolapril-verapamil hcl</i>	P		<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	Use losartan or irbesartan; ST	<i>sulfamethoxazole-trimethoprim TABS</i>	P	
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)	URETRON D/S TABS 81.6 MG	P	
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NP	QL(2 EA daily)	Carbapenems		
ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(1 EA daily)	<i>ertapenem sodium IJ</i>	P	SP; PA
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(2 EA daily)	Glycopeptides		
Antihypertensives - Misc.			FIRVANQ SOLR PO (Use vancomycin hcl)	NP	QL(300 ML per fill retail)
VECAMYL	P	SP; PA	VANCOCIN CAPS 125 MG (Use vancomycin hcl)	NP	QL(4 EA daily)
Vasodilators			VANCOCIN CAPS 250 MG (Use vancomycin hcl)	NP	QL(8 EA daily)
<i>hydralazine hcl TABS</i>	P		<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)
<i>minoxidil 10 MG</i>	P	QL(10 EA daily)	<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)
<i>minoxidil 2.5 MG</i>	P	QL(3 EA daily)	<i>vancomycin hcl SOLR IV 500 MG</i>	P	QL(14 EA per 30 day(s) retail)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail)
Anti-infective Agents - Misc.			<i>vancomycin hcl SOLR IV 1 GM</i>	P	QL(14 EA per fill retail)
			VANCOMYCIN HCL SOLR IV 1 GM	P	QL(14 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN HCL SOLR IV 500 MG	P	QL(14 EA per 30 day(s) retail)
Leprostatics		
dapsone	P	
Lincosamides		
CLEOCIN (Use clindamycin palmitate hydrochloride)	NP	QL(300 ML per fill retail)
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	NP	
clindamycin hcl 150 MG, 300 MG	P	
clindamycin palmitate hydrochloride	P	QL(300 ML per fill retail)
Monobactams		
CAYSTON	P	SP; PA
Oxazolidinones		
SIVEXTRO TABS	P	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
MACROBID (Use nitrofurantoin monohyd macro)	NP	
MACRODANTIN 50 MG, 100 MG (Use nitrofurantoin macrocrystal)	NP	
methenamine mandelate	P	
nitrofurantoin	P	QL(40 ML daily)
nitrofurantoin macrocrystal 50 MG, 100 MG	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		

Drug Name	Drug Tier	Requirements/ Limits
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 TABS (Use pyridostigmine bromide)	NP	
MESTINON TBCR (Use pyridostigmine bromide)	NP	
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NP		LEUKERAN	P	
MYCOBUTIN (<i>Use rifabutin</i>)	NP		<i>melphalan hcl IV</i>	P	SP; PA
<i>pyrazinamide</i>	P		MYLERAN TABS	P	
<i>rifabutin</i>	P		TEMODAR SOLR	P	SP; PA
<i>rifampin CAPS</i>	P		<i>temozolomide CAPS</i>	P	SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			TEPADINA (<i>Use thiotepa</i>)	NP	SP; PA
Alkylating Agents			<i>thiotepa</i>	P	SP; PA
BELRAPZO SOLN	P	SP; PA	TREANDA SOLR (<i>Use bendamustine hcl</i>)	NP	SP; PA
BENDAMUSTINE HCL SOLN	P	SP; PA	VIVIMUSTA SOLN	P	SP; PA
<i>bendamustine hcl SOLR</i>	P	SP; PA	YONDELIS	P	SP; PA
BENDEKA SOLN	P	SP; PA	ZEPZELCA	P	SP; PA
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	P	SP; PA	Antimetabolites		
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP; PA	ALIMTA SOLR (<i>Use pemetrexed disodium</i>)	NP	SP; PA
CISPLATIN SOLN 200 MG/200ML (<i>Use cisplatin</i>)	NP	SP; PA	<i>azacitidine SUSR</i>	P	SP; PA
CISPLATIN SOLR	P	SP; PA	<i>capecitabine</i>	P	SP; PA
<i>cyclophosphamide SOLN</i>	P	SP; PA	<i>cladribine 10 MG/10ML</i>	P	SP; PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	P	SP; PA	<i>cytarabine SOLN</i>	P	SP; PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	P	SP; PA	<i>decitabine</i>	P	SP; PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 500 MG/2.5ML (<i>Use cyclophosphamide</i>)	NP	SP; PA	<i>fludarabine phosphate SOLN</i>	P	SP; PA
<i>cyclophosphamide SOLR IJ</i>	P	SP; PA	<i>fludarabine phosphate SOLR</i>	P	SP; PA
EVOMELA IV	P	SP; PA	FOLOTYN	P	SP; PA
KEMOPLAT SOLN	P	SP; PA	FOLOTYN 20 MG/ML, 40 MG/2ML (<i>Use pralatrexate</i>)	NP	SP; PA
			<i>mercaptopurine SUSP 2000 MG/100ML</i>	P	
			<i>mercaptopurine TABS</i>	P	
			<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
			<i>methotrexate sodium TABS 2.5 MG</i>	P	
			ONUREG TABS	P	SP; PA

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PEMETREXED 500 MG/20ML	P	SP; PA	ARZERRA	P	SP; PA
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	P	SP; PA	BAVENCIO	P	SP; PA
PEMFEXY	P	SP; PA	BESPONSA	P	SP; PA
<i>pralatrexate</i>	P	SP; PA	BLINCYTO	P	SP; PA
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	NP		DARZALEX	P	SP; PA
TABLOID	P	SP; PA	EMPLICITI	P	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P		GAZYVA	P	SP; PA
VIDAZA SUSR (<i>Use azacitidine</i>)	NP	SP; PA	IMFINZI	P	SP; PA
XELODA (<i>Use capecitabine</i>)	NP	SP; PA	JEMPERLI	P	SP; PA
Antineoplastic - Angiogenesis Inhibitors			KEYTRUDA	P	SP; PA
CYRAMZA	P	SP; PA	KIMMTRAK	P	SP; PA
INLYTA	P	SP; PA	LIBTAYO	P	SP; PA
LENVIMA (10 MG DAILY DOSE)	P	QL(1 EA daily); SP; PA	LOQTORZI	P	SP; PA
LENVIMA (12 MG DAILY DOSE)	P	QL(3 EA daily); SP; PA	MONJUVI	P	SP; PA
LENVIMA (14 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA	OPDIVO	P	SP; PA
LENVIMA (18 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA	PADCEV	P	SP; PA
LENVIMA (20 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA	POLIVY	P	SP; PA
LENVIMA (24 MG DAILY DOSE)	P	QL(3 EA daily); SP; PA	POTELIGEO	P	SP; PA
LENVIMA (4 MG DAILY DOSE)	P	QL(1 EA daily); SP; PA	RUXIENCE	P	SP; PA
LENVIMA (8 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA	TECENTRIQ	P	SP; PA
MVASI	P	SP; PA	TIVDAK	P	SP; PA
ZALTRAP	P	SP; PA	TRUXIMA	P	SP; PA
ZIRABEV	P	SP; PA	UNITUXIN	P	SP; PA
Antineoplastic - Antibodies			YERVOY	P	SP; PA
ADCETRIS	P	SP; PA	ZEVALIN Y-90	P	SP; PA
			ZYNLONTA	P	SP; PA
			Antineoplastic - Anti-HER2 Agents		
			KANJINTI	P	SP; PA
			MARGENZA	P	SP; PA
			OGIVRI	P	SP; PA
			PERJETA	P	SP; PA
			TRAZIMERA	P	SP; PA
			TUKYSA	P	SP; PA
			Antineoplastic - BCL-2 Inhibitors		
			VENCLEXTA STARTING PACK TBPK	P	SP; PA

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VENCLEXTA TABS	P	SP; PA
Antineoplastic - Cellular Immunotherapy		
ABECMA	P	SP; PA
BREYANZI	P	SP; PA
CARVYKTI	P	SP; PA
TECARTUS	P	SP; PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	P	SP; PA
<i>erlotinib hcl</i>	P	SP; PA
EXKIVITY	P	SP; PA
<i>gefitinib</i>	P	SP; PA
GILOTRIF	P	SP; PA
IRESSA (<i>Use gefitinib</i>)	NP	SP; PA
PORTRAZZA	P	SP; PA
TAGRISO	P	SP; PA
TARCEVA (<i>Use erlotinib hcl</i>)	NP	SP; PA
VIZIMPRO	P	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	P	SP; PA
ERIVEDGE	P	SP; PA
ODOMZO	P	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	P	SP; PA
<i>anastrozole</i>	P	
ARIMIDEX (<i>Use anastrozole</i>)	NP	
AROMASIN (<i>Use exemestane</i>)	NP	
<i>bicalutamide</i>	P	QL(1 EA daily)
CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 EA daily)
ELIGARD SC 22.5 MG, 30 MG, 45 MG	P	SP; PA
ELIGARD KIT SC 7.5 MG	P	SP; PA
EMCYT	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ERLEADA 60 MG	P	SP; PA
EULEXIN	P	
<i>exemestane</i>	P	
FARESTON (<i>Use toremifene citrate</i>)	NP	PA
FEMARA (<i>Use letrozole</i>)	NP	
<i>letrozole</i>	P	
LEUPROLIDE ACETATE-BUPIVACAINE	P	SP; PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	P	SP; PA
LYSODREN	P	SP; PA
<i>megestrol acetate SUSP</i>	P	
<i>megestrol acetate TABS</i>	P	
NUBEQA	P	SP; PA
<i>tamoxifen citrate TABS</i>	P	
<i>toremifene citrate</i>	P	PA
VABRINTY SC 22.5 MG, 30 MG, 45 MG	P	SP; PA
VABRINTY KIT SC 7.5 MG	P	SP; PA
XTANDI CAPS	P	SP; PA
XTANDI TABS	P	SP; PA
YONSA	P	SP; PA
ZOLADEX	P	SP; PA
ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	P	SP; PA
Antineoplastic - Immunomodulators		
<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	P	SP; PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>Use pomalidomide</i>)	NP	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AYVAKIT	P	QL(1 EA daily); SP; PA	BOSULIF TABS 100 MG, 400 MG, 500 MG (<i>Use bosutinib</i>)	NP	SP; PA
Antineoplastic Antibiotics			<i>bosutinib</i> TABS 100 MG, 400 MG, 500 MG	P	SP; PA
<i>daunorubicin hcl SOLN</i>	P	SP; PA	BRAFTOVI 75 MG	P	SP; PA
DAUNORUBICIN HCL SOLN (<i>Use daunorubicin hcl</i>)	NP	SP; PA	CABOMETYX TABS 40 MG	P	QL(2 EA daily); SP; PA
ELLENCES SOLN	P	SP; PA	CABOMETYX TABS 20 MG, 60 MG	P	QL(1 EA daily); SP; PA
<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	P	SP; PA	CAPRELSA	P	SP; PA
<i>valrubicin</i>	P	SP; PA	COMETRIQ (100 MG DAILY DOSE) KIT	P	SP; PA
VALSTAR (<i>Use valrubicin</i>)	NP	SP; PA	COMETRIQ (140 MG DAILY DOSE) KIT	P	SP; PA
Antineoplastic Combinations			COMETRIQ (60 MG DAILY DOSE) KIT	P	SP; PA
DARZALEX FASPRO	P	SP; PA	COPIKTRA	P	SP; PA
INQOVI	P	SP; PA	COTELLIC	P	SP; PA
KISQALI FEMARA (200 MG DOSE)	P	SP; PA	<i>dasatinib</i>	P	SP; PA
KISQALI FEMARA (400 MG DOSE)	P	SP; PA	<i>everolimus</i> TABS	P	SP; PA
KISQALI FEMARA (600 MG DOSE)	P	SP; PA	<i>everolimus</i> TBSO	P	SP; PA
LONSURF	P	SP; PA	FOTIVDA	P	SP; PA
OPDUALAG	P	SP; PA	FYARRO	P	SP; PA
VYXEOS	P	SP; PA	GAVRETO	P	SP; PA
Antineoplastic Enzyme Inhibitors			GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NP	SP; PA
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP; PA	IBRANCE CAPS 100 MG, 125 MG	P	SP; PA
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP; PA	IBRANCE TABS	P	SP; PA
ALECENSA	P	SP; PA	ICLUSIG	P	QL(1 EA daily); SP; PA
ALUNBRIG TABS	P	SP; PA	IDHIFA	P	SP; PA
ALUNBRIG TBPB	P	SP; PA	<i>imatinib mesylate</i> TABS	P	SP; PA
BALVERSA	P	SP; PA	IMBRUVICA CAPS	P	SP; PA
BELEODAQ	P	SP; PA	IMBRUVICA TABS	P	QL(1 EA daily); SP; PA
<i>bortezomib SOLR IJ</i>	P	SP; PA	INREBIC	P	SP; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP; PA	ISTODAX SOLR (<i>Use romidepsin</i>)	NP	SP; PA

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JAKAFI	P	QL(2 EA daily); SP; PA	SCEMBLIX 20 MG, 40 MG	P	SP; PA
KISQALI (200 MG DOSE)	P	SP; PA	<i>sorafenib tosylate</i>	P	SP; PA
KISQALI (400 MG DOSE)	P	SP; PA	SPRYCEL (<i>Use dasatinib</i>)	NP	SP; PA
KISQALI (600 MG DOSE)	P	SP; PA	STIVARGA	P	SP; PA
KOSELUGO	P	SP; PA	<i>sunitinib malate</i>	P	SP; PA
KYPROLIS	P	SP; PA	SUTENT (<i>Use sunitinib malate</i>)	NP	SP; PA
<i>lapatinib ditosylate</i>	P	SP; PA	TABRECTA	P	SP; PA
LORBRENA	P	SP; PA	TAFINLAR CAPS	P	SP; PA
LUMAKRAS	P	SP; PA	TALZENNA	P	SP; PA
LYNPARZA TABS	P	QL(4 EA daily); SP; PA	TASIGNA 50 MG, 150 MG, 200 MG (<i>Use nilotinib hcl</i>)	NP	SP; PA
MEKINIST TABS	P	SP; PA	TAZVERIK	P	SP; PA
MEKTOVI	P	SP; PA	<i>temsirolimus</i>	P	SP; PA
NERLYNX	P	SP; PA	TIBSOVO	P	SP; PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	NP	SP; PA	TORISEL (<i>Use temsirolimus</i>)	NP	SP; PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	P	SP; PA	TURALIO 125 MG	P	SP; PA
NINLARO	P	SP; PA	TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP; PA
<i>pazopanib hcl</i>	P	SP; PA	VELCADE SOLR IJ (<i>Use bortezomib</i>)	NP	SP; PA
PEMAZYRE	P	SP; PA	VERZENIO	P	QL(2 EA daily); SP; PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	P	SP; PA	VITRAKVI CAPS	P	SP; PA
PIQRAY (200 MG DAILY DOSE)	P	SP; PA	VITRAKVI SOLN	P	SP; PA
PIQRAY (250 MG DAILY DOSE)	P	SP; PA	VONJO	P	SP; PA
PIQRAY (300 MG DAILY DOSE)	P	SP; PA	VOTRIENT (<i>Use pazopanib hcl</i>)	NP	SP; PA
QINLOCK	P	SP; PA	XALKORI CAPS	P	SP; PA
RETEVMO CAPS	P	SP; PA	XOSPATA	P	SP; PA
ROMIDEPSIN SOLN	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 100 MG	P	SP	ASPARLAS	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONCASPAR	P	SP; PA	ABRAXANE (Use paclitaxel protein-bound particles)	NP	SP; PA
RYLAZE	P	SP; PA	AVOPEF SOLN 100 MG/5ML	P	SP; PA
Antineoplastics Misc.			BEIZRAY CONC 20 MG/ML	P	SP; PA
ACTIMMUNE 100 MCG/0.5ML	P	SP; PA	docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA
arsenic trioxide	P	SP; PA	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA
BESREMI	P	SP; PA	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel)	NP	SP; PA
bexarotene	P	SP; PA	docetaxel SOLN	P	SP; PA
HYDREA (Use hydroxyurea)	NP		DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP; PA
hydroxyurea	P		DOCETAXEL SOLN (Use docetaxel)	NP	SP; PA
MATULANE	P	SP; PA	DOCIVYX SOLN	P	SP; PA
PHOTOFRIN	P	SP; PA	eribulin mesylate	P	SP; PA
PROLEUKIN	P	SP; PA	etoposide CAPS	P	SP; PA
TARGRETIN (Use bexarotene)	NP	SP; PA	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	P	SP; PA
tretinoin (chemotherapy)	P	SP; PA	HALAVEN (Use eribulin mesylate)	NP	SP; PA
TRISENOX (Use arsenic trioxide)	NP	SP; PA	IXEMPRA KIT	P	SP; PA
Chemotherapy Adjuncts			JEVTANA	P	SP; PA
KEPIVANCE 5.16 MG	P	SP	PACLITAXEL PROTEIN-BOUND PART	P	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents			paclitaxel protein-bound particles	P	SP; PA
dexrazoxane hcl	P	SP; PA	vincristine sulfate	P	SP; PA
KHAPZORY 175 MG	P	SP; PA	Oncolytic Viral Agents		
leucovorin calcium TABS	P		IMLYGIC	P	SP; PA
levoleucovorin calcium SOLN 250 MG/25ML	P	SP; PA	Topoisomerase I Inhibitors		
levoleucovorin calcium SOLR	P	SP; PA			
mesna SOLN	P	SP; PA			
mesna TABS	P	SP; PA			
MESNEX SOLN (Use mesna)	NP	SP; PA			
MESNEX TABS	P	SP; PA			
VORAXAZE	P	SP; PA			
Mitotic Inhibitors					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAMPTOSAR (Use irinotecan hcl)	NP	SP; PA	PARLODEL TABS (Use bromocriptine mesylate)	NP	
HYCAMTIN CAPS	P	SP; PA	pramipexole dihydrochloride TABS	P	QL(3 EA daily); AL(At least 18 yrs old)
HYCAMTIN SOLR (Use topotecan hcl)	NP	SP; PA	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	P	QL(6 EA daily)
irinotecan hcl	P	SP; PA	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 EA daily)
topotecan hcl SOLN	P	SP; PA	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	NP	
TOPOTECAN HCL SOLN (Use topotecan hcl)	NP	SP; PA	Antiparkinson Monoamine Oxidase Inhibitors		
topotecan hcl SOLR	P	SP; PA	selegiline hcl CAPS	P	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			selegiline hcl TABS	P	
Antiparkinson Adjunctive Therapy			ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
carbidopa	P		Antimanic Agents		
LODOSYN (Use carbidopa)	NP		lithium	P	
Antiparkinson Anticholinergics			lithium carbonate CAPS	P	
benztropine mesylate TABS	P		lithium carbonate TABS	P	
trihexyphenidyl hcl TABS	P		lithium carbonate TBCR	P	
Antiparkinson Dopaminergics			LITHOBID TBCR (Use lithium carbonate)	P	
amantadine hcl CAPS	P		Antipsychotics - Misc.		
amantadine hcl SOLN	P		GEODON (Use ziprasidone hcl)	NP	QL(2 EA daily); AL(At least 18 yrs old)
APOKYN SOCT	P	SP; PA	LATUDA (Use lurasidone hcl)	NP	
apomorphine hydrochloride SOCT	P	SP; PA	lurasidone hcl	P	
bromocriptine mesylate CAPS	P		NUPLAZID CAPS	P	QL(1 EA daily); PA
bromocriptine mesylate TABS 2.5 MG	P		NUPLAZID TABS 10 MG	P	QL(1 EA daily); PA
carbidopa-levodopa TABS	P		ziprasidone hcl	P	QL(2 EA daily); AL(At least 18 yrs old)
carbidopa-levodopa TBCR	P		Benzisoxazoles		
DHIVY TABS	P				
GOCOVRI CP24	P	SP; PA			
PARLODEL CAPS (Use bromocriptine mesylate)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	P	SP; PA	<i>loxapine succinate</i>	P	QL(4 EA daily)
INVEGA HAFYERA	P	SP; PA	<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
INVEGA SUSTENNA	P	SP; PA	<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
INVEGA TRINZA	P	SP; PA	<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)
PERSERIS PRSY	P	SP; PA	<i>quetiapine fumarate TABS 25 MG, 50 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old - Up to 17 yrs old)
RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	NP	SP; PA	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
RISPERDAL SOLN (Use <i>risperidone</i>)	NP	QL(4 ML daily); AL(At least 5 yrs old)	<i>quetiapine fumarate TABS 100 MG, 200 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i>)	NP	QL(4 EA daily); AL(At least 5 yrs old)	SEROQUEL TABS 100 MG, 200 MG (Use <i>quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)
<i>risperidone microspheres</i>	P	SP; PA	SEROQUEL TABS 25 MG, 50 MG (Use <i>quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old - Up to 17 yrs old)
<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 5 yrs old)	SEROQUEL TABS 300 MG, 400 MG (Use <i>quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)
<i>risperidone TABS</i>	P	QL(4 EA daily); AL(At least 5 yrs old)	ZYPREXA RELPREVV	P	SP; PA
<i>risperidone TBDP</i>	P	QL(2 EA daily); AL(At least 5 yrs old)	ZYPREXA TABS 7.5 MG, 10 MG (Use <i>olanzapine</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)
Butyrophenones			ZYPREXA TABS 15 MG, 20 MG (Use <i>olanzapine</i>)	NP	QL(1 EA daily); AL(At least 10 yrs old)
HALDOL DECANOATE (Use <i>haloperidol decanoate</i>)	NP		ZYPREXA TABS 2.5 MG, 5 MG (Use <i>olanzapine</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)
<i>haloperidol decanoate</i>	P		Dihydroindolones		
<i>haloperidol lactate CONC</i>	P		<i>molindone hcl</i>	P	QL(4 EA daily)
<i>haloperidol TABS 20 MG</i>	P		Phenothiazines		
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 EA daily)	<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 EA daily)
Dibenzapines					
<i>clozapine TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)			
CLOZARIL TABS (Use <i>clozapine</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)			

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<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 EA daily)
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl TABS</i>	P	
<i>perphenazine TABS</i>	P	QL(4 EA daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	P	QL(3 EA daily)
<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)
<i>aripiprazole SOLN PO</i>	P	QL(750 ML per fill retail); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>aripiprazole TBDP</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
ARISTADA	P	SP; PA
ARISTADA INITIO	P	SP; PA
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 EA daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
FORMALDEHYDE SOLN	P	QL(90 ML per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	OTC; QL(946 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorhexidine gluconate SOLN EX 4 %</i>	NP	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)
APTIVUS CAPS	P	QL(4 EA daily); ST
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P	
BIKTARVY	P	QL(1 EA daily)
CIMDUO	P	QL(1 EA daily); ST
COMPLERA 200 MG-300 MG-25 MG (<i>Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily); ST
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily); ST
DELSTRIGO	P	QL(1 EA daily)
DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA
DESCOVY 200 MG-25 MG	P	QL(1 EA daily); PA
DOVATO	P	
EDURANT 25 MG (<i>Use rilpivirine hcl</i>)	NP	QL(1 EA daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily)
<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz TABS</i>	P	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(4 EA daily)
<i>emtricitabine CAPS</i>	P	QL(1 EA daily)	<i>lamivudine SOLN</i>	P	QL(30 ML daily)
<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 EA daily)	<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NP	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	P	QL(2 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)	<i>lopinavir-ritonavir SOLN</i>	P	QL(480 ML per 30 day(s) retail)
EPIVIR SOLN (<i>Use lamivudine</i>)	NP	QL(30 ML daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NP	QL(2 EA daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NP	QL(1 EA daily)	<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)
<i>etravirine 200 MG</i>	P	QL(2 EA daily)	<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)
<i>etravirine 100 MG</i>	P	QL(4 EA daily)	<i>nevirapine SUSP</i>	P	QL(40 ML daily)
<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)	<i>nevirapine TABS</i>	P	QL(2 EA daily)
FUZEON SOLR	P	SP; PA	<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)
GENVOYA	P	QL(1 EA daily)	NORVIR TABS (<i>Use ritonavir</i>)	NP	QL(12 EA daily)
INTELENCE 100 MG (<i>Use etravirine</i>)	NP	QL(4 EA daily)	ODEFSEY	P	
INTELENCE 200 MG (<i>Use etravirine</i>)	NP	QL(2 EA daily)	PIFELTRO	P	QL(1 EA daily)
INTELENCE 25 MG	P	QL(4 EA daily)	PREZCOBIX	P	QL(1 EA daily)
ISENTRESS HD TABS	P	QL(2 EA daily)	PREZISTA SUSP	P	QL(12 ML daily); ST
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)	PREZISTA TABS 75 MG	P	QL(2 EA daily); ST
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)	PREZISTA TABS 800 MG (<i>Use darunavir</i>)	NP	QL(1 EA daily); ST
ISENTRESS PACK	P	QL(2 EA daily)	PREZISTA TABS 600 MG (<i>Use darunavir</i>)	NP	QL(2 EA 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)	RETROVIR CAPS (<i>Use zidovudine</i>)	NP	QL(6 EA daily)
KALETRA SOLN	P	QL(480 ML per 30 day(s) retail)	RETROVIR SYRP (<i>Use zidovudine</i>)	NP	QL(60 ML daily)
KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(6 EA daily)	REYATAZ CAPS 300 MG (<i>Use atazanavir sulfate</i>)	NP	
			REYATAZ CAPS 200 MG (<i>Use atazanavir sulfate</i>)	NP	QL(2 EA daily)

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REYATAZ PACK	P	QL(6 EA daily)
<i>rilpivirine hcl 25 MG</i>	P	QL(1 EA daily)
<i>ritonavir TABS</i>	P	QL(12 EA daily)
RUKOBIA	P	PA
SELZENTRY SOLN	P	QL(35 ML daily)
SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NP	QL(2 EA daily)
SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NP	QL(4 EA daily)
STRIBILD	P	QL(1 EA daily)
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)
<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 EA daily)
TIVICAY TABS 50 MG	P	QL(2 EA daily)
TRIUMEQ TABS	P	QL(1 EA daily); AL(At least 18 yrs old)
TROGARZO	P	SP; PA
TRUVADA 200 MG-300 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)
VIRACEPT TABS 250 MG	P	QL(9 EA daily)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)
VIREAD POWD	P	QL(240 GM per 30 day(s) retail)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NP	QL(30 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine CAPS</i>	P	QL(6 EA daily)
<i>zidovudine SYRP</i>	P	QL(60 ML daily)
<i>zidovudine TABS</i>	P	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	P	
PAXLOVID (300/100)	P	
CMV Agents		
LIVTENCITY	P	SP; PA
PREVYMIS SOLN	P	SP; PA
PREVYMIS TABS	P	QL(1 EA daily); SP; PA
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NP	QL(2 EA daily)
<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)
Hepatitis Agents		
MAVYRET PACK	P	QL(6 EA daily); SP; PA
MAVYRET TABS	P	QL(3 EA daily); SP; PA
PEGASYS SOLN	P	SP; PA
<i>ribavirin (hepatitis c) CAPS</i>	P	SP; PA
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP; PA
SOFOSBUVIR-VELPATASVIR TABS	P	QL(1 EA daily); SP; PA
SOVALDI TABS	P	SP; PA
VEMLIDY	P	SP; PA
Herpes Agents		
<i>acyclovir CAPS</i>	P	QL(50 EA per 30 day(s) retail)
<i>acyclovir SUSP</i>	P	QL(400 ML per 30 day(s) retail)
<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 30 day(s) retail)
<i>famciclovir</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)	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; 1 max fill(s) per 180 day(s) mail
<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)			
VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)	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; 1 max fill(s) per 180 day(s) mail
VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NP	QL(2 EA daily)			
Influenza Agents			BETA BLOCKERS - Drugs to Treat High Blood Pressure		
<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; 1 max fill(s) per 180 day(s) mail	Alpha-Beta Blockers		
<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; 1 max fill(s) per 180 day(s) mail	<i>carvedilol 3.125 MG, 6.25 MG, 12.5 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; 1 max fill(s) per 180 day(s) mail	<i>carvedilol 25 MG</i>	P	QL(4 EA daily)
RELENZA DISKHALER	P	QL(20 EA per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; AL(At least 5 yrs old)	<i>carvedilol phosphate</i>	P	QL(1 EA daily)
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; 1 max fill(s) per 180 day(s) mail	COREG 25 MG (<i>Use carvedilol</i>)	NP	QL(4 EA daily)
			COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NP	QL(3 EA daily)
			COREG CR (<i>Use carvedilol phosphate</i>)	NP	QL(1 EA daily)
			<i>labetalol hcl TABS 300 MG</i>	P	QL(8 EA daily)
			<i>labetalol hcl TABS 100 MG</i>	P	QL(3 EA daily)
			<i>labetalol hcl TABS 200 MG, 400 MG</i>	P	QL(6 EA daily)
			Beta Blockers Cardio-Selective		
			<i>acebutolol hcl CAPS</i>	P	
			<i>atenolol TABS</i>	P	QL(2 EA daily)
			<i>bisoprolol fumarate</i>	P	QL(1 EA daily)
			LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
LOPRESSOR TABS 100 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4.5 EA daily)
<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 EA daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily)
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	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 200 MG (<i>Use metoprolol succinate</i>)	NP	QL(2 EA daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NP	QL(4 EA daily)
Beta Blockers Non-Selective		
BETAPACE AF (<i>Use sotalol hcl (afib/af)</i>)	NP	QL(2 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	QL(2 EA daily)
CORGARD TABS 20 MG, 40 MG (<i>Use nadolol</i>)	NP	QL(2 EA daily)
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NP	QL(2 EA daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily)
<i>pindolol TABS</i>	P	
<i>propranolol hcl CP24</i>	P	QL(2 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	
<i>propranolol hcl TABS</i>	P	
<i>sotalol hcl (afib/af)</i>	P	QL(2 EA daily)
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	P	QL(2 EA daily)
<i>sotalol hcl TABS 240 MG</i>	P	
<i>timolol maleate TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(1 EA daily)
CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(2 EA daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NP	QL(3 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl CP12</i>	P	QL(2 EA daily)
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl TABS</i>	P	QL(3 EA daily)
<i>felodipine</i>	P	QL(1 EA daily)
<i>nicardipine hcl CAPS</i>	P	
<i>nifedipine CAPS</i>	P	QL(4 EA daily)
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily)
<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily)
NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
PROCARDIA XL TB24 30 MG, 90 MG (<i>Use nifedipine</i>)	NP	QL(1 EA daily)
PROCARDIA XL TB24 60 MG (<i>Use nifedipine</i>)	NP	QL(2 EA daily)
TIAZAC 240 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(2 EA daily)
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(1 EA daily)
VERAPAMIL HCL ER CP24 (<i>Use verapamil hcl</i>)	NP	QL(2 EA daily)
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	P	QL(1 EA daily)
<i>verapamil hcl CP24 100 MG, 200 MG</i>	P	QL(2 EA daily)
<i>verapamil hcl TABS</i>	P	QL(3 EA daily)
<i>verapamil hcl TBCR</i>	P	QL(2 EA daily)
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 EA daily)
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	QL(1 EA daily)
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 PO 0.05 MG/ML</i>	P	
<i>digoxin TABS 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

Drug Name	Drug Tier	Requirements/ Limits
Cardiac Myosin Inhibitors		
CAMZYOS	P	SP; PA
Cardiovascular Agents Misc. - Combinations		
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>Use sacubitril-valsartan</i>)	NP	QL(2 EA daily)
<i>sacubitril-valsartan TABS</i>	P	QL(2 EA daily)
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 1.5 MG (<i>Use epoprostenol sodium</i>)	NP	SP; PA
ORENITRAM TBCR	P	SP; PA
TYVASO REFILL KIT SOLN IN	P	SP; PA
TYVASO STARTER KIT SOLN IN	P	SP; PA
TYVASO SOLN IN	P	SP; PA
VELETRI (<i>Use epoprostenol sodium</i>)	NP	SP; PA
VENTAVIS IN	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
<i>bosentan TBSO 32 MG</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

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Drug Name	Drug Tier	Requirements/ Limits
TRACLEER TBSO 32 MG (Use bosentan)	NP	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (Use tadalafil (pulmonary hypertension))	NP	SP; PA
REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension))	NP	SP; PA
REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension))	NP	SP; PA
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension))	NP	SP; PA
sildenafil citrate (pulmonary hypertension) SOLN	P	SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	P	SP; PA
sildenafil citrate (pulmonary hypertension) TABS	P	SP; PA
tadalafil (pulmonary hypertension) TABS	P	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION 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

Drug Name	Drug Tier	Requirements/ Limits
VYNDAQEL	P	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	P	
cefadroxil SUSR	P	
cefadroxil TABS	P	
cephalexin CAPS 250 MG, 500 MG	P	
cephalexin SUSR	P	
Cephalosporins - 2nd Generation		
cefaclor CAPS	P	
cefaclor SUSR 250 MG/5ML	P	
cefprozil SUSR	P	QL(200 ML per fill retail); AL(Up to 12 yrs old)
cefprozil TABS	P	QL(20 EA per fill retail)
cefuroxime axetil TABS	P	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
cefdinir CAPS	P	QL(20 EA per fill retail)
cefdinir SUSR	P	QL(100 ML per fill retail)
cefixime CAPS	P	
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	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		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel & ethinyl estradiol</i>	P		TYBLUME CHEW	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P		YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 EA daily)
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P		YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 EA daily)	Combination Contraceptives - Transdermal		
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 EA daily)	<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 EA per 28 day(s) retail)
<i>levonorgestrel & eth estradiol TABS</i>	P		Combination Contraceptives - Vaginal		
<i>levonorgestrel-eth estradiol (triphasic)</i>	P		<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 EA per fill retail)
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(91 EA per fill retail)	NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	NP	QL(1 EA per fill retail)
MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP		Emergency Contraceptives		
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P		ELLA	P	QL(4 EA per 365 day(s) retail)
<i>norethindrone & eth estradiol</i>	P		<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(1 EA per 21 day(s) retail)
<i>norethindrone & ethinyl estradiol-fe</i>	P		Progestin Contraceptives - Injectable		
<i>norethindrone acet & eth estra TABS</i>	P		DEPO-PROVERA SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ML per fill retail)
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P		DEPO-PROVERA SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ML per fill retail)
<i>norethindrone-eth estradiol (triphasic)</i>	P		DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail)
<i>norgestimate-ethinyl estradiol</i>	P		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ML per fill retail)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P		<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ML per fill retail)
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 EA daily)	Progestin Contraceptives - Oral		
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 EA per fill retail)	<i>norethindrone (contraceptive)</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPILL	NP		<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)
OPILL	P		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML</i>	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>prednisolone SOLN</i>	P	
Glucocorticosteroids			<i>prednisolone TABS</i>	P	
CORTEF TABS (<i>Use hydrocortisone</i>)	NP		PREDNISONE INTENSOL CONC	P	
CORTISONE ACETATE TABS	P		<i>prednisone SOLN</i>	P	
<i>deflazacort SUSP</i>	P	SP; PA	<i>prednisone TABS</i>	P	
<i>deflazacort TABS</i>	P	SP; PA	<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
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(150 ML per 30 day(s) retail)	ZILRETTA SRER	P	SP; PA
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	P	QL(150 ML per 30 day(s) retail)	Mineralocorticoids		
<i>dexamethasone ELIX</i>	P		<i>fludrocortisone acetate TABS</i>	P	
<i>dexamethasone SOLN</i>	P		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>dexamethasone TABS</i>	P		Antitussives		
EMFLAZA SUSP (<i>Use deflazacort</i>)	NP	SP; PA	<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old - Up to 21 yrs old)
EMFLAZA TABS (<i>Use deflazacort</i>)	NP	SP; PA	<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)
<i>hydrocortisone TABS</i>	P		<i>dextromethorphan polistirex SUER</i>	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)
MEDROL TABS 4 MG, 8 MG (<i>Use methylprednisolone</i>)	NP		HYCODAN SOLN (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NP	AL(At least 18 yrs old - Up to 21 yrs old)
MEDROL TBPk (<i>Use methylprednisolone</i>)	NP		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
<i>methylprednisolone TABS 4 MG, 8 MG</i>	P				
<i>methylprednisolone TBPk</i>	P				
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEDIACARE CHILDRENS LONG-ACT LIQD 7.5 MG/5ML	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	OTC; AL(Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD (Use <i>dextromethorphan hbr</i>)	NP	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations			<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)
ALTARUSSIN-PE SYRP 100 MG/5ML-30 MG/5ML	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	QL(2 EA daily); AL(Up to 21 yrs old)
<i>brompheniramine & phenyleph ELIX</i>	P	OTC; QL(120 ML per 30 day(s) retail); AL(Up to 21 yrs old)	<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	OTC; AL(Up to 21 yrs old)
<i>brompheniramine & pseudoeph ELIX</i>	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)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	OTC; QL(120 ML per 30 day(s) retail); AL(Up to 21 yrs old)	<i>guaifenesin-codeine SOLN</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
<i>cetirizine-pseudoephedrine</i>	P	AL(Up to 21 yrs old)	LOHIST-D LIQD	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)
CLARITIN-D 12 HOUR TB12 (Use <i>loratadine & pseudoephedrine</i>)	NP	OTC; QL(2 EA daily); AL(Up to 21 yrs old)	<i>loratadine & pseudoephedrine TB12</i>	P	OTC; QL(2 EA daily); AL(Up to 21 yrs old)
CLARITIN-D 24 HOUR TB24 (Use <i>loratadine & pseudoephedrine</i>)	NP	OTC; QL(1 EA daily); AL(Up to 21 yrs old)	<i>loratadine & pseudoephedrine TB24</i>	P	OTC; QL(1 EA daily); AL(Up to 21 yrs old)
COLD & FLU RELIEF NIGHTTIME D LIQD	P	OTC; AL(Up to 21 yrs old)	MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	P	OTC; QL(120 ML per 30 day(s) retail); AL(Up to 21 yrs old)
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	OTC; AL(Up to 21 yrs old)	MUCINEX DM MAXIMUM STRENGTH TB12 (Use <i>dextromethorphan-guaifenesin</i>)	NF	
<i>dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)	MUCINEX DM TB12 (Use <i>dextromethorphan-guaifenesin</i>)	NP	QL(2 EA daily); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEOTUSS LIQD 200 MG/5ML-30 MG/5ML	P	OTC; AL(Up to 21 yrs old)	<i>pseudoephedrine-ibuprofen TABS</i>	P	OTC; 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)	SCOT-TUSSIN DM LIQD	P	OTC; QL(240 ML per fill retail); 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)	SCOT-TUSSIN SENIOR LIQD	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)	WAL-TUSSIN CF LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)
<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	Expectorants		
<i>promethazine & phenylephrine SYRP</i>	P	QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	GERI-TUSSIN SYRP	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)
<i>promethazine w/codeine SOLN</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)	<i>guaifenesin LIQD</i>	P	QL(240 ML per 7 day(s) 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)	<i>guaifenesin TB12 1200 MG</i>	P	OTC; QL(2 EA daily); AL(Up to 21 yrs old)
<i>promethazine-dm SYRP</i>	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)	<i>guaifenesin TB12 600 MG</i>	P	QL(40 EA per 30 day(s) retail); AL(Up to 21 yrs old)
<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 MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i>)	NP	OTC; QL(2 EA daily); AL(Up to 21 yrs old)
<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 TB12 (Use <i>guaifenesin</i>)	NP	QL(40 EA per 30 day(s) 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)	Misc. Respiratory Inhalants		
			NEBUSAL NEBU 3 % (Use <i>sodium chloride (inhalant)</i>)	NP	
			<i>sodium chloride (inhalant) AERS</i>	P	OTC; QL(240 ML per fill retail)
			<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P	
			Mucolytics		

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Drug Name	Drug Tier	Requirements/ Limits
<i>acetylcysteine SOLN</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>Use isotretinoin</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old); PA
BENZAC AC WASH LIQD 5 %	P	RX/OTC
<i>benzoyl peroxide BAR</i>	P	
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	
<i>benzoyl peroxide LIQD 4 %, 5 %, 10 %</i>	P	
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	P	OTC
BENZOYL PEROXIDE LOTN 5 %, 10 %	P	OTC
CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NP	
CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NP	QL(60 ML per fill retail)
<i>clindamycin phosphate (topical) GEL</i>	P	QL(60 ML per fill retail)
<i>clindamycin phosphate (topical) LOTN</i>	P	
<i>clindamycin phosphate (topical) SOLN</i>	P	
<i>erythromycin (acne aid) GEL</i>	P	QL(60 GM per fill retail)
<i>erythromycin (acne aid) SOLN</i>	P	
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old); PA
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NP	

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)
RETIN-A GEL 0.01 % (<i>Use tretinoin</i>)	NP	QL(15 GM per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.025 % (<i>Use tretinoin</i>)	NP	AL(Up to 35 yrs old)
<i>sulfacetamide sodium (acne)</i>	P	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 GM per fill retail)
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.01 %</i>	P	QL(15 GM per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.025 %</i>	P	AL(Up to 35 yrs old)
Antibiotics - Topical		
<i>bacitracin (topical) OINT</i>	P	OTC; QL(30 EA per fill retail)
<i>bacitracin zinc OINT</i>	P	OTC; QL(30 EA per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	P	QL(60 GM per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(60 GM per fill retail)
<i>mupirocin calcium (topical)</i>	P	QL(30 GM per fill retail)
<i>mupirocin OINT</i>	P	
<i>neomycin-bacitracin-polymyxin OINT</i>	P	OTC; QL(454 EA 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
Antifungals - Topical			<i>nystatin-triamcinolone CREA</i>	P	QL(60 GM per fill retail)
<i>clotrimazole (topical) CREA</i>	P	QL(90 GM per fill retail); RX/OTC	<i>nystatin-triamcinolone OINT</i>	P	QL(60 GM per fill retail)
<i>clotrimazole (topical) SOLN</i>	P	QL(60 ML per fill retail); RX/OTC	<i>terbinafine hcl (topical) CREA</i>	P	OTC; QL(30 GM per fill retail)
<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per 30 day(s) retail)	TINACTIN CREA (<i>Use tolnaftate</i>)	NP	OTC; QL(30 GM per fill retail)
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ML per 30 day(s) retail)	<i>tolnaftate CREA</i>	P	OTC; QL(30 GM per fill retail)
<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)	Antihistamines-Topical		
<i>ketoconazole (topical) CREA</i>	P	QL(60 GM per fill retail)	ITCH RELIEF CREA	P	OTC
<i>ketoconazole (topical) SHAM 2 %</i>	P		Anti-inflammatory Agents - Topical		
LAMISIL AT ATHLETES FOOT CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC; QL(30 GM per fill retail)	<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 GM daily); 2 max fill(s) per 30 day(s) retail; RX/OTC
LAMISIL AT JOCK ITCH CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC; QL(30 GM per fill retail)	Antineoplastic or Premalignant Lesion Agents - Topical		
LAMISIL AT CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC; QL(30 GM per fill retail)	<i>bexarotene (topical)</i>	P	SP; PA
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NP	QL(90 GM per fill retail); RX/OTC	CARAC CREA (<i>Use fluorouracil (topical)</i>)	NP	
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NP	QL(90 GM per fill retail); RX/OTC	EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NP	QL(40 GM per 30 day(s) retail)
MICATIN CREA (<i>Use miconazole nitrate (topical)</i>)	NP	QL(60 GM per fill retail)	<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 GM per 30 day(s) retail)
<i>miconazole nitrate (topical) CREA</i>	P	QL(60 GM per fill retail)	<i>fluorouracil (topical) CREA 0.5 %</i>	P	
NIZORAL SHAM	P	OTC	<i>fluorouracil (topical) SOLN</i>	P	QL(10 ML per 30 day(s) retail)
<i>nystatin (topical) CREA</i>	P	QL(30 GM per fill retail)	LEVULAN KERASTICK SOLR	P	SP; PA
<i>nystatin (topical) OINT</i>	P	QL(30 GM per fill retail)	TARGRETIN (<i>Use bexarotene (topical)</i>)	NP	SP; PA
<i>nystatin (topical) POWD EX</i>	P	QL(60 GM per fill retail)	VALCHLOR	P	SP; PA
			Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>camphor & menthol LOTN</i>	P	OTC; QL(222 ML per fill retail)	YESINTEK SOLN 45 MG/0.5ML	P	SP; PA
Antipsoriatics			YESINTEK SOSY	P	SP; PA
<i>calcipotriene CREA</i>	P		Antiseborrheic Products		
<i>calcipotriene SOLN</i>	P	QL(60 ML per fill retail)	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	NP	QL(120 ML per fill retail)
OTULFI SOLN SC 45 MG/0.5ML	P	SP; PA	OVACE WASH LIQD (Use sulfacetamide sodium)	NP	QL(120 ML per fill retail)
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	P	SP; PA	<i>selenium sulfide LOTN 2.5 %</i>	P	
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	P	SP; PA	<i>selenium sulfide LOTN 1 %</i>	P	OTC; QL(420 ML per fill retail)
PYZCHIVA SC 45 MG/0.5ML	P	SP; PA	<i>selenium sulfide SHAM 1 %</i>	P	OTC; QL(420 ML per fill retail)
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP	SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide)	NP	OTC; QL(420 ML per fill retail)
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	P	SP; PA	SELSUN BLUE DAILY LOTN (Use selenium sulfide)	NP	OTC; QL(420 ML per fill retail)
STEQEYMA	P	SP; PA	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	NP	OTC; QL(420 ML per fill retail)
TALTZ SOAJ	P	SP; PA	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	NP	OTC; QL(420 ML per fill retail)
TALTZ SOSY	P	SP; PA	SELSUN BLUE LOTN (Use selenium sulfide)	NP	OTC; QL(420 ML per fill retail)
<i>tazarotene CREA</i>	P	QL(2 GM daily); AL(Up to 20 yrs old)	<i>sulfacetamide sodium LIQD</i>	P	QL(120 ML per fill retail)
<i>tazarotene GEL</i>	P	QL(6.67 GM daily); AL(Up to 20 yrs old)	Antivirals - Topical		
TAZORAC CREA (Use <i>tazarotene</i>)	NP	QL(2 GM daily); AL(Up to 20 yrs old)	<i>acyclovir topical CREA</i>	P	QL(5 GM per fill retail)
TAZORAC GEL (Use <i>tazarotene</i>)	NP	QL(6.67 GM daily); AL(Up to 20 yrs old)	<i>acyclovir topical OINT</i>	P	QL(30 GM per 30 day(s) retail)
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	P	SP; PA	ZOVIRAX CREA (Use <i>acyclovir topical</i>)	NP	QL(5 GM per fill retail)
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	P	SP; PA	ZOVIRAX OINT (Use <i>acyclovir topical</i>)	NP	QL(30 GM per 30 day(s) retail)
USTEKINUMAB-TTWE	NP	SP			
USTEKINUMAB-TTWE SC	P	SP; PA			

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Burn Products			<i>fluocinolone acetonide OIL</i>	P	QL(118.28 ML per fill retail)
SILVADENE (Use silver sulfadiazine)	NP		<i>fluocinonide emulsified base</i>	P	QL(60 GM per fill retail)
<i>silver sulfadiazine</i>	P		<i>fluocinonide CREA 0.05 %</i>	P	QL(150 GM per 30 day(s) retail); 1 package(s) per fill retail
Corticosteroids - Topical			<i>fluocinonide GEL</i>	P	QL(60 GM per fill retail)
<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail	<i>fluocinonide OINT</i>	P	QL(60 GM per fill retail)
<i>betamethasone dipropionate augmented CREA</i>	P	QL(50 GM per fill retail)	<i>fluocinonide SOLN</i>	P	QL(60 ML per fill retail)
<i>betamethasone valerate CREA</i>	P		<i>fluticasone propionate CREA 0.05 %</i>	P	QL(60 GM per fill retail)
<i>betamethasone valerate LOTN</i>	P		<i>fluticasone propionate OINT</i>	P	QL(60 GM per fill retail)
<i>betamethasone valerate OINT</i>	P		<i>hydrocortisone (topical) CREA 0.5 %</i>	P	OTC
<i>clobetasol propionate emollient base 0.05 %</i>	P	QL(60 GM per fill retail)	<i>hydrocortisone (topical) CREA 1 %</i>	P	QL(454 GM per fill retail); RX/OTC
<i>clobetasol propionate CREA 0.05 %</i>	P	QL(60 GM per fill retail)	<i>hydrocortisone (topical) CREA 2.5 %</i>	P	
<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 GM per fill retail)	<i>hydrocortisone (topical) LOTN 1 %</i>	P	QL(453.6 GM per fill retail)
<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 GM per fill retail)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(120 ML per fill retail)
<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ML per fill retail)	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP	QL(118.28 ML per fill retail)	<i>hydrocortisone butyrate SOLN</i>	P	
<i>desonide CREA</i>	P		HYDROCORTISONE COMPLETE KIT THPK	NP	
<i>desonide OINT</i>	P	QL(2 GM daily)	<i>mometasone furoate CREA</i>	P	QL(50 GM per fill retail)
<i>desoximetasone CREA 0.25 %</i>	P	QL(2 GM daily)	<i>mometasone furoate OINT</i>	P	QL(45 GM per fill retail)
<i>desoximetasone CREA 0.05 %</i>	P		<i>mometasone furoate SOLN</i>	P	QL(60 ML per fill retail)
<i>desoximetasone GEL</i>	P	QL(2 GM daily)	TOPICORT CREA 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 GM daily)
<i>desoximetasone OINT 0.25 %</i>	P	QL(2 GM daily)			
EPIFOAM FOAM	P	QL(15 GM per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPICORT CREA 0.05 % (Use desoximetasone)	NP		Immunosuppressive Agents - Topical		
TOPICORT GEL (Use desoximetasone)	NP	QL(2 GM daily)	ELIDEL (Use pimecrolimus)	NP	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA
TOPICORT OINT 0.25 % (Use desoximetasone)	NP	QL(2 GM daily)	pimecrolimus	P	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA
triamcinolone acetonide (topical) CREA	P		tacrolimus (topical) OINT 0.1 %	P	QL(30 GM per 30 day(s) retail); AL(At least 16 yrs old); PA
triamcinolone acetonide (topical) LOTN	P	QL(60 ML per fill retail)	tacrolimus (topical) OINT 0.03 %	P	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA
triamcinolone acetonide (topical) OINT 0.025 %	P	QL(454 GM per fill retail)	Keratolytic/Antimitotic/Vesicant Agents		
triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %	P		DERMACINRX SALICYLIC ACID GEL 6 %	P	
Eczema Agents			KERALYT GEL (Use salicylic acid)	NP	
ADBRY SOSY	P	SP; PA	podofilox SOLN	P	
CIBINQO	P	SP; PA	salicylic acid GEL 6 %	P	
Emollient/Keratolytic Agents			salicylic acid GEL 3 %	P	OTC
GORDONS UREA CREA 40 %	P	RX/OTC	Local Anesthetics - Topical		
urea CREA 40 %	P	RX/OTC	capsaicin CREA 0.1 %	P	OTC; QL(43 GM per fill retail)
UREA CREA	P	RX/OTC	capsaicin CREA 0.025 %, 0.075 %	P	OTC; QL(60 GM per fill retail)
urea LOTN 40 %	P		capsaicin CREA 0.035 %	P	OTC; QL(42.5 GM per fill retail)
UREDEB CREA 39 % (Use urea)	NF		CAPZASIN-HP CREA (Use capsaicin)	NP	OTC; QL(43 GM per fill retail)
UREMEZ-40 CREA 40 % (Use urea)	NP	RX/OTC	CAPZASIN-P CREA 0.035 % (Use capsaicin)	NP	OTC; QL(42.5 GM per fill retail)
Emollients					
EMOLLIENT LOTION-MISC	P	RX/OTC			
lactic acid (ammonium lactate) CREA	P	QL(385 GM per fill retail); RX/OTC			
lactic acid (ammonium lactate) LOTN 12 %	P	QL(1368 GM per fill retail); RX/OTC			
Immunomodulating Agents - Topical					
imiquimod 5 %	P	QL(48 EA per 180 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CASTIVA WARMING LOTN	P	OTC; QL(30 GM per fill retail)	<i>diethyltoluamide (deet)</i> LOTN 20 %, 40 %	NP	
COLLAVERA GEL 2 %	P	AL(At least 21 yrs old); RX/OTC	DRYSOL SOLN	P	
DERMACINRX LIDOCAINE CREA 3 %	P	QL(453.6 GM per fill retail); RX/OTC	<i>lanolin (topical)</i> CREA	P	OTC
<i>dibucaine</i>	P	OTC; QL(56.7 GM per fill retail)	OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
<i>lidocaine hcl</i> CREA 3 %	P	QL(453.6 GM per fill retail); RX/OTC	OFF DEEP WOODS DRY AERO	P	OTC;QL(113 gm per fill retail,226 gm per 30 days retail)
<i>lidocaine hcl</i> CREA 4 %	P	OTC; QL(2 GM daily)	ULTRATHON INSECT REPELLENT 8 AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
<i>lidocaine hcl</i> GEL 2 %	P	AL(At least 21 yrs old)	<i>zinc oxide (topical)</i> OINT 20 %	P	OTC; QL(500 GM per fill retail)
<i>lidocaine</i> CREA 4 %	P	OTC; QL(2 GM daily)	Rosacea Agents		
<i>lidocaine</i> OINT 5 %	P	QL(100 GM per 30 day(s) retail); 1 package(s) per fill retail	METROCREAM CREA (Use <i>metronidazole (topical)</i>)	NP	
<i>lidocaine-prilocaine</i> CREA	P	QL(30 GM per fill retail)	METROGEL GEL 1 % (Use <i>metronidazole (topical)</i>)	NF	
LIDOMAX GEL 2 %	P	AL(At least 21 yrs old); RX/OTC	<i>metronidazole (topical)</i> CREA	P	
LIDOPIN CREA 3 % (Use <i>lidocaine hcl</i>)	NP	QL(453.6 GM per fill retail); RX/OTC	<i>metronidazole (topical)</i> GEL 0.75 %	P	QL(45 GM per fill retail)
PREMIUM LIDOCAINE OINT 5 % (Use <i>lidocaine</i>)	NP	QL(100 GM per 30 day(s) retail); 1 package(s) per fill retail	<i>metronidazole (topical)</i> LOTN	P	
PROXIVOL GEL 2 %	P	AL(At least 21 yrs old); RX/OTC	Scabicides & Pediculicides		
Misc. Topical			<i>crotamiton</i> LOTN	P	QL(454 GM per fill retail)
<i>diethyltoluamide (deet)</i> LOTN 34.34 %	P	OTC; QL(57 GM per fill retail; 114 GM per 30 day(s) retail)	ELIMITE CREA (Use <i>permethrin</i>)	NP	QL(360 GM per fill retail)
			EURAX CREA	P	QL(60 GM per fill retail)
			<i>malathion</i>	P	QL(59 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NATROBA (Use spinosad)	NP	Min Age limit = 6 months; QL(120 ML per fill retail; 240 ML per 30 day(s) retail)	EPICORD SHEE	P	PA
OVIDE (Use malathion)	NP	QL(59 ML per fill retail)	MIRODERM BIO MATRIX FENESTRAT	P	PA
permethrin CREA	P	QL(360 GM per fill retail)	MIRODERM BIO MATRIX FENESTRAT+	P	PA
PERMETHRIN CREA 5 % (Use permethrin)	NP	QL(360 GM per fill retail)	NOVACHOR	P	PA
permethrin LIQD EX	P	OTC	OASIS ULTRA MATRIX FENESTRATED	P	PA
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P	OTC	OASIS WOUND MATRIX FENESTRATED	P	PA
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	OTC	OSTEOCONDUCTIVE MATRIX PLUS IJ 2 ML, 5 ML, 10 ML	P	PA
SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 %, 1 %	P	OTC	PROTEXT SUSP	P	PA
SCHOOLTIME SHAMPOO SHAM	P	OTC; QL(1 ML per 14 day(s) retail)	PURAPLY	P	PA
spinosad	P	Min Age limit = 6 months; QL(120 ML per fill retail; 240 ML per 30 day(s) retail)	DIAGNOSTIC PRODUCTS		
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	OTC	Diagnostic Drugs		
Tar Products			CORTROSYN SOLR (Use cosyntropin)	NP	SP; PA
coal tar extract SHAM 0.5 %	P	OTC	cosyntropin SOLR	P	SP; PA
Wound Care Products			THYROGEN 0.9 MG	P	SP; PA
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	P	SP; PA	Diagnostic Tests		
APLIGRAF DISK	P	PA	2SAN COVID-19 RAPID SELF TEST KIT	NP	
CORETEXT SUSP 1 ML, 2 ML	P	PA	ACCU-CHEK GUIDE TEST STRP	P	Clinical Edit: Test Strips; RX/OTC
			ADVIN COVID-19 ANTIGEN TEST KIT	NP	
			ASSURE TITANIUM STRP	NP	RX/OTC
			BINAXNOW COVID-19 AG HOME TEST KIT	P	QL(2 EA per fill retail)
			BINAXNOW COVID-19 ANTIGEN SELF KIT	NP	
			BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	RX/OTC
			BLOOD GLUCOSE TEST STRP	NP	RX/OTC
			BLULINK GLUCOSE TEST STRP	NP	RX/OTC

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CARESENS N GLUCOSE TEST STRP	NP	RX/OTC	EMBRACE WAVE BLOOD GLUCOSE STRP	NP	RX/OTC
CARESENS S GLUCOSE TEST STRP	NP	RX/OTC	FASTEP COVID-19 ANTIGEN TEST KIT	NP	
CARESTART COVID-19 HOME TEST KIT	P	QL(2 EA per fill retail)	FLOWFLEX COVID-19 AG HOME TEST KIT	P	QL(2 EA per fill retail)
CARETOUCH TEST STRP	NP	RX/OTC	FONDCIRCLE BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CHEMSTRIP K STRP	P	OTC; QL(6.67 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	FORA 6 CONNECT/GTEL TEST STRP	NP	RX/OTC
CLEARDETECT COVID-19 AG HOME KIT	P	QL(2 EA per fill retail)	FORA GTEL BLOOD KETONE TEST	P	OTC; QL(1 EA daily)
CLINITEST RAPID COVID-19 TEST KIT	NP		FORA TEST N'GO ADV-VOICE-6 CON	P	OTC; QL(1 EA daily)
CONTOUR PLUS TEST STRP	NP	RX/OTC	FORA TN'G ADVANCE PRO STRP	NP	RX/OTC
COVID-19 AT HOME ANTIGEN TEST KIT	NP		GENABIO COVID-19 RAPID TEST KIT	NP	
COVID-19 AT-HOME TEST KIT	P	QL(2 EA per fill retail)	GNP EASY TOUCH GLUCOSE TEST STRP	NP	RX/OTC
COVID-19 AT-HOME TEST KIT	NP		GOJJI BLOOD KETONE TEST	P	OTC; QL(1 EA daily)
CVS COVID-19 AT HOME TEST KIT KIT	NP		GOTOKNOW COVID-19 ANTIGEN RAPI KIT	NP	
CVS TRUE METRIX GLUCOSE TEST STRP	NP	RX/OTC	IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	RX/OTC
EASY MAX BLOOD GLUCOSE TEST STRP	NP	RX/OTC	IHEALTH COVID-19 RAPID TEST KIT	P	QL(2 EA per fill retail)
EASY TALK PLUS II TEST STRIPS STRP	NP	RX/OTC	INDICAID COVID-19 RAPID TEST KIT	NP	
EASY TOUCH HEALTHPRO GLUCOSE STRP	NP	RX/OTC	INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 EA per fill retail)
EASY TRAK II GLUCOSE TEST STRP	NP	RX/OTC	KETONE TEST STRP	P	OTC; QL(6.67 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
ELLUME COVID-19 HOME TEST KIT	P	QL(2 EA per fill retail)			
EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KETOSTIX STRP	P	OTC; QL(6.67 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	RELION KETONE TEST STRP	P	OTC; QL(6.67 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
MM BLULINK GLUCOSE TEST STRP	NP	RX/OTC	RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	RX/OTC
NOVA MAX PLUS KETONE TEST	P	OTC; QL(1 EA daily)	RIGHTEST GT333 GLUCOSE TEST STRP	NP	RX/OTC
OHC COVID-19 ANTIGEN SELF TEST KIT	NP		SPEEDY SWAB COVID-19 ANTIGEN KIT	NP	
ON/GO COVID-19 ANTIGEN TEST KIT	P	QL(2 EA per fill retail)	TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ON/GO ONE COVID-19 HOME TEST KIT	NP		TRUE METRIX PRO BLOOD GLUCOSE STRP	NP	RX/OTC
ONETOUCH ULTRA BLUE TEST STRP	NP	Clinical Edit: Test Strips; RX/OTC	TRUENESS BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
ONETOUCH ULTRA TEST STRP	NP	Clinical Edit: Test Strips; RX/OTC	VIVAGUARD INO TEST STRIPS STRP	NP	RX/OTC
ONETOUCH ULTRA STRP	NP	Clinical Edit: Test Strips; RX/OTC	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
ONETOUCH VERIO STRP	NP	Clinical Edit: Test Strips; RX/OTC	Digestive Enzymes		
ONETOUCH VERIO STRP	NP	RX/OTC	CREON CPEP	P	Smart PA
PILOT COVID-19 AT-HOME TEST KIT	NP		DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC	Carbonic Anhydrase Inhibitors		
PRECISION XTRA KETONE	P	OTC; QL(1 EA daily)	<i>acetazolamide CP12</i>	P	
PTS PANELS EGLU TEST STRP	NP	RX/OTC	<i>acetazolamide TABS</i>	P	
QUICK TOUCH BLOOD GLUCOSE TEST STRP	NP	RX/OTC	<i>dichlorphenamide</i>	P	SP; PA
QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 EA per fill retail)	KEVEYIS (Use <i>dichlorphenamide</i>)	NP	SP; PA
RELION GLUCOSE TEST STRIPS STRP	NP	RX/OTC	<i>methazolamide TABS</i>	P	
			Diuretic Combinations		
			<i>amiloride & hydrochlorothiazide</i>	P	QL(1 EA daily)
			<i>spironolactone & hydrochlorothiazide</i>	P	

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<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P		ACTONEL TABS 35 MG (Use risedronate sodium)	NP	QL(4 EA per fill retail); PA
<i>triamterene & hydrochlorothiazide TABS</i>	P		<i>alendronate sodium SOLN</i>	P	QL(10.8 ML daily)
Loop Diuretics			<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 EA daily)
<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 bumetanide)	NP		ATELVIA TBEC (Use risedronate sodium)	NP	QL(4 EA per 28 day(s) retail); PA
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	P		BONSITY SOPN 560 MCG/2.24ML	NP	
<i>furosemide TABS</i>	P		<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail
LASIX TABS (Use furosemide)	NP		<i>calcitonin (salmon) IJ</i>	P	QL(2 ML per fill retail)
SOAANZ TABS 20 MG	NP	QL(1 EA daily)	EVENITY	P	SP; PA
<i>torseamide TABS</i>	P	QL(1 EA daily)	FORTEO SOPN (Use teriparatide)	NP	
Potassium Sparing Diuretics			FOSAMAX TABS 70 MG (Use alendronate sodium)	NP	QL(0.15 EA daily)
ALDACTONE TABS (Use spironolactone)	NP		<i>ibandronate sodium SOLN</i>	P	SP; PA
<i>amiloride hcl TABS</i>	P	QL(4 EA daily)	MIACALCIN IJ (Use calcitonin (salmon))	NP	QL(2 ML per fill retail)
<i>spironolactone TABS</i>	P		NATPARA	P	PA
Thiazides and Thiazide-Like Diuretics			<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	P	SP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	P		PAMIDRONATE DISODIUM SOLN	P	SP; PA
<i>hydrochlorothiazide CAPS</i>	P		PROLIA SOSY	P	SP; PA
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	P		RECLAST SOLN (Use zoledronic acid)	NP	SP; PA
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P		<i>risedronate sodium TABS 5 MG, 30 MG</i>	P	QL(1 EA daily); PA
<i>metolazone</i>	P		<i>risedronate sodium TABS 35 MG</i>	P	QL(4 EA per fill retail); PA
ENDOCRINE AND METABOLIC AGENTS - MISC.			<i>risedronate sodium TBEC</i>	P	QL(4 EA per 28 day(s) retail); PA
- Drugs to Treat Bone Disease and Regulate Hormones			<i>teriparatide SOPN</i>	P	PA
Adrenal Steroid Inhibitors					
ISTURISA 1 MG, 5 MG	P	SP; PA			
RECORLEV	P	SP; PA			
Bone Density Regulators					

Drug Name	Drug Tier	Requirements/ Limits
TERIPARATIDE SOPN	NP	
<i>zoledronic acid CONC</i>	P	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	P	SP; PA
ZOLEDRONIC ACID SOLN	P	SP; PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	P	PA
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA
GONAL-F RFF REDIJECT SOPN	P	PA
GONAL-F SOLR IJ 450 UNIT	P	PA
MENOPUR SC	P	PA
NOVAREL IM 5000 UNIT	P	PA
OVIDREL SOSY	P	PA
PREGNYL IM	P	PA
GnRH/LHRH Antagonists		
<i>cetorelix acetate</i>	P	PA
CETROTIDE (<i>Use cetorelix acetate</i>)	NP	PA
<i>ganirelix acetate</i>	P	PA
GANIRELIX ACETATE (<i>Use ganirelix acetate</i>)	NP	PA
Growth Hormones		
NORDITROPIN FLEXPOR SOPN	P	SP; PA
OMNITROPE SOCT	P	SP; PA
OMNITROPE SOLR SC	P	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	P	SP; PA
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NP	QL(1 EA daily)
<i>raloxifene hcl</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA	P	SP; PA
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	P	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	P	SP; PA
LUPRON DEPOT-PED (1-MONTH)	P	SP; PA
LUPRON DEPOT-PED (3-MONTH)	P	SP; PA
SUPPRELIN LA	P	SP; PA
SYNAREL	P	SP; PA
TRIPTODUR	P	SP; PA
Metabolic Modifiers		
ALDURAZYME	P	SP; PA
<i>betaine</i>	P	SP; PA
BRINEURA	P	SP; PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NP	SP; PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NP	SP; PA
<i>calcitriol CAPS</i>	P	
CARBAGLU (<i>Use carglumic acid</i>)	NP	SP; PA
<i>carglumic acid</i>	P	SP; PA
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ML daily)
CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ML daily)
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(3 EA daily)
<i>cinacalcet hcl</i>	P	SP; PA

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CYSTADANE (<i>Use betaine</i>)	NP	SP; PA
ELAPRASE	P	SP; PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA
KANUMA	P	SP; PA
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	QL(30 ML daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 EA daily)
LUMIZYME	P	SP; PA
MEPSEVII	P	SP; PA
MYALEPT	P	SP; PA
NAGLAZYME	P	SP; PA
NEXVIAZYME	P	SP; PA
<i>nitisinone CAPS</i>	P	SP; PA
NITYR TABS	P	SP; PA
NULIBRY	P	SP; PA
ORFADIN CAPS (<i>Use nitisinone</i>)	NP	SP; PA
ORFADIN SUSP	P	SP; PA
PALYNZIQ	P	SP; PA
<i>paricalcitol SOLN</i>	P	SP; PA
PARSABIV	P	SP; PA
REVCovi	P	SP; PA
ROCALtrol CAPS (<i>Use calcitriol</i>)	NP	
<i>sapropterin dihydrochloride PACK</i>	P	SP; PA
<i>sapropterin dihydrochloride TABS</i>	P	SP; PA
SENSIPAR (<i>Use cinacalcet hcl</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phenylbutyrate POWD</i>	P	SP; PA
<i>sodium phenylbutyrate TABS</i>	P	SP; PA
STRENSIQ	P	SP; PA
VIMIZIM	P	SP; PA
XURIDEN	P	SP; PA
ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NP	SP; PA
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ (<i>Use desmopressin acetate</i>)	NP	SP; PA
DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NP	SP; PA
DDAVP TABS (<i>Use desmopressin acetate</i>)	NP	QL(6 EA daily)
<i>desmopressin acetate spray</i>	P	QL(5 ML per fill retail)
<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(5 ML per fill retail)
<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
DESMOPRESSIN ACETATE SOLN NA	P	SP; PA
<i>desmopressin acetate TABS</i>	P	QL(6 EA daily)
Somatostatic Agents		
<i>octreotide acetate KIT</i>	P	SP; PA
<i>octreotide acetate SOLN</i>	P	SP; PA
SANDOSTATIN LAR DEPOT KIT (<i>Use octreotide acetate</i>)	NP	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP; PA
SIGNIFOR	P	SP; PA
Vasopressin Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JYNARQUE TABS 15 MG, 30 MG (<i>Use tolvaptan</i>)	NP	SP; PA	<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	P	QL(1 EA daily)
JYNARQUE TBPk 15 MG (<i>Use tolvaptan</i>)	NP	SP; PA	MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(8 EA per fill retail)
SAMSCA TABS PO (<i>Use tolvaptan (hyponatremia)</i>)	NP	SP; PA	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>Use estrogens, conjugated</i>)	NP	QL(1 EA daily)
<i>tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG</i>	P	SP; PA	VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(8 EA per fill retail)
<i>tolvaptan TABS</i>	P	SP; PA	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
<i>tolvaptan TBPk 15 MG</i>	P	SP; PA	Fluoroquinolones		
ESTROGENS - Hormone Replacement/Modifying Drugs			<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
Estrogen Combinations			CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NP	QL(1 EA daily)	<i>levofloxacin TABS</i>	P	QL(1 EA daily; 14 EA per fill retail)
COMBIPATCH PTTW	P	QL(8 EA per 28 day(s) retail)	<i>ofloxacin 400 MG</i>	P	QL(56 EA per fill retail)
<i>estradiol & norethindrone acetate TABS</i>	P	QL(1 EA daily)	GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
<i>norethindrone acetate-ethinyl estradiol</i>	P		Antiflatulents		
PREMPHASE	P		GAS RELIEF LIQD PO 40 MG/0.6ML	P	OTC; QL(31 ML per 30 day(s) retail)
PREMPRO	P		<i>simethicone CHEW 80 MG</i>	P	OTC
Estrogens			<i>simethicone LIQD PO</i>	P	OTC; QL(31 ML per 30 day(s) retail)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(8 EA per fill retail)	<i>simethicone SUSP</i>	P	OTC; QL(31 EA per 30 day(s) retail)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>Use estradiol</i>)	NP	QL(4 EA per fill retail)	Bile Acid Synthesis Disorder Agents		
ESTRACE TABS (<i>Use estradiol</i>)	NP		CTEXLI TABS PO 250 MG	P	SP; PA
<i>estradiol PTTW</i>	P	QL(8 EA per fill retail)			
<i>estradiol PTWK</i>	P	QL(4 EA per fill retail)			
<i>estradiol TABS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	P	QL(1 EA daily); SP; PA
Gallstone Solubilizing Agents		
<i>chenodiol</i>	P	SP; PA
URSO 250 TABS (<i>Use ursodiol</i>)	NP	QL(7 EA daily)
<i>ursodiol CAPS</i>	P	
<i>ursodiol TABS 250 MG</i>	P	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>Use lubiprostone</i>)	NP	PA
<i>lubiprostone</i>	P	PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	P	SP; PA
<i>metoclopramide hcl SOLN PO 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	
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)

Drug Name	Drug Tier	Requirements/ Limits
DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
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)
<i>mesalamine TBEC</i>	P	
SELARSDI SOLN IV 130 MG/26ML	P	SP; PA
SFROWASA ENEM	P	
STEQEYMA	P	SP; PA
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
USTEKINUMAB-TTWE	NP	SP
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</i>	P	
<i>sodium citrate & citric acid</i>	NP	RX/OTC
<i>sodium citrate & citric acid</i>	P	QL(500 ML per 30 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
PROCYSBI PACK	P	SP; PA
Genitourinary Irrigants		
ARGYLE STERILE SALINE 0.9 % (<i>Use sodium chloride (gu irrigant)</i>)	NP	
CURITY STERILE SALINE 0.9 % (<i>Use sodium chloride (gu irrigant)</i>)	NP	
<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)
PROSCAR (<i>Use finasteride</i>)	NP	QL(1 EA daily)
<i>tamsulosin hcl</i>	P	QL(2 EA daily)
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	P	
PHENAZOPYRIDINE HCL TABS 100 MG, 200 MG	P	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		
THIOLA EC TBEC (<i>Use tiopronin</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
THIOLA TABS (<i>Use tiopronin</i>)	NP	SP; PA
<i>tiopronin TABS</i>	P	SP; PA
<i>tiopronin TBEC</i>	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		
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>colchicine TABS</i>	P	QL(6 EA per fill retail)
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	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 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	P	SP; PA

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FEIBA	P	SP; PA	BERINERT KIT	P	SP; PA
FIBRYGA	P	SP; PA	CINRYZE SOLR IV	P	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	P	SP; PA	ENJAYMO	P	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA	HAEGARDA SOLR SC	P	SP; PA
HUMATE-P SOLR	P	SP; PA	RUCONEST	P	SP; PA
IDELVION	P	SP; PA	TAVNEOS	P	SP; PA
IXINITY SOLR	P	SP; PA	Hematorheologic Agents		
JIVI	P	SP; PA	<i>pentoxifylline</i>	P	
KCENTRA	P	SP; PA	Hemin		
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	P	SP; PA	PANHEMATIN 350 MG	P	SP; PA
KOATE SOLR	P	SP; PA	Human Protein C		
KOGENATE FS KIT	P	SP; PA	CEPROTIN	P	SP; PA
KOVALTRY	P	SP; PA	Plasma Kallikrein Inhibitors		
NOVOSEVEN RT	P	SP; PA	KALBITOR	P	SP; PA
NUWIQ KIT	P	SP; PA	ORLADEYO	P	SP; PA
NUWIQ SOLR	P	SP; PA	TAKHZYRO SOLN	P	SP; PA
OBIZUR	P	SP; PA	TAKHZYRO SOSY	P	SP; PA
PROFILNINE	P	SP; PA	Plasma Proteins		
REBINYN	P	SP; PA	RYPLAZIM	P	SP; PA
RECOMBINATE SOLR	P	SP; PA	THROMBATE III 500 UNIT	P	SP; PA
RIASTAP	P	SP; PA	Platelet Aggregation Inhibitors		
RIXUBIS SOLR	P	SP; PA	BRILINTA 60 MG, 90 MG (Use <i>ticagrelor</i>)	NP	QL(2 EA daily)
SEVENFACT	P	SP; PA	CABLIVI	P	SP; PA
TRETTEN	P	SP; PA	<i>cilostazol</i>	P	QL(2 EA daily)
VONVENDI	P	SP; PA	<i>clopidogrel bisulfate 75 MG</i>	P	
WILATE KIT	P	SP; PA	<i>dipyridamole</i>	P	
XYNTHA	P	SP; PA	EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 EA daily)
XYNTHA SOLOFUSE	P	SP; PA	PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
Bradykinin B2 Receptor Antagonists			<i>prasugrel hcl</i>	P	QL(1 EA daily)
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	NP	SP; PA	<i>ticagrelor 60 MG, 90 MG</i>	P	QL(2 EA daily)
<i>icatibant acetate SOSY</i>	P	SP; PA	Pyruvate Kinase Activators		
Complement Inhibitors					

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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
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 (<i>Use glutamine (sickle cell)</i>)	NP	SP; PA
<i>glutamine (sickle cell)</i>	P	SP; PA
OXBRYTA TABS 500 MG	P	PA
OXBRYTA TBSO	P	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		
LEUKINE SOLR IJ	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA
Hematopoietic Mixtures		

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)
Iron		
FERRETT'S TABS	P	OTC; QL(2 EA daily)
<i>ferrous fumarate TABS</i>	P	OTC; QL(2 EA daily)
<i>ferrous gluconate TABS 324 MG</i>	P	OTC; QL(100 EA per 30 day(s) retail); AL(Up to 50 yrs old)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	OTC; QL(3.4 ML daily)
<i>ferrous sulfate TABS</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate TBEC</i>	P	OTC; AL(Up to 50 yrs old)
IRON CHEWS PEDIATRIC CHEW	P	OTC
IRON TABS 28 MG	P	OTC
<i>polysaccharide iron complex CAPS</i>	P	QL(1 EA daily)
Stem Cell Mobilizers		
MOZOBIL (<i>Use plerixafor</i>)	NP	SP; PA
<i>plerixafor</i>	P	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN IV 250 MG/ML</i>	P	SP; PA
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	P	QL(236.5 ML per 30 day(s) retail); SP
<i>aminocaproic acid TABS 1000 MG</i>	P	SP; PA

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<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 EA per fill retail); SP
<i>tranexamic acid TABS</i>	P	QL(30 EA per 7 day(s) retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	OTC
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P	OTC
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	OTC; QL(1 EA daily)
<i>doxylamine succinate (sleep)</i>	P	OTC
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NP	OTC
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS (Use <i>zolpidem tartrate</i>)	NP	QL(14 EA per 31 day(s) retail); AL(At least 21 yrs old)
<i>flurazepam hcl</i>	P	AL(At least 18 yrs old - Up to 65 yrs old)
HALCION 0.25 MG (Use <i>triazolam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>midazolam hcl SOLN IJ</i>	P	
MIDAZOLAM HCL SOLN IJ	P	
RESTORIL 15 MG, 30 MG (Use <i>temazepam</i>)	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>temazepam 15 MG, 30 MG</i>	P	AL(At least 18 yrs old)
<i>triazolam</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	P	QL(2 EA daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	P	QL(14 EA per 31 day(s) retail); AL(At least 21 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	P	OTC; QL(10 EA daily)
<i>psyllium CAPS 0.36 GM, 0.52 GM</i>	P	OTC
<i>psyllium POWD 43 %</i>	NP	
<i>psyllium POWD 43 %</i>	P	
<i>psyllium POWD 28.3 %, 30 %, 58.6 %, 100 %</i>	P	OTC
SB FIB LAX ORANGE POWD 30 %, 33 %	P	OTC
Electrolyte-based Osmotic Laxatives		
FLEET ENEMA PR (Use <i>sodium phosphate monobasic-sodium phosphate dibasic</i>)	NP	OTC
<i>magnesium citrate 1.745 GM/30ML</i>	P	OTC
<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML</i>	P	OTC	<i>bisacodyl TBEC</i>	P	OTC; QL(1 EA daily)
Laxative Combinations			<i>DULCOLAX TBEC (Use bisacodyl)</i>	NP	OTC; QL(1 EA daily)
<i>GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i>	NP	QL(4000 ML per fill retail)	<i>sennosides TABS 8.6 MG</i>	P	OTC; QL(12 EA per fill retail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ML per fill retail)	Surfactant Laxatives		
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail)	<i>docusate sodium CAPS 50 MG</i>	P	OTC
<i>PEG-PREP</i>	P		<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	OTC; QL(3 EA daily)
<i>sennosides-docusate sodium TABS</i>	P	OTC; QL(4 EA daily)	<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	OTC
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P		<i>DOCUSATE SODIUM SYRP</i>	P	OTC
<i>SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)</i>	NP		<i>docusate sodium TABS</i>	P	OTC
Laxatives - Miscellaneous			MACROLIDES - Drugs to Treat Bacterial Infections		
<i>glycerin (laxative) SUPP 2 GM</i>	P	OTC	Azithromycin		
<i>lactulose SOLN</i>	P		<i>azithromycin PACK</i>	P	QL(2 EA per fill retail)
<i>MIRALAX POWD (Use polyethylene glycol 3350)</i>	NP	QL(34 EA daily)	<i>azithromycin SUSR</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)	<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)
<i>SORBITOL PO 70 %</i>	P	OTC	<i>azithromycin TABS 500 MG</i>	P	QL(4 EA daily)
Stimulant Laxatives			<i>azithromycin TABS 250 MG</i>	P	QL(6 EA per fill retail)
<i>bisacodyl SUPP</i>	P	OTC; QL(12 EA per fill retail)	<i>ZITHROMAX TRI-PAK TABS (Use azithromycin)</i>	NP	QL(4 EA daily)
			<i>ZITHROMAX Z-PAK TABS (Use azithromycin)</i>	NP	QL(6 EA per fill retail)
			<i>ZITHROMAX PACK</i>	P	QL(2 EA per fill retail)
			<i>ZITHROMAX SUSR (Use azithromycin)</i>	NP	
			<i>ZITHROMAX TABS 500 MG (Use azithromycin)</i>	NP	QL(4 EA daily)
			<i>ZITHROMAX TABS 250 MG (Use azithromycin)</i>	NP	QL(6 EA per fill retail)
			Clarithromycin		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ML per fill retail)	ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ML per fill retail)	ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)	ACCU-CHEK GUIDE KIT	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
<i>clarithromycin TB24</i>	P	QL(14 EA per fill retail)	ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
Erythromycins			ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</i>	NP		ADVANCE MICRO-DRAW CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</i>	NP		ADVANCE MICRO-DRAW NORMAL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>ERYPED 400 SUSR (Use erythromycin ethylsuccinate)</i>	NP		AGAMATRIX CONTROL LEVEL 2 SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>erythromycin base CPEP</i>	P		AGAMATRIX CONTROL LEVEL 4 SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>erythromycin base TABS</i>	P		AGAMATRIX CONTROL NORMAL/HIGH SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>erythromycin base TBEC</i>	P		ASSURE 3 CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>erythromycin ethylsuccinate SUSR</i>	P		ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>erythromycin ethylsuccinate TABS</i>	P				
<i>erythromycin stearate TABS 250 MG</i>	P				
MEDICAL DEVICES AND SUPPLIES					
Bandages-Dressings-Tape					
GAUZE SPONGES	P	RX/OTC			
Contraceptives					
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC			
Diabetic Supplies					
ACCU-CHEK AVIVA SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE CONTROL SOLUTION 2/3 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	CONTOUR NEXT GEN MONITOR KIT	NP	RX/OTC
ASSURE DOSE NORM/HIGH CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	CONTOUR NEXT ONE KIT	NP	RX/OTC
ASSURE II CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	CONTOUR PLUS BLUE KIT	NP	RX/OTC
ASSURE II CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	CONTOUR PLUS CONTROL SOLUTION LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ASSURE PRISM CONTROL LEVEL 1&2 SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	COOL CONTROL A SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ASSURE PRO CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	COOL CONTROL B SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
BIOTEL CARE BLOOD GLUCOSE KIT	NP	RX/OTC	DEXCOM G6 RECEIVER	NP	
BLULINK CONTROL HIGH & LOW LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	DEXCOM G7 15 DAY SENSOR	NP	
CARESENS CONTROL A SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	DEXCOM G7 RECEIVER	NP	
CARESENS CONTROL SOLUTION A/B SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	DEXCOM G7 SENSOR	NP	
CARESENS N PLUS BT KIT	NP	RX/OTC	DIATHRIVE GLUCOSE CONTROL SOLN LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
CARESENS S CONTROL SOLN A/B LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	DUO-CARE CONTROL SOLUTION LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
CARETOUCH CONTROL SOL LEVEL 2 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	EASY MAX T1 GLUCOSE SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT EZ KIT	NP	RX/OTC	EASY TOUCH CONTROL HIGH & LOW SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
			EASY TOUCH HEALTHPRO GLUCOSE KIT	NP	RX/OTC
			EASY TOUCH HEALTHPRO HIGH/LOW LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	FREESTYLE LIBRE 3 PLUS SENSOR	P	QL(2 EA per 28 day(s) retail); PA
EASYMAX 15 LEVEL 2-3 CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	FREESTYLE LIBRE 3 READER	P	QL(1 EA per 365 day(s) retail); PA
EASYMAX CONTROL NORMAL/HIGH LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	FREESTYLE LIBRE 3 SENSOR	P	QL(2 EA per 28 day(s) retail); PA
ELEMENT COMPACT CONTROL 2 SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	FREESTYLE LIBRE READER	P	QL(1 EA per 365 day(s) retail); PA
ELEMENT COMPACT CONTROL 3 SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	FREESTYLE LITE KIT	NP	RX/OTC
EMBRACE PRO GLUCOSE CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	GLUCOCARD 01 CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
EVERSENSE 365 SENSOR/HOLDER	NP		GLUCOCARD EXPRESSION CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
EVERSENSE E3 SENSOR/HOLDER	NP		GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	RX/OTC	GLUCOSE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
FREESTYLE CONTROL SOLUTION LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	GNP EASY TOUCH CONT HIGH/LOW LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
FREESTYLE LIBRE 14 DAY READER	P	QL(1 EA per 365 day(s) retail); PA	GNP EASY TOUCH CONT HIGH/LOW SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
FREESTYLE LIBRE 14 DAY SENSOR	P	QL(2 EA per 28 day(s) retail); PA	GUARDIAN 4 GLUCOSE SENSOR	NP	
FREESTYLE LIBRE 2 PLUS SENSOR	P	QL(2 EA per 28 day(s) retail); PA	GUARDIAN REAL-TIME REPLACE PED	NP	
FREESTYLE LIBRE 2 READER	P	QL(1 EA per 365 day(s) retail); PA	IHEALTH CONTROL SOLUTION LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
FREESTYLE LIBRE 2 SENSOR	P	QL(2 EA per 28 day(s) retail); PA	IN TOUCH GLUCOSE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KROGER HEALTHPRO CONTROL HI/LO LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	P	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
LANCETS-MISC	P	QL (6.67 ea daily); OTC	OMNIPOD 5 LIBRE INTRO KIT	P	QL(1 EA per 900 day(s) retail; 1 EA per 900 days mail); PA
LANCING DEVICE-MISC	P	OTC	OMNIPOD 5 LIBRE PODS MISC	P	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
LIBERTY GLUCOSE CONTROL MID SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	OMNIPOD CLASSIC PODS (GEN 3) MISC	P	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
MEDISENSE GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	OMNIPOD DASH INTRO (GEN 4) KIT	P	QL(1 EA per 900 day(s) retail; 1 EA per 900 days mail); PA
MEDISENSE HI/MID/LOW CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	OMNIPOD DASH PDM (GEN 4) KIT	P	QL(1 EA per 900 day(s) retail; 1 EA per 900 days mail); PA
MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	OMNIPOD DASH PODS (GEN 4) MISC	P	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
MINIMED INSTINCT GLUC SENSOR	NP		OMNIPOD POD PALS	P	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
MM BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC	ONETOUCH ULTRA 2 KIT	NP	RX/OTC
MODD1 PATIENT WELCOME KIT KIT	NP		ONETOUCH ULTRA CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	ONETOUCH VERIO FLEX SYSTEM KIT	NP	RX/OTC
NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	ONETOUCH VERIO REFLECT KIT	NP	RX/OTC
NOVA MAX PLUS GLU/KET CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	ONETOUCH VERIO LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	P	QL(1 EA per 900 day(s) retail; 1 EA per 900 days mail); PA			

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PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	TRUECONTROL GLUCOSE CONT LEV 1 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PIVOT INSULIN PUMP STARTER KIT KIT	NP		TWIST STARTER KIT KIT	NP	
POCKETCHEM EZ CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	VERASENS GLUCOSE CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
QUICK TOUCH BLOOD GLUCOSE KIT	NP	RX/OTC	Misc. Devices		
QUICKTEK CONTROL SOLUTION LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	ALCOHOL PREP PADS-MISC	P	OTC
QUINTET CONTROL HIGH/NORMAL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	Optical and Ophthalmic Supplies		
REFUAH PLUS GLUCOSE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	SUSVIMO OCULAR IMPLANT	P	SP; PA
SIMPLERA SENSOR	NP		Parenteral Therapy Supplies		
SIMPLERA SYNC SENSOR	NP		ADVOCATE INSULIN PEN NEEDLE	NP	RX/OTC
SIMPLERA SYSTEM	NP		AQINJECT PEN NEEDLE	NP	RX/OTC
SMARTTEST CONTROL MEDIUM SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	ASSURE ID DUO PRO PEN NEEDLES	NP	RX/OTC
SUPREME II HIGH/LOW CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	ASSURE ID PRO PEN NEEDLES	NP	RX/OTC
TEMPO WELCOME KIT	NP	RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	NP	RX/OTC
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	AUM PEN NEEDLE	NP	RX/OTC
			BD PEN NEEDLES	P	QL (5 ea daily); OTC
			COMFORT EZ PRO PEN NEEDLES	NP	RX/OTC
			DROPLET PEN NEEDLES	NP	
			DROPSAFE AUTOPROTECT DUO	NP	RX/OTC
			EASY COMFORT INSULIN SYRINGE	P	QL(5 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT PEN NEEDLES	NP	RX/OTC	TRUE COMFORT SAFETY PEN NEEDLE	NP	RX/OTC
EMBECTA AUTOSHIELD DUO	P	RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE	NP	RX/OTC
EMBECTA PEN NEEDLE NANO	NP	RX/OTC	UNIFINE OTC PEN NEEDLES	NP	RX/OTC
EMBECTA PEN NEEDLE NANO	P	RX/OTC	UNIFINE PENTIPS	NP	RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	P	RX/OTC	UNIFINE PROTECT PEN NEEDLE	NP	RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	NP	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE	NP	RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	NP		VERIFINE INSULIN PEN NEEDLE	NP	RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	P		VERIFINE PLUS PEN NEEDLE	NP	RX/OTC
EMBRACE PEN NEEDLES	NP	RX/OTC	Respiratory Therapy Supplies		
GNP PEN NEEDLES	NP	RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
INSULIN SYRINGES	P	QL (5 ea daily); OTC	ACTIVITY POUCH MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC	ADAPTER PED DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
INSUPEN PEN NEEDLES	NP	RX/OTC	ADULT AEROSOL MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
INSUPEN32G EXTR3ME	NP		ADULT DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
PEN NEEDLE/5-BEVEL TIP	NP	RX/OTC	ADULT MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PEN NEEDLES	NP	RX/OTC	AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	NP	RX/OTC	AEROECLIPSE MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	NP		AEROECLIPSE MASK MEDIUM MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SECURESAFE SAFETY PEN NEEDLES	NP	RX/OTC	AEROECLIPSE MASK SMALL MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SURE COMFORT PEN NEEDLES	NP	RX/OTC			
TECHLITE PLUS PEN NEEDLES	NP	RX/OTC			
TRUE COMFORT PEN NEEDLES	NP	RX/OTC			
TRUE COMFORT PRO PEN NEEDLES	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROTRACH PLUS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	DISPOSABLE FULL RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	DISPOSABLE LOW RANGE/PEDIATRIC MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
AIRZONE PEAK FLOW METER	P	RX/OTC	DISPOSABLE LOW RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	DISPOSABLE PAPER MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
ASSESS PEAK FLOW METER	P	RX/OTC	DISPOSABLE UNIVERSAL RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EASY AIR NEBULIZER FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/INFANT 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
BREATHE EASE PEAK FLOW METER	P	RX/OTC	EASY FLOW 400 MM HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
BUBBLES THE FISH II PEDI MASK 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
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EASY FLOW HEPA FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EASY NEB NEBULIZER FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
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 PRE-WASH SOLN 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 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 UNIVERSL CPAP FILTER 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 PIECES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLEXICHAMBER CHILD MASK/SMALL	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
FLYP HYPERSONIQ CARTRIDGE 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
FONDCIRCLE ELECTRONIC PEAK FLO	P	RX/OTC	NEBULIZER MASK PED/TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
FULL KIT NEBULIZER SET 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
INNOSPIRE REPLACEMENT FILTER 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
KOKO PEAK PRO MOUTHPIECE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	ONE FLOW TESTER 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	ONE-WAY VALVED EXPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	ONE-WAY VALVED INSPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PANDA MASK LARGE	P	QL(1 EA per 360 day(s) retail); RX/OTC
LUNG PERFORM PEAK FLOW METER	P	RX/OTC	PANDA MASK MEDIUM	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	PANDA MASK SMALL	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	PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
MICROLIFE DIGITAL PEAK FLOW	P	RX/OTC	PARI BABY CONVERSION KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	RX/OTC	PARI BUBBLES PEDIATRIC MASK 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 SET DEVI	P	QL(1 EA per 360 day(s) retail); RX/OTC
NEBULIZER MASK ADULT/TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC			

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PARI MASK SET 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
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	POCKET PEAK FLOW METER	P	RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	POCKETPEAK PEAK FLOW METER	P	RX/OTC
PARI SOFT PLASTIC PED MASK 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
PARI VORTEX ADULT MASK	P	QL(1 EA per 360 day(s) retail); RX/OTC	PURE COMFORT FLOW METER ADULT	P	RX/OTC
PARI VORTEX PEDIATRIC MASK	P	QL(1 EA per 360 day(s) retail); RX/OTC	PURE COMFORT FLOW METER CHILD	P	RX/OTC
PEAK A-I-R FLOW METER	P	RX/OTC	PURE COMFORT PEAK FLOW MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
PEAK AIR PEAK FLOW METER	P	RX/OTC	REPLACEMENT AIR FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PEAK FLOW METER UNIVERSAL RANG	P	RX/OTC	REPLACEMENT FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PED DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK-LRG MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK-MED MISC	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	REUSABLE COMFORTSEAL MASK-SML MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PERSONAL BEST FULL RANGE	P	RX/OTC	SAMI THE SEAL FILTERS 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	SIDESTREAM ADULT FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PHARMACIST CHOICE MASK WIPES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PIKO 1	P	RX/OTC	SIDESTREAM PLS 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	SILICONE MASK/ADULT 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			

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SILICONE MASK/INFANT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SILICONE MASK/PEDIATRIC MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENE NBL 100 ADULT MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENE NBL 100 CHILD MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENE NBL 100 MED CUP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENE NBL 100 MESH CAP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC
STRIVE DUAL ZONE PEAK FLOW MTR	P	RX/OTC
THRESHOLD IMT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
TRUZONE PEAK FLOW METER	P	RX/OTC
TUBING/WING TIP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ULTRA NEB ACCESSORIES KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
WINDMILL TRAINER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		

Drug Name	Drug Tier	Requirements/ Limits
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	P	AL(At least 18 yrs old)
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	P	AL(At least 18 yrs old)
MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)
Serotonin Agonists		
<i>eletriptan hydrobromide</i>	P	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	P	QL(2 ML per 30 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail); AL(At least 12 yrs old)
IMITREX TABS (<i>Use sumatriptan succinate</i>)	NP	QL(9 EA per 30 day(s) retail); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(0.4 EA daily)
MAXALT TABS 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
<i>naratriptan hcl</i>	P	QL(9 EA per 30 day(s) retail); AL(At least 18 yrs old)
RELPAK (<i>Use eletriptan hydrobromide</i>)	NP	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)	<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 800 UNIT-600 MG</i>	P	QL(2 EA daily)
<i>rizatriptan benzoate TBDP</i>	P	QL(0.4 EA daily)	<i>calcium carbonate-cholecalciferol TABS 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-vitamin d TABS 600 MG-200 UNIT</i>	P	OTC; 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 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	OTC
<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>oyster shell</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)	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	OTC
<i>sumatriptan succinate TABS</i>	P	QL(9 EA per 30 day(s) retail); AL(At least 12 yrs old)	PARVA-CAL 200 UNIT-500 MG	P	OTC
<i>zolmitriptan SOLN 5 MG</i>	P	QL(6 EA per 30 day(s) retail); AL(At least 12 yrs old)	QC CALCIUM 500MG-D3 TABS	P	OTC
<i>zolmitriptan TABS</i>	P	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)	Electrolyte Mixtures		
<i>zolmitriptan TBDP</i>	P	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)	<i>oral electrolytes SOLN</i>	P	QL(1000 ML per fill retail)
<i>ZOMIG SOLN 5 MG (Use zolmitriptan)</i>	NP	QL(6 EA per 30 day(s) retail); AL(At least 12 yrs old)	Fluoride		
MINERALS & ELECTROLYTES			<i>sodium fluoride CHEW</i>	P	AL(Up to 15 yrs old)
Calcium			<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC
CALCIUM 600 +D HIGH POTENCY TABS	P	OTC; QL(2 EA daily)	SODIUM FLUORIDE SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
			Magnesium		
			<i>magnesium oxide (mg supplement) CAPS</i>	P	OTC
			<i>magnesium oxide (mg supplement) TABS</i>	P	OTC
			Phosphate		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
K-PHOS-NEUTRAL <i>(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)</i>	NP	QL(8 EA daily); RX/OTC	MISCELLANEOUS THERAPEUTIC CLASSES		
PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG <i>(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)</i>	NP	QL(8 EA daily); RX/OTC	Allogeneic Tissue		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 EA daily); RX/OTC	RETHYMIC	P	SP; PA
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	QL(8 EA daily); RX/OTC	Chelating Agents		
Potassium			DEPEN TITRATABS TABS <i>(Use penicillamine)</i>	NP	
EFFER-K TBEF 25 MEQ	P		<i>penicillamine TABS</i>	P	
KLOR-CON 10 TBCR 10 MEQ <i>(Use potassium chloride)</i>	NP		SYPRINE <i>(Use trientine hcl)</i>	NP	SP; PA
KLOR-CON TBCR 8 MEQ <i>(Use potassium chloride)</i>	NP		<i>trientine hcl 250 MG</i>	P	SP; PA
K-TAB TBCR 20 MEQ <i>(Use potassium chloride)</i>	NF		<i>trientine hcl 500 MG</i>	P	SP
<i>potassium bicarbonate TBEF</i>	P		Enzymes		
<i>potassium chloride microencapsulated crystals er</i>	P		XIAFLEX	P	SP; PA
<i>potassium chloride CPCR 10 MEQ</i>	P		Fecal Incontinence Bulking Agents		
<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 EA daily)	SOLESTA	P	SP; PA
<i>potassium chloride PACK PO 20 MEQ</i>	P		Immunomodulators		
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P		<i>lenalidomide</i>	P	SP; PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P		REVLIMID <i>(Use lenalidomide)</i>	NP	SP; PA
Zinc			REZUROCK	P	SP; PA
zinc sulfate CAPS	P	QL(100 EA per fill retail)	THALOMID 50 MG, 100 MG, 200 MG	P	SP; PA
			VYVGART	P	SP; PA
			Immunosuppressive Agents		
			ATGAM	P	SP; PA
			<i>azathioprine TABS 75 MG, 100 MG</i>	P	PA
			<i>azathioprine TABS 50 MG</i>	P	
			CELLCEPT CAPS <i>(Use mycophenolate mofetil)</i>	NP	
			CELLCEPT SUSR <i>(Use mycophenolate mofetil)</i>	NP	
			CELLCEPT TABS <i>(Use mycophenolate mofetil)</i>	NP	
			<i>cyclosporine modified (for microemulsion) CAPS</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	
<i>cyclosporine CAPS</i>	P	
<i>cyclosporine SOLN IV 50 MG/ML</i>	P	
ENSPRYNG	P	SP; PA
GAMIFANT	P	SP; PA
IMURAN TABS (Use azathioprine)	NP	
<i>mycophenolate mofetil CAPS</i>	P	
<i>mycophenolate mofetil SUSR</i>	P	
<i>mycophenolate mofetil TABS</i>	P	
<i>mycophenolate sodium</i>	P	
MYFORTIC (Use <i>mycophenolate sodium</i>)	NP	
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NP	
NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NP	
NULOJIX	P	SP; PA
PROGRAF CAPS (Use <i>tacrolimus</i>)	NP	
PROGRAF PACK	P	PA
RAPAMUNE SOLN (Use <i>sirolimus</i>)	NP	
RAPAMUNE TABS (Use <i>sirolimus</i>)	NP	
SANDIMMUNE CAPS (Use <i>cyclosporine</i>)	NP	
SANDIMMUNE SOLN IV 50 MG/ML	P	
<i>sirolimus SOLN</i>	P	
<i>sirolimus TABS</i>	P	
<i>tacrolimus CAPS</i>	P	
THYMOGLOBULIN	P	SP; PA
Lymphatic Agents		

Drug Name	Drug Tier	Requirements/ Limits
SYLVANT	P	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPB	P	SP; PA
Potassium Removing Agents		
<i>sodium polystyrene sulfonate POWD</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
Progeria Treatment Agents		
ZOKINVY	P	SP; PA
Systemic Lupus Erythematosus Agents		
SAPHNELO	P	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail)
Anti-infectives - Throat		
NYSTATIN (Use <i>nystatin (mouth-throat)</i>)	NP	QL(120 ML per fill retail)
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
PERIDEX (Use <i>chlorhexidine gluconate (mouth-throat)</i>)	NP	
Dental Products		
CLINPRO 5000 PSTE DT 1.1 % (Use <i>sodium fluoride (dental)</i>)	NP	
FLUORIDEX ENHANCED WHITENING PSTE DT 1.1 % (Use <i>sodium fluoride (dental)</i>)	NP	

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FLUORIDEX PSTE DT 1.1 % <i>(Use sodium fluoride (dental))</i>	NP		SODIUM FLUORIDE 5000 PLUS CREA 1.1 % <i>(Use sodium fluoride (dental))</i>	NP	PA
FLUORIMAX 5000 PSTE DT 1.1 % <i>(Use sodium fluoride (dental))</i>	NP		SODIUM FLUORIDE 5000 PPM PSTE DT 1.1 % <i>(Use sodium fluoride (dental))</i>	NP	
FRAICHE 5000 DENTAL GEL 1.1 % <i>(Use sodium fluoride (dental))</i>	NP		Periodontal Products		
JUST RIGHT 5000 PSTE DT 1.1 % <i>(Use sodium fluoride (dental))</i>	NP		ARESTIN	P	SP; PA
PREVIDENT 5000 BOOSTER PLUS PSTE DT <i>(Use sodium fluoride (dental))</i>	NP		Steroids - Mouth/Throat/Dental		
PREVIDENT 5000 DRY MOUTH GEL <i>(Use sodium fluoride (dental))</i>	NP		<i>triamcinolone acetonide (mouth)</i>	P	QL(5 GM per fill retail)
PREVIDENT 5000 KIDS PSTE DT <i>(Use sodium fluoride (dental))</i>	NP		Throat Products - Misc.		
PREVIDENT 5000 ORTHO DEFENSE PSTE DT <i>(Use sodium fluoride (dental))</i>	NP		AQUORAL SOLN	P	QL(900 ML per fill retail); RX/OTC
PREVIDENT 5000 PLUS CREA <i>(Use sodium fluoride (dental))</i>	NP	PA	<i>artificial saliva SOLN</i>	P	QL(900 ML per fill retail); RX/OTC
PREVIDENT GEL <i>(Use sodium fluoride (dental))</i>	NP		CAPHOSOL SOLN	P	QL(900 ML per fill retail); RX/OTC
SF 5000 PLUS CREA 1.1 % <i>(Use sodium fluoride (dental))</i>	NP	PA	NUMOISYN LIQD	P	QL(900 ML per fill retail); RX/OTC
SF GEL 1.1 % <i>(Use sodium fluoride (dental))</i>	NP		<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 EA daily)
<i>sodium fluoride (dental) CREA</i>	P	PA	<i>SALAGEN 5 MG (Use pilocarpine hcl (oral))</i>	NP	QL(6 EA daily)
<i>sodium fluoride (dental) GEL</i>	P		MULTIVITAMINS		
<i>sodium fluoride (dental) PSTE DT</i>	P		B-Complex Vitamins		
			<i>b-complex vitamins CAPS</i>	P	OTC; QL(1 EA daily)
			<i>b-complex vitamins TABS</i>	P	QL(1 EA daily)
			B-Complex w/ C		
			<i>b complex w/ c CAPS</i>	P	OTC; QL(1 EA daily); RX/OTC
			LUMAVEX CAPS	P	OTC; QL(1 EA daily); RX/OTC
			LUNAVIRA CAPS	P	OTC; QL(1 EA daily); RX/OTC
			B-Complex w/ Folic Acid		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTIVITE TABS 1 MG	P	QL(1 EA daily); RX/OTC	MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG	P	OTC; QL(1 EA daily); RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ iron TABS</i>	P	OTC; QL(1 EA daily); RX/OTC
<i>b-complex w/ c & folic acid TABS 60 MG-10 MG-300 MCG-1 MG-20 MG-0.01 MCG-10 MG-1.7 MG-1.5 MG, 1 MG</i>	P	QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
DIALYVITE TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG	P	OTC; QL(1 EA daily); RX/OTC
MI-VITE RX TABS 1 MG	P	QL(1 EA daily); RX/OTC	MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
MYNEPHRON CAPS 1 MG	P	QL(1 EA daily); RX/OTC	NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
NUTRIVIO CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
RENAL CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
RENO CAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
TM-VITE RX TABS 1 MG	P	QL(1 EA daily); RX/OTC			
TRIPHROCAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
TRONVITE TABS 1 MG	P	QL(1 EA daily); RX/OTC			
VITASURE TABS 1 MG	P	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Iron					
DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG	P	OTC; QL(1 EA daily); RX/OTC			
DESTRESS-IRON TABS	P	OTC; QL(1 EA daily); RX/OTC			
FLORAVITA MINI TABS	P	OTC; QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG	P	OTC; QL(1 EA daily); RX/OTC	Multivitamins		
ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG-1 MG-2.5 MG-18 MG-5000 UNIT	P	OTC; QL(1 EA daily); RX/OTC	ALTRIXA TABS	P	OTC; QL(1 EA daily); RX/OTC
QC DAILY MULTIVITAMINS/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC	AMLADEX TABS	P	OTC; QL(1 EA daily); RX/OTC
STRESS B COMPLEX/IRON TABS 600 MG-5 MG-45 MCG-400 MCG-12 MCG-15 MG-100 MG-20 MG-27 MG-15 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC	ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	OTC; QL(1 EA daily); RX/OTC
STRESS FORMULA/IRON/ENERGY TABS	P	OTC; QL(1 EA daily); RX/OTC	AVOWISE TABS	P	OTC; QL(1 EA daily); RX/OTC
STRESS FORMULA/IRON TABS	P	OTC; QL(1 EA daily); RX/OTC	CENTRUM MENOPAUSE MIND/MOOD TABS	P	OTC; QL(1 EA daily); RX/OTC
TAB-A-VITE/IRON/BETA CAROTENE TABS	P	OTC; QL(1 EA daily); RX/OTC	DAILY MULTIPLE VITAMINS TABS	P	OTC; QL(1 EA daily); RX/OTC
TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG	P	OTC; QL(1 EA daily); RX/OTC	DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Minerals			DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	OTC; QL(1 EA daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC	DAILY VITES TABS 60 MG-2 MG-0.4 MG-1.5 MG-6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
			DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC

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DAILY-VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	OTC; QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT	P	OTC; QL(1 EA daily); RX/OTC
DAILY-VITE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	P	OTC; QL(1 EA daily); RX/OTC	<i>multiple vitamin TABS</i>	P	OTC; QL(1 EA daily); RX/OTC
FOLAWISE TABS	P	OTC; QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT TABS	P	OTC; QL(1 EA daily); RX/OTC
FOLCYTEINE TABS	P	OTC; QL(1 EA daily); RX/OTC	MULTIVITAMIN IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-1.5 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC	MULTIVITAMIN TABS	P	OTC; QL(1 EA daily); RX/OTC
HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG-100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	P	OTC; QL(1 EA daily); RX/OTC	MULTI-VITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	OTC; QL(1 EA daily); RX/OTC	NEOMULTIVITE TABS	P	OTC; QL(1 EA daily); RX/OTC
MINCORA TABS	P	OTC; QL(1 EA daily); RX/OTC	NEWVITE TABS	P	OTC; QL(1 EA daily); RX/OTC
MULTI VITAMIN W/D-3 TABS	P	OTC; QL(1 EA daily); RX/OTC	OMNICAP TABS	P	OTC; QL(1 EA daily); RX/OTC
MULTI VITAMIN TABS	P	OTC; QL(1 EA daily); RX/OTC	ONCE DAILY TABS 400 UNIT-50 MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG	P	OTC; QL(1 EA daily); RX/OTC
MULTIPLE VITAMIN-FOLIC ACID TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 UNIT	P	OTC; QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY ESSENTIALS TABS	P	OTC; QL(1 EA daily); RX/OTC	STRESS FORMULA TABS 500 MG-3 MG-45 MCG-400 MCG-12 MCG-20 MG-10 MG-100 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-15 MG-12 MCG-20 MG-10 MG-100 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIAL TABS	P	OTC; QL(1 EA daily); RX/OTC	STRESSTABS ENERGY TABS	P	OTC; QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN ADULT TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	OTC; QL(1 EA daily); RX/OTC	TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
ONE DAILY TABS 60 MG-2 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	OTC; QL(1 EA daily); RX/OTC	TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	OTC; QL(1 EA daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	OTC; QL(1 EA daily); RX/OTC	THERA TABS	P	OTC; QL(1 EA daily); RX/OTC
ONE-A-DAY ESSENTIAL TABS <i>(Use multiple vitamin)</i>	NP	OTC; QL(1 EA daily); RX/OTC	THERA-TABS TABS 90 MG-3 MG-30 MCG-400 MCG-3 MG-20 MG-400 UNIT-9 MCG-5000 UNIT-10 MG-3.4 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC
ONE-A-DAY MENS TABS <i>(Use multiple vitamin)</i>	NP	OTC; QL(1 EA daily); RX/OTC	THEREMS TABS	P	OTC; QL(1 EA daily); RX/OTC
ONE-DAILY MULTI VITAMINS TABS 50 MG-20 MG-1 MG-1.5 MG-400 UNIT-3 MCG-1 MG-1.7 MG-4000 UNIT-60 MG	P	OTC; QL(1 EA daily); RX/OTC	TM-DAILY VITE TABS	P	OTC; QL(1 EA daily); RX/OTC
ONE-DAILY MULTI-VITAMIN TABS 50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG-60 MG	P	OTC; QL(1 EA daily); RX/OTC	TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG	P	OTC; QL(1 EA daily); RX/OTC
QC ESSENTIALS TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC	TRUE MULTIVITAMIN TABS	P	OTC; QL(1 EA daily); RX/OTC
QUINTABS TABS	P	OTC; QL(1 EA daily); RX/OTC	VIRELIX TABS	P	OTC; QL(1 EA daily); RX/OTC
RELCARE TABS	P	OTC; QL(1 EA daily); RX/OTC	VIREXA TABS	P	OTC; QL(1 EA daily); RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	P	OTC; QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	P	OTC; QL(1 EA daily); RX/OTC	MULTI-VIT-FLOR CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC
VITALEE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-30 UNIT	P	OTC; QL(1 EA daily); RX/OTC	<i>pediatric multivitamins w/fl CHEW 0.5 MG</i>	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC
VITRAX TABS	P	OTC; QL(1 EA daily); RX/OTC	<i>pediatric multivitamins w/fl CHEW 0.25 MG, 1 MG</i>	P	RX/OTC
VITRION TABS	P	OTC; QL(1 EA daily); RX/OTC	<i>pediatric multivitamins w/fl SUSP 0.5 MG/ML</i>	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
Ped Multi Vitamins w/Fl & FE			<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
<i>ped multivitamins w/fl & iron SOLN</i>	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VI-FLOR CHEW 0.25 MG, 1 MG	P	RX/OTC
Ped Multiple Vitamins w/ Minerals			POLY-VI-FLOR CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC	QUFLORA PEDIATRIC CHEW 0.25 MG, 1 MG	P	RX/OTC
Ped MV w/ Fluoride			QUFLORA PEDIATRIC CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC
FLORAFOL PEDIATRIC CHEW 1 MG	P	RX/OTC	QUFLORA PEDIATRIC SUSP 0.5 MG/ML	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
FLORAFOL PEDIATRIC CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC	SOLUVITA ACD WITH FLUORIDE SOLN	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
FLOTREX CHEW 0.25 MG, 1 MG	P	RX/OTC	SOLUVITA WITH FLUORIDE SUSP 0.5 MG/ML	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
FLOTREX CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC	VITAMINS ACD-FLUORIDE SOLN	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG, 1 MG	P	RX/OTC	Ped MV w/ Iron		
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE/FE SOLN	P	OTC; QL(60 ML per fill retail)
MULTIVITAMIN/FLUORIDE SUSP 0.5 MG/ML	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC			
MULTI-VIT-FLOR CHEW 0.25 MG, 1 MG	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	OTC; QL(60 ML per fill retail)	PRENATAL VITAMINS-MISC	P	RX/OTC
MULTIVITAMIN DROPS/IRON SOLN	P	OTC; QL(60 ML per fill retail)	Vitamins w/ Lipotropics		
MULTIVITAMIN INFANT & TODDLER SOLN	P	OTC; QL(60 ML per fill retail)	<i>vitamins w/ lipotropics CAPS</i>	P	OTC; QL(1 EA daily)
MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	P	OTC; QL(60 EA per fill retail)	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	P	OTC; QL(60 ML per fill retail)	Articular Cartilage Repair Therapy		
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	OTC; QL(60 ML per fill retail)	MACI	P	SP; PA
POLY-VITA/IRON SOLN	P	OTC; QL(60 ML per fill retail)	Central Muscle Relaxants		
POLY-VITE/IRON SOLN	P	OTC; QL(60 ML per fill retail)	<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	P	SP; PA
Pediatric Multiple Vitamins			<i>baclofen TABS</i>	P	
BPROTECTED PEDIA POLY-VITE SOLN PO	P	OTC; QL(50 ML per fill retail)	<i>chlorzoxazone TABS 500 MG</i>	P	
MULTIVITAMIN INFANT & TODDLER SOLN PO	P	OTC; QL(50 ML per fill retail)	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 EA daily)
MULTIVITAMIN INFANTS/TODDLERS SOLN PO	P	OTC; QL(50 ML per fill retail)	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 EA daily)
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	OTC; QL(50 ML per fill retail)	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	P	SP; PA
POLY-VI-SOL SOLN PO	P	OTC; QL(50 ML per fill retail)	GABLOFEN SOLN IT (Use baclofen)	NP	SP; PA
POLY-VITA SOLN PO	P	OTC; QL(50 ML per fill retail)	LIORESAL SOLN IT	P	SP; PA
POLY-VITE PEDIATRIC SOLN PO	P	OTC; QL(50 ML per fill retail)	LIORESAL SOLN IT (Use baclofen)	NP	SP; PA
Prenatal Vitamins			<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
			<i>orphenadrine citrate TB12</i>	P	
			<i>tizanidine hcl TABS</i>	P	
			ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	
			Viscosupplements		
			DUROLANE PRSY	P	SP; PA
			EUFLEXXA SOSY	P	SP; PA
			GEL-ONE	P	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
GELSYN-3 SOSY	P	SP; PA
GENVISC 850 SOSY	P	SP; PA
HYALGAN SOLN	P	SP; PA
HYALGAN SOSY	P	SP; PA
HYMOVIS	P	SP; PA
HYRONAN KIT	P	SP; PA
MONOVISC	P	SP; PA
ORTHOVISC	P	SP; PA
SUPARTZ FX SOSY	P	SP; PA
SYNOJOYNT SOSY	P	SP; PA
SYNVISC ONE SOSY	P	SP; PA
SYNVISC SOSY	P	SP; PA
TRILURON SOSY	P	SP; PA
TRIVISC SOSY	P	SP; PA
VISCO-3 SOSY	P	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
SALINE NASAL SPRAY 0.65%	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)
saline SOLN 0.65 %	P	OTC; QL(480 ML per fill retail); AL(Up to 21 yrs old)
Nasal Antiallergy		
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	P	QL(30 ML per fill retail); RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	
cromolyn sodium (nasal) 5.2 MG/ACT	P	OTC; QL(26 ML per 30 day(s) retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.03 %	P	QL(31 ML per 30 day(s) retail)
ipratropium bromide (nasal) 0.06 %	P	QL(15 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
Nasal Steroids		
flunisolide (nasal)	P	QL(25 ML per 30 day(s) retail)
fluticasone propionate (nasal) SUSP	P	QL(16 ML per fill retail); RX/OTC
triamcinolone acetonide (nasal) AERO	P	AL(At least 2 yrs old)
Sympathomimetic Decongestants		
ADRENALIN 0.1 %	P	QL(120 ML per fill retail); AL(Up to 21 yrs old)
epinephrine hcl (nasal)	P	QL(120 ML per fill retail); AL(Up to 21 yrs old)
phenylephrine hcl (oral) TABS	P	OTC; QL(24 EA per fill retail)
pseudoephedrine hcl TABS	P	OTC; AL(Up to 21 yrs old)
pseudoephedrine hcl TB12	P	OTC; QL(62 EA per 30 day(s) retail); AL(Up to 21 yrs old)
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)
SUDAFED PE CHILDRENS SOLN	P	OTC; QL(120 ML per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
edaravone SOLN	P	SP; PA
EXSERVAN FILM	P	SP; PA
RADICAVA ORS STARTER KIT SUSP	P	SP; PA
RADICAVA ORS SUSP	P	SP; PA
RADICAVA SOLN (Use edaravone)	NP	SP; PA
riluzole TABS	P	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TEGLUTIK SUSP	P	SP; PA	ZOLGENSMA 17.1-17.5 KG	P	SP; PA
TIGLUTIK SUSP	P	SP; PA	ZOLGENSMA 17.6-18.0 KG	P	SP; PA
Muscular Dystrophy Agents			ZOLGENSMA 18.1-18.5 KG	P	SP; PA
AMONDYS 45	P	SP; PA	ZOLGENSMA 18.6-19.0 KG	P	SP; PA
EXONDYS 51	P	SP; PA	ZOLGENSMA 19.1-19.5 KG	P	SP; PA
VILTEPSO	P	SP; PA	ZOLGENSMA 19.6-20.0 KG	P	SP; PA
VYONDYS 53	P	SP; PA	ZOLGENSMA 2.6-3.0 KG	P	SP; PA
Spinal Muscular Atrophy Agents (SMA)			ZOLGENSMA 20.1-20.5 KG	P	SP; PA
EVRYSDI	P	SP; PA	ZOLGENSMA 3.1-3.5 KG	P	SP; PA
SPINRAZA	P	SP; PA	ZOLGENSMA 3.6-4.0 KG	P	SP; PA
ZOLGENSMA 20.6-21.0 KG	P	SP; PA	ZOLGENSMA 4.1-4.5 KG	P	SP; PA
ZOLGENSMA 10.1-10.5 KG	P	SP; PA	ZOLGENSMA 4.6-5.0 KG	P	SP; PA
ZOLGENSMA 10.6-11.0 KG	P	SP; PA	ZOLGENSMA 5.1-5.5 KG	P	SP; PA
ZOLGENSMA 11.1-11.5 KG	P	SP; PA	ZOLGENSMA 5.6-6.0 KG	P	SP; PA
ZOLGENSMA 11.6-12.0 KG	P	SP; PA	ZOLGENSMA 6.1-6.5 KG	P	SP; PA
ZOLGENSMA 12.1-12.5 KG	P	SP; PA	ZOLGENSMA 6.6-7.0 KG	P	SP; PA
ZOLGENSMA 12.6-13.0 KG	P	SP; PA	ZOLGENSMA 7.1-7.5 KG	P	SP; PA
ZOLGENSMA 13.1-13.5 KG	P	SP; PA	ZOLGENSMA 7.6-8.0 KG	P	SP; PA
ZOLGENSMA 13.6-14.0 KG	P	SP; PA	ZOLGENSMA 8.1-8.5 KG	P	SP; PA
ZOLGENSMA 14.1-14.5 KG	P	SP; PA	ZOLGENSMA 8.6-9.0 KG	P	SP; PA
ZOLGENSMA 14.6-15.0 KG	P	SP; PA	ZOLGENSMA 9.1-9.5 KG	P	SP; PA
ZOLGENSMA 15.1-15.5 KG	P	SP; PA	ZOLGENSMA 9.6-10.0 KG	P	SP; PA
ZOLGENSMA 15.6-16.0 KG	P	SP; PA	NUTRIENTS		
ZOLGENSMA 16.1-16.5 KG	P	SP; PA	Carbohydrates		
ZOLGENSMA 16.6-17.0 KG	P	SP; PA	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

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Drug Name	Drug Tier	Requirements/ Limits
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS 1000 MG, 1200 MG</i>	P	OTC; QL(6 EA daily)
<i>omega-3 fatty acids CPDR 1200 MG</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	
<i>COSOPT (Use dorzolamide hcl-timolol maleate)</i>	NP	QL(10 ML per 30 day(s) retail)
<i>DORZOLAMIDE HCL-TIMOLOL MAL</i>	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)
<i>TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))</i>	NP	QL(15 EA per 30 day(s) retail)
Cycloplegic Mydriatics		
<i>ALTAFRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic))</i>	NP	QL(5 ML per 30 day(s) retail)
<i>atropine sulfate (ophthalmic) OINT</i>	P	
<i>atropine sulfate (ophthalmic) SOLN</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
ATROPINE SULFATE SOLN 1 % (<i>Use atropine sulfate (ophthalmic)</i>)	NP	
ATROPINE SULFATE SOLN 1 %	P	
CYCLOGYL 0.5 %	P	QL(15 ML per 30 day(s) retail)
CYCLOGYL 2 %	P	
CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NP	
<i>cyclopentolate hcl 1 %</i>	P	
HOMATROPAIRE 5 %	P	QL(15 ML per fill retail)
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(5 ML per 30 day(s) retail)
PHENYLEPHRINE HCL SOLN (<i>Use phenylephrine hcl (mydriatic)</i>)	NP	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		
BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.25 MG/0.09ML, 2.5 MG/0.1ML, 3.25 MG/0.13ML	P	SP; PA
BEVACIZUMAB IZ 2.75 MG/0.11ML	P	PA
EYLEA HD SOLN	P	SP; PA
EYLEA SOLN	P	SP; PA
EYLEA SOSY	P	SP; PA
LUCENTIS SOSY	P	SP; PA
SUSVIMO (IMPLANT 1ST FILL) SOLN	P	SP; PA
SUSVIMO (IMPLANT REFILL) SOLN	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VABYSMO SOLN	P	SP; PA	naphazoline w/ pheniramine 0.315 %-0.027 %	P	OTC; QL(15 ML per 30 day(s) retail)
Ophthalmic Adrenergic Agents			tetrahydrozoline hcl (ophth) 0.05 %	P	OTC
apraclonidine hcl	P		Ophthalmic Gene Therapy		
brimonidine tartrate 0.2 %	P		LUXTURN A	P	SP; PA
Ophthalmic Anti-infectives			Ophthalmic Local Anesthetics		
bacitracin (ophthalmic)	P	QL(4 GM per 30 day(s) retail)	ALTACAINE 0.5 % (Use tetracaine hcl (ophth))	NP	
bacitracin-polymyxin b (ophth)	P	QL(4 GM per 30 day(s) retail)	TETRACAINE HCL 0.5 %	P	
CILOXAN OINT	P		TETRACAINE HCL 0.5 % (Use tetracaine hcl (ophth))	NP	
ciprofloxacin hcl (ophth) SOLN	P		tetracaine hcl (ophth)	P	
ERYTHROMYCIN	P		Ophthalmic Photodynamic Therapy Agents		
erythromycin (ophth)	P		VISUDYNE	P	SP; PA
gentamicin sulfate (ophth) SOLN	P		Ophthalmic Photoenhancers		
moxifloxacin hcl (ophth) SOLN OP	P	QL(3 ML per fill retail)	PHOTREXA-PHOTREXA VISCOUS KIT	P	SP; PA
neomycin-bacitracin zn-polymyxin	P	QL(4 GM per 30 day(s) retail)	Ophthalmic Steroids		
neomycin-polymyxin-gramicidin	P	QL(10 ML per 30 day(s) retail)	dexamethasone sodium phosphate (ophth)	P	
OCUFLOX (Use ofloxacin (ophth))	NP	QL(10 ML per 30 day(s) retail)	DEXTENZA INST	P	SP; PA
ofloxacin (ophth)	P	QL(10 ML per 30 day(s) retail)	DEXYCU SUSP IO	P	SP; PA
polymyxin b-trimethoprim	P	QL(10 ML per fill retail)	fluorometholone (ophth) SUSP	P	
sulfacetamide sodium (ophth) OINT	P	QL(4 GM per 30 day(s) retail)	FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NP	
sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per 30 day(s) retail)	ILUVIEN	P	SP; PA
tobramycin (ophth) SOLN	P	QL(5 ML per 30 day(s) retail)	MAXITROL OINT (Use neomycin-polymy-dexameth)	NP	QL(4 GM per 30 day(s) retail)
TOBREX OINT	P		MAXITROL SUSP (Use neomycin-polymy-dexameth)	NP	QL(10 ML per 30 day(s) retail)
trifluridine	P	QL(8 ML per 30 day(s) retail)	neomycin-polymy-dexameth OINT	P	QL(4 GM per 30 day(s) retail)
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(3 ML per fill retail)			
Ophthalmic Decongestants					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P	QL(10 ML per 30 day(s) retail)	<i>azelastine hcl (ophth)</i>	P	QL(6 ML per 30 day(s) retail)
<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ML per 30 day(s) retail)	<i>AZOPT (Use brinzolamide)</i>	NP	
OZURDEX IMPL	P	SP; PA	<i>brinzolamide</i>	P	
PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	NP		<i>cromolyn sodium (ophth)</i>	P	QL(10 ML per fill retail)
PRED MILD	P	QL(10 ML per 30 day(s) retail)	CYSTADROPS	P	SP; PA
<i>prednisolone acetate (ophth)</i>	NP		CYSTARAN	P	SP; PA
<i>prednisolone acetate (ophth)</i>	P		<i>diclofenac sodium (ophth)</i>	P	QL(3 ML per 30 day(s) retail)
PREDNISOLONE ACETATE P-F	P		<i>dorzolamide hcl</i>	P	QL(10 ML per 30 day(s) retail)
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ML per 30 day(s) retail)	DORZOLAMIDE HCL	P	QL(10 ML per 30 day(s) retail)
RETISERT	P	SP; PA	<i>flurbiprofen sodium</i>	P	QL(5 ML per 30 day(s) retail)
<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ML per 30 day(s) retail)	<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	QL(10 ML per fill retail)
TOBRADEX OINT	P	QL(4 GM per 30 day(s) retail)	<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	QL(5 ML per 30 day(s) retail)
<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ML per fill retail)	<i>ketotifen fumarate (ophth) 0.035 %</i>	P	
TRIESENCE	P	SP; PA	Prostaglandins - Ophthalmic		
XIPERE	P	SP; PA	<i>latanoprost SOLN</i>	P	QL(5 ML per 30 day(s) retail)
YUTIQ	P	SP; PA	LATANOPROST SOLN	P	QL(5 ML per 30 day(s) retail)
Ophthalmics - Misc.			XALATAN SOLN (<i>Use latanoprost</i>)	NP	QL(5 ML per 30 day(s) retail)
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(10 ML per fill retail)	OTIC AGENTS - Drugs to Treat the Ear		
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(5 ML per 30 day(s) retail)	Otic Agents - Miscellaneous		
ALOCRIIL	P	QL(5 ML per 30 day(s) retail); PA	<i>acetic acid (otic)</i>	P	QL(15 ML per 30 day(s) retail)
ALOMIDE	P	QL(10 ML per 30 day(s) retail); PA	<i>carbamide peroxide (otic) 6.5 %</i>	P	OTC; QL(15 ML per 30 day(s) retail)
			Otic Anti-infectives		
			<i>ofloxacin (otic)</i>	P	QL(10 ML per fill retail)
			Otic Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-dexamethasone</i>	P	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail)	GAMMAPLEX SOLN	P	SP; PA
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(20 ML per 30 day(s) retail)	GAMUNEX-C	P	SP; PA
Otic Steroids			HEPAGAM B SOLN IJ	P	SP; PA
DERMOTIC (Use fluocinolone acetonide (otic))	NP	QL(20 ML per fill retail); AL(At least 5 yrs old)	HIZENTRA SOLN	P	SP; PA
<i>fluocinolone acetonide (otic)</i>	P	QL(20 ML per fill retail); AL(At least 5 yrs old)	HIZENTRA SOSY	P	SP; PA
<i>hydrocortisone w/acetic acid</i>	P	QL(20 ML per 30 day(s) retail)	HYPERHEP B SOLN IM	P	SP; PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			HYPERRHO MINI-DOSE SOSY IM 250 UNIT	P	SP; PA
Oxytocics			HYPERRHO SOSY IM 1500 UNIT	P	SP
<i>methylergonovine maleate TABS</i>	P		MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP; PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			NABI-HB SOLN IM	P	SP; PA
Immune Serums			OCTAGAM SOLN	P	SP; PA
BIVIGAM SOLN	P	SP; PA	PANZYGA	P	SP; PA
CUTAQUIG	P	SP; PA	PRIVIGEN SOLN	P	SP; PA
CUVITRU SOLN	P	SP; PA	RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
CYTOGAM SOLN	P	SP; PA	RHOPHYLAC SOSY IJ	P	SP; PA
FLEBOGAMMA DIF SOLN 5 GM/100ML, 10 GM/200ML, 20 GM/400ML	P	SP; PA	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP; PA
GAMASTAN IM	P	SP; PA	XEMBIFY	P	SP; PA
GAMMAGARD	P	SP; PA	Monoclonal Antibodies		
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	P	SP; PA	BEYFORTUS	P	SP; PA
GAMMAGARD S/D LESS IGA SOLR	P	SP; PA	SYNAGIS SOLN	P	SP; PA
			ZINPLAVA	P	SP; PA
			Passive Immunizing Agents - Combinations		
			HYQVIA	P	SP; PA
			PENICILLINS - Drugs to Treat Bacterial Infections		
			Aminopenicillins		
			<i>amoxicillin CAPS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS 875 MG</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ML per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</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		

Drug Name	Drug Tier	Requirements/ Limits
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX	P	OTC; QL(1816 GM per fill retail); AL(At least 1 yrs old); PA
SIMPLYTHICK EASYMIX LEVEL 1	P	OTC; QL(1816 GM per fill retail); AL(At least 1 yrs old); PA
SIMPLYTHICK EASYMIX LEVEL 2	P	OTC; QL(1816 GM per fill retail); AL(At least 1 yrs old); PA
SIMPLYTHICK EASYMIX LEVEL 3	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 DYE FREE SYRP	P	RX/OTC
FLAVOR SWEET SF DYE FREE SYRP	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

Drug Name	Drug Tier	Requirements/ Limits
ORA-BLEND SUSP	P	RX/OTC
ORAL MIX SF SUSP	P	RX/OTC
ORAL MIX SUSP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
ORAL SYRUP SYRP	P	RX/OTC
ORAPENN SD ANHYD SWEETENED LIQD	P	RX/OTC
ORAPENN SD ANHYD UNSWEETEN LIQD	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC
PCCA SWEET-SF SYRP	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC
PCCA-PLUS SUSP	P	RX/OTC
SOSWEET SYRP	P	RX/OTC
STERILE DILUENT FLOLAN PH 12	P	SP; PA
STERILE DILUENT FOR REMODULIN (Use glycine diluent)	NP	SP; PA
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC
SUSPENDRX W/BITTERBLOC SWEET SUSP	P	RX/OTC
SUSPENDRX W/BITTERBLOC UNSWEET SUSP	P	RX/OTC
SUSPENSION VEHICLE SUSP	P	RX/OTC
SYRPALTA SYRP	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SF SYRP	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC
VERSAFREE SYRP	P	RX/OTC
VERSAPLUS SYRP	P	RX/OTC
Semi Solid Vehicles		
LANOLIN XX	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS 100 MG</i>	P	QL(30 EA per 30 day(s) retail)
<i>progesterone CAPS 200 MG</i>	P	QL(20 EA per 30 day(s) retail)
PROMETRIUM CAPS 200 MG (Use progesterone)	NP	QL(20 EA per 30 day(s) retail)
PROMETRIUM CAPS 100 MG (Use progesterone)	NP	QL(30 EA per 30 day(s) retail)
PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	P	
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	NP	QL(1 EA daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	NP	QL(1 EA daily); PA	Multiple Sclerosis Agents		
<i>galantamine hydrobromide CP24</i>	P	QL(1 EA daily)	AMPYRA (Use <i>dalfampridine</i>)	NP	SP; PA
<i>galantamine hydrobromide SOLN</i>	P	QL(6 ML daily)	AUBAGIO (Use <i>teriflunomide</i>)	NP	QL(1 EA daily); SP
<i>galantamine hydrobromide TABS</i>	P	QL(2 EA daily)	AVONEX PEN AJKT	P	SP; PA
<i>memantine hcl SOLN</i>	P	QL(2 ML daily); PA	AVONEX PREFILLED PSKT	P	SP; PA
<i>memantine hcl TABS</i>	P	1 package(s) per 28 day(s) retail; PA	COPAXONE SOSY (Use <i>glatiramer acetate</i>)	NP	SP
<i>memantine hcl TABS</i>	P	QL(2 EA daily); PA	<i>dalfampridine</i>	P	SP; PA
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NP	1 package(s) per 28 day(s) retail; PA	<i>dimethyl fumarate CDPK</i>	P	SP
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	P	QL(1 EA daily); PA	<i>dimethyl fumarate CPDR</i>	P	SP
<i>rivastigmine tartrate CAPS</i>	P	QL(2 EA daily); PA	<i> fingolimod hcl</i>	P	QL(1 EA daily); SP
Combination Psychotherapeutics			GILENYA (Use <i> fingolimod hcl</i>)	NP	QL(1 EA daily); SP
<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)	<i>glatiramer acetate SOSY</i>	P	SP
Fibromyalgia Agents			PLEGRIDY STARTER PACK SOAJ	P	SP; PA
<i>milnacipran hcl MISC</i>	P	QL(55 EA per 365 day(s) retail); PA	PLEGRIDY STARTER PACK SOSY SC	P	SP; PA
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	P	QL(2 EA daily); PA	PLEGRIDY SOAJ	P	SP; PA
SAVELLA TITRATION PACK MISC (Use <i>milnacipran hcl</i>)	NP	QL(55 EA per 365 day(s) retail); PA	PLEGRIDY SOSY IM	P	SP; PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (Use <i>milnacipran hcl</i>)	NP	QL(2 EA daily); PA	REBIF REBIDOSE TITRATION PACK SOAJ	P	SP; PA
Movement Disorder Drug Therapy			REBIF REBIDOSE SOAJ	P	SP; PA
<i>tetrabenazine</i>	P	SP; PA	REBIF TITRATION PACK SOSY	P	SP; PA
XENAZINE (Use <i>tetrabenazine</i>)	NP	SP; PA	REBIF SOSY	P	SP; PA
			TECFIDERA CDPK (Use <i>dimethyl fumarate</i>)	NP	SP
			TECFIDERA CPDR (Use <i>dimethyl fumarate</i>)	NP	SP
			<i>teriflunomide</i>	P	QL(1 EA daily); SP
			Smoking Deterrents		
			<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHANTIX CONTINUING MONTH PAK TABS (<i>Use varenicline tartrate</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)	GLASSIA SOLN	P	SP; PA
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	NP	QL(53 EA per fill retail); AL(At least 18 yrs old)	PROLASTIN-C SOLN	P	SP; PA
CHANTIX TABS (<i>Use varenicline tartrate</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)	ZEMAIRA SOLR 4000 MG	P	PA
NICORETTE MINI LOZG 4 MG (<i>Use nicotine polacrilex</i>)	NP	QL(20 EA daily)	ZEMAIRA SOLR 1000 MG	P	SP; PA
NICORETTE STARTER KIT GUM 2 MG (<i>Use nicotine polacrilex</i>)	NP	QL(24 EA daily)	Cystic Fibrosis Agents		
NICORETTE GUM 4 MG (<i>Use nicotine polacrilex</i>)	NP	QL(24 EA daily)	BRONCHITOL	P	SP; PA
<i>nicotine polacrilex</i> GUM	P	QL(24 EA daily)	BRONCHITOL TOLERANCE TEST	P	SP; PA
<i>nicotine polacrilex</i> LOZG	P	QL(20 EA daily)	KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	P	SP; PA
NICOTINE KIT	P		KALYDECO PACK 5.8 MG	P	SP
<i>nicotine</i> PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	QL(1 EA daily)	KALYDECO TABS	P	SP; PA
NICOTROL NS SOLN	P	QL(4 ML daily)	ORKAMBI PACK	P	SP; PA
NICOTROL INHA	P	QL(16.8 EA daily)	ORKAMBI TABS	P	SP; PA
<i>varenicline tartrate</i> TABS	P	QL(2 EA daily); AL(At least 18 yrs old)	PULMOZYME	P	SP; PA
<i>varenicline tartrate</i> TBPK	P	QL(53 EA per fill retail); AL(At least 18 yrs old)	SYMDEKO	P	SP; PA
Transthyretin Amyloidosis Agents			TRIKAFTA TBPK	P	QL(3 EA daily); SP; PA
ONPATTRO	P	SP; PA	Pulmonary Fibrosis Agents		
TEGSEDI	P	SP; PA	ESBRIET CAPS (<i>Use pirfenidone</i>)	NP	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			ESBRIET TABS (<i>Use pirfenidone</i>)	NP	SP; PA
Alpha-Proteinase Inhibitor (Human)			<i>pirfenidone</i> CAPS	P	SP; PA
ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA	<i>pirfenidone</i> TABS	P	SP; PA
			TETRACYCLINES - Drugs to Treat Bacterial Infections		
			Tetracyclines		
			<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	P	
			<i>doxycycline (monohydrate)</i> TABS 50 MG, 100 MG	P	
			<i>doxycycline hyclate</i> CAPS	P	
			<i>doxycycline hyclate</i> TABS 100 MG	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>minocycline hcl CAPS</i>	P	
<i>tetracycline hcl CAPS 500 MG</i>	P	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	P	
<i>propylthiouracil</i>	P	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
ARMOUR THYROID TABS	P	
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P	
<i>levothyroxine sodium TABS</i>	P	
<i>liothyronine sodium TABS</i>	P	
NIVA THYROID TABS	P	
NP THYROID TABS	P	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	P	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	
TDVAX SUSP	P	
TENIVAC SUSP 2 LFU-5 LFU	P	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	NF	
DERMACINRX DIGENYX TABS 0.125 MG	NP	
<i>dicyclomine hcl CAPS</i>	P	
<i>dicyclomine hcl SOLN PO</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>	NP	
<i>hyoscyamine sulfate ELIX</i>	P	
HYOSCYAMINE SULFATE POWD	P	
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	P		CARAFATE SUSP (<i>Use sucralfate</i>)	NP	QL(420 ML per fill retail)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P		CARAFATE TABS (<i>Use sucralfate</i>)	NP	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	NP		<i>sucralfate SUSP</i>	P	QL(420 ML per fill retail)
<i>hyoscyamine sulfate TABS 0.125 MG</i>	NP		<i>sucralfate TABS</i>	P	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	P		Proton Pump Inhibitors		
<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 EA daily)	DEXILANT (<i>Use dexlansoprazole</i>)	NP	ST
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	NP		<i>dexlansoprazole</i>	P	ST
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P		<i>esomeprazole magnesium CPDR 20 MG</i>	P	QL(2 EA daily); RX/OTC
LEVBIID TB12 (<i>Use hyoscyamine sulfate</i>)	NP	QL(4 EA daily)	<i>esomeprazole magnesium PACK</i>	P	AL(Up to 15 yrs old)
NULEV TBDP 0.125 MG (<i>Use hyoscyamine sulfate</i>)	P		<i>lansoprazole CPDR 30 MG</i>	P	
OSCIMIN SUBL 0.125 MG (<i>Use hyoscyamine sulfate</i>)	P		<i>lansoprazole CPDR 15 MG</i>	P	QL(4 EA daily); RX/OTC
OSCIMIN TABS 0.125 MG (<i>Use hyoscyamine sulfate</i>)	P		NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC
ROBINUL-FORTE TABS (<i>Use glycopyrrolate</i>)	NP	QL(4 EA daily)	NEXIUM CPDR 20 MG (<i>Use esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC
ROBINUL TABS (<i>Use glycopyrrolate</i>)	NP	QL(4 EA daily)	NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	NP	AL(Up to 15 yrs old)
H-2 Antagonists			OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC
<i>cimetidine hcl PO 300 MG/5ML</i>	P		<i>omeprazole magnesium TBEC</i>	P	OTC; QL(1 EA daily)
<i>cimetidine TABS</i>	P	RX/OTC	<i>omeprazole CPDR</i>	P	QL(2 EA daily)
<i>famotidine SUSR</i>	P		<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)
<i>famotidine TABS 10 MG</i>	P	OTC	<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC	PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NP	QL(4 EA daily); RX/OTC
PEPCID TABS (<i>Use famotidine</i>)	NP	RX/OTC	PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	NP	
Misc. Anti-Ulcer					

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Drug Name	Drug Tier	Requirements/ Limits
PRILOSEC OTC TBEC (Use omeprazole magnesium)	NP	OTC; QL(1 EA daily)
PROTONIX TBEC 40 MG (Use pantoprazole sodium)	NP	QL(2 EA daily)
PROTONIX TBEC 20 MG (Use pantoprazole sodium)	NP	QL(1 EA daily)
VOQUEZNA	NP	
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use misoprostol)	NP	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	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 tolterodine tartrate)	NP	QL(1 EA daily)
DETROL TABS (Use tolterodine tartrate)	NP	QL(2 EA daily)
fesoterodine fumarate	P	QL(1 EA daily)
oxybutynin chloride TABS	P	QL(3 EA daily)
oxybutynin chloride TB24	P	QL(2 EA daily)
solifenacin succinate TABS	P	QL(1 EA daily)
tolterodine tartrate CP24	P	QL(1 EA daily)
tolterodine tartrate TABS	P	QL(2 EA daily)
TOVIAZ (Use fesoterodine fumarate)	NP	QL(1 EA daily)
tropium chloride TABS	P	QL(2 EA daily)
VESICARE TABS (Use solifenacin succinate)	NP	QL(1 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		

Drug Name	Drug Tier	Requirements/ Limits
bethanechol chloride	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	P	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO 0.5 ML	P	
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENQUADFI 0.5 ML	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PENBRAYA	P	
PNEUMOVAX 23 SOLN	P	
PNEUMOVAX 23 SOSY	P	
PREVNAR 20	P	
TRUMENBA 0.5 ML	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 SOLR IJ	P	
AFLURIA PRESERVATIVE FREE SUSY	P	
AFLURIA QUADRIVALENT SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT SUSY 0.5 ML	P		FLUZONE HIGH-DOSE SUSY	P	
AFLURIA SUSP	P		FLUZONE QUADRIVALENT SUSP	P	
AREXVY	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)	FLUZONE QUADRIVALENT SUSY	P	
			FLUZONE SUSP	P	
			FLUZONE SUSY	P	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	P		GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
COMIRNATY SUSP	P				
COMIRNATY SUSY	P		GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
DENGIVAXIA	P				
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	P	
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail	HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail
FLUAD	P				
FLUAD QUADRIVALENT	P		IMOVAX RABIES SUSR	P	
FLUARIX QUADRIVALENT SUSY	P		IPOJ IJ	P	
FLUARIX SUSY	P		IXIARO	P	
FLUBLOK QUADRIVALENT	P		JYNNEOS	P	
FLUBLOK SOSY	P		M-M-R II SOLR	P	
FLUCELVAX QUADRIVALENT SUSP	P		MNEXSPIKE SUSY 10 MCG/0.2ML	P	
FLUCELVAX QUADRIVALENT SUSY	P		MODERNA COVID-19 VAC 6M-11Y SUSP	P	
FLUCELVAX SUSP	P		MODERNA COVID-19 VAC 6M-11Y SUSY	P	
FLUCELVAX SUSY	P		NOVAVAX COVID-19 VACCINE SUSP	P	
FLULAVAL QUADRIVALENT SUSY	P		NOVAVAX COVID-19 VACCINE SUSY	P	
FLULAVAL SUSY	P		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
FLUMIST	P		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	
FLUMIST QUADRIVALENT	P		PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P				

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Drug Name	Drug Tier	Requirements/ Limits
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	P	
PROQUAD SUSR	P	
RABAVERT	P	
RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
ROTARIX SUSP	P	
ROTATEQ SOLN	P	
SHINGRIX IM 50 MCG/0.5ML	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	P	
SPIKEVAX SUSP	P	
SPIKEVAX SUSY	P	
STAMARIL SUSR	P	
TICOVAC	P	
TWINRIX SUSY	P	
VAQTA	P	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	P	
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
YF-VAX SUSR	P	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate vaginal CREA</i>	P	
<i>clotrimazole vaginal CREA 1 %</i>	P	OTC; QL(45 GM per 30 day(s) retail)
<i>clotrimazole vaginal CREA 2 %</i>	P	OTC; QL(31 GM per 30 day(s) retail)
GYNAZOLE-1	P	
<i>metronidazole vaginal</i>	P	QL(70 GM per fill retail)
MICONAZOLE 7 SUPP 100 MG	P	OTC; QL(7 EA per 30 day(s) retail)
<i>miconazole nitrate vaginal CREA</i>	P	OTC; QL(45 GM per 30 day(s) retail)
<i>miconazole nitrate vaginal KIT</i>	P	
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	OTC; QL(7 EA per 30 day(s) retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per 30 day(s) retail)
<i>terconazole vaginal CREA</i>	P	
<i>terconazole vaginal SUPP</i>	P	
<i>tioconazole vaginal 6.5 %</i>	P	OTC
VANDAZOLE	P	QL(70 GM per fill retail)
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	P	QL(454 GM per fill retail)
MONISTAT CARE INSTANT ITCH RLF 1 %	NP	QL(454 GM per fill retail)
Vaginal Estrogens		
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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREMARIN	P	QL(43 GM per fill retail; 30 GM per 30 day(s) retail; 30 GM per 30 days mail)	<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	P	OTC; QL(8 EA per 30 day(s) retail)
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP		<i>cholecalciferol CAPS</i>	P	OTC; QL(100 EA per fill retail)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			<i>cholecalciferol LIQD PO</i>	P	Age limit = less than 6 months
Anaphylaxis Therapy Agents			<i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</i>	P	
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(2 EA per fill retail); 4 max fill(s) per 365 day(s) retail	DRISDOL CAPS (<i>Use ergocalciferol</i>)	NP	
AUVI-Q SOAJ 0.15 MG/0.15ML	NP		<i>ergocalciferol CAPS</i>	P	
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	P	QL(2 EA per fill retail; 4 EA per 365 day(s) retail)	<i>ergocalciferol SOLN PO 200 MCG/ML</i>	P	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(2 EA per fill retail); 4 max fill(s) per 365 day(s) retail	KEY-E CHEW	P	QL(2 EA daily)
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	<i>phytonadione TABS 5 MG</i>	P	
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	VITAMIN D3 LIQD PO 125 MCG/ML	P	Age limit = 6 months to 1 year
Neurogenic Orthostatic Hypotension (NOH) - Agents			VITAMIN E/D-ALPHA CAPS 200 UNIT	P	QL(2 EA daily)
<i>droxidopa</i>	P	SP; PA	<i>vitamin e CAPS 100 UNIT, 200 UNIT, 268 MG, 400 UNIT, 45 MG, 90 MG, 90 MG</i>	P	QL(2 EA daily)
NORTHERA (<i>Use droxidopa</i>)	NP	SP; PA	<i>vitamin e CAPS 100 UNIT, 400 UNIT</i>	P	OTC; QL(2 EA daily)
Vasopressors			VITAMIN E CAPS	P	OTC; QL(2 EA daily)
<i>midodrine hcl</i>	P		VITAMIN E CAPS	P	QL(2 EA daily)
VITAMINS			VITAMIN E CHEW	P	OTC; QL(2 EA daily)
Oil Soluble Vitamins			Water Soluble Vitamins		
			<i>ascorbic acid TABS</i>	P	OTC; QL(100 EA per 30 day(s) retail)
			NIACIN ER CPCR	P	OTC
			NIACIN ER TBCR	P	OTC
			<i>niacin CPCR 250 MG</i>	P	OTC
			<i>niacin TABS 500 MG</i>	P	OTC
			<i>niacin TBCR</i>	P	OTC

Georgia Medicaid Updated July 2026
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	P	OTC
<i>riboflavin TABS</i>	P	OTC; QL(100 EA per 30 day(s) retail)
<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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abacavir sulfate TABS	36	acetaminophen ELIX	5	ACULAR (Use ketorolac tromethamine (ophth))	90
abacavir sulfate-lamivudine	36	acetaminophen LIQD 160 MG/5ML .5 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	5	ACULAR LS (Use ketorolac tromethamine (ophth))	90
ABECMA	30	acetaminophen SUPP 120 MG, 650 MG	5	acyclovir CAPS	38
ABILIFY MAINTENA PRSY	36	acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML .5	5	acyclovir SUSP	38
ABILIFY MAINTENA SRER	36	acetaminophen TABS 325 MG, 500 MG	5	acyclovir TABS PO 400 MG	38
ABILIFY TABS (Use aripiprazole) .	36	acetaminophen w/ codeine SOLN ..	7	acyclovir TABS PO 800 MG	38
abiraterone acetate	30	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7	acyclovir topical CREA	49
ABRAXANE (Use paclitaxel protein-bound particles)	33	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7	acyclovir topical OINT	49
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ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	24	ACTIVITE TABS 1 MG	80	ADALIMUMAB-ADBIM (2 SYRINGE) PSKT	3
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ADCETRIS	29	AEROECLIPSE MASK MEDIUM MISC	71	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	11
ADCIRCA TABS (Use tadalafil (pulmonary hypertension))	42	AEROECLIPSE MASK SMALL MISC	71	albuterol sulfate NEBU	11
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ADRENALIN 0.1 %	86	AFLURIA QUADRIVALENT SUSY 0.5 ML	99	ALDURAZYME	57
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	96	AFLURIA SUSP	99	ALECENSA	31
ADULT AEROSOL MASK MISC ..	71	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500		alendronate sodium SOLN	56
				alendronate sodium TABS 35 MG, 70 MG	56
				alendronate sodium TABS 5 MG, 10 MG	56

ALEVE TABS (Use naproxen sodium)	4	alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-200 MG/5ML, 400 MG/10ML-400 MG/10ML	8	amlodipine-valsartan-hydrochlorothiazide	25
ALIMTA SOLR (Use pemetrexed disodium)	28	ALUMINUM HYDROXIDE GEL SUSP	8	AMNIOTIC MEMBRANE	
ALL FLOW 1000 PFT FILTER MISC . 72		ALUNBRIG TABS	31	ALLOGRAFT (HUMAN) SHEET .	53
ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)	22	ALUNBRIG TBPk	31	AMONDYS 45	87
allopurinol 100 MG, 300 MG	61	amantadine hcl CAPS	34	amoxapine	17
ALOCRIl	90	amantadine hcl SOLN	34	amoxicillin & pot clavulanate CHEW .	92
alogliptin benzoate	19	AMBIEN TABS (Use zolpidem tartrate)	64	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	92
alogliptin-metformin hcl	18	ambrisentan	41	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	92
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ALPHANATE SOLR	61	aminocaproic acid SOLN PO 0.25 GM/ML	63	amoxicillin & pot clavulanate TB12	92
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	61	aminocaproic acid TABS 1000 MG 63		amoxicillin CAPS	91
alprazolam TABS	9	aminocaproic acid TABS 500 MG .	64	amoxicillin CHEW 125 MG, 250 MG .	92
ALPROLIX	61	amiodarone hcl TABS 200 MG	10	amoxicillin SUSR	92
ALTACAlNE 0.5 % (Use tetracaine hcl (ophth))	89	AMITIZA (Use lubiprostone)	60	amoxicillin TABS 875 MG	92
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (Use ramipril)	24	amitriptyline hcl TABS	17	amoxicillin-clarithromycin w/ lansoprazole THPK	98
ALTAFRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic))	88	AMLADEX TABS	81	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1
ALTARUSSIN-PE SYRP 100 MG/5ML-30 MG/5ML	45	amlodipine besylate TABS	40	amphetamine-dextroamphetamine TABS	1
ALTRIXA TABS	81	amlodipine besylate-benazepril hcl 24		ampicillin CAPS 500 MG	92
alum & mag hydrox-simethicone LIQD	8	amlodipine besylate-olmesartan medoxomil	24	AMPYRA (Use dalfampridine)	94
		amlodipine besylate-valsartan	24		

ANAFRANIL 75 MG (Use clomipramine hcl)	17	aripiprazole SOLN PO	36	ASSURE ID DUO PRO PEN NEEDLES	70
ANALPRAM HC LOTN EX	8	aripiprazole TABS	36	ASSURE ID PRO PEN NEEDLES 70	
ANALPRAM-HC LOTN EX	8	aripiprazole TBDP	36	ASSURE II CONTROL LEVEL 1 & 2 LIQD	67
ANAPROX DS TABS (Use naproxen sodium)	4	ARISTADA	36	ASSURE II CONTROL LIQD	67
anastrozole	30	ARISTADA INITIO	36	ASSURE PRISM CONTROL LEVEL 1&2 SOLN	67
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	81	ARIXTRA (Use fondaparinux sodium)	12	ASSURE PRO CONTROL LEVEL 1 & 2 LIQD	67
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ANUSOL-HC EX (Use hydrocortisone (rectal))	8	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))	10	ATACAND (Use candesartan cilexetil)	24
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apraclonidine hcl	89	ARZERRA	29	ATELVIA TBEC (Use risedronate sodium)	56
APRISO CP24 (Use mesalamine) .	60	ascorbic acid TABS	101	atenolol & chlorthalidone	25
APTIVUS CAPS	36	ASMANEX HFA AERO	10	atenolol TABS	39
AQINJECT PEN NEEDLE	70	ASPARLAS	32	ATGAM	77
AQUORAL SOLN	79	aspirin buffered (cal carb-mag carb- mag oxide)	5	ATIVAN TABS (Use lorazepam)	9
ARALAST NP SOLR 500 MG, 1000 MG	95	aspirin CHEW	5	atomoxetine hcl	1
ARAVA (Use leflunomide)	5	ASPIRIN SUPP 300 MG	5	atorvastatin calcium TABS	23
ARCALYST	4	aspirin TABS 325 MG	5	atropine sulfate (ophthalmic) OINT	88
ARESTIN	79	aspirin TBEC 81 MG, 325 MG	5	atropine sulfate (ophthalmic) SOLN	88
AREXVY	99	ASSESS PEAK FLOW METER ...	72	ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic))	88
ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	61	ASSURE 3 CONTROL LIQD	66	ATROPINE SULFATE SOLN 1 % .	88
ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	93	ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	66		
ARIKAYCE	2	ASSURE CONTROL SOLUTION 2/3 LIQD	67		
ARIMIDEX (Use anastrozole)	30	ASSURE DOSE NORM/HIGH CONTROL SOLN	67		

ATROVENT HFA 17 MCG/ACT (Use ipratropium bromide hfa)	10	MCG/SPRAY	86	b-complex vitamins CAPS	79
AUBAGIO (Use teriflunomide)	94	azithromycin PACK	65	b-complex vitamins TABS	79
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	92	azithromycin SUSR	65	b-complex w/ c & folic acid CAPS .	80
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	92	azithromycin TABS 250 MG	65	b-complex w/ c & folic acid TABS 60 MG-10 MG-300 MCG-1 MG-20 MG-0.01 MCG-10 MG-1.7 MG-1.5 MG, 1 MG	80
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 92		azithromycin TABS 500 MG	65		
AUM INSULIN SAFETY PEN NEEDLE	70	azithromycin TABS 600 MG	65	BD GLUCOSE CHEW	18
AUM PEN NEEDLE	70	AZOPT (Use brinzolamide)	90	BD PEN NEEDLES	70
AUVI-Q SOAJ 0.15 MG/0.15ML ..	101	AZOR (Use amlodipine besylate-olmesartan medoxomil)	25	beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	10
AUVI-Q SOAJ 0.3 MG/0.3ML	101	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	60	BEIZRAY CONC 20 MG/ML	33
AVALIDE (Use irbesartan-hydrochlorothiazide)	25	AZULFIDINE TABS (Use sulfasalazine)	60	BELBUCA FILM	7
AVAPRO 150 MG, 300 MG (Use irbesartan)	24	b complex w/ c CAPS	79	BELEODAQ	31
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AVONEX PREFILLED PSKT	94	bacitracin zinc OINT	47	benazepril & hydrochlorothiazide .	25
AVOPEF SOLN 100 MG/5ML	33	bacitracin-polymyxin b (ophth)	89	benazepril hcl 40 MG	24
AVOWISE TABS	81	baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	85	benazepril hcl 5 MG, 10 MG, 20 MG .	24
AVSOLA	60	baclofen TABS	85	BENDAMUSTINE HCL SOLN	28
AYVAKIT	31	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	26	bendamustine hcl SOLR	28
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azathioprine TABS 75 MG, 100 MG 77		BALVERSA	31	BENICAR (Use olmesartan medoxomil)	24
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azelastine hcl 0.1 %, 137 MCG/SPRAY	86	BANZEL TABS (Use rufinamide) ..	13	BENTYL SOLN IM (Use dicyclomine hcl)	96
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benzoyl peroxide GEL 2.5 %, 5 %, 10 %	47	bexarotene	33
benzoyl peroxide LIQD 4 %, 5 %, 10 %	47	BEXSERO 0.5 ML	98
benzoyl peroxide LOTN 5 %, 10 %	47	BEYFORTUS	91
benzoyl peroxide LOTN 5 %, 10 %	47	bicalutamide	30
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betamethasone dipropionate augmented CREA	50	bisacodyl TBEC	65
betamethasone valerate CREA	50	bismuth subsalicylate CHEW 262 MG	20
betamethasone valerate LOTN	50	bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	20
betamethasone valerate OINT	50	bisoprolol & hydrochlorothiazide ..	25
BETAPACE AF (Use sotalol hcl (afib/afl))	40	bisoprolol fumarate	39
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	40	BIVIGAM SOLN	91
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		BRILINTA 60 MG, 90 MG (Use ticagrelor)	62
		brimonidine tartrate 0.2 %	89
		BRINEURA	57
		brinzolamide	90
		brivaracetam SOLN IV 50 MG/5ML 13	
		BRIVIACT SOLN IV 50 MG/5ML (Use brivaracetam)	13
		bromocriptine mesylate CAPS	34

bromocriptine mesylate TABS 2.5 MG	34	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	CABOMETYX TABS 40 MG	31
brompheniramine & phenyleph ELIX . 45		buprenorphine hcl-naloxone hcl dihydrate SUBL	7	CAFERGOT TABS (Use ergotamine w/ caffeine)	75
brompheniramine & pseudoeph ELIX 45		bupropion hcl (smoking deterrent) 94		caffeine citrate SOLN PO 60 MG/3ML	1
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	45	bupropion hcl TABS	15	CAFFEINE CITRATED POWD	1
BRONCHITOL	95	bupropion hcl TB12 100 MG	15	calcipotriene CREA	49
BRONCHITOL TOLERANCE TEST . 95		bupropion hcl TB12 150 MG	15	calcipotriene SOLN	49
BUBBLES THE FISH II PEDI MASK MISC	72	bupropion hcl TB12 200 MG	15	calcitonin (salmon) IJ	56
budesonide (inhalation) SUSP	10	bupropion hcl TB24 150 MG	15	calcitonin (salmon) NA	56
budesonide-formoterol fumarate dihydrate	11	bupropion hcl TB24 300 MG	15	calcitriol CAPS	57
budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT	11	buspirone hcl 15 MG	9	CALCIUM 600 +D HIGH POTENCY TABS	76
budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT	11	buspirone hcl 5 MG, 10 MG	9	calcium acetate (phosphate binder) CAPS	60
bumetanide TABS	56	buspirone hcl 7.5 MG, 30 MG	9	calcium carbonate (antacid) CHEW 500 MG	8
BUMEX TABS 0.5 MG (Use bumetanide)	56	butalbital-acetaminophen TABS 50 MG-325 MG	5	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 800 UNIT-600 MG	76
BUPHENYL POWD (Use sodium phenylbutyrate)	57	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG	76
BUPHENYL TABS (Use sodium phenylbutyrate)	57	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	76
buprenorphine hcl SOLN	7	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	calcium carbonate-vitamin d TABS 600 MG-200 UNIT	76
buprenorphine hcl SUBL 2 MG	7	butalbital-aspirin-caffeine CAPS	5	calcium polycarbophil TABS	64
buprenorphine hcl SUBL 8 MG	7	butalbital-aspirin-caffeine w/cod	7	camphor & menthol LOTN	49
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7	BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	19	CAMPTOSAR (Use irinotecan hcl) 34	
		BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	19	CAMZYOS	41
		BYLVAY (PELLETS) CPSP	60		
		BYLVAY CAPS	60		
		CABLIVI	62		
		CABOMETYX TABS 20 MG, 60 MG .			

candesartan cilexetil	24	carbidopa-levodopa TABS	34	CARETOUCH CPAP TUBE BRUSH MISC	72
candesartan cilexetil- hydrochlorothiazide	25	carbidopa-levodopa TBCR	34	CARETOUCH TEST STRP	54
capecitabine	28	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	28	CARETOUCH UNIVERSL CPAP FILTER MISC	72
CAPHOSOL SOLN	79	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	40	carglumic acid	57
CAPRELSA	31	CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)	40	CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers)) 57	
capsaicin CREA 0.025 %, 0.075 % 51		CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	40	CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))	57
capsaicin CREA 0.035 %	51	CARDURA (Use doxazosin mesylate)	24	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	57
capsaicin CREA 0.1 %	51	CARESENS CONTROL A SOLN ..	67	carteolol hcl (ophth)	88
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG- 25 MG	25	CARESENS CONTROL SOLUTION A/B SOLN	67	carvedilol 25 MG	39
captopril & hydrochlorothiazide 25 MG-50 MG	25	CARESENS N GLUCOSE TEST STRP	54	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	39
captopril	24	CARESENS N PLUS BT KIT	67	carvedilol phosphate	39
CAPZASIN-HP CREA (Use capsaicin)	51	CARESENS S CONTROL SOLN A/B LIQD	67	CARVYKTI	30
CAPZASIN-P CREA 0.035 % (Use capsaicin)	51	CARESENS S GLUCOSE TEST STRP	54	CASODEX (Use bicalutamide)	30
CARAC CREA (Use fluorouracil (topical))	48	CARESTART COVID-19 HOME TEST KIT	54	CASTIVA WARMING LOTN	52
CARAFATE SUSP (Use sucralfate) 97		CARETOUCH 2 CPAP HOSE HANGER MISC	72	CAYSTON	27
CARAFATE TABS (Use sucralfate) 97		CARETOUCH CONTROL SOL LEVEL 2 LIQD	67	cefaclor CAPS	42
CARBAGLU (Use carglumic acid) 57		CARETOUCH CPAP & BIPAP HOSE MISC	72	cefaclor SUSR 250 MG/5ML	42
carbamazepine CHEW 100 MG ...	13	CARETOUCH CPAP MASK WIPES MISC	72	cefadroxil CAPS	42
carbamazepine SUSP	13	CARETOUCH CPAP PRE-WASH SOLN MISC	72	cefadroxil SUSR	42
carbamazepine TABS	13			cefadroxil TABS	42
carbamazepine TB12	13			cefdinir CAPS	42
carbamide peroxide (otic) 6.5 % ...	90			cefdinir SUSR	42
carbidopa	34			cefixime CAPS	42
				cefprozil SUSR	42
				cefprozil TABS	42

ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	42	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ...	95	CHORIONIC GONADOTROPIN IM	57
cefuroxime axetil TABS	42	CHANTIX TABS (Use varenicline tartrate)	95	CIBINQO	51
CELEXA TABS 10 MG (Use citalopram hydrobromide)	16	CHEMET	20	cilostazol	62
CELEXA TABS 20 MG (Use citalopram hydrobromide)	16	CHEMSTRIP K STRP	54	CILOXAN OINT	89
CELEXA TABS 40 MG (Use citalopram hydrobromide)	16	chenodiol	60	CIMDUO	36
CELLCEPT CAPS (Use mycophenolate mofetil)	77	chlordiazepoxide hcl CAPS	9	cimetidine hcl PO 300 MG/5ML ...	97
CELLCEPT SUSR (Use mycophenolate mofetil)	77	chlorhexidine gluconate (mouth-throat)	78	cimetidine TABS	97
CELLCEPT TABS (Use mycophenolate mofetil)	77	chlorhexidine gluconate SOLN EX 4 %	36	cinacalcet hcl	57
CENTRUM MENOPAUSE MIND/MOOD TABS	81	chloroquine phosphate TABS 250 MG	27	CINQAIR	10
cephalexin CAPS 250 MG, 500 MG 42		chloroquine phosphate TABS 500 MG	27	CINRYZE SOLR IV	62
cephalexin SUSR	42	chlorpheniramine maleate SYRP ..	21	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	59
CEPROTIN	62	chlorpheniramine maleate TABS ..	22	ciprofloxacin hcl (ophth) SOLN	89
CERDELGA	63	chlorpromazine hcl TABS 10 MG ..	35	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	59
CEREZYME 400 UNIT	63	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	36	ciprofloxacin-dexamethasone	91
cetirizine hcl CHEW	22	chlorthalidone 25 MG, 50 MG	56	CISPLATIN SOLN 200 MG/200ML (Use cisplatin)	28
cetirizine hcl SOLN PO	22	chlorzoxazone TABS 500 MG	85	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	28
cetirizine hcl SYRP PO 1 MG/ML ..	22	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	101	CISPLATIN SOLR	28
cetirizine hcl TABS	22	cholecalciferol CAPS	101	citalopram hydrobromide SOLN ...	16
cetirizine-pseudoephedrine	45	cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	101	citalopram hydrobromide TABS 10 MG	16
cetrorelix acetate	57	cholecalciferol LIQD PO	101	citalopram hydrobromide TABS 20 MG	16
CETROTIDE (Use cetrorelix acetate)	57	cholecalciferol LIQD PO	101	citalopram hydrobromide TABS 40 MG	16
CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate) .	95	cholestyramine light PACK	23	cladribine 10 MG/10ML	28
		cholestyramine light POWD	23	clarithromycin SUSR 125 MG/5ML	66
		cholestyramine PACK	23	clarithromycin SUSR 250 MG/5ML	66
		cholestyramine POWD	23	clarithromycin TABS	66

clarithromycin TB24	66	clindamycin phosphate (topical) GEL LOTN	47	LOTN	48
CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	22	clindamycin phosphate (topical) LOTN	47	clozapine TABS	35
CLARITIN REDITABS TBDP 10 MG (Use loratadine)	22	clindamycin phosphate (topical) SOLN	47	CLOZARIL TABS (Use clozapine) .	35
CLARITIN REDITABS TBDP 5 MG (Use loratadine)	22	clindamycin phosphate vaginal CREA	100	CO MONITOR REPLACEMENT PIECES MISC	72
CLARITIN SOLN (Use loratadine) .	22	CLINITEST RAPID COVID-19 TEST KIT	54	COAGADDEX	61
CLARITIN TABS (Use loratadine) .	22	CLINPRO 5000 PSTE DT 1.1 % (Use sodium fluoride (dental))	78	coal tar extract SHAM 0.5 %	53
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	45	clobetasol propionate CREA 0.05 % . 50		COARTEM	27
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	45	clobetasol propionate emollient base 0.05 %	50	codeine sulfate TABS 30 MG	6
CLEARDETECT COVID-19 AG HOME KIT	54	clobetasol propionate GEL 0.05 % 50		CODEINE SULFATE TABS	6
CLEMASZ TABS 2.68 MG (Use clemastine fumarate)	22	clobetasol propionate OINT 0.05 % 50		COLAZAL CAPS (Use balsalazide disodium)	60
CLEOCIN (Use clindamycin palmitate hydrochloride)	27	clobetasol propionate SOLN 0.05 % . 50		colchicine TABS	61
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	27	clomipramine hcl 75 MG	17	colchicine w/ probenecid	61
CLEOCIN CREA (Use clindamycin phosphate vaginal)	100	clonazepam TABS	12	COLD & FLU RELIEF NIGHTTIME D LIQD	45
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	47	clonidine hcl (adhd) TB12	1	COLESTID GRAN (Use colestipol hcl)	23
CLEVER CHOICE PEAK FLOW METER	72	clonidine hcl TABS	24	COLESTID TABS (Use colestipol hcl)	23
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	59	clopidogrel bisulfate 75 MG	62	colestipol hcl GRAN	23
CLINDAGEL GEL (Use clindamycin phosphate (topical))	47	clorazepate dipotassium TABS	9	colestipol hcl TABS	23
clindamycin hcl 150 MG, 300 MG .	27	clotrimazole (topical) CREA	48	COLLAVERA GEL 2 %	52
clindamycin palmitate hydrochloride . 27		clotrimazole (topical) SOLN	48	COMBIPATCH PTTW	59
		clotrimazole vaginal CREA 1 % ..	100	COMBIVENT RESPIMAT AERS ..	11
		clotrimazole vaginal CREA 2 % ..	100	COMETRIQ (100 MG DAILY DOSE) KIT	31
		clotrimazole w/ betamethasone CREA	48	COMETRIQ (140 MG DAILY DOSE) KIT	31
		clotrimazole w/ betamethasone		COMETRIQ (60 MG DAILY DOSE) KIT	31
				COMFORT EZ PRO PEN NEEDLES	70

COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	99	CORTEF TABS (Use hydrocortisone)	44	cyanocobalamin SOLN IJ 1000 MCG/ML	63
COMIRNATY SUSP	99	CORTENEMA (Use hydrocortisone (intrarectal))	8	cyclobenzaprine hcl TABS 5 MG, 10 MG	85
COMIRNATY SUSY	99	CORTISONE ACETATE TABS ...	44	cyclobenzaprine hcl TABS 7.5 MG	85
COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine- rilpivirine-tenofovir disoproxil fumarate)	36	CORTROSYN SOLR (Use cosyntropin)	53	CYCLOGYL (Use cyclopentolate hcl)	88
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) ..	1	COSOPT (Use dorzolamide hcl- timolol maleate)	88	CYCLOGYL 0.5 %	88
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	1	cosyntropin SOLR	53	CYCLOGYL 2 %	88
CONDOMS-MISC	66	COTELLIC	31	cyclopentolate hcl 1 %	88
CONTOUR NEXT EZ KIT	67	COVID-19 AT HOME ANTIGEN TEST KIT	54	CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	28
CONTOUR NEXT GEN MONITOR KIT	67	COVID-19 AT-HOME TEST KIT ...	54	CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 500 MG/2.5ML (Use cyclophosphamide)	28
CONTOUR NEXT ONE KIT	67	COZAAR (Use losartan potassium) 24		cyclophosphamide SOLN	28
CONTOUR PLUS BLUE KIT	67	CREON CPEP	55	cyclophosphamide SOLR IJ	28
CONTOUR PLUS CONTROL SOLUTION LIQD	67	CRESTOR TABS (Use rosuvastatin calcium)	23	cyclosporine CAPS	78
CONTOUR PLUS TEST STRP ...	54	cromolyn sodium (nasal) 5.2 MG/ACT	86	cyclosporine modified (for microemulsion) CAPS	77
COOL CONTROL A SOLN	67	cromolyn sodium (ophth)	90	cyclosporine modified (for microemulsion) SOLN	78
COOL CONTROL B SOLN	67	cromolyn sodium NEBU	10	cyclosporine SOLN IV 50 MG/ML .	78
COPAXONE SOSY (Use glatiramer acetate)	94	crotamiton LOTN	52	CYLTEZO (2 PEN) AJKT	3
COPIKTRA	31	CTEXLI TABS PO 250 MG	59	CYLTEZO (2 SYRINGE) PSKT	3
COREG 25 MG (Use carvedilol) ...	39	CURITY STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	61	CYLTEZO-CD/UC/HS STARTER AJKT	3
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	39	CUTAQUIG	91	CYLTEZO-PSORIASIS/UV STARTER AJKT	3
COREG CR (Use carvedilol phosphate)	39	CUVITRU SOLN	91	CYMBALTA CPEP (Use duloxetine hcl)	17
CORETEXT SUSP 1 ML, 2 ML ...	53	CVS COVID-19 AT HOME TEST KIT KIT	54	cyproheptadine hcl SYRP	22
CORGARD TABS 20 MG, 40 MG (Use nadolol)	40	CVS GLUCOSE	18	cyproheptadine hcl TABS	22
CORIFACT	61	CVS TRUE METRIX GLUCOSE TEST STRP	54		

CYRAMZA	29	DAILY-VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	82	desmopressin acetate)	58
CYSTADANE (Use betaine)	58	DAILY-VITE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	82	DDAVP TABS (Use desmopressin acetate)	58
CYSTADROPS	90	dalfampridine	94	decitabine	28
CYSTAGON CAPS	61	DALIRESP (Use roflumilast)	10	deferasirox PACK	20
CYSTARAN	90	dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG	18	deferasirox TABS	20
cytarabine SOLN	28	dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG	18	deferasirox TBSO	20
CYTOGAM SOLN	91	dapagliflozin TABS PO 5 MG, 10 MG	20	deferoxamine mesylate	21
CYTOMEL TABS (Use liothyronine sodium)	96	dapagliflozin-saxagliptin	18	DEFITELIO	63
CYTOTEC (Use misoprostol)	98	dapsone	27	deflazacort SUSP	44
dabigatran etexilate mesylate CAPS . 12		DAPTACEL	96	deflazacort TABS	44
DAILY MULTIPLE VITAMINS TABS . 81		DARAPRIM (Use pyrimethamine) 27		DEFLUX	61
DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT	81	darunavir TABS 600 MG	36	DELSTRIGO	36
DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT ..	81	darunavir TABS 800 MG	36	DELZICOL CPDR (Use mesalamine) 60	
DAILY VITE MULTIVITAMIN/IRON TABs 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG	80	DARZALEX	29	DEMEROL SOLN IJ (Use meperidine hcl)	6
DAILY VITE TABS 400 UNIT-60 MG- 2 MG-30 UNIT-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG- 1.7 MG-20 MG-5000 UNIT-10 MG- 1.5 MG-30 UNIT	81	DARZALEX FASPRO	31	DEM SER (Use metyrosine)	24
DAILY VITES TABS 60 MG-2 MG- 0.4 MG-1.5 MG-6 MCG-5000 UNIT- 10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT	81	dasatinib	31	DENG VAXIA	99
		DAUNORUBICIN HCL SOLN (Use daunorubicin hcl)	31	DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	15
		daunorubicin hcl SOLN	31	DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	14
		DAURISMO	30	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	15
		DAYHIST ALLERGY 12 HOUR RELIEF TABS	22	DEPAKOTE TBEC 125 MG (Use divalproex sodium)	15
		DDAVP PF SOLN IJ (Use desmopressin acetate)	58	DEPAKOTE TBEC 250 MG (Use divalproex sodium)	15
		DDAVP SOLN IJ 4 MCG/ML (Use		DEPAKOTE TBEC 500 MG (Use divalproex sodium)	15
				DEPEN TITRATABS TABS (Use penicillamine)	77

DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	43	desogestrel-ethinyl estradiol (triphasic)	43	DEXCOM G7 SENSOR	67
DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	43	desonide CREA	50	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	1
DEPO-SUBQ PROVERA 104 SUSY SC	43	desonide OINT	50	DEXILANT (Use dexlansoprazole)	97
DERMACINRX DIGENYX TABS 0.125 MG	96	desoximetasone CREA 0.05 %	50	dexlansoprazole	97
DERMACINRX LIDOCAINE CREA 3 %	52	desoximetasone CREA 0.25 %	50	dexmethylphenidate hcl TABS	1
DERMACINRX SALICYLIC ACID GEL 6 %	51	desoximetasone GEL	50	dexrazoxane hcl	33
DERMA-SMOOTHIE/FS SCALP OIL (Use fluocinolone acetonide)	50	desoximetasone OINT 0.25 %	50	DEXTENZA INST	89
DERMOTIC (Use fluocinolone acetonide (otic))	91	DESTRESS-IRON TABS	80	dextroamphetamine sulfate CP24	1
DESCOVY 120 MG-15 MG	36	desvenlafaxine succinate 100 MG	17	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
DESCOVY 200 MG-25 MG	36	desvenlafaxine succinate 25 MG, 50 MG	17	dextromethorphan polistirex SUER	44
DESFERAL 500 MG (Use deferoxamine mesylate)	21	DETROL LA CP24 (Use tolterodine tartrate)	98	dextromethorphan-doxylamine-acetaminophen LIQD	45
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	17	DETROL TABS (Use tolterodine tartrate)	98	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	45
desipramine hcl TABS 25 MG	17	DEX4	18	dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 400 MG/20ML-20 MG/20ML	45
desmopressin acetate SOLN IJ	58	DEX4 NATURALS	18	dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML	45
DESMOPRESSIN ACETATE SOLN NA	58	dexamethasone ELIX	44	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	45
desmopressin acetate spray	58	dexamethasone sodium phosphate (ophth)	89	dextromethorphan-guaifenesin TB12 600 MG-30 MG	45
desmopressin acetate spray refrigerated 0.01 %	58	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	44	dextromethorphan-phenylephrine-acetaminophen CAPS	45
desmopressin acetate TABS	58	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	44	dextrose (diabetic use) CHEW 4 GM	18
desogestrel & ethinyl estradiol	43	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	44	DEXYCU SUSP IO	89
desogestrel-ethinyl estradiol (biphasic)	43	dexamethasone SOLN	44		
		dexamethasone TABS	44		
		DEXCOM G6 RECEIVER	67		
		DEXCOM G7 15 DAY SENSOR	67		
		DEXCOM G7 RECEIVER	67		

DHIVY TABS34	21	dimenhydrinate TABS21
DIABETIC TUSSIN COLD/FLU CAPS45	DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)21	dimethyl fumarate CDPK94
DIACOMIT CAPS 250 MG13	diflunisal TABS5	dimethyl fumarate CPDR94
DIACOMIT CAPS 500 MG13	digoxin SOLN PO 0.05 MG/ML41	DIOVAN HCT (Use valsartan-hydrochlorothiazide)25
DIACOMIT PACK 250 MG13	digoxin TABS 125 MCG, 250 MCG 41	DIOVAN TABS (Use valsartan) ...24
DIACOMIT PACK 500 MG13	dihydroergotamine mesylate SOLN NA 4 MG/ML75	diphenhydramine hcl (sleep) CAPS 50 MG64
DIALYVITE TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG80	DILANTIN (Use phenytoin sodium extended)14	diphenhydramine hcl (sleep) TABS 25 MG64
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))12	DILANTIN14	diphenhydramine hcl (sleep) TABS 50 MG64
DIATHRIVE GLUCOSE CONTROL SOLN LIQD67	DILANTIN INFATABS CHEW (Use phenytoin)14	diphenhydramine hcl CAPS22
diazepam (anticonvulsant) GEL ...12	DILANTIN SUSP (Use phenytoin) .14	diphenhydramine hcl ELIX 12.5 MG/5ML22
diazepam SOLN PO 5 MG/5ML9	DILANTIN-125 SUSP (Use phenytoin)14	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML22
diazepam TABS9	DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)6	diphenhydramine hcl TABS 25 MG 22
dibucaine52	DILAUDID TABS 8 MG (Use hydromorphone hcl)6	diphenoxylate w/ atropine LIQD ...20
dichlorphenamide55	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG40	diphenoxylate w/ atropine TABS ..20
diclofenac potassium TABS 50 MG .4	diltiazem hcl coated beads CP24 240 MG40	dipyridamole62
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diclofenac sodium TBEC4	diltiazem hcl CP24 240 MG40	DISPOSABLE LOW RANGE MISC 72
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divalproex sodium TB24 250 MG ..	15	dorzolamide hcl-timolol maleate ..	88	EASY AIR NEBULIZER FILTERS MISC	72
divalproex sodium TB24 500 MG ..	15	DOVATO	36	EASY COMFORT INSULIN SYRINGE	70
divalproex sodium TBEC 125 MG .	15	doxazosin mesylate	24	EASY COMFORT PEN NEEDLES 71	
divalproex sodium TBEC 250 MG .	15	doxepin hcl CAPS	17	EASY FLOW 300 MM HOSE MISC 72	
divalproex sodium TBEC 500 MG .	15	doxepin hcl CONC	17	EASY FLOW 400 MM HOSE MISC 72	
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel)	33	doxycycline (monohydrate) CAPS 50 MG, 100 MG	95	EASY FLOW AIR NOZZLE MISC . 72	
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	33	doxycycline (monohydrate) TABS 50 MG, 100 MG	95	EASY FLOW HEPA FILTER MISC 72	
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	33	doxycycline hyclate CAPS	95	EASY MAX BLOOD GLUCOSE TEST STRP	54
DOCETAXEL SOLN (Use docetaxel) 33		doxycycline hyclate TABS 100 MG 95		EASY MAX T1 GLUCOSE SYSTEM KIT	67
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	33	doxylamine succinate (sleep)	64	EASY NEB NEBULIZER FILTERS MISC	72
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docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	65	drospirenone-ethinyl estradiol	43	EASY TOUCH HEALTHPRO HIGH/LOW LIQD	67
DOCUSATE SODIUM SYRP	65	DROXIA CAPS	63	EASY TRAK II GLUCOSE TEST STRP	54
docusate sodium TABS	65	droxidopa	101	EASYMAX 15 LEVEL 2 CONTROL SOLN	68
dofetilide	10	DRYSOL SOLN	52	EASYMAX 15 LEVEL 2-3 CONTROL LIQD	68
DOJOLVI	87	DULCOLAX TBEC (Use bisacodyl) 65			
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donepezil hydrochloride TABS 5 MG, 10 MG	93	DUO-CARE CONTROL SOLUTION LIQD	67		
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ERBITUX	30	escitalopram oxalate TABS 10 MG 16		etonogestrel-ethinyl estradiol	43
ergocalciferol CAPS	101	escitalopram oxalate TABS 20 MG 16		etoposide CAPS	33
ergocalciferol SOLN PO 200 MCG/ML	101	escitalopram oxalate TABS 5 MG . 16		etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	33
ergotamine w/ caffeine TABS	75	ESGIC TABS (Use butalbital-acetaminophen-caffeine)	5	etravirine 100 MG	37
eribulin mesylate	33	esomeprazole magnesium CPDR 20 MG	97	etravirine 200 MG	37
ERIVEDGE	30	esomeprazole magnesium PACK . 97		EUFLEXXA SOSY	85
ERLEADA 60 MG	30	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 61		EULEXIN	30
erlotinib hcl	30	ESTRACE CREA (Use estradiol vaginal)	100	EURAX CREA	52
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ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	66	estradiol & norethindrone acetate TABS	59	everolimus TABS	31
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	66	estradiol PTTW	59	everolimus TBSO	31
erythromycin (acne aid) GEL	47	estradiol PTWK	59	EVERSENSE 365 SENSOR/HOLDER	68
erythromycin (acne aid) SOLN 47		estradiol TABS	59	EVERSENSE E3 SENSOR/HOLDER	68
erythromycin (ophth)	89	estradiol vaginal CREA	100	EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	96
ERYTHROMYCIN	89	estradiol vaginal TABS	100	EVISTA (Use raloxifene hcl)	57
erythromycin base CPEP	66	ESTROFACTORS TABS	82	EVKEEZA	22
erythromycin base TABS	66	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	59	EVOMELA IV	28
erythromycin base TBEC	66	ethambutol hcl TABS	27	EVRYSDI	87
erythromycin ethylsuccinate SUSR 66		ethosuximide CAPS	14	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	94
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EXJADE TBSO (Use deferasirox) .20	fenofibrate micronized 67 MG23	FIRAZYR SOSY (Use icatibant acetate)62
EXKIVITY30	fenofibrate TABS 160 MG23	FIRVANQ SOLR PO (Use vancomycin hcl)26
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EYLEA SOLN88	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR6	FLAVOR SWEET SYRP92
EYLEA SOSY88	FERRETTS TABS63	FLAVOR SWEET-SF SYRP92
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FLORAVITA MINI TABS	80	FLUMIST QUADRIVALENT	99	flurbiprofen TABS	4
FLOTREX CHEW 0.25 MG, 1 MG	84	flunisolide (nasal)	86	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	11
FLOTREX CHEW 0.5 MG	84	fluocinolone acetonide (otic)	91	fluticasone propionate (inhalation) AEPB	11
FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa)	11	fluocinolone acetonide OIL	50	fluticasone propionate (nasal) SUSP .	86
FLOWFLEX COVID-19 AG HOME TEST KIT	54	fluocinonide CREA 0.05 %	50	fluticasone propionate CREA 0.05 %	50
FLUAD	99	fluocinonide emulsified base	50	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	11
FLUAD QUADRIVALENT	99	fluocinonide GEL	50	fluticasone propionate hfa 44 MCG/ACT	11
FLUARIX QUADRIVALENT SUSY	99	fluocinonide OINT	50	fluticasone propionate OINT	50
FLUARIX SUSY	99	fluocinonide SOLN	50	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	11
FLUBLOK QUADRIVALENT	99	FLUORIDEX ENHANCED WHITENING PSTE DT 1.1 % (Use sodium fluoride (dental))	78	fluvoxamine maleate TABS 100 MG .	16
FLUBLOK SOSY	99	FLUORIDEX PSTE DT 1.1 % (Use sodium fluoride (dental))	79	fluvoxamine maleate TABS 25 MG, 50 MG	16
FLUCELVAX QUADRIVALENT SUSP	99	FLUORIMAX 5000 PSTE DT 1.1 % (Use sodium fluoride (dental))	79	FLUZONE HIGH-DOSE QUADRIVALENT	99
FLUCELVAX QUADRIVALENT SUSY	99	fluorometholone (ophth) SUSP	89	FLUZONE HIGH-DOSE SUSY	99
FLUCELVAX SUSP	99	fluorouracil (topical) CREA 0.5 % .	48	FLUZONE QUADRIVALENT SUSP	99
FLUCELVAX SUSY	99	fluorouracil (topical) CREA 5 % ...	48	FLUZONE QUADRIVALENT SUSY	99
fluconazole SUSR	21	fluorouracil (topical) SOLN	48	FLUZONE SUSP	99
fluconazole TABS 100 MG, 200 MG .	21	fluoxetine hcl CAPS 10 MG, 20 MG	16	FLUZONE SUSY	99
fluconazole TABS 150 MG	21	fluoxetine hcl CAPS 40 MG	16	FLYP HYPERSONIQ CARTRIDGE MISC	73
fluconazole TABS 50 MG	21	fluoxetine hcl SOLN	16		
fludarabine phosphate SOLN	28	FLUOXETINE HCL TABS (Use fluoxetine hcl)	16		
fludarabine phosphate SOLR	28	fluoxetine hcl TABS 10 MG	16		
fludrocortisone acetate TABS	44	fluoxetine hcl TABS 20 MG	16		
FLULAVAL QUADRIVALENT SUSY .	99	fluphenazine decanoate	36		
FLULAVAL SUSY	99	fluphenazine hcl TABS	36		
		flurazepam hcl	64		

FML LIQUIFILM SUSP (Use fluorometholone (ophth))89	alendronate sodium)56	gabapentin CAPS13
FOCALIN TABS (Use dexmethylphenidate hcl) 1	fosamprenavir calcium TABS37	gabapentin SOLN13
FOLAWISE TABS82	fosinopril sodium & hydrochlorothiazide 25	gabapentin TABS 600 MG13
FOLCYTEINE TABS82	fosinopril sodium 24	gabapentin TABS 800 MG13
folic acid TABS 1 MG63	FOTIVDA31	GABLOFEN SOLN IT (Use baclofen) 85
folic acid TABS 400 MCG, 800 MCG . 63	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML12	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...85
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML57	FRAGMIN SOSY12	GALAFOLD58
FOLOTYN28	FRAICHE 5000 DENTAL GEL 1.1 % (Use sodium fluoride (dental)) 79	galantamine hydrobromide CP24 ..94
FOLOTYN 20 MG/ML, 40 MG/2ML (Use pralatrexate)28	FREESTYLE CONTROL SOLUTION LIQD68	galantamine hydrobromide SOLN .94
fondaparinux sodium12	FREESTYLE LIBRE 14 DAY READER68	galantamine hydrobromide TABS .94
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FORFIVO XL TB24 (Use bupropion hcl) 15	FREESTYLE LIBRE READER ...68	GAMUNEX-C91
FORMALDEHYDE SOLN36	FREESTYLE LITE KIT68	GANIRELIX ACETATE (Use ganirelix acetate)57
FORTEO SOPN (Use teriparatide) 56	FULL KIT NEBULIZER SET MISC 73	ganirelix acetate57
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	furosemide TABS56	GARDASIL 9 SUSY 0.5 ML99
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GAZYVA	29	GLUCOCARD 01 CONTROL LIQD 68		GONAL-F RFF REDIJECT SOPN .	57
gefitinib	30	GLUCOCARD EXPRESSION CONTROL SOLN	68	GONAL-F SOLR IJ 450 UNIT	57
GEL-ONE	85	GLUCOCARD SHINE CONTROL SOLN	68	GORDONS UREA CREA 40 % ...	51
GELSYN-3 SOSY	86	GLUCOSE CONTROL SOLN	68	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	54
gemfibrozil TABS	23	glucose-vitamin c 6 MG-4 GM	18	GRAPE SYRUP SYRP	92
GENABIO COVID-19 RAPID TEST KIT	54	GLUCOTROL XL TB24 5 MG, 10 MG (Use glipizide)	20	griseofulvin microsize SUSP	21
gentamicin sulfate (ophth) SOLN ..	89	GLUMETZA TB24 (Use metformin hcl)	18	griseofulvin microsize TABS	21
gentamicin sulfate (topical) CREA .	47	glutamine (sickle cell)	63	griseofulvin ultramicrosize	21
gentamicin sulfate (topical) OINT ..	47	glyburide micronized 1.5 MG, 3 MG, 6 MG	20	guaifenesin LIQD	46
GENVISC 850 SOSY	86	glyburide TABS	20	guaifenesin TB12 1200 MG	46
GENVOYA	37	glyburide-metformin	18	guaifenesin TB12 600 MG	46
GEODON (Use ziprasidone hcl) ..	34	glycerin (laxative) SUPP 2 GM	65	guaifenesin-codeine SOLN	45
GERI-TUSSIN SYRP	46	glycine diluent	92	guanfacine hcl (adhd)	1
GILENYA (Use fingolimod hcl)	94	glycopyrrolate TABS 1 MG, 2 MG .	96	guanfacine hcl	24
GILOTRIF	30	GNP EASY TOUCH CONT HIGH/LOW LIQD	68	GUARDIAN 4 GLUCOSE SENSOR . 68	
GIMOTI SOLN NA	60	GNP EASY TOUCH CONT HIGH/LOW SOLN	68	GUARDIAN REAL-TIME REPLACE PED	68
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GLASSIA SOLN	95	GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT	82	HADLIMA PUSHTOUCH SOAJ	3
glatiramer acetate SOSY	94	GNP PEN NEEDLES	71	HADLIMA SOSY	3
GLEEVEC TABS (Use imatinib mesylate)	31	GOCOVRI CP24	34	HAEGARDA SOLR SC	62
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glimepiride 4 MG	20			HALCION 0.25 MG (Use triazolam) 64	
glipizide TABS	20			HALDOL DECANOATE (Use haloperidol decanoate)	35
glipizide TB24	20			haloperidol decanoate	35
glipizide-metformin hcl	18				
GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon)	18				

haloperidol lactate CONC35	HULIO (2 SYRINGE) PSKT3	hydrocortisone (topical) CREA 0.5 % 50
haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG 35	HUMALOG KWIKPEN SOPN 100 UNIT/ML19	hydrocortisone (topical) CREA 1 % 50
haloperidol TABS 20 MG 35	HUMALOG SOLN IJ 19	hydrocortisone (topical) CREA 2.5 % 50
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML99	HUMATE-P SOLR 62	hydrocortisone (topical) LOTN 1 % 50
HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG- 100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG 82	HUMULIN 70/30 KWIKPEN SUPN 19 HUMULIN 70/30 SUSP 19	hydrocortisone (topical) LOTN 2.5 % . 50
HEMATINIC PLUS VIT/MINERALS TABS63	HUMULIN N KWIKPEN SUPN 19 HUMULIN N SUSP 19	hydrocortisone (topical) OINT 1 %, 2.5 %50
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML 62	HUMULIN R SOLN IJ19	hydrocortisone butyrate SOLN 50
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT 62	HYALGAN SOLN 86	HYDROCORTISONE COMPLETE KIT THPK 50
HEMORRHOIDAL 0.25 %-85.5 %-3 % 8	HYALGAN SOSY 86	hydrocortisone TABS 44
HEPAGAM B SOLN IJ91	HYCAMTIN CAPS 34	hydrocortisone vaginal100
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 12	HYCAMTIN SOLR (Use topotecan hcl) 34	hydrocortisone w/acetic acid91
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML 12	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide) 44	HYDROMORPHONE HCL SUPP ... 6
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HULIO (2 PEN) AJKT3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7	hydroxyzine pamoate CAPS9
	hydrocortisone (intrarectal)8	HYMOVIS 86
	hydrocortisone (rectal) EX 1 %8	hyoscyamine sulfate ELIX 96
	hydrocortisone (rectal) EX 2.5 % ...8	HYOSCYAMINE SULFATE POWD 96
		hyoscyamine sulfate SOLN PO 0.125 MG/ML 96

hyoscyamine sulfate SOLN PO 0.125 MG/ML	97	icatibant acetate SOSY	62	indapamide TABS 1.25 MG, 2.5 MG .	56
hyoscyamine sulfate SUBL 0.125 MG	97	ICLUSIG	31	INDERAL LA CP24 (Use propranolol hcl)	40
hyoscyamine sulfate TABS 0.125 MG	97	IDELVION	62	INDICAID COVID-19 RAPID TEST KIT	54
hyoscyamine sulfate TB12 0.375 MG 97		IDHIFA	31	INDOCIN SUSP (Use indomethacin) .	4
hyoscyamine sulfate TBDP 0.125 MG	97	IFE-BIMIX 30/1 SOLN	41	indomethacin CAPS 25 MG, 50 MG 4	
HYPERHEP B SOLN IM	91	IHEALTH BLOOD GLUCOSE TEST STR STRP	54	INDOMETHACIN SODIUM	4
HYPERRHO MINI-DOSE SOSY IM 250 UNIT	91	IHEALTH CONTROL SOLUTION LIQD	68	indomethacin SUPP	4
HYPERRHO SOSY IM 1500 UNIT 91		IHEALTH COVID-19 RAPID TEST KIT	54	indomethacin SUSP	4
HYQVIA	91	ILARIS SOLN	4	INFANRIX	96
HYRIMOZ SOAJ	4	ILUVIEN	89	INLYTA	29
HYRIMOZ SOSY	4	imatinib mesylate TABS	31	INNOSPIRE REPLACEMENT FILTER MISC	73
HYRIMOZ-CROHNS/UC STARTER SOAJ	4	IMBRUVICA CAPS	31	INQOVI	31
HYRONAN KIT	86	IMBRUVICA TABS	31	INREBIC	31
HYZAAR (Use losartan potassium & hydrochlorothiazide)	25	IMFINZI	29	INSULIN GLARGINE-YFGN SOLN 19	
ibandronate sodium SOLN	56	imipramine hcl TABS	17	INSULIN GLARGINE-YFGN SOPN 19	
IBRANCE CAPS 100 MG, 125 MG 31		imiquimod 5 %	51	INSULIN LISPRO (1 UNIT DIAL) SOPN	19
IBRANCE TABS	31	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	75	INSULIN LISPRO JUNIOR KWIKPEN SOPN	19
ibuprofen CHEW	4	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	75	INSULIN LISPRO PROT & LISPRO SUPN	19
ibuprofen lysine	4	IMITREX TABS (Use sumatriptan succinate)	75	INSULIN LISPRO SOLN IJ	19
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	4	IMLYGIC	33	INSULIN SYRINGES	71
ibuprofen SUSP 50 MG/1.25ML	4	IMOVAX RABIES SUSR	99	INSULIN SYRINGES-MISC	71
ibuprofen TABS 200 MG	4	IMURAN TABS (Use azathioprine)	78	INSUPEN PEN NEEDLES	71
ibuprofen TABS 400 MG, 600 MG, 800 MG	4	IN TOUCH GLUCOSE CONTROL SOLN	68	INSUPEN32G EXTR3ME	71
		INCRELEX	57		
		INCRUSE ELLIPTA	10		

INTELENCE 100 MG (Use etravirine)	isoniazid SYRP	27	JYNNEOS	99
.....37	isoniazid TABS	27	KALBITOR	62
INTELENCE 200 MG (Use etravirine)	ISORDIL TITRADOSE TABS 5 MG		KALETRA SOLN	37
.....37	(Use isosorbide dinitrate)	9	KALETRA TABS 25 MG-100 MG	
INTELENCE 25 MG	isosorbide dinitrate TABS 5 MG, 10		(Use lopinavir-ritonavir)	37
.....37	MG, 20 MG, 30 MG	9	KALETRA TABS 50 MG-200 MG	
INTELISWAB COVID-19 RAPID	isosorbide mononitrate TABS	9	(Use lopinavir-ritonavir)	37
TEST KIT	9		KALYDECO PACK 13.4 MG, 25 MG,	
.....54	isosorbide mononitrate TB24	9	50 MG, 75 MG	95
INTUNIV (Use guanfacine hcl	isotretinoin 10 MG, 20 MG, 30 MG,		KALYDECO PACK 5.8 MG	95
(adhd))	40 MG	47	KALYDECO TABS	95
.....1	ISTODAX SOLR (Use romidepsin)	31	KANJINTI	29
INVEGA HAFYERA	ISTURISA 1 MG, 5 MG	56	KANUMA	58
.....35	ITCH RELIEF CREA	48	KCENTRA	62
INVEGA SUSTENNA	itraconazole CAPS	21	KEMOPLAT SOLN	28
.....35	IXEMPRA KIT	33	KEPIVANCE 5.16 MG	33
INVEGA TRINZA	IXIARO	99	KEPPRA SOLN PO 100 MG/ML (Use	
.....35	IXINITY SOLR	62	levetiracetam)	13
IPOL IJ	JADENU SPRINKLE PACK (Use		KEPPRA TABS 1000 MG (Use	
.....99	deferiasirox)	20	levetiracetam)	13
ipratropium bromide (nasal) 0.03 %	JADENU TABS (Use deferiasirox)	21	KEPPRA TABS 250 MG, 750 MG	
86	JAKAFI	32	(Use levetiracetam)	13
ipratropium bromide (nasal) 0.06 %	JEMPERLI	29	KEPPRA TABS 500 MG (Use	
86	JEVTANA	33	levetiracetam)	13
ipratropium bromide hfa 17	JIVI	62	KEPPRA XR TB24 (Use	
MCG/ACT	JULUCA	37	levetiracetam)	13
.....10	JUST RIGHT 5000 PSTE DT 1.1 %		KERALYT GEL (Use salicylic acid)	
ipratropium bromide SOLN 0.02 %	(Use sodium fluoride (dental))	79	51	
10	JUXTAPID 5 MG, 10 MG, 20 MG, 30		ketoconazole (topical) CREA	48
ipratropium-albuterol SOLN	MG	23	ketoconazole (topical) SHAM 2 %	48
.....11	JYNARQUE TABS 15 MG, 30 MG		KETONE TEST STRP	54
irbesartan	(Use tolvaptan)	59	ketorolac tromethamine (ophth) 0.4	
.....24	JYNARQUE TBPK 15 MG (Use		%	90
irbesartan-hydrochlorothiazide	tolvaptan)	59		
.....25				
IRESSA (Use gefitinib)				
.....30				
irinotecan hcl				
.....34				
IRON CHEWS PEDIATRIC CHEW				
63				
IRON TABS 28 MG				
.....63				
ISENTRESS CHEW 100 MG				
.....37				
ISENTRESS CHEW 25 MG				
.....37				
ISENTRESS HD TABS				
.....37				
ISENTRESS PACK				
.....37				
ISENTRESS TABS				
.....37				

ketorolac tromethamine (ophth) 0.5 %90	potassium chloride)77	lactulose SOLN65
ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML4	KLOR-CON TBCR 8 MEQ (Use potassium chloride)77	LAMICTAL CHEW (Use lamotrigine) . 13
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML4	KOATE SOLR62	LAMICTAL TABS (Use lamotrigine) 13
ketorolac tromethamine TABS4	KOATE-DVI SOLR 500 UNIT, 1000 UNIT62	LAMICTAL XR TB24 (Use lamotrigine)13
KETOSTIX STRP55	KOGENATE FS KIT62	LAMISIL AT ATHLETES FOOT CREA (Use terbinafine hcl (topical)) 48
ketotifen fumarate (ophth) 0.035 % 90	KOKO PEAK PRO MOUTHPIECE MISC73	LAMISIL AT CREA (Use terbinafine hcl (topical))48
KEVEYIS (Use dichlorphenamide) 55	KOSELUGO32	LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))48
KEY-E CHEW101	KOVALTRY62	lamivudine SOLN37
KEYTRUDA29	K-PHOS-NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..77	lamivudine TABS 150 MG37
KHAPZORY 175 MG33	KRINTAFEL27	lamivudine TABS 300 MG37
KIMMTRAK29	KROGER GLUCOSE19	lamivudine-zidovudine37
KINRIX SUSY96	KROGER HEALTHPRO CONTROL HI/LO LIQD69	lamotrigine CHEW13
KISQALI (200 MG DOSE)32	K-TAB TBCR 20 MEQ (Use potassium chloride)77	lamotrigine TABS13
KISQALI (400 MG DOSE)32	KUVAN PACK (Use sapropterin dihydrochloride)58	lamotrigine TB2413
KISQALI (600 MG DOSE)32	KUVAN TABS (Use sapropterin dihydrochloride)58	LANCETS-MISC69
KISQALI FEMARA (200 MG DOSE) . 31	KYPROLIS32	LANCING DEVICE-MISC69
KISQALI FEMARA (400 MG DOSE) . 31	labetalol hcl TABS 100 MG39	lanolin (topical) CREA52
KISQALI FEMARA (600 MG DOSE) . 31	labetalol hcl TABS 200 MG, 400 MG . 39	LANOLIN XX93
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)2	labetalol hcl TABS 300 MG39	LANOXIN SOLN IJ (Use digoxin) .41
KLARON (Use sulfacetamide sodium (acne))47	lactic acid (ammonium lactate) CREA51	LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)41
KLONOPIN TABS (Use clonazepam)12	lactic acid (ammonium lactate) LOTN 12 %51	lansoprazole CPDR 15 MG97
KLOR-CON 10 TBCR 10 MEQ (Use	lactulose (encephalopathy)60	lansoprazole CPDR 30 MG97

LATANOPROST SOLN	90	levobunolol hcl 0.5 %	88	lidocaine hcl CREA 4 %	52
LATUDA (Use lurasidone hcl)	34	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	58	lidocaine hcl GEL 2 %	52
leflunomide	5	levocarnitine (metabolic modifiers) TABS	58	lidocaine OINT 5 %	52
lenalidomide	77	levocetirizine dihydrochloride TABS 22	22	lidocaine-prilocaine CREA	52
LENVIMA (10 MG DAILY DOSE) ..	29	levofloxacin TABS	59	LIDOMAX GEL 2 %	52
LENVIMA (12 MG DAILY DOSE) ..	29	levoleucovorin calcium SOLN 250 MG/25ML	33	LIDOPIN CREA 3 % (Use lidocaine hcl)	52
LENVIMA (14 MG DAILY DOSE) ..	29	levoleucovorin calcium SOLR	33	LIORESAL SOLN IT (Use baclofen) 85	85
LENVIMA (18 MG DAILY DOSE) ..	29	levonorgestrel & eth estradiol TABS 43	43	LIORESAL SOLN IT	85
LENVIMA (20 MG DAILY DOSE) ..	29	levonorgestrel (emergency oc) 1.5 MG	43	liothyronine sodium TABS	96
LENVIMA (24 MG DAILY DOSE) ..	29			LIPITOR TABS (Use atorvastatin calcium)	23
LENVIMA (4 MG DAILY DOSE) ..	29			liraglutide	19
LENVIMA (8 MG DAILY DOSE) ..	29			lisdexamphetamine dimesylate CAPS 1 1	1
LEQVIO	23	levonorgestrel-eth estradiol (triphasic)	43	lisdexamphetamine dimesylate CHEW . 1	1
LETAIRIS (Use ambrisentan)	41	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	43	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	25
letrozole	30	levothyroxine sodium TABS	96	lisinopril & hydrochlorothiazide 25 MG-20 MG	25
leucovorin calcium TABS	33	LEVULAN KERASTICK SOLR	48	lisinopril TABS 2.5 MG	24
LEUKERAN	28	LEXAPRO TABS 10 MG (Use escitalopram oxalate)	16	lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	24
LEUKINE SOLR IJ	63	LEXAPRO TABS 20 MG (Use escitalopram oxalate)	16	LITETOUCH MASK LARGE MISC 73 73	73
leuprolide acetate KIT IJ 1 MG/0.2ML	30	LEXAPRO TABS 5 MG (Use escitalopram oxalate)	16	LITETOUCH MASK MEDIUM MISC . 73	73
LEUPROLIDE ACETATE- BUPIVACAINE	30	LIALDA TBEC (Use mesalamine) .	60	LITETOUCH MASK SMALL MISC .73 73	73
levalbuterol tartrate	11	LIBERTY GLUCOSE CONTROL MID SOLN	69	lithium	34
LEVBID TB12 (Use hyoscyamine sulfate)	97	LIBTAYO	29	lithium carbonate CAPS	34
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13	lidocaine CREA 4 %	52	lithium carbonate TABS	34
levetiracetam TABS 1000 MG	13	lidocaine hcl (mouth-throat) 2 % ...	78	lithium carbonate TBCR	34
levetiracetam TABS 250 MG, 750 MG	13	lidocaine hcl CREA 3 %	52	LITHOBID TBCR (Use lithium	
levetiracetam TABS 500 MG	13				
levetiracetam TB24	13				

carbonate)34	losartan potassium24	lurasidone hcl34
LIVMARLI60	LOTENSIN 10 MG, 20 MG (Use benazepril hcl)24	LURBIPR TABS 100 MG (Use flurbiprofen)4
LIVTENCITY38	LOTENSIN 40 MG (Use benazepril hcl)24	LURBIRO TABS 100 MG (Use flurbiprofen)4
LODINE TABS (Use etodolac)4	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .25	LUXTURNA89
LODOSYN (Use carbidopa)34	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)25	LYNPARZA TABS32
LOHIST-D LIQD45	LOTRIMIN AF CREA (Use clotrimazole (topical))48	LYSODREN30
LOMOTIL TABS (Use diphenoxylate w/ atropine)20	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))48	MACI85
LONSURF31	lovastatin TABS 10 MG, 20 MG ...23	MACROBID (Use nitrofurantoin monohyd macro)27
loperamide hcl CAPS20	lovastatin TABS 40 MG23	MACRODANTIN 50 MG, 100 MG (Use nitrofurantoin macrocrystal) .27
loperamide hcl TABS20	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)12	magnesium citrate 1.745 GM/30ML 64
LOPID TABS (Use gemfibrozil)23	LOVENOX SOSY (Use enoxaparin sodium)12	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML64
lopinavir-ritonavir SOLN37	loxapine succinate35	magnesium oxide (mg supplement) CAPS76
lopinavir-ritonavir TABS 25 MG-100 MG37	lubiprostone60	magnesium oxide (mg supplement) TABs76
lopinavir-ritonavir TABS 50 MG-200 MG37	LUCENTIS SOSY88	magnesium oxide TABS 400 MG ...8
LOPRESSOR TABS 100 MG (Use metoprolol tartrate)40	LUMAKRAS32	malathion52
LOPRESSOR TABS 50 MG (Use metoprolol tartrate)39	LUMAVEX CAPS79	maraviroc TABS 150 MG37
LOQTORZI29	LUMIZYME58	maraviroc TABS 300 MG37
loratadine & pseudoephedrine TB12 . 45	LUNAVIRA CAPS79	MARGENZA29
loratadine & pseudoephedrine TB24 . 45	LUNG PERFORM PEAK FLOW METER73	MASK VORTEX/CHILD/FROG ...73
loratadine SOLN22	LUPRON DEPOT-PED (1-MONTH) . 57	MASK VORTEX/TODDLER/LADYBUG ..73
loratadine TABS22	LUPRON DEPOT-PED (3-MONTH) . 57	MATULANE33
loratadine TBDP 10 MG22		MAVYRET PACK38
lorazepam TABS9		MAVYRET TABS38
LORBRENA32		
losartan potassium & hydrochlorothiazide25		

MAXALT TABS 10 MG (Use rizatriptan benzoate)	75	melatonin TBDP 3 MG	2	metformin hcl TABS 850 MG, 1000 MG	18
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	75	meloxicam TABS	4	metformin hcl TB24 500 MG	18
MAXITROL OINT (Use neomycin-polymy-dexameth)	89	melphalan hcl IV	28	metformin hcl TB24 750 MG	18
MAXITROL SUSP (Use neomycin-polymy-dexameth)	89	memantine hcl SOLN	94	methadone hcl TABS 10 MG	6
MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	45	memantine hcl TABS	94	methadone hcl TABS 5 MG	6
meclizine hcl CHEW	21	MENOPUR SC	57	methazolamide TABS	55
meclizine hcl TABS 12.5 MG, 25 MG 21		MENQUADFI 0.5 ML	98	methenamine mandelate	27
MEDISENSE GLUCOSE KETONE CONTR LIQD	69	MENVEO SOLN	98	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG .	26
MEDISENSE HI/MID/LOW CONTROL LIQD	69	MENVEO SOLR	98	methimazole TABS	96
MEDROL TABS 4 MG, 8 MG (Use methylprednisolone)	44	meperidine hcl SOLN PO 50 MG/5ML	6	methocarbamol TABS 500 MG, 750 MG	85
MEDROL TBPk (Use methylprednisolone)	44	meperidine hcl TABS 50 MG	6	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	28
medroxyprogesterone acetate (contraceptive) SUSP IM	43	meprobamate	9	methotrexate sodium TABS 2.5 MG 28	
medroxyprogesterone acetate (contraceptive) SUSY IM	43	MEPSEVII	58	methyldopa TABS	24
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	93	mercaptopurine SUSP 2000 MG/100ML	28	methylergonovine maleate TABS .	91
mefloquine hcl	27	mercaptopurine TABS	28	METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl)	1
megestrol acetate SUSP	30	mesalamine CP24	60	METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl)	1
megestrol acetate TABS	30	mesalamine CPDR	60	methylphenidate hcl CPCR	1
MEKINIST TABS	32	mesalamine ENEM	60	methylphenidate hcl SOLN 10 MG/5ML	2
MEKTOVI	32	mesalamine TBEC	60	methylphenidate hcl SOLN 5 MG/5ML	2
MELATONIN SUBL	2	mesna SOLN	33	methylphenidate hcl TABS 10 MG, 20 MG	2
melatonin TABS 3 MG, 5 MG	2	mesna TABS	33	methylphenidate hcl TABS 5 MG ...	2
		MESNEX SOLN (Use mesna)	33	methylphenidate hcl TB24 18 MG, 27	
		MESNEX TABS	33		
		MESTINON TABS (Use pyridostigmine bromide)	27		
		MESTINON TBCR (Use pyridostigmine bromide)	27		
		METADATE CD CPCR (Use methylphenidate hcl)	1		
		metformin hcl TABS 500 MG	18		

MG, 54 MG	2	metronidazole TABS 250 MG, 500 MG	26	milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	94
methylphenidate hcl TB24 36 MG ..	2	metronidazole vaginal	100	MINCORA TABS	82
methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	2	metyrosine	24	MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG 80	
methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	2	mexiletine hcl	10	MINI WRIGHT PEAK FLOW METER	73
methylprednisolone TABS 4 MG, 8 MG	44	MIACALCIN IJ (Use calcitonin (salmon))	56	MINIELITE FILTER REPLACEMENTS MISC	73
methylprednisolone TBPk	44	MICARDIS (Use telmisartan)	24	MINIMED INSTINCT GLUC SENSOR	69
methyltestosterone TABS	8	MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	25	MINIVELLE PTTW (Use estradiol) ..	59
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	60	MICATIN CREA (Use miconazole nitrate (topical))	48	minocycline hcl CAPS	96
metoclopramide hcl TABS	60	MICONAZOLE 7 SUPP 100 MG ..	100	minoxidil 10 MG	26
metolazone	56	miconazole nitrate (topical) CREA ..	48	minoxidil 2.5 MG	26
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG	25	miconazole nitrate vaginal CREA ..	100	MIRALAX POWD (Use polyethylene glycol 3350)	65
metoprolol & hydrochlorothiazide TABS 50 MG-100 MG	25	miconazole nitrate vaginal KIT ...	100	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	43
metoprolol succinate TB24 200 MG 40		miconazole nitrate vaginal SUPP 100 MG	100	MIRODERM BIO MATRIX FENESTRAT	53
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	40	miconazole nitrate vaginal SUPP 200 MG	100	MIRODERM BIO MATRIX FENESTRAT+	53
metoprolol tartrate TABS 100 MG ..	40	MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	91	mirtazapine TABS 15 MG	15
metoprolol tartrate TABS 25 MG, 50 MG	40	MICRODOT CONTROL HIGH/LOW SOLN	69	mirtazapine TABS 30 MG	15
METROCREAM CREA (Use metronidazole (topical))	52	MICROLIFE DIGITAL PEAK FLOW ..	73	mirtazapine TABS 7.5 MG, 45 MG ..	15
METROGEL GEL 1 % (Use metronidazole (topical))	52	midazolam hcl SOLN IJ	64	mirtazapine TBDP 15 MG	15
metronidazole (topical) CREA	52	MIDAZOLAM HCL SOLN IJ	64	mirtazapine TBDP 30 MG	15
metronidazole (topical) GEL 0.75 % 52		midodrine hcl	101	mirtazapine TBDP 45 MG	15
metronidazole (topical) LOTN	52	miglustat	63	misoprostol	98
		MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	75	mitoxantrone hcl 20 MG/10ML, 25	
		milnacipran hcl MISC	94		

MG/12.5ML, 30 MG/15ML31	morphine sulfate TABS6	MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT82
MI-VITE RX TABS 1 MG80	morphine sulfate TBCR6	multiple vitamins w/ iron TABS 80
MM BLOOD GLUCOSE SYSTEM KIT69	MOTRIN CHILDRENS CHEW (Use ibuprofen)4	MULTIPLE VITAMINS W/ MINERALS TABS81
MM BLULINK GLUCOSE TEST STRP55	moxifloxacin hcl (ophth) SOLN OP 89	MULTIPLE VITAMINS W/ MINERALS-VARIOUS 81
M-M-R II SOLR99	MOZOBIL (Use plerixafor) 63	MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT80
MNEXSPIKE SUSY 10 MCG/0.2ML . 99	MS CONTIN TBCR 15 MG (Use morphine sulfate)6	MULTIVITAMIN ADULT TABS 82
MODD1 PATIENT WELCOME KIT KIT69	MS CONTIN TBCR 30 MG, 60 MG, 100 MG, 200 MG (Use morphine sulfate)6	MULTIVITAMIN DROPS/IRON SOLN85
MODERNA COVID-19 VAC 6M-11Y SUSP99	MUCINEX DM MAXIMUM STRENGTH TB12 (Use dextromethorphan-guaifenesin) ... 45	MULTIVITAMIN INFANT & TODDLER SOLN PO85
MODERNA COVID-19 VAC 6M-11Y SUSY99	MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) ... 45	MULTIVITAMIN INFANT & TODDLER SOLN 85
molindone hcl35	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)46	MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML 85
mometasone furoate CREA50	MUCINEX TB12 (Use guaifenesin) 46	MULTIVITAMIN INFANTS/TODDLERS SOLN PO . 85
mometasone furoate OINT50	MULTI VITAMIN TABS 82	MULTIVITAMIN IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-1.5 MG-30 UNIT 82
mometasone furoate SOLN50	MULTI VITAMIN W/D-3 TABS82	MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG80
MONISTAT CARE INSTANT ITCH RLF 1 % 100	multiple vitamin TABS 82	
MONJUVI29	MULTIPLE VITAMIN-FOLIC ACID TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 UNIT82	
MONOVISC86	MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT 82	
montelukast sodium CHEW10	MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60	
montelukast sodium PACK 10		
montelukast sodium TABS10		
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML6		
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML6		
morphine sulfate SUPP 30 MG 6		
morphine sulfate SUPP 5 MG, 10 MG, 20 MG6		

MULTI-VITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	82	mycophenolate mofetil TABS	78	MG	5
MULTIVITAMIN TABS	82	mycophenolate sodium	78	naproxen SUSP	5
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG, 1 MG	84	MYDRIACYL SOLN (Use tropicamide)	88	naproxen TABS	5
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG	84	MYFORTIC (Use mycophenolate sodium)	78	naratriptan hcl	75
MULTIVITAMIN/FLUORIDE SUSP 0.5 MG/ML	84	MYGLUCOHEALTH CONTROL SOLN	69	NARCAN LIQD (Use naloxone hcl) 21	
MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	80	MYLERAN TABS	28	NARDIL (Use phenelzine sulfate) .16	
MULTI-VIT-FLOR CHEW 0.25 MG, 1 MG	84	MYNEPHRON CAPS 1 MG	80	nateglinide	20
MULTI-VIT-FLOR CHEW 0.5 MG .	84	MYSOLINE (Use primidone)	13	NATPARA	56
mupirocin calcium (topical)	47	NABI-HB SOLN IM	91	NATROBA (Use spinosad)	53
mupirocin OINT	47	nabumetone	4	NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT	80
MVASI	29	nadolol TABS 20 MG, 40 MG, 80 MG	40	NAYZILAM	12
MX-SOL BLEND SF SUSP	92	NAGLAZYME	58	NEBULIZER AIR TUBE/PLUGS MISC	73
MX-SOL BLEND SUSP	92	NALFON CAPS (Use fenoprofen calcium)	4	NEBULIZER MASK ADULT MISC .73	
MX-SOL SF SYRP	92	naloxone hcl LIQD	21	NEBULIZER MASK ADULT/TUBING MISC	73
MX-SOL SUSPEND SUSP	92	naloxone hcl SOCT	21	NEBULIZER MASK CHILD MISC .73	
MX-SOL SYRP	92	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	21	NEBULIZER MASK PED/TUBING MISC	73
MYALEPT	58	naloxone hcl SOSY 2 MG/2ML	21	NEBUSAL NEBU 3 % (Use sodium chloride (inhalant))	46
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	28	naltrexone hcl	21	nefazodone hcl	17
MYCOBUTIN (Use rifabutin)	28	NAMENDA TITRATION PAK TABS (Use memantine hcl)	94	NEOMULTIVITE TABS	82
mycophenolate mofetil CAPS	78	naphazoline w/ pheniramine 0.315 %-0.027 %	89	neomycin sulfate TABS	2
mycophenolate mofetil SUSR	78	NAPROSYN SUSP (Use naproxen) 5		neomycin-bacitracin zn-polymyxin	89
		NAPROSYN TABS 500 MG (Use naproxen)	5	neomycin-bacitracin-polymyxin OINT	47
		naproxen sodium TABS 220 MG ...	5	neomycin-polymy-dexameth OINT	89
		naproxen sodium TABS 275 MG, 550		neomycin-polymy-dexameth SUSP	

0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	90	NEXIUM 24HR CPDR (Use esomeprazole magnesium)	97	NINLARO	32
neomycin-polymyxin w/ pramoxine 47		NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	97	nitisinone CAPS	58
neomycin-polymyxin-gramicidin ...	89	NEXIUM PACK (Use esomeprazole magnesium)	97	NITRO-DUR PT24 (Use nitroglycerin)	9
neomycin-polymyxin-hc (ophth) ...	90	NEXVIAZYME	58	nitrofurantoin	27
neomycin-polymyxin-hc (otic) SOLN . 91		niacin (antihyperlipidemic) TABS ..	23	nitrofurantoin macrocrystal 50 MG, 100 MG	27
neomycin-polymyxin-hc (otic) SUSP . 91		niacin (antihyperlipidemic) TBCR ..	23	nitrofurantoin monohyd macro	27
NEOPROFEN (Use ibuprofen lysine)	5	niacin CPCR 250 MG	101	nitroglycerin OINT	9
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	78	NIACIN ER CPCR	101	nitroglycerin PT24	9
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	78	NIACIN ER TBCR	101	nitroglycerin SUBL	9
NEOTUSS LIQD 200 MG/5ML-30 MG/5ML	46	niacin TABS 500 MG	101	NITROSTAT SUBL (Use nitroglycerin)	9
NERLYNX	32	niacin TBCR	101	NITRO-TIME CPCR 2.5 MG, 6.5 MG, 9 MG	9
NEURONTIN CAPS (Use gabapentin)	13	nicardipine hcl CAPS	40	NITYR TABS	58
NEURONTIN SOLN (Use gabapentin)	13	NICORETTE GUM 4 MG (Use nicotine polacrilex)	95	NIVA THYROID TABS	96
NEURONTIN TABS 600 MG (Use gabapentin)	13	NICORETTE MINI LOZG 4 MG (Use nicotine polacrilex)	95	NIZORAL SHAM	48
NEURONTIN TABS 800 MG (Use gabapentin)	13	NICORETTE STARTER KIT GUM 2 MG (Use nicotine polacrilex)	95	NORDITROPIN FLEXPPO SOPN .	57
NEUTEK 2TEK CONTROL SOLN .	69	NICOTINE KIT	95	norelgestromin-ethinyl estradiol ...	43
nevirapine SUSP	37	nicotine polacrilex GUM	95	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	43
nevirapine TABS	37	nicotine polacrilex LOZG	95	norethindrone & eth estradiol	43
nevirapine TB24 400 MG	37	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	95	norethindrone & ethinyl estradiol-fe 43	
NEWWITE TABS	82	NICOTROL INHA	95	norethindrone (contraceptive)	43
NEXAVAR (Use sorafenib tosylate) . 32		NICOTROL NS SOLN	95	norethindrone acet & eth estra TABS 43	
		nifedipine CAPS	40	norethindrone acetate TABS	93
		nifedipine TB24 30 MG, 90 MG ...	40	norethindrone acetate-ethinyl estradiol	59
		nifedipine TB24 60 MG	40	norethindrone acetate-ethinyl	
		nilotinib hcl 50 MG, 150 MG, 200 MG	32		

estradiol-fe	43	NOVOLIN 70/30 FLEXPEN RELION SUPN	19	NYSTATIN (Use nystatin (mouth-throat))	78
norethindrone-eth estradiol (triphasic)	43	NOVOLIN 70/30 FLEXPEN SUPN	20	nystatin (mouth-throat)	78
norgestimate-ethinyl estradiol (triphasic)	43	NOVOLIN 70/30 RELION SUSP ..	20	nystatin (topical) CREA	48
norgestimate-ethinyl estradiol	43	NOVOLIN 70/30 SUSP	20	nystatin (topical) OINT	48
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	43	NOVOLIN N FLEXPEN RELION SUPN	20	nystatin (topical) POWD EX	48
NORPACE CAPS (Use disopyramide phosphate)	10	NOVOLIN N FLEXPEN SUPN	20	nystatin TABS	21
NORPACE CR CP12 150 MG	10	NOVOLIN N RELION SUSP	20	nystatin-triamcinolone CREA	48
NORPRAMIN TABS 10 MG (Use desipramine hcl)	18	NOVOLIN N SUSP	20	nystatin-triamcinolone OINT	48
NORPRAMIN TABS 25 MG (Use desipramine hcl)	18	NOVOLIN R FLEXPEN RELION SOPN IJ	20	OASIS ULTRA MATRIX FENESTRATED	53
NORTHERA (Use droxidopa)	101	NOVOLIN R FLEXPEN SOPN IJ ..	20	OASIS WOUND MATRIX FENESTRATED	53
nortriptyline hcl CAPS	18	NOVOLIN R RELION SOLN IJ	20	OBIZUR	62
nortriptyline hcl SOLN	18	NOVOLIN R SOLN IJ	20	OCALIVA	60
NORVASC TABS (Use amlodipine besylate)	40	NOVOSEVEN RT	62	OCTAGAM SOLN	91
NORVIR TABS (Use ritonavir)	37	NP THYROID TABS	96	octreotide acetate KIT	58
NOSE CLIP MISC	73	NUBEQA	30	octreotide acetate SOLN	58
NOVA MAX PLUS GLU/KET CONTROL LIQD	69	NULEV TBDP 0.125 MG (Use hyoscyamine sulfate)	97	OCUFLOX (Use ofloxacin (ophth))	89
NOVA MAX PLUS KETONE TEST 55		NULIBRY	58	ODEFSEY	37
NOVACHOR	53	NULOJIX	78	ODOMZO	30
NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	85	NUMOISYN LIQD	79	OFF DEEP WOODS AERO	52
NOVAREL IM 5000 UNIT	57	NUPLAZID CAPS	34	OFF DEEP WOODS DRY AERO ..	52
NOVAVAX COVID-19 VACCINE SUSP	99	NUPLAZID TABS 10 MG	34	ofloxacin (ophth)	89
NOVAVAX COVID-19 VACCINE SUSY	99	NUTRIVIO CAPS 1 MG	80	ofloxacin (otic)	90
		NUVARING (Use etonogestrel-ethinyl estradiol)	43	ofloxacin 400 MG	59
		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	99	OGIVRI	29
		NUWIQ KIT	62	OHC COVID-19 ANTIGEN SELF TEST KIT	55
		NUWIQ SOLR	62	olanzapine TABS 15 MG, 20 MG ..	35
				olanzapine TABS 2.5 MG, 5 MG ..	35

olanzapine TABS 7.5 MG, 10 MG .35	ON/GO COVID-19 ANTIGEN TEST KIT55	ONE-DAILY MULTI VITAMINS TABS 50 MG-20 MG-1 MG-1.5 MG-400 UNIT-3 MCG-1 MG-1.7 MG-4000 UNIT-60 MG83
olmesartan medoxomil24	ON/GO ONE COVID-19 HOME TEST KIT55	ONE-DAILY MULTI-VITAMIN TABS 50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG-60 MG83
olmesartan medoxomil-amlodipine-hydrochlorothiazide25	ONCASPAR33	ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG81
olmesartan medoxomil-hydrochlorothiazide25	ONCE DAILY TABS 400 UNIT-50 MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG82	ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG-1 MG-2.5 MG-18 MG-5000 UNIT ..81
OMBRA COMPRESSOR AIR FILTERS MISC73	ondansetron hcl SOLN PO 4 MG/5ML21	ONETOUCH ULTRA 2 KIT69
omega-3 fatty acids CAPS 1000 MG, 1200 MG88	ondansetron hcl TABS 24 MG21	ONETOUCH ULTRA BLUE TEST STRP55
omega-3 fatty acids CPDR 1200 MG 88	ondansetron hcl TABS 4 MG, 8 MG 21	ONETOUCH ULTRA CONTROL LIQD69
OMEPRAZOLE42	ondansetron TBDP 16 MG21	ONETOUCH ULTRA STRP55
OMEPRAZOLE 20MG TABLET ..97	ondansetron TBDP 4 MG, 8 MG ...21	ONETOUCH ULTRA TEST STRP .55
omeprazole CPDR97	ONE DAILY ESSENTIAL TABS ...83	ONETOUCH VERIO FLEX SYSTEM KIT69
omeprazole magnesium TBEC97	ONE DAILY ESSENTIALS TABS .83	ONETOUCH VERIO LIQD69
OMNICAP TABS82	ONE DAILY MULTIVITAMIN ADULT TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT83	ONETOUCH VERIO REFLECT KIT 69
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT69	ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT81	ONETOUCH VERIO STRP55
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC69	ONE DAILY TABS 60 MG-2 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT83	ONE-WAY VALVED EXPIRATORY MISC73
OMNIPOD 5 LIBRE INTRO KIT ...69	ONE FLOW TESTER MISC73	ONE-WAY VALVED INSPIRATORY MISC73
OMNIPOD 5 LIBRE PODS MISC .69	ONE VITE DAILY MULTIVITAMIN TABS83	ONGLYZA 5 MG (Use saxagliptin hcl)19
OMNIPOD CLASSIC PODS (GEN 3) MISC69	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)83	ONPATTRO95
OMNIPOD DASH INTRO (GEN 4) KIT69	ONE-A-DAY MENS TABS (Use multiple vitamin)83	ONUREG TABS28
OMNIPOD DASH PDM (GEN 4) KIT .69		
OMNIPOD DASH PODS (GEN 4) MISC69		
OMNIPOD POD PALS69		
OMNITROPE SOCT57		
OMNITROPE SOLR SC57		

OPDIVO	29	39	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	6	
OPDUALAG	31	oseltamivir phosphate CAPS 45 MG, 75 MG	39	oxycodone w/ acetaminophen SOLN 7	
OPILL	44	oseltamivir phosphate SUSR	39	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7
ORA-BLEND SF SUSP	92	OSTEOCONDUCTIVE MATRIX PLUS IJ 2 ML, 5 ML, 10 ML	53	OXYCONTIN T12A	6
ORA-BLEND SUSP	93	OTEZLA TABS	5	oyster shell	76
oral electrolytes SOLN	76	OTEZLA TBPk	5	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	76
ORAL MIX SF SUSP	93	OTREXUP SOAJ 20 MG/0.4ML	3	OZURDEX IMPL	90
ORAL MIX SUSP	93	OTULFI SOLN SC 45 MG/0.5ML	49	PACLITAXEL PROTEIN-BOUND PART	33
ORAL SUSPEND LIQD	93	OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	49	paclitaxel protein-bound particles	33
ORAL SYRUP SF SYRP	93	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	49	PADCEV	29
ORAL SYRUP SYRP	93	OVACE WASH LIQD (Use sulfacetamide sodium)	49	PALYNZIQ	58
ORAPENN SD ANHYD SWEETENED LIQD	93	OVIDE (Use malathion)	53	PAMELOR CAPS (Use nortriptyline hcl)	18
ORAPENN SD ANHYD UNSWEETEN LIQD	93	OVIDREL SOSY	57	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	56
ORA-PLUS LIQD	93	oxazepam CAPS	9	PAMIDRONATE DISODIUM SOLN 56	
ORA-SWEET SF SYRP 10 %-9 %	93	OXBRYTA TABS 500 MG	63	PANDA MASK LARGE	73
ORA-SWEET SYRP 4 %-5 %-54 %	93	OXBRYTA TBSO	63	PANDA MASK MEDIUM	73
ORENITRAM TBCR	41	oxcarbazepine SUSP	13	PANDA MASK SMALL	73
ORFADIN CAPS (Use nitisinone)	58	oxcarbazepine TABS	13	PANHEMATIN 350 MG	62
ORFADIN SUSP	58	OXLUMO	61	pantoprazole sodium TBEC 20 MG 97	
ORKAMBI PACK	95	oxybutynin chloride TABS	98	pantoprazole sodium TBEC 40 MG 97	
ORKAMBI TABS	95	oxybutynin chloride TB24	98	PANZYGA	91
ORLADEYO	62	oxycodone hcl CAPS	6	PARI ALTERA NEBULIZER	
orphenadrine citrate TB12	85	oxycodone hcl CONC 100 MG/5ML	6	HANDSET MISC	73
ORTHOVISC	86	oxycodone hcl SOLN	6		
OSCIMIN SUBL 0.125 MG (Use hyoscyamine sulfate)	97	oxycodone hcl T12A 10 MG, 20 MG, 40 MG	6		
OSCIMIN TABS 0.125 MG (Use hyoscyamine sulfate)	97	oxycodone hcl TABS 30 MG	6		
oseltamivir phosphate CAPS 30 MG					

PARI BABY CONVERSION KIT	16	pediatric multivitamins w/fl CHEW	
MISC	73	0.25 MG, 1 MG	84
PARI BUBBLES PEDIATRIC MASK		pediatric multivitamins w/fl CHEW 0.5	
MISC	73	MG	84
PARI ERAPID NEBULIZER		pediatric multivitamins w/fl SUSP 0.5	
HANDSET MISC	73	MG/ML	84
PARI EXPIRATORY FILTER SET		PEDIATRIC PANDA MASK	74
DEVI	73	pediatric vitamins acd w/ fluoride	
PARI MASK SET MISC	74	SOLN	84
PARI SMARTMASK BABY/ELBOW		PEDVAX HIB SUSP	98
MISC	74	peg 3350-kcl-sod bicarb-sod	
PARI SOFT PLASTIC ADULT MASK		chloride-sod sulfate SOLR	65
MISC	74	peg 3350-potassium chloride-sod	
PARI SOFT PLASTIC PED MASK		bicarbonate-sod chloride	65
MISC	74	PEGASYS SOLN	38
PARI VORTEX ADULT MASK	74	PEG-PREP	65
PARI VORTEX PEDIATRIC MASK	74	PEMAZYRE	32
paricalcitol SOLN	58	PEMETREXED 500 MG/20ML	29
PARLODEL CAPS (Use		pemetrexed disodium SOLR 100 MG,	
bromocriptine mesylate)	34	500 MG	29
PARLODEL TABS (Use		PEMFEXY	29
bromocriptine mesylate)	34	PEN NEEDLE/5-BEVEL TIP	71
PARNATE (Use tranlycypromine		PEN NEEDLES	71
sulfate)	16	PENBRAYA	98
paroxetine hcl SUSP	16	penicillamine TABS	77
paroxetine hcl TABS 10 MG	16	penicillin v potassium SOLR	92
paroxetine hcl TABS 20 MG	16	penicillin v potassium TABS	92
paroxetine hcl TABS 30 MG, 40 MG	16	PENTACEL	96
paroxetine hcl TB24	16	pentoxifylline	62
PARSABIV	58	PEPCID TABS (Use famotidine)	97
PARVA-CAL 200 UNIT-500 MG	76	PERCOCET TABS 325 MG-10 MG,	
PAXIL CR TB24 (Use paroxetine hcl)		325 MG-5 MG, 325 MG-7.5 MG (Use	
PAXIL SUSP (Use paroxetine hcl)	16	oxycodone w/ acetaminophen)	7
PAXIL TABS 10 MG (Use paroxetine			
hcl)	17		
PAXIL TABS 20 MG (Use paroxetine			
hcl)	17		
PAXIL TABS 30 MG, 40 MG (Use			
paroxetine hcl)	16		
PAXLOVID (150/100)	38		
PAXLOVID (300/100)	38		
pazopanib hcl	32		
PC PEDIATRIC POLY-VITA/FE			
DROP SOLN	85		
PC PEDIATRIC POLY-VITAMIN			
DROP SOLN PO	85		
PCCA SWEET-SF SYRP	93		
PCCA SYRUP VEHICLE SYRP	93		
PCCA-PLUS SUSP	93		
PEAK A-I-R FLOW METER	74		
PEAK AIR PEAK FLOW METER	74		
PEAK FLOW METER UNIVERSAL			
RANG	74		
PED DISPOSABLE MISC	74		
ped multivitamins w/fl & iron SOLN	84		
PEDIACARE CHILDRENS LONG-			
ACT LIQD 7.5 MG/5ML	45		
PEDIAPRED SOLN (Use			
prednisolone sodium phosphate)	44		
PEDIARIX SUSY	96		
PEDIATRIC MOUTHPIECE MISC	74		
PEDIATRIC MULTIPLE VITAMINS			
W/ MINERALS-VARIOUS	84		

PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) . 7	10 MG/5ML-4 MG/5ML-15 MG/5ML 46	pindolol TABS40
PERIDEX (Use chlorhexidine gluconate (mouth-throat))78	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML46	pioglitazone hcl20
PERJETA29	phenylephrine-dm SOLN 46	pioglitazone hcl-metformin hcl TABS . 18
PERMETHRIN CREA 5 % (Use permethrin)53	phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML46	PIP BLOOD GLUCOSE TEST STRIP STRP55
permethrin CREA53	phenytoin CHEW14	PIP GLUCOSE CONTROL SOLUTION LIQD70
permethrin LIQD EX53	phenytoin sodium extended 100 MG . 14	PIQRAY (200 MG DAILY DOSE) .32
perphenazine TABS36	phenytoin sodium SOLN14	PIQRAY (250 MG DAILY DOSE) .32
perphenazine-amitriptyline94	phenytoin SUSP 14	PIQRAY (300 MG DAILY DOSE) .32
PERSERIS PRSY35	PHOSPHA 250 NEUTRAL 852 MG- 155 MG-130 MG (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) 77	pirfenidone CAPS95
PERSONAL BEST FULL RANGE 74	PHOTOFRIN33	pirfenidone TABS95
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP99	PHOTREXA-PHOTREXA VISCOUS KIT89	piroxicam CAPS5
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP99	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG32	PIVOT INSULIN PUMP STARTER KIT KIT70
PFLEX MISC74	phytonadione TABS 5 MG101	PLAQUENIL (Use hydroxychloroquine sulfate) 27
PHARMACIST CHOICE MASK WIPES MISC74	PIFELTRO37	PLAVIX 75 MG (Use clopidogrel bisulfate) 62
phenazopyridine hcl TABS 100 MG, 200 MG61	PIKO 174	PLEGRIDY SOAJ94
PHENAZOPYRIDINE HCL TABS 100 MG, 200 MG 61	PILLOW MASK/ADULT MISC74	PLEGRIDY SOSY IM94
phenelzine sulfate16	PILLOW MASK/CHILD MISC74	PLEGRIDY STARTER PACK SOAJ . 94
phenobarbital ELIX64	PILLOW MASK/PEDIATRIC MISC 74	PLEGRIDY STARTER PACK SOSY SC94
phenobarbital TABS64	pilocarpine hcl (oral) 5 MG79	PLENITY1
phenylephrine hcl (mydriatic) SOLN 2.5 %88	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 88	PLENITY WELCOME KIT1
phenylephrine hcl (oral) TABS86	PILOT COVID-19 AT-HOME TEST KIT55	plerixafor63
PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic)) 88	pimecrolimus51	PNEUMOVAX 23 SOLN98
phenylephrine-chlorphen-dm LIQD	PIN RID CHEW9	PNEUMOVAX 23 SOSY98
		POCKET PEAK FLOW METER ..74
		POCKETCHEM EZ CONTROL

SOLN	70	microencapsulated crystals er	77	prednisolone TABS	44
POCKETPEAK PEAK FLOW METER	74	potassium chloride PACK PO 20 MEQ	77	PREDNISONE INTENSOL CONC	44
podofilox SOLN	51	potassium chloride SOLN PO 10 %, 20 %, 10 %	77	prednisone SOLN	44
POLIVY	29	potassium chloride TBCR 8 MEQ, 10 MEQ	77	prednisone TABS	44
POLYCOSE LIQD	87	potassium citrate (alkalinizer) TBCR . 60		prednisone TBPK	44
POLYCOSE POWD	87	POTELIGEO	29	PREGNYL IM	57
polyethylene glycol 3350 POWD ..	65	PRADAXA CAPS (Use dabigatran etexilate mesylate)	12	PREHEVBRIO	100
polymyxin b-trimethoprim	89	pralatrexate	29	PREMARIN	101
polysaccharide iron complex CAPS 63		PRALUENT SOAJ	23	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Use estrogens, conjugated)	59
POLY-VI-FLOR CHEW 0.25 MG, 1 MG	84	pramipexole dihydrochloride TABS 34		PREMIUM LIDOCAINE OINT 5 % (Use lidocaine)	52
POLY-VI-FLOR CHEW 0.5 MG	84	prasugrel hcl	62	PREMPHASE	59
polyvinyl alcohol 1.4 %	88	pravastatin sodium	23	PREMPRO	59
POLY-VI-SOL SOLN PO	85	prazosin hcl CAPS	24	PRENATAL VITAMINS-MISC	85
POLY-VITA SOLN PO	85	PRECISION GLUCOSE KETONE CONTR LIQD	70	PREPARATION H EX 1 %	8
POLY-VITA/IRON SOLN	85	PRECISION XTRA KETONE	55	PREPARATION H SOOTHING RELIEF EX 1 %	8
POLY-VITE PEDIATRIC SOLN PO 85		PRED FORTE (Use prednisolone acetate (ophth))	90	PREVACID 24HR CPDR (Use lansoprazole)	97
POLY-VITE/IRON SOLN	85	PRED MILD	90	PREVACID CPDR 30 MG (Use lansoprazole)	97
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	30	prednisolone acetate (ophth)	90	PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))	79
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (Use pomalidomide)	30	PREDNISOLONE ACETATE P-F	90	PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	79
PORTRAZZA	30	PREDNISOLONE SODIUM PHOSPHATE	90	PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental))	79
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	77	prednisolone sodium phosphate SOLN 20 MG/5ML	44	PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))	79
potassium bicarbonate TBEF	77	prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML	44		
potassium chloride CPCR 10 MEQ 77		prednisolone SOLN	44		
potassium chloride CPCR 8 MEQ .	77				
potassium chloride					

PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	79	nifedipine	41	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	40
PREVIDENT GEL (Use sodium fluoride (dental))	79	prochlorperazine	36	propranolol hcl TABS	40
PREVNAR 20	98	prochlorperazine maleate TABS	36	propylthiouracil	96
PREVYMIS SOLN	38	PROCYSBI CPDR	61	PROQUAD SUSR	100
PREVYMIS TABS	38	PROCYSBI PACK	61	PROSCAR (Use finasteride)	61
PREZCOBIX	37	PROFILNINE	62	PROTEXT SUSP	53
PREZISTA SUSP	37	progesterone CAPS 100 MG	93	PROTONIX TBEC 20 MG (Use pantoprazole sodium)	98
PREZISTA TABS 150 MG	37	progesterone CAPS 200 MG	93	PROTONIX TBEC 40 MG (Use pantoprazole sodium)	98
PREZISTA TABS 600 MG (Use darunavir)	37	PROGRAF CAPS (Use tacrolimus) 78		PROVENTIL HFA AERS (Use albuterol sulfate)	12
PREZISTA TABS 75 MG	37	PROGRAF PACK	78	PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate)	93
PREZISTA TABS 800 MG (Use darunavir)	37	PROLASTIN-C SOLN	95	PROXIVOL GEL 2 %	52
PRIALT	5	PROLEUKIN	33	PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)	17
PRILOSEC OTC TBEC (Use omeprazole magnesium)	98	PROLIA SOSY	56	PROZAC CAPS 40 MG (Use fluoxetine hcl)	17
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	27	promethazine & phenylephrine SYRP	46	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	46
primaquine phosphate TABS	27	PROMETHAZINE HCL POWD	42	pseudoephedrine hcl TABS	86
primidone	14	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	22	pseudoephedrine hcl TB12	86
PRIORIX SUSR	100	promethazine hcl SUPP	22	pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML	46
PRISTIQ 100 MG (Use desvenlafaxine succinate)	17	promethazine hcl TABS	22	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	46
PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	17	promethazine w/codeine SOLN	46	pseudoephedrine-ibuprofen TABS	46
PRIVIGEN SOLN	91	promethazine w/codeine SYRP	46	psyllium CAPS 0.36 GM, 0.52 GM	64
PROAIR RESPICLICK AEPB	12	promethazine-dm SYRP	46	psyllium POWD 28.3 %, 30 %, 58.6 %, 100 %	64
probenecid	61	PROMETRIUM CAPS 100 MG (Use progesterone)	93	psyllium POWD 43 %	64
PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)	41	PROMETRIUM CAPS 200 MG (Use progesterone)	93		
PROCARDIA XL TB24 60 MG (Use		PRONEB ULTRA FILTER SET MISC	74		
		propafenone hcl TABS	10		
		propranolol hcl CP24	40		

PTS PANELS EGLU TEST STRP .55	PYZCHIVA SC 45 MG/0.5ML49	TEST STRP55
PULMICORT SUSP (Use budesonide (inhalation))11	QC CALCIUM 500MG-D3 TABS ..76	QUICK TOUCH INSULIN PEN NEEDLE71
PULMOZYME95	QC DAILY MULTIVITAMINS/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT81	QUICKTEK CONTROL SOLUTION LIQD70
PURAPLY53	QC ESSENTIALS TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT83	QUICKVUE AT-HOME COVID-19 TEST KIT55
PURE COMFORT FLOW METER ADULT74	QINLOCK32	quinapril hcl24
PURE COMFORT FLOW METER CHILD74	QTERN 5 MG-10 MG18	quinapril-hydrochlorothiazide 12.5 MG-10 MG26
PURE COMFORT PEAK FLOW MISC74	QUADRACEL SUSP96	quinapril-hydrochlorothiazide 12.5 MG-20 MG26
PURE COMFORT SAFETY PEN NEEDLE71	QUADRACEL SUSY96	quinapril-hydrochlorothiazide 25 MG- 20 MG25
PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine)29	QUESTRAN LIGHT POWD (Use cholestyramine light)23	quinidine gluconate TBCR10
pyrantel pamoate SUSP9	QUESTRAN PACK (Use cholestyramine)23	quinidine sulfate TABS10
pyrazinamide28	QUESTRAN POWD (Use cholestyramine)23	QUINTABS TABS83
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %53	quetiapine fumarate TABS 100 MG, 200 MG35	QUINTET CONTROL HIGH/NORMAL SOLN70
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %53	quetiapine fumarate TABS 25 MG, 50 MG35	QVAR REDHALER 40 MCG/ACT .11
PYRIDIDIUM TABS (Use phenazopyridine hcl)61	quetiapine fumarate TABS 300 MG, 400 MG35	QVAR REDHALER 80 MCG/ACT .11
pyridostigmine bromide TABS 60 MG27	QUFLORA PEDIATRIC CHEW 0.25 MG, 1 MG84	RA GLUCOSE19
pyridostigmine bromide TBCR27	QUFLORA PEDIATRIC CHEW 0.5 MG84	RABAVERT100
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG102	QUFLORA PEDIATRIC SUSP 0.5 MG/ML84	RADICAVA ORS STARTER KIT SUSP86
pyrimethamine27	QUICK TOUCH BLOOD GLUCOSE KIT70	RADICAVA ORS SUSP86
PYRUKYND TABS63	QUICK TOUCH BLOOD GLUCOSE	RADICAVA SOLN (Use edaravone) 86
PYRUKYND TAPER PACK TBPB .63		raloxifene hcl57
PYZCHIVA 45 MG/0.5ML, 90 MG/ML49		ramipril CAPS24
		RAPAMUNE SOLN (Use sirolimus) 78
		RAPAMUNE TABS (Use sirolimus) 78

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	(Use mirtazapine)	15	37	
REBIF REBIDOSE SOAJ	94	REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL MASK-LRG MISC	74
REBIF REBIDOSE TITRATION PACK SOAJ	94	REMERON TABS 15 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL MASK-MED MISC	74
REBIF SOSY	94	REMERON TABS 30 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL MASK-SML MISC	74
REBIF TITRATION PACK SOSY	94	REMIFEMIN MENOPAUSE RELIEF TABS	2	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension))	42
REBINYN	62	RENAL CAPS 1 MG	80	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension))	42
RECLAST SOLN (Use zoledronic acid)	56	RENO CAPS CAPS 1 MG	80	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension))	42
RECOMBINATE SOLR	62	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	96	REVCОВI	58
RECOMBIVAX HB SUSP	100	REPATHA PUSHTRONEX SYSTEM SOCT	23	REVLIMID (Use lenalidomide)	77
RECOMBIVAX HB SUSY	100	REPATHA SOSY	23	REYATAZ CAPS 200 MG (Use atazanavir sulfate)	37
RECORLEV	56	REPATHA SURECLICK SOAJ	23	REYATAZ CAPS 300 MG (Use atazanavir sulfate)	37
REFUAH PLUS GLUCOSE CONTROL SOLN	70	REPLACEMENT AIR FILTER MISC	74	REYATAZ PACK	38
REGLAN TABS (Use metoclopramide hcl)	60	REPLACEMENT FILTERS MISC	74	REZUROCK	77
RELCARE TABS	83	RESTORIL 15 MG, 30 MG (Use temazepam)	64	RHOGAM ULTRA-FILTERED PLUS SOSY IM	91
RELENZA DISKHALER	39	RETACRIT	63	RHOPHYLAC SOSY IJ	91
RELEXXII TBCR 18 MG, 27 MG, 54 MG	2	RETEVMO CAPS	32	RIASTAP	62
RELEXXII TBCR 36 MG	2	RETHYMIC	77	ribavirin (hepatitis c) CAPS	38
RELION GLUCOSE TEST STRIPS STRP	55	RETIN-A CREA (Use tretinoin)	47	ribavirin (hepatitis c) TABS 200 MG	38
RELION KETONE TEST STRP	55	RETIN-A GEL 0.01 % (Use tretinoin)	47	riboflavin TABS	102
RELPAХ (Use eletriptan hydrobromide)	75	RETIN-A GEL 0.025 % (Use tretinoin)	47	rifabutin	28
REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	15	RETISERT	90	rifampin CAPS	28
REMERON SOLTAB TBDP 30 MG		RETROVIR CAPS (Use zidovudine)	37	RIGHTEST GT333 BLOOD GLUCOSE STRP	55
		RETROVIR SYRP (Use zidovudine)		RIGHTEST GT333 GLUCOSE TEST	

STRP	55	ROCALTROL CAPS (Use calcitriol)	51		
rilpivirine hcl 25 MG	38	58	salicylic acid GEL 3 %	51	
riluzole TABS	86	roflumilast	10	salicylic acid GEL 6 %	51
risedronate sodium TABS 35 MG ..	56	ROMIDEPSIN SOLN	32	SALINE NASAL SPRAY 0.65% ..	86
risedronate sodium TABS 5 MG, 30		romidepsin SOLR	32	saline SOLN 0.65 %	86
MG	56	ropinirole hydrochloride TABS 0.25		salsalate	5
risedronate sodium TBEC	56	MG, 3 MG, 4 MG	34	SAMI THE SEAL FILTERS MISC .	74
RISPERDAL CONSTA (Use		ropinirole hydrochloride TABS 0.5		SAMSCA TABS PO (Use tolcapten	
risperidone microspheres)	35	MG, 1 MG, 2 MG, 5 MG	34	(hyponatremia))	59
RISPERDAL SOLN (Use risperidone)		rosuvastatin calcium TABS	23	SANDIMMUNE CAPS (Use	
.....	35	ROTARIX SUSP	100	cyclosporine)	78
RISPERDAL TABS 0.5 MG, 1 MG, 2		ROTATEQ SOLN	100	SANDIMMUNE SOLN IV 50 MG/ML .	
MG, 3 MG, 4 MG (Use risperidone)		ROUGH PIGWEED	2	78	
35		ROXICODONE TABS 15 MG (Use		SANDOSTATIN LAR DEPOT KIT	
risperidone microspheres	35	oxycodone hcl)	6	(Use octreotide acetate)	58
risperidone SOLN	35	ROXICODONE TABS 30 MG (Use		SANDOSTATIN SOLN 50 MCG/ML,	
risperidone TABS	35	oxycodone hcl)	6	100 MCG/ML, 500 MCG/ML (Use	
risperidone TBDP	35	ROZLYTREK CAPS	32	octreotide acetate)	58
RITALIN TABS 10 MG, 20 MG (Use		RUBRACA	32	SAPHNELO	78
methylphenidate hcl)	2	RUCONEST	62	sapropterin dihydrochloride PACK	58
RITALIN TABS 5 MG (Use		rufinamide SUSP	14	sapropterin dihydrochloride TABS	58
methylphenidate hcl)	2	rufinamide TABS	14	SAVELLA TABS 12.5 MG, 25 MG, 50	
ritonavir TABS	38	RUKOBIA	38	MG, 100 MG (Use milnacipran hcl)	
rivastigmine 4.6 MG/24HR, 9.5		RUXIENCE	29	94	
MG/24HR	94	RYDAPT	32	SAVELLA TITRATION PACK MISC	
rivastigmine tartrate CAPS	94	RYLAZE	33	(Use milnacipran hcl)	94
RIXUBIS SOLR	62	RYPLAZIM	62	saxagliptin hcl	19
rizatriptan benzoate TABS	76	SABRIL PACK (Use vigabatrin) ...	14	saxagliptin-metformin hcl	18
rizatriptan benzoate TBDP	76	SABRIL TABS (Use vigabatrin)	14	SB FIB LAX ORANGE POWD 30 %,	
ROBINUL TABS (Use glycopyrrolate)		sacubitril-valsartan TABS	41	33 %	64
.....	97	SALAGEN 5 MG (Use pilocarpine hcl		SB HEMORRHOID 0.25 %-71.9 %-	
ROBINUL-FORTE TABS (Use		(oral))	79	14 %-3 %	8
glycopyrrolate)	97			SB LICE TREATMENT LIQD 3 %-2.4	
				%-0.3 %-1.2 %, 1 %	53
				SCEMBLIX 100 MG	32

SCSEMBLIX 20 MG, 40 MG 32	sennosides TABS 8.6 MG 65	SIKLOS TABS 63
SCHOOLTIME SHAMPOO SHAM 53	sennosides-docusate sodium TABS 65	sildenafil citrate (pulmonary hypertension) SOLN 42
SCOT-TUSSIN DM LIQD 46	SENSIPAR (Use cinacalcet hcl) .. 58	sildenafil citrate (pulmonary hypertension) SUSR 42
SCOT-TUSSIN SENIOR LIQD 46	SEREVENT DISKUS 12	sildenafil citrate (pulmonary hypertension) TABS 42
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day)) 43	SEROQUEL TABS 100 MG, 200 MG (Use quetiapine fumarate) 35	SILICONE MASK/ADULT MISC ... 74
SECURESAFE SAFETY PEN NEEDLES 71	SEROQUEL TABS 25 MG, 50 MG (Use quetiapine fumarate) 35	SILICONE MASK/INFANT MISC .. 75
SELARSDI SOLN IV 130 MG/26ML 60	SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate) 35	SILICONE MASK/PEDIATRIC MISC . 75
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML 49	SEROSTIM SC 4 MG, 5 MG, 6 MG 57	SILVADENE (Use silver sulfadiazine) 50
selegiline hcl CAPS 34	sertraline hcl CONC 17	silver sulfadiazine 50
selegiline hcl TABS 34	sertraline hcl TABS 100 MG 17	simethicone CHEW 80 MG 59
selenium sulfide LOTN 1 % 49	sertraline hcl TABS 25 MG, 50 MG 17	simethicone LIQD PO 59
selenium sulfide LOTN 2.5 % 49	SEVENFACT 62	simethicone SUSP 59
selenium sulfide SHAM 1 % 49	SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental)) 79	SIMLANDI (1 PEN) AJKT 4
SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide) 49	SF GEL 1.1 % (Use sodium fluoride (dental)) 79	SIMLANDI (1 SYRINGE) PSKT 4
SELSUN BLUE DAILY LOTN (Use selenium sulfide) 49	SFROWASA ENEM 60	SIMLANDI (2 PEN) AJKT 4
SELSUN BLUE LOTN (Use selenium sulfide) 49	SHEEP SORREL-YELLOW DOCK IJ 2	SIMLANDI (2 SYRINGE) PSKT 4
SELSUN BLUE MEDICATED LOTN (Use selenium sulfide) 49	SHINGRIX 100	SIMPLERA SENSOR 70
SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide) 49	SHINGRIX IM 50 MCG/0.5ML 100	SIMPLERA SYNC SENSOR 70
SELZENTRY SOLN 38	SIDESTREAM ADULT FACE MASK MISC 74	SIMPLERA SYSTEM 70
SELZENTRY TABS 150 MG (Use maraviroc) 38	SIDESTREAM PEDIATRIC FACE MASK MISC 74	SIMPLYTHICK EASY MIX 92
SELZENTRY TABS 300 MG (Use maraviroc) 38	SIDESTREAM PLS ADULT FACE MASK MISC 74	SIMPLYTHICK EASYMIX LEVEL 1 . 92
SEMGLEE (YFGN) SOLN 20	SIGNIFOR 58	SIMPLYTHICK EASYMIX LEVEL 2 . 92
SEMGLEE (YFGN) SOPN 20		SIMPLYTHICK EASYMIX LEVEL 3 . 92
		simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG 23

SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa)	34	(dental))	79	SOOTHENE NBL 100 MED CUP MISC	75
SINGULAIR CHEW (Use montelukast sodium)	10	SODIUM FLUORIDE 5000 PPM PSTE DT 1.1 % (Use sodium fluoride (dental))	79	SOOTHENE NBL 100 MESH CAP MISC	75
SINGULAIR PACK (Use montelukast sodium)	10	sodium fluoride CHEW	76	sorafenib tosylate	32
SINGULAIR TABS (Use montelukast sodium)	10	sodium fluoride SOLN 0.5 MG/ML	76	SORBITOL PO 70 %	65
sirolimus SOLN	78	SODIUM FLUORIDE SOLN 0.5 MG/ML	76	SORREL/DOCK MIX IJ	2
sirolimus TABS	78	sodium phenylbutyrate POWD	58	SOSWEET SYRP	93
sitagliptin 25 MG, 50 MG, 100 MG	19	sodium phenylbutyrate TABS	58	sotalol hcl (afib/afl)	40
sitagliptin free base-metformin hcl TABs 1000 MG-50 MG, 500 MG-50 MG	18	sodium phosphate monobasic- sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML	65	sotalol hcl TABS 240 MG	40
sitagliptin free base-metformin hcl TB24	18	sodium polystyrene sulfonate POWD 78	78	sotalol hcl TABS 80 MG, 120 MG, 160 MG	40
SIVEXTRO TABS	27	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	78	SOVALDI TABS	38
SM IPECAC SYRUP	21	sodium sulfate-potassium sulfate- magnesium sulfate	65	SOVUNA 200 MG	27
SMARTEST CONTROL MEDIUM SOLN	70	SOFOSBUVIR-VELPATASVIR TABS	38	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	75
SOAANZ TABS 20 MG	56	SOLESTA	77	SPACER/AEROSOL-HOLDING CHAMBERS	75
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	8	solifenacin succinate TABS	98	SPACERS AND BREATHING CHAMBERS-MISC	75
sodium chloride (gu irrigant) 0.9 %	61	SOLQUA	18	SPEEDY SWAB COVID-19 ANTIGEN KIT	55
sodium chloride (inhalant) AERS	46	SOLUVITA ACD WITH FLUORIDE SOLN	84	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	100
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	46	SOLUVITA WITH FLUORIDE SUSP 0.5 MG/ML	84	SPIKEVAX SUSP	100
sodium citrate & citric acid	60	SOOTHENE NBL 100 ADULT MASK MISC	75	SPIKEVAX SUSY	100
sodium fluoride (dental) CREA	79	SOOTHENE NBL 100 CHILD MASK MISC	75	spinosad	53
sodium fluoride (dental) GEL	79			SPINRAZA	87
sodium fluoride (dental) PSTE DT	79			SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)	10
SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride				spironolactone & hydrochlorothiazide	55

SPORANOX CAPS (Use itraconazole)	21	STRESS TABS ENERGY TABS	83		26
SPRAVATO (56 MG DOSE)	16	STRIBILD	38	sulfasalazine TABS	60
SPRAVATO (84 MG DOSE)	16	STRIVE DUAL ZONE PEAK FLOW MTR	75	sulfasalazine TBEC	60
SPRYCEL (Use dasatinib)	32	SUBLOCADE SOSY 100 MG/0.5ML .	7	sulindac TABS	5
STAMARIL SUSR	100	SUBLOCADE SOSY 300 MG/1.5ML .	7	sumatriptan	76
STEQUEYMA	49	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	7	sumatriptan succinate SOAJ 6 MG/0.5ML	76
STEQUEYMA	60	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOCT 6 MG/0.5ML	76
STERILE DILUENT FLOLAN PH 12 .	93	sucrafate SUSP	97	sumatriptan succinate SOLN 6 MG/0.5ML	76
STERILE DILUENT FOR REMODULIN (Use glycine diluent)	93	sucrafate TABS	97	sumatriptan succinate TABS	76
STIVARGA	32	SUDAFED CHILDRENS LIQD	86	sunitinib malate	32
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	53	SUDAFED PE CHILDRENS SOLN	86	SUPARTZ FX SOSY	86
STRATTERA (Use atomoxetine hcl)	1	sulfacetamide sodium (acne)	47	SUPER BI-MIX SOLR	41
STRENSIQ	58	sulfacetamide sodium (ophth) OINT	89	SUPER TRI-MIX SOLR	41
STRESS B COMPLEX/IRON TABS 600 MG-5 MG-45 MCG-400 MCG-12 MCG-15 MG-100 MG-20 MG-27 MG-15 MG-30 UNIT	81	sulfacetamide sodium (ophth) SOLN .	89	SUPPRELIN LA	57
STRESS FORMULA TABS 500 MG-3 MG-45 MCG-400 MCG-12 MCG-20 MG-10 MG-100 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-15 MG-12 MCG-20 MG-10 MG-100 MG-30 UNIT	83	sulfacetamide sodium LIQD	49	SUPREME II HIGH/LOW CONTROL LIQD	70
STRESS FORMULA/IRON TABS .	81	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	47	SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	65
STRESS FORMULA/IRON/ENERGY TABS	81	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	47	SURE COMFORT PEN NEEDLES	71
STRESS FORMULA/ZINC/ENERGY TABS	83	sulfacetamide sod-prednisolone SOLN	90	SUSPENDIT ANHYDROUS SUSP	93
		sulfamethoxazole-trimethoprim SUSP	26	SUSPENDRX W/BITTERBLOC SWEET SUSP	93
		sulfamethoxazole-trimethoprim TABS		SUSPENDRX W/BITTERBLOC UNSWEET SUSP	93
				SUSPENSION VEHICLE SUSP ...	93
				SUSVIMO (IMPLANT 1ST FILL) SOLN	88
				SUSVIMO (IMPLANT REFILL) SOLN.	

88	MCG-1 MCG-2.5 MG-1500 MCG-1	TAVNEOS	62
SUSVIMO OCULAR IMPLANT	MG-15 MG	tazarotene CREA	49
SUTENT (Use sunitinib malate)	TAB-A-VITE/IRON/BETA	tazarotene GEL	49
SYLVANT	CAROTENE TABS	TAZORAC CREA (Use tazarotene)	49
SYMBICORT (Use budesonide- formoterol fumarate dihydrate)	TABLOID	TAZORAC GEL (Use tazarotene)	49
SYMDEKO	TABRECTA	TAZVERIK	32
SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	tacrolimus (topical) OINT 0.03 %	TDVAX SUSP	96
SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	tacrolimus (topical) OINT 0.1 %	TECARTUS	30
SYNAGIS SOLN	tacrolimus CAPS	TECENTRIQ	29
SYNAREL	tadalafil (pulmonary hypertension)	TECFIDERA CDPK (Use dimethyl fumarate)	94
SYNOJOYNT SOSY	TABS	TECFIDERA CPDR (Use dimethyl fumarate)	94
SYNTHROID TABS (Use levothyroxine sodium)	TAFINLAR CAPS	TECHLITE PLUS PEN NEEDLES	71
SYNVISC ONE SOSY	TAGRISSO	TEGLUTIK SUSP	87
SYNVISC SOSY	TAKHZYRO SOLN	TEGRETOL SUSP (Use carbamazepine)	14
SYPRINE (Use trientine hcl)	TAKHZYRO SOSY	TEGRETOL TABS (Use carbamazepine)	14
SYRPALTA SYRP	TALTZ SOAJ	TEGRETOL-XR TB12 (Use carbamazepine)	14
SYRSPEND SF LIQD	TALTZ SOSY	TEGSEDI	95
SYRUP VEHICLE SF SYRP	TALZENNA	telmisartan	24
SYRUP VEHICLE SYRP	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	telmisartan-amlodipine	26
TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	telmisartan-hydrochlorothiazide	26
TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	TAMIFLU SUSR (Use oseltamivir phosphate)	temazepam 15 MG, 30 MG	64
UNIT-10 MG-1.5 MG-45 MG-30 UNIT	tamoxifen citrate TABS	TEMODAR SOLR	28
TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10	tamsulosin hcl	temozolomide CAPS	28
	TARCEVA (Use erlotinib hcl)	TEMPO WELCOME KIT	70
	TARGRETIN (Use bexarotene (topical))	temsirolimus	32
	TARGRETIN (Use bexarotene)	TENIVAC SUSP 2 LFU-5 LFU	96
	TARPEYO CPDR		
	TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl)		

tenofovir disoproxil fumarate TABS 38	tetrahydrozoline hcl (ophth) 0.05 % 89	TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl extended release beads) 41
TENORETIC 100 (Use atenolol & chlorthalidone) 26	TEZSPIRE SOSY 10	TIAZAC 240 MG (Use diltiazem hcl extended release beads) 41
TENORETIC 50 (Use atenolol & chlorthalidone) 26	TGT GLUCOSE 19	TIBSOVO 32
TENORMIN TABS (Use atenolol) . 40	THALOMID 50 MG, 100 MG, 200 MG 77	ticagrelor 60 MG, 90 MG 62
TEPADINA (Use thiotepa) 28	THEO-24 CP24 12	TICOVAC 100
TEPEZZA 57	theophylline ELIX 12	TIGLUTIK SUSP 87
terazosin hcl 24	theophylline SOLN 12	TIKOSYN (Use dofetilide) 10
terbinafine hcl (topical) CREA 48	theophylline TB12 12	timolol maleate (ophth) SOLN 88
terbinafine hcl TABS 21	theophylline TB24 12	timolol maleate TABS 40
terbutaline sulfate TABS 12	THERA TABS 83	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth)) 88
terconazole vaginal CREA 100	THERA-TABS TABS 90 MG-3 MG-30 MCG-400 MCG-3 MG-20 MG-400 UNIT-9 MCG-5000 UNIT-10 MG-3.4 MG-30 UNIT 83	TINACTIN CREA (Use tolnaftate) . 48
terconazole vaginal SUPP 100	THEREMS TABS 83	tioconazole vaginal 6.5 % 100
teriflunomide 94	thiamine hcl TABS 102	tiopronin TABS 61
teriparatide SOPN 56	thiamine mononitrate TABS 100 MG . 102	tiopronin TBEC 61
TERIPARATIDE SOPN 57	THIOLA EC TBEC (Use tiopronin) . 61	tiotropium bromide CAPS IN 18 MCG 10
TESTOPEL PLLT 8	THIOLA TABS (Use tiopronin) 61	TIVDAK 29
testosterone cypionate SOLN IM 100 MG/ML 8	thioridazine hcl 36	TIVICAY TABS 50 MG 38
testosterone cypionate SOLN IM 200 MG/ML 8	thiotepa 28	tizanidine hcl TABS 85
testosterone enanthate SOLN IM ... 8	thiothixene 36	TM-DAILY VITE TABS 83
TETANUS-DIPHThERIA TOXOIDS	THRESHOLD IMT MISC 75	TM-VITE RX TABS 1 MG 80
TD SUSP 96	THROMBATE III 500 UNIT 62	TOBI NEBU (Use tobramycin) 2
tetrabenazine 94	THYMOGLOBULIN 78	TOBI PODHALER CAPS 2
tetracaine hcl (ophth) 89	THYROGEN 0.9 MG 53	TOBRADEX OINT 90
TETRACAINE HCL 0.5 % (Use tetracaine hcl (ophth)) 89	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 96	tobramycin (ophth) SOLN 89
TETRACAINE HCL 0.5 % 89	tiagabine hcl 14	tobramycin NEBU 2
tetracycline hcl CAPS 500 MG 96		tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML,

80 MG/2ML	2	desoximetasone)	51	trazodone hcl TABS 300 MG	17
tobramycin sulfate SOLR	2	topiramate CPSP 15 MG	14	trazodone hcl TABS 50 MG, 100 MG, 150 MG	17
tobramycin-dexamethasone SUSP 90		topiramate CPSP 25 MG	14	TREANDA SOLR (Use bendamustine hcl)	28
TOBREX OINT	89	topiramate TABS 100 MG	14	tretinoin (chemotherapy)	33
tofacitinib citrate SOLN 1 MG/ML ...	2	topiramate TABS 200 MG	14	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	47
tofacitinib citrate TABS 5 MG, 10 MG 2		topiramate TABS 25 MG, 50 MG ..	14	tretinoin GEL 0.01 %	47
tofacitinib citrate TB24 11 MG, 22 MG	3	TOPOTECAN HCL SOLN (Use topotecan hcl)	34	tretinoin GEL 0.025 %	47
tolnaftate CREA	48	topotecan hcl SOLN	34	TRETEN	62
tolterodine tartrate CP24	98	topotecan hcl SOLR	34	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	29
tolterodine tartrate TABS	98	TOPROL XL TB24 200 MG (Use metoprolol succinate)	40	triamcinolone acetonide (mouth) ..	79
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	59	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 40		triamcinolone acetonide (nasal) AERO	86
tolvaptan TABS	59	toremifene citrate	30	triamcinolone acetonide (topical) CREA	51
tolvaptan TBPK 15 MG	59	TORISEL (Use temsirolimus)	32	triamcinolone acetonide (topical) LOTN	51
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	14	torsemide TABS	56	triamcinolone acetonide (topical) OINT 0.025 %	51
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	14	TOVIAZ (Use fesoterodine fumarate)	98	triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %	51
TOPAMAX TABS 100 MG (Use topiramate)	14	TRACLEER TABS (Use bosentan) 41		TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr) 45	
TOPAMAX TABS 200 MG (Use topiramate)	14	TRACLEER TBSO 32 MG (Use bosentan)	42	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	56
TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	14	tramadol hcl TABS 50 MG	6	triamterene & hydrochlorothiazide TABS	56
TOPICORT CREA 0.05 % (Use desoximetasone)	51	tramadol-acetaminophen	7	triazolam	64
TOPICORT CREA 0.25 % (Use desoximetasone)	50	trandolapril 1 MG, 2 MG	24	TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	26
TOPICORT GEL (Use desoximetasone)	51	trandolapril 4 MG	24	TRICOR TABS (Use fenofibrate) ..	23
TOPICORT OINT 0.25 % (Use		trandolapril-verapamil hcl	26		
		tranexamic acid TABS	64		
		tranylcypromine sulfate	16		
		TRAZIMERA	29		

trientine hcl 250 MG77	10 MCG-1500 MCG-6 MCG83	TYPHIM VI SOSY98
trientine hcl 500 MG77	TRUE METRIX BLOOD GLUCOSE TEST STRP55	TYVASO REFILL KIT SOLN IN ... 41
TRIESENCE90	TRUE METRIX PRO BLOOD GLUCOSE STRP55	TYVASO SOLN IN41
trifluoperazine hcl TABS36	TRUE MULTIVITAMIN TABS83	TYVASO STARTER KIT SOLN IN 41
trifluridine89	TRUECONTROL GLUCOSE CONT LEV 0 LIQD70	ULTIGUARD SAFEPAK PEN NEEDLE71
trihexyphenidyl hcl TABS34	TRUECONTROL GLUCOSE CONT LEV 1 LIQD70	ULTRA NEB ACCESSORIES KIT MISC75
TRIKAFTA TBPK95	TRUECONTROL GLUCOSE CONT LEV 1 LIQD70	ULTRATHON INSECT REPELLENT 8 AERO52
TRILEPTAL SUSP (Use oxcarbazepine)14	TRUENESS BLOOD GLUCOSE STRIPS STRP55	umecclidinium bromide 62.5 MCG/INH10
TRILEPTAL TABS (Use oxcarbazepine)14	TRUEPLUS GLUCOSE CHEW19	UNIFINE OTC PEN NEEDLES ... 71
TRILURON SOSY86	TRUEPLUS GLUCOSE ON THE GO CHEW19	UNIFINE PENTIPS71
trimethoprim TABS26	TRULICITY19	UNIFINE PROTECT PEN NEEDLE . 71
TRI-MIX SOLR41	TRUMENBA 0.5 ML98	UNIFINE SAFECONTROL PEN NEEDLE71
TRINTELLIX17	TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)38	UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))64
TRIPHROCAPS CAPS 1 MG80	TRUXIMA29	UNISPEND ANHYDROUS SWEETENED SUSP93
TRIPTODUR57	TRUZONE PEAK FLOW METER .75	UNISPEND ANHYDROUS UNSWEETENED SUSP93
TRISENOX (Use arsenic trioxide) 33	TUBING/WING TIP MISC75	UNITUXIN29
TRIUMEQ TABS38	TUDORZA PRESSAIR10	UPTRAVI SOLR42
TRIVISC SOSY86	TUKYSA29	UPTRAVI TABS42
TROGARZO38	TURALIO 125 MG32	UPTRAVI TITRATION TBPK42
TRONVITE TABS 1 MG80	TWIIST STARTER KIT KIT70	urea CREA 40 %51
tropicamide SOLN88	TWINRIX SUSY100	UREA CREA51
tropium chloride TABS98	TYBLUME CHEW43	urea LOTN 40 %51
TRUE COMFORT PEN NEEDLES 71	TYBOST38	UREDEB CREA 39 % (Use urea) . 51
TRUE COMFORT PRO PEN NEEDLES71	TYKERB (Use lapatinib ditosylate) 32	UREMEZ-40 CREA 40 % (Use urea)
TRUE COMFORT SAFETY PEN NEEDLE71	TYPHIM VI SOLN98	
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG-		

51	valsartan TABS 24	VARIVAX SUSR 100
URETRON D/S TABS 81.6 MG ... 26	valsartan-hydrochlorothiazide 26	VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide) 26
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer)) 61	VALSTAR (Use valrubicin) 31	VASOTEC TABS (Use enalapril maleate) 24
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer)) 61	VALTOCO 10 MG DOSE LIQD 12	VAXCHORA 98
URSO 250 TABS (Use ursodiol) ... 60	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML 13	VAXELIS SUSP 96
ursodiol CAPS 60	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML 13	VAXELIS SUSY 96
ursodiol TABS 250 MG 60	VALTOCO 5 MG DOSE LIQD 13	VAXNEUVANCE 98
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML 49	VALTREX 1 GM (Use valacyclovir hcl) 39	VECAMEYL 26
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML 49	VALTREX 500 MG (Use valacyclovir hcl) 39	VELCADE SOLR IJ (Use bortezomib) 32
USTEKINUMAB-TTWE 49	VANCOCIN CAPS 125 MG (Use vancomycin hcl) 26	VELETRI (Use epoprostenol sodium) 41
USTEKINUMAB-TTWE 60	VANCOCIN CAPS 250 MG (Use vancomycin hcl) 26	VEMLIDY 38
USTEKINUMAB-TTWE SC 49	vancomycin hcl CAPS 125 MG ... 26	VENCLEXTA STARTING PACK TBPK 29
VABRINTY KIT SC 7.5 MG 30	vancomycin hcl CAPS 250 MG ... 26	VENCLEXTA TABS 30
VABRINTY SC 22.5 MG, 30 MG, 45 MG 30	vancomycin hcl SOLR IV 1 GM ... 26	venlafaxine hcl CP24 150 MG 17
VABYSMO SOLN 89	VANCOMYCIN HCL SOLR IV 1 GM . 26	venlafaxine hcl CP24 37.5 MG 17
VAGIFEM TABS (Use estradiol vaginal) 101	vancomycin hcl SOLR IV 500 MG . 26	venlafaxine hcl CP24 75 MG 17
valacyclovir hcl 1 GM 39	VANCOMYCIN HCL SOLR IV 500 MG 27	venlafaxine hcl TABS 17
valacyclovir hcl 500 MG 39	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML . 26	venlafaxine hcl TB24 150 MG 17
VALCHLOR 48	VANDAZOLE 100	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG 17
VALCYTE TABS (Use valganciclovir hcl) 38	VAQTA 100	VENTAVIS IN 41
valganciclovir hcl TABS 38	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML 100	VENTOLIN HFA AERS (Use albuterol sulfate) 12
VALIUM TABS (Use diazepam) 9	varenicline tartrate TABS 95	verapamil hcl CP24 100 MG, 200 MG 41
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 15	varenicline tartrate TBPK 95	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ... 41
valproic acid CAPS 15		
valrubicin 31		

VERAPAMIL HCL ER CP24 (Use verapamil hcl)	41	VIMIZIM	58	VITAMINS ACD-FLUORIDE SOLN	84
verapamil hcl TABS	41	vincristine sulfate	33	vitamins w/ lipotropics CAPS	85
verapamil hcl TBCR	41	VIRACEPT TABS 250 MG	38	VITASURE TABS 1 MG	80
VERASENS GLUCOSE CONTROL LIQD	70	VIRACEPT TABS 625 MG	38	VITRAKVI CAPS	32
VERELAN CP24 (Use verapamil hcl) 41		VIREAD POWD	38	VITRAKVI SOLN	32
VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	41	VIREAD TABS (Use tenofovir disoproxil fumarate)	38	VITRAX TABS	84
VERELAN PM CP24 300 MG (Use verapamil hcl)	41	VIREAD TABS 150 MG, 200 MG, 250 MG	38	VITRION TABS	84
VERIFINE INSULIN PEN NEEDLE 71		VIRELIX TABS	83	VIVAGUARD INO CONTROL SOLUTION LIQD	70
VERIFINE PLUS PEN NEEDLE ..	71	VIREXA TABS	83	VIVAGUARD INO TEST STRIPS STRP	55
VERSAFREE SYRP	93	VISCO-3 SOSY	86	VIVELLE-DOT PTTW (Use estradiol) 59	
VERSAPLUS SYRP	93	VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)	9	VIVIMUSTA SOLN	28
VERZENIO	32	VISTOGARD	21	VIVITROL	21
VESICARE TABS (Use solifenacin succinate)	98	VISUDYNE	89	VIVOTIF	98
VIBRAMYCIN CAPS (Use doxycycline hyclate)	96	VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT 84		VIZIMPRO	30
VICTOZA (Use liraglutide)	19	VITALEE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-30 UNIT	84	VONJO	32
VIDAZA SUSR (Use azacitidine) ..	29	VITAMIN D3 LIQD PO 125 MCG/ML . 101		VONVENDI	62
vigabatrin PACK	14	vitamin e CAPS 100 UNIT, 200 UNIT, 268 MG, 400 UNIT, 45 MG, 90 MG, 90 MG	101	VOQUEZNA	98
vigabatrin TABS	14	vitamin e CAPS 100 UNIT, 400 UNIT 101		VORAXAZE	33
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	89	VITAMIN E CAPS	101	VOTRIENT (Use pazopanib hcl) ..	32
VIIBRYD TABS (Use vilazodone hcl) 17		VITAMIN E CHEW	101	VYNDAMAX	42
VIJOICE TBPk	78	VITAMIN E/D-ALPHA CAPS 200 UNIT	101	VYNDAQEL	42
vilazodone hcl TABS	17			VYONDYS 53	87
VILTEPSO	87			VYTORIN (Use ezetimibe-simvastatin)	22
				VYVANSE CAPS (Use lisdexamfetamine dimesylate)	1
				VYVANSE CHEW (Use lisdexamfetamine dimesylate)	1

VYVGART	77	XELJANZ XR TB24 22 MG (Use tofacitinib citrate)	3	YUFLYMA (1 PEN) AJKT	4
VYXEOS	31	XELODA (Use capecitabine)	29	YUFLYMA (2 PEN) AJKT	4
WALGREENS GLUCOSE	19	XEMBIFY	91	YUFLYMA (2 SYRINGE) PSKT	4
WAL-TUSSIN CF LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML	46	XENAZINE (Use tetrabenazine) ..	94	YUFLYMA-CD/UC/HS STARTER AJKT	4
warfarin sodium TABS	12	XERMELO	60	YUSIMRY	4
WELIREG	30	XIAFLEX	77	YUTIQ	90
WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)	15	XIGDUO XR TB24 PO (Use dapagliflozin free base-metformin hcl)	18	zaleplon 10 MG	64
WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)	15	XIPERE	90	zaleplon 5 MG	64
WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	15	XOLAIR SOAJ	10	ZALTRAP	29
WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)	15	XOLAIR SOLR	10	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	85
WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	15	XOLAIR SOSY	10	ZARONTIN CAPS (Use ethosuximide)	14
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	77	XOPENEX HFA (Use levalbuterol tartrate)	12	ZARONTIN SOLN (Use ethosuximide)	14
white petrolatum-mineral oil	88	XOSPATA	32	ZARXIO	63
WILATE KIT	62	XTANDI CAPS	30	ZAVESCA (Use miglustat)	63
WINDMILL TRAINER MISC	75	XTANDI TABS	30	ZELBORAF	32
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ..	91	XURIDEN	58	ZEMAIRA SOLR 1000 MG	95
XALATAN SOLN (Use latanoprost) 90		XYNTHA	62	ZEMAIRA SOLR 4000 MG	95
XALKORI CAPS	32	XYNTHA SOLOFUSE	62	ZEMPLAR SOLN (Use paricalcitol) 58	
XANAX TABS (Use alprazolam)	9	YASMIN 28 (Use drospirenone-ethinyl estradiol)	43	ZEPZELCA	28
XELJANZ SOLN 1 MG/ML (Use tofacitinib citrate)	3	YAZ (Use drospirenone-ethinyl estradiol)	43	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	26
XELJANZ TABS 5 MG, 10 MG (Use tofacitinib citrate)	3	YERVOY	29	ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide) ...	26
XELJANZ XR TB24 11 MG	3	YESINTEK SOLN 45 MG/0.5ML ..	49	ZESTRIL TABS 2.5 MG (Use lisinopril)	24
		YESINTEK SOSY	49	ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril) 24	
		YF-VAX SUSR	100		
		YONDELIS	28		
		YONSA	30		

ZETIA (Use ezetimibe)	23	ZOLADEX	30	ZOLGENSMA 4.1-4.5 KG	87
ZEVALIN Y-90	29	zoledronic acid CONC	57	ZOLGENSMA 4.6-5.0 KG	87
ZIAGEN SOLN (Use abacavir sulfate)	38	zoledronic acid SOLN 5 MG/100ML	57	ZOLGENSMA 5.1-5.5 KG	87
zidovudine CAPS	38	ZOLEDRONIC ACID SOLN	57	ZOLGENSMA 5.6-6.0 KG	87
zidovudine SYRP	38	ZOLGENSMA 20.6-21.0 KG	87	ZOLGENSMA 6.1-6.5 KG	87
zidovudine TABS	38	ZOLGENSMA 10.1-10.5 KG	87	ZOLGENSMA 6.6-7.0 KG	87
ZILRETTA SRER	44	ZOLGENSMA 10.6-11.0 KG	87	ZOLGENSMA 7.1-7.5 KG	87
zinc oxide (topical) OINT 20 %	52	ZOLGENSMA 11.1-11.5 KG	87	ZOLGENSMA 7.6-8.0 KG	87
zinc sulfate CAPS	77	ZOLGENSMA 11.6-12.0 KG	87	ZOLGENSMA 8.1-8.5 KG	87
ZINPLAVA	91	ZOLGENSMA 12.1-12.5 KG	87	ZOLGENSMA 8.6-9.0 KG	87
ziprasidone hcl	34	ZOLGENSMA 12.6-13.0 KG	87	ZOLGENSMA 9.1-9.5 KG	87
ZIRABEV	29	ZOLGENSMA 13.1-13.5 KG	87	ZOLGENSMA 9.6-10.0 KG	87
ZITHROMAX PACK	65	ZOLGENSMA 13.6-14.0 KG	87	ZOLINZA	32
ZITHROMAX SUSR (Use azithromycin)	65	ZOLGENSMA 14.1-14.5 KG	87	zolmitriptan SOLN 5 MG	76
ZITHROMAX TABS 250 MG (Use azithromycin)	65	ZOLGENSMA 14.6-15.0 KG	87	zolmitriptan TABS	76
ZITHROMAX TABS 500 MG (Use azithromycin)	65	ZOLGENSMA 15.1-15.5 KG	87	zolmitriptan TBDP	76
ZITHROMAX TABS 500 MG (Use azithromycin)	65	ZOLGENSMA 15.6-16.0 KG	87	ZOLOFT CONC (Use sertraline hcl)	17
ZITHROMAX TRI-PAK TABS (Use azithromycin)	65	ZOLGENSMA 16.1-16.5 KG	87	ZOLOFT TABS 100 MG (Use sertraline hcl)	17
ZITHROMAX Z-PAK TABS (Use azithromycin)	65	ZOLGENSMA 16.6-17.0 KG	87	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	17
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin free base-metformin hcl)	18	ZOLGENSMA 17.1-17.5 KG	87	zolpidem tartrate TABS	64
ZITUVIMET XR TB24	18	ZOLGENSMA 17.6-18.0 KG	87	ZOMIG SOLN 5 MG (Use zolmitriptan)	76
ZITUVIO 25 MG, 50 MG, 100 MG (Use sitagliptin)	19	ZOLGENSMA 18.1-18.5 KG	87	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	14
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	23	ZOLGENSMA 18.6-19.0 KG	87	zonisamide CAPS	14
ZOKINVY	78	ZOLGENSMA 19.1-19.5 KG	87	ZOVIRAX CREA (Use acyclovir topical)	49
		ZOLGENSMA 19.6-20.0 KG	87	ZOVIRAX OINT (Use acyclovir topical)	49
		ZOLGENSMA 2.6-3.0 KG	87		
		ZOLGENSMA 20.1-20.5 KG	87		
		ZOLGENSMA 3.1-3.5 KG	87		
		ZOLGENSMA 3.6-4.0 KG	87		

ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG, 2.9 MG-11.4 MG ..	8
ZUBSOLV SUBL 2.1 MG-8.6 MG ...	8
ZULRESSO	16
ZYDELIG	32
ZYKADIA TABS	32
ZYNLONTA	29
ZYPREXA RELPREVV	35
ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	35
ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	35
ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	35
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	22
ZYTIGA (Use abiraterone acetate)	
30	