

Peach State Health Plan: Planning for Healthy Babies[®]

Inter-Pregnancy Care (IPC) - Preferred Drug List (PDL)



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

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

Planning for Healthy Babies[®]: Inter-Pregnancy Care (IPC) Pharmacy Program

Peach State Health Plan covers all forms of birth control for Planning for Healthy Babies[®]: Inter-Pregnancy Care (IPC) women. We also cover some medicines to help IPC women with their chronic diseases like diabetes and high blood pressure. The pharmacy team works with doctors and pharmacists to be sure the medicines to prevent pregnancies and the medicines to keep you healthy are covered on the Inter-Pregnancy Care Preferred Drug List (IPC-PDL). Your doctor must write a prescription for these all of these medicines.

Planning for Healthy Babies[®]: Inter-Pregnancy Care Preferred Drug List (IPC-PDL)

The Peach State Health Plan Inter-Pregnancy Care Preferred Drug List (IPC-PDL) is the list of covered drugs. The IPC-PDL tells you the drugs you can get at local pharmacies. The list is updated every three months by the 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.

The Inter-Pregnancy Care Pharmacy Program does not pay for all medicines. Only these kinds of medicines are covered:

- Birth control
- Antibiotics used to treat Sexually Transmitted Infections (except HIV/AIDS and Hepatitis)
- Folic Acid and Multivitamins with Folic Acid
- Medicines for lower vaginal tract and vaginal skin infections
- Medicines to treat Urinary Tract Infections (UTIs)
- Medicines to treat chronic diseases

Some drugs have limits on age, dose, and maximum quantities. These medicines need a prior authorization (PA) if the doctor thinks you need more than the limit.

You can call Member Services to talk to someone about the list of drugs Peach State Health Plan covers. The Member Service phone number is [1-800-704-1484](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 medicine is covered. You can get to the tool by logging into the [Member Portal](#).

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).

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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 on 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 call Member Services if you have any questions about the PDL.

Dispensing Limits

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

Appropriate Use and Safety Edits

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

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

Prior Authorizations (PA)

Some medicines on the IPC-PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to 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:

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

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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 IPC-PDL may require another drug to be used first. This is called Step Therapy. If you filled that required drug with Peach State Health Plan already, the step therapy medicine will be covered. If you have not tried the IPC-PDL medicine, your doctor will need to send in a PA form with other medicine you have tried. If 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.

Medical Necessity Requests

Only medicines listed on the IPC-PDL are covered for Inter-Pregnancy Care women. If you need a medicine that is not on the IPC-PDL, your doctor can make a medical necessity (MN) PA request for the medicine. There are medicines on the IPC-PDL to treat most conditions covered by P4HB-IPC. For medicines not on the IPC-PDL, Peach State Health Plan requires:

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

All reviews are done by a Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the 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

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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 assistance to send the 72 hour supply for payment.

Exclusions

Only drug categories listed on the Peach State Health Plan IPC-PDL are covered for Inter-Pregnancy Care women. All other drug categories are not covered.

Drugs Covered Under the Medical Benefit

Peach State Health Plan covers some vaccines and medicines under the medical benefit for Planning for Healthy Babies[®] Inter-Pregnancy Care women. These medicines cannot be filled at a local pharmacy. The doctor can bill Peach State Health Plan for them. For questions about which vaccines and injectable drugs are covered, call Peach State Health Plan's Member Services Department.

Some birth control must be given in the doctor's office. Intrauterine Devices (IUDs), like Mirena, Liletta, Skyla, and Paragard, can be placed during your family planning office visit. Implantable contraception, called Nexplanon, can be inserted during your family planning office visit, too. If you have questions about birth control, ask your doctor.

Over-the-Counter Medications

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

Tobacco Cessation Medications

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

Generic Drugs

Brand-name drugs will not be covered without PA when an acceptable generic is available. Generic drugs have the same active ingredient, work the same as brand-name medicines. If you or your doctor feels a brand-name is needed, your doctor can ask for PA. We will cover the brand-name drug if there is a medical reason you need the brand-name. If it is not approved, Peach State Health Plan and 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.

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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

Co-pays are not required for Planning for Healthy Babies[®] Inter-Pregnancy Care women.

Contact Information

Peach State Health Plan Member Services:	<u>1-800-704-1484</u>
	Fax: 1-800-659-7518
Peach State Health Plan Member Services TTY/TDD:	<u>1-800-255-0056</u>
Pharmacy Services Prior Authorizations:	<u>1-866-399-0928</u>
	Fax: 1-833-582-2342
Express Scripts Pharmacy Help Desk:	<u>1-833-750-4403</u>

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](tel:1-800-704-1484). If you are hearing impaired, call our TDD/TTY at [1-800-255-0056](tel:1-800-255-0056). To get this information in large font or audiotope, call Member Services. Interpreter services are provided free of charge to you. Peach State Health Plan has a telephone language line available 24 hours a day, 7 days a week.

¿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.

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Preferred Drug List Abbreviations

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
<i>NP</i>	Non-Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	Age Limit: Drug is limited to a specific age
<i>PA</i>	Prior Authorization: Review required before prescription can be filled
<i>QL</i>	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both prescription and over the counter coverage
<i>SP</i>	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
<i>ST</i>	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: - Daily Dose Max = 50 MME** - Day Supply Max = 7 days - Must use Short-acting opioids before Long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
<i>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
<i>AEPB</i>	Aerosol Powder Breath Activated
<i>AERB</i>	Aerosol, breath activated
<i>AERO</i>	Aerosol
<i>AJKT</i>	Auto-injector Kit

Dose Form	Dose Form Description
<i>AUIJ</i>	Auto-injector
<i>CAPS</i>	Capsule
<i>CHEW</i>	Tablet Chewable
<i>CONC</i>	Concentrate

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Dose Form	Dose Form Description
CP12	Capsule ER 12 HR
CP24	Capsule ER 24 HR
CPCR	Capsule ER
CPDR	Capsule Delayed Release
CPEP	Capsule Enteric Coated Particles
CPSP	Capsule Sprinkle
CREA	Cream
CSDR	Capsule Delayed Release Sprinkle
DEVI	Device
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EX	External
GRAN	Granules
IJ	Injection
IMPL	Implant
INHA	Inhaler
INJ	Injectable
IUD	Intrauterine Device
IV	Intravenous
LIQD	Liquid
LOTN	Lotion
LOZG	Lozenge
LPOP	Lollipop
MISC	Miscellaneous
NA	Nasal
NEBU	Nebulization solution
OINT	Ointment
OP	Ophthalmic
OPHT	Ophthalmic
OR	Oral
PACK	Packet
PEN	Pen-injector
PNKT	Pen-injector Kit
POT	Potassium
POWD	Powder
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PSTE	Paste
PT24	Patch 24 Hour
PT72	Patch 72 Hour

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

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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	NP	QL(1 EA daily); PA
VYVANSE CHEW	NP	QL(1 EA daily); PA
Analeptics		
CAFFEINE CITRATED POWD	P	QL(45 GM per fill retail)
caffeine citrate SOLN PO	P	QL(45 ML per fill retail)
Anorexiants Non-Amphetamine		
PLENITY	NP	

Drug Name	Drug Tier	Requirements/ Limits
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)
KAPVAY TB12 (Use clonidine hcl (adhd))	NP	
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 CPCR (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 CPCR	P	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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 SOLN 5 MG/5ML</i>	P	QL(1800 ML per 30 day(s) retail); 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 TABS 10 MG, 20 MG</i>	P	QL(3 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TB24 36 MG</i>	P	QL(2 EA daily); AL(At least 6 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 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 36 MG	P	QL(2 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)
RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NP	QL(3 EA daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NP	QL(6 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 (<i>Use tobramycin</i>)	NP	SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	NP	SP; PA
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	P	SP; PA
TOBI NEBU (<i>Use 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		
XELJANZ XR TB24	P	SP; PA
XELJANZ SOLN	P	SP; PA
XELJANZ TABS	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antirheumatic Antimetabolites			ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	P	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP; PA	ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML	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-BWWD SOSY 40 MG/0.4ML	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-FKJP (2 PEN) AJKT	P	SP; PA
ADALIMUMAB-AATY (1 PEN) AJKT	P	SP; PA	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	P	SP; PA
ADALIMUMAB-AATY (2 PEN) AJKT	P	SP; PA	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP
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-ADBM (2 PEN) AJKT	P	SP; PA	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP	CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	P	SP; PA	HADLIMA PUSHTOUCH SOAJ	P	SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	NP	SP	HADLIMA SOSY	P	SP; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	P	SP; PA	HULIO (2 PEN) AJKT	NP	SP
			HULIO (2 SYRINGE) PSKT	NP	SP
			HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP
			HYRIMOZ SOAJ	NP	SP
			HYRIMOZ SOSY	NP	SP
			SIMLANDI (1 PEN) AJKT	P	SP; PA
			SIMLANDI (1 SYRINGE) PSKT	P	SP; PA
			SIMLANDI (2 PEN) AJKT	P	SP; PA
			SIMLANDI (2 SYRINGE) PSKT	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA (1 PEN) AJKT	NP	SP	<i>fenoprofen calcium CAPS 400 MG</i>	P	
YUFLYMA (2 PEN) AJKT	NP	SP	<i>flurbiprofen TABS</i>	P	
YUFLYMA (2 SYRINGE) PSKT	NP	SP	<i>ibuprofen lysine</i>	P	
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP	<i>ibuprofen CHEW</i>	P	OTC
YUSIMRY	P	SP; PA	<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	P	OTC
Interleukin-1 Blockers			<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC
ARCALYST	P	SP; PA	<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P	
Interleukin-1beta Blockers			<i>ibuprofen TABS 200 MG</i>	P	OTC
ILARIS SOLN	P	SP; PA	INDOCIN SUSP (<i>Use indomethacin</i>)	NP	
Interleukin-6 Receptor Inhibitors			INDOMETHACIN SODIUM	P	
ACTEMRA ACTPEN SOAJ	P	SP; PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
ACTEMRA SOLN	P	SP; PA	<i>indomethacin SUPP</i>	P	
ACTEMRA SOSY	P	SP; PA	<i>indomethacin SUSP</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	NP	OTC
ADVIL TABS (<i>Use ibuprofen</i>)	NP	OTC	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	P	
ALEVE ALL DAY STRONG TABS 220 MG (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 EA daily)	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
ALEVE TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 EA daily)	<i>ketorolac tromethamine TABS</i>	P	QL(20 EA per 30 day(s) retail); AL(At least 17 yrs old)
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NP		LODINE TABS (<i>Use etodolac</i>)	NP	
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC	LURBIPR TABS 100 MG (<i>Use flurbiprofen</i>)	NP	
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC	LURBIRO TABS 100 MG (<i>Use flurbiprofen</i>)	NP	
<i>diclofenac potassium TABS 50 MG</i>	P		<i>meloxicam TABS</i>	P	
<i>diclofenac sodium TBEC</i>	P		MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	NP	OTC
<i>etodolac CAPS</i>	P				
<i>etodolac TABS</i>	P				
FELDENE CAPS (<i>Use piroxicam</i>)	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOTRIN INFANTS DROPS SUSP (Use <i>ibuprofen</i>)	NP	OTC	<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily); AL(At least 18 yrs old)
<i>nabumetone</i>	P		ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i>)	NP	QL(4 EA daily); AL(At least 12 yrs old)
NALFON CAPS (Use <i>fenoprofen calcium</i>)	NP		Analgesics Other		
NAPROSYN SUSP (Use <i>naproxen</i>)	NP		<i>acetaminophen CHEW</i>	P	OTC
NAPROSYN TABS 500 MG (Use <i>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, 650 MG/20.3ML</i>	P	OTC
NEOPROFEN (Use <i>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		TYLENOL CHILDRENS CHEWABLES CHEW (Use <i>acetaminophen</i>)	NP	OTC
Phosphodiesterase 4 (PDE4) Inhibitors			TYLENOL CHILDRENS PAIN + FEVER SUSP (Use <i>acetaminophen</i>)	NP	OTC
OTEZLA TABS	P	SP; PA	TYLENOL CHILDRENS SUSP (Use <i>acetaminophen</i>)	NP	OTC
OTEZLA TBPk	P	SP; PA	TYLENOL EXTRA STRENGTH TABS (Use <i>acetaminophen</i>)	NP	OTC
Pyrimidine Synthesis Inhibitors			TYLENOL FOR CHILDREN + ADULTS SUSP (Use <i>acetaminophen</i>)	NP	OTC
ARAVA (Use <i>leflunomide</i>)	NP	QL(1 EA daily)	TYLENOL INFANTS PAIN+FEVER SUSP (Use <i>acetaminophen</i>)	NP	OTC
<i>leflunomide</i>	P	QL(1 EA daily)			
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					
Analgesic Combinations					
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)			
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)			
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYLENOL TABS (<i>Use acetaminophen</i>)	NP	OTC	DILAUDID TABS 2 MG, 4 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 EA daily)
Analgesics-Peptide Channel Blockers			<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)
PRIALT	P	SP; PA	HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids; QL(2 EA daily)
Salicylates			<i>hydromorphone hcl TABS 2 MG, 4 MG</i>	P	Clinical Edit: Opioids; QL(6 EA daily)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	OTC	<i>hydromorphone hcl TABS 8 MG</i>	P	Clinical Edit: Opioids; QL(4 EA daily)
<i>aspirin CHEW</i>	P	OTC	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	Clinical Edit: Opioids; QL(30 ML daily)
ASPIRIN SUPP 300 MG	P	OTC; QL(12 EA per 30 day(s) retail)	<i>meperidine hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(6 EA daily)
<i>aspirin TABS 325 MG</i>	P	OTC	<i>methadone hcl TABS 10 MG</i>	P	QL(10 EA daily); PA
<i>aspirin TBEC 81 MG, 325 MG</i>	P	OTC	<i>methadone hcl TABS 5 MG</i>	P	QL(6 EA daily); PA
BUFFERIN (<i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NP	OTC	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids; QL(21.4 ML daily)
<i>diflunisal TABS</i>	P		<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(240 ML per fill retail)
DOLOBID TABS	P		<i>morphine sulfate SUPP</i>	P	Clinical Edit: Opioids; QL(18 EA per fill retail)
ECOTRIN ARTHRTIS PAIN TBEC (<i>Use aspirin</i>)	NP	OTC	<i>morphine sulfate TABS</i>	P	Clinical Edit: Opioids; QL(6 EA daily)
ECOTRIN TBEC (<i>Use aspirin</i>)	NP	OTC	<i>morphine sulfate TBCR</i>	P	QL(3 EA daily)
<i>salsalate</i>	P		MS CONTIN TBCR 15 MG (<i>Use morphine sulfate</i>)	P	QL(3 EA daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
<i>codeine sulfate TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(2 EA daily); AL(At least 12 yrs old)			
CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 EA daily); AL(At least 12 yrs old)			
DEMEROL SOLN IJ (<i>Use meperidine hcl</i>)	NF				
DILAUDID TABS 8 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MS CONTIN TBCR 30 MG, 60 MG, 100 MG, 200 MG (Use morphine sulfate)	NP	QL(3 EA daily)	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	P	Clinical Edit: Opioids; QL(6 EA daily); AL(At least 12 yrs old)
OXAYDO TABS 5 MG	P	Clinical Edit: Opioids; QL(6 EA daily)	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 12 yrs old)
oxycodone hcl CAPS	P	Clinical Edit: Opioids; QL(6 EA daily)	butalbital-aspirin-caffeine w/cod	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 12 yrs old)
oxycodone hcl CONC 100 MG/5ML	P	Clinical Edit: Opioids; QL(90 ML per fill retail)	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)	NF	
oxycodone hcl SOLN	P	Clinical Edit: Opioids; QL(30 ML daily)	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	Clinical Edit: Opioids; QL(180 ML daily)
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	P	QL(2 EA daily); PA	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	P	Clinical Edit: Opioids
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	P	Clinical Edit: Opioids; QL(6 EA daily)	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	Clinical Edit: Opioids; QL(6 EA daily)
oxycodone hcl TABS 30 MG	P	Clinical Edit: Opioids; QL(4 EA daily)	oxycodone w/ acetaminophen SOLN	P	Clinical Edit: Opioids; QL(30 ML daily)
OXYCONTIN T12A	P	QL(2 EA daily); PA	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	Clinical Edit: Opioids; QL(6 EA daily)
ROXICODONE TABS 15 MG (Use oxycodone hcl)	NP	Clinical Edit: Opioids; QL(6 EA daily)	PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen)	NF	
ROXICODONE TABS 30 MG (Use oxycodone hcl)	NP	Clinical Edit: Opioids; QL(4 EA daily)			
tramadol hcl TABS 50 MG	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 18 yrs old)			
Opioid Combinations					
acetaminophen w/ codeine SOLN	P	Clinical Edit: Opioids; QL(30 ML daily); AL(At least 12 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 EA daily)	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(4 ML per 30 day(s) retail)
<i>tramadol-acetaminophen</i>	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 18 yrs old)	<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ML daily)
			<i>testosterone enanthate SOLN IM</i>	P	QL(4 ML per 30 day(s) retail)
Opioid Partial Agonists			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
BELBUCA FILM	P	PA	Intrarectal Steroids		
<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)	CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	NP	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	P	QL(2 EA daily); PA	<i>hydrocortisone (intrarectal)</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 EA daily)	Rectal Combinations		
<i>buprenorphine hcl SOLN</i>	P	PA	ANALPRAM HC LOTN EX	P	QL(62 ML per 30 day(s) retail)
<i>buprenorphine hcl SUBL</i>	P	PA	ANALPRAM-HC LOTN EX	P	QL(62 ML per 30 day(s) retail)
SUBLOCADE SOSY	P	2 max fill(s) per 30 day(s) retail; SP; PA	HEMORRHOIDAL 0.25 %-85.5 %-3 %	P	OTC; QL(12 EA per 30 day(s) retail)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 EA daily)	SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	OTC; QL(31 GM per 30 day(s) retail)
SUBOXONE FILM SL 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 EA daily); PA	Rectal Steroids		
ZUBSOLV SUBL	P	PA	ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			<i>hydrocortisone (rectal) EX 2.5 %</i>	P	
Androgens			<i>hydrocortisone (rectal) EX 1 %</i>	NP	RX/OTC
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		
			Antacid Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(744 ML per 30 day(s) retail)
<i>alum & mag hydrox-simethicone SUSP 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)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	P	OTC
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	OTC; QL(100 EA per 30 day(s) retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	OTC
TUMS LASTING EFFECTS CHEW (Use <i>calcium carbonate (antacid)</i>)	NP	OTC
TUMS ULTRA 1000 CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
TUMS CHEW (Use <i>calcium carbonate (antacid)</i>)	NP	OTC
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	OTC
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	P	SP; PA
EMVERM CHEW	P	QL(1 EA per 14 day(s) retail)
PIN RID CHEW	P	QL(3 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<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 (Use <i>isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily)
ISOSORBIDE MONONITRATE TABS	P	QL(2 EA daily)
<i>isosorbide mononitrate TB24</i>	P	QL(1 EA daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (Use <i>nitroglycerin</i>)	NP	
<i>nitroglycerin CPCR</i>	P	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SUBL</i>	P	
NITROSTAT SUBL (Use <i>nitroglycerin</i>)	NP	
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)
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)	NP		Antiarrhythmics Type I-B		
			<i>mexiletine hcl</i>	P	
Benzodiazepines			Antiarrhythmics Type I-C		
<i>alprazolam TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)	<i>flecainide acetate</i>	P	
ATIVAN TABS (Use lorazepam)	NP	QL(3 EA daily); AL(At least 18 yrs old)	<i>propafenone hcl TABS</i>	P	
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 EA daily); AL(At least 18 yrs old)	Antiarrhythmics Type III		
<i>clorazepate dipotassium TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)	<i>amiodarone hcl TABS 200 MG</i>	P	
<i>diazepam SOLN PO 5 MG/5ML</i>	P	AL (6 months to 12 years old)	<i>dofetilide</i>	P	
<i>diazepam TABS</i>	P	QL(4 EA daily); AL(At least 18 yrs old)	TIKOSYN (Use dofetilide)	NP	
<i>lorazepam TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
<i>oxazepam CAPS</i>	P	QL(4 EA daily); AL(At least 18 yrs old)	Antiasthmatic - Monoclonal Antibodies		
VALIUM TABS (Use diazepam)	NP	QL(4 EA daily); AL(At least 18 yrs old)	CINQAIR	P	SP; PA
XANAX TABS (Use alprazolam)	NP	QL(3 EA daily); AL(At least 18 yrs old)	TEZSPIRE SOSY	P	SP; PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			XOLAIR SOAJ	P	SP; PA
Antiarrhythmics Type I-A			XOLAIR SOLR	P	SP; PA
<i>disopyramide phosphate CAPS</i>	P		XOLAIR SOSY	P	SP; PA
NORPACE CR CP12 150 MG	P		Anti-Inflammatory Agents		
NORPACE CAPS (Use disopyramide phosphate)	P		<i>cromolyn sodium NEBU</i>	P	QL(8 ML daily)
<i>quinidine gluconate TBCR</i>	P		Bronchodilators - Anticholinergics		
<i>quinidine sulfate TABS</i>	P		ATROVENT HFA	P	QL(25.8 GM per fill retail)
			INCRUSE ELLIPTA	P	QL(1 EA daily)
			<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ML per 20 day(s) retail)
			SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)	NP	
			<i>tiotropium bromide CAPS IN 18 MCG</i>	P	
			TUDORZA PRESSAIR	P	QL(1 EA per 30 day(s) retail)
			Leukotriene Modulators		
			<i>montelukast sodium CHEW</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
montelukast sodium PACK	P	QL(1 EA daily)	PULMICORT SUSP (Use budesonide (inhalation))	NP	QL(120 ML per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
montelukast sodium TABS	P	QL(1 EA daily)	QVAR REDIHALER 40 MCG/ACT	P	QL(0.36 GM daily)
SINGULAIR CHEW (Use montelukast sodium)	NP	QL(1 EA daily)	QVAR REDIHALER 80 MCG/ACT	P	QL(0.72 GM daily)
SINGULAIR PACK (Use montelukast sodium)	NP	QL(1 EA daily)	Sympathomimetics		
SINGULAIR TABS (Use montelukast sodium)	NP	QL(1 EA daily)	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NP	QL(2 EA daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	NF	
DALIRESP (Use roflumilast)	NP	QL(1 EA daily)	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	NF	
roflumilast	P	QL(1 EA daily)	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	NF	
Steroid Inhalants			albuterol sulfate AERS	P	QL(8.5 GM per fill retail; 17 GM per 30 day(s) retail)
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))	NP	QL(1 EA daily)	albuterol sulfate AERS	P	QL(18 GM per fill retail; 36 GM per 30 day(s) retail)
ASMANEX HFA AERO	P	QL(0.44 GM daily)	albuterol sulfate AERS	NP	
budesonide (inhalation) SUSP	P	QL(120 ML per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)	albuterol sulfate AERS	P	QL(6.7 GM per fill retail; 13.4 GM per 30 day(s) retail)
FLOVENT HFA (Use fluticasone propionate hfa)	NP		albuterol sulfate AERS	NP	
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	P	QL(1 EA daily)	albuterol sulfate NEBU 0.083 %	P	QL(12.5 ML daily)
fluticasone propionate (inhalation) AEPB	P		albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	P	QL(375 ML per 30 day(s) retail)
fluticasone propionate hfa 44 MCG/ACT	P	QL(10.6 GM per fill retail); AL(Up to 12 yrs old)	albuterol sulfate NEBU	P	
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(12 GM per fill retail); AL(Up to 12 yrs old)	ALBUTEROL SULFATE NEBU	P	
			albuterol sulfate SYRP	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate TABS</i>	P	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(0.367 GM daily)
<i>budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT</i>	P	QL(11 GM per fill retail)
<i>budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT</i>	P	QL(10.2 GM per fill retail)
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)
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)
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NP	
SEREVENT DISKUS	P	QL(60 EA per fill retail)
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	NP	
<i>terbutaline sulfate TABS</i>	P	
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	NP	
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	NP	QL(0.5 GM daily)
Xanthines		
THEO-24 CP24	P	
<i>theophylline ELIX</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline SOLN</i>	P	QL(475 ML per fill retail)
<i>theophylline TB12</i>	P	
<i>theophylline TB24</i>	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	P	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPB	P	QL(2.47 EA daily)
ELIQUIS TABS	P	QL(2 EA daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA (Use <i>fondaparinux sodium</i>)	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
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	
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
LOVENOX SOLN IJ 300 MG/3ML (Use <i>enoxaparin sodium</i>)	NP	SP
LOVENOX SOSY (Use <i>enoxaparin sodium</i>)	NP	SP; PA
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	P	
PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTICONVULSANTS - Drugs to Treat Seizures			<i>carbamazepine CHEW 100 MG</i>	P	
Anticonvulsants - Benzodiazepines			<i>carbamazepine SUSP</i>	P	
<i>clonazepam TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)	<i>carbamazepine TABS</i>	P	
DIASTAT ACUDIAL GEL 10 MG (<i>Use diazepam (anticonvulsant)</i>)	P	QL(1 EA per fill retail); AL(At least 2 yrs old)	<i>carbamazepine TB12</i>	P	
DIASTAT ACUDIAL GEL 20 MG (<i>Use diazepam (anticonvulsant)</i>)	NP	QL(1 EA per fill retail); AL(At least 2 yrs old)	DIACOMIT CAPS 500 MG	P	QL(6 EA daily); SP; PA
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NP	QL(1 EA per fill retail); AL(At least 2 yrs old)	DIACOMIT CAPS 250 MG	P	QL(12 EA daily); SP; PA
<i>diazepam (anticonvulsant) GEL 10 MG</i>	NP		DIACOMIT PACK 250 MG	P	QL(12 EA daily); SP; PA
<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 EA per fill retail); AL(At least 2 yrs old)	DIACOMIT PACK 500 MG	P	QL(6 EA daily); SP; PA
KLONOPIN TABS (<i>Use clonazepam</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)	EPIDIOLEX	P	SP; PA
NAYZILAM	P	QL(10 EA per 30 day(s) retail); PA	FINTEPLA	P	SP; PA
VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail); PA	<i>gabapentin CAPS</i>	P	QL(9 EA daily)
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P	QL(10 EA per 30 day(s) retail); PA	<i>gabapentin SOLN</i>	P	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P	QL(10 EA per 30 day(s) retail); PA	<i>gabapentin TABS 600 MG</i>	P	QL(6 EA daily)
VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail); PA	<i>gabapentin TABS 800 MG</i>	P	QL(4 EA daily)
Anticonvulsants - Misc.			KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	Use levetiracetam IR; ST
BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP; PA	KEPPRA SOLN PO 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(16 ML daily)
BANZEL TABS (<i>Use rufinamide</i>)	NP	SP; PA	KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	
BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA	KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 EA daily)
			KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 EA daily)
			LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	Use lamotrigine IR; ST
			LAMICTAL CHEW (<i>Use lamotrigine</i>)	NP	
			LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	
			<i>lamotrigine CHEW</i>	P	
			<i>lamotrigine TABS</i>	P	
			<i>lamotrigine TB24</i>	P	Use lamotrigine IR; ST

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ML daily)	TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 EA daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 EA daily)	<i>topiramate CPSP 25 MG</i>	P	QL(8 EA daily)
<i>levetiracetam TABS 500 MG</i>	P	QL(6 EA daily)	<i>topiramate CPSP 15 MG</i>	P	QL(6 EA daily)
<i>levetiracetam TABS 1000 MG</i>	P		<i>topiramate TABS 100 MG</i>	P	QL(4 EA daily)
<i>levetiracetam TB24</i>	P	Use levetiracetam IR; ST	<i>topiramate TABS 200 MG</i>	P	QL(3 EA daily)
MYSOLINE (<i>Use primidone</i>)	NP		<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 EA daily)
NEURONTIN CAPS (<i>Use gabapentin</i>)	NP	QL(9 EA daily)	TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	
NEURONTIN SOLN (<i>Use gabapentin</i>)	NP		TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	
NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 EA daily)	ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NP	
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 EA daily)	<i>zonisamide CAPS</i>	P	
<i>oxcarbazepine SUSP</i>	P		Carbamates		
<i>oxcarbazepine TABS</i>	P		<i>felbamate SUSP</i>	P	
<i>primidone</i>	P		<i>felbamate TABS</i>	P	
<i>rufinamide SUSP</i>	P	SP; PA	FELBATOL SUSP (<i>Use felbamate</i>)	NP	
<i>rufinamide TABS</i>	P	SP; PA	FELBATOL TABS (<i>Use felbamate</i>)	NP	
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP		GABA Modulators		
TEGRETOL TABS (<i>Use carbamazepine</i>)	NP		SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP; PA
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP		SABRIL TABS (<i>Use vigabatrin</i>)	NP	SP; PA
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 EA daily)	<i>tiagabine hcl</i>	P	
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 EA daily)	<i>vigabatrin PACK</i>	P	SP; PA
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(3 EA daily)	<i>vigabatrin TABS</i>	P	SP; PA
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 EA daily)	Hydantoins		
			DILANTIN (<i>Use phenytoin sodium extended</i>)	P	
			DILANTIN	P	
			DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DILANTIN-125 SUSP (Use phenytoin)	P		<i>divalproex sodium TBEC 125 MG</i>	P	QL(2 EA daily)
DILANTIN SUSP (Use phenytoin)	P		<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 EA daily)
<i>phenytoin sodium extended 100 MG</i>	P		<i>divalproex sodium TBEC 250 MG</i>	P	QL(3 EA daily)
<i>phenytoin sodium SOLN</i>	P		<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P	
<i>phenytoin CHEW</i>	P		<i>valproic acid CAPS</i>	P	
<i>phenytoin SUSP</i>	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
Succinimides			Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>ethosuximide CAPS</i>	P		<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 EA daily)
<i>ethosuximide SOLN</i>	P		<i>mirtazapine TABS 15 MG</i>	P	QL(3 EA daily)
ZARONTIN CAPS (Use ethosuximide)	NP		<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 EA daily)
ZARONTIN SOLN (Use ethosuximide)	NP		<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 EA daily)
Valproic Acid			<i>mirtazapine TBDP 45 MG</i>	P	QL(1 EA daily)
DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	NP	QL(3 EA daily)	<i>mirtazapine TBDP 15 MG</i>	P	QL(3 EA daily)
DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	NP	QL(7 EA daily)	REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	NP	QL(1.5 EA daily)
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NP	QL(8 EA daily)	REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	NP	QL(3 EA daily)
DEPAKOTE TBEC 125 MG (Use divalproex sodium)	NP	QL(2 EA daily)	REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	NP	QL(1 EA daily)
DEPAKOTE TBEC 500 MG (Use divalproex sodium)	NP	QL(7 EA daily)	REMERON TABS 15 MG (Use mirtazapine)	NP	QL(3 EA daily)
DEPAKOTE TBEC 250 MG (Use divalproex sodium)	NP	QL(3 EA daily)	REMERON TABS 30 MG (Use mirtazapine)	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>bupropion hcl TB12 200 MG</i>	P	QL(2 EA daily)

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

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

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<i>venlafaxine hcl CP24 37.5 MG</i>	P	QL(4 EA daily)	<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	P	QL(2 EA daily)
<i>venlafaxine hcl TABS</i>	P		<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	P	QL(1 EA daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	P	QL(1 EA daily)	<i>glipizide-metformin hcl</i>	P	
<i>venlafaxine hcl TB24 150 MG</i>	P	QL(2 EA daily)	<i>glyburide-metformin</i>	P	
Tricyclic Agents			<i>KAZANO (Use alogliptin-metformin hcl)</i>	NP	
<i>amitriptyline hcl TABS</i>	P		<i>KOMBIGLYZE XR (Use saxagliptin-metformin hcl)</i>	NP	QL(1 EA daily)
<i>amoxapine</i>	P		<i>OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)</i>	NP	
<i>ANAFRANIL 75 MG (Use clomipramine hcl)</i>	NP		<i>pioglitazone hcl-metformin hcl TABS</i>	P	QL(2 EA daily)
<i>clomipramine hcl 75 MG</i>	P		<i>saxagliptin-metformin hcl</i>	P	QL(1 EA daily)
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	P		<i>SITAGLIPT BASE-METFORM HCL ER TB24</i>	P	QL(1 EA daily)
<i>desipramine hcl TABS 25 MG</i>	P	QL(2 EA daily)	<i>SITAGLIPT BASE-METFORM HCL ER TB24</i>	P	QL(2 EA daily)
<i>doxepin hcl CAPS</i>	P		<i>SITAGLIPTIN BASE-METFORMIN HCL TABS</i>	P	QL(2 EA daily)
<i>doxepin hcl CONC</i>	P		<i>SOLQUA</i>	P	QL(0.6 ML daily); PA
<i>imipramine hcl TABS</i>	P		<i>XIGDUO XR (Use dapagliflozin propanediol-metformin hcl)</i>	NP	
<i>NORPRAMIN TABS 25 MG (Use desipramine hcl)</i>	NP	QL(2 EA daily)	<i>ZITUVIMET XR TB24</i>	NP	
<i>NORPRAMIN TABS 10 MG (Use desipramine hcl)</i>	NP		<i>ZITUVIMET TABS</i>	NP	
<i>nortriptyline hcl CAPS</i>	P		Biguanides		
<i>nortriptyline hcl SOLN</i>	P	QL(20 ML daily)	<i>GLUMETZA TB24 (Use metformin hcl)</i>	NF	
<i>PAMELOR CAPS (Use nortriptyline hcl)</i>	NP		<i>metformin hcl TABS 850 MG, 1000 MG</i>	P	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			<i>metformin hcl TABS 500 MG</i>	P	QL(4 EA daily)
Antidiabetic Combinations			<i>metformin hcl TB24 500 MG</i>	P	QL(4 EA daily)
<i>ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)</i>	NP	QL(2 EA daily)			
<i>alogliptin-metformin hcl</i>	P	QL(2 EA daily)			
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	P				

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<i>metformin hcl TB24 750 MG</i>	P	QL(3 EA daily)	TGT GLUCOSE	P	QL(50 EA per 30 day(s) retail)
Diabetic Other			TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC; QL(50 EA per 30 day(s) retail)
BD GLUCOSE CHEW	P	OTC; QL(50 EA per 30 day(s) retail)	TRUEPLUS GLUCOSE CHEW	P	OTC; QL(50 EA per 30 day(s) retail)
CVS GLUCOSE	P	QL(50 EA per 30 day(s) retail)	WALGREENS GLUCOSE	P	QL(50 EA per 30 day(s) retail)
CVS GLUCOSE CHEW	P	OTC; QL(50 EA per 30 day(s) retail)	WALGREENS GLUCOSE CHEW	P	OTC; QL(50 EA per 30 day(s) retail)
CVS SOFT GLUCOSE CHEW	P	OTC; QL(50 EA per 30 day(s) retail)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
DEX4	P	QL(50 EA per 30 day(s) retail)	<i>alogliptin benzoate</i>	P	
DEX4 NATURALS	P	QL(50 EA per 30 day(s) retail)	NESINA (Use <i>alogliptin benzoate</i>)	NP	
FT GLUCOSE CHEW 4 GM	P	OTC; QL(50 EA per 30 day(s) retail)	ONGLYZA (Use <i>saxagliptin hcl</i>)	NP	QL(1 EA daily)
GLUCAGON EMERGENCY SOLR IJ 1 MG (Use <i>glucagon</i>)	NP	QL(1 EA per fill retail)	<i>saxagliptin hcl</i>	P	QL(1 EA daily)
<i>glucagon SOLR IJ 1 MG</i>	P	QL(1 EA per fill retail)	SITAGLIPTIN	P	QL(1 EA daily)
GLUCO TO GO CHEW	P	OTC; QL(50 EA per 30 day(s) retail)	ZITUVIO	NP	
GLUCOSE 6 MG-4 GM	P	QL(50 EA per 30 day(s) retail)	Incretin Mimetic Agents		
GLUCOSE CHEW	P	OTC; QL(50 EA per 30 day(s) retail)	BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use <i>exenatide</i>)	NP	QL(0.08 ML daily); AL(At least 18 yrs old)
GNP GLUCOSE CHEW	P	OTC; QL(50 EA per 30 day(s) retail)	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use <i>exenatide</i>)	NP	QL(0.04 ML daily); AL(At least 18 yrs old)
HY-VEE GLUCOSE	P	QL(50 EA per 30 day(s) retail)	<i>exenatide SOPN 10 MCG/0.04ML</i>	P	QL(0.08 ML daily); AL(At least 18 yrs old)
KROGER GLUCOSE	P	QL(50 EA per 30 day(s) retail)	<i>exenatide SOPN 5 MCG/0.02ML</i>	P	QL(0.04 ML daily); AL(At least 18 yrs old)
MEIJER GLUCOSE	P	QL(50 EA per 30 day(s) retail)	<i>liraglutide</i>	P	QL(0.3 ML daily); AL(At least 10 yrs old)
RA GLUCOSE	P	QL(50 EA per 30 day(s) retail)			
RELION GLUCOSE	P	QL(50 EA per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRULICITY	P	QL(2 ML per 28 day(s) retail); AL(At least 10 yrs old); PA	NOVOLIN 70/30 FLEXPEN SUPN	P	OTC; QL(1 ML daily)
VICTOZA (Use <i>liraglutide</i>)	NP	QL(0.3 ML daily); AL(At least 10 yrs old)	NOVOLIN 70/30 RELION SUSP	NP	
Insulin			NOVOLIN 70/30 SUSP	P	OTC; QL(40 ML per 30 day(s) retail)
ADMELOG SOLOSTAR SOPN	NP		NOVOLIN N FLEXPEN RELION SUPN	NP	
ADMELOG SOLN IJ	NP		NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP		NOVOLIN N RELION SUSP	NP	
HUMALOG SOLN IJ	NP		NOVOLIN N SUSP	P	QL(40 ML per 30 day(s) retail)
HUMULIN 70/30 KWIKPEN SUPN	P	OTC; QL(1 ML daily)	NOVOLIN R RELION SOLN IJ	NP	
HUMULIN 70/30 SUSP	P	OTC; QL(40 ML per 30 day(s) retail)	NOVOLIN R SOLN IJ	P	OTC; QL(40 ML per 30 day(s) retail)
HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ML daily)	SEMGLEE (YFGN) SOLN	NP	
HUMULIN N SUSP	P	QL(40 ML per 30 day(s) retail)	SEMGLEE (YFGN) SOPN	NP	
HUMULIN R SOLN IJ	P	OTC; QL(40 ML per 30 day(s) retail)	Insulin Sensitizing Agents		
INSULIN GLARGINE-YFGN SOLN	P	QL(1 ML daily)	ACTOS (Use <i>pioglitazone hcl</i>)	NP	QL(1 EA daily)
INSULIN GLARGINE-YFGN SOPN	NP		<i>pioglitazone hcl</i>	P	QL(1 EA daily)
INSULIN GLARGINE-YFGN SOPN	P	QL(1 ML daily)	Meglitinide Analogues		
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	QL(1.34 ML daily)	<i>nateglinide</i>	P	QL(3 EA daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P		Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO PROT & LISPRO SUPN	P	QL(1 ML daily)	<i>dapagliflozin propanediol</i>	P	QL(1 EA daily)
INSULIN LISPRO SOLN IJ	P	QL(40 ML per 30 day(s) retail)	FARXIGA (Use <i>dapagliflozin propanediol</i>)	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP		Sulfonylureas		
			<i>glimepiride 4 MG</i>	P	QL(2 EA daily)
			<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 EA daily)
			<i>glipizide TABS</i>	P	
			<i>glipizide TB24</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOTROL XL TB24 (Use glipizide)	NP	
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	
glyburide TABS	P	
GLYNASE 3 MG (Use glyburide micronized)	NP	
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
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NP	OTC
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	P	
diphenoxylate w/ atropine TABS	P	
IMODIUM A-D CAPS (Use loperamide hcl)	NP	OTC; QL(8 EA daily); RX/OTC
IMODIUM A-D TABS (Use loperamide hcl)	NP	OTC; QL(8 EA daily)
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NP	
loperamide hcl CAPS	P	OTC; QL(8 EA daily); RX/OTC
loperamide hcl TABS	P	OTC; QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		

Drug Name	Drug Tier	Requirements/ Limits
CHEMET	P	
deferasirox PACK	P	SP; PA
deferasirox TABS	P	SP; PA
deferasirox TBSO	P	SP; PA
deferiprone TABS	P	SP; PA
EXJADE TBSO (Use deferasirox)	NP	SP; PA
FERRIPROX TWICE-A-DAY TABS	P	SP; PA
FERRIPROX SOLN	P	SP; PA
FERRIPROX TABS (Use deferiprone)	NP	SP; PA
JADENU SPRINKLE PACK (Use deferasirox)	NP	SP; PA
JADENU TABS (Use deferasirox)	NP	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	P	SP; PA
BRIDION SOLN	P	PA
deferoxamine mesylate	P	SP; PA
DESFERAL 500 MG (Use deferoxamine mesylate)	NP	SP; PA
SM IPECAC SYRUP	P	
VISTOGARD	P	
Opioid Antagonists		
naloxone hcl LIQD	P	QL(4 EA per 90 day(s) retail); RX/OTC
naloxone hcl SOCT	P	QL(2 ML per 90 day(s) retail)
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	P	QL(2 ML per 90 day(s) retail)
naloxone hcl SOSY 2 MG/2ML	P	QL(4 ML per 90 day(s) retail)
naltrexone hcl	P	
NARCAN LIQD (Use naloxone hcl)	NP	QL(4 EA per 90 day(s) retail); RX/OTC
VIVITROL	P	SP
ANTIEMETICS - Drugs to Treat Nausea and		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Vomiting			DIFLUCAN TABS 150 MG (Use <i>fluconazole</i>)	NP	QL(2 EA per fill retail)
5-HT3 Receptor Antagonists			DIFLUCAN TABS 100 MG, 200 MG (Use <i>fluconazole</i>)	NP	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 30 day(s) retail)	<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail)
<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 EA per 14 day(s) retail)	<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(2 EA daily)	<i>fluconazole TABS 50 MG</i>	P	QL(3 EA per 14 day(s) retail)
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(2 EA daily)	<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<i>ondansetron TBDP 16 MG</i>	P		<i>itraconazole CAPS</i>	P	QL(1 EA daily); PA
Antiemetics - Anticholinergic			SPORANOX CAPS (Use <i>itraconazole</i>)	NP	QL(1 EA daily); PA
ANTIVERT CHEW (Use <i>meclizine hcl</i>)	NP	OTC; RX/OTC	ANTIHIISTAMINES - Drugs to Treat Allergies		
<i>dimenhydrinate TABS</i>	P	OTC; QL(24 EA per fill retail)	Antihistamines - Alkylamines		
DRAMAMINE CHEW	P	OTC; QL(24 EA per fill retail)	<i>chlorpheniramine maleate SYRP</i>	P	OTC
DRAMAMINE TABS (Use <i>dimenhydrinate</i>)	NP	OTC; QL(24 EA per fill retail)	<i>chlorpheniramine maleate TABS</i>	P	OTC; QL(120 EA per fill retail)
<i>meclizine hcl CHEW</i>	P	OTC; RX/OTC	Antihistamines - Ethanolamines		
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC	BENADRYL ALLERGY CHILDRENS LIQD (Use <i>diphenhydramine hcl</i>)	NP	OTC; QL(240 ML per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections			BENADRYL ALLERGY EXTRA STR TABS	P	QL(4 EA daily)
Antifungals			BENADRYL ALLERGY ULTRATABS TABS (Use <i>diphenhydramine hcl</i>)	NP	OTC; QL(4 EA daily)
<i>griseofulvin microsize SUSP</i>	P		BENADRYL ALLERGY CAPS (Use <i>diphenhydramine hcl</i>)	NP	QL(4 EA daily)
<i>griseofulvin microsize TABS</i>	P		BENADRYL ALLERGY TABS (Use <i>diphenhydramine hcl</i>)	NP	OTC; QL(4 EA daily)
<i>griseofulvin ultramicrosize</i>	P		CLEMASZ TABS 2.68 MG (Use <i>clemastine fumarate</i>)	NF	
<i>nystatin TABS</i>	P	QL(6 EA daily)	DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	OTC; QL(2 EA daily)
<i>terbinafine hcl TABS</i>	P	QL(90 EA per 120 day(s) retail)			
Imidazole-Related Antifungals					
DIFLUCAN SUSR (Use <i>fluconazole</i>)	NP	QL(70 ML per fill retail)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl CAPS</i>	P	QL(4 EA daily)	<i>fexofenadine hcl TABS 60 MG</i>	P	QL(2 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ML per fill retail)	<i>levocetirizine dihydrochloride TABS</i>	P	RX/OTC
<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 SOLN</i>	P	OTC; QL(240 ML per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	P	OTC; QL(4 EA daily)	<i>loratadine TABS</i>	P	OTC; QL(1 EA daily)
Antihistamines - Non-Sedating			<i>loratadine TBDP 10 MG</i>	P	OTC; QL(1 EA daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NP	QL(2 EA daily)	XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NP	RX/OTC
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NP	QL(1 EA daily)	ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	NP	QL(1 EA daily)
<i>cetirizine hcl CHEW</i>	P	QL(1 EA daily)	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (<i>Use cetirizine hcl</i>)	NP	QL(1 EA daily)
<i>cetirizine hcl SOLN PO</i>	P	QL(240 ML per fill retail); RX/OTC	ZYRTEC CHILDRENS ALLERGY SOLN PO (<i>Use cetirizine hcl</i>)	NP	QL(240 ML per fill retail); RX/OTC
<i>cetirizine hcl SYRP PO 1 MG/ML</i>	P	QL(240 ML per fill retail); RX/OTC	ZYRTEC CHEW 10 MG (<i>Use cetirizine hcl</i>)	NP	QL(1 EA daily)
<i>cetirizine hcl TABS</i>	P	QL(1 EA daily)	Antihistamines - Phenothiazines		
CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NP	OTC; QL(240 ML per fill retail)	<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	AL(At least 2 yrs old)
CLARITIN REDITABS JUNIORS TBDP (<i>Use loratadine</i>)	NP	OTC; QL(1 EA daily)	<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)
CLARITIN REDITABS TBDP 10 MG (<i>Use loratadine</i>)	NP	OTC; QL(1 EA daily)	<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
CLARITIN REDITABS TBDP 5 MG (<i>Use loratadine</i>)	NF		Antihistamines - Piperidines		
CLARITIN SOLN (<i>Use loratadine</i>)	NP	OTC; QL(240 ML per fill retail)	<i>ciproheptadine hcl SYRP</i>	P	
CLARITIN TABS (<i>Use loratadine</i>)	NP	OTC; QL(1 EA daily)	<i>ciproheptadine hcl TABS</i>	P	
<i>fexofenadine hcl TABS 180 MG</i>	P	QL(1 EA daily)	ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
			Angiotensin-like Protein Inhibitors		
			EVKEEZA	P	SP; PA
			Antihyperlipidemics - Combinations		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ezetimibe-simvastatin</i>	P	QL(1 EA daily); ST	HMG CoA Reductase Inhibitors		
VYTORIN (Use <i>ezetimibe-simvastatin</i>)	NP	QL(1 EA daily); ST	<i>atorvastatin calcium TABS</i>	P	QL(1 EA daily)
Bile Acid Sequestrants			CRESTOR TABS (Use <i>rosuvastatin calcium</i>)	NP	Try simvastatin or atorvastatin; QL(1 EA daily); ST
<i>cholestyramine light PACK</i>	P		LIPITOR TABS (Use <i>atorvastatin calcium</i>)	NP	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>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 EA daily)
<i>cholestyramine POWD</i>	P		<i>pravastatin sodium</i>	P	QL(1 EA daily)
COLESTID FLAVORED GRAN (Use <i>colestipol hcl</i>)	NP		<i>rosuvastatin calcium TABS</i>	P	Try simvastatin or atorvastatin; QL(1 EA daily); ST
COLESTID GRAN (Use <i>colestipol hcl</i>)	NP		<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 EA daily)
COLESTID TABS (Use <i>colestipol hcl</i>)	NP		ZOCOR TABS 10 MG, 20 MG, 40 MG (Use <i>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 (Use <i>cholestyramine light</i>)	NP		ZETIA (Use <i>ezetimibe</i>)	NP	ST
QUESTRAN PACK (Use <i>cholestyramine</i>)	NP		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
QUESTRAN POWD (Use <i>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 160 MG</i>	P	QL(1 EA daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>fenofibrate TABS 54 MG</i>	P	QL(3 EA daily)	LEQVIO	P	SP; PA
FENOGLIDE TABS (Use <i>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 (Use <i>gemfibrozil</i>)	NP	QL(2 EA daily)			
TRICOR TABS (Use <i>fenofibrate</i>)	NF				

Drug Name	Drug Tier	Requirements/ Limits
REPATHA SURECLICK SOAJ	P	SP; PA
REPATHA SOSY	P	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>Use quinapril hcl</i>)	NP	
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (<i>Use ramipril</i>)	NP	QL(2 EA daily)
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 EA daily)
<i>benazepril hcl 40 MG</i>	P	QL(2 EA daily)
<i>captopril</i>	P	QL(3 EA daily)
<i>enalapril maleate TABS</i>	P	QL(2 EA daily)
<i>fosinopril sodium</i>	P	QL(1 EA daily)
<i>lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 EA daily)
<i>lisinopril TABS 2.5 MG</i>	P	QL(1 EA daily)
LOTENSIN 10 MG, 20 MG (<i>Use benazepril hcl</i>)	NP	QL(1 EA daily)
LOTENSIN 40 MG (<i>Use benazepril hcl</i>)	NP	QL(2 EA daily)
<i>quinapril hcl</i>	P	
<i>ramipril CAPS</i>	P	QL(2 EA daily)
<i>trandolapril 1 MG, 2 MG</i>	P	QL(1 EA daily)
<i>trandolapril 4 MG</i>	P	QL(2 EA daily)
VASOTEC TABS (<i>Use enalapril maleate</i>)	NP	QL(2 EA daily)
ZESTRIL TABS 2.5 MG (<i>Use lisinopril</i>)	NP	QL(1 EA daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>)	NP	QL(2 EA daily)
Agents for Pheochromocytoma		
DEMSEER (<i>Use metyrosine</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>metyrosine</i>	P	SP; PA
Angiotensin II Receptor Antagonists		
ATACAND (<i>Use candesartan cilexetil</i>)	NP	
AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	NP	QL(1 EA daily)
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	Use losartan or irbesartan; QL(1 EA daily); ST
<i>candesartan cilexetil</i>	P	
COZAAR (<i>Use losartan potassium</i>)	NP	QL(1 EA daily)
DIOVAN TABS (<i>Use valsartan</i>)	NP	QL(1 EA daily)
<i>irbesartan</i>	P	QL(1 EA daily)
<i>losartan potassium</i>	P	QL(1 EA daily)
MICARDIS (<i>Use telmisartan</i>)	NP	QL(1 EA daily)
<i>olmesartan medoxomil</i>	P	Use losartan or irbesartan; QL(1 EA daily); ST
<i>telmisartan</i>	P	QL(1 EA daily)
<i>valsartan TABS</i>	P	QL(1 EA daily)
Antiadrenergic Antihypertensives		
CARDURA (<i>Use doxazosin mesylate</i>)	NP	
<i>clonidine hcl TABS</i>	P	
<i>doxazosin mesylate</i>	P	
<i>guanfacine hcl</i>	P	
<i>methyldopa TABS</i>	P	
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NP	
<i>prazosin hcl CAPS</i>	P	
<i>terazosin hcl</i>	P	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NP	QL(4 EA daily)	EXFORGE (Use amlodipine besylate-valsartan)	NP	Use losartan or irbesartan; ST
amlodipine besylate-benazepril hcl	P	QL(1 EA daily)	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	Use losartan or irbesartan; ST
amlodipine besylate-olmesartan medoxomil	P	Use losartan or irbesartan; ST	fosinopril sodium & hydrochlorothiazide	P	QL(1 EA daily)
amlodipine besylate-valsartan	P	Use losartan or irbesartan; ST	HYZAAR (Use losartan potassium & hydrochlorothiazide)	NP	QL(1 EA daily)
amlodipine-valsartan-hydrochlorothiazide	P	Use losartan or irbesartan; ST	irbesartan-hydrochlorothiazide	P	QL(1 EA daily)
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NP		lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	P	QL(2 EA daily)
atenolol & chlorthalidone	P	QL(2 EA daily)	lisinopril & hydrochlorothiazide 25 MG-20 MG	P	QL(1 EA daily)
AVALIDE (Use irbesartan-hydrochlorothiazide)	NP	QL(1 EA daily)	losartan potassium & hydrochlorothiazide	P	QL(1 EA daily)
AZOR (Use amlodipine besylate-olmesartan medoxomil)	NP	Use losartan or irbesartan; ST	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	NP	QL(1 EA daily)
benazepril & hydrochlorothiazide	P	QL(1 EA daily)	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	NP	QL(1 EA daily)
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NP	Use losartan or irbesartan; QL(1 EA daily); ST	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG	P	QL(2 EA daily)
bisoprolol & hydrochlorothiazide	P	QL(1 EA daily)	metoprolol & hydrochlorothiazide TABS 50 MG-100 MG	P	QL(1 EA daily)
candesartan cilexetil-hydrochlorothiazide	P		MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NP	QL(1 EA daily)
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG	P	QL(2 EA daily)	olmesartan medoxomil-amlodipine-hydrochlorothiazide	P	Use losartan or irbesartan; ST
captopril & hydrochlorothiazide 25 MG-50 MG	P	QL(3 EA daily)			
DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NP	QL(1 EA daily)			
enalapril maleate & hydrochlorothiazide	P	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	Use losartan or irbesartan; QL(1 EA daily); ST
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 EA daily)
<i>telmisartan-amlodipine</i>	P	
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
TENORETIC 100 (Use atenolol & chlorthalidone)	NP	QL(2 EA daily)
TENORETIC 50 (Use atenolol & chlorthalidone)	NP	QL(2 EA daily)
<i>trandolapril-verapamil hcl</i>	P	
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	Use losartan or irbesartan; ST
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NP	QL(2 EA daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(2 EA daily)
ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(1 EA daily)
Antihypertensives - Misc.		
VECAMYL	P	SP; PA
Vasodilators		
<i>hydralazine hcl TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>minoxidil 10 MG</i>	P	QL(10 EA daily)
<i>minoxidil 2.5 MG</i>	P	QL(3 EA daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS 250 MG, 500 MG</i>	P	
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	NP	
BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	NP	
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	P	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
URETRON D/S TABS 81.6 MG	P	
Carbapenems		
<i>ertapenem sodium IJ</i>	P	SP; PA
Glycopeptides		
FIRVANQ SOLR PO (Use vancomycin hcl)	NP	QL(300 ML per fill retail)
VANCOCIN CAPS 250 MG (Use vancomycin hcl)	NP	QL(8 EA daily)
VANCOCIN CAPS 125 MG (Use vancomycin hcl)	NP	QL(4 EA daily)
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)
<i>vancomycin hcl SOLR IV 500 MG</i>	P	QL(14 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl SOLR IV 1 GM</i>	P	QL(14 EA per fill retail)	<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail)	<i>nitrofurantoin monohyd macro</i>	P	
VANCOMYCIN HCL SOLR IV 500 MG	P	QL(14 EA per 30 day(s) retail)	ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
VANCOMYCIN HCL SOLR IV 1 GM	P	QL(14 EA per fill retail)	Antimalarial Combinations		
Leprostatics			COARTEM	P	QL(24 EA per fill retail)
<i>dapsone</i>	P		Antimalarials		
Lincosamides			<i>chloroquine phosphate TABS 250 MG</i>	P	
CLEOCIN (<i>Use clindamycin palmitate hydrochloride</i>)	NP	QL(300 ML per fill retail)	<i>chloroquine phosphate TABS 500 MG</i>	P	QL(1 EA daily)
CLEOCIN 150 MG, 300 MG (<i>Use clindamycin hcl</i>)	NP		DARAPRIM (<i>Use pyrimethamine</i>)	NP	SP; PA
<i>clindamycin hcl 150 MG, 300 MG</i>	P		<i>hydroxychloroquine sulfate 200 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ML per fill retail)	KRINTAFEL	P	QL(2 EA per 30 day(s) retail)
Monobactams			<i>mefloquine hcl</i>	P	
CAYSTON	P	SP; PA	PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NP	
Oxazolidinones			<i>primaquine phosphate TABS</i>	P	
SIVEXTRO TABS	P	QL(6 EA per fill retail); PA	PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NP	
Pleuromutilins			<i>pyrimethamine</i>	P	SP; PA
XENLETA TABS	P	SP; PA	SOVUNA 200 MG	P	
Urinary Anti-infectives			ANTIMYASTHENIC/CHOLINERGIC AGENTS		
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NP		Antimyasthenic/Cholinergic Agents		
MACRODANTIN 50 MG, 100 MG (<i>Use nitrofurantoin macrocrystal</i>)	NP		MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NP	
<i>methenamine mandelate</i>	P		MESTINON TBCR (<i>Use pyridostigmine bromide</i>)	NP	
<i>nitrofurantoin</i>	P	QL(40 ML daily)	<i>pyridostigmine bromide TABS 60 MG</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide TBCR</i>	P		CYCLOPHOSPHAMIDE SOLN 1 GM/5ML (<i>Use cyclophosphamide</i>)	NP	SP; PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			<i>cyclophosphamide SOLR IJ</i>	P	SP; PA
Antimycobacterial Agents			EVOMELA IV	P	SP; PA
<i>ethambutol hcl TABS</i>	P		KEMOPLAT SOLN	P	SP; PA
<i>isoniazid SYRP</i>	P		LEUKERAN	P	
<i>isoniazid TABS</i>	P		<i>melphalan</i>	P	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NP		<i>melphalan hcl IV</i>	P	SP; PA
MYCOBUTIN (<i>Use rifabutin</i>)	NP		MYLERAN TABS	P	
<i>pyrazinamide</i>	P		TEMODAR SOLR	P	SP; PA
<i>rifabutin</i>	P		<i>temozolomide CAPS</i>	P	SP; PA
<i>rifampin CAPS</i>	P		TEPADINA (<i>Use thiotepa</i>)	NP	SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>thiotepa</i>	P	SP; PA
Alkylating Agents			TREANDA SOLR (<i>Use bendamustine hcl</i>)	NP	SP; PA
BELRAPZO SOLN	P	SP; PA	VIVIMUSTA SOLN	P	SP; PA
BENDAMUSTINE HCL SOLN	P	SP; PA	YONDELIS	P	SP; PA
<i>bendamustine hcl SOLR</i>	P	SP; PA	ZEPZELCA	P	SP; PA
BENDEKA SOLN	P	SP; PA	Antimetabolites		
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	P	SP; PA	ALIMTA SOLR (<i>Use pemetrexed disodium</i>)	NP	SP; PA
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	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
			<i>fludarabine phosphate SOLN</i>	P	SP; PA
			FLUDARABINE PHOSPHATE SOLN	P	SP; PA
			<i>fludarabine phosphate SOLR</i>	P	SP; PA
			FOLOTYN	P	SP; PA
			<i>mercaptopurine SUSP 2000 MG/100ML</i>	P	
			<i>mercaptopurine TABS</i>	P	

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<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P		LENVIMA (8 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA
<i>methotrexate sodium TABS 2.5 MG</i>	P		MVASI	P	SP; PA
ONUREG TABS	P	SP; PA	ZALTRAP	P	SP; PA
PEMETREXED 500 MG/20ML	P	SP; PA	ZIRABEV	P	SP; PA
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	P	SP; PA	Antineoplastic - Antibodies		
PEMFEXY	P	SP; PA	ADCETRIS	P	SP; PA
<i>pralatrexate</i>	P	SP; PA	ARZERRA	P	SP; PA
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	NP		BAVENCIO	P	SP; PA
TABLOID	P	SP; PA	BESPOUSA	P	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P		BLINCYTO	P	SP; PA
VIDAZA SUSR (<i>Use azacitidine</i>)	NP	SP; PA	DARZALEX	P	SP; PA
XELODA (<i>Use capecitabine</i>)	NP	SP; PA	EMPLICITI	P	SP; PA
Antineoplastic - Angiogenesis Inhibitors			ENHERTU	P	SP; PA
CYRAMZA	P	SP; PA	GAZYVA	P	SP; PA
INLYTA	P	SP; PA	IMFINZI	P	SP; PA
LENVIMA (10 MG DAILY DOSE)	P	QL(1 EA daily); SP; PA	JEMPERLI	P	SP; PA
LENVIMA (12 MG DAILY DOSE)	P	QL(3 EA daily); SP; PA	KADCYLA	P	SP; PA
LENVIMA (14 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA	KEYTRUDA	P	SP; PA
LENVIMA (18 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA	KIMMTRAK	P	SP; PA
LENVIMA (20 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA	LIBTAYO	P	SP; PA
LENVIMA (24 MG DAILY DOSE)	P	QL(3 EA daily); SP; PA	LOQTORZI	P	SP; PA
LENVIMA (4 MG DAILY DOSE)	P	QL(1 EA daily); SP; PA	MONJUVI	P	SP; PA
			OPDIVO	P	SP; PA
			PADCEV	P	SP; PA
			POLIVY	P	SP; PA
			POTELIGEO	P	SP; PA
			RIABNI	P	SP; PA
			RITUXAN	P	SP; PA
			RUXIENCE	P	SP; PA
			TECENTRIQ	P	SP; PA
			TIVDAK	P	SP; PA
			TRUXIMA	P	SP; PA
			UNITUXIN	P	SP; PA
			YERVOY	P	SP; PA
			ZEVALIN Y-90	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYNLONTA	P	SP; PA	Antineoplastic - Hormonal and Related Agents		
Antineoplastic - Anti-HER2 Agents			<i>abiraterone acetate</i>	P	SP; PA
HERCEPTIN 150 MG	P	SP; PA	<i>anastrozole</i>	P	
KANJINTI 420 MG	P	SP; PA	ARIMIDEX (<i>Use anastrozole</i>)	NP	
MARGENZA	P	SP; PA	AROMASIN (<i>Use exemestane</i>)	NP	
OGIVRI	P	SP; PA	<i>bicalutamide</i>	P	QL(1 EA daily)
PERJETA	P	SP; PA	CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 EA daily)
TRAZIMERA	P	SP; PA	ELIGARD SC 22.5 MG, 30 MG, 45 MG	P	SP; PA
TUKYSA	P	SP; PA	ELIGARD KIT SC 7.5 MG	P	SP; PA
Antineoplastic - BCL-2 Inhibitors			EMCYT	P	SP; PA
VENCLEXTA STARTING PACK TBPB	P	SP; PA	ERLEADA 60 MG	P	SP; PA
VENCLEXTA TABS	P	SP; PA	EULEXIN	P	
Antineoplastic - Cellular Immunotherapy			<i>exemestane</i>	P	
ABECMA	P	SP; PA	FARESTON (<i>Use toremifene citrate</i>)	NP	PA
BREYANZI	P	SP; PA	FEMARA (<i>Use letrozole</i>)	NP	
CARVYKTI	P	SP; PA	<i>letrozole</i>	P	
TECARTUS	P	SP; PA	LEUPROLIDE ACETATE-BUPIVACAINE	P	SP; PA
Antineoplastic - EGFR Inhibitors			<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	P	SP; PA
ERBITUX	P	SP; PA	LYSODREN	P	SP; PA
<i>erlotinib hcl</i>	P	SP; PA	<i>megestrol acetate SUSP</i>	P	
EXKIVITY	P	SP; PA	<i>megestrol acetate TABS</i>	P	
<i>gefitinib</i>	P	SP; PA	NUBEQA	P	SP; PA
GILOTRIF	P	SP; PA	<i>tamoxifen citrate TABS</i>	P	
IRESSA (<i>Use gefitinib</i>)	NP	SP; PA	<i>toremifene citrate</i>	P	PA
PORTRAZZA	P	SP; PA	VABRINTY SC 22.5 MG, 30 MG, 45 MG	P	SP; PA
TAGRISSO	P	SP; PA	XTANDI CAPS	P	SP; PA
TARCEVA (<i>Use erlotinib hcl</i>)	NP	SP; PA	XTANDI TABS	P	SP; PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP; PA	YONSA	P	SP; PA
VIZIMPRO	P	SP; PA	ZOLADEX	P	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors			ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP; PA
DAURISMO	P	SP; PA			
ERIVEDGE	P	SP; PA			
ODOMZO	P	SP; PA			

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Antineoplastic - Hypoxia-Inducible Factor Inhibitors			AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP; PA
WELIREG	P	SP; PA	AFINITOR TABS (<i>Use everolimus</i>)	NP	SP; PA
Antineoplastic - Immunomodulators			ALECENSA	P	SP; PA
POMALYST	P	SP; PA	ALUNBRIG TABS	P	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors			ALUNBRIG TBPk	P	SP; PA
AYVAKIT	P	QL(1 EA daily); SP; PA	BALVERSA	P	SP; PA
Antineoplastic Antibiotics			BELEODAQ	P	SP; PA
<i>daunorubicin hcl SOLN</i>	P	SP; PA	<i>bortezomib SOLR IJ</i>	P	SP; PA
DAUNORUBICIN HCL SOLN (<i>Use daunorubicin hcl</i>)	NP	SP; PA	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP; PA
ELLENCE SOLN	P	SP; PA	BOSULIF TABS	P	SP; PA
<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	P	SP; PA	BRAFTOVI 75 MG	P	SP; PA
<i>valrubicin</i>	P	SP; PA	BRUKINSA	P	SP; PA
VALSTAR (<i>Use valrubicin</i>)	NP	SP; PA	CABOMETYX TABS 20 MG, 60 MG	P	QL(1 EA daily); SP; PA
Antineoplastic Combinations			CABOMETYX TABS 40 MG	P	QL(2 EA daily); SP; PA
DARZALEX FASPRO	P	SP; PA	CAPRELSA	P	SP; PA
HERCEPTIN HYLECTA	P	SP; PA	COMETRIQ (100 MG DAILY DOSE) KIT	P	SP; PA
INQOVI	P	SP; PA	COMETRIQ (140 MG DAILY DOSE) KIT	P	SP; PA
KISQALI FEMARA (200 MG DOSE)	P	SP; PA	COMETRIQ (60 MG DAILY DOSE) KIT	P	SP; PA
KISQALI FEMARA (400 MG DOSE)	P	SP; PA	COPIKTRA	P	SP; PA
KISQALI FEMARA (600 MG DOSE)	P	SP; PA	COTELLIC	P	SP; PA
LONSURF	P	SP; PA	<i>dasatinib</i>	P	SP; PA
OPDUALAG	P	SP; PA	<i>everolimus TABS</i>	P	SP; PA
PHESGO	P	SP; PA	<i>everolimus TBSO</i>	P	SP; PA
RITUXAN HYCELA	P	SP; PA	FOTIVDA	P	SP; PA
VYXEOS	P	SP; PA	FYARRO	P	SP; PA
Antineoplastic Enzyme Inhibitors			GAVRETO	P	SP; PA
			GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NP	SP; PA
			IBRANCE CAPS	P	SP; PA
			IBRANCE TABS	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ICLUSIG	P	QL(1 EA daily); SP; PA	QINLOCK	P	SP; PA
IDHIFA	P	SP; PA	RETEVMO CAPS	P	SP; PA
<i>imatinib mesylate TABS</i>	P	SP; PA	ROMIDEPSIN SOLN	P	SP; PA
IMBRUVICA CAPS	P	SP; PA	<i>romidepsin SOLR</i>	P	SP; PA
IMBRUVICA TABS	P	QL(1 EA daily); SP; PA	ROZLYTREK CAPS	P	SP; PA
INREBIC	P	SP; PA	RUBRACA	P	SP; PA
ISTODAX SOLR (<i>Use romidepsin</i>)	NP	SP; PA	RYDAPT	P	SP; PA
JAKAFI	P	QL(2 EA daily); SP; PA	SCEMBLIX 20 MG, 40 MG	P	SP; PA
KISQALI (200 MG DOSE)	P	SP; PA	SCEMBLIX 100 MG	P	SP
KISQALI (400 MG DOSE)	P	SP; PA	<i>sorafenib tosylate</i>	P	SP; PA
KISQALI (600 MG DOSE)	P	SP; PA	SPRYCEL (<i>Use dasatinib</i>)	NP	SP; PA
KOSELUGO	P	SP; PA	STIVARGA	P	SP; PA
KYPROLIS	P	SP; PA	<i>sunitinib malate</i>	P	SP; PA
<i>lapatinib ditosylate</i>	P	SP; PA	SUTENT (<i>Use sunitinib malate</i>)	NP	SP; PA
LORBRENA	P	SP; PA	TABRECTA	P	SP; PA
LUMAKRAS	P	SP; PA	TAFINLAR CAPS	P	SP; PA
LYNPARZA TABS	P	QL(4 EA daily); SP; PA	TALZENNA	P	SP; PA
MEKINIST TABS	P	SP; PA	TASIGNA 50 MG, 150 MG, 200 MG (<i>Use nilotinib hcl</i>)	NP	SP; PA
MEKTOVI	P	SP; PA	TAZVERIK	P	SP; PA
NERLYNX	P	SP; PA	<i>temsirolimus</i>	P	SP; PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	NP	SP; PA	TIBSOVO	P	SP; PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	P	SP; PA	TORISEL (<i>Use temsirolimus</i>)	NP	SP; PA
NINLARO	P	SP; PA	TURALIO 125 MG	P	SP; PA
<i>pazopanib hcl</i>	P	SP; PA	TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP; PA
PEMAZYRE	P	SP; PA	VELCADE SOLR IJ (<i>Use bortezomib</i>)	NP	SP; PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	P	SP; PA	VERZENIO	P	QL(2 EA daily); SP; PA
PIQRAY (200 MG DAILY DOSE)	P	SP; PA	VITRAKVI CAPS	P	SP; PA
PIQRAY (250 MG DAILY DOSE)	P	SP; PA	VITRAKVI SOLN	P	SP; PA
PIQRAY (300 MG DAILY DOSE)	P	SP; PA	VONJO	P	SP; PA
			VOTRIENT	P	SP; PA

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VOTRIENT <i>(Use pazopanib hcl)</i>	NP	SP; PA	KEPIVANCE 5.16 MG	P	SP
XALKORI CAPS	P	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
XOSPATA	P	SP; PA	<i>dexrazoxane hcl</i>	P	SP; PA
ZEJULA CAPS	P	SP; PA	KHAPZORY 175 MG	P	SP; PA
ZELBORAF	P	SP; PA	<i>leucovorin calcium TABS</i>	P	
ZOLINZA	P	SP; PA	<i>levoleucovorin calcium SOLN 250 MG/25ML</i>	P	SP; PA
ZYDELIG	P	SP; PA	<i>levoleucovorin calcium SOLR</i>	P	SP; PA
ZYKADIA TABS	P	SP; PA	<i>mesna SOLN</i>	P	SP; PA
Antineoplastic Enzymes			<i>mesna TABS</i>	P	SP; PA
ASPARLAS	P	SP; PA	MESNEX SOLN <i>(Use mesna)</i>	NP	SP; PA
ONCASPAR	P	SP; PA	MESNEX TABS	P	SP; PA
RYLAZE	P	SP; PA	VORAXAZE	P	SP; PA
Antineoplastic Radiopharmaceuticals			Mitotic Inhibitors		
AZEDRA DOSIMETRIC	P	SP; PA	ABRAXANE <i>(Use paclitaxel protein-bound particles)</i>	NP	SP; PA
AZEDRA THERAPEUTIC	P	SP; PA	BEIZRAY CONC 20 MG/ML	P	SP; PA
Antineoplastics Misc.			<i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	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
ALFERON N	P	SP; PA	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML <i>(Use docetaxel)</i>	NP	SP; PA
<i>arsenic trioxide</i>	P	SP; PA	<i>docetaxel SOLN</i>	P	SP; PA
BESREMI	P	SP; PA	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP; PA
<i>bexarotene</i>	P	SP; PA	DOCETAXEL SOLN <i>(Use docetaxel)</i>	NP	SP; PA
HYDREA <i>(Use hydroxyurea)</i>	NP		DOCIVYX SOLN	P	SP; PA
<i>hydroxyurea</i>	P		<i>eribulin mesylate</i>	P	SP; PA
MATULANE	P	SP; PA	<i>etoposide CAPS</i>	P	SP; PA
PHOTOFRIN	P	SP; PA			
PROLEUKIN	P	SP; PA			
SYNRIBO	P	SP; PA			
TARGRETIN <i>(Use bexarotene)</i>	NP	SP; PA			
<i>tretinoin (chemotherapy)</i>	P	SP; PA			
TRISENOX <i>(Use arsenic trioxide)</i>	NP	SP; PA			
Chemotherapy Adjuncts					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP; PA	<i>amantadine hcl SOLN</i>	P	
HALAVEN (<i>Use eribulin mesylate</i>)	NP	SP; PA	APOKYN SOCT	P	SP; PA
IXEMPRA KIT	P	SP; PA	<i>apomorphine hydrochloride SOCT</i>	P	SP; PA
JEVTANA	P	SP; PA	<i>bromocriptine mesylate CAPS</i>	P	
PACLITAXEL PROTEIN-BOUND PART	P	SP; PA	<i>bromocriptine mesylate TABS 2.5 MG</i>	P	
<i>paclitaxel protein-bound particles</i>	P	SP; PA	<i>carbidopa-levodopa TABS</i>	P	
<i>vincristine sulfate</i>	P	SP; PA	<i>carbidopa-levodopa TBCR</i>	P	
Oncolytic Viral Agents			DHIVY TABS	P	
IMLYGIC	P	SP; PA	GOCOVRI CP24	P	SP; PA
Topoisomerase I Inhibitors			PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NP	
CAMPTOSAR (<i>Use irinotecan hcl</i>)	NP	SP; PA	PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NP	
HYCAMTIN CAPS	P	SP; PA	<i>pramipexole dihydrochloride TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
HYCAMTIN SOLR (<i>Use topotecan hcl</i>)	NP	SP; PA	<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily)
<i>irinotecan hcl</i>	P	SP; PA	<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily)
<i>topotecan hcl SOLN</i>	P	SP; PA	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>Use carbidopa-levodopa</i>)	NP	
TOPOTECAN HCL SOLN (<i>Use topotecan hcl</i>)	NP	SP; PA	Antiparkinson Monoamine Oxidase Inhibitors		
<i>topotecan hcl SOLR</i>	P	SP; PA	<i>selegiline hcl CAPS</i>	P	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			<i>selegiline hcl TABS</i>	P	
Antiparkinson Adjunctive Therapy			ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>carbidopa</i>	P		Antimanic Agents		
LODOSYN (<i>Use carbidopa</i>)	NP		<i>lithium</i>	P	
Antiparkinson Anticholinergics			<i>lithium carbonate CAPS</i>	P	
<i>benztropine mesylate TABS</i>	P		<i>lithium carbonate TABS</i>	P	
<i>trihexyphenidyl hcl TABS</i>	P		<i>lithium carbonate TBCR</i>	P	
Antiparkinson Dopaminergics					
<i>amantadine hcl CAPS</i>	P				

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LITHOBID TBCR (<i>Use lithium carbonate</i>)	P		Butyrophenones		
Antipsychotics - Misc.			HALDOL DECANOATE (<i>Use haloperidol decanoate</i>)	NP	
GEODON (<i>Use ziprasidone hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)	<i>haloperidol decanoate</i>	P	
LATUDA (<i>Use lurasidone hcl</i>)	NP		<i>haloperidol lactate CONC</i>	P	
<i>lurasidone hcl</i>	P		<i>haloperidol TABS 20 MG</i>	P	
NUPLAZID CAPS	P	QL(1 EA daily); PA	<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 EA daily)
NUPLAZID TABS 10 MG	P	QL(1 EA daily); PA	Dibenzapines		
<i>ziprasidone hcl</i>	P	QL(2 EA daily); AL(At least 18 yrs old)	<i>clozapine TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
Benzisoxazoles			CLOZARIL TABS (<i>Use clozapine</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)
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 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)
INVEGA SUSTENNA	P	SP; PA	<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
INVEGA TRINZA	P	SP; PA	<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
PERSERIS PRSY	P	SP; PA	<i>quetiapine fumarate TABS 100 MG, 200 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
RISPERDAL CONSTA (<i>Use 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 (<i>Use risperidone</i>)	NP	QL(4 ML daily); AL(At least 5 yrs old)	<i>quetiapine fumarate TABS 25 MG, 50 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old - Up to 17 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NP	QL(4 EA daily); AL(At least 5 yrs old)	SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)
<i>risperidone microspheres</i>	P	SP; PA	SEROQUEL TABS 100 MG, 200 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)
<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 5 yrs old)			
<i>risperidone TABS</i>	P	QL(4 EA daily); AL(At least 5 yrs old)			
<i>risperidone TBDP</i>	P	QL(2 EA daily); AL(At least 5 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL TABS 25 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old - Up to 17 yrs old)
ZYPREXA RELPREVV	P	SP; PA
ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)
ZYPREXA TABS 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)
ZYPREXA TABS 15 MG, 20 MG (<i>Use olanzapine</i>)	NP	QL(1 EA daily); AL(At least 10 yrs old)
Dihydroindolones		
<i>molindone hcl</i>	P	QL(4 EA daily)
Phenothiazines		
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 EA daily)
<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 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)

Drug Name	Drug Tier	Requirements/ Limits
<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		
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ML per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	NP	
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	OTC; QL(946 ML per fill retail)
HIBICLENS SOLN EX (<i>Use chlorhexidine gluconate</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 300 MG</i>	P	
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)
BIKTARVY	P	QL(1 EA daily)
CIMDUO	P	QL(1 EA daily); ST
COMBIVIR (<i>Use lamivudine-zidovudine</i>)	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMPLERA 200 MG-300 MG-25 MG (<i>Use emtricitabine- rilpivirine- tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)	EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NP	QL(1 EA daily)
darunavir TABS 600 MG	P	QL(2 EA daily); ST	etravirine 100 MG	P	QL(4 EA daily)
darunavir TABS 800 MG	P	QL(1 EA daily); ST	etravirine 200 MG	P	QL(2 EA daily)
DELSTRIGO	P	QL(1 EA daily)	fosamprenavir calcium TABS	P	QL(4 EA daily)
DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA	FUZEON SOLR	P	SP; PA
DESCOVY 200 MG-25 MG	P	QL(1 EA daily); PA	GENVOYA	P	QL(1 EA daily)
DOVATO	P		INTELENCE 100 MG (<i>Use etravirine</i>)	NP	QL(4 EA daily)
EDURANT	P	QL(1 EA daily)	INTELENCE 200 MG (<i>Use etravirine</i>)	NP	QL(2 EA daily)
efavirenz CAPS 50 MG	P	QL(2 EA daily)	INTELENCE 25 MG	P	QL(4 EA daily)
efavirenz CAPS 200 MG	P	QL(1 EA daily)	ISENTRESS HD TABS	P	QL(2 EA daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	P	QL(1 EA daily)	ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	P	QL(1 EA daily)	ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
efavirenz TABS	P	QL(1 EA daily)	ISENTRESS PACK	P	QL(2 EA daily)
emtricitabine CAPS	P	QL(1 EA daily)	ISENTRESS TABS	P	QL(2 EA daily)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	P	QL(1 EA daily)	JULUCA	P	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	P	QL(1 EA daily)	KALETRA SOLN	P	QL(480 ML per 30 day(s) retail)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NP	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(4 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(6 EA daily)
EPIVIR SOLN (<i>Use lamivudine</i>)	NP	QL(30 ML daily)	lamivudine SOLN	P	QL(30 ML daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NP	QL(1 EA daily)	lamivudine TABS 150 MG	P	QL(2 EA daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NP	QL(2 EA daily)	lamivudine TABS 300 MG	P	QL(1 EA daily)
			lamivudine-zidovudine	P	QL(2 EA daily)
			LEXIVA SUSP	P	QL(56 ML daily)
			LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	NP	QL(4 EA daily)
			lopinavir-ritonavir SOLN	P	QL(480 ML per 30 day(s) retail)
			lopinavir-ritonavir TABS 25 MG-100 MG	P	QL(4 EA daily)

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<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)	SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NP	QL(4 EA daily)
<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)	STRIBILD	P	QL(1 EA daily)
<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)	SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)
<i>nevirapine SUSP</i>	P	QL(40 ML daily)	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)
<i>nevirapine TABS</i>	P	QL(2 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 EA daily)
<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)	TIVICAY TABS 50 MG	P	QL(2 EA daily)
NORVIR CAPS	P	QL(12 EA daily)	TRIUMEQ TABS	P	QL(1 EA daily); AL(At least 18 yrs old)
NORVIR TABS (<i>Use ritonavir</i>)	NP	QL(12 EA daily)	TROGARZO	P	SP; PA
ODEFSEY	P		TRUVADA 200 MG-300 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
PIFELTRO	P	QL(1 EA daily)	TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)
PREZCOBIX	P	QL(1 EA daily)	VIRACEPT TABS 250 MG	P	QL(9 EA daily)
PREZISTA SUSP	P	QL(12 ML daily); ST	VIRACEPT TABS 625 MG	P	QL(4 EA daily)
PREZISTA TABS 75 MG	P	QL(2 EA daily); ST	VIREAD POWD	P	QL(240 GM per 30 day(s) retail)
PREZISTA TABS 800 MG (<i>Use darunavir</i>)	NP	QL(1 EA daily); ST	VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)
PREZISTA TABS 150 MG	P	QL(3 EA daily); ST	VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)
PREZISTA TABS 600 MG (<i>Use darunavir</i>)	NP	QL(2 EA daily); ST	ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NP	QL(30 ML daily)
RETROVIR CAPS (<i>Use zidovudine</i>)	NP	QL(6 EA daily)	<i>zidovudine CAPS</i>	P	QL(6 EA daily)
RETROVIR SYRP (<i>Use zidovudine</i>)	NP	QL(60 ML daily)	<i>zidovudine SYRP</i>	P	QL(60 ML daily)
REYATAZ CAPS 200 MG (<i>Use atazanavir sulfate</i>)	NP	QL(2 EA daily)	<i>zidovudine TABS</i>	P	QL(2 EA daily)
REYATAZ CAPS 300 MG (<i>Use atazanavir sulfate</i>)	NP		Antiviral Combinations		
REYATAZ PACK	P	QL(6 EA daily)	PAXLOVID (150/100)	P	
<i>ritonavir TABS</i>	P	QL(12 EA daily)	PAXLOVID (300/100)	P	
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 25 MG, 75 MG	P	QL(2 EA daily)			

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CMV Agents			<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
LIVTENCITY	P	SP; PA	<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
PREVYMIS SOLN	P	SP; PA	<i>oseltamivir phosphate SUSR</i>	P	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
PREVYMIS TABS	P	QL(1 EA daily); SP; PA	RELENZA DISKHALER	P	QL(20 EA per fill retail); AL(At least 5 yrs old)
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NP	QL(2 EA daily)	TAMIFLU CAPS 45 MG, 75 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>valganciclovir hcl</i> TABS	P	QL(2 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
Hepatitis Agents			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
MAVYRET PACK	P	QL(6 EA daily); SP; PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
MAVYRET TABS	P	QL(3 EA daily); SP; PA	Alpha-Beta Blockers		
PEGASYS SOLN	P	SP; PA	<i>carvedilol 25 MG</i>	P	QL(4 EA daily)
<i>ribavirin (hepatitis c) CAPS</i>	P	SP; PA	<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(3 EA daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP; PA	<i>carvedilol phosphate</i>	P	QL(1 EA daily)
SOFOSBUVIR-VELPATASVIR TABS	P	QL(1 EA daily); SP; PA	COREG 25 MG (<i>Use carvedilol</i>)	NP	QL(4 EA daily)
SOVALDI TABS	P	SP; PA	COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NP	QL(3 EA daily)
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				
<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)			
<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)			
VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)			
VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NP	QL(2 EA daily)			
Influenza Agents					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COREG CR (Use carvedilol phosphate)	NP	QL(1 EA daily)	CORGARD TABS 20 MG, 40 MG (Use nadolol)	NP	QL(2 EA daily)
labetalol hcl TABS 200 MG, 400 MG	P	QL(6 EA daily)	INDERAL LA CP24 (Use propranolol hcl)	NP	QL(2 EA daily)
labetalol hcl TABS 300 MG	P	QL(8 EA daily)	nadolol TABS 20 MG, 40 MG, 80 MG	P	QL(2 EA daily)
labetalol hcl TABS 100 MG	P	QL(3 EA daily)	pindolol TABS	P	
Beta Blockers Cardio-Selective			propranolol hcl CP24	P	QL(2 EA daily)
acebutolol hcl CAPS	P		propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	P	
atenolol TABS	P	QL(2 EA daily)	propranolol hcl TABS	P	
bisoprolol fumarate	P	QL(1 EA daily)	sotalol hcl (afib/afl)	P	QL(2 EA daily)
LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	NP	QL(4 EA daily)	sotalol hcl TABS 240 MG	P	
LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	NP	QL(4.5 EA daily)	sotalol hcl TABS 80 MG, 120 MG, 160 MG	P	QL(2 EA daily)
metoprolol succinate TB24 200 MG	P	QL(2 EA daily)	timolol maleate TABS	P	
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	P	QL(4 EA daily)	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
metoprolol tartrate TABS 25 MG, 50 MG	P	QL(4 EA daily)	Calcium Channel Blockers		
metoprolol tartrate TABS 100 MG	P	QL(4.5 EA daily)	amlodipine besylate TABS	P	QL(1 EA daily)
TENORMIN TABS (Use atenolol)	NP	QL(2 EA daily)	CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)	NP	QL(2 EA daily)
TOPROL XL TB24 200 MG (Use metoprolol succinate)	NP	QL(2 EA daily)	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	NP	QL(1 EA daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate)	NP	QL(4 EA daily)	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	NP	QL(3 EA daily)
Beta Blockers Non-Selective			diltiazem hcl coated beads CP24 240 MG	P	QL(2 EA daily)
BETAPACE AF (Use sotalol hcl (afib/afl))	NP	QL(2 EA daily)	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	P	QL(1 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	NP	QL(2 EA daily)	diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	P	QL(1 EA daily)
			diltiazem hcl extended release beads 240 MG	P	QL(2 EA daily)

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<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)
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 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(1 EA daily)
TIAZAC 240 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(2 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 300 MG (<i>Use verapamil hcl</i>)	NP	QL(1 EA daily)
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 EA daily)
VERELAN CP24 (<i>Use verapamil hcl</i>)	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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		
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 (<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

Drug Name	Drug Tier	Requirements/Limits
TYVASO SOLN IN	P	SP; PA
VELETRI (Use epoprostenol sodium)	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 (Use <i>ambrisentan</i>)	NP	QL(1 EA daily); SP; PA
TRACLEER TABS (Use <i>bosentan</i>)	NP	SP; PA
TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NP	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPk	P	SP; PA
UPTRAVI SOLR	P	SP; PA
UPTRAVI TABS	P	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	P	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 EA daily); SP; PA
VYNDAQEL	P	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	P	
<i>cephalexin CAPS 250 MG, 500 MG</i>	P	
<i>cephalexin SUSR</i>	P	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 250 MG/5ML</i>	P	
<i>cefprozil SUSR</i>	P	QL(200 ML per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	P	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS</i>	P	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>cefdinir SUSR</i>	P	QL(100 ML per fill retail)
<i>cefixime CAPS</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	P	QL(3 EA per fill retail)
CHEMICALS		
Bulk Chemicals - O's		
OMEPRAZOLE	P	PA
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 EA daily)
<i>levonorgestrel & eth estradiol TABS</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(91 EA per fill retail)
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	
<i>norethindrone & eth estradiol</i>	P	
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	
<i>norgestimate-ethinyl estradiol</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 EA daily)
TYBLUME CHEW	P	
YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	NP	QL(1 EA daily)
YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	NP	QL(1 EA daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 EA per 28 day(s) retail)
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 EA per fill retail)
NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	NP	QL(1 EA per fill retail)
Emergency Contraceptives		
ELLA	P	QL(4 EA per 365 day(s) retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(1 EA per 21 day(s) retail)
PLAN B ONE-STEP (<i>Use levonorgestrel (emergency oc)</i>)	NP	QL(1 EA per 21 day(s) retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ML per fill retail)	EMFLAZA TABS (Use deflazacort)	NP	SP; PA
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail)	hydrocortisone TABS	P	
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ML per fill retail)	MEDROL TABS 4 MG, 8 MG (Use methylprednisolone)	NP	
medroxyprogesterone acetate (contraceptive) SUSY IM	P	QL(1 ML per fill retail)	MEDROL TBPB (Use methylprednisolone)	NP	
Progestin Contraceptives - Oral			methylprednisolone TABS 4 MG, 8 MG	P	
norethindrone (contraceptive)	P		methylprednisolone TBPB	P	
OPILL	NP		PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NP	
OPILL	P		prednisolone sodium phosphate SOLN 20 MG/5ML	P	QL(150 ML per fill retail)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML	P	
Glucocorticosteroids			prednisolone SOLN	P	
CORTEF TABS (Use hydrocortisone)	NP		prednisolone TABS	P	
CORTISONE ACETATE TABS	P		PREDNISONE INTENSOL CONC	P	
deflazacort SUSP	P	SP; PA	prednisone SOLN	P	
deflazacort TABS	P	SP; PA	prednisone TABS	P	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(150 ML per 30 day(s) retail)	prednisone TBPB	P	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(150 ML per 30 day(s) retail)	TARPEYO CPDR	P	SP; PA
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	P	QL(150 ML per 30 day(s) retail)	ZILRETTA SRER	P	SP; PA
dexamethasone ELIX	P		Mineralocorticoids		
dexamethasone SOLN	P		fludrocortisone acetate TABS	P	
dexamethasone TABS	P		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
EMFLAZA SUSP (Use deflazacort)	NP	SP; PA	Antitussives		
			benzonatate 100 MG	P	AL(At least 10 yrs old - Up to 21 yrs old)

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<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>brompheniramine & pseudoeph ELIX</i>	P	OTC; QL(120 ML per 30 day(s) retail); AL(Up to 21 yrs old)
DELSYM COUGH CHILDRENS SUER (<i>Use dextromethorphan polistirex</i>)	NP	OTC; QL(240 ML per 7 day(s) retail); 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)
DELSYM SUER (<i>Use dextromethorphan polistirex</i>)	NP	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>cetirizine-pseudoephedrine</i>	P	AL(Up to 21 yrs old)
<i>dextromethorphan polistirex SUER</i>	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	NP	OTC; QL(2 EA daily); AL(Up to 21 yrs old)
HYCODAN SOLN (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NP	AL(At least 18 yrs old - Up to 21 yrs old)	CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	NP	OTC; QL(1 EA daily); AL(Up to 21 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	COLD & FLU RELIEF NIGHTTIME D LIQD	P	OTC; AL(Up to 21 yrs old)
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-doxylamine-acetaminophen LIQD</i>	P	OTC; AL(Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD (<i>Use 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 EA per fill retail); AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations			<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	OTC; AL(Up to 21 yrs old)
ADVIL COLD/SINUS TABS (<i>Use pseudoephedrine-ibuprofen</i>)	NP	OTC; AL(Up to 21 yrs old)	<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)
<i>brompheniramine & phenyleph ELIX</i>	P	OTC; QL(120 ML per 30 day(s) retail); AL(Up to 21 yrs old)	<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)
			<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	QL(2 EA daily); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)
DIABETIC TUSSIN COLD/FLU CAPS	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm SOLN</i>	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)
ED BRON GP LIQD	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>promethazine & phenylephrine SYRP</i>	P	QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)
<i>guaifenesin-codeine SOLN</i>	P	AL(At least 18 yrs old - 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-codeine SYRP</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>promethazine-dm SYRP</i>	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)
LOHIST-D LIQD	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)	<i>promethazine-phenylephrine-codeine</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>loratadine & pseudoephedrine TB12</i>	P	OTC; QL(2 EA daily); 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)
<i>loratadine & pseudoephedrine TB24</i>	P	OTC; QL(1 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)
MAXI-TUSS PE MAX LIQD	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i>	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)
MAXI-TUSS PE LIQD	P	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)
MUCINEX D MAX STRENGTH TB12 (Use <i>pseudoephedrine-guaifenesin</i>)	NF		<i>pseudoephedrine-ibuprofen TABS</i>	P	OTC; 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)	QC TRIACTING DAYTIME CHILDRENS SYRP	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)
MUCINEX D TB12 (Use <i>pseudoephedrine-guaifenesin</i>)	NP	QL(210 EA per fill retail); AL(Up to 21 yrs old)			
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SCOT-TUSSIN DM LIQD	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)	Mucolytics		
SCOT-TUSSIN SENIOR LIQD	P	OTC; AL(Up to 21 yrs old)	<i>acetylcysteine SOLN</i>	P	
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)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
ZYRTEC-D ALLERGY & CONGESTION (<i>Use cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)	Acne Products		
ZYRTEC-D ALLERGY & SINUS (<i>Use cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)	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
Expectorants			BENZAC AC WASH LIQD 5 %	P	RX/OTC
GERI-TUSSIN SYRP	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>benzoyl peroxide BAR</i>	P	
<i>guaifenesin LIQD</i>	P	QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	
<i>guaifenesin TB12 600 MG</i>	P	QL(40 EA per 30 day(s) retail); AL(Up to 21 yrs old)	BENZOYL PEROXIDE GEL	P	
<i>guaifenesin TB12 1200 MG</i>	P	OTC; QL(2 EA daily); AL(Up to 21 yrs old)	<i>benzoyl peroxide LIQD 4 %, 5 %, 10 %</i>	P	
MUCINEX MAXIMUM STRENGTH TB12 (<i>Use guaifenesin</i>)	NP	OTC; QL(2 EA daily); AL(Up to 21 yrs old)	<i>benzoyl peroxide LOTN 5 %, 10 %</i>	P	OTC
MUCINEX TB12 (<i>Use guaifenesin</i>)	NP	QL(40 EA per 30 day(s) retail); AL(Up to 21 yrs old)	BENZOYL PEROXIDE LOTN 5 %, 10 %	P	OTC
Misc. Respiratory Inhalants			CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NP	
<i>sodium chloride (inhalant) AERS</i>	P	OTC; QL(240 ML per fill retail)	CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NP	QL(60 ML per fill retail)
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P		<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	
			DIFFERIN CLEANSER LIQD (<i>Use benzoyl peroxide</i>)	NP	RX/OTC
			<i>erythromycin (acne aid) GEL</i>	P	QL(60 GM per fill retail)
			<i>erythromycin (acne aid) SOLN</i>	P	

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<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old); PA	<i>neomycin-bacitracin-polymyxin OINT</i>	P	OTC; QL(454 GM per fill retail)
<i>KLARON (Use sulfacetamide sodium (acne))</i>	NP		<i>neomycin-polymyxin w/ pramoxine</i>	P	OTC; QL(30 GM per fill retail)
<i>RETIN-A CREA (Use tretinoin)</i>	NP	QL(20 GM per fill retail); AL(Up to 35 yrs old)	<i>NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)</i>	NP	OTC; QL(454 EA per fill retail)
<i>RETIN-A GEL 0.025 % (Use tretinoin)</i>	NP	AL(Up to 35 yrs old)	<i>NEOSPORIN PLUS PAIN RELIEF MS (Use neomycin-polymyxin w/ pramoxine)</i>	NP	OTC; QL(30 GM per fill retail)
<i>RETIN-A GEL 0.01 % (Use tretinoin)</i>	NP	QL(15 GM per fill retail); AL(Up to 35 yrs old)	Antifungals - Topical		
<i>sulfacetamide sodium (acne)</i>	P		<i>clotrimazole (topical) CREA</i>	P	QL(90 GM per fill retail); RX/OTC
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 GM per fill retail)	<i>clotrimazole (topical) SOLN</i>	P	QL(60 ML per fill retail); RX/OTC
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P		<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per 30 day(s) retail)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 GM per fill retail); AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ML per 30 day(s) retail)
<i>tretinoin GEL 0.01 %</i>	P	QL(15 GM per fill retail); AL(Up to 35 yrs old)	<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)
<i>tretinoin GEL 0.025 %</i>	P	AL(Up to 35 yrs old)	<i>ketoconazole (topical) CREA</i>	P	QL(60 GM per fill retail)
Antibiotics - Topical			<i>ketoconazole (topical) SHAM 2 %</i>	P	
<i>bacitracin (topical) OINT</i>	P	OTC; QL(30 GM per fill retail)	<i>LAMISIL AT ATHLETES FOOT CREA (Use terbinafine hcl (topical))</i>	NP	OTC; QL(30 GM per fill retail)
<i>bacitracin zinc OINT</i>	P	OTC; QL(30 GM per fill retail)	<i>LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))</i>	NP	OTC; QL(30 GM per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	P	QL(60 GM per fill retail)	<i>LAMISIL AT CREA (Use terbinafine hcl (topical))</i>	NP	OTC; QL(30 GM per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(60 GM per fill retail)	<i>LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))</i>	NP	QL(90 GM per fill retail); RX/OTC
<i>mupirocin calcium (topical)</i>	P	QL(30 GM per fill retail)	<i>LOTRIMIN AF CREA (Use clotrimazole (topical))</i>	NP	QL(90 GM per fill retail); RX/OTC
<i>mupirocin OINT</i>	P				

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MICATIN CREA (<i>Use miconazole nitrate (topical)</i>)	NP	QL(60 GM per fill retail)	EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NP	QL(40 GM per 30 day(s) retail)
<i>miconazole nitrate (topical)</i> CREA	P	QL(60 GM per fill retail)	<i>fluorouracil (topical)</i> CREA 5 %	P	QL(40 GM per 30 day(s) retail)
NIZORAL SHAM	P	OTC	<i>fluorouracil (topical)</i> CREA 0.5 %	P	
<i>nystatin (topical)</i> CREA	P	QL(30 GM per fill retail)	<i>fluorouracil (topical)</i> SOLN	P	QL(10 ML per 30 day(s) retail)
<i>nystatin (topical)</i> OINT	P	QL(30 GM per fill retail)	LEVULAN KERASTICK SOLR	P	SP; PA
<i>nystatin (topical)</i> POWD EX	P	QL(60 GM per fill retail)	TARGRETIN (<i>Use bexarotene (topical)</i>)	NP	SP; PA
<i>nystatin-triamcinolone</i> CREA	P	QL(60 GM per fill retail)	VALCHLOR	P	SP; PA
<i>nystatin-triamcinolone</i> OINT	P	QL(60 GM per fill retail)	Antipruritics - Topical		
<i>terbinafine hcl (topical)</i> CREA	P	OTC; QL(30 GM per fill retail)	<i>camphor & menthol</i> LOTN	P	OTC; QL(222 ML per fill retail)
TINACTIN CREA (<i>Use tolnaftate</i>)	NP	OTC; QL(30 GM per fill retail)	SARNA LOTN (<i>Use camphor & menthol</i>)	NP	OTC; QL(222 ML per fill retail)
<i>tolnaftate</i> CREA	P	OTC; QL(30 GM per fill retail)	Antipsoriatics		
Antihistamines-Topical			<i>calcipotriene</i> CREA	P	
ITCH RELIEF CREA	P	OTC	<i>calcipotriene</i> SOLN	P	QL(60 ML per fill retail)
Anti-inflammatory Agents - Topical			OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	P	SP; PA
<i>diclofenac sodium (topical)</i> GEL EX	P	QL(6.68 GM daily); 2 max fill(s) per 30 day(s) retail; RX/OTC	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
VOLTAREN ARTHRITIS PAIN GEL EX (<i>Use diclofenac sodium (topical)</i>)	NP	QL(6.68 GM daily); 2 max fill(s) per 30 day(s) retail; RX/OTC	PYZCHIVA SC 45 MG/0.5ML	P	SP; PA
Antineoplastic or Premalignant Lesion Agents - Topical			PYZCHIVA 45 MG/0.5ML, 90 MG/ML	P	SP; PA
<i>bexarotene (topical)</i>	P	SP; PA	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	P	SP; PA
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NP		STEQEYMA	P	SP; PA
			TALTZ SOAJ	P	SP; PA
			TALTZ SOSY	P	SP; PA
			<i>tazarotene</i> CREA	P	QL(2 GM daily); AL(Up to 20 yrs old)
			<i>tazarotene</i> GEL	P	QL(6.67 GM daily); AL(Up to 20 yrs old)

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TAZORAC CREA (<i>Use tazarotene</i>)	NP	QL(2 GM daily); AL(Up to 20 yrs old)	SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ML per fill retail)
TAZORAC GEL (<i>Use tazarotene</i>)	NP	QL(6.67 GM daily); AL(Up to 20 yrs old)	<i>sulfacetamide sodium LIQD</i>	P	QL(120 ML per fill retail)
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	P	SP; PA	Antivirals - Topical		
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	P	SP; PA	<i>acyclovir topical CREA</i>	P	QL(5 GM per fill retail)
USTEKINUMAB-TTWE	NP	SP	<i>acyclovir topical OINT</i>	P	QL(30 GM per 30 day(s) retail)
YESINTEK SOLN 45 MG/0.5ML	P	SP; PA	ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	QL(5 GM per fill retail)
YESINTEK SOSY	P	SP; PA	ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	QL(30 GM per 30 day(s) retail)
Antiseborrheic Products			Burn Products		
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ML per fill retail)	SILVADENE (<i>Use silver sulfadiazine</i>)	NP	
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ML per fill retail)	<i>silver sulfadiazine</i>	P	
<i>selenium sulfide LOTN 2.5 %</i>	P		Corticosteroids - Topical		
<i>selenium sulfide LOTN 1 %</i>	P	OTC; QL(420 ML per fill retail)	<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail
<i>selenium sulfide SHAM 1 %</i>	P	OTC; QL(420 ML per fill retail)	<i>betamethasone dipropionate augmented CREA</i>	P	QL(50 GM per fill retail)
SELSUN BLUE CARE MENS MAX STR LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ML per fill retail)	<i>betamethasone valerate CREA</i>	P	
SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ML per fill retail)	<i>betamethasone valerate LOTN</i>	P	
SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ML per fill retail)	<i>betamethasone valerate OINT</i>	P	
SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ML per fill retail)	<i>clobetasol propionate emollient base 0.05 %</i>	P	QL(60 GM per fill retail)
			<i>clobetasol propionate CREA 0.05 %</i>	P	QL(60 GM per fill retail)
			<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 GM per fill retail)
			<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 GM per fill retail)
			<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	NP	QL(118.28 ML per fill retail)	hydrocortisone (topical) LOTN 2.5 %	P	QL(120 ML per fill retail)
desonide CREA	P		hydrocortisone (topical) OINT 1 %, 2.5 %	P	RX/OTC
desonide OINT	P	QL(2 GM daily)	hydrocortisone butyrate SOLN	P	
desoximetasone CREA 0.25 %	P	QL(2 GM daily)	HYDROCORTISONE COMPLETE KIT THPK	NP	
desoximetasone CREA 0.05 %	P		mometasone furoate CREA	P	QL(50 GM per fill retail)
desoximetasone GEL	P	QL(2 GM daily)	mometasone furoate OINT	P	QL(45 GM per fill retail)
desoximetasone OINT 0.25 %	P	QL(2 GM daily)	mometasone furoate SOLN	P	QL(60 ML per fill retail)
EPIFOAM FOAM	P	QL(15 GM per fill retail)	TOPICORT CREA 0.05 % (Use desoximetasone)	NP	
fluocinolone acetonide OIL	P	QL(118.28 ML per fill retail)	TOPICORT CREA 0.25 % (Use desoximetasone)	NP	QL(2 GM daily)
fluocinonide emulsified base	P	QL(60 GM per fill retail)	TOPICORT GEL (Use desoximetasone)	NP	QL(2 GM daily)
fluocinonide CREA 0.05 %	P	QL(150 GM per 30 day(s) retail); 1 package(s) per fill retail	TOPICORT OINT 0.25 % (Use desoximetasone)	NP	QL(2 GM daily)
fluocinonide GEL	P	QL(60 GM per fill retail)	triamcinolone acetonide (topical) CREA	P	
fluocinonide OINT	P	QL(60 GM per fill retail)	triamcinolone acetonide (topical) LOTN	P	QL(60 ML per fill retail)
fluocinonide SOLN	P	QL(60 ML per fill retail)	triamcinolone acetonide (topical) OINT 0.025 %	P	QL(454 GM per fill retail)
fluticasone propionate CREA 0.05 %	P	QL(60 GM per fill retail)	triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %	P	
fluticasone propionate OINT	P	QL(60 GM per fill retail)	Eczema Agents		
HYDROCORT LOTION COMPLETE KIT THPK	NP		ADBRY SOSY	P	SP; PA
hydrocortisone (topical) CREA 1 %	P	QL(454 GM per fill retail); RX/OTC	CIBINQO	P	SP; PA
hydrocortisone (topical) CREA 2.5 %	P		Emollient/Keratolytic Agents		
hydrocortisone (topical) CREA 0.5 %	P	OTC	urea CREA 40 %	P	RX/OTC
hydrocortisone (topical) LOTN 1 %	P	QL(453.6 GM per fill retail)	urea LOTN 40 %	P	
			Emollients		
			EMOLLIENT LOTION-MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(385 GM per fill retail); RX/OTC	<i>capsaicin CREA 0.035 %</i>	P	OTC; QL(42.5 ML per fill retail)
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 GM per fill retail); RX/OTC	<i>capsaicin CREA 0.1 %</i>	P	OTC; QL(43 GM per fill retail)
Immunomodulating Agents - Topical			<i>capsaicin CREA 0.025 %, 0.075 %</i>	P	OTC; QL(60 GM per fill retail)
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)	CAPZASIN-HP CREA (Use capsaicin)	NP	OTC; QL(43 GM per fill retail)
Immunosuppressive Agents - Topical			CAPZASIN-P CREA 0.035 % (Use capsaicin)	NP	OTC; QL(42.5 GM per fill retail)
ELIDEL (Use pimecrolimus)	NP	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA	CASTIVA WARMING LOTN	P	OTC; QL(30 GM per fill retail)
<i>pimecrolimus</i>	P	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA	<i>dibucaine</i>	P	OTC; QL(56.7 GM per fill retail)
<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA	<i>lidocaine hcl CREA 4 %</i>	P	OTC; QL(2 GM daily)
<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 GM per 30 day(s) retail); AL(At least 16 yrs old); PA	<i>lidocaine hcl CREA 3 %</i>	P	QL(453.6 GM per fill retail); RX/OTC
Keratolytic/Antimitotic/Vesicant Agents			<i>lidocaine hcl GEL 2 %</i>	P	AL(At least 21 yrs old)
DERMAREST PSORIASIS GEL	P	OTC	<i>lidocaine CREA 4 %</i>	P	OTC; QL(2 GM daily)
KERALYT GEL	P	OTC	<i>lidocaine OINT 5 %</i>	P	QL(100 GM per 30 day(s) retail); 1 package(s) per fill retail
KERALYT GEL (Use salicylic acid)	NP		<i>lidocaine-prilocaine CREA</i>	P	QL(30 GM per fill retail)
<i>podofilox SOLN</i>	P		LMX 4 CREA (Use lidocaine)	NP	OTC; QL(2 GM daily)
<i>salicylic acid GEL 6 %</i>	P		Misc. Topical		
SALICYLIC ACID GEL 3 %	P	OTC	CVS LANOLIN CREA	P	OTC
Local Anesthetics - Topical			DRYSOL SOLN	P	
			<i>lanolin (topical) CREA</i>	P	OTC
			LANOLOR CREA	P	OTC

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OFF DEEP WOODS AERO	P	OTC; QL(170 gm per fill retail, 340 gm per 30 days retail)	NATROBA (Use <i>spinosad</i>)	NP	Min Age limit = 6 months; QL(120 ML per fill retail; 240 ML per 30 day(s) retail)
OFF DEEP WOODS DRY AERO	P	OTC; QL(113 gm per fill retail, 226 gm per 30 days retail)	NIX CREME RINSE LIQD EX (Use <i>permethrin</i>)	NP	OTC
REPEL SPORTSMEN MAX LOTN	NP		OVIDE (Use <i>malathion</i>)	NP	QL(59 ML per fill retail)
SAWYER INSECT REPELLENT LOTN	NP		<i>permethrin CREA</i>	P	QL(360 GM per fill retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC; QL(170 gm per fill retail, 340 gm per 30 days retail)	<i>permethrin LIQD EX</i>	P	OTC
ULTRATHON INSECT REPELLENT LOTN	P	OTC; QL(57 GM per fill retail; 114 GM per 30 day(s) retail)	<i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %</i>	P	OTC
<i>zinc oxide (topical) OINT 20 %</i>	P	OTC; QL(500 GM per fill retail)	<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	OTC
Rosacea Agents			<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P	OTC
METROCREAM CREA (Use <i>metronidazole (topical)</i>)	NP		SCHOOLTIME SHAMPOO SHAM	P	OTC; QL(1 ML per 14 day(s) retail)
<i>metronidazole (topical) CREA</i>	P		<i>spinosad</i>	P	Min Age limit = 6 months; QL(120 ML per fill retail; 240 ML per 30 day(s) retail)
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per fill retail)	STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	OTC
<i>metronidazole (topical) LOTN</i>	P		Tar Products		
Scabicides & Pediculicides			<i>coal tar extract SHAM 0.5 %</i>	P	OTC
<i>crotamiton LOTN</i>	P	QL(454 GM per fill retail)	DHS TAR GEL SHAM (Use <i>coal tar extract</i>)	NP	OTC
ELIMITE CREA (Use <i>permethrin</i>)	NP	QL(360 GM per fill retail)	DHS TAR SHAM (Use <i>coal tar extract</i>)	NP	OTC
LICEMD GEL	P	OTC	Wound Care Products		
<i>malathion</i>	P	QL(59 ML per fill retail)			

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AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	P	SP; PA	BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	RX/OTC
APLIGRAF DISK	P	PA	BLULINK GLUCOSE TEST STRP	NP	RX/OTC
CORETEXT SUSP 1 ML, 2 ML	P	PA	CARESENS N GLUCOSE TEST STRP	NP	RX/OTC
EPICORD SHEE	P	PA	CARESENS S GLUCOSE TEST STRP	NP	RX/OTC
MIRODERM BIO MATRIX FENESTRAT	P	PA	CARESTART COVID-19 HOME TEST KIT	P	QL(2 EA per fill retail)
MIRODERM BIO MATRIX FENESTRAT+	P	PA	CARETOUCH TEST STRP	NP	RX/OTC
NOVACHOR	P	PA	CHEMSTRIP K STRP	P	OTC; QL(6.67 EA daily)
OASIS ULTRA MATRIX FENESTRATED	P	PA	CLEARDETECT COVID-19 AG HOME KIT	P	QL(2 EA per fill retail)
OASIS WOUND MATRIX FENESTRATED	P	PA	CLINITEST RAPID COVID-19 TEST KIT	NP	
OSTEOCONDUCTIVE MATRIX PLUS IJ 2 ML, 5 ML, 10 ML	P	PA	CONTOUR PLUS TEST STRP	NP	RX/OTC
PROTEXT SUSP	P	PA	COVID-19 AT HOME ANTIGEN TEST KIT	NP	
PURAPLY	P	PA	COVID-19 AT-HOME TEST KIT	NP	
DIAGNOSTIC PRODUCTS			COVID-19 AT-HOME TEST KIT	P	QL(2 EA per fill retail)
Diagnostic Drugs			CVS COVID-19 AT HOME TEST KIT KIT	NP	
CORTROSYN SOLR (Use cosyntropin)	NP	SP; PA	CVS TRUE METRIX GLUCOSE TEST STRP	NP	RX/OTC
cosyntropin SOLR	P	SP; PA	EASY MAX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
THYROGEN 0.9 MG	P	SP; PA	EASY TALK PLUS II TEST STRIPS STRP	NP	RX/OTC
Diagnostic Tests			EASY TOUCH HEALTHPRO GLUCOSE STRP	NP	RX/OTC
2SAN COVID-19 RAPID SELF TEST KIT	NP		EASY TRAK II GLUCOSE TEST STRP	NP	RX/OTC
ACCU-CHEK GUIDE TEST STRP	P	Clinical Edit: Test Strips; RX/OTC	ELLUME COVID-19 HOME TEST KIT	P	QL(2 EA per fill retail)
ADVIN COVID-19 ANTIGEN TEST KIT	NP		EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC
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				

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EMBRACE WAVE BLOOD GLUCOSE STRP	NP	RX/OTC	OHC COVID-19 ANTIGEN SELF TEST KIT	NP	
FASTEP COVID-19 ANTIGEN TEST KIT	NP		ON/GO COVID-19 ANTIGEN TEST KIT	P	QL(2 EA per fill retail)
FLOWFLEX COVID-19 AG HOME TEST KIT	P	QL(2 EA per fill retail)	ON/GO ONE COVID-19 HOME TEST KIT	NP	
FONDCIRCLE BLOOD GLUCOSE TEST STRP	NP	RX/OTC	ONETOUCH ULTRA BLUE TEST STRP	NP	Clinical Edit: Test Strips; RX/OTC
FORA 6 CONNECT/GTEL TEST STRP	NP	RX/OTC	ONETOUCH ULTRA TEST STRP	NP	Clinical Edit: Test Strips; RX/OTC
FORA GTEL BLOOD KETONE TEST	P	OTC; QL(1 EA daily)	ONETOUCH ULTRA STRP	NP	Clinical Edit: Test Strips; RX/OTC
FORA TEST N'GO ADV-VOICE-6 CON	P	OTC; QL(1 EA daily)	ONETOUCH VERIO STRP	NP	RX/OTC
FORA TN'G ADVANCE PRO STRP	NP	RX/OTC	ONETOUCH VERIO STRP	NP	Clinical Edit: Test Strips; RX/OTC
FORTISCARE G1 TEST STRIP STRP	NP	RX/OTC	PILOT COVID-19 AT-HOME TEST KIT	NP	
GENABIO COVID-19 RAPID TEST KIT	NP		PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRP	NP	RX/OTC	PRECISION XTRA KETONE	P	OTC; QL(1 EA daily)
GOJJI BLOOD KETONE TEST	P	OTC; QL(1 EA daily)	PTS PANELS EGLU TEST STRP	NP	RX/OTC
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	NP		QUICK TOUCH BLOOD GLUCOSE TEST STRP	NP	RX/OTC
IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	RX/OTC	QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 EA per fill retail)
IHEALTH COVID-19 RAPID TEST KIT	P	QL(2 EA per fill retail)	RELION GLUCOSE TEST STRIPS STRP	NP	RX/OTC
INDICAID COVID-19 RAPID TEST KIT	NP		RELION KETONE TEST STRP	P	OTC; QL(6.67 EA daily)
INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 EA per fill retail)	RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	RX/OTC
KETONE TEST STRP	P	OTC; QL(6.67 EA daily)	RIGHTEST GT333 GLUCOSE TEST STRP	NP	RX/OTC
KETOSTIX STRP	P	OTC; QL(6.67 EA daily)	SPEEDY SWAB COVID-19 ANTIGEN KIT	NP	
MM BLULINK GLUCOSE TEST STRP	NP	RX/OTC	TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
NOVA MAX PLUS KETONE TEST	P	OTC; QL(1 EA daily)			

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TRUE METRIX PRO BLOOD GLUCOSE STRP	NP	RX/OTC	<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	P	
VIVAGUARD INO TEST STRIPS STRP	NP	RX/OTC	<i>furosemide TABS</i>	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			LASIX TABS (<i>Use furosemide</i>)	NP	
Digestive Enzymes			SOAANZ TABS 20 MG	NP	QL(1 EA daily)
CREON CPEP	P	Smart PA	<i>torseamide TABS</i>	P	QL(1 EA daily)
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			Potassium Sparing Diuretics		
Carbonic Anhydrase Inhibitors			ALDACTONE TABS (<i>Use spironolactone</i>)	NP	
<i>acetazolamide CP12</i>	P		<i>amiloride hcl TABS</i>	P	QL(4 EA daily)
<i>acetazolamide TABS</i>	P		<i>spironolactone TABS</i>	P	
<i>dichlorphenamide</i>	P	SP; PA	Thiazides and Thiazide-Like Diuretics		
KEVEYIS (<i>Use dichlorphenamide</i>)	NP	SP; PA	<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>methazolamide TABS</i>	P		<i>hydrochlorothiazide CAPS</i>	P	
Diuretic Combinations			<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	P	
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NP		<i>metolazone</i>	P	
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NP		ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
<i>spironolactone & hydrochlorothiazide</i>	P		Adrenal Steroid Inhibitors		
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P		ISTURISA 1 MG, 5 MG	P	SP; PA
<i>triamterene & hydrochlorothiazide TABS</i>	P		RECORLEV	P	SP; PA
Loop Diuretics			Bone Density Regulators		
<i>bumetanide TABS</i>	P		ACTONEL TABS 35 MG (<i>Use risedronate sodium</i>)	NP	QL(4 EA per fill retail); PA
BUMEX TABS 0.5 MG (<i>Use bumetanide</i>)	NP		<i>alendronate sodium SOLN</i>	P	QL(10.8 ML daily)
			<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 EA daily)
			<i>alendronate sodium TABS 5 MG, 10 MG</i>	P	QL(1 EA daily)

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ATELVIA TBEC (<i>Use risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail); PA	CHORIONIC GONADOTROPIN IM	P	PA
BONSITY SOPN 560 MCG/2.24ML	P	PA	FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail	GONAL-F RFF REDIJECT SOPN	P	PA
<i>calcitonin (salmon) IJ</i>	P	QL(2 ML per fill retail)	GONAL-F SOLR IJ 450 UNIT	P	PA
EVENITY	P	SP; PA	MENOPUR SC	P	PA
FORTEO SOPN (<i>Use teriparatide</i>)	NP	PA	NOVAREL IM	P	PA
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	QL(0.15 EA daily)	OVIDREL SOSY	P	PA
<i>ibandronate sodium SOLN</i>	P	SP; PA	PREGNYL IM	P	PA
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NP	QL(2 ML per fill retail)	GnRH/LHRH Antagonists		
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	P	SP; PA	<i>cetrorelix acetate</i>	P	PA
PAMIDRONATE DISODIUM SOLN	P	SP; PA	CETROTIDE (<i>Use cetrorelix acetate</i>)	NP	PA
PROLIA SOSY	P	SP; PA	<i>ganirelix acetate</i>	P	PA
RECLAST SOLN (<i>Use zoledronic acid</i>)	NP	SP; PA	GANIRELIX ACETATE (<i>Use ganirelix acetate</i>)	NP	PA
<i>risedronate sodium TABS 35 MG</i>	P	QL(4 EA per fill retail); PA	Growth Hormone Receptor Antagonists		
<i>risedronate sodium TABS 5 MG, 30 MG</i>	P	QL(1 EA daily); PA	SOMAVERT	P	SP; PA
<i>risedronate sodium TBEC</i>	P	QL(4 EA per 28 day(s) retail); PA	Growth Hormones		
<i>teriparatide SOPN</i>	P	PA	HUMATROPE CART IJ	P	SP; PA
TERIPARATIDE SOPN	P	PA	NORDITROPIN FLEXPRO SOPN	P	SP; PA
TYMLOS	P	SP; PA	SEROSTIM SC 4 MG, 5 MG, 6 MG	P	SP; PA
<i>zoledronic acid CONC</i>	P	SP; PA	ZORBTIVE SC	P	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	P	SP; PA	Hormone Receptor Modulators		
ZOLEDRONIC ACID SOLN	P	SP; PA	EVISTA (<i>Use raloxifene hcl</i>)	NP	QL(1 EA daily)
Fertility Regulators			<i>raloxifene hcl</i>	P	QL(1 EA daily)
			Insulin-Like Growth Factor Receptor Inhibitors		
			TEPEZZA	P	SP; PA
			Insulin-Like Growth Factors (Somatomedins)		

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INCRELEX	P	SP; PA	KANUMA	P	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA
FENSOLVI (6 MONTH) SC	P	SP; PA	KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA
LUPRON DEPOT-PED (1-MONTH)	P	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	QL(30 ML daily)
LUPRON DEPOT-PED (3-MONTH)	P	SP; PA	<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 EA daily)
SUPPRELIN LA	P	SP; PA	LUMIZYME	P	SP; PA
SYNAREL	P	SP; PA	MEPSEVII	P	SP; PA
TRIPTODUR	P	SP; PA	MYALEPT	P	SP; PA
Metabolic Modifiers			NAGLAZYME	P	SP; PA
ALDURAZYME	P	SP; PA	NEXVIAZYME	P	SP; PA
<i>betaine</i>	P	SP; PA	<i>nitisinone CAPS</i>	P	SP; PA
BRINEURA	P	SP; PA	NITYR TABS	P	SP; PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NP	SP; PA	NULIBRY	P	SP; PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NP	SP; PA	ORFADIN CAPS (<i>Use nitisinone</i>)	NP	SP; PA
<i>calcitriol CAPS</i>	P		ORFADIN SUSP	P	SP; PA
CARBAGLU (<i>Use carglumic acid</i>)	NP	SP; PA	PALYNZIQ	P	SP; PA
<i>carglumic acid</i>	P	SP; PA	<i>paricalcitol SOLN</i>	P	SP; PA
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ML daily)	PARSABIV	P	SP; PA
CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ML daily)	REVCovi	P	SP; PA
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(3 EA daily)	ROCALtrol CAPS (<i>Use calcitriol</i>)	NP	
<i>cinacalcet hcl</i>	P	SP; PA	<i>sapropterin dihydrochloride PACK</i>	P	SP; PA
CYSTADANE (<i>Use betaine</i>)	NP	SP; PA	<i>sapropterin dihydrochloride TABS</i>	P	SP; PA
ELAPRASE	P	SP; PA	SENSIPAR (<i>Use cinacalcet hcl</i>)	NP	SP; PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA	<i>sodium phenylbutyrate POWD</i>	P	SP; PA
			<i>sodium phenylbutyrate TABS</i>	P	SP; PA
			STRENSIQ	P	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
VIMIZIM	P	SP; PA
XURIDEN	P	SP; PA
ZEMPLAR SOLN (Use paricalcitol)	NP	SP; PA
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ (Use desmopressin acetate)	NP	SP; PA
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NP	SP; PA
DDAVP TABS (Use desmopressin acetate)	NP	QL(6 EA daily)
desmopressin acetate spray	P	QL(5 ML per fill retail)
desmopressin acetate spray refrigerated 0.01 %	P	QL(5 ML per fill retail)
desmopressin acetate SOLN IJ	P	SP; PA
DESMOPRESSIN ACETATE SOLN NA	P	SP; PA
desmopressin acetate TABS	P	QL(6 EA daily)
Somatostatic Agents		
octreotide acetate KIT	P	SP; PA
octreotide acetate SOLN	P	SP; PA
SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate)	NP	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	NP	SP; PA
SIGNIFOR	P	SP; PA
SIGNIFOR LAR	P	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG (Use tolvaptan)	NP	SP; PA
JYNARQUE TBPB 15 MG (Use tolvaptan)	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
SAMSCA TABS (Use tolvaptan)	NP	SP; PA
tolvaptan TABS	P	SP; PA
tolvaptan TBPB 15 MG	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	NP	QL(1 EA daily)
COMBIPATCH PTTW	P	QL(8 EA per 28 day(s) retail)
estradiol & norethindrone acetate TABS	P	QL(1 EA daily)
norethindrone acetate-ethinyl estradiol	P	
PREMPHASE	P	
PREMPRO	P	
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(8 EA per fill 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 (Use estradiol)	NP	QL(4 EA per fill retail)
ESTRACE TABS (Use estradiol)	NP	
estradiol PTTW	P	QL(8 EA per fill retail)
estradiol PTWK	P	QL(4 EA per fill retail)
estradiol TABS	P	
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	QL(1 EA daily)
MINIVELLE PTTW (Use estradiol)	NP	QL(8 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(8 EA per fill retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 EA per fill retail)
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin TABS</i>	P	QL(1 EA daily; 14 EA per fill retail)
<i>ofloxacin 400 MG</i>	P	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS RELIEF LIQD PO 40 MG/0.6ML	P	OTC; QL(31 ML per 30 day(s) retail)
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ML per 30 day(s) retail)
<i>simethicone CHEW 80 MG</i>	P	OTC
<i>simethicone LIQD PO</i>	P	OTC; QL(31 ML per 30 day(s) retail)
<i>simethicone SUSP</i>	P	OTC; QL(31 ML per 30 day(s) retail)
Bile Acid Synthesis Disorder Agents		
CTEXLI TABS PO 250 MG	P	SP; PA
Farnesoid X Receptor (FXR) Agonists		

Drug Name	Drug Tier	Requirements/ Limits
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)

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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	
OTULFI SOLN IV 130 MG/26ML	P	SP; PA
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		
<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	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		
THIOLA EC TBEC (<i>Use tiopronin</i>)	NP	SP; PA
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		

Drug Name	Drug Tier	Requirements/ Limits
<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)
COLCRYS TABS (<i>Use colchicine</i>)	NP	QL(6 EA per fill retail)
KRYSTEXXA	P	SP; PA
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
FEIBA	P	SP; PA
FIBRYGA	P	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
JIVI	P	SP; PA
KCENTRA	P	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	P	SP; PA
KOATE SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIASTAP	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>Use icatibant acetate</i>)	NP	SP; PA
<i>icatibant acetate SOSY</i>	P	SP; PA
Complement Inhibitors		
BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	P	SP; PA
ENJAYMO	P	SP; PA
HAEGARDA SOLR SC	P	SP; PA

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RUCONEST	P	SP; PA
TAVNEOS	P	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Hemin		
PANHEMATIN 350 MG	P	SP; PA
Human Protein C		
CEPROTIN	P	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	P	SP; PA
ORLADEYO	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
TAKHZYRO SOSY	P	SP; PA
Plasma Proteins		
RYPLAZIM	P	SP; PA
THROMBATE III	P	SP; PA
Platelet Aggregation Inhibitors		
BRILINTA 60 MG, 90 MG (Use <i>ticagrelor</i>)	NP	QL(2 EA daily)
CABLIVI	P	SP; PA
<i>cilostazol</i>	P	QL(2 EA daily)
<i>clopidogrel bisulfate 75 MG</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	P	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	P	QL(2 EA daily)
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	P	SP; PA
PYRUKYND TABS	P	SP; PA
Thrombolytic Agent - Misc		

Drug Name	Drug Tier	Requirements/ Limits
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 (Use <i>miglustat</i>)	NP	SP; PA
Agents for Sick Cell Disease		
DROXIA CAPS	P	
ENDARI (Use <i>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
NYVEPRIA	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NP	OTC; QL(3.4 ML daily)
FERRETT'S TABS	P	OTC; QL(2 EA daily)
<i>ferrous fumarate</i> TABS	P	OTC; QL(2 EA daily)
FERROUS GLUCONATE TABS 324 MG	P	OTC; QL(100 EA per 30 day(s) retail); AL(Up to 50 yrs old)
<i>ferrous sulfate</i> SOLN 220 MG/5ML, 300 MG/6.8ML	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate</i> SOLN 15 MG/ML, 15 MG/ML	P	OTC; QL(3.4 ML daily)
<i>ferrous sulfate</i> TABS 325 MG, 65 MG, 325 MG	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate</i> TBEC	P	OTC; AL(Up to 50 yrs old)
FERROUS SULFATE TBEC (<i>Use ferrous sulfate</i>)	NP	OTC; AL(Up to 50 yrs old)
IRON CHEWS PEDIATRIC CHEW	P	OTC
IRON TABS 28 MG	P	OTC
<i>polysaccharide iron complex</i> CAPS	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</i> SOLN IV 250 MG/ML	P	SP; PA
<i>aminocaproic acid</i> SOLN PO 0.25 GM/ML	P	QL(236.5 ML per 30 day(s) retail); SP
<i>aminocaproic acid</i> TABS 1000 MG	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid</i> TABS 500 MG	P	QL(24 EA per fill retail); SP
<i>tranexamic acid</i> TABS	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)</i> CAPS 50 MG	P	OTC
<i>diphenhydramine hcl (sleep)</i> TABS 50 MG	P	OTC
<i>diphenhydramine hcl (sleep)</i> TABS 25 MG	P	OTC; QL(1 EA daily)
<i>doxylamine succinate (sleep)</i>	P	OTC
UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NP	OTC
UNISOM SLEEPTABS (<i>Use doxylamine succinate (sleep)</i>)	NP	OTC
Barbiturate Hypnotics		
<i>phenobarbital</i> ELIX	P	
<i>phenobarbital</i> TABS	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>Use 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 (<i>Use triazolam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>midazolam hcl</i> SOLN IJ	P	
MIDAZOLAM HCL SOLN IJ	P	

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RESTORIL 15 MG, 30 MG (Use temazepam)	NP	AL(At least 18 yrs old)	peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	QL(4000 ML per fill retail)
temazepam 15 MG, 30 MG	P	AL(At least 18 yrs old)	PEG-PREP	P	
triazolam	P	QL(1 EA daily); AL(At least 18 yrs old)	sennosides-docusate sodium TABS	P	OTC; QL(4 EA daily)
zaleplon 5 MG	P	QL(1 EA daily); AL(At least 18 yrs old)	SENOKOT S TABS (Use sennosides-docusate sodium)	NP	OTC; QL(4 EA daily)
zaleplon 10 MG	P	QL(2 EA daily); AL(At least 18 yrs old)	sodium sulfate-potassium sulfate-magnesium sulfate	P	
zolpidem tartrate TABS	P	QL(14 EA per 31 day(s) retail); AL(At least 21 yrs old)	SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	NP	
LAXATIVES - Bowel Treatment Drugs			Laxatives - Miscellaneous		
Bulk Laxatives			GLYCERIN (ADULT) SUPP (Use glycerin (laxative))	NP	OTC
calcium polycarbophil TABS	P	OTC; QL(10 EA daily)	glycerin (laxative) SUPP 2 GM	P	OTC
EVAC POWD (Use psyllium)	NP	OTC	INSTALAX POWD 17 GM/SCOOP	P	QL(34 GM daily)
METAMUCIL FREE & NATURAL POWD (Use psyllium)	NP		lactulose SOLN	P	
NATURAL FIBER LAXATIVE POWD	P	OTC	MIRALAX POWD (Use polyethylene glycol 3350)	NP	QL(34 GM daily)
psyllium CAPS 0.52 GM	P	OTC	polyethylene glycol 3350 POWD	P	QL(34 GM daily)
psyllium POWD 28.3 %, 30 %, 33 %, 58.6 %, 100 %	P	OTC	SORBITOL PO 70 %	P	OTC
psyllium POWD 43 %	NP		Saline Laxatives		
psyllium POWD 43 %	P		FLEET ENEMA ENEM (Use sodium phosphates)	NP	OTC
Laxative Combinations			FLEET PEDIATRIC ENEM (Use sodium phosphates)	NP	OTC
GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	NP	QL(4000 ML per fill retail)	magnesium citrate 1.745 GM/30ML	P	OTC
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	P	QL(4000 ML per fill retail)	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	OTC; QL(992 ML per 30 day(s) retail)
			sodium phosphates ENEM	P	OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Stimulant Laxatives			<i>azithromycin TABS 500 MG</i>	P	QL(4 EA daily)
<i>bisacodyl SUPP</i>	P	OTC; QL(12 EA per fill retail)	<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)
<i>bisacodyl TBEC</i>	P	OTC; QL(1 EA daily)	ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NP	QL(4 EA daily)
DULCOLAX PINK LAXATIVE TBEC (<i>Use bisacodyl</i>)	NP	OTC; QL(1 EA daily)	ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NP	QL(6 EA per fill retail)
DULCOLAX SUPP (<i>Use bisacodyl</i>)	NP	OTC; QL(12 EA per fill retail)	ZITHROMAX PACK	P	QL(2 EA per fill retail)
DULCOLAX TBEC (<i>Use bisacodyl</i>)	NP	OTC; QL(1 EA daily)	ZITHROMAX SUSR (<i>Use azithromycin</i>)	NP	
<i>sennosides TABS 8.6 MG</i>	P	OTC; QL(12 EA per fill retail)	ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NP	QL(4 EA daily)
SENOKOT TABS (<i>Use sennosides</i>)	NP	OTC; QL(12 EA per fill retail)	ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NP	QL(6 EA per fill retail)
Surfactant Laxatives			Clarithromycin		
COLACE CLEAR CAPS (<i>Use docusate sodium</i>)	NP	OTC	<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ML per fill retail)
COLACE CAPS 100 MG (<i>Use docusate sodium</i>)	NP	OTC; QL(3 EA daily)	<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ML per fill retail)
<i>docusate sodium CAPS 50 MG</i>	P	OTC	<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)
<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	OTC; QL(3 EA daily)	<i>clarithromycin TB24</i>	P	QL(14 EA per fill retail)
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	OTC	Erythromycins		
DOCUSATE SODIUM SYRP	P	OTC	E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
<i>docusate sodium TABS</i>	P	OTC	ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
MACROLIDES - Drugs to Treat Bacterial Infections			ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
Azithromycin			<i>erythromycin base CPEP</i>	P	
<i>azithromycin PACK</i>	P	QL(2 EA per fill retail)	<i>erythromycin base TABS</i>	P	
<i>azithromycin SUSR</i>	P		<i>erythromycin base TBEC</i>	P	
<i>azithromycin TABS 250 MG</i>	P	QL(6 EA per fill retail)	<i>erythromycin ethylsuccinate SUSR</i>	P	
			<i>erythromycin ethylsuccinate TABS</i>	P	

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<i>erythromycin stearate</i> TABS 250 MG	P		AGAMATRIX CONTROL LEVEL 2 SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
MEDICAL DEVICES AND SUPPLIES			AGAMATRIX CONTROL LEVEL 4 SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
Bandages-Dressings-Tape			AGAMATRIX CONTROL NORMAL/HIGH SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
GAUZE SPONGES	P	RX/OTC	ASSURE 3 CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
Contraceptives			ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC	ASSURE CONTROL SOLUTION 2/3 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
Diabetic Supplies			ASSURE DOSE NORM/HIGH CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ACCU-CHEK AVIVA SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	ASSURE II CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	ASSURE II CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	ASSURE PRISM CONTROL LEVEL 1&2 SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	ASSURE PRO CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	BIOTEL CARE BLOOD GLUCOSE KIT	NP	RX/OTC
ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	BLULINK CONTROL HIGH & LOW LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ADVANCE MICRO-DRAW CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)			
ADVANCE MICRO-DRAW NORMAL 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
CARESENS CONTROL A SOLN	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)
CARESENS CONTROL SOLUTION A/B SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	EASY MAX T1 GLUCOSE SYSTEM KIT	NP	RX/OTC
CARESENS N PLUS BT 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)
CARESENS S CONTROL SOLN A/B LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	EASY TOUCH HEALTHPRO GLUCOSE KIT	NP	RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	EASY TOUCH HEALTHPRO HIGH/LOW LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
CONTOUR NEXT EZ KIT	NP	RX/OTC	EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
CONTOUR NEXT GEN MONITOR KIT	NP	RX/OTC	EASYMAX 15 LEVEL 2-3 CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
CONTOUR NEXT ONE KIT	NP	RX/OTC	EASYMAX CONTROL NORMAL/HIGH LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
CONTOUR PLUS BLUE KIT	NP	RX/OTC	ELEMENT COMPACT CONTROL 2 SOLN	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)	ELEMENT COMPACT CONTROL 3 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)	EMBRACE PRO GLUCOSE CONTROL 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)	EVERSENSE 365 SENSOR/HOLDER	NP	
DEXCOM G6 RECEIVER	NP		EVERSENSE E3 SENSOR/HOLDER	NP	
DEXCOM G7 15 DAY SENSOR	NP		FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	RX/OTC
DEXCOM G7 RECEIVER	NP				
DEXCOM G7 SENSOR	NP				
DIATHRIVE GLUCOSE CONTROL SOLN LIQD	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
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)
FREESTYLE LIBRE 3 PLUS SENSOR	P	QL(2 EA per 28 day(s) retail); PA	KROGER HEALTHPRO CONTROL HI/LO 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	LANCETS-MISC	P	QL (6.67 ea daily); OTC
FREESTYLE LIBRE 3 SENSOR	P	QL(2 EA per 28 day(s) retail); PA	LANCING DEVICE-MISC	P	OTC
FREESTYLE LIBRE READER	P	QL(1 EA per 365 day(s) retail); PA	LIBERTY GLUCOSE CONTROL MID SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
FREESTYLE LITE KIT	NP	RX/OTC	MEDISENSE GLUCOSE KETONE CONTR 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)	MEDISENSE HI/MID/LOW CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
GLUCOCARD EXPRESSION CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	MINIMED INSTINCT GLUC SENSOR	NP	
GLUCOSE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	MM BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	REFUAH PLUS GLUCOSE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	SIMPLERA SENSOR	NP	
NOVA MAX PLUS GLU/KET CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	SIMPLERA SYNC SENSOR	NP	
ONETOUCH ULTRA 2 KIT	NP	RX/OTC	SIMPLERA SYSTEM	NP	
ONETOUCH ULTRA CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	SMARTTEST CONTROL MEDIUM SOLN	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ONETOUCH VERIO FLEX SYSTEM KIT	NP	RX/OTC	SUPREME II HIGH/LOW CONTROL LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ONETOUCH VERIO REFLECT KIT	NP	RX/OTC	TEMPO WELCOME KIT	NP	RX/OTC
ONETOUCH VERIO LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	TRUECONTROL GLUCOSE CONT LEV 0 LIQD	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
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)
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		
			SUSVIMO OCULAR IMPLANT	P	SP; PA
			Parenteral Therapy Supplies		
			ADVOCATE INSULIN PEN NEEDLE	NP	RX/OTC
			AQINJECT PEN NEEDLE	NP	RX/OTC

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

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ADULT MASK LARGE 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
AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	CARETOUCH CPAP TUBE BRUSH MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK LARGE 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
AEROECLIPSE MASK MEDIUM MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	CLEVER CHOICE PEAK FLOW METER	P	RX/OTC
AEROECLIPSE MASK SMALL MISC	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
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			

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EBASE CONTROLLER KIT MISC	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
EXPIRATORY MOUTHPIECE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	MICROLIFE DIGITAL PEAK FLOW	P	RX/OTC
FILTER AIR PP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MINI WRIGHT PEAK FLOW METER	P	RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	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
FLEXICHAMBER CHILD MASK/LARGE	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
FLEXICHAMBER CHILD MASK/SMALL	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
FLYP HYPERSONIQ CARTRIDGE MISC	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
FONDCIRCLE ELECTRONIC PEAK FLO	P	RX/OTC	NEBULIZER MASK CHILD 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	NEBULIZER MASK PED/TUBING 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	NOSE CLIP 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	OMBRA COMPRESSOR AIR FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	ONE FLOW TESTER 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 EXPIRATORY 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	ONE-WAY VALVED INSPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
LUNG PERFORM PEAK FLOW METER	P	RX/OTC	PANDA MASK LARGE	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 MEDIUM	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PERSONAL BEST FULL RANGE	P	RX/OTC
PARI BABY CONVERSION KIT 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
PARI BUBBLES PEDIATRIC 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
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PIKO 1	P	RX/OTC
PARI EXPIRATORY FILTER SET DEVI	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
PARI MASK SET 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
PARI SMARTMASK BABY/ELBOW 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 SOFT PLASTIC ADULT MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	POCKET PEAK FLOW METER	P	RX/OTC
PARI SOFT PLASTIC PED MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	POCKETPEAK PEAK FLOW METER	P	RX/OTC
PARI VORTEX ADULT MASK	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 PEDIATRIC MASK	P	QL(1 EA per 360 day(s) retail); RX/OTC	PURE COMFORT FLOW METER ADULT	P	RX/OTC
PEAK A-I-R FLOW METER	P	RX/OTC	PURE COMFORT FLOW METER CHILD	P	RX/OTC
PEAK AIR PEAK FLOW METER	P	RX/OTC	PURE COMFORT PEAK FLOW MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
PEAK FLOW METER UNIVERSAL RANG	P	RX/OTC	REPLACEMENT AIR FILTER 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	REPLACEMENT FILTERS 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-LRG 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-MED MISC	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

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SAMI THE SEAL FILTERS 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
SIDESTREAM PEDIATRIC FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SIDESTREAM PLS ADULT FACE MASK 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
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
SOOTHENEB NBL 100 ADULT MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 MED CUP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENEB 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

Drug Name	Drug Tier	Requirements/ Limits
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		
<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 (Use <i>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 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i>)	NP	QL(6 EA per 30 day(s) retail); AL(At least 12 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 (Use <i>sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail); AL(At least 12 yrs old)
IMITREX TABS (Use <i>sumatriptan succinate</i>)	NP	QL(9 EA per 30 day(s) retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	NP	QL(0.4 EA daily)	zolmitriptan TBDP	P	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)
MAXALT TABS 10 MG (Use rizatriptan benzoate)	NP	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)	ZOMIG SOLN 5 MG (Use zolmitriptan)	NP	QL(6 EA per 30 day(s) retail); AL(At least 12 yrs old)
naratriptan hcl	P	QL(9 EA per 30 day(s) retail); AL(At least 18 yrs old)	MINERALS & ELECTROLYTES		
RELPAZ (Use eletriptan hydrobromide)	NP	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)	Calcium		
rizatriptan benzoate TABS	P	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)	CALCIUM 600 +D HIGH POTENCY TABS	P	OTC; QL(2 EA daily)
rizatriptan benzoate TBDP	P	QL(0.4 EA daily)	calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG	P	OTC
sumatriptan	P	QL(6 EA per 30 day(s) retail); AL(At least 12 yrs old)	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 800 UNIT-600 MG	P	QL(2 EA daily)
sumatriptan succinate SOAJ 6 MG/0.5ML	P	QL(2 ML per 30 day(s) retail); AL(At least 12 yrs old)	calcium carbonate-vitamin d TABS 600 MG-200 UNIT	P	OTC; QL(2 EA daily)
sumatriptan succinate SOCT 6 MG/0.5ML	P	QL(2 ML per 30 day(s) retail); AL(At least 12 yrs old)	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	P	OTC
sumatriptan succinate SOLN 6 MG/0.5ML	P	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)	CALTRATE 600+D3 TABS (Use calcium carbonate-cholecalciferol)	NP	QL(2 EA daily)
sumatriptan succinate TABS	P	QL(9 EA per 30 day(s) retail); AL(At least 12 yrs old)	CALTRATE BONE HEALTH TABS (Use calcium carbonate-cholecalciferol)	NP	QL(2 EA daily)
zolmitriptan SOLN 5 MG	P	QL(6 EA per 30 day(s) retail); AL(At least 12 yrs old)	oyster shell	P	OTC
zolmitriptan TABS	P	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	OTC
			PARVA-CAL 200 UNIT-500 MG	P	OTC
			QC CALCIUM 500MG-D3 TABS	P	OTC
			Electrolyte Mixtures		

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Drug Name	Drug Tier	Requirements/Limits
BIOLYTE SOLN	P	QL(1000 ML per fill retail)
CERASPORT EX1 SOLN	P	QL(1000 ML per fill retail)
CERASPORT SOLN	P	QL(1000 ML per fill retail)
ENFAMIL ENFALYTE SOLN	P	QL(1000 ML per fill retail)
EQUALYTE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ML per fill retail)
FT ELECTROLYTE SOLN	P	QL(1000 ML per fill retail)
GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML	P	QL(1000 ML per fill retail)
GOODSENSE ELECTROLYTE ADV CARE SOLN	P	QL(1000 ML per fill retail)
HYDRALYTE FREEZER POPS SOLN	P	QL(1000 ML per fill retail)
HYDRALYTE SOLN	P	QL(1000 ML per fill retail)
KINDERLYTE PREMAX SOLN	P	QL(1000 ML per fill retail)
KINDERLYTE SOLN	P	QL(1000 ML per fill retail)
<i>oral electrolytes SOLN</i>	P	QL(1000 ML per fill retail)
PEDIALYTE ADVANCED CARE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ML per fill retail)
PEDIALYTE FREEZER POPS SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ML per fill retail)
PEDIALYTE IMMUNE SUPPORT SOLN	P	QL(1000 ML per fill retail)
PEDIALYTE SINGLES SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ML per fill retail)
TRUELYTE SOLN	P	QL(1000 ML per fill retail)
Fluoride		
<i>sodium fluoride CHEW</i>	P	AL(Up to 15 yrs old)
<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC
SOLUVITA SOLN	P	AL(Up to 15 yrs old); RX/OTC
Magnesium		
MAGNESIUM EXTRA STRENGTH CAPS	P	OTC
<i>magnesium oxide (mg supplement) TABS</i>	P	OTC
MAGNESIUM OXIDE -MG SUPPLEMENT CAPS	P	OTC
MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NP	OTC
Phosphate		
K-PHOS-NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 EA daily); RX/OTC
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 EA daily); RX/OTC
Potassium		
KLOR-CON 10 TBCR 10 MEQ (<i>Use potassium chloride</i>)	NP	
KLOR-CON TBCR 8 MEQ (<i>Use potassium chloride</i>)	NP	
K-TAB TBCR 20 MEQ (<i>Use potassium chloride</i>)	NF	
<i>potassium bicarbonate TBEF</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride CPCR 10 MEQ</i>	P		<i>azathioprine TABS 75 MG, 100 MG</i>	P	PA
<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 EA daily)	<i>azathioprine TABS 50 MG</i>	P	
<i>potassium chloride PACK PO 20 MEQ</i>	P		CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P		CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P		CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP	
Zinc			<i>cyclosporine modified (for microemulsion) CAPS</i>	P	
<i>zinc sulfate CAPS</i>	P	QL(100 EA per fill retail)	<i>cyclosporine modified (for microemulsion) SOLN</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>cyclosporine CAPS</i>	P	
Allogeneic Tissue			<i>cyclosporine SOLN IV 50 MG/ML</i>	P	
RETHYMIC	P	SP; PA	ENSPRYNG	P	SP; PA
Chelating Agents			GAMIFANT	P	SP; PA
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	NP		IMURAN TABS (<i>Use azathioprine</i>)	NP	
<i>penicillamine TABS</i>	P		LUPKYNIS	P	SP; PA
SYPRINE (<i>Use trientine hcl</i>)	NP	SP; PA	<i>mycophenolate mofetil CAPS</i>	P	
<i>trientine hcl 500 MG</i>	P	SP	<i>mycophenolate mofetil SUSR</i>	P	
<i>trientine hcl 250 MG</i>	P	SP; PA	<i>mycophenolate mofetil TABS</i>	P	
Enzymes			<i>mycophenolate sodium</i>	P	
XIAFLEX	P	SP; PA	MYFORTIC (<i>Use mycophenolate sodium</i>)	NP	
Fecal Incontinence Bulking Agents			NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	
SOLESTA	P	SP; PA	NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	
Immunomodulators			NULOJIX	P	SP; PA
<i>lenalidomide</i>	P	SP; PA	PROGRAF CAPS (<i>Use tacrolimus</i>)	NP	
REVLIMID	P	SP; PA	PROGRAF PACK	P	PA
REZUROCK	P	SP; PA			
THALOMID	P	SP; PA			
VYVGART	P	SP; PA			
Immunosuppressive Agents					
ATGAM	P	SP; PA			

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RAPAMUNE SOLN (<i>Use sirolimus</i>)	NP	
RAPAMUNE TABS (<i>Use sirolimus</i>)	NP	
SANDIMMUNE CAPS (<i>Use 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		
SYLVANT	P	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPk	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		
BENLYSTA SOAJ	P	SP; PA
BENLYSTA SOLR	P	SP; PA
BENLYSTA SOSY	P	SP; PA
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		

Drug Name	Drug Tier	Requirements/ Limits
NYSTATIN (<i>Use 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 (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NP	
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 KIDS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NP	PA
PREVIDENT GEL (<i>Use sodium fluoride (dental)</i>)	NP	
<i>sodium fluoride (dental) CREA</i>	P	PA
<i>sodium fluoride (dental) GEL</i>	P	
<i>sodium fluoride (dental) PSTE DT</i>	P	
Periodontal Products		
ARESTIN	P	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	QL(5 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Throat Products - Misc.			<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 EA daily); RX/OTC
AQUORAL SOLN	P	QL(900 ML per fill retail); RX/OTC	<i>b-complex w/ c & folic acid TABS</i>	P	QL(1 EA daily); RX/OTC
BIOTENE DRY MOUTH MOIST SPRAY SOLN	P	QL(900 ML per fill retail); RX/OTC	Multiple Vitamins w/ Iron		
CAPHOSOL SOLN	P	QL(900 ML per fill retail); RX/OTC	DESTRESS-IRON TABS	P	OTC; QL(1 EA daily)
CVS DRY MOUTH SOLN	P	QL(900 ML per fill retail); RX/OTC	<i>multiple vitamins w/ iron TABS</i>	P	OTC; QL(1 EA daily)
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ML per fill retail); RX/OTC	STRESS FORMULA/IRON/ENERGY TABS	P	OTC; QL(1 EA daily)
MOI-STIR SOLN	P	QL(900 ML per fill retail); RX/OTC	TAB-A-VITE/IRON/BETA CAROTENE TABS	P	OTC; QL(1 EA daily)
MOUTH KOTE REMINT SOLN	P	QL(900 ML per fill retail); RX/OTC	Multiple Vitamins w/ Minerals		
MOUTH KOTE SOLN	P	QL(900 ML per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC
NUMOISYN LIQD	P	QL(900 ML per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
ORAL RELIEF SPRAY SOLN	P	QL(900 ML per fill retail); RX/OTC	Multivitamins		
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 EA daily)	ALTRIXA TABS	P	OTC; QL(1 EA daily); RX/OTC
SALAGEN 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NP	QL(6 EA daily)	AMLADEX TABS	P	OTC; QL(1 EA daily); RX/OTC
MULTIVITAMINS			CENTRUM MENOPAUSE MIND/MOOD TABS	P	OTC; QL(1 EA daily); RX/OTC
B-Complex Vitamins			DAILY MULTIPLE VITAMINS TABS	P	OTC; QL(1 EA daily); RX/OTC
<i>b-complex vitamins CAPS</i>	P	OTC; QL(1 EA daily)	ESTROFACTORS TABS	P	OTC; QL(1 EA daily); RX/OTC
<i>b-complex vitamins TABS</i>	P	QL(1 EA daily)	FOLAWISE TABS	P	OTC; QL(1 EA daily); RX/OTC
B-Complex w/ C			FOLCYTEINE TABS	P	OTC; QL(1 EA daily); RX/OTC
<i>b complex w/ c CAPS</i>	P	OTC; QL(1 EA daily); RX/OTC	GENICIN VITA-Q TABS	P	OTC; QL(1 EA daily); RX/OTC
LUMAVEX CAPS	P	OTC; QL(1 EA daily); RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	P	OTC; QL(1 EA daily); RX/OTC
B-Complex w/ Folic Acid			MINCORA TABS	P	OTC; QL(1 EA daily); RX/OTC
			MULTI VITAMIN W/D-3 TABS	P	OTC; QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTI VITAMIN TABS	P	OTC; QL(1 EA daily); 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
<i>multiple vitamin TABS</i>	P	OTC; QL(1 EA daily); RX/OTC	Ped Multiple Vitamins w/ Minerals		
MULTIVITAMIN ADULT TABS	P	OTC; QL(1 EA daily); RX/OTC	PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
MULTIVITAMIN TABS	P	OTC; QL(1 EA daily); RX/OTC	Ped MV w/ Fluoride		
NEOMULTIVITE TABS	P	OTC; QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC CHEW 1 MG	P	RX/OTC
NEVVITE TABS	P	OTC; QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC
OMNICAP TABS	P	OTC; QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC SOLN	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
ONE DAILY ESSENTIALS TABS	P	OTC; QL(1 EA daily); RX/OTC	FLORIVA PLUS SOLN	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
ONE DAILY ESSENTIAL TABS	P	OTC; QL(1 EA daily); RX/OTC	FLOTREX CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	OTC; QL(1 EA daily); RX/OTC	FLOTREX CHEW 0.25 MG, 1 MG	P	RX/OTC
ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 EA daily); RX/OTC	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC
ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 EA daily); RX/OTC	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG, 1 MG	P	RX/OTC
QUINTABS TABS	P	OTC; QL(1 EA daily); RX/OTC	MULTIVITAMIN/FLUORIDE SOLN	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
RELCARE TABS	P	OTC; QL(1 EA daily); RX/OTC	MULTI-VIT-FLOR CHEW 0.25 MG, 1 MG	P	RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	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
THERA TABS	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
THEREMS TABS	P	OTC; QL(1 EA daily); RX/OTC	<i>pediatric multivitamins w/fl CHEW 0.25 MG, 1 MG</i>	P	RX/OTC
TM-DAILY VITE TABS	P	OTC; QL(1 EA daily); RX/OTC	Ped Multi Vitamins w/Fl & FE		
TRUE MULTIVITAMIN TABS	P	OTC; QL(1 EA daily); RX/OTC			
VIREXA TABS	P	OTC; QL(1 EA daily); RX/OTC			
VITRAX TABS	P	OTC; QL(1 EA daily); RX/OTC			

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<i>pediatric multivitamins w/fl SOLN</i>	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	OTC; QL(60 ML per fill retail)
<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VITA/IRON SOLN	P	OTC; QL(60 ML per fill retail)
POLY-VI-FLOR CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC	POLY-VITE/IRON SOLN	P	OTC; QL(60 ML per fill retail)
POLY-VI-FLOR CHEW 0.25 MG, 1 MG	P	RX/OTC	Pediatric Multiple Vitamins		
QUFLORA PEDIATRIC CHEW 0.25 MG, 1 MG	P	RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	OTC; QL(50 ML per fill retail)
QUFLORA PEDIATRIC CHEW 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	P	OTC; QL(50 ML per fill retail)
QUFLORA PEDIATRIC SOLN	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	OTC; QL(50 ML per fill retail)
SOLUVITA ACD WITH FLUORIDE SOLN	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VI-SOL SOLN PO	P	OTC; QL(50 ML per fill retail)
SOLUVITA WITH FLUORIDE SOLN	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VITA SOLN PO	P	OTC; QL(50 ML per fill retail)
VITAMINS ACD-FLUORIDE SOLN	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VITE PEDIATRIC SOLN PO	P	OTC; QL(50 ML per fill retail)
Ped MV w/ Iron			Prenatal Vitamins		
BPROTECTED PEDIA POLY-VITE/FE SOLN	P	OTC; QL(60 ML per fill retail)	PRENATAL VITAMINS-MISC	P	RX/OTC
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	OTC; QL(60 ML per fill retail)	Vitamins w/ Lipotropics		
MULTIVITAMIN DROPS/IRON SOLN	P	OTC; QL(60 ML per fill retail)	<i>vitamins w/ lipotropics CAPS</i>	P	OTC; QL(1 EA daily)
MULTIVITAMIN INFANT & TODDLER SOLN	P	OTC; QL(60 ML per fill retail)	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Articular Cartilage Repair Therapy		
			MACI	P	SP; PA
			Central Muscle Relaxants		
			<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen TABS</i>	P	
<i>chlorzoxazone TABS 500 MG</i>	P	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 EA daily)
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 EA daily)
GABLOFEN SOLN IT (Use <i>baclofen</i>)	NP	SP; PA
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	P	SP; PA
LIORESAL SOLN IT (Use <i>baclofen</i>)	NP	SP; PA
LIORESAL SOLN IT	P	SP; PA
<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 <i>tizanidine hcl</i>)	NP	
Viscosupplements		
DUROLANE PRSY	P	SP; PA
EUFLEXXA SOSY	P	SP; PA
GEL-ONE	P	SP; PA
GELSYN-3 SOSY	P	SP; PA
GENVISC 850 SOSY	P	SP; PA
HYALGAN SOLN	P	SP; PA
HYALGAN SOSY	P	SP; PA
HYMOVIS	P	SP; PA
HYRONAN KIT	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

Drug Name	Drug Tier	Requirements/ Limits
VISCO-3 SOSY	P	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	P	OTC; QL(480 ML per fill retail); AL(Up to 21 yrs old)
LITTLE REMEDIES SALINE SOLN	P	OTC; QL(480 ML per fill retail); AL(Up to 21 yrs old)
SALINE NASAL SPRAY 0.65%	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	P	QL(30 ML per fill retail); RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	OTC; QL(26 ML per 30 day(s) retail)
NASALCROM (Use <i>cromolyn sodium (nasal)</i>)	NP	OTC; QL(26 ML per 30 day(s) retail)
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ML per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ML per 30 day(s) retail)
Nasal Steroids		
FLONASE ALLERGY REL CHILDRENS SUSP (Use <i>fluticasone propionate (nasal)</i>)	NP	QL(16 ML per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>fluticasone propionate (nasal)</i>)	NP	QL(16 ML per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>flunisolide (nasal)</i>	P	QL(25 ML per 30 day(s) retail)	Relax/Paralyze Muscles		
<i>fluticasone propionate (nasal) SUSP</i>	P	QL(16 ML per fill retail); RX/OTC	ALS Agents		
NASACORT ALLERGY 24HR AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NP	AL(At least 2 yrs old)	<i>edaravone SOLN</i>	P	SP; PA
<i>triamcinolone acetonide (nasal) AERO</i>	P	AL(At least 2 yrs old)	EXSERVAN FILM	P	SP; PA
Sympathomimetic Decongestants			RADICAVA ORS STARTER KIT SUSP	P	SP; PA
ADRENALIN 0.1 %	P	QL(120 ML per fill retail); AL(Up to 21 yrs old)	RADICAVA ORS SUSP	P	SP; PA
<i>epinephrine hcl (nasal)</i>	P	QL(120 ML per fill retail); AL(Up to 21 yrs old)	RADICAVA SOLN (<i>Use edaravone</i>)	NP	SP; PA
<i>phenylephrine hcl (oral) TABS</i>	P	OTC; QL(24 EA per fill retail)	RILUTEK TABS (<i>Use riluzole</i>)	NP	PA
<i>pseudoephedrine hcl TABS</i>	P	OTC; AL(Up to 21 yrs old)	<i>riluzole TABS</i>	P	PA
<i>pseudoephedrine hcl TB12</i>	P	OTC; QL(62 EA per 30 day(s) retail); AL(Up to 21 yrs old)	TEGLUTIK SUSP	P	SP; PA
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)	TIGLUTIK SUSP	P	SP; PA
SUDAFED PE CHILDRENS SOLN	P	OTC; QL(120 ML per fill retail)	Muscular Dystrophy Agents		
SUDAFED PE SINUS CONGESTION TABS (<i>Use phenylephrine hcl (oral)</i>)	NP	OTC; QL(24 EA per fill retail)	AMONDYS 45	P	SP; PA
SUDAFED SINUS CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)	EXONDYS 51	P	SP; PA
SUDAFED TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)	VILTEPSO	P	SP; PA
NEUROMUSCULAR AGENTS - Drugs to			VYONDYS 53	P	SP; PA
			Spinal Muscular Atrophy Agents (SMA)		
			EVRYSDI	P	SP; PA
			SPINRAZA	P	SP; PA
			ZOLGENSMA 20.6-21.0 KG	P	SP; PA
			ZOLGENSMA 10.1-10.5 KG	P	SP; PA
			ZOLGENSMA 10.6-11.0 KG	P	SP; PA
			ZOLGENSMA 11.1-11.5 KG	P	SP; PA
			ZOLGENSMA 11.6-12.0 KG	P	SP; PA
			ZOLGENSMA 12.1-12.5 KG	P	SP; PA
			ZOLGENSMA 12.6-13.0 KG	P	SP; PA
			ZOLGENSMA 13.1-13.5 KG	P	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 13.6-14.0 KG	P	SP; PA
ZOLGENSMA 14.1-14.5 KG	P	SP; PA
ZOLGENSMA 14.6-15.0 KG	P	SP; PA
ZOLGENSMA 15.1-15.5 KG	P	SP; PA
ZOLGENSMA 15.6-16.0 KG	P	SP; PA
ZOLGENSMA 16.1-16.5 KG	P	SP; PA
ZOLGENSMA 16.6-17.0 KG	P	SP; PA
ZOLGENSMA 17.1-17.5 KG	P	SP; PA
ZOLGENSMA 17.6-18.0 KG	P	SP; PA
ZOLGENSMA 18.1-18.5 KG	P	SP; PA
ZOLGENSMA 18.6-19.0 KG	P	SP; PA
ZOLGENSMA 19.1-19.5 KG	P	SP; PA
ZOLGENSMA 19.6-20.0 KG	P	SP; PA
ZOLGENSMA 2.6-3.0 KG	P	SP; PA
ZOLGENSMA 20.1-20.5 KG	P	SP; PA
ZOLGENSMA 3.1-3.5 KG	P	SP; PA
ZOLGENSMA 3.6-4.0 KG	P	SP; PA
ZOLGENSMA 4.1-4.5 KG	P	SP; PA
ZOLGENSMA 4.6-5.0 KG	P	SP; PA
ZOLGENSMA 5.1-5.5 KG	P	SP; PA
ZOLGENSMA 5.6-6.0 KG	P	SP; PA
ZOLGENSMA 6.1-6.5 KG	P	SP; PA
ZOLGENSMA 6.6-7.0 KG	P	SP; PA
ZOLGENSMA 7.1-7.5 KG	P	SP; PA
ZOLGENSMA 7.6-8.0 KG	P	SP; PA
ZOLGENSMA 8.1-8.5 KG	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 8.6-9.0 KG	P	SP; PA
ZOLGENSMA 9.1-9.5 KG	P	SP; PA
ZOLGENSMA 9.6-10.0 KG	P	SP; PA
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	OTC; QL(124 ML per fill retail)
POLYCOSE POWD	P	OTC; QL(350 GM per fill retail)
Lipids		
DOJOLVI	P	SP; PA
Misc. Nutritional Substances		
<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	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ML per 30 day(s) retail)
DORZOLAMIDE HCL-TIMOLOL MAL	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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per 30 day(s) retail)	BEVACIZUMAB IZ 2.75 MG/0.11ML	P	PA
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 EA per 30 day(s) retail)	EYLEA HD SOLN	P	SP; PA
Cycloplegic Mydriatics			EYLEA SOLN	P	SP; PA
<i>atropine sulfate (ophthalmic) OINT</i>	P		EYLEA SOSY	P	SP; PA
<i>atropine sulfate (ophthalmic) SOLN</i>	P		LUCENTIS SOSY	P	SP; PA
ATROPINE SULFATE SOLN 1 % (<i>Use atropine sulfate (ophthalmic)</i>)	NP		SUSVIMO (IMPLANT 1ST FILL) SOLN	P	SP; PA
ATROPINE SULFATE SOLN 1 %	P		SUSVIMO (IMPLANT REFILL) SOLN	P	SP; PA
CYCLOGYL 0.5 %	P	QL(15 ML per 30 day(s) retail)	VABYSMO SOLN	P	SP; PA
CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NP		Ophthalmic Adrenergic Agents		
CYCLOGYL 2 %	P		<i>apraclonidine hcl</i>	P	
<i>cyclopentolate hcl 1 %</i>	P		<i>brimonidine tartrate 0.2 %</i>	P	
<i>homatropine hbr</i>	P	QL(15 ML per fill retail)	Ophthalmic Anti-infectives		
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP		<i>bacitracin (ophthalmic)</i>	P	QL(4 GM per 30 day(s) retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(5 ML per 30 day(s) retail)	<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per 30 day(s) retail)
PHENYLEPHRINE HCL SOLN (<i>Use phenylephrine hcl (mydriatic)</i>)	NP	QL(5 ML per 30 day(s) retail)	CILOXAN OINT	P	
<i>tropicamide SOLN</i>	P		<i>ciprofloxacin hcl (ophth) SOLN</i>	P	
Miotics			ERYTHROMYCIN	P	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P		<i>erythromycin (ophth)</i>	P	
Ophthalmic - Angiogenesis Inhibitors			<i>gentamicin sulfate (ophth) SOLN</i>	P	
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	<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(3 ML per fill retail)
			<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 GM per 30 day(s) retail)
			<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ML per 30 day(s) retail)
			OCUFLOX (<i>Use ofloxacin (ophth)</i>)	NP	QL(10 ML per 30 day(s) retail)
			<i>ofloxacin (ophth)</i>	P	QL(10 ML per 30 day(s) retail)
			<i>polymyxin b-trimethoprim</i>	P	QL(10 ML per fill retail)
			<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 GM per 30 day(s) retail)

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<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per 30 day(s) retail)	DEXTENZA INST	P	SP; PA
<i>tobramycin (ophth) SOLN</i>	P	QL(5 ML per 30 day(s) retail)	DEXYCU SUSP IO	P	SP; PA
TOBREX OINT	P		<i>fluorometholone (ophth) SUSP</i>	P	
<i>trifluridine</i>	P	QL(8 ML per 30 day(s) retail)	FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	NP	
VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)	ILUVIEN	P	SP; PA
Ophthalmic Decongestants			MAXITROL OINT (Use <i>neomycin-polymy-dexameth</i>)	NP	QL(4 GM per 30 day(s) retail)
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	P	OTC; QL(15 ML per 30 day(s) retail)	MAXITROL SUSP (Use <i>neomycin-polymy-dexameth</i>)	NP	QL(10 ML per 30 day(s) retail)
OPCON-A (Use <i>naphazoline w/ pheniramine</i>)	NP	OTC; QL(15 ML per 30 day(s) retail)	<i>neomycin-polymy-dexameth OINT</i>	P	QL(4 GM per 30 day(s) retail)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	OTC	<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P	QL(10 ML per 30 day(s) retail)
VISINE RED EYE COMFORT (Use <i>tetrahydrozoline hcl (ophth)</i>)	NP	OTC	<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ML per 30 day(s) retail)
Ophthalmic Gene Therapy			OZURDEX IMPL	P	SP; PA
LUXTURNA	P	SP; PA	PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	NP	
Ophthalmic Local Anesthetics			PRED MILD	P	QL(10 ML per 30 day(s) retail)
TETRACAINE HCL 0.5 %	P		<i>prednisolone acetate (ophth)</i>	NP	
TETRACAINE HCL 0.5 % (Use <i>tetracaine hcl (ophth)</i>)	NP		<i>prednisolone acetate (ophth)</i>	P	
<i>tetracaine hcl (ophth)</i>	P		PREDNISOLONE ACETATE P-F	P	
Ophthalmic Photodynamic Therapy Agents			PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ML per 30 day(s) retail)
VISUDYNE	P	SP; PA	RETISERT	P	SP; PA
Ophthalmic Photoenhancers			<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ML per 30 day(s) retail)
PHOTREXA-PHOTREXA VISCOUS KIT	P	SP; PA	TOBRADEX OINT	P	QL(4 GM per 30 day(s) retail)
Ophthalmic Steroids			<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ML per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	P				

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Drug Name	Drug Tier	Requirements/ Limits
TRIESENCE	P	SP; PA
XIPERE	P	SP; PA
YUTIQ	P	SP; PA
Ophthalmics - Misc.		
ACULAR (Use ketorolac tromethamine (ophth))	NP	QL(10 ML per fill retail)
ACULAR LS (Use ketorolac tromethamine (ophth))	NP	QL(5 ML per 30 day(s) retail)
ALOCRIL	P	QL(5 ML per 30 day(s) retail); PA
ALOMIDE	P	QL(10 ML per 30 day(s) retail); PA
azelastine hcl (ophth)	P	QL(6 ML per 30 day(s) retail)
AZOPT (Use brinzolamide)	NP	
brinzolamide	P	
cromolyn sodium (ophth)	P	QL(10 ML per fill retail)
CYSTADROPS	P	SP; PA
CYSTARAN	P	SP; PA
diclofenac sodium (ophth)	P	QL(3 ML per 30 day(s) retail)
dorzolamide hcl	P	QL(10 ML per 30 day(s) retail)
DORZOLAMIDE HCL	P	QL(10 ML per 30 day(s) retail)
flurbiprofen sodium	P	QL(5 ML per 30 day(s) retail)
ketorolac tromethamine (ophth) 0.4 %	P	QL(5 ML per 30 day(s) retail)
ketorolac tromethamine (ophth) 0.5 %	P	QL(10 ML per fill retail)
ketotifen fumarate (ophth) 0.035 %	P	
ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	NP	
Prostaglandins - Ophthalmic		

Drug Name	Drug Tier	Requirements/ Limits
latanoprost SOLN	P	QL(5 ML per 30 day(s) retail)
LATANOPROST SOLN	P	QL(5 ML per 30 day(s) retail)
XALATAN SOLN (Use latanoprost)	NP	QL(5 ML per 30 day(s) retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ML per 30 day(s) retail)
carbamide peroxide (otic) 6.5 %	P	OTC; QL(15 ML per 30 day(s) retail)
DEBROX 6.5 % (Use carbamide peroxide (otic))	NP	OTC; QL(15 ML per 30 day(s) retail)
Otic Anti-infectives		
ofloxacin (otic)	P	QL(10 ML per fill retail)
Otic Combinations		
ciprofloxacin-dexamethasone	P	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ML per fill retail)
neomycin-polymyxin-hc (otic) SUSP	P	QL(20 ML per 30 day(s) retail)
Otic Steroids		
DERMOTIC (Use fluocinolone acetonide (otic))	NP	QL(20 ML per fill retail); AL(At least 5 yrs old)
fluocinolone acetonide (otic)	P	QL(20 ML per fill retail); AL(At least 5 yrs old)
hydrocortisone w/acetic acid	P	QL(20 ML per 30 day(s) retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	P	

Drug Name	Drug Tier	Requirements/Limits
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	P	SP; PA
CUTAQUIG	P	SP; PA
CUVITRU SOLN	P	SP; PA
CYTOGAM SOLN	P	SP; PA
FLEBOGAMMA DIF SOLN	P	SP; PA
GAMASTAN IM	P	SP; PA
GAMMAGARD	P	SP; PA
GAMMAGARD S/D LESS IGA SOLR	P	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA
GAMMAPLEX SOLN	P	SP; PA
GAMUNEX-C	P	SP; PA
HEPAGAM B SOLN IJ	P	SP; PA
HIZENTRA SOLN	P	SP; PA
HIZENTRA SOSY	P	SP; PA
HYPERHEP B SOLN IM	P	SP; PA
HYPERRHO MINI-DOSE SOSY IM 250 UNIT	P	SP; PA
HYPERRHO SOSY IM 1500 UNIT	P	SP
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP; PA
NABI-HB SOLN IM	P	SP; PA
OCTAGAM SOLN	P	SP; PA
PANZYGA	P	SP; PA
PRIVIGEN SOLN	P	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
RHOPHYLAC SOSY IJ	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP; PA
XEMBIFY	P	SP; PA
Monoclonal Antibodies		
BEYFORTUS	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	
<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 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 EA per fill retail)	FLAVOR PLUS LIQD	P	RX/OTC
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 EA per fill retail)	FLAVOR SWEET-SF SYRP	P	RX/OTC
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 EA per 30 day(s) retail)	FLAVOR SWEET SYRP	P	RX/OTC
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(200 ML per fill retail)	<i>glycine diluent</i>	P	SP; PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	QL(150 ML per fill retail)	GRAPE SYRUP SYRP	P	RX/OTC
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(30 EA per fill retail)	MX-SOL BLEND SF SUSP	P	RX/OTC
Penicillinase-Resistant Penicillins			MX-SOL BLEND SUSP	P	RX/OTC
<i>dicloxacillin sodium</i>	P		MX-SOL SF SYRP	P	RX/OTC
PHARMACEUTICAL ADJUVANTS			MX-SOL SUSPEND SUSP	P	RX/OTC
Internal Vehicle Ingredients/Agents			MX-SOL SYRP	P	RX/OTC
SIMPLYTHICK EASY MIX	P	OTC; QL(1816 GM per fill retail); AL(At least 1 yrs old); PA	ORA-BLEND SF SUSP	P	RX/OTC
SIMPLYTHICK EASYMIX LEVEL 1	P	OTC; QL(1816 GM per fill retail); AL(At least 1 yrs old); PA	ORA-BLEND SUSP	P	RX/OTC
SIMPLYTHICK EASYMIX LEVEL 2	P	OTC; QL(1816 GM per fill retail); AL(At least 1 yrs old); PA	ORAL MIX SF SUSP	P	RX/OTC
SIMPLYTHICK EASYMIX LEVEL 3	P	OTC; QL(1816 GM per fill retail); AL(At least 1 yrs old); PA	ORAL MIX SUSP	P	RX/OTC
Liquid Vehicles			ORAL SUSPEND LIQD	P	RX/OTC
FLAVOR BLEND SUSP	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 <i>glycine diluent</i>)	NP	SP; PA
			SUSPENDIT ANHYDROUS SUSP	P	RX/OTC

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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
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 (<i>Use progesterone</i>)	NP	QL(20 EA per 30 day(s) retail)
PROMETRIUM CAPS 100 MG (<i>Use progesterone</i>)	NP	QL(30 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
PROVERA 5 MG, 10 MG (<i>Use medroxyprogesterone acetate</i>)	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 (<i>Use donepezil hydrochloride</i>)	NP	QL(1 EA daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily)
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>Use rivastigmine</i>)	NP	QL(1 EA daily); PA
<i>galantamine hydrobromide CP24</i>	P	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	P	QL(6 ML daily)
<i>galantamine hydrobromide TABS</i>	P	QL(2 EA daily)
<i>memantine hcl SOLN</i>	P	QL(2 ML daily); PA
<i>memantine hcl TABS</i>	P	1 package(s) per 28 day(s) retail; PA
<i>memantine hcl TABS</i>	P	QL(2 EA daily); PA
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	1 package(s) per 28 day(s) retail; PA
NAMENDA TABS (<i>Use memantine hcl</i>)	NP	QL(2 EA daily); PA
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	P	QL(1 EA daily); PA
<i>rivastigmine tartrate CAPS</i>	P	QL(2 EA daily); PA
Combination Psychotherapeutics		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)	REBIF SOSY	P	SP; PA
Fibromyalgia Agents			TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	NP	SP
SAVELLA TITRATION PACK MISC	P	QL(55 EA per 365 day(s) retail); PA	TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP
SAVELLA TABS	P	QL(2 EA daily); PA	<i>teriflunomide</i>	P	QL(1 EA daily); SP
Movement Disorder Drug Therapy			Smoking Deterrents		
<i>tetrabenazine</i>	P	SP; PA	APO-VARENICLINE TABS	P	QL(2 EA daily); AL(At least 18 yrs old)
XENAZINE (<i>Use tetrabenazine</i>)	NP	SP; PA	<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily); AL(At least 18 yrs old)
Multiple Sclerosis Agents			CHANTIX CONTINUING MONTH PAK TABS (<i>Use varenicline tartrate</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)
AMPYRA (<i>Use dalfampridine</i>)	NP	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)
AUBAGIO (<i>Use teriflunomide</i>)	NP	QL(1 EA daily); SP	CHANTIX TABS (<i>Use varenicline tartrate</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)
AVONEX PEN AJKT	P	SP; PA	NICODERM CQ PT24 TD (<i>Use nicotine</i>)	NP	QL(1 EA daily)
AVONEX PREFILLED PSKT	P	SP; PA	NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 EA daily)
COPAXONE SOSY (<i>Use glatiramer acetate</i>)	NP	SP	NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 EA daily)
<i>dalfampridine</i>	P	SP; PA	NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 EA daily)
<i>dimethyl fumarate CDPK</i>	P	SP	NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 EA daily)
<i>dimethyl fumarate CPDR</i>	P	SP	<i>nicotine polacrilex GUM</i>	P	QL(24 EA daily)
<i> fingolimod hcl</i>	P	QL(1 EA daily); SP	<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily)
GILENYA (<i>Use fingolimod hcl</i>)	NP	QL(1 EA daily); SP	NICOTINE KIT	P	
<i>glatiramer acetate SOSY</i>	P	SP	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily)
PLEGRIDY STARTER PACK SOAJ	P	SP; PA	NICOTROL NS SOLN	P	QL(4 ML daily)
PLEGRIDY STARTER PACK SOSY SC	P	SP; PA			
PLEGRIDY SOAJ	P	SP; PA			
PLEGRIDY SOSY IM	P	SP; PA			
REBIF REBIDOSE TITRATION PACK SOAJ	P	SP; PA			
REBIF REBIDOSE SOAJ	P	SP; PA			
REBIF TITRATION PACK SOSY	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NICOTROL INHA	P	QL(16.8 EA daily)	ESBRIET CAPS (<i>Use pirfenidone</i>)	NP	SP; PA
<i>varenicline tartrate TABS</i>	P	QL(2 EA daily); AL(At least 18 yrs old)	ESBRIET TABS (<i>Use pirfenidone</i>)	NP	SP; PA
<i>varenicline tartrate TBPk</i>	P	QL(53 EA per fill retail); AL(At least 18 yrs old)	<i>pirfenidone CAPS</i>	P	SP; PA
Transthyretin Amyloidosis Agents			<i>pirfenidone TABS</i>	P	SP; PA
ONPATTRO	P	SP; PA	TETRACYCLINES - Drugs to Treat Bacterial Infections		
TEGSEDI	P	SP; PA	Tetracyclines		
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P	
Alpha-Proteinase Inhibitor (Human)			<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	P	
ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA	<i>doxycycline hyclate CAPS</i>	P	
GLASSIA SOLN	P	SP; PA	<i>doxycycline hyclate TABS 100 MG</i>	P	
PROLASTIN-C SOLN	P	SP; PA	<i>minocycline hcl CAPS</i>	P	
PROLASTIN-C SOLR	P	SP; PA	<i>tetracycline hcl CAPS 500 MG</i>	P	
ZEMAIRA SOLR 1000 MG	P	SP; PA	VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP	
ZEMAIRA SOLR 4000 MG	P	PA	THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Cystic Fibrosis Agents			Antithyroid Agents		
BRONCHITOL	P	SP; PA	<i>methimazole TABS</i>	P	
BRONCHITOL TOLERANCE TEST	P	SP; PA	<i>propylthiouracil</i>	P	
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	P	SP; PA	Thyroid Hormones		
KALYDECO PACK 5.8 MG	P	SP	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
KALYDECO TABS	P	SP; PA	ARMOUR THYROID TABS	P	
ORKAMBI PACK	P	SP; PA	CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP	
ORKAMBI TABS	P	SP; PA	EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P	
PULMOZYME	P	SP; PA			
SYMDEKO	P	SP; PA			
TRIKAFTA TBPk	P	QL(3 EA daily); SP; PA			
Pulmonary Fibrosis Agents					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levothyroxine sodium TABS</i>	P		BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	NF	
<i>liothyronine sodium TABS</i>	P		<i>dicyclomine hcl CAPS</i>	P	
NIVA THYROID TABS	P		<i>dicyclomine hcl SOLN PO</i>	P	QL(496 ML per 30 day(s) retail)
NP THYROID TABS	P		<i>dicyclomine hcl TABS</i>	P	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 EA daily)
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	P		<i>hyoscyamine sulfate ELIX</i>	P	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		<i>hyoscyamine sulfate ELIX</i>	NP	
TOXOIDS			HYOSCYAMINE SULFATE POWD	P	
Toxoid Combinations			<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	NP	
ADACEL SUSP	P		<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	P	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P	
BOOSTRIX SUSP	P		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	NP	
BOOSTRIX SUSY	P		<i>hyoscyamine sulfate TABS 0.125 MG</i>	NP	
DAPTACEL	P		<i>hyoscyamine sulfate TABS 0.125 MG</i>	P	
INFANRIX	P		<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 EA daily)
KINRIX SUSY	P		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	NP	
PEDIARIX SUSY	P		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P	
PENTACEL	P		LEVBIID TB12 (<i>Use hyoscyamine sulfate</i>)	NP	QL(4 EA daily)
QUADRACEL SUSP	P		ROBINUL-FORTE TABS (<i>Use glycopyrrolate</i>)	NP	QL(4 EA daily)
QUADRACEL SUSY	P		ROBINUL TABS (<i>Use glycopyrrolate</i>)	NP	QL(4 EA daily)
TDVAX SUSP	P		H-2 Antagonists		
TENIVAC SUSP 2 LFU-5 LFU	P		<i>cimetidine hcl PO 300 MG/5ML</i>	P	
TETANUS-DIPHThERIA TOXOIDS TD SUSP	P		<i>cimetidine TABS</i>	P	RX/OTC
VAXELIS SUSP	P		<i>famotidine SUSR</i>	P	
VAXELIS SUSY	P				
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC	OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC
<i>famotidine TABS 10 MG</i>	P	OTC	<i>omeprazole magnesium TBEC</i>	P	OTC; QL(1 EA daily)
PEPCID AC MAXIMUM STRENGTH TABS (<i>Use famotidine</i>)	NP	RX/OTC	<i>omeprazole CPDR</i>	P	QL(2 EA daily)
PEPCID AC TABS (<i>Use famotidine</i>)	NP	OTC	<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)
PEPCID TABS (<i>Use famotidine</i>)	NP	RX/OTC	<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)
TAGAMET HB 200 TABS (<i>Use cimetidine</i>)	NP	RX/OTC	PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NP	QL(4 EA daily); RX/OTC
TAGAMET HB TABS (<i>Use cimetidine</i>)	NP	RX/OTC	PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	NP	
Misc. Anti-Ulcer			PRILOSEC OTC TBEC (<i>Use omeprazole magnesium</i>)	NP	OTC; QL(1 EA daily)
CARAFATE SUSP (<i>Use sucralfate</i>)	NP	QL(420 ML per fill retail)	PROTONIX TBEC 40 MG (<i>Use pantoprazole sodium</i>)	NP	QL(2 EA daily)
CARAFATE TABS (<i>Use sucralfate</i>)	NP		PROTONIX TBEC 20 MG (<i>Use pantoprazole sodium</i>)	NP	QL(1 EA daily)
<i>sucralfate SUSP</i>	P	QL(420 ML per fill retail)	VOQUEZNA	NP	
<i>sucralfate TABS</i>	P		Ulcer Drugs - Prostaglandins		
Proton Pump Inhibitors			CYTOTEC (<i>Use misoprostol</i>)	NP	
DEXILANT (<i>Use dexlansoprazole</i>)	NP	ST	<i>misoprostol</i>	P	
<i>dexlansoprazole</i>	P	ST	Ulcer Therapy Combinations		
<i>esomeprazole magnesium CPDR 20 MG</i>	P	QL(2 EA daily); RX/OTC	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 day(s) max supply per 365 day(s) retail
<i>lansoprazole CPDR 30 MG</i>	P		URINARY ANTISPASMODICS - Drugs to Treat		
<i>lansoprazole CPDR 15 MG</i>	P	QL(4 EA daily); RX/OTC	Miscellaneous Bladder Spasms		
NEXIUM 24HR CLEAR MINIS CPDR (<i>Use esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC	DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NP	QL(1 EA daily)
NEXIUM CPDR 20 MG (<i>Use esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC	DETROL TABS (<i>Use tolterodine tartrate</i>)	NP	QL(2 EA daily)
			<i>fesoterodine fumarate</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride TABS</i>	P	QL(3 EA daily)	VAXNEUVANCE	P	
<i>oxybutynin chloride TB24</i>	P	QL(2 EA daily)	VIVOTIF	P	
<i>solifenacin succinate TABS</i>	P	QL(1 EA daily)	Viral Vaccines		
<i>tolterodine tartrate CP24</i>	P	QL(1 EA daily)	ABRYSVO	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)
<i>tolterodine tartrate TABS</i>	P	QL(2 EA daily)	ACAM2000	P	
TOVIAZ (<i>Use fesoterodine fumarate</i>)	NP	QL(1 EA daily)	AFLURIA PRESERVATIVE FREE SUSY	P	
<i>trospium chloride TABS</i>	P	QL(2 EA daily)	AFLURIA QUADRIVALENT SUSP	P	
VESICARE TABS (<i>Use solifenacin succinate</i>)	NP	QL(1 EA daily)	AFLURIA QUADRIVALENT SUSY 0.5 ML	P	
Urinary Antispasmodics - Cholinergic Agonists			AFLURIA SUSP	P	
<i>bethanechol chloride</i>	P		AREXVY	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)
Urinary Antispasmodics - Direct Muscle Relaxants			COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	P	
<i>flavoxate hcl</i>	P		COMIRNATY SUSP	P	
VACCINES			COMIRNATY SUSY	P	
Bacterial Vaccines			DENGVAIXA	P	
ACTHIB SOLR IM	P		ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
BCG VACCINE	P		ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
BEXSERO 0.5 ML	P		FLUAD	P	
BIOTHRAX	P		FLUAD QUADRIVALENT	P	
HIBERIX SOLR IJ	P		FLUARIX QUADRIVALENT SUSY	P	
MENACTRA	P		FLUARIX SUSY	P	
MENQUADFI 0.5 ML	P		FLUBLOK QUADRIVALENT	P	
MENVEO SOLN	P		FLUBLOK SOSY	P	
MENVEO SOLR	P				
PEDVAX HIB SUSP	P				
PENBRAYA	P				
PNEUMOVAX 23 SOLN	P				
PNEUMOVAX 23 SOSY	P				
PREVNAR 13	P				
PREVNAR 20	P				
TRUMENBA 0.5 ML	P				
TYPHIM VI SOLN	P				
TYPHIM VI SOSY	P				
VAXCHORA	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT SUSP	P		MODERNA COVID-19 BIVALENT	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		MODERNA COVID-19 VACCINE SUSP	P	
FLULAVAL QUADRIVALENT SUSY	P		NOVAVAX COVID-19 VACCINE SUSP	P	
FLULAVAL SUSY	P		NOVAVAX COVID-19 VACCINE SUSY	P	
FLUMIST	P		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
FLUMIST QUADRIVALENT	P		PFIZER COVID-19 VAC BIVALENT	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	
FLUZONE HIGH-DOSE SUSY	P		PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	
FLUZONE QUADRIVALENT SUSP	P		PFIZER-BIONT COVID-19 VAC-TRIS SUSP	P	
FLUZONE QUADRIVALENT SUSY	P		PFIZER-BIONTECH COVID-19 VACC SUSP	P	
FLUZONE SUSP	P		PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
FLUZONE SUSY	P		PRIORIX SUSR	P	
GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PROQUAD SUSR	P	
GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	RABAVERT	P	
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail	RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	P		ROTARIX SUSP	P	
IPOL IJ	P		ROTATEQ SOLN	P	
IXIARO	P		SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
JYNNEOS	P				
M-M-R II SOLR	P				
MNEXSPIKE SUSY 10 MCG/0.2ML	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	P		MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	NP	
SPIKEVAX SUSP	P		MONISTAT 3 CREA	P	OTC; QL(45 GM per 30 day(s) retail)
SPIKEVAX SUSY	P		MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NP	OTC; QL(45 GM per 30 day(s) retail)
STAMARIL SUSR	P		terconazole vaginal CREA	P	
TICOVAC	P		terconazole vaginal SUPP	P	
TWINRIX SUSY	P		tioconazole vaginal 6.5 %	P	OTC
VAQTA	P		VANDAZOLE	P	QL(70 GM per fill retail)
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	P		Vaginal Anti-inflammatory Agents		
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail	hydrocortisone vaginal	P	QL(454 GM per fill retail)
YF-VAX SUSR	P		MONISTAT CARE INSTANT ITCH RLF 1 %	NP	QL(454 GM per fill retail)
VAGINAL AND RELATED PRODUCTS			Vaginal Estrogens		
Vaginal Anti-infectives			ESTRACE CREA (Use estradiol vaginal)	NP	QL(43 GM per 30 day(s) retail)
CLEOCIN CREA (Use clindamycin phosphate vaginal)	NP		estradiol vaginal CREA	P	QL(43 GM per 30 day(s) retail)
clindamycin phosphate vaginal CREA	P		estradiol vaginal TABS	P	
clotrimazole vaginal CREA 1 %	P	OTC; QL(45 GM per 30 day(s) retail)	PREMARIN	P	QL(43 GM per fill retail)
clotrimazole vaginal CREA 2 %	P	OTC; QL(31 GM per 30 day(s) retail)	VAGIFEM TABS (Use estradiol vaginal)	NP	
GYNAZOLE-1	P		VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
metronidazole vaginal	P	QL(70 GM per fill retail)	Anaphylaxis Therapy Agents		
MICONAZOLE 7 SUPP 100 MG	P	OTC; QL(7 EA per 30 day(s) retail)	AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(2 EA per fill retail); 4 max fill(s) per 365 day(s) retail
miconazole nitrate vaginal CREA 2 %	P	OTC; QL(45 GM per 30 day(s) retail)	AUVI-Q SOAJ 0.15 MG/0.15ML	NP	
miconazole nitrate vaginal KIT	P				
miconazole nitrate vaginal SUPP 100 MG	P	OTC; QL(7 EA per 30 day(s) retail)			
miconazole nitrate vaginal SUPP 200 MG	P	QL(3 EA per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(2 EA per fill retail); 4 max fill(s) per 365 day(s) retail	<i>ergocalciferol SOLN PO 200 MCG/ML</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	KEY-E CHEW	P	QL(2 EA daily)
EPIPEN 2-PAK SOAJ (Use <i>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 (Use <i>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, 400 UNIT</i>	P	OTC; QL(2 EA daily)
NORTHERA (Use <i>droxidopa</i>)	NP	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)
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		
BABY DDROPS LIQD PO (Use <i>cholecalciferol</i>)	NP	Age limit = less than 6 months	<i>ascorbic acid TABS</i>	P	OTC; QL(100 EA per 30 day(s) retail)
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	P	OTC; QL(8 EA per 30 day(s) retail)	B-1 TABS	P	OTC; QL(100 EA per 30 day(s) retail)
<i>cholecalciferol CAPS</i>	P	OTC; QL(100 EA per fill retail)	NIACIN ER CPCR	P	OTC
<i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</i>	P		NIACIN ER TBCR	P	OTC
<i>cholecalciferol LIQD PO</i>	P	Age limit = less than 6 months	<i>niacin CPCR 250 MG, 500 MG</i>	P	OTC
DRISDOL CAPS (Use <i>ergocalciferol</i>)	NP		<i>niacin TABS 500 MG</i>	P	OTC
D-VI-SOL LIQD PO (Use <i>cholecalciferol</i>)	NP		<i>niacin TBCR</i>	P	OTC
<i>ergocalciferol CAPS</i>	P		<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	P	OTC
			<i>riboflavin TABS</i>	P	OTC; QL(100 EA per 30 day(s) retail)
			SLO-NIACIN TBCR (Use <i>niacin</i>)	NP	OTC
			<i>thiamine hcl TABS</i>	P	OTC; QL(100 EA per 30 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>thiamine mononitrate</i> <i>TABS 100 MG</i>	P	OTC; QL(100 EA per 30 day(s) retail)

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2SAN COVID-19 RAPID SELF TEST KIT	55	acebutolol hcl CAPS	41	hcl)	18
abacavir sulfate SOLN	37	acetaminophen CHEW	5	ACTOS (Use pioglitazone hcl)	20
abacavir sulfate TABS	37	acetaminophen ELIX	5	ACULAR (Use ketorolac tromethamine (ophth))	89
abacavir sulfate-lamivudine	37	acetaminophen LIQD 160 MG/5ML	5	ACULAR LS (Use ketorolac tromethamine (ophth))	89
ABECMA	31	acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	5	acyclovir CAPS	40
ABILIFY MAINTENA PRSY	37	acetaminophen SUPP 120 MG, 650 MG	5	acyclovir SUSP	40
ABILIFY MAINTENA SRER	37	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	5	acyclovir TABS PO 400 MG	40
ABILIFY TABS (Use aripiprazole)	37	acetaminophen TABS 325 MG, 500 MG	5	acyclovir TABS PO 800 MG	40
abiraterone acetate	31	acetaminophen w/ codeine SOLN	7	acyclovir topical CREA	51
ABRAXANE (Use paclitaxel protein-bound particles)	34	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7	acyclovir topical OINT	51
ABRYSVO	97	acetazolamide CP12	57	ADACEL SUSP	95
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin)	48	acetazolamide TABS	57	ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	95
ACAM2000	97	acetic acid (otic)	89	ADALIMUMAB-AATY (1 PEN) AJKT	3
ACCU-CHEK AVIVA SOLN	68	acetylcysteine SOLN	48	ADALIMUMAB-AATY (2 PEN) AJKT	3
ACCU-CHEK GUIDE CONTROL LIQD	68	ACTEMRA ACTPEN SOAJ	4	ADALIMUMAB-AATY (2 SYRINGE) PSKT	3
ACCU-CHEK GUIDE KIT	68	ACTEMRA SOLN	4	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	3
ACCU-CHEK GUIDE ME KIT	68	ACTEMRA SOSY	4	ADALIMUMAB-ADAZ SOAJ	3
ACCU-CHEK GUIDE TEST STRP	55	ACTHIB SOLR IM	97	ADALIMUMAB-ADAZ SOSY	3
ACCU-CHEK SMARTVIEW CONTROL LIQD	68	ACTIMMUNE 100 MCG/0.5ML	34	ADALIMUMAB-ADB (2 PEN) AJKT	3
ACCUPRIL (Use quinapril hcl)	25	ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	60	ADALIMUMAB-ADB (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	3
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	25	ACTIVITY POUCH MISC	72	ADALIMUMAB-ADB (2 SYRINGE) PSKT	3
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	26	ACTONEL TABS 35 MG (Use risedronate sodium)	57	ADALIMUMAB-ADB (CD/UC/HS STRT) AJKT	3
ACCUTREND GLUCOSE CONTROL SOLN	68	ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin		ADALIMUMAB-ADB (PS/UV	

STARTER) AJKT3	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)11	UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT63
ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML3	ADVANCE MICRO-DRAW CONTROL LIQD68	AGAMATRIX CONTROL LEVEL 2 SOLN68
ADALIMUMAB-BWWD SOSY 40 MG/0.4ML3	ADVANCE MICRO-DRAW NORMAL LIQD68	AGAMATRIX CONTROL LEVEL 4 SOLN68
ADALIMUMAB-FKJP (2 PEN) AJKT . 3	ADVATE63	AGAMATRIX CONTROL NORMAL/HIGH SOLN68
ADALIMUMAB-FKJP (2 SYRINGE) PSKT3	ADVIL COLD/SINUS TABS (Use pseudoephedrine-ibuprofen)46	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)11
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML3	ADVIL TABS (Use ibuprofen)4	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)11
ADALIMUMAB-RYVK (2 PEN) AJKT . 3	ADVIN COVID-19 ANTIGEN TEST KIT55	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)11
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ADAPTER PED DISPOSABLE MISC72	ADYNOVATE63	AIRZONE PEAK FLOW METER ..73
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ADCETRIS30	AEROECLIPSE MASK LARGE MISC73	albuterol sulfate NEBU 0.083 % ...11
ADCIRCA TABS (Use tadalafil (pulmonary hypertension))43	AEROECLIPSE MASK MEDIUM MISC73	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML11
ADDERALL TABS (Use amphetamine-dextroamphetamine) .1	AEROECLIPSE MASK SMALL MISC73	albuterol sulfate NEBU11
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .1	AEROTRACH PLUS MISC73	ALBUTEROL SULFATE NEBU11
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ADMELOG SOLN IJ20	AFINITOR TABS (Use everolimus) 32	albuterol sulfate TABS12
ADMELOG SOLOSTAR SOPN ...20	AFLURIA PRESERVATIVE FREE SUSY97	ALCOHOL PREP PADS-MISC ... 71
ADRENALIN 0.1 %85	AFLURIA QUADRIVALENT SUSP 97	ALDACTONE TABS (Use spironolactone)57
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG94	AFLURIA QUADRIVALENT SUSY 0.5 ML97	ALDURAZYME59
ADULT AEROSOL MASK MISC ...72	AFLURIA SUSP97	ALECENSA32
ADULT DISPOSABLE MISC72	AFSTYLA 250 UNIT, 500 UNIT, 1000	alendronate sodium SOLN57
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		alendronate sodium TABS 5 MG, 10

MG 57	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 9	amlodipine-valsartan- hydrochlorothiazide 26
ALEVE ALL DAY STRONG TABS 220 MG (Use naproxen sodium) 4		AMNIOTIC MEMBRANE
ALEVE TABS (Use naproxen sodium) 4		ALLOGRAFT (HUMAN) SHEET . 55
ALFERON N 34	ALUMINUM HYDROXIDE GEL SUSP 9	AMONDYS 45 85
ALIMTA SOLR (Use pemetrexed disodium) 29	ALUNBRIG TABS 32	amoxapine 18
ALL FLOW 1000 PFT FILTER MISC . 73	ALUNBRIG TBPk 32	amoxicillin & pot clavulanate CHEW . 90
ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl) 23	amantadine hcl CAPS 35	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML 90
ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl) 23	amantadine hcl SOLN 35	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML 90
allopurinol 100 MG, 300 MG 63	AMBIEN TABS (Use zolpidem tartrate) 65	amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML 90
ALOCRIl 89	ambrisentan 43	amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG 91
alogliptin benzoate 19	amiloride & hydrochlorothiazide .. 57	
alogliptin-metformin hcl 18	amiloride hcl TABS 57	amoxicillin & pot clavulanate TABS 125 MG-875 MG 91
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG 18	aminocaproic acid SOLN IV 250 MG/ML 65	amoxicillin & pot clavulanate TB12 91
ALOMIDE 89	aminocaproic acid SOLN PO 0.25 GM/ML 65	amoxicillin CAPS 90
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 60	aminocaproic acid TABS 1000 MG 65	amoxicillin CHEW 125 MG, 250 MG . 90
ALPHANATE SOLR 63	aminocaproic acid TABS 500 MG . 65	amoxicillin SUSR 90
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT 63	amiodarone hcl TABS 200 MG 10	amoxicillin TABS 875 MG 90
alprazolam TABS 10	AMITIZA (Use lubiprostone) 61	amoxicillin-clarithromycin w/ lansoprazole THPK 96
ALPROLIX 63	amitriptyline hcl TABS 18	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG 1
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (Use ramipril) 25	AMLADEX TABS 81	amphetamine-dextroamphetamine TABs 1
ALTRIXA TABS 81	amlodipine besylate TABS 41	ampicillin CAPS 500 MG 90
alum & mag hydrox-simethicone LIQD 9	amlodipine besylate-benazepril hcl 26	AMPYRA (Use dalfampridine) 93
	amlodipine besylate-olmesartan medoxomil 26	
	amlodipine besylate-valsartan 26	

ANAFRANIL 75 MG (Use clomipramine hcl)	18	aripiprazole TABS	37	72
ANALPRAM HC LOTN EX	8	aripiprazole TBDP	37	
ANALPRAM-HC LOTN EX	8	ARISTADA	37	
ANAPROX DS TABS (Use naproxen sodium)	4	ARISTADA INITIO	37	
anastrozole	31	ARIXTRA (Use fondaparinux sodium)	12	
ANDEXXA 200 MG	21	ARMOUR THYROID TABS	94	
ANTIVERT CHEW (Use meclizine hcl)	22	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation)) ...	11	
ANUSOL-HC EX (Use hydrocortisone (rectal))	8	AROMASIN (Use exemestane) ...	31	
APLIGRAF DISK	55	arsenic trioxide	34	
APOKYN SOCT	35	ARZERRA	30	
apomorphine hydrochloride SOCT	35	ascorbic acid TABS	100	
APO-VARENICLINE TABS	93	ASMANEX HFA AERO	11	
apraclonidine hcl	87	ASPARLAS	34	
APRISO CP24 (Use mesalamine) .	61	aspirin buffered (cal carb-mag carb- mag oxide)	6	
APTIVUS CAPS	37	aspirin CHEW	6	
AQINJECT PEN NEEDLE	71	ASPIRIN SUPP 300 MG	6	
AQUORAL SOLN	81	aspirin TABS 325 MG	6	
ARALAST NP SOLR 500 MG, 1000 MG	94	aspirin TBEC 81 MG, 325 MG	6	
ARAVA (Use leflunomide)	5	ASSESS PEAK FLOW METER ...	73	
ARCALYST	4	ASSURE 3 CONTROL LIQD	68	
ARESTIN	80	ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	68	
AREXVY	97	ASSURE CONTROL SOLUTION 2/3 LIQD	68	
ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	92	ASSURE DOSE NORM/HIGH CONTROL SOLN	68	
ARIKAYCE	2	ASSURE ID DUO PRO PEN NEEDLES	72	
ARIMIDEX (Use anastrozole)	31	ASSURE ID PRO PEN NEEDLES		
aripiprazole SOLN PO	37			
		ASSURE II CONTROL LEVEL 1 & 2 LIQD	68	
		ASSURE II CONTROL LIQD	68	
		ASSURE PRISM CONTROL LEVEL 1&2 SOLN	68	
		ASSURE PRO CONTROL LEVEL 1 & 2 LIQD	68	
		ASSURE TITANIUM STRP	55	
		ATACAND (Use candesartan cilexetil)	25	
		ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	26	
		atazanavir sulfate CAPS 150 MG, 200 MG	37	
		atazanavir sulfate CAPS 300 MG .	37	
		ATELVIA TBEC (Use risedronate sodium)	58	
		atenolol & chlorthalidone	26	
		atenolol TABS	41	
		ATGAM	79	
		ATIVAN TABS (Use lorazepam) ...	10	
		atomoxetine hcl	1	
		atorvastatin calcium TABS	24	
		atropine sulfate (ophthalmic) OINT	87	
		atropine sulfate (ophthalmic) SOLN	87	
		ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic))	87	
		ATROPINE SULFATE SOLN 1 % .	87	
		ATROVENT HFA	10	
		AUBAGIO (Use teriflunomide)	93	

AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	91	azithromycin TABS 250 MG	67	b-complex vitamins TABS	81
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	91	azithromycin TABS 500 MG	67	b-complex w/ c & folic acid CAPS .	81
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 91		azithromycin TABS 600 MG	67	b-complex w/ c & folic acid TABS .	81
AUM INSULIN SAFETY PEN NEEDLE	72	AZOPT (Use brinzolamide)	89	BD GLUCOSE CHEW	19
AUM PEN NEEDLE	72	AZOR (Use amlodipine besylate-olmesartan medoxomil)	26	BD PEN NEEDLES	72
AUVI-Q SOAJ 0.15 MG/0.15ML . . .	99	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	61	BEIZRAY CONC 20 MG/ML	34
AUVI-Q SOAJ 0.3 MG/0.3ML	99	AZULFIDINE TABS (Use sulfasalazine)	61	BELBUCA FILM	8
AVALIDE (Use irbesartan-hydrochlorothiazide)	26	b complex w/ c CAPS	81	BELEODAQ	32
AVAPRO 150 MG, 300 MG (Use irbesartan)	25	B-1 TABS	100	BELRAPZO SOLN	29
AVEED SOLN	8	BABY DDROPS LIQD PO (Use cholecalciferol)	100	BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)	22
AVONEX PEN AJKT	93	bacitracin (ophthalmic)	87	BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) .	22
AVONEX PREFILLED PSKT	93	bacitracin (topical) OINT	49	BENADRYL ALLERGY EXTRA STR TABS	22
AVSOLA	61	bacitracin zinc OINT	49	BENADRYL ALLERGY TABS (Use diphenhydramine hcl)	22
AYVAKIT	32	bacitracin-polymyxin b (ophth) . . .	87	BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl) .	22
azacitidine SUSR	29	baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	83	benazepril & hydrochlorothiazide .	26
azathioprine TABS 50 MG	79	baclofen TABS	84	benazepril hcl 40 MG	25
azathioprine TABS 75 MG, 100 MG 79		BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) . .	27	benazepril hcl 5 MG, 10 MG, 20 MG .	25
AZEDRA DOSIMETRIC	34	BACTRIM TABS (Use sulfamethoxazole-trimethoprim) . .	27	BENDAMUSTINE HCL SOLN	29
AZEDRA THERAPEUTIC	34	balsalazide disodium CAPS	61	bendamustine hcl SOLR	29
azelastine hcl (ophth)	89	BALVERSA	32	BENDEKA SOLN	29
azelastine hcl 0.1 %, 137 MCG/SPRAY	84	BANZEL SUSP (Use rufinamide) . .	13	BENEFIX KIT	63
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	84	BANZEL TABS (Use rufinamide) . .	13	BENICAR (Use olmesartan medoxomil)	25
azithromycin PACK	67	BAVENCIO	30	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) .	26
azithromycin SUSR	67	BCG VACCINE	97	BENLYSTA SOAJ	80
		b-complex vitamins CAPS	81	BENLYSTA SOLR	80

BENLYSTA SOSY	80	betaxolol hcl (ophth) SOLN	86	BIVIGAM SOLN	90
BENTYL SOLN IM (Use dicyclomine hcl)	95	bethanechol chloride	97	BLINCYTO	30
BENZAC AC WASH LIQD 5 %	48	BETHKIS NEBU (Use tobramycin) .	2	BLOOD GLUCOSE TEST STRIPS 333 STRP	55
BENZNIDAZOLE	9	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	87	BLULINK CONTROL HIGH & LOW LIQD	68
benzonatate 100 MG	45	BEVACIZUMAB IZ 2.75 MG/0.11ML .	87	BLULINK GLUCOSE TEST STRP .	55
benzonatate 200 MG	46	bexarotene (topical)	50	BONSITY SOPN 560 MCG/2.24ML	58
benzoyl peroxide BAR	48	bexarotene	34	BOOSTRIX SUSP	95
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	48	BEXSERO 0.5 ML	97	BOOSTRIX SUSY	95
BENZOYL PEROXIDE GEL	48	BEYFORTUS	90	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	32
benzoyl peroxide LIQD 4 %, 5 %, 10 %	48	bicalutamide	31	bortezomib SOLR IJ	32
benzoyl peroxide LOTN 5 %, 10 %	48	BIKTARVY	37	bosentan TABS	43
BENZOYL PEROXIDE LOTN 5 %, 10 %	48	BI-MIX SOLR	42	bosentan TBSO 32 MG	43
benztropine mesylate TABS	35	BINAXNOW COVID-19 AG HOME TEST KIT	55	BOSULIF TABS	32
BERINERT KIT	63	BINAXNOW COVID-19 ANTIGEN SELF KIT	55	BPROTECTED PEDIA POLY-VITE SOLN PO	83
BESPONSA	30	BIOLYTE SOLN	78	BPROTECTED PEDIA POLY-VITE/FE SOLN	83
BESREMI	34	BIOTEL CARE BLOOD GLUCOSE KIT	68	BRAFTOVI 75 MG	32
betaine	59	BIOTENE DRY MOUTH MOIST SPRAY SOLN	81	BREATHE EASE NEB MASK/CHILD MISC	73
betamethasone dipropionate (topical) CREA	51	BIOTHRAX	97	BREATHE EASE NEB MASK/INFANT MISC	73
betamethasone dipropionate augmented CREA	51	bisacodyl SUPP	67	BREATHE EASE PEAK FLOW METER	73
betamethasone valerate CREA	51	bisacodyl TBEC	67	BREYANZI	31
betamethasone valerate LOTN	51	bismuth subsalicylate CHEW 262 MG	21	BRIDION SOLN	21
betamethasone valerate OINT	51	bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	21	BRILINTA 60 MG, 90 MG (Use ticagrelor)	64
BETAPACE AF (Use sotalol hcl (afib/af))	41	bisoprolol & hydrochlorothiazide ..	26	brimonidine tartrate 0.2 %	87
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	41	bisoprolol fumarate	41		

BRINEURA	59	phenylbutyrate)	59	BYETTA 5 MCG PEN SOPN 5	
brinzolamide	89	buprenorphine hcl SOLN	8	MCG/0.02ML (Use exenatide)	19
BRIVIACT SOLN IV 50 MG/5ML ..	13	buprenorphine hcl SUBL	8	BYLVAY (PELLETS) CPSP	61
bromocriptine mesylate CAPS	35	buprenorphine hcl-naloxone hcl		BYLVAY CAPS	61
bromocriptine mesylate TABS 2.5		dihydrate FILM SL 0.5 MG-2 MG, 1		CABLIVI	64
MG	35	MG-4 MG, 2 MG-8 MG	8	CABOMETYX TABS 20 MG, 60 MG .	
brompheniramine & phenyleph ELIX .		buprenorphine hcl-naloxone hcl		32	
46		dihydrate FILM SL 3 MG-12 MG	8	CABOMETYX TABS 40 MG	32
brompheniramine & pseudoeph ELIX		buprenorphine hcl-naloxone hcl		caffeine citrate SOLN PO	1
46		dihydrate SUBL	8	CAFFEINE CITRATED POWD	1
brompheniramine & pseudoeph LIQD		bupropion hcl (smoking deterrent)	93	calcipotriene CREA	50
15 MG/5ML-1 MG/5ML	46	bupropion hcl TABS	15	calcipotriene SOLN	50
BRONCHITOL	94	bupropion hcl TB12 100 MG	16	calcitonin (salmon) IJ	58
BRONCHITOL TOLERANCE TEST .		bupropion hcl TB12 150 MG	15	calcitonin (salmon) NA	58
94		bupropion hcl TB12 200 MG	15	calcitriol CAPS	59
BRUKINSA	32	bupropion hcl TB24 150 MG	16	CALCIUM 600 +D HIGH POTENCY	
BUBBLES THE FISH II PEDI MASK		bupropion hcl TB24 300 MG	16	TABS	77
MISC	73	buspirone hcl 15 MG	9	calcium acetate (phosphate binder)	
budesonide (inhalation) SUSP	11	buspirone hcl 5 MG, 10 MG	9	CAPS	62
budesonide-formoterol fumarate		buspirone hcl 7.5 MG, 30 MG	9	calcium carbonate (antacid) CHEW	
dihydrate	12	butalbital-acetaminophen TABS 50		500 MG	9
budesonide-formoterol fumarate		MG-325 MG	5	calcium carbonate-cholecalciferol	
dihydrate 160 MCG/ACT-4.5		butalbital-acetaminophen-caffeine		TABS 10 MCG-600 MG, 20 MCG-	
MCG/ACT	12	CAPS 40 MG-50 MG-325 MG	5	600 MG, 400 UNIT-600 MG, 800	
budesonide-formoterol fumarate		butalbital-acetaminophen-caffeine		UNIT-600 MG	77
dihydrate 80 MCG/ACT-4.5		TABS 40 MG-50 MG-325 MG	5	calcium carbonate-cholecalciferol	
MCG/ACT	12	butalbital-acetaminophen-caffeine w/		TABS 200 UNIT-500 MG, 5 MCG-	
BUFFERIN (Use aspirin buffered		codeine 30 MG-40 MG-50 MG-325		500 MG, 500 MG-5 MCG	77
(cal carb-mag carb-mag oxide))	6	MG	7	calcium carbonate-vitamin d TABS	
bumetanide TABS	57	butalbital-aspirin-caffeine CAPS	5	125 UNIT-250 MG, 250 MG-125	
BUMEX TABS 0.5 MG (Use		butalbital-aspirin-caffeine w/cod	7	UNIT	77
bumetanide)	57	BYETTA 10 MCG PEN SOPN 10		calcium carbonate-vitamin d TABS	
BUPHENYL POWD (Use sodium		MCG/0.04ML (Use exenatide)	19	600 MG-200 UNIT	77
phenylbutyrate)	59			calcium polycarbophil TABS	66
BUPHENYL TABS (Use sodium					

CALTRATE 600+D3 TABS (Use calcium carbonate-cholecalciferol) 77	CARBAGLU (Use carglumic acid) 59	HANGER MISC73
CALTRATE BONE HEALTH TABS (Use calcium carbonate-cholecalciferol)77	carbamazepine CHEW 100 MG ... 13	CARETOUCH CONTROL SOL LEVEL 2 LIQD 69
camphor & menthol LOTN50	carbamazepine SUSP 13	CARETOUCH CPAP & BIPAP HOSE MISC73
CAMPTOSAR (Use irinotecan hcl) 35	carbamazepine TABS13	CARETOUCH CPAP MASK WIPES MISC 73
CAMZYOS42	carbamazepine TB12 13	CARETOUCH CPAP PRE-WASH SOLN MISC73
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candesartan cilexetil-hydrochlorothiazide26	carbidopa35	CARETOUCH TEST STRP55
capecitabine29	carbidopa-levodopa TABS35	CARETOUCH UNIVERSL CPAP FILTER MISC73
CAPHOSOL SOLN 81	carbidopa-levodopa TBCR35	carglumic acid59
CAPRELSA32	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML29	CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers)) 59
capsaicin CREA 0.025 %, 0.075 % 53	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)41	CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))59
capsaicin CREA 0.035 %53	CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)41	CARNITOR TABS (Use levocarnitine (metabolic modifiers))59
capsaicin CREA 0.1 %53	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)41	carteolol hcl (ophth)86
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG26	CARDURA (Use doxazosin mesylate)25	carvedilol 25 MG40
captopril & hydrochlorothiazide 25 MG-50 MG26	CARESENS CONTROL A SOLN .69	carvedilol 3.125 MG, 6.25 MG, 12.5 MG 40
captopril25	CARESENS CONTROL SOLUTION A/B SOLN69	carvedilol phosphate40
CAPZASIN-HP CREA (Use capsaicin)53	CARESENS N GLUCOSE TEST STRP55	CARVYKTI31
CAPZASIN-P CREA 0.035 % (Use capsaicin)53	CARESENS N PLUS BT KIT69	CASODEX (Use bicalutamide) ...31
CARAC CREA (Use fluorouracil (topical))50	CARESENS S CONTROL SOLN A/B LIQD69	CASTIVA WARMING LOTN53
CARAFATE SUSP (Use sucralfate) 96	CARESENS S GLUCOSE TEST STRP55	CAYSTON28
CARAFATE TABS (Use sucralfate) 96	CARESTART COVID-19 HOME TEST KIT55	cefaclor CAPS43
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cefadroxil CAPS	43	cetirizine hcl CHEW	23	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	37
cefadroxil SUSR	43	cetirizine hcl SOLN PO	23	chlorthalidone 25 MG, 50 MG	57
cefadroxil TABS	43	cetirizine hcl SYRP PO 1 MG/ML ..	23	chlorzoxazone TABS 500 MG	84
cefdinir CAPS	43	cetirizine hcl TABS	23	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	100
cefdinir SUSR	44	cetirizine-pseudoephedrine	46	cholecalciferol CAPS	100
cefixime CAPS	44	cetorelix acetate	58	cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	100
cefprozil SUSR	43	CETROTIDE (Use cetorelix acetate)	58	cholecalciferol LIQD PO	100
cefprozil TABS	43	CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate) .	93	cholestyramine light PACK	24
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	44	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ...	93	cholestyramine light POWD	24
cefuroxime axetil TABS	43	CHANTIX TABS (Use varenicline tartrate)	93	cholestyramine PACK	24
CELEXA TABS 10 MG (Use citalopram hydrobromide)	16	CHEMET	21	cholestyramine POWD	24
CELEXA TABS 20 MG (Use citalopram hydrobromide)	16	CHEMSTRIP K STRP	55	CHORIONIC GONADOTROPIN IM 58	
CELEXA TABS 40 MG (Use citalopram hydrobromide)	16	chenodiol	61	CIBINQO	52
CELLCEPT CAPS (Use mycophenolate mofetil)	79	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	4	cilostazol	64
CELLCEPT SUSR (Use mycophenolate mofetil)	79	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	4	CILOXAN OINT	87
CELLCEPT TABS (Use mycophenolate mofetil)	79	chlordiazepoxide hcl CAPS	10	CIMDUO	37
CENTRUM MENOPAUSE MIND/MOOD TABS	81	chlorhexidine gluconate (mouth-throat)	80	cimetidine hcl PO 300 MG/5ML ...	95
cephalexin CAPS 250 MG, 500 MG 43		chlorhexidine gluconate SOLN EX 4 %	37	cimetidine TABS	95
cephalexin SUSR	43	chloroquine phosphate TABS 250 MG	28	cinacalcet hcl	59
CEPROTIN	64	chloroquine phosphate TABS 500 MG	28	CINQAIR	10
CERASPORT EX1 SOLN	78	chlorpheniramine maleate SYRP ..	22	CINRYZE SOLR IV	63
CERASPORT SOLN	78	chlorpheniramine maleate TABS ..	22	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	61
CERDELGA	64	chlorpromazine hcl TABS 10 MG ..	37	ciprofloxacin hcl (ophth) SOLN	87
CEREZYME 400 UNIT	64			ciprofloxacin hcl TABS 100 MG ...	61
				ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	61
				ciprofloxacin-dexamethasone	89

cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	29	palmitate hydrochloride)	28	51	
CISPLATIN SOLR	29	CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	28	clomipramine hcl 75 MG	18
citalopram hydrobromide SOLN	16	CLEOCIN CREA (Use clindamycin phosphate vaginal)	99	clonazepam TABS	13
citalopram hydrobromide TABS 10 MG	16	CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	48	clonidine hcl (adhd) TB12	1
citalopram hydrobromide TABS 20 MG	16	CLEVER CHOICE PEAK FLOW METER	73	clonidine hcl TABS	25
citalopram hydrobromide TABS 40 MG	16	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)	60	clopidogrel bisulfate 75 MG	64
cladribine 10 MG/10ML	29	CLINDAGEL GEL (Use clindamycin phosphate (topical))	48	clorazepate dipotassium TABS	10
clarithromycin SUSR 125 MG/5ML	67	clindamycin hcl 150 MG, 300 MG	28	clotrimazole (topical) CREA	49
clarithromycin SUSR 250 MG/5ML	67	clindamycin palmitate hydrochloride	28	clotrimazole (topical) SOLN	49
clarithromycin TABS	67	clindamycin phosphate (topical) GEL	48	clotrimazole vaginal CREA 1 %	99
clarithromycin TB24	67	clindamycin phosphate (topical) LOTN	48	clotrimazole vaginal CREA 2 %	99
CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	23	clindamycin phosphate (topical) SOLN	48	clotrimazole w/ betamethasone CREA	49
CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	23	clindamycin phosphate (topical) vaginal CREA	99	clotrimazole w/ betamethasone LOTN	49
CLARITIN REDITABS TBDP 10 MG (Use loratadine)	23	CLINITEST RAPID COVID-19 TEST KIT	55	clozapine TABS	36
CLARITIN REDITABS TBDP 5 MG (Use loratadine)	23	clobetasol propionate CREA 0.05 %	51	CLOZARIL TABS (Use clozapine)	36
CLARITIN SOLN (Use loratadine)	23	clobetasol propionate emollient base 0.05 %	51	CO MONITOR REPLACEMENT PIECES MISC	73
CLARITIN TABS (Use loratadine)	23	clobetasol propionate GEL 0.05 %	51	COAGADDEX	63
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	46	clobetasol propionate OINT 0.05 %	51	coal tar extract SHAM 0.5 %	54
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	46	clobetasol propionate SOLN 0.05 %		COARTEM	28
CLEARDETECT COVID-19 AG HOME KIT	55			codeine sulfate TABS 30 MG	6
CLEMASZ TABS 2.68 MG (Use clemastine fumarate)	22			CODEINE SULFATE TABS	6
CLEOCIN (Use clindamycin				COLACE CAPS 100 MG (Use docusate sodium)	67
				COLACE CLEAR CAPS (Use docusate sodium)	67
				COLAZAL CAPS (Use balsalazide disodium)	61
				colchicine TABS	63
				colchicine w/ probenecid	63

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COLESTID GRAN (Use colestipol hcl)24	CONTOUR PLUS BLUE KIT69	CREON CPEP57
COLESTID TABS (Use colestipol hcl)24	CONTOUR PLUS CONTROL SOLUTION LIQD69	CRESTOR TABS (Use rosuvastatin calcium)24
colestipol hcl GRAN24	CONTOUR PLUS TEST STRP ...55	cromolyn sodium (nasal) 5.2 MG/ACT84
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COMBIVENT RESPIMAT AERS ..12	COPAXONE SOSY (Use glatiramer acetate)93	crotamiton LOTN54
COMBIVIR (Use lamivudine-zidovudine)37	COPIKTRA32	CTEXLI TABS PO 250 MG61
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COMETRIQ (140 MG DAILY DOSE) KIT32	COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)40	CUVITRU SOLN90
COMETRIQ (60 MG DAILY DOSE) KIT32	COREG CR (Use carvedilol phosphate)41	CVS COVID-19 AT HOME TEST KIT55
COMFORT EZ PRO PEN NEEDLES72	CORETEXT SUSP 1 ML, 2 ML ...55	CVS DRY MOUTH SOLN81
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML97	CORGARD TABS 20 MG, 40 MG (Use nadolol)41	CVS GLUCOSE19
COMIRNATY SUSP97	CORIFACT63	CVS GLUCOSE CHEW19
COMIRNATY SUSY97	CORTEF TABS (Use hydrocortisone)45	CVS LANOLIN CREA53
COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)38	CORTENEMA (Use hydrocortisone (intrarectal))8	CVS SOFT GLUCOSE CHEW19
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) ..1	CORTISONE ACETATE TABS ...45	CVS TRUE METRIX GLUCOSE TEST STRP55
CONCERTA TBCR 36 MG (Use methylphenidate hcl)1	CORTROSYN SOLR (Use cosyntropin)55	cyanocobalamin SOLN IJ 1000 MCG/ML64
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	cosyntropin SOLR55	cyclobenzaprine hcl TABS 7.5 MG 84
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		CYCLOGYL 0.5 %87

CYCLOGYL 2 %	87	sodium)	94	DEBROX 6.5 % (Use carbamide peroxide (otic))	89
cyclopentolate hcl 1 %	87	CYTOTEC (Use misoprostol)	96	decitabine	29
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML (Use cyclophosphamide)	29	dabigatran etexilate mesylate CAPS . 12		deferasirox PACK	21
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	29	DAILY MULTIPLE VITAMINS TABS . 81		deferasirox TABS	21
cyclophosphamide SOLN	29	dalfampridine	93	deferasirox TBSO	21
cyclophosphamide SOLR IJ	29	DALIRESP (Use roflumilast)	11	deferiprone TABS	21
cyclosporine CAPS	79	dapagliflozin propanediol	20	deferoxamine mesylate	21
cyclosporine modified (for microemulsion) CAPS	79	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	18	DEFITELIO	64
cyclosporine modified (for microemulsion) SOLN	79	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	18	deflazacort SUSP	45
cyclosporine SOLN IV 50 MG/ML .	79	dapsone	28	deflazacort TABS	45
CYLTEZO (2 PEN) AJKT	3	DAPTACEL	95	DEFLUX	62
CYLTEZO (2 SYRINGE) PSKT	3	DARAPRIM (Use pyrimethamine)	28	DELSTRIGO	38
CYLTEZO-CD/UC/HS STARTER AJKT	3	darunavir TABS 600 MG	38	DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)	46
CYLTEZO-PSORIASIS/UV STARTER AJKT	3	darunavir TABS 800 MG	38	DELSYM SUER (Use dextromethorphan polistirex)	46
CYMBALTA CPEP (Use duloxetine hcl)	17	DARZALEX	30	DELZICOL CPDR (Use mesalamine)	62
cyproheptadine hcl SYRP	23	DARZALEX FASPRO	32	DEMEROL SOLN IJ (Use meperidine hcl)	6
cyproheptadine hcl TABS	23	dasatinib	32	DEMSEER (Use metyrosine)	25
CYRAMZA	30	DAUNORUBICIN HCL SOLN (Use daunorubicin hcl)	32	DENG VAXIA	97
CYSTADANE (Use betaine)	59	daunorubicin hcl SOLN	32	DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	15
CYSTADROPS	89	DAURISMO	31	DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	15
CYSTAGON CAPS	62	DAYHIST ALLERGY 12 HOUR RELIEF TABS	22	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	15
CYSTARAN	89	DDAVP PF SOLN IJ (Use desmopressin acetate)	60	DEPAKOTE TBEC 125 MG (Use divalproex sodium)	15
cytarabine SOLN	29	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	60	DEPAKOTE TBEC 250 MG (Use divalproex sodium)	15
CYTOGAM SOLN	90	DDAVP TABS (Use desmopressin acetate)	60		
CYTOMEL TABS (Use liothyronine					

DEPAKOTE TBEC 500 MG (Use divalproex sodium)	15	(triphasic)	44	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) ...	1
DEPEN TITRATABS TABS (Use penicillamine)	79	desonide CREA	52	DEXILANT (Use dexlansoprazole) 96	
DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	44	desonide OINT	52	dexlansoprazole	96
DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	45	desoximetasone CREA 0.05 % ...	52	dexmethylphenidate hcl TABS	1
DEPO-SUBQ PROVERA 104 SUSY SC	45	desoximetasone CREA 0.25 % ...	52	dexrazoxane hcl	34
DERMAREST PSORIASIS GEL ...	53	desoximetasone GEL	52	DEXTENZA INST	88
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	52	desoximetasone OINT 0.25 %	52	dextroamphetamine sulfate CP24 ...	1
DERMOTIC (Use fluocinolone acetonide (otic))	89	DESTRESS-IRON TABS	81	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
DESCOVY 120 MG-15 MG	38	desvenlafaxine succinate 100 MG .17		dextromethorphan polistirex SUER 46	
DESCOVY 200 MG-25 MG	38	desvenlafaxine succinate 25 MG, 50 MG	17	dextromethorphan-doxylamine-acetaminophen LIQD	46
DESFERAL 500 MG (Use deferoxamine mesylate)	21	DETROL LA CP24 (Use tolterodine tartrate)	96	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	46
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	18	DETROL TABS (Use tolterodine tartrate)	96	dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML	46
desipramine hcl TABS 25 MG	18	DEX4	19	dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML	46
desmopressin acetate SOLN IJ ...	60	DEX4 NATURALS	19	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	46
DESMOPRESSIN ACETATE SOLN NA	60	dexamethasone ELIX	45	dextromethorphan-guaifenesin TB12 600 MG-30 MG	46
desmopressin acetate spray	60	dexamethasone sodium phosphate (ophth)	88	dextromethorphan-phenylephrine-acetaminophen CAPS	47
desmopressin acetate spray refrigerated 0.01 %	60	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	45	DEXYCU SUSP IO	88
desmopressin acetate TABS	60	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	45	DHIVY TABS	35
desogestrel & ethinyl estradiol	44	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	45	DHS TAR GEL SHAM (Use coal tar extract)	54
desogestrel-ethinyl estradiol (biphasic)	44	dexamethasone SOLN	45		
desogestrel-ethinyl estradiol		dexamethasone TABS	45		
		DEXCOM G6 RECEIVER	69		
		DEXCOM G7 15 DAY SENSOR ..	69		
		DEXCOM G7 RECEIVER	69		
		DEXCOM G7 SENSOR	69		

DHS TAR SHAM (Use coal tar extract)	54	benzoyl peroxide)	48	420 MG	41
DIABETIC TUSSIN COLD/FLU CAPS	47	DIFLUCAN SUSR (Use fluconazole) .	22	diltiazem hcl extended release beads 240 MG	41
DIACOMIT CAPS 250 MG	13	DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	22	diltiazem hcl TABS	42
DIACOMIT CAPS 500 MG	13	DIFLUCAN TABS 150 MG (Use fluconazole)	22	dimenhydrinate TABS	22
DIACOMIT PACK 250 MG	13	diflunisal TABS	6	dimethyl fumarate CDPK	93
DIACOMIT PACK 500 MG	13	digoxin SOLN PO 0.05 MG/ML	42	dimethyl fumarate CPDR	93
DIASTAT ACUDIAL GEL 10 MG (Use diazepam (anticonvulsant)) ..	13	digoxin TABS 125 MCG, 250 MCG 42		DIOVAN HCT (Use valsartan-hydrochlorothiazide)	26
DIASTAT ACUDIAL GEL 20 MG (Use diazepam (anticonvulsant)) ..	13	dihydroergotamine mesylate SOLN NA 4 MG/ML	76	DIOVAN TABS (Use valsartan)	25
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	13	DILANTIN (Use phenytoin sodium extended)	14	diphenhydramine hcl (sleep) CAPS 50 MG	65
DIATHRIVE GLUCOSE CONTROL SOLN LIQD	69	DILANTIN	14	diphenhydramine hcl (sleep) TABS 25 MG	65
diazepam (anticonvulsant) GEL 10 MG	13	DILANTIN INFATABS CHEW (Use phenytoin)	14	diphenhydramine hcl (sleep) TABS 50 MG	65
diazepam (anticonvulsant) GEL ...	13	DILANTIN SUSP (Use phenytoin) .	15	diphenhydramine hcl CAPS	23
diazepam SOLN PO 5 MG/5ML ...	10	DILANTIN-125 SUSP (Use phenytoin)	15	diphenhydramine hcl ELIX 12.5 MG/5ML	23
diazepam TABS	10	DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)	6	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	23
dibucaine	53	DILAUDID TABS 8 MG (Use hydromorphone hcl)	6	diphenhydramine hcl TABS 25 MG 23	
dichlorphenamide	57	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	41	diphenoxylate w/ atropine LIQD ...	21
diclofenac potassium TABS 50 MG .	4	diltiazem hcl coated beads CP24 240 MG	41	diphenoxylate w/ atropine TABS ...	21
diclofenac sodium (ophth)	89	diltiazem hcl CP12	42	dipyridamole	64
diclofenac sodium (topical) GEL EX 50		diltiazem hcl CP24 120 MG, 180 MG 42		disopyramide phosphate CAPS ...	10
diclofenac sodium TBEC	4	diltiazem hcl CP24 240 MG	42	DISPOSABLE FULL RANGE MISC 73	
dicloxacillin sodium	91	diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG,		DISPOSABLE LOW RANGE MISC 73	
dicyclomine hcl CAPS	95			DISPOSABLE LOW RANGE/PEDIATRIC MISC	73
dicyclomine hcl SOLN PO	95				
dicyclomine hcl TABS	95				
DIFFERIN CLEANSER LIQD (Use					

DISPOSABLE PAPER MISC 73	donepezil hydrochloride TABS 5 MG, 10 MG 92	DULCOLAX TBEC (Use bisacodyl) 67
DISPOSABLE UNIVERSAL RANGE MISC 73	dorzolamide hcl 89	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG 17
disulfiram 250 MG 92	DORZOLAMIDE HCL 89	DUO-CARE CONTROL SOLUTION LIQD 69
divalproex sodium CSDR 15	DORZOLAMIDE HCL-TIMOLOL MAL 86	DUROLANE PRSY 84
divalproex sodium TB24 250 MG .. 15	dorzolamide hcl-timolol maleate .. 86	D-VI-SOL LIQD PO (Use cholecalciferol) 100
divalproex sodium TB24 500 MG .. 15	DOVATO 38	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) 67
divalproex sodium TBEC 125 MG . 15	doxazosin mesylate 25	EASY AIR NEBULIZER FILTERS MISC 73
divalproex sodium TBEC 250 MG . 15	doxepin hcl CAPS 18	EASY COMFORT INSULIN SYRINGE 72
divalproex sodium TBEC 500 MG . 15	doxepin hcl CONC 18	EASY COMFORT PEN NEEDLES 72
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel) 34	doxycycline (monohydrate) CAPS 50 MG, 100 MG 94	EASY FLOW 300 MM HOSE MISC 73
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML 34	doxycycline (monohydrate) TABS 50 MG, 100 MG 94	EASY FLOW 400 MM HOSE MISC 73
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML 34	doxycycline hyclate CAPS 94	EASY FLOW AIR NOZZLE MISC . 73
DOCETAXEL SOLN (Use docetaxel) 34	doxycycline hyclate TABS 100 MG 94	EASY FLOW HEPA FILTER MISC 73
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 34	doxylamine succinate (sleep) 65	EASY MAX BLOOD GLUCOSE TEST STRP 55
docetaxel SOLN 34	DRAMAMINE CHEW 22	EASY MAX T1 GLUCOSE SYSTEM KIT 69
DOCIVYX SOLN 34	DRAMAMINE TABS (Use dimenhydrinate) 22	EASY NEB NEBULIZER FILTERS MISC 73
docusate sodium CAPS 100 MG, 250 MG 67	DRISDOL CAPS (Use ergocalciferol) 100	EASY TALK PLUS II TEST STRIPS STRP 55
docusate sodium CAPS 50 MG ... 67	DROPLET PEN NEEDLES 72	EASY TOUCH CONTROL HIGH & LOW SOLN 69
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML 67	drospirenone-ethinyl estradiol 44	EASY TOUCH HEALTHPRO GLUCOSE KIT 69
DOCUSATE SODIUM SYRP 67	DROXIA CAPS 64	
docusate sodium TABS 67	droxidopa 100	
dofetilide 10	DRYSOL SOLN 53	
DOJOLVI 86	DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl) 67	
DOLOBID TABS 6	DULCOLAX SUPP (Use bisacodyl) 67	

EASY TOUCH HEALTHPRO GLUCOSE STRP	55	EFUDEX CREA (Use fluorouracil (topical))	50	EMCYT	31
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	69	ELAPRASE	59	EMFLAZA SUSP (Use deflazacort) 45	
EASY TRAK II GLUCOSE TEST STRP	55	ELEMENT COMPACT CONTROL 2 SOLN	69	EMFLAZA TABS (Use deflazacort) 45	
EASYMAX 15 LEVEL 2 CONTROL SOLN	69	ELEMENT COMPACT CONTROL 3 SOLN	69	EMOLLIENT LOTION-MISC	52
EASYMAX 15 LEVEL 2-3 CONTROL LIQD	69	eletriptan hydrobromide	76	EMPLICITI	30
EASYMAX CONTROL NORMAL/HIGH LIQD	69	ELIDEL (Use pimecrolimus)	53	emtricitabine CAPS	38
EBASE CONTROLLER KIT MISC 74		ELIGARD KIT SC 7.5 MG	31	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	38
econazole nitrate CREA	49	ELIGARD SC 22.5 MG, 30 MG, 45 MG	31	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	38
ECOTRIN ARTHRTIS PAIN TBEC (Use aspirin)	6	ELIMITE CREA (Use permethrin) .	54	EMTRIVA CAPS (Use emtricitabine) .	38
ECOTRIN TBEC (Use aspirin)	6	ELIQUIS DVT/PE STARTER PACK TBPK	12	EMTRIVA SOLN	38
ED BRON GP LIQD	47	ELIQUIS TABS	12	EMVERM CHEW	9
edaravone SOLN	85	ELLA	44	enalapril maleate & hydrochlorothiazide	26
EDURANT	38	ELLENCE SOLN	32	enalapril maleate TABS	25
efavirenz CAPS 200 MG	38	ELLUME COVID-19 HOME TEST KIT	55	ENDARI (Use glutamine (sickle cell))	64
efavirenz CAPS 50 MG	38	ELOCTATE	63	ENFAMIL ENFALYTE SOLN	78
efavirenz TABS	38	EMBECTA AUTOSHIELD DUO ..	72	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	83
efavirenz-emtricitabine-tenofovir disoproxil fumarate	38	EMBECTA PEN NEEDLE NANO 72		ENERGIX-B SUSP 20 MCG/ML ...	97
efavirenz-lamivudine-tenofovir disoproxil fumarate	38	EMBECTA PEN NEEDLE NANO 2 GEN	72	ENERGIX-B SUSY	97
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	17	EMBECTA PEN NEEDLE ULTRAFINE	72	ENHERTU	30
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	17	EMBRACE PEN NEEDLES	72	ENJAYMO	63
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	17	EMBRACE PRO GLUCOSE CONTROL LIQD	69	enoxaparin sodium SOLN IJ 300 MG/3ML	12
EFFIENT (Use prasugrel hcl)	64	EMBRACE PRO GLUCOSE TEST STRP	55	enoxaparin sodium SOSY	12
		EMBRACE WAVE BLOOD GLUCOSE STRP	56	ENSPRYNG	79
				ENTRESTO TABS 103 MG-97 MG,	

26 MG-24 MG, 51 MG-49 MG (Use sacubitril-valsartan)	42	erlotinib hcl	31 63	ERTAPENEM sodium IJ	27	ESTRACE CREA (Use estradiol vaginal)	99
EPICORD SHEE	55	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	67	ESTRACE TABS (Use estradiol) ..	60		
EPIDIOLEX	13	ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	67	estradiol & norethindrone acetate TABS	60		
EPIFOAM FOAM	52	erythromycin (acne aid) GEL	48	estradiol PTTW	60		
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	100	erythromycin (acne aid) SOLN	48	estradiol PTWK	60		
epinephrine (anaphylaxis) SOAJ .	100	erythromycin (ophth)	87	estradiol TABS	60		
epinephrine hcl (nasal)	85	ERYTHROMYCIN	87	estradiol vaginal CREA	99		
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	100	erythromycin base CPEP	67	estradiol vaginal TABS	99		
EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	100	erythromycin base TABS	67	ESTROFACTORS TABS	81		
EPIVIR SOLN (Use lamivudine) ...	38	erythromycin base TBEC	67	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	60		
EPIVIR TABS 150 MG (Use lamivudine)	38	erythromycin ethylsuccinate SUSR 67		ethambutol hcl TABS	29		
EPIVIR TABS 300 MG (Use lamivudine)	38	erythromycin ethylsuccinate TABS	67	ethosuximide CAPS	15		
epoprostenol sodium	42	erythromycin stearate TABS 250 MG 68		ethosuximide SOLN	15		
EPZICOM (Use abacavir sulfate- lamivudine)	38	ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	36	ethynodiol diacet & eth estrad	44		
EQL DRY MOUTH ORAL RINSE SOLN	81	ESBRIET CAPS (Use pirfenidone)	94	etodolac CAPS	4		
EQUALYTE SOLN (Use oral electrolytes)	78	ESBRIET TABS (Use pirfenidone)	94	etodolac TABS	4		
ERBITUX	31	escitalopram oxalate TABS 10 MG 16		etonogestrel-ethinyl estradiol	44		
ergocalciferol CAPS	100	escitalopram oxalate TABS 20 MG 16		etoposide CAPS	34		
ergocalciferol SOLN PO 200 MCG/ML	100	escitalopram oxalate TABS 5 MG .	16	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	35		
ergotamine w/ caffeine TABS	76	ESGIC TABS (Use butalbital- acetaminophen-caffeine)	5	etravirine 100 MG	38		
eribulin mesylate	34	esomeprazole magnesium CPDR 20 MG	96	etravirine 200 MG	38		
ERIVEDGE	31	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT		EUFLEXXA SOSY	84		
ERLEADA 60 MG	31			EULEXIN	31		
				EVAC POWD (Use psyllium)	66		
				EVENITY	58		
				everolimus TABS	32		

everolimus TBSO	32	famotidine SUSR	95	FERRETT'S TABS	65
EVERSENSE 365 SENSOR/HOLDER	69	famotidine TABS 10 MG	96	FERRIPROX SOLN	21
EVERSENSE E3 SENSOR/HOLDER	69	famotidine TABS 20 MG, 40 MG ..	96	FERRIPROX TABS (Use deferiprone)	21
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	94	FARESTON (Use toremifene citrate)	31	FERRIPROX TWICE-A-DAY TABS 21	
EVISTA (Use raloxifene hcl)	58	FARXIGA (Use dapagliflozin propanediol)	20	ferrous fumarate TABS	65
EVKEEZA	23	FASTEP COVID-19 ANTIGEN TEST KIT	56	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	64
EVOMELA IV	29	FEIBA	63	FERROUS GLUCONATE TABS 324 MG	65
EVRYSDI	85	felbamate SUSP	14	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	65
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	92	felbamate TABS	14	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	65
exemestane	31	FELBATOL SUSP (Use felbamate) 14		ferrous sulfate TABS 325 MG, 65 MG, 325 MG	65
exenatide SOPN 10 MCG/0.04ML .	19	FELBATOL TABS (Use felbamate) 14		ferrous sulfate TBEC (Use ferrous sulfate)	65
exenatide SOPN 5 MCG/0.02ML ..	19	FELDENE CAPS (Use piroxicam) ..	4	ferrous sulfate TBEC	65
EXFORGE (Use amlodipine besylate-valsartan)	26	felodipine	42	fesoterodine fumarate	96
EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)	26	FEMARA (Use letrozole)	31	FEVERALL JUNIOR STRENGTH SUPP	5
EXJADE TBSO (Use deferasirox) .	21	fenofibrate micronized 134 MG, 200 MG	24	fexofenadine hcl TABS 180 MG ...	23
EXKIVITY	31	fenofibrate micronized 67 MG	24	fexofenadine hcl TABS 60 MG	23
EXONDYS 51	85	fenofibrate TABS 160 MG	24	FIBRYGA	63
EXPIRATORY MOUTHPIECE MISC . 74		fenofibrate TABS 54 MG	24	FILTER AIR PP MISC	74
EXSERVAN FILM	85	FENOGLIDE TABS (Use fenofibrate) 24		finasteride	62
EYLEA HD SOLN	87	fenopufen calcium CAPS 400 MG .	4	fingolimod hcl	93
EYLEA SOLN	87	FENSOLVI (6 MONTH) SC	59	FINTEPLA	13
EYLEA SOSY	87	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6	FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (Use butalbital- acetaminophen-caffeine w/ codeine) . 7	
ezetimibe	24	FER-IN-SOL SOLN (Use ferrous sulfate)	65		
ezetimibe-simvastatin	24				
famciclovir	40				

FIRAZYR SOSY (Use icatibant acetate)	63	FLOTREX CHEW 0.25 MG, 1 MG .82	FLUMIST QUADRIVALENT	98
FIRVANQ SOLR PO (Use vancomycin hcl)	27	FLOTREX CHEW 0.5 MG	flunisolide (nasal)	85
FLAVOR BLEND SUSP	91	FLOVENT HFA (Use fluticasone propionate hfa)	fluocinolone acetonide (otic)	89
FLAVOR PLUS LIQD	91	FLOWFLEX COVID-19 AG HOME TEST KIT	fluocinolone acetonide OIL	52
FLAVOR SWEET SYRP	91	FLUAD	fluocinonide CREA 0.05 %	52
FLAVOR SWEET-SF SYRP	91	FLUAD QUADRIVALENT	fluocinonide emulsified base	52
flavoxate hcl	97	FLUARIX QUADRIVALENT SUSY	fluocinonide GEL	52
FLEBOGAMMA DIF SOLN	90	FLUARIX SUSY	fluocinonide OINT	52
flecainide acetate	10	FLUBLOK QUADRIVALENT	fluocinonide SOLN	52
FLEET ENEMA ENEM (Use sodium phosphates)	66	FLUBLOK SOSY	fluorometholone (ophth) SUSP	88
FLEET PEDIATRIC ENEM (Use sodium phosphates)	66	FLUCELVAX QUADRIVALENT SUSP	fluorouracil (topical) CREA 0.5 % ..	50
FLEXICHAMBER ADULT MASK/SMALL	74	FLUCELVAX QUADRIVALENT SUSY	fluorouracil (topical) CREA 5 % ...	50
FLEXICHAMBER CHILD MASK/LARGE	74	FLUCELVAX SUSP	fluorouracil (topical) SOLN	50
FLEXICHAMBER CHILD MASK/SMALL	74	FLUCELVAX SUSY	fluoxetine hcl CAPS 10 MG, 20 MG	16
FLOLAN (Use epoprostenol sodium)	42	fluconazole SUSR	fluoxetine hcl CAPS 40 MG	16
FLONASE ALLERGY REL CHILDRENS SUSP (Use fluticasone propionate (nasal))	84	fluconazole TABS 100 MG, 200 MG .	fluoxetine hcl SOLN	16
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	84	22	fluoxetine hcl TABS 10 MG	16
FLORAFOL PEDIATRIC CHEW 0.5 MG	82	fluconazole TABS 150 MG	fluoxetine hcl TABS 20 MG	16
FLORAFOL PEDIATRIC CHEW 1 MG	82	fluconazole TABS 50 MG	fluphenazine decanoate	37
FLORAFOL PEDIATRIC SOLN ...	82	fludarabine phosphate SOLN	fluphenazine hcl TABS	37
FLORIVA PLUS SOLN	82	FLUDARABINE PHOSPHATE SOLN	flurazepam hcl	65
		29	flurbiprofen sodium	89
		fludarabine phosphate SOLR	flurbiprofen TABS	4
		29	fluticasone furoate (inhalation) 50	
		fludrocortisone acetate TABS	MCG/ACT, 100 MCG/ACT, 200	
		45	MCG/ACT	11
		FLULAVAL QUADRIVALENT SUSY .	fluticasone propionate (inhalation)	
		98	AEPB	11
		FLULAVAL SUSY	fluticasone propionate (nasal) SUSP .	
		98	85	
		FLUMIST	fluticasone propionate CREA 0.05 %	
		98		

52	UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML58	FREESTYLE CONTROL SOLUTION LIQD70
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT11	FOLOTYN29	FREESTYLE LIBRE 14 DAY READER70
fluticasone propionate hfa 44 MCG/ACT11	fondaparinux sodium12	FREESTYLE LIBRE 14 DAY SENSOR70
fluticasone propionate OINT52	FONDCIRCLE BLOOD GLUCOSE MONIT KIT69	FREESTYLE LIBRE 2 PLUS SENSOR70
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT12	FONDCIRCLE BLOOD GLUCOSE TEST STRP56	FREESTYLE LIBRE 2 READER ..70
fluvoxamine maleate TABS 100 MG . 16	FONDCIRCLE ELECTRONIC PEAK FLO74	FREESTYLE LIBRE 2 SENSOR ..70
fluvoxamine maleate TABS 25 MG, 50 MG16	FORA 6 CONNECT/GTEL TEST STRP56	FREESTYLE LIBRE 3 PLUS SENSOR70
FLUZONE HIGH-DOSE QUADRIVALENT98	FORA GTEL BLOOD KETONE TEST56	FREESTYLE LIBRE 3 READER ..70
FLUZONE HIGH-DOSE SUSY98	FORA TEST N'GO ADV-VOICE-6 CON56	FREESTYLE LIBRE 3 SENSOR ..70
FLUZONE QUADRIVALENT SUSP 98	FORA TN'G ADVANCE PRO STRP 56	FREESTYLE LIBRE READER70
FLUZONE QUADRIVALENT SUSY 98	FORFIVO XL TB24 (Use bupropion hcl)16	FREESTYLE LITE KIT70
FLUZONE SUSP98	formaldehyde SOLN 10 %37	FT ELECTROLYTE SOLN78
FLUZONE SUSY98	FORTEO SOPN (Use teriparatide) 58	FT GLUCOSE CHEW 4 GM19
FLYP HYPERSONIQ CARTRIDGE MISC74	FORTISCARE G1 TEST STRIP STRP56	FT SALINE NASAL SPRAY SOLN 84
FML LIQUIFILM SUSP (Use fluorometholone (ophth))88	FOSAMAX TABS 70 MG (Use alendronate sodium)58	FULL KIT NEBULIZER SET MISC 74
FOCALIN TABS (Use dexmethylphenidate hcl)1	fosamprenavir calcium TABS38	furosemide SOLN PO 8 MG/ML, 10 MG/ML57
FOLAWISE TABS81	fosinopril sodium & hydrochlorothiazide26	furosemide TABS57
FOLCYTEINE TABS81	fosinopril sodium25	FUZEON SOLR38
folic acid TABS 1 MG64	FOTIVDA32	FYARRO32
folic acid TABS 400 MCG, 800 MCG . 64	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML12	gabapentin CAPS13
FOLLISTIM AQ SC 300	FRAGMIN SOSY12	gabapentin SOLN13
		gabapentin TABS 600 MG13
		gabapentin TABS 800 MG13
		GABLOFEN SOLN IT (Use baclofen) 84
		GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...84

GALAFOLD	59	gentamicin sulfate (ophth) SOLN ..	87	GLUCOSE CHEW	19
galantamine hydrobromide CP24 ..	92	gentamicin sulfate (topical) CREA ..	49	GLUCOSE CONTROL SOLN	70
galantamine hydrobromide SOLN ..	92	gentamicin sulfate (topical) OINT ..	49	GLUCOTROL XL TB24 (Use glipizide)	21
galantamine hydrobromide TABS ..	92	GENVISC 850 SOSY	84	GLUMETZA TB24 (Use metformin hcl)	18
GAMASTAN IM	90	GENVOYA	38	glutamine (sickle cell)	64
GAMIFANT	79	GEODON (Use ziprasidone hcl) ..	36	glyburide micronized 1.5 MG, 3 MG, 6 MG	21
GAMMAGARD	90	GERI-TUSSIN SYRP	48	glyburide TABS	21
GAMMAGARD S/D LESS IGA SOLR	90	GILENYA (Use fingolimod hcl)	93	glyburide-metformin	18
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	90	GILOTRIF	31	GLYCERIN (ADULT) SUPP (Use glycerin (laxative))	66
GAMMAPLEX SOLN	90	GIMOTI SOLN NA	61	glycerin (laxative) SUPP 2 GM	66
GAMUNEX-C	90	ginger (zingiber officinalis) CAPS 250 MG	2	glycine diluent	91
GANIRELIX ACETATE (Use ganirelix acetate)	58	GLASSIA SOLN	94	glycopyrrolate TABS 1 MG, 2 MG ..	95
ganirelix acetate	58	glatiramer acetate SOSY	93	GLYNASE 3 MG (Use glyburide micronized)	21
GARDASIL 9 SUSP 0.5 ML	98	GLEEVEC TABS (Use imatinib mesylate)	32	GNP EASY TOUCH CONT HIGH/LOW LIQD	70
GARDASIL 9 SUSY 0.5 ML	98	glimepiride 1 MG, 2 MG	20	GNP EASY TOUCH CONT HIGH/LOW SOLN	70
GAS RELIEF LIQD PO 40 MG/0.6ML	61	glimepiride 4 MG	20	GNP EASY TOUCH GLUCOSE TEST STRP	56
GATTEX	62	glipizide TABS	20	GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML	78
GAUZE SPONGES	68	glipizide TB24	20	GNP GLUCOSE CHEW	19
GAVRETO	32	glipizide-metformin hcl	18	GNP PEN NEEDLES	72
GAZYVA	30	GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon)	19	GOCOVRI CP24	35
gefitinib	31	glucagon SOLR IJ 1 MG	19	GOJJI BLOOD KETONE TEST ...	56
GEL-ONE	84	GLUCO TO GO CHEW	19		
GELSYN-3 SOSY	84	GLUCOCARD 01 CONTROL LIQD 70	70		
gemfibrozil TABS	24	GLUCOCARD EXPRESSION CONTROL SOLN	70		
GENABIO COVID-19 RAPID TEST KIT	56	GLUCOCARD SHINE CONTROL SOLN	70		
GENICIN VITA-Q TABS	81	GLUCOSE 6 MG-4 GM	19		

GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	66	haloperidol decanoate)	36	homatropine hbr	87
GONAL-F RFF REDIRECT SOPN	58	haloperidol decanoate	36	HULIO (2 PEN) AJKT	3
GONAL-F SOLR IJ 450 UNIT	58	haloperidol lactate CONC	36	HULIO (2 SYRINGE) PSKT	3
GOODSENSE ELECTROLYTE ADV CARE SOLN	78	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	36	HUMALOG KWIKPEN SOPN 100 UNIT/ML	20
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	56	haloperidol TABS 20 MG	36	HUMALOG SOLN IJ	20
GRAPE SYRUP SYRP	91	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	98	HUMATE-P SOLR	63
griseofulvin microsize SUSP	22	HEMATINIC PLUS VIT/MINERALS TABS	64	HUMATROPE CART IJ	58
griseofulvin microsize TABS	22	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	63	HUMULIN 70/30 KWIKPEN SUPN 20	20
griseofulvin ultramicrosize	22	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	63	HUMULIN 70/30 SUSP	20
guaifenesin LIQD	48	HEMORRHOIDAL 0.25 %-85.5 %-3 %	8	HUMULIN N KWIKPEN SUPN	20
guaifenesin TB12 1200 MG	48	HEPAGAM B SOLN IJ	90	HUMULIN N SUSP	20
guaifenesin TB12 600 MG	48	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	12	HUMULIN R SOLN IJ	20
guaifenesin-codeine SOLN	47	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML	12	HYALGAN SOLN	84
guaifenesin-codeine SYRP	47	HEPLISAV-B SOSY	98	HYALGAN SOSY	84
guanfacine hcl (adhd)	1	HERCEPTIN 150 MG	31	HYCANTIN CAPS	35
guanfacine hcl	25	HERCEPTIN HYLECTA	32	HYCANTIN SOLR (Use topotecan hcl)	35
GUARDIAN 4 GLUCOSE SENSOR . 70		HIBERIX SOLR IJ	97	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	46
GUARDIAN REAL-TIME REPLACE PED	70	HIBICLENS SOLN EX (Use chlorhexidine gluconate)	37	hydralazine hcl TABS	27
GYNAZOLE-1	99	HIGH POTENCY MULTIVITAMIN TABS	81	HYDRALYTE FREEZER POPS SOLN	78
HADLIMA PUSHTOUCH SOAJ	3	HIZENTRA SOLN	90	HYDRALYTE SOLN	78
HADLIMA SOSY	3	HIZENTRA SOSY	90	HYDREA (Use hydroxyurea)	34
HAEGARDA SOLR SC	63			hydrochlorothiazide CAPS	57
HALAVEN (Use eribulin mesylate) 35				hydrochlorothiazide TABS 25 MG, 50 MG	57
HALCION 0.25 MG (Use triazolam) 65				hydrocodone bitartrate-homatropine methylbromide SOLN	46
HALDOL DECANOATE (Use				hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217	

MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	hydroxychloroquine sulfate 200 MG 28	ibandronate sodium SOLN
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	hydroxyurea	IBRANCE CAPS
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	hydroxyzine hcl SYRP	IBRANCE TABS
HYDROCORT LOTION COMPLETE KIT THPK	hydroxyzine hcl TABS	ibuprofen CHEW
hydrocortisone (intrarectal)	hydroxyzine pamoate CAPS	ibuprofen lysine
hydrocortisone (rectal) EX 1 %	HYMOVIS	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML
hydrocortisone (rectal) EX 2.5 % ...	hyoscyamine sulfate ELIX	ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML
hydrocortisone (topical) CREA 0.5 % 52	HYOSCYAMINE SULFATE POWD 95	ibuprofen TABS 200 MG
hydrocortisone (topical) CREA 1 % 52	hyoscyamine sulfate SOLN PO 0.125 MG/ML	ibuprofen TABS 400 MG, 600 MG, 800 MG
hydrocortisone (topical) CREA 2.5 % 52	hyoscyamine sulfate SUBL 0.125 MG	icatibant acetate SOSY
hydrocortisone (topical) LOTN 1 % 52	hyoscyamine sulfate TABS 0.125 MG	ICLUSIG
hydrocortisone (topical) LOTN 2.5 % . 52	hyoscyamine sulfate TB12 0.375 MG 95	IDELVION
hydrocortisone (topical) OINT 1 %, 2.5 %	hyoscyamine sulfate TBDP 0.125 MG	IDHIFA
hydrocortisone butyrate SOLN	HYPERHEP B SOLN IM	IFE-BIMIX 30/1 SOLN
HYDROCORTISONE COMPLETE KIT THPK	HYPERRHO MINI-DOSE SOSY IM 250 UNIT	IHEALTH BLOOD GLUCOSE TEST STR STRP
hydrocortisone TABS	HYPERRHO SOSY IM 1500 UNIT	IHEALTH CONTROL SOLUTION LIQD
hydrocortisone vaginal	HYQVIA	IHEALTH COVID-19 RAPID TEST KIT
hydrocortisone w/acetic acid	HYRIMOZ SOAJ	ILARIS SOLN
HYDROMORPHONE HCL SUPP ...	HYRIMOZ SOSY	ILUVIEN
hydromorphone hcl TABS 2 MG, 4 MG	HYRIMOZ-CROHNS/UC STARTER SOAJ	imatinib mesylate TABS
hydromorphone hcl TABS 8 MG	HYRONAN KIT	IMBRUVICA CAPS
	HY-VEE GLUCOSE	IMBRUVICA TABS
	HYZAAR (Use losartan potassium & hydrochlorothiazide)	IMFINZI
		imipramine hcl TABS
		imiquimod 5 %
		IMITREX 5 MG/ACT, 20 MG/ACT

(Use sumatriptan)	76	INLYTA	30	I POL IJ	98
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	76	INNOSPIRE REPLACEMENT FILTER MISC	74	ipratropium bromide (nasal) 0.03 % 84	
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	76	INQOVI	32	ipratropium bromide (nasal) 0.06 % 84	
IMITREX TABS (Use sumatriptan succinate)	76	INREBIC	33	ipratropium bromide SOLN 0.02 % 10	
IMLYGIC	35	INSTALAX POWD 17 GM/SCOOP 66		ipratropium-albuterol SOLN	12
IMODIUM A-D CAPS (Use loperamide hcl)	21	INSULIN GLARGINE-YFGN SOLN 20		irbesartan	25
IMODIUM A-D TABS (Use loperamide hcl)	21	INSULIN GLARGINE-YFGN SOPN 20		irbesartan-hydrochlorothiazide	26
IMOVAX RABIES SUSR	98	INSULIN LISPRO (1 UNIT DIAL) SOPN	20	IRESSA (Use gefitinib)	31
IMURAN TABS (Use azathioprine) 79		INSULIN LISPRO JUNIOR		irinotecan hcl	35
IN TOUCH GLUCOSE CONTROL SOLN	70	INSULIN LISPRO PROT & LISPRO SUPN	20	IRON CHEWS PEDIATRIC CHEW 65	
INCRELEX	59	INSULIN LISPRO SOLN IJ	20	IRON TABS 28 MG	65
INCRUSE ELLIPTA	10	INSULIN SYRINGES	72	ISENTRESS CHEW 100 MG	38
indapamide TABS 1.25 MG, 2.5 MG . 57		INSULIN SYRINGES-MISC	72	ISENTRESS CHEW 25 MG	38
INDERAL LA CP24 (Use propranolol hcl)	41	INSUPEN PEN NEEDLES	72	ISENTRESS HD TABS	38
INDICAID COVID-19 RAPID TEST KIT	56	INSUPEN32G EXTR3ME	72	ISENTRESS PACK	38
INDOCIN SUSP (Use indomethacin) . 4		INTELENCE 100 MG (Use etravirine)	38	ISENTRESS TABS	38
indomethacin CAPS 25 MG, 50 MG 4		INTELENCE 200 MG (Use etravirine)	38	isoniazid SYRP	29
INDOMETHACIN SODIUM	4	INTELENCE 25 MG	38	isoniazid TABS	29
indomethacin SUPP	4	INTELISWAB COVID-19 RAPID TEST KIT	56	ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	9
indomethacin SUSP	4	INTUNIV (Use guanfacine hcl (adhd))	1	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9
INFANRIX	95	INVEGA HAFYERA	36	isosorbide mononitrate TABS	9
INFANTS ADVIL SUSP (Use ibuprofen)	4	INVEGA SUSTENNA	36	ISOSORBIDE MONONITRATE TABs	9
		INVEGA TRINZA	36	isosorbide mononitrate TB24	9
				isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	49
				ISTODAX SOLR (Use romidepsin) 33	

ISTURISA 1 MG, 5 MG	57	KANJINTI 420 MG	31	KETOSTIX STRP	56
ITCH RELIEF CREA	50	KANUMA	59	ketotifen fumarate (ophth) 0.035 %	89
itraconazole CAPS	22	KAPVAY TB12 (Use clonidine hcl (adhd))	1	KEVEYIS (Use dichlorphenamide)	57
IXEMPRA KIT	35	KAZANO (Use alogliptin-metformin hcl)	18	KEY-E CHEW	100
IXIARO	98	KCENTRA	63	KEYTRUDA	30
IXINITY SOLR	63	KEMOPLAT SOLN	29	KHAPZORY 175 MG	34
JADENU SPRINKLE PACK (Use deferasirox)	21	KEPIVANCE 5.16 MG	34	KIMMTRAK	30
JADENU TABS (Use deferasirox) .	21	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	13	KINDERLYTE PREMAX SOLN	78
JAKAFI	33	KEPPRA TABS 1000 MG (Use levetiracetam)	13	KINDERLYTE SOLN	78
JEMPERLI	30	KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	13	KINRIX SUSY	95
JEVTANA	35	KEPPRA TABS 500 MG (Use levetiracetam)	13	KISQALI (200 MG DOSE)	33
JIVI	63	KEPPRA XR TB24 (Use levetiracetam)	13	KISQALI (400 MG DOSE)	33
JULUCA	38	KERALYT GEL (Use salicylic acid) 53	53	KISQALI (600 MG DOSE)	33
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	24	KERALYT GEL	53	KISQALI FEMARA (200 MG DOSE) .	32
JYNARQUE TABS 15 MG, 30 MG (Use tolvaptan)	60	ketconazole (topical) CREA	49	KISQALI FEMARA (400 MG DOSE) .	32
JYNARQUE TBPk 15 MG (Use tolvaptan)	60	ketconazole (topical) SHAM 2 % .	49	KISQALI FEMARA (600 MG DOSE) .	32
JYNNEOS	98	KETONE TEST STRP	56	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)	2
KADCYLA	30	ketorolac tromethamine (ophth) 0.4 %	89	KLARON (Use sulfacetamide sodium (acne))	49
KALBITOR	64	ketorolac tromethamine (ophth) 0.5 %	89	KLONOPIN TABS (Use clonazepam)	13
KALETRA SOLN	38	ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	4	KLOR-CON 10 TBCR 10 MEQ (Use potassium chloride)	78
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	38	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	4	KLOR-CON TBCR 8 MEQ (Use potassium chloride)	78
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	38	ketorolac tromethamine TABS	4	KOATE SOLR	63
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	94			KOATE-DVI SOLR 500 UNIT, 1000	
KALYDECO PACK 5.8 MG	94				
KALYDECO TABS	94				

UNIT	63	13	LATANOPROST SOLN	89
KOGENATE FS KIT	63	LAMICTAL TABS (Use lamotrigine)	LATUDA (Use lurasidone hcl)	36
KOKO PEAK PRO MOUTHPIECE		13	leflunomide	5
MISC	74	LAMICTAL XR TB24 (Use	lenalidomide	79
KOMBIGLYZE XR (Use saxagliptin-		lamotrigine)	LENVIMA (10 MG DAILY DOSE) .	30
metformin hcl)	18	13	LENVIMA (12 MG DAILY DOSE) .	30
KOSELUGO	33	LAMISIL AT ATHLETES FOOT	LENVIMA (14 MG DAILY DOSE) .	30
KOVALTRY	63	CREA (Use terbinafine hcl (topical))	LENVIMA (18 MG DAILY DOSE) .	30
K-PHOS-NEUTRAL (Use pot		49	LENVIMA (20 MG DAILY DOSE) .	30
phosphate monobasic w/ sod		LAMISIL AT CREA (Use terbinafine	LENVIMA (24 MG DAILY DOSE) .	30
phosphate dibasic & monobasic) ..	78	hcl (topical))	LENVIMA (4 MG DAILY DOSE) ..	30
KRINTAFEL	28	49	LENVIMA (8 MG DAILY DOSE) ..	30
KROGER GLUCOSE	19	LAMISIL AT JOCK ITCH CREA (Use	LEQVIO	24
KROGER HEALTHPRO CONTROL		terbinafine hcl (topical))	LETAIRIS (Use ambrisentan)	43
HI/LO LIQD	70	49	letrozole	31
KRYSTEXXA	63	lamivudine SOLN	leucovorin calcium TABS	34
K-TAB TBCR 20 MEQ (Use		38	LEUKERAN	29
potassium chloride)	78	38	LEUKINE SOLR IJ	64
KUVAN PACK (Use sapropterin		38	leuprolide acetate KIT IJ 1 MG/0.2ML	
dihydrochloride)	59	38		31
KUVAN TABS (Use sapropterin		38	LEUPROLIDE ACETATE-	
dihydrochloride)	59	38	BUPIVACAINE	31
KYPROLIS	33	38	levalbuterol tartrate	12
labetalol hcl TABS 100 MG	41	38	LEVBIID TB12 (Use hyoscyamine	
labetalol hcl TABS 200 MG, 400 MG .		38	sulfate)	95
41		38	levetiracetam SOLN PO 100 MG/ML,	
labetalol hcl TABS 300 MG	41	38	500 MG/5ML	14
lactic acid (ammonium lactate) CREA		38	levetiracetam TABS 1000 MG	14
.....	53	38	levetiracetam TABS 250 MG, 750	
lactic acid (ammonium lactate) LOTN		38	MG	14
12 %	53	38	levetiracetam TABS 500 MG	14
lactulose (encephalopathy)	62	38	levetiracetam TB24	14
lactulose SOLN	66	38		
LAMICTAL CHEW (Use lamotrigine) .		38		

levobunolol hcl 0.5 %	86	LICEMD GEL	54	lithium carbonate TBCR	35
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	59	lidocaine CREA 4 %	53	LITHOBID TBCR (Use lithium carbonate)	36
levocarnitine (metabolic modifiers) TABS	59	lidocaine hcl (mouth-throat) 2 % ..	80	LITTLE REMEDIES SALINE SOLN 84	
levocetirizine dihydrochloride TABS 23		lidocaine hcl CREA 3 %	53	LIVMARLI	61
levofloxacin TABS	61	lidocaine hcl CREA 4 %	53	LIVTENCITY	40
levoleucovorin calcium SOLN 250 MG/25ML	34	lidocaine hcl GEL 2 %	53	LMX 4 CREA (Use lidocaine)	53
levoleucovorin calcium SOLR	34	lidocaine OINT 5 %	53	LODINE TABS (Use etodolac)	4
levonorgestrel & eth estradiol TABS 44		lidocaine-prilocaine CREA	53	LODOSYN (Use carbidopa)	35
levonorgestrel (emergency oc) 1.5 MG	44	LIORESAL SOLN IT (Use baclofen) 84		LOHIST-D LIQD	47
levonorgestrel-eth estradiol (triphasic)	44	LIORESAL SOLN IT	84	LOMOTIL TABS (Use diphenoxylate w/ atropine)	21
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	44	liothyronine sodium TABS	95	LONSURF	32
levothyroxine sodium TABS	95	LIPITOR TABS (Use atorvastatin calcium)	24	loperamide hcl CAPS	21
LEVULAN KERASTICK SOLR	50	liraglutide	19	loperamide hcl TABS	21
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	17	lisdexamfetamine dimesylate CAPS 1		LOPID TABS (Use gemfibrozil)	24
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	17	lisdexamfetamine dimesylate CHEW . 1		lopinavir-ritonavir SOLN	38
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	17	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	26	lopinavir-ritonavir TABS 25 MG-100 MG	38
LEXIVA SUSP	38	lisinopril & hydrochlorothiazide 25 MG-20 MG	26	lopinavir-ritonavir TABS 50 MG-200 MG	39
LEXIVA TABS (Use fosamprenavir calcium)	38	lisinopril TABS 2.5 MG	25	LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	41
LIALDA TBEC (Use mesalamine) .	62	lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	25	LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	41
LIBERTY GLUCOSE CONTROL MID SOLN	70	LITETOUCH MASK LARGE MISC	74	LOQTORZI	30
LIBTAYO	30	LITETOUCH MASK MEDIUM MISC . 74		loratadine & pseudoephedrine TB12 . 47	
		LITETOUCH MASK SMALL MISC	74	loratadine & pseudoephedrine TB24 . 47	
		lithium	35	loratadine SOLN	23
		lithium carbonate CAPS	35	loratadine TABS	23
		lithium carbonate TABS	35		

loratadine TBDP 10 MG	23	METER	74	maraviroc TABS 150 MG	39
lorazepam TABS	10	LUPKYNIS	79	maraviroc TABS 300 MG	39
LORBRENA	33	LUPRON DEPOT-PED (1-MONTH) .	59	MARGENZA	31
losartan potassium & hydrochlorothiazide	26	LUPRON DEPOT-PED (3-MONTH) .	59	MASK VORTEX/CHILD/FROG ...	74
losartan potassium	25	lurasidone hcl	36	MASK VORTEX/TODDLER/LADYBUG ..	74
LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	25	LURBIPR TABS 100 MG (Use flurbiprofen)	4	MATULANE	34
LOTENSIN 40 MG (Use benazepril hcl)	25	LURBIRO TABS 100 MG (Use flurbiprofen)	4	MAVYRET PACK	40
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .	26	LUXTURNA	88	MAVYRET TABS	40
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	26	LYNPARZA TABS	33	MAXALT TABS 10 MG (Use rizatriptan benzoate)	77
LOTRIMIN AF CREA (Use clotrimazole (topical))	49	LYSODREN	31	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	77
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	49	MACI	83	MAXITROL OINT (Use neomycin- polymy-dexameth)	88
lovastatin TABS 10 MG, 20 MG ...	24	MACROBID (Use nitrofurantoin monohyd macro)	28	MAXITROL SUSP (Use neomycin- polymy-dexameth)	88
lovastatin TABS 40 MG	24	MACRODANTIN 50 MG, 100 MG (Use nitrofurantoin macrocrystal) ..	28	MAXI-TUSS PE LIQD	47
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	12	magnesium citrate 1.745 GM/30ML 66		MAXI-TUSS PE MAX LIQD	47
LOVENOX SOSY (Use enoxaparin sodium)	12	MAGNESIUM EXTRA STRENGTH CAPS	78	MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	57
loxapine succinate	36	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	66	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	57
lubiprostone	61	magnesium oxide (mg supplement) TABS	78	meclizine hcl CHEW	22
LUCENTIS SOSY	87	MAGNESIUM OXIDE -MG SUPPLEMENT CAPS	78	meclizine hcl TABS 12.5 MG, 25 MG 22	
LUMAKRAS	33	magnesium oxide TABS 400 MG ...	9	MEDISENSE GLUCOSE KETONE CONTR LIQD	70
LUMAVEX CAPS	81	MAGOX 400 TABS (Use magnesium oxide (mg supplement))	78	MEDISENSE HI/MID/LOW CONTROL LIQD	70
LUMIZYME	59	malathion	54	MEDROL TABS 4 MG, 8 MG (Use methylprednisolone)	45
LUNG PERFORM PEAK FLOW				MEDROL TBPK (Use methylprednisolone)	45

medroxyprogesterone acetate (contraceptive) SUSP IM45	mercaptapurine TABS29	GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML30
medroxyprogesterone acetate (contraceptive) SUSY IM45	mesalamine CP2462	methotrexate sodium TABS 2.5 MG 30
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG92	mesalamine CPDR62	methyldopa TABS25
mefloquine hcl28	mesalamine ENEM62	methylergonovine maleate TABS ..89
megestrol acetate SUSP31	mesalamine TBEC62	METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl)1
megestrol acetate TABS31	mesna SOLN34	METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl)1
MEIJER GLUCOSE19	mesna TABS34	methylphenidate hcl CPCR1
MEKINIST TABS33	MESNEX SOLN (Use mesna)34	methylphenidate hcl SOLN 10 MG/5ML2
MEKTOVI33	MESNEX TABS34	methylphenidate hcl SOLN 5 MG/5ML2
MELATONIN SUBL2	MESTINON TABS (Use pyridostigmine bromide)28	methylphenidate hcl TABS 10 MG, 20 MG2
melatonin TABS 3 MG, 5 MG2	MESTINON TBCR (Use pyridostigmine bromide)28	methylphenidate hcl TABS 5 MG ...2
melatonin TBDP 3 MG2	METADATE CD CPCR (Use methylphenidate hcl)1	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG2
meloxicam TABS4	METAMUCIL FREE & NATURAL POWD (Use psyllium)66	methylphenidate hcl TB24 36 MG ..2
melphalan29	metformin hcl TABS 500 MG18	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG2
melphalan hcl IV29	metformin hcl TABS 850 MG, 1000 MG18	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG2
memantine hcl SOLN92	metformin hcl TB24 500 MG18	methylprednisolone TABS 4 MG, 8 MG45
memantine hcl TABS92	metformin hcl TB24 750 MG19	methylprednisolone TBPk45
MENACTRA97	methadone hcl TABS 10 MG6	methytestosterone TABS8
MENOPUR SC58	methadone hcl TABS 5 MG6	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML61
MENQUADFI 0.5 ML97	methazolamide TABS57	metoclopramide hcl TABS61
MENVEO SOLN97	methenamine mandelate28	metolazone57
MENVEO SOLR97	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG . 27	metoprolol & hydrochlorothiazide
meperidine hcl SOLN PO 50 MG/5ML6	methimazole TABS94	
meperidine hcl TABS 50 MG6	methocarbamol TABS 500 MG, 750 MG84	
meprobamate9	methotrexate sodium SOLN 1	
MEPSEVII59		
mercaptapurine SUSP 2000 MG/100ML29		

TABS 25 MG-100 MG, 25 MG-50 MG 26	miconazole nitrate vaginal SUPP 100 MG 99	FENESTRAT+55
metoprolol & hydrochlorothiazide TABS 50 MG-100 MG 26	miconazole nitrate vaginal SUPP 200 MG 99	mirtazapine TABS 15 MG15
metoprolol succinate TB24 200 MG 41	MICRHOGAM ULTRA-FILTERED PLUS SOSY IM 90	mirtazapine TABS 30 MG15
metoprolol succinate TB24 25 MG, 50 MG, 100 MG 41	MICRODOT CONTROL HIGH/LOW SOLN70	mirtazapine TABS 7.5 MG, 45 MG 15
metoprolol tartrate TABS 100 MG .41	MICROLIFE DIGITAL PEAK FLOW . 74	mirtazapine TBDP 15 MG15
metoprolol tartrate TABS 25 MG, 50 MG 41	midazolam hcl SOLN IJ65	mirtazapine TBDP 30 MG15
METROCREAM CREA (Use metronidazole (topical))54	MIDAZOLAM HCL SOLN IJ 65	mirtazapine TBDP 45 MG15
metronidazole (topical) CREA54	midodrine hcl100	misoprostol96
metronidazole (topical) GEL 0.75 % 54	miglustat64	mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML32
metronidazole (topical) LOTN 54	MIGRANAL SOLN NA (Use dihydroergotamine mesylate)76	MM BLOOD GLUCOSE SYSTEM KIT70
metronidazole TABS 250 MG, 500 MG 27	MINCORA TABS81	MM BLULINK GLUCOSE TEST STRP56
metronidazole vaginal99	MINI WRIGHT PEAK FLOW METER74	M-M-R II SOLR 98
metirosine25	MINIELITE FILTER	MNEXSPIKE SUSY 10 MCG/0.2ML . 98
mexiletine hcl10	REPLACEMENTS MISC74	MODERNA COVID-19 BIVALENT 98
MIACALCIN IJ (Use calcitonin (salmon))58	MINIMED INSTINCT GLUC SENSOR 70	MODERNA COVID-19 VAC 6M-11Y SUSP98
MICARDIS (Use telmisartan) 25	MINIPRESS CAPS (Use prazosin hcl) 25	MODERNA COVID-19 VAC 6M-11Y SUSY98
MICARDIS HCT (Use telmisartan- hydrochlorothiazide) 26	MINIVELLE PTTW (Use estradiol) 60	MODERNA COVID-19 VACCINE SUSP 98
MICATIN CREA (Use miconazole nitrate (topical)) 50	minocycline hcl CAPS 94	MOI-STIR SOLN81
MICONAZOLE 7 SUPP 100 MG ..99	minoxidil 10 MG27	molindone hcl37
miconazole nitrate (topical) CREA .50	minoxidil 2.5 MG27	mometasone furoate CREA 52
miconazole nitrate vaginal CREA 2 %99	MIRALAX POWD (Use polyethylene glycol 3350)66	mometasone furoate OINT 52
miconazole nitrate vaginal KIT99	MIRODERM BIO MATRIX FENESTRAT55	mometasone furoate SOLN52
	MIRODERM BIO MATRIX	MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal) . 99

MONISTAT 3 CREA	99	pseudoephedrine-guaifenesin)	47	MVASI	30
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) ..	99	MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) ...	47	MX-SOL BLEND SF SUSP	91
MONISTAT CARE INSTANT ITCH RLF 1 %	99	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	48	MX-SOL BLEND SUSP	91
MONJUVI	30	MUCINEX TB12 (Use guaifenesin) 48		MX-SOL SF SYRP	91
MONOVISC	84	MULTI VITAMIN TABS	82	MX-SOL SUSPEND SUSP	91
montelukast sodium CHEW	10	MULTI VITAMIN W/D-3 TABS	81	MX-SOL SYRP	91
montelukast sodium PACK	11	multiple vitamin TABS	82	MYALEPT	59
montelukast sodium TABS	11	multiple vitamins w/ iron TABS	81	MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	29
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	6	multiple vitamins w/ iron TABS	81	MYCOBUTIN (Use rifabutin)	29
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	6	MULTIPLE VITAMINS W/ MINERALS TABS	81	mycophenolate mofetil CAPS	79
morphine sulfate SUPP	6	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	81	mycophenolate mofetil SUSR	79
morphine sulfate TABS	6	MULTIVITAMIN ADULT TABS	82	mycophenolate mofetil TABS	79
morphine sulfate TBCR	6	MULTIVITAMIN DROPS/IRON SOLN	83	mycophenolate sodium	79
MOTRIN CHILDRENS CHEW (Use ibuprofen)	4	MULTIVITAMIN INFANT & TODDLER SOLN PO	83	MYDRIACYL SOLN (Use tropicamide)	87
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	5	MULTIVITAMIN INFANT & TODDLER SOLN	83	MYFORTIC (Use mycophenolate sodium)	79
MOUTH KOTE REMINT SOLN	81	MULTIVITAMIN TABS	82	MYGLUCOHEALTH CONTROL SOLN	71
MOUTH KOTE SOLN	81	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG, 1 MG	82	MYLERAN TABS	29
moxifloxacin hcl (ophth) SOLN OP	87	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG	82	MYLICON INFANTS GAS RELIEF SUSP (Use simethicone)	61
MOZOBIL (Use plerixafor)	65	MULTIVITAMIN/FLUORIDE SOLN 82		MYSOLINE (Use primidone)	14
MS CONTIN TBCR 15 MG (Use morphine sulfate)	6	MULTI-VIT-FLOR CHEW 0.25 MG, 1 MG	82	NABI-HB SOLN IM	90
MS CONTIN TBCR 30 MG, 60 MG, 100 MG, 200 MG (Use morphine sulfate)	7	MULTI-VIT-FLOR CHEW 0.5 MG .	82	nabumetone	5
MUCINEX D MAX STRENGTH TB12 (Use pseudoephedrine-guaifenesin) .	47	mupirocin calcium (topical)	49	nadolol TABS 20 MG, 40 MG, 80 MG	41
MUCINEX D TB12 (Use		mupirocin OINT	49	NAGLAZYME	59
				NALFON CAPS (Use fenoprofen calcium)	5
				naloxone hcl LIQD	21

naloxone hcl SOCT	21	MISC	74	MS (Use neomycin-polymyxin w/ pramoxine)	49
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	21	NEBULIZER MASK ADULT MISC ..	74	NERLYNX	33
naloxone hcl SOSY 2 MG/2ML	21	NEBULIZER MASK ADULT/TUBING MISC	74	NESINA (Use alogliptin benzoate) 19	
naltrexone hcl	21	NEBULIZER MASK CHILD MISC ..	74	NEURONTIN CAPS (Use gabapentin)	14
NAMENDA TABS (Use memantine hcl)	92	NEBULIZER MASK PED/TUBING MISC	74	NEURONTIN SOLN (Use gabapentin)	14
NAMENDA TITRATION PAK TABS (Use memantine hcl)	92	nefazodone hcl	17	NEURONTIN TABS 600 MG (Use gabapentin)	14
naphazoline w/ pheniramine 0.315 %-0.027 %	88	NEOMULTIVITE TABS	82	NEURONTIN TABS 800 MG (Use gabapentin)	14
NAPROSYN SUSP (Use naproxen) 5		neomycin sulfate TABS	2	NEURONTIN TABS 800 MG (Use gabapentin)	14
NAPROSYN TABS 500 MG (Use naproxen)	5	neomycin-bacitracin zn-polymyxin	87	NEUTEK 2TEK CONTROL SOLN ..	71
naproxen sodium TABS 220 MG ...	5	neomycin-bacitracin-polymyxin OINT	49	nevirapine SUSP	39
naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polymy-dexameth OINT	88	nevirapine TABS	39
naproxen SUSP	5	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	88	nevirapine TB24 400 MG	39
naproxen TABS	5	neomycin-polymyxin w/ pramoxine	49	NEVVITE TABS	82
naratriptan hcl	77	neomycin-polymyxin-gramicidin ..	87	NEXAVAR (Use sorafenib tosylate) . 33	
NARCAN LIQD (Use naloxone hcl) 21		neomycin-polymyxin-hc (ophth) ...	88	NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) ..	96
NARDIL (Use phenelzine sulfate) .	16	neomycin-polymyxin-hc (otic) SOLN .	89	NEXIUM 24HR CPDR (Use esomeprazole magnesium)	96
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	85	neomycin-polymyxin-hc (otic) SUSP .	89	NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	96
NASALCROM (Use cromolyn sodium (nasal))	84	NEOPROFEN (Use ibuprofen lysine)	5	NEXVIAZYME	59
nateglinide	20	NEORAL CAPS (Use cyclosporine modified (for microemulsion))	79	niacin (antihyperlipidemic) TABS ..	24
NATROBA (Use spinosad)	54	NEORAL SOLN (Use cyclosporine modified (for microemulsion))	79	niacin (antihyperlipidemic) TBCR ..	24
NATURAL FIBER LAXATIVE POWD 66		NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ...	49	niacin CPCR 250 MG, 500 MG ...	100
NAYZILAM	13	NEOSPORIN PLUS PAIN RELIEF		NIACIN ER CPCR	100
NEBULIZER AIR TUBE/PLUGS				NIACIN ER TBCR	100
				niacin TABS 500 MG	100

niacin TBCR	100	nitroglycerin CPCR	9	phosphate)	10
nicardipine hcl CAPS	42	nitroglycerin PT24	9	NORPACE CR CP12 150 MG	10
NICODERM CQ PT24 TD (Use nicotine)	93	nitroglycerin SUBL	9	NORPRAMIN TABS 10 MG (Use desipramine hcl)	18
NICORETTE GUM (Use nicotine polacrilex)	93	NITROSTAT SUBL (Use nitroglycerin)	9	NORPRAMIN TABS 25 MG (Use desipramine hcl)	18
NICORETTE LOZG (Use nicotine polacrilex)	93	NITYR TABS	59	NORTHERA (Use droxidopa)	100
NICORETTE MINI LOZG (Use nicotine polacrilex)	93	NIVA THYROID TABS	95	nortriptyline hcl CAPS	18
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	93	NIX CREME RINSE LIQD EX (Use permethrin)	54	nortriptyline hcl SOLN	18
NICOTINE KIT	93	NIZORAL SHAM	50	NORVASC TABS (Use amlodipine besylate)	42
nicotine polacrilex GUM	93	NORDITROPIN FLEXPLO SOPN ..	58	NORVIR CAPS	39
nicotine polacrilex LOZG	93	norelgestromin-ethinyl estradiol ..	44	NORVIR TABS (Use ritonavir)	39
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	93	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	44	NOSE CLIP MISC	74
NICOTROL INHA	94	norethindrone & eth estradiol	44	NOVA MAX PLUS GLU/KET CONTROL LIQD	71
NICOTROL NS SOLN	93	norethindrone & ethinyl estradiol-fe 44	44	NOVA MAX PLUS KETONE TEST 56	
nifedipine CAPS	42	norethindrone (contraceptive)	45	NOVACHOR	55
nifedipine TB24 30 MG, 90 MG	42	norethindrone acet & eth estra TABS 44	44	NOVAREL IM	58
nifedipine TB24 60 MG	42	norethindrone acetate TABS	92	NOVAVAX COVID-19 VACCINE SUSP	98
nilotinib hcl 50 MG, 150 MG, 200 MG	33	norethindrone acetate-ethinyl estradiol	60	NOVAVAX COVID-19 VACCINE SUSY	98
NINLARO	33	norethindrone acetate-ethinyl estradiol-fe	44	NOVOLIN 70/30 FLEXPEN RELION SUPN	20
nitisinone CAPS	59	norethindrone-eth estradiol (triphasic)	44	NOVOLIN 70/30 FLEXPEN SUPN ..	20
NITRO-BID OINT	9	norgestimate-ethinyl estradiol (triphasic)	44	NOVOLIN 70/30 RELION SUSP ..	20
NITRO-DUR PT24 (Use nitroglycerin)	9	norgestimate-ethinyl estradiol	44	NOVOLIN 70/30 SUSP	20
nitrofurantoin	28	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	44	NOVOLIN N FLEXPEN RELION SUPN	20
nitrofurantoin macrocrystal 50 MG, 100 MG	28	NORPACE CAPS (Use disopyramide		NOVOLIN N FLEXPEN SUPN	20
nitrofurantoin monohyd macro	28			NOVOLIN N RELION SUSP	20

NOVOLIN N SUSP	20	OCALIVA	61	omeprazole CPDR	96
NOVOLIN R RELION SOLN IJ	20	OCTAGAM SOLN	90	omeprazole magnesium TBEC	96
NOVOLIN R SOLN IJ	20	octreotide acetate KIT	60	OMNICAP TABS	82
NOVOSEVEN RT	63	octreotide acetate SOLN	60	ON/GO COVID-19 ANTIGEN TEST KIT	56
NP THYROID TABS	95	OCUFLOX (Use ofloxacin (ophth)) 87		ON/GO ONE COVID-19 HOME TEST KIT	56
NUBEQA	31	ODEFSEY	39	ONCASPAR	34
NULIBRY	59	ODOMZO	31	ondansetron hcl SOLN PO 4 MG/5ML	22
NULOJIX	79	OFF DEEP WOODS AERO	54	ondansetron hcl TABS 24 MG	22
NUMOISYN LIQD	81	OFF DEEP WOODS DRY AERO	54	ondansetron hcl TABS 4 MG, 8 MG 22	
NUPLAZID CAPS	36	ofloxacin (ophth)	87	ondansetron TBDP 16 MG	22
NUPLAZID TABS 10 MG	36	ofloxacin (otic)	89	ondansetron TBDP 4 MG, 8 MG ..	22
NUVARING (Use etonogestrel- ethinyl estradiol)	44	ofloxacin 400 MG	61	ONE DAILY ESSENTIAL TABS ...	82
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	98	OGIVRI	31	ONE DAILY ESSENTIALS TABS ..	82
NUWIQ KIT	63	OHC COVID-19 ANTIGEN SELF TEST KIT	56	ONE FLOW TESTER MISC	74
NUWIQ SOLR	63	olanzapine TABS 15 MG, 20 MG ..	36	ONE VITE DAILY MULTIVITAMIN TABS	82
NYSTATIN (Use nystatin (mouth- throat))	80	olanzapine TABS 2.5 MG, 5 MG ..	36	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)	82
nystatin (mouth-throat)	80	olanzapine TABS 7.5 MG, 10 MG ..	36	ONE-A-DAY MENS TABS (Use multiple vitamin)	82
nystatin (topical) CREA	50	olmesartan medoxomil	25	ONETOUCH ULTRA 2 KIT	71
nystatin (topical) OINT	50	olmesartan medoxomil-amlodipine- hydrochlorothiazide	26	ONETOUCH ULTRA BLUE TEST STRP	56
nystatin (topical) POWD EX	50	olmesartan medoxomil- hydrochlorothiazide	27	ONETOUCH ULTRA CONTROL LIQD	71
nystatin TABS	22	OMBRA COMPRESSOR AIR FILTERS MISC	74	ONETOUCH ULTRA STRP	56
nystatin-triamcinolone CREA	50	omega-3 fatty acids CAPS 1000 MG, 1200 MG	86	ONETOUCH ULTRA TEST STRP ..	56
nystatin-triamcinolone OINT	50	omega-3 fatty acids CPDR 1200 MG 86		ONETOUCH VERIO FLEX SYSTEM KIT	71
NYVEPRIA	64	OMEPRAZOLE	44		
OASIS ULTRA MATRIX FENESTRATED	55	OMEPRAZOLE 20MG TABLET ..	96		
OASIS WOUND MATRIX FENESTRATED	55				
OBIZUR	63				

ONETOUCH VERIO LIQD71	91	OXAYDO TABS 5 MG7
ONETOUCH VERIO REFLECT KIT 71	ORENITRAM TBCR 42	oxazepam CAPS10
ONETOUCH VERIO STRP56	ORFADIN CAPS (Use nitisinone) . 59	OXBRYTA TABS 500 MG 64
ONE-WAY VALVED EXPIRATORY MISC74	ORFADIN SUSP59	OXBRYTA TBSO 64
ONE-WAY VALVED INSPIRATORY MISC74	ORKAMBI PACK94	oxcarbazepine SUSP 14
ONGLYZA (Use saxagliptin hcl) .. 19	ORKAMBI TABS94	oxcarbazepine TABS 14
ONPATTRO94	ORLADEYO64	OXLUMO62
ONUREG TABS30	orphenadrine citrate TB12 84	oxybutynin chloride TABS 97
OPCON-A (Use naphazoline w/ pheniramine)88	ORTHOVISC84	oxybutynin chloride TB2497
OPDIVO30	oseltamivir phosphate CAPS 30 MG . 40	oxycodone hcl CAPS7
OPDUALAG32	oseltamivir phosphate CAPS 45 MG, 75 MG40	oxycodone hcl CONC 100 MG/5ML 7
OPILL45	oseltamivir phosphate SUSP 40	oxycodone hcl SOLN7
ORA-BLEND SF SUSP91	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone) 18	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG7
ORA-BLEND SUSP91	OSTEOCONDUCTIVE MATRIX PLUS IJ 2 ML, 5 ML, 10 ML 55	oxycodone hcl TABS 30 MG7
oral electrolytes SOLN78	OTEZLA TABS5	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG7
ORAL MIX SF SUSP91	OTEZLA TBPk5	oxycodone w/ acetaminophen SOLN 7
ORAL MIX SUSP91	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML3	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7
ORAL RELIEF SPRAY SOLN81	OTULFI SOLN IV 130 MG/26ML .. 62	OXYCONTIN T12A7
ORAL SUSPEND LIQD91	OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML 50	oyster shell77
ORAL SYRUP SF SYRP91	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)51	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT77
ORAL SYRUP SYRP91	OVACE WASH LIQD (Use sulfacetamide sodium)51	OZURDEX IMPL88
ORAPENN SD ANHYD SWEETENED LIQD91	OVIDE (Use malathion)54	PACLITAXEL PROTEIN-BOUND PART35
ORAPENN SD ANHYD UNSWEETEN LIQD91	OVIDREL SOSY58	paclitaxel protein-bound particles .35
ORA-PLUS LIQD91		PADCEV30
ORA-SWEET SF SYRP 10 %-9 % 91		PALYNZIQ59
ORA-SWEET SYRP 4 %-5 %-54 %		

PAMELOR CAPS (Use nortriptyline hcl)	18	paricalcitol SOLN	59	PCCA-PLUS SUSP	91
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	58	PARLODEL CAPS (Use bromocriptine mesylate)	35	PEAK A-I-R FLOW METER	75
PAMIDRONATE DISODIUM SOLN 58		PARLODEL TABS (Use bromocriptine mesylate)	35	PEAK AIR PEAK FLOW METER .	75
PANDA MASK LARGE	74	PARNATE (Use tranlycypromine sulfate)	16	PEAK FLOW METER UNIVERSAL RANG	75
PANDA MASK MEDIUM	74	paroxetine hcl SUSP	17	PED DISPOSABLE MISC	75
PANDA MASK SMALL	74	paroxetine hcl TABS 10 MG	17	ped multivitamins w/fl & iron SOLN 82	
PANHEMATIN 350 MG	64	paroxetine hcl TABS 20 MG	17	PEDIACARE CHILDRENS LONG-ACT LIQD 7.5 MG/5ML	46
pantoprazole sodium TBEC 20 MG 96		paroxetine hcl TABS 30 MG, 40 MG .	17	PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	78
pantoprazole sodium TBEC 40 MG 96		paroxetine hcl TB24	17	PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	78
PANZYGA	90	PARSABIV	59	PEDIALYTE IMMUNE SUPPORT SOLN	78
PARI ALTERA NEBULIZER HANDSET MISC	75	PARVA-CAL 200 UNIT-500 MG ...	77	PEDIALYTE SINGLES SOLN (Use oral electrolytes)	78
PARI BABY CONVERSION KIT MISC	75	PAXIL CR TB24 (Use paroxetine hcl)	17	PEDIALYTE SOLN (Use oral electrolytes)	78
PARI BUBBLES PEDIATRIC MASK MISC	75	PAXIL SUSP (Use paroxetine hcl) .	17	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..	45
PARI ERAPID NEBULIZER HANDSET MISC	75	PAXIL TABS 10 MG (Use paroxetine hcl)	17	PEDIARIX SUSY	95
PARI EXPIRATORY FILTER SET DEVI	75	PAXIL TABS 20 MG (Use paroxetine hcl)	17	PEDIATRIC MOUTHPIECE MISC .	75
PARI MASK SET MISC	75	PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	17	PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	82
PARI SMARTMASK BABY/ELBOW MISC	75	PAXLOVID (150/100)	39	pediatric multivitamins w/fl CHEW 0.25 MG, 1 MG	82
PARI SOFT PLASTIC ADULT MASK MISC	75	PAXLOVID (300/100)	39	pediatric multivitamins w/fl CHEW 0.5 MG	82
PARI SOFT PLASTIC PED MASK MISC	75	pazopanib hcl	33	pediatric multivitamins w/fl SOLN .	83
PARI VORTEX ADULT MASK	75	PC PEDIATRIC POLY-VITA/FE DROP SOLN	83	PEDIATRIC PANDA MASK	75
PARI VORTEX PEDIATRIC MASK 75		PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	83	pediatric vitamins acd w/ fluoride SOLN	83
		PCCA SWEET-SF SYRP	91		
		PCCA SYRUP VEHICLE SYRP ...	91		

PEDVAX HIB SUSP	97	oxycodone w/ acetaminophen)	8	PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))	87
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	66	PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) .	7	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	47
peg 3350-potassium chloride-sod bicarbonate-sod chloride	66	PERIDEX (Use chlorhexidine gluconate (mouth-throat))	80	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	47
PEGASYS SOLN	40	PERJETA	31	phenylephrine-dm SOLN	47
PEG-PREP	66	permethrin CREA	54	phenytoin CHEW	15
PEMAZYRE	33	permethrin LIQD EX	54	phenytoin sodium extended 100 MG .	15
PEMETREXED 500 MG/20ML	30	perphenazine TABS	37	phenytoin sodium SOLN	15
pemetrexed disodium SOLR 100 MG, 500 MG	30	perphenazine-amitriptyline	93	phenytoin SUSP	15
PEMFEXY	30	PERSERIS PRSY	36	PHESGO	32
PEN NEEDLE/5-BEVEL TIP	72	PERSONAL BEST FULL RANGE	75	PHOTOFRIN	34
PEN NEEDLES	72	PFIZER COVID-19 VAC BIVALENT .	98	PHOTREXA-PHOTREXA VISCOUS KIT	88
PENBRAYA	97	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	98	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	33
penicillamine TABS	79	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	98	phytonadione TABS 5 MG	100
penicillin v potassium SOLR	90	PFIZER-BIONT COVID-19 VAC-TRIS SUSP	98	PIFELTRO	39
penicillin v potassium TABS	90	PFIZER-BIONTECH COVID-19 VACC SUSP	98	PIKO 1	75
PENTACEL	95	PFLEX MISC	75	PILLOW MASK/ADULT MISC	75
pentoxifylline	64	PHARMACIST CHOICE MASK WIPES MISC	75	PILLOW MASK/CHILD MISC	75
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	96	phenazopyridine hcl TABS 100 MG, 200 MG	62	PILLOW MASK/PEDIATRIC MISC	75
PEPCID AC TABS (Use famotidine) .	96	phenelzine sulfate	16	pilocarpine hcl (oral) 5 MG	81
PEPCID TABS (Use famotidine) ..	96	phenobarbital ELIX	65	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	87
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	21	phenobarbital TABS	65	PILOT COVID-19 AT-HOME TEST KIT	56
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate) 21		phenylephrine hcl (mydriatic) SOLN 2.5 %	87	pimecrolimus	53
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	21	phenylephrine hcl (oral) TABS	85	PIN RID CHEW	9
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use				pindolol TABS	41

pioglitazone hcl	20	POCKETPEAK PEAK FLOW METER	75	20 %, 10 %	79
pioglitazone hcl-metformin hcl TABS .		podofilox SOLN	53	potassium chloride TBCR 8 MEQ, 10	
18		POLIVY	30	MEQ	79
PIP BLOOD GLUCOSE TEST STRIP		POLYCOSE LIQD	86	potassium citrate (alkalinizer) TBCR .	
STRP	56	POLYCOSE POWD	86	62	
PIP GLUCOSE CONTROL		polyethylene glycol 3350 POWD ..	66	POTELIGEO	30
SOLUTION LIQD	71	polymyxin b-trimethoprim	87	PRADAXA CAPS (Use dabigatran	
PIQRAY (200 MG DAILY DOSE) .	33	polysaccharide iron complex CAPS		etexilate mesylate)	12
PIQRAY (250 MG DAILY DOSE) .	33	65		pralatrexate	30
PIQRAY (300 MG DAILY DOSE) .	33	POLY-VI-FLOR CHEW 0.25 MG, 1		PRALUENT SOAJ	24
pirfenidone CAPS	94	MG	83	pramipexole dihydrochloride TABS	
pirfenidone TABS	94	POLY-VI-FLOR CHEW 0.5 MG ...	83	35	
piroxicam CAPS	5	polyvinyl alcohol 1.4 %	86	prasugrel hcl	64
PLAN B ONE-STEP (Use		POLY-VI-SOL SOLN PO	83	pravastatin sodium	24
levonorgestrel (emergency oc)) ...	44	POLY-VITA SOLN PO	83	prazosin hcl CAPS	25
PLAQUENIL (Use		POLY-VITA/IRON SOLN	83	PRECISION GLUCOSE KETONE	
hydroxychloroquine sulfate)	28	POLY-VITE PEDIATRIC SOLN PO		CONTR LIQD	71
PLAVIX 75 MG (Use clopidogrel		83		PRECISION XTRA KETONE	56
bisulfate)	64	POLY-VITE/IRON SOLN	83	PRED FORTE (Use prednisolone	
PLEGRIDY SOAJ	93	POMALYST	32	acetate (ophth))	88
PLEGRIDY SOSY IM	93	PORTRAZZA	31	PRED MILD	88
PLEGRIDY STARTER PACK SOAJ .		pot phosphate monobasic w/ sod		prednisolone acetate (ophth)	88
93		phosphate dibasic & monobasic ..	78	PREDNISOLONE ACETATE P-F .	88
PLEGRIDY STARTER PACK SOSY		potassium bicarbonate TBEF	78	PREDNISOLONE SODIUM	
SC	93	potassium chloride CPCR 10 MEQ		PHOSPHATE	88
PLENITY	1	79		prednisolone sodium phosphate	
PLENITY WELCOME KIT	1	potassium chloride CPCR 8 MEQ .	79	SOLN 20 MG/5ML	45
plerixafor	65	potassium chloride		prednisolone sodium phosphate	
PNEUMOVAX 23 SOLN	97	microencapsulated crystals er	78	SOLN 5 MG/5ML, 15 MG/5ML	45
PNEUMOVAX 23 SOSY	97	potassium chloride PACK PO 20		prednisolone SOLN	45
POCKET PEAK FLOW METER ...	75	MEQ	79	prednisolone TABS	45
POCKETCHEM EZ CONTROL		potassium chloride SOLN PO 10 %,		PREDNISONE INTENSOL CONC	45
SOLN	71			prednisone SOLN	45

prednisone TABS45	PREVYMIS SOLN40	PROFILNINE63
prednisone TBPK45	PREVYMIS TABS40	progesterone CAPS 100 MG92
PREGNYL IM58	PREZCOBIX39	progesterone CAPS 200 MG92
PREHEVBRIO98	PREZISTA SUSP39	PROGRAF CAPS (Use tacrolimus) 79
PREMARIN99	PREZISTA TABS 150 MG39	PROGRAF PACK79
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Use estrogens, conjugated)61	PREZISTA TABS 600 MG (Use darunavir)39	PROLASTIN-C SOLN94
PREMPHASE60	PREZISTA TABS 75 MG39	PROLASTIN-C SOLR94
PREMPRO60	PREZISTA TABS 800 MG (Use darunavir)39	PROLEUKIN34
PRENATAL VITAMINS-MISC83	PRIALT6	PROLIA SOSY58
PREPARATION H EX 1 %8	PRILOSEC OTC TBEC (Use omeprazole magnesium)96	promethazine & phenylephrine SYRP47
PREPARATION H SOOTHING RELIEF EX 1 %8	PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)28	PROMETHAZINE HCL POWD44
PREVACID 24HR CPDR (Use lansoprazole)96	primaquine phosphate TABS28	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML23
PREVACID CPDR 30 MG (Use lansoprazole)96	primidone14	promethazine hcl SUPP23
PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))80	PRIORIX SUSR98	promethazine hcl TABS23
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental)) 80	PRISTIQ 100 MG (Use desvenlafaxine succinate)17	promethazine w/codeine SOLN ...47
PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental))80	PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)17	promethazine-dm SYRP47
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))80	PRIVIGEN SOLN90	promethazine-phenylephrine-codeine47
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))80	PROAIR RESPIClick AEPB12	PROMETRIUM CAPS 100 MG (Use progesterone)92
PREVIDENT GEL (Use sodium fluoride (dental))80	probenecid63	PROMETRIUM CAPS 200 MG (Use progesterone)92
PREVNAR 1397	PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)42	PRONEB ULTRA FILTER SET MISC75
PREVNAR 2097	PROCARDIA XL TB24 60 MG (Use nifedipine)42	propafenone hcl TABS10
	prochlorperazine37	propranolol hcl CP2441
	prochlorperazine maleate TABS ...37	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML41
	PROCYSBI CPDR62	propranolol hcl TABS41
	PROCYSBI PACK62	propylthiouracil94

PROQUAD SUSR98	PULMOZYME94	QC CALCIUM 500MG-D3 TABS .. 77
PROSCAR (Use finasteride)62	PURAPLY55	QC TRIACTING DAYTIME CHILDRENS SYRP47
PROTEXT SUSP55	PURE COMFORT FLOW METER ADULT75	QINLOCK33
PROTONIX TBEC 20 MG (Use pantoprazole sodium)96	PURE COMFORT FLOW METER CHILD75	QUADRACEL SUSP95
PROTONIX TBEC 40 MG (Use pantoprazole sodium)96	PURE COMFORT PEAK FLOW MISC75	QUADRACEL SUSY95
PROVENTIL HFA AERS (Use albuterol sulfate)12	PURE COMFORT SAFETY PEN NEEDLE72	QUESTRAN LIGHT POWD (Use cholestyramine light)24
PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate)92	PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine)30	QUESTRAN PACK (Use cholestyramine)24
PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)17	pyrantel pamoate SUSP9	QUESTRAN POWD (Use cholestyramine)24
PROZAC CAPS 40 MG (Use fluoxetine hcl)17	pyrazinamide29	quetiapine fumarate TABS 100 MG, 200 MG36
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 47	pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %54	quetiapine fumarate TABS 25 MG, 50 MG36
pseudoephedrine hcl TABS85	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %54	quetiapine fumarate TABS 300 MG, 400 MG36
pseudoephedrine hcl TB1285	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %54	QUFLORA PEDIATRIC CHEW 0.25 MG, 1 MG83
pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML .47	PYRIDIDIUM TABS (Use phenazopyridine hcl)62	QUFLORA PEDIATRIC CHEW 0.5 MG83
pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML47	pyridostigmine bromide TABS 60 MG28	QUFLORA PEDIATRIC SOLN83
pseudoephedrine-guaifenesin TB12 600 MG-60 MG47	pyridostigmine bromide TBCR29	QUICK TOUCH BLOOD GLUCOSE KIT71
pseudoephedrine-ibuprofen TABS 47	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG100	QUICK TOUCH BLOOD GLUCOSE TEST STRP56
psyllium CAPS 0.52 GM66	pyrimethamine28	QUICK TOUCH INSULIN PEN NEEDLE72
psyllium POWD 28.3 %, 30 %, 33 %, 58.6 %, 100 %66	PYRUKYND TABS64	QUICKTEK CONTROL SOLUTION LIQD71
psyllium POWD 43 %66	PYRUKYND TAPER PACK TBPk .64	QUICKVUE AT-HOME COVID-19 TEST KIT56
PTS PANELS EGLU TEST STRP .56	PYZCHIVA 45 MG/0.5ML, 90 MG/ML50	quinapril hcl25
PULMICORT SUSP (Use budesonide (inhalation))11	PYZCHIVA SC 45 MG/0.5ML50	quinapril-hydrochlorothiazide 12.5

MG-10 MG27	REBIF TITRATION PACK SOSY ..93	TABS2
quinapril-hydrochlorothiazide 12.5	REBINYN63	RENTHYROID TABS 15 MG, 30 MG,
MG-20 MG27	RECLAST SOLN (Use zoledronic	60 MG, 90 MG, 120 MG95
quinapril-hydrochlorothiazide 25 MG-	acid)58	REPATHA PUSHTRONEX SYSTEM
20 MG27	RECOMBINATE SOLR63	SOCT24
quinidine gluconate TBCR10	RECOMBIVAX HB SUSP98	REPATHA SOSY25
quinidine sulfate TABS10	RECOMBIVAX HB SUSY98	REPATHA SURECLICK SOAJ25
QUINTABS TABS82	RECORLEV57	REPEL SPORTSMEN MAX LOTN 54
QUINTET CONTROL	REFUAH PLUS GLUCOSE	REPLACEMENT AIR FILTER MISC .
HIGH/NORMAL SOLN71	CONTROL SOLN71	75
QVAR REDIHALER 40 MCG/ACT .11	REGLAN TABS (Use	REPLACEMENT FILTERS MISC .75
QVAR REDIHALER 80 MCG/ACT .11	metoclopramide hcl)61	RESTORIL 15 MG, 30 MG (Use
RA GLUCOSE19	RELCARE TABS82	temazepam)66
RABAVERT98	RELENZA DISKHALER40	RETACRIT64
RADICAVA ORS STARTER KIT	RELEXXII TBCR 18 MG, 27 MG, 54	RETEVMO CAPS33
SUSP85	MG2	RETHYMIC79
RADICAVA ORS SUSP85	RELEXXII TBCR 36 MG2	RETIN-A CREA (Use tretinoin)49
RADICAVA SOLN (Use edaravone)	RELION GLUCOSE19	RETIN-A GEL 0.01 % (Use tretinoin)
85	RELION GLUCOSE TEST STRIPS	49
raloxifene hcl58	STRP56	RETIN-A GEL 0.025 % (Use
ramipril CAPS25	RELION KETONE TEST STRP ...56	tretinoin)49
RAPAMUNE SOLN (Use sirolimus)	RELPAX (Use eletriptan	RETISERT88
80	hydrobromide)77	RETROVIR CAPS (Use zidovudine) .
RAPAMUNE TABS (Use sirolimus)	REMERON SOLTAB TBDP 15 MG	39
80	(Use mirtazapine)15	RETROVIR SYRP (Use zidovudine) .
RASUVO SOAJ 7.5 MG/0.15ML, 10	REMERON SOLTAB TBDP 30 MG	39
MG/0.2ML, 12.5 MG/0.25ML, 15	(Use mirtazapine)15	REUSABLE COMFORTSEAL MASK-
MG/0.3ML, 17.5 MG/0.35ML, 20	REMERON SOLTAB TBDP 45 MG	LRG MISC75
MG/0.4ML, 22.5 MG/0.45ML, 25	(Use mirtazapine)15	REUSABLE COMFORTSEAL MASK-
MG/0.5ML, 30 MG/0.6ML3	REMERON TABS 15 MG (Use	MED MISC75
REBIF REBIDOSE SOAJ93	mirtazapine)15	REUSABLE COMFORTSEAL MASK-
REBIF REBIDOSE TITRATION	REMERON TABS 30 MG (Use	SML MISC75
PACK SOAJ93	mirtazapine)15	REVATIO SOLN (Use sildenafil
REBIF SOSY93	REMIFEMIN MENOPAUSE RELIEF	citrate (pulmonary hypertension)) .43

REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	43	RISPERDAL CONSTA (Use risperidone microspheres)	36	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	35
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) .	43	RISPERDAL SOLN (Use risperidone)	36	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	35
REVCIVI	59	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	36	rosuvastatin calcium TABS	24
REVLIMID	79	risperidone microspheres	36	ROTARIX SUSP	98
REYATAZ CAPS 200 MG (Use atazanavir sulfate)	39	risperidone SOLN	36	ROTATEQ SOLN	98
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	39	risperidone TABS	36	ROUGH PIGWEED	2
REYATAZ PACK	39	risperidone TBDP	36	ROXICODONE TABS 15 MG (Use oxycodone hcl)	7
REZUROCK	79	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	2	ROXICODONE TABS 30 MG (Use oxycodone hcl)	7
RHOGAM ULTRA-FILTERED PLUS SOSY IM	90	RITALIN TABS 5 MG (Use methylphenidate hcl)	2	ROZLYTREK CAPS	33
RHOPHYLAC SOSY IJ	90	ritonavir TABS	39	RUBRACA	33
RIABNI	30	RITUXAN	30	RUCONEST	64
RIASTAP	63	RITUXAN HYCELA	32	rufinamide SUSP	14
ribavirin (hepatitis c) CAPS	40	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	92	rufinamide TABS	14
ribavirin (hepatitis c) TABS 200 MG 40		rivastigmine tartrate CAPS	92	RUKOBIA	39
riboflavin TABS	100	RIXUBIS SOLR	63	RUXIENCE	30
rifabutin	29	rizatriptan benzoate TABS	77	RYDAPT	33
rifampin CAPS	29	rizatriptan benzoate TBDP	77	RYLAZE	34
RIGHTEST GT333 BLOOD GLUCOSE STRP	56	ROBINUL TABS (Use glycopyrrolate)	95	RYPLAZIM	64
RIGHTEST GT333 GLUCOSE TEST STRP	56	ROBINUL-FORTE TABS (Use glycopyrrolate)	95	SABRIL PACK (Use vigabatrin) ...	14
RILUTEK TABS (Use riluzole)	85	ROCALTROL CAPS (Use calcitriol) 59		SABRIL TABS (Use vigabatrin)	14
riluzole TABS	85	roflumilast	11	sacubitril-valsartan TABS	42
risedronate sodium TABS 35 MG .	58	ROMIDEPSIN SOLN	33	SALAGEN 5 MG (Use pilocarpine hcl (oral))	81
risedronate sodium TABS 5 MG, 30 MG	58	romidepsin SOLR	33	SALICYLIC ACID GEL 3 %	53
risedronate sodium TBEC	58			salicylic acid GEL 6 %	53
				SALINE NASAL SPRAY 0.65% ..	84
				salsalate	6
				SAMI THE SEAL FILTERS MISC .	76

SAMSCA TABS (Use tolvaptan) ...60	selegiline hcl TABS 35	SEROQUEL TABS 25 MG, 50 MG (Use quetiapine fumarate)37
SANDIMMUNE CAPS (Use cyclosporine)80	selenium sulfide LOTN 1 %51	SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)36
SANDIMMUNE SOLN IV 50 MG/ML . 80	selenium sulfide LOTN 2.5 %51	SEROSTIM SC 4 MG, 5 MG, 6 MG 58
SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate) 60	selenium sulfide SHAM 1 %51	sertraline hcl CONC17
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)60	SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide) 51	sertraline hcl TABS 100 MG 17
SAPHNELO 80	SELSUN BLUE DAILY LOTN (Use selenium sulfide)51	sertraline hcl TABS 25 MG, 50 MG 17
sapropterin dihydrochloride PACK .59	SELSUN BLUE LOTN (Use selenium sulfide) 51	SEVENFACT63
sapropterin dihydrochloride TABS .59	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide) 51	SFROWASA ENEM62
SARNA LOTN (Use camphor & menthol)50	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)51	SHEEP SORREL-YELLOW DOCK IJ 2
SAVELLA TABS 93	SELZENTRY SOLN39	SHINGRIX98
SAVELLA TITRATION PACK MISC 93	SELZENTRY TABS 150 MG (Use maraviroc)39	SIDESTREAM ADULT FACE MASK MISC 76
SAWYER INSECT REPELLENT LOTN54	SELZENTRY TABS 25 MG, 75 MG 39	SIDESTREAM PEDIATRIC FACE MASK MISC76
saxagliptin hcl 19	SELZENTRY TABS 300 MG (Use maraviroc)39	SIDESTREAM PLS ADULT FACE MASK MISC76
saxagliptin-metformin hcl18	SEMGLEE (YFGN) SOLN20	SIGNIFOR60
SB HEMORRHOID 0.25 %-71.9 %- 14 %-3 %8	SEMGLEE (YFGN) SOPN20	SIGNIFOR LAR 60
SCSEMBLIX 100 MG33	sennosides TABS 8.6 MG 67	SIKLOS TABS 64
SCSEMBLIX 20 MG, 40 MG 33	sennosides-docusate sodium TABS 66	sildenafil citrate (pulmonary hypertension) SOLN 43
SCHOOLTIME SHAMPOO SHAM 54	SENOKOT S TABS (Use sennosides-docusate sodium)66	sildenafil citrate (pulmonary hypertension) SUSR43
SCOT-TUSSIN DM LIQD48	SENOKOT TABS (Use sennosides) 67	sildenafil citrate (pulmonary hypertension) TABS 43
SCOT-TUSSIN SENIOR LIQD 48	SENSIPAR (Use cinacalcet hcl) .. 59	SILICONE MASK/ADULT MISC ...76
SELARSDI SOLN IV 130 MG/26ML 62	SEREVENT DISKUS12	SILICONE MASK/INFANT MISC .. 76
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML50	SEROQUEL TABS 100 MG, 200 MG (Use quetiapine fumarate) 36	SILICONE MASK/PEDIATRIC MISC . 76
selegiline hcl CAPS35		

SILVADENE (Use silver sulfadiazine)	51	SITAGLIPT BASE-METFORM HCL ER TB24	18	SOLESTA	79
silver sulfadiazine	51	SITAGLIPTIN	19	solifenacin succinate TABS	97
simethicone CHEW 80 MG	61	SITAGLIPTIN BASE-METFORMIN HCL TABS	18	SOLQUA	18
simethicone LIQD PO	61	SIVEXTRO TABS	28	SOLUVITA ACD WITH FLUORIDE SOLN	83
simethicone SUSP	61	SLO-NIACIN TBCR (Use niacin) ..	100	SOLUVITA SOLN	78
SIMLANDI (1 PEN) AJKT	3	SM IPECAC SYRUP	21	SOLUVITA WITH FLUORIDE SOLN .	83
SIMLANDI (1 SYRINGE) PSKT	3	SMARTEST CONTROL MEDIUM SOLN	71	SOMAVERT	58
SIMLANDI (2 PEN) AJKT	3	SOAANZ TABS 20 MG	57	SOOTHENEB NBL 100 ADULT MASK MISC	76
SIMLANDI (2 SYRINGE) PSKT	3	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	9	SOOTHENEB NBL 100 CHILD MASK MISC	76
SIMPLERA SENSOR	71	sodium chloride (gu irrigant) 0.9 %	62	SOOTHENEB NBL 100 MED CUP MISC	76
SIMPLERA SYNC SENSOR	71	sodium chloride (inhalant) AERS ..	48	SOOTHENEB NBL 100 MESH CAP MISC	76
SIMPLERA SYSTEM	71	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	48	sorafenib tosylate	33
SIMPLYTHICK EASY MIX	91	sodium citrate & citric acid	62	SORBITOL PO 70 %	66
SIMPLYTHICK EASYMIX LEVEL 1 .	91	sodium fluoride (dental) CREA	80	SORREL/DOCK MIX IJ	2
SIMPLYTHICK EASYMIX LEVEL 2 .	91	sodium fluoride (dental) GEL	80	SOSWEET SYRP	91
SIMPLYTHICK EASYMIX LEVEL 3 .	91	sodium fluoride (dental) PSTE DT .	80	sotalol hcl (afib/afli)	41
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	24	sodium fluoride CHEW	78	sotalol hcl TABS 240 MG	41
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	35	sodium fluoride SOLN 0.5 MG/ML .	78	sotalol hcl TABS 80 MG, 120 MG, 160 MG	41
SINGULAIR CHEW (Use montelukast sodium)	11	sodium phenylbutyrate POWD	59	SOVALDI TABS	40
SINGULAIR PACK (Use montelukast sodium)	11	sodium phenylbutyrate TABS	59	SOVUNA 200 MG	28
SINGULAIR TABS (Use montelukast sodium)	11	sodium phosphates ENEM	66	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	76
sirolimus SOLN	80	sodium polystyrene sulfonate POWD 80		SPACER/AEROSOL-HOLDING CHAMBERS	76
sirolimus TABS	80	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	80	SPACERS AND BREATHING	
		sodium sulfate-potassium sulfate-magnesium sulfate	66		
		SOFOSBUVIR-VELPATASVIR TABS			

CHAMBERS-MISC	76	STRESS FORMULA/IRON/ENERGY TABS	81	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	49
SPEEDY SWAB COVID-19 ANTIGEN KIT	56	STRESS FORMULA/ZINC/ENERGY TABS	82	sulfacetamide sod-prednisolone SOLN	88
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	99	STRIBILD	39	sulfamethoxazole-trimethoprim SUSP	27
SPIKEVAX SUSP	99	STRIVE DUAL ZONE PEAK FLOW MTR	76	sulfamethoxazole-trimethoprim TABS	27
SPIKEVAX SUSY	99	SUBLOCADE SOSY	8	sulfasalazine TABS	62
spinosad	54	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sulfasalazine TBEC	62
SPINRAZA	85	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sulindac TABS	5
SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)	10	sucralfate SUSP	96	sumatriptan	77
spironolactone & hydrochlorothiazide	57	sucralfate TABS	96	sumatriptan succinate SOAJ 6 MG/0.5ML	77
spironolactone TABS	57	SUDAFED CHILDRENS LIQD	85	sumatriptan succinate SOCT 6 MG/0.5ML	77
SPORANOX CAPS (Use itraconazole)	22	SUDAFED PE CHILDRENS SOLN 85		sumatriptan succinate SOLN 6 MG/0.5ML	77
SPRAVATO (56 MG DOSE)	16	SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	85	sumatriptan succinate TABS	77
SPRAVATO (84 MG DOSE)	16	SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl) .	85	sunitinib malate	33
SPRYCEL (Use dasatinib)	33	SUDAFED TABS (Use pseudoephedrine hcl)	85	SUPARTZ FX SOSY	84
STAMARIL SUSR	99	sulfacetamide sodium (acne)	49	SUPER BI-MIX SOLR	42
STEQEYMA	50	sulfacetamide sodium (ophth) OINT 87		SUPER TRI-MIX SOLR	42
STEQEYMA	62	sulfacetamide sodium (ophth) SOLN .	88	SUPPRELIN LA	59
STERILE DILUENT FLOLAN PH 12 . 91		sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	49	SUPREME II HIGH/LOW CONTROL LIQD	71
STERILE DILUENT FOR REMODULIN (Use glycine diluent) 91				SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate)	66
STIVARGA	33			SURE COMFORT PEN NEEDLES 72	
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	54			SUSPENDIT ANHYDROUS SUSP 91	
STRATTERA (Use atomoxetine hcl) 1				SUSPENDRX W/BITTERBLOC	
STRENSIQ	59				

SWEET SUSP	92	CAROTENE TABS	81	TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl)	33
SUSPENDRX W/BITTERBLOC		TABLOID	30	TAVNEOS	64
UNSWEET SUSP	92	TABRECTA	33	tazarotene CREA	50
SUSPENSION VEHICLE SUSP ...	92	tacrolimus (topical) OINT 0.03 % ..	53	tazarotene GEL	50
SUSVIMO (IMPLANT 1ST FILL)		tacrolimus (topical) OINT 0.1 % ...	53	TAZORAC CREA (Use tazarotene)	51
SOLN	87	tacrolimus CAPS	80	TAZORAC GEL (Use tazarotene) .	51
SUSVIMO (IMPLANT REFILL) SOLN		tadalafil (pulmonary hypertension)		TAZVERIK	33
.....	87	TABS	43	TDVAX SUSP	95
SUSVIMO OCULAR IMPLANT ...	71	TAFINLAR CAPS	33	TECARTUS	31
SUTENT (Use sunitinib malate) ..	33	TAGAMET HB 200 TABS (Use		TECENTRIQ	30
SYLVANT	80	cimetidine)	96	TECFIDERA CDPK (Use dimethyl	
SYMBICORT (Use budesonide-		TAGAMET HB TABS (Use		fumarate)	93
formoterol fumarate dihydrate)	12	cimetidine)	96	TECFIDERA CPDR (Use dimethyl	
SYMDEKO	94	TAGRISSE	31	fumarate)	93
SYMFI (Use efavirenz-lamivudine-		TAKHZYRO SOLN	64	TECFIDERA CPDR (Use dimethyl	
tenofovir disoproxil fumarate)	39	TAKHZYRO SOSY	64	fumarate)	93
SYMFI LO (Use efavirenz-		TALTZ SOAJ	50	TECHLITE PLUS PEN NEEDLES	72
lamivudine-tenofovir disoproxil		TALTZ SOSY	50	TEGLUTIK SUSP	85
fumarate)	39	TALZENNA	33	TEGRETOL SUSP (Use	
SYNAGIS SOLN	90	TAMIFLU CAPS 30 MG (Use		carbamazepine)	14
SYNAREL	59	oseltamivir phosphate)	40	TEGRETOL TABS (Use	
SYNOJOYNT SOSY	84	TAMIFLU CAPS 45 MG, 75 MG (Use		carbamazepine)	14
SYNRIBO	34	oseltamivir phosphate)	40	TEGRETOL-XR TB12 (Use	
SYNTHROID TABS (Use		TAMIFLU SUSR (Use oseltamivir		carbamazepine)	14
levothyroxine sodium)	95	phosphate)	40	TEGSEDI	94
SYNVISC ONE SOSY	84	tamoxifen citrate TABS	31	telmisartan	25
SYNVISC SOSY	84	tamsulosin hcl	62	telmisartan-amlodipine	27
SYPRINE (Use trientine hcl)	79	TARCEVA (Use erlotinib hcl)	31	telmisartan-hydrochlorothiazide ...	27
SYRPALTA SYRP	92	TARGRETIN (Use bexarotene		temazepam 15 MG, 30 MG	66
SYRSPEND SF LIQD	92	(topical))	50	TEMODAR SOLR	29
SYRUP VEHICLE SF SYRP	92	TARGRETIN (Use bexarotene) ...	34	temozolomide CAPS	29
SYRUP VEHICLE SYRP	92	TARPEYO CPDR	45	TEMPO WELCOME KIT	71
TAB-A-VITE/IRON/BETA					

temsirolimus	33	TETRACAINES HCL 0.5 %	88	TIAZAC 240 MG (Use diltiazem hcl extended release beads)	42
TENIVAC SUSP 2 LFU-5 LFU	95	tetracycline hcl CAPS 500 MG	94	TIBSOVO	33
tenofovir disoproxil fumarate TABS 39		tetrahydrozoline hcl (ophth) 0.05 % 88		ticagrelor 60 MG, 90 MG	64
TENORETIC 100 (Use atenolol & chlorthalidone)	27	TEZSPIRE SOSY	10	TICOVAC	99
TENORETIC 50 (Use atenolol & chlorthalidone)	27	TGT GLUCOSE	19	TIGLUTIK SUSP	85
TENORMIN TABS (Use atenolol) .	41	THALOMID	79	TIKOSYN (Use dofetilide)	10
TEPADINA (Use thiotepa)	29	THEO-24 CP24	12	timolol maleate (ophth) SOLN	87
TEPEZZA	58	theophylline ELIX	12	timolol maleate TABS	41
terazosin hcl	25	theophylline SOLN	12	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	87
terbinafine hcl (topical) CREA	50	theophylline TB12	12	TINACTIN CREA (Use tolnaftate) .	50
terbinafine hcl TABS	22	theophylline TB24	12	tioconazole vaginal 6.5 %	99
terbutaline sulfate TABS	12	THERA TABS	82	tiopronin TABS	62
terconazole vaginal CREA	99	THEREMS TABS	82	tiopronin TBEC	62
terconazole vaginal SUPP	99	thiamine hcl TABS	100	tiotropium bromide CAPS IN 18 MCG	10
teriflunomide	93	thiamine mononitrate TABS 100 MG . 101		TIVDAK	30
teriparatide SOPN	58	THIOLA EC TBEC (Use tiopronin) .	62	TIVICAY TABS 50 MG	39
TERIPARATIDE SOPN	58	THIOLA TABS (Use tiopronin)	62	tizanidine hcl TABS	84
TESTOPEL PLLT	8	thioridazine hcl	37	TM-DAILY VITE TABS	82
testosterone cypionate SOLN IM 100 MG/ML	8	thiotepa	29	TOBI NEBU (Use tobramycin)	2
testosterone cypionate SOLN IM 200 MG/ML	8	thiothixene	37	TOBI PODHALER CAPS	2
testosterone enanthate SOLN IM ...	8	THRESHOLD IMT MISC	76	TOBRADEX OINT	88
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	95	THROMBATE III	64	tobramycin (ophth) SOLN	88
tetrabenazine	93	THYMOGLOBULIN	80	tobramycin NEBU	2
tetracaine hcl (ophth)	88	THYROGEN 0.9 MG	55	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	2
TETRACAINES HCL 0.5 % (Use tetracaine hcl (ophth))	88	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	95	tobramycin sulfate SOLR	2
		tiagabine hcl	14	tobramycin-dexamethasone SUSP 88	
		TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl extended release beads)	42		

TOBREX OINT	88	TOPROL XL TB24 200 MG (Use metoprolol succinate)	41	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	30
tolnaftate CREA	50	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate)	41	triamcinolone acetonide (mouth) ..	80
tolterodine tartrate CP24	97			triamcinolone acetonide (nasal) AERO	85
tolterodine tartrate TABS	97	toremifene citrate	31	triamcinolone acetonide (topical) CREA	52
tolvaptan TABS	60	TORISEL (Use temsirolimus)	33	triamcinolone acetonide (topical) LOTN	52
tolvaptan TBPK 15 MG	60	torsemide TABS	57	triamcinolone acetonide (topical) OINT 0.025 %	52
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	14	TOVIAZ (Use fesoterodine fumarate)	97	triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %	52
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	14	TRACLEER TABS (Use bosentan)	43	TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr) ..	46
TOPAMAX TABS 100 MG (Use topiramate)	14	TRACLEER TBSO 32 MG (Use bosentan)	43	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	57
TOPAMAX TABS 200 MG (Use topiramate)	14	tramadol hcl TABS 50 MG	7	triamterene & hydrochlorothiazide TABS	57
TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	14	tramadol-acetaminophen	8	triazolam	66
TOPICORT CREA 0.05 % (Use desoximetasone)	52	trandolapril 1 MG, 2 MG	25	TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	27
TOPICORT CREA 0.25 % (Use desoximetasone)	52	trandolapril 4 MG	25	TRICOR TABS (Use fenofibrate) ..	24
TOPICORT GEL (Use desoximetasone)	52	trandolapril-verapamil hcl	27	trientine hcl 250 MG	79
TOPICORT OINT 0.25 % (Use desoximetasone)	52	tranexamic acid TABS	65	trientine hcl 500 MG	79
topiramate CPSP 15 MG	14	tranylcypromine sulfate	16	TRIESENCE	89
topiramate CPSP 25 MG	14	TRAZIMERA	31	trifluoperazine hcl TABS	37
topiramate TABS 100 MG	14	trazodone hcl TABS 300 MG	17	trifluridine	88
topiramate TABS 200 MG	14	trazodone hcl TABS 50 MG, 100 MG, 150 MG	17	trihexyphenidyl hcl TABS	35
topiramate TABS 25 MG, 50 MG ..	14	TREANDA SOLR (Use bendamustine hcl)	29	TRIKAFTA TBPK	94
TOPOTECAN HCL SOLN (Use topotecan hcl)	35	tretinoin (chemotherapy)	34	TRILEPTAL SUSP (Use oxcarbazepine)	14
topotecan hcl SOLN	35	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	49	TRILEPTAL TABS (Use	
topotecan hcl SOLR	35	tretinoin GEL 0.01 %	49		
		tretinoin GEL 0.025 %	49		
		TRETEN	63		

oxcarbazepine)	14	TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	39	TYLENOL TABS (Use acetaminophen)	6
TRILURON SOSY	84	TRUXIMA	30	TYMLOS	58
trimethoprim TABS	27	TRUZONE PEAK FLOW METER	76	TYPHIM VI SOLN	97
TRI-MIX SOLR	42	TUBING/WING TIP MISC	76	TYPHIM VI SOSY	97
TRINTELLIX	17	TUDORZA PRESSAIR	10	TYVASO REFILL KIT SOLN IN ...	42
TRIPTODUR	59	TUKYSA	31	TYVASO SOLN IN	43
TRISENOX (Use arsenic trioxide)	34	TUMS CHEW (Use calcium carbonate (antacid))	9	TYVASO STARTER KIT SOLN IN	42
TRIUMEQ TABS	39	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) ..	9	ULTIGUARD SAFEPACK PEN NEEDLE	72
TRIVISC SOSY	84	TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid))	9	ULTRA NEB ACCESSORIES KIT MISC	76
TROGARZO	39	TURALIO 125 MG	33	ULTRATHON INSECT REPELLENT 8 AERO	54
tropicamide SOLN	87	TWINRIX SUSY	99	ULTRATHON INSECT REPELLENT LOTN	54
tropium chloride TABS	97	TYBLUME CHEW	44	UNIFINE OTC PEN NEEDLES ...	72
TRUE COMFORT PEN NEEDLES 72		TYBOST	39	UNIFINE PENTIPS	72
TRUE COMFORT PRO PEN NEEDLES	72	TYKERB (Use lapatinib ditosylate) 33		UNIFINE PROTECT PEN NEEDLE . 72	
TRUE COMFORT SAFETY PEN NEEDLE	72	TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)	5	UNIFINE SAFECONTROL PEN NEEDLE	72
TRUE METRIX BLOOD GLUCOSE TEST STRP	56	TYLENOL CHILDRENS PAIN + FEVER SUSP (Use acetaminophen) . 5		UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	65
TRUE METRIX PRO BLOOD GLUCOSE STRP	57	TYLENOL CHILDRENS SUSP (Use acetaminophen)	5	UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	65
TRUE MULTIVITAMIN TABS	82	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	5	UNISPEND ANHYDROUS SWEETENED SUSP	92
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	71	TYLENOL FOR CHILDREN + ADULTS SUSP (Use acetaminophen)	5	UNISPEND ANHYDROUS UNSWEETENED SUSP	92
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	71	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	5	UNITUXIN	30
TRUELYTE SOLN	78			UPTRAVI SOLR	43
TRUEPLUS GLUCOSE CHEW	19			UPTRAVI TABS	43
TRUEPLUS GLUCOSE ON THE GO CHEW	19			UPTRAVI TITRATION TBPK	43
TRULICITY	20				
TRUMENBA 0.5 ML	97				

urea CREA 40 %	52	valsartan-hydrochlorothiazide	27	VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	27
urea LOTN 40 %	52	VALSTAR (Use valrubicin)	32	VASOTEC TABS (Use enalapril maleate)	25
URETRON D/S TABS 81.6 MG ...	27	VALTOCO 10 MG DOSE LIQD	13	VAXCHORA	97
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	62	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	13	VAXELIS SUSP	95
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	62	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	13	VAXELIS SUSY	95
URSO 250 TABS (Use ursodiol) ...	61	VALTOCO 5 MG DOSE LIQD	13	VAXNEUVANCE	97
ursodiol CAPS	61	VALTREX 1 GM (Use valacyclovir hcl)	40	VECAMEYL	27
ursodiol TABS 250 MG	61	VALTREX 500 MG (Use valacyclovir hcl)	40	VECTIBIX 100 MG/5ML, 400 MG/20ML	31
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	51	VANCOCIN CAPS 125 MG (Use vancomycin hcl)	27	VELCADE SOLR IJ (Use bortezomib)	33
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	51	VANCOCIN CAPS 250 MG (Use vancomycin hcl)	27	VELETRI (Use epoprostenol sodium)	43
USTEKINUMAB-TTWE	51	vancomycin hcl CAPS 125 MG ...	27	VEMLIDY	40
USTEKINUMAB-TTWE	62	vancomycin hcl CAPS 250 MG ...	27	VENCLEXTA STARTING PACK TBPK	31
VABRINTY SC 22.5 MG, 30 MG, 45 MG	31	vancomycin hcl SOLR IV 1 GM ...	28	VENCLEXTA TABS	31
VABYSMO SOLN	87	VANCOMYCIN HCL SOLR IV 1 GM . 28		venlafaxine hcl CP24 150 MG	17
VAGIFEM TABS (Use estradiol vaginal)	99	vancomycin hcl SOLR IV 500 MG .	27	venlafaxine hcl CP24 37.5 MG	18
valacyclovir hcl 1 GM	40	VANCOMYCIN HCL SOLR IV 500 MG	28	venlafaxine hcl CP24 75 MG	17
valacyclovir hcl 500 MG	40	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .	28	venlafaxine hcl TABS	18
VALCHLOR	50	VANDAZOLE	99	venlafaxine hcl TB24 150 MG	18
VALCYTE TABS (Use valganciclovir hcl)	40	VAQTA	99	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	18
valganciclovir hcl TABS	40	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	99	VENTAVIS IN	43
VALIUM TABS (Use diazepam) ...	10	varenicline tartrate TABS	94	VENTOLIN HFA AERS (Use albuterol sulfate)	12
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	15	varenicline tartrate TBPK	94	verapamil hcl CP24 100 MG, 200 MG	42
valproic acid CAPS	15	VARIVAX SUSR	99	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ...	42
valrubicin	32				
valsartan TABS	25				

VERAPAMIL HCL ER CP24 (Use verapamil hcl)	42	VIMIZIM	60	VITRAX TABS	82
verapamil hcl TABS	42	vincristine sulfate	35	VIVAGUARD INO CONTROL SOLUTION LIQD	71
verapamil hcl TBCR	42	VIRACEPT TABS 250 MG	39	VIVAGUARD INO TEST STRIPS STRP	57
VERASENS GLUCOSE CONTROL LIQD	71	VIRACEPT TABS 625 MG	39	VIVELLE-DOT PTTW (Use estradiol) 61	
VERELAN CP24 (Use verapamil hcl) 42		VIREAD POWD	39	VIVIMUSTA SOLN	29
VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	42	VIREAD TABS (Use tenofovir disoproxil fumarate)	39	VIVITROL	21
VERELAN PM CP24 300 MG (Use verapamil hcl)	42	VIREAD TABS 150 MG, 200 MG, 250 MG	39	VIVOTIF	97
VERIFINE INSULIN PEN NEEDLE 72		VIREXA TABS	82	VIZIMPRO	31
VERIFINE PLUS PEN NEEDLE ..	72	VISCO-3 SOSY	84	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) . 50	
VERSAFREE SYRP	92	VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	88	VONJO	33
VERSAPLUS SYRP	92	VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)	10	VONVENDI	63
VERZENIO	33	VISTOGARD	21	VOQUEZNA	96
VESICARE TABS (Use solifenacin succinate)	97	VISUDYNE	88	VORAXAZE	34
VIBRAMYCIN CAPS (Use doxycycline hyclate)	94	VITAMIN D3 LIQD PO 125 MCG/ML . 100		VOTRIENT (Use pazopanib hcl) ..	34
VICTOZA (Use liraglutide)	20	vitamin e CAPS 100 UNIT, 200 UNIT, 268 MG, 400 UNIT, 45 MG, 90 MG, 90 MG	100	VOTRIENT	33
VIDAZA SUSR (Use azacitidine) ..	30	vitamin e CAPS 100 UNIT, 400 UNIT 100		VYNDAMAX	43
vigabatrin PACK	14	VITAMIN E CAPS	100	VYNDAQEL	43
vigabatrin TABS	14	VITAMIN E CHEW	100	VYONDYS 53	85
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	88	VITAMIN E/D-ALPHA CAPS 200 UNIT	100	VYTORIN (Use ezetimibe-simvastatin)	24
VIIBRYD TABS (Use vilazodone hcl) 17		VITAMINS ACD-FLUORIDE SOLN 83		VYVANSE CAPS	1
VIJOICE TBPk	80	vitamins w/ lipotropics CAPS	83	VYVANSE CHEW	1
vilazodone hcl TABS	17	VITRAKVI CAPS	33	VYVGART	79
VILTEPSO	85	VITRAKVI SOLN	33	VYXEOS	32
				WALGREENS GLUCOSE	19
				WALGREENS GLUCOSE CHEW .	19
				WAL-TUSSIN CF LIQD 100	

MG/5ML-30 MG/5ML-10 MG/5ML .48	propanediol-metformin hcl) 18	ZADITOR 0.035 % (Use ketotifen fumarate (ophth)) 89
warfarin sodium TABS 12	XIPERE 89	zaleplon 10 MG 66
WELIREG 32	XOLAIR SOAJ 10	zaleplon 5 MG 66
WELLBUTRIN SR TB12 100 MG (Use bupropion hcl) 16	XOLAIR SOLR 10	ZALTRAP 30
WELLBUTRIN SR TB12 150 MG (Use bupropion hcl) 16	XOLAIR SOSY 10	ZANAFLEX TABS 4 MG (Use tizanidine hcl) 84
WELLBUTRIN SR TB12 200 MG (Use bupropion hcl) 16	XOPENEX HFA (Use levalbuterol tartrate) 12	ZARONTIN CAPS (Use ethosuximide) 15
WELLBUTRIN XL TB24 150 MG (Use bupropion hcl) 16	XOSPATA 34	ZARONTIN SOLN (Use ethosuximide) 15
WELLBUTRIN XL TB24 300 MG (Use bupropion hcl) 16	XTANDI CAPS 31	ZARXIO 64
white petrolatum-mineral oil 86	XTANDI TABS 31	ZAVESCA (Use miglustat) 64
WILATE KIT 63	XURIDEN 60	ZEJULA CAPS 34
WINDMILL TRAINER MISC 76	XYNTHA 63	ZELBORAF 34
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ... 90	XYNTHA SOLOFUSE 63	ZEMAIRA SOLR 1000 MG 94
XALATAN SOLN (Use latanoprost) 89	XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride) 23	ZEMAIRA SOLR 4000 MG 94
XALKORI CAPS 34	YASMIN 28 (Use drospirenone-ethinyl estradiol) 44	ZEMPLAR SOLN (Use paricalcitol) 60
XANAX TABS (Use alprazolam) ... 10	YAZ (Use drospirenone-ethinyl estradiol) 44	ZEPZELCA 29
XELJANZ SOLN 2	YERVOY 30	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide) 27
XELJANZ TABS 2	YESINTEK SOLN 45 MG/0.5ML .. 51	ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide) ... 27
XELJANZ XR TB24 2	YESINTEK SOSY 51	ZESTRIL TABS 2.5 MG (Use lisinopril) 25
XELODA (Use capecitabine) 30	YF-VAX SUSR 99	ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril) 25
XEMBIFY 90	YONDELIS 29	ZETIA (Use ezetimibe) 24
XENAZINE (Use tetrabenazine) .. 93	YONSA 31	ZEVALIN Y-90 30
XENLETA TABS 28	YUFLYMA (1 PEN) AJKT 4	ZIAGEN SOLN (Use abacavir sulfate) 39
XERMELO 62	YUFLYMA (2 PEN) AJKT 4	
XIAFLEX 79	YUFLYMA (2 SYRINGE) PSKT 4	
XIGDUO XR (Use dapagliflozin	YUFLYMA-CD/UC/HS STARTER AJKT 4	
	YUSIMRY 4	
	YUTIQ 89	

zidovudine CAPS	39	ZOLGENSMA 10.1-10.5 KG	85	ZOLGENSMA 7.1-7.5 KG	86
zidovudine SYRP	39	ZOLGENSMA 10.6-11.0 KG	85	ZOLGENSMA 7.6-8.0 KG	86
zidovudine TABS	39	ZOLGENSMA 11.1-11.5 KG	85	ZOLGENSMA 8.1-8.5 KG	86
ZILRETTA SRER	45	ZOLGENSMA 11.6-12.0 KG	85	ZOLGENSMA 8.6-9.0 KG	86
zinc oxide (topical) OINT 20 %	54	ZOLGENSMA 12.1-12.5 KG	85	ZOLGENSMA 9.1-9.5 KG	86
zinc sulfate CAPS	79	ZOLGENSMA 12.6-13.0 KG	85	ZOLGENSMA 9.6-10.0 KG	86
ZINPLAVA	90	ZOLGENSMA 13.1-13.5 KG	85	ZOLINZA	34
ziprasidone hcl	36	ZOLGENSMA 13.6-14.0 KG	86	zolmitriptan SOLN 5 MG	77
ZIRABEV	30	ZOLGENSMA 14.1-14.5 KG	86	zolmitriptan TABS	77
ZITHROMAX PACK	67	ZOLGENSMA 14.6-15.0 KG	86	zolmitriptan TBDP	77
ZITHROMAX SUSR (Use azithromycin)	67	ZOLGENSMA 15.1-15.5 KG	86	ZOLOFT CONC (Use sertraline hcl) 17	
ZITHROMAX TABS 250 MG (Use azithromycin)	67	ZOLGENSMA 15.6-16.0 KG	86	ZOLOFT TABS 100 MG (Use sertraline hcl)	17
ZITHROMAX TABS 500 MG (Use azithromycin)	67	ZOLGENSMA 16.1-16.5 KG	86	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	17
ZITHROMAX TRI-PAK TABS (Use azithromycin)	67	ZOLGENSMA 16.6-17.0 KG	86	zolpidem tartrate TABS	66
ZITHROMAX Z-PAK TABS (Use azithromycin)	67	ZOLGENSMA 17.1-17.5 KG	86	ZOMIG SOLN 5 MG (Use zolmitriptan)	77
ZITUVIMET TABS	18	ZOLGENSMA 17.6-18.0 KG	86	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	14
ZITUVIMET XR TB24	18	ZOLGENSMA 18.1-18.5 KG	86	zonisamide CAPS	14
ZITUVIO	19	ZOLGENSMA 18.6-19.0 KG	86	ZORBTIVE SC	58
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	24	ZOLGENSMA 19.1-19.5 KG	86	ZOVIRAX CREA (Use acyclovir topical)	51
ZOKINVY	80	ZOLGENSMA 19.6-20.0 KG	86	ZOVIRAX OINT (Use acyclovir topical)	51
ZOLADEX	31	ZOLGENSMA 2.6-3.0 KG	86	ZUBSOLV SUBL	8
zoledronic acid CONC	58	ZOLGENSMA 20.1-20.5 KG	86	ZULRESSO	16
zoledronic acid SOLN 5 MG/100ML 58		ZOLGENSMA 3.1-3.5 KG	86	ZYDELIG	34
ZOLEDRONIC ACID SOLN	58	ZOLGENSMA 3.6-4.0 KG	86	ZYKADIA TABS	34
ZOLGENSMA 20.6-21.0 KG	85	ZOLGENSMA 4.1-4.5 KG	86	ZYNLONTA	31
		ZOLGENSMA 4.6-5.0 KG	86		
		ZOLGENSMA 5.1-5.5 KG	86		
		ZOLGENSMA 5.6-6.0 KG	86		
		ZOLGENSMA 6.1-6.5 KG	86		
		ZOLGENSMA 6.6-7.0 KG	86		

ZYPREXA RELPREVV	37
ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	37
ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	37
ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	37
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	23
ZYRTEC CHEW 10 MG (Use cetirizine hcl)	23
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl) .	23
ZYRTEC CHILDRENS ALLERGY SOLN PO (Use cetirizine hcl)	23
ZYRTEC-D ALLERGY & CONGESTION (Use cetirizine- pseudoephedrine)	48
ZYRTEC-D ALLERGY & SINUS (Use cetirizine-pseudoephedrine) .	48
ZYTIGA (Use abiraterone acetate)	
31	