

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

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

Pharmacy Program

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

You can call Member Services to talk to someone about the list of drugs Peach State Health Plan covers. The Member Service phone number is 1-800-704-1484 (TTY/TTD 1-800-255-0056). You can also use the “drug Lookup” Tool in the secure member webpage to see if your drug is covered. You can get to the tool by using this link <https://members.envolverx.com/>

Preferred Drug List (PDL)

The Peach State Health Plan Preferred Drug List (PDL) is the list of covered drugs. The PDL tells you the drugs you can get at local pharmacies. The list is updated every three months by the Peach State Pharmacy and Therapeutics (P&T) Committee. The group is made up of the Peach State Health Plan Medical Director, Pharmacy Director, and several Georgia doctors, pharmacists, and specialists.

Pharmacy Benefit Manager (PBM)

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

Specialty Drugs

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

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

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

Dispensing Limits

The pharmacy can give you up to 31 days’ supply of each new prescription or refill. 80% of the days’ supply or 25 days must have passed before the medicine can be refilled for PDL drugs

that are not controlled. Controlled medicines must have 90% of the supply used before the medicine can be refilled. You will need a new prescription for some controlled medicines.

Appropriate Use and Safety Edits

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

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

Prior Authorizations (PA)

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

Peach State Health Plan will cover the medicine if:

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

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

Step Therapy

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

Quantity Limits

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

Age Limits

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

Medical Necessity Requests

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

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

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

72 Hour Emergency Supply Policy

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

Exclusions

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

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

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

Newly Approved Products

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

Over-the-Counter Medications

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

Tobacco Cessation Medications

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

Generic Drugs

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

Drug Efficacy Study and Implementation Drugs

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

Filling a Prescription

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

Ordering, Prescribing and Referring (OPR) Provider Requirements

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

Copayments

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

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

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

Contact Information

Peach State Health Plan Member Services: 1-800-704-1484
 Fax: 1-800-659-7518

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

Pharmacy Services Prior Authorizations: 1-866-399-0928
 Fax: 1-833-582-2342

CVS/Caremark Pharmacy Help Desk: 1-844-297-0513

Language Assistance

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

Preferred Drug List ABBREVIATIONS

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: <ul style="list-style-type: none"> • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
<i>ADHD</i>	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12. After that 30 days can be filled. Edit resets if no fills in 4 months.
<i>Test Strips</i>	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days EXCEPTIONS: The below members may get up to 200 strips per 30 days <ul style="list-style-type: none"> • Members who are less than 18 years old • Members with a Gestational Diabetes or Diabetes in Pregnancy
STANDARD ABBREVIATIONS	

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

Peach State Health Plan: Preferred Drug List (PDL)



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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (<i>Use amphetamine-dextroamphetamine</i>)	NP	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 3 yrs old)
ADDERALL XR CP24 (<i>Use amphetamine-dextroamphetamine</i>)	NP	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)
ADZENYS ER SUER (<i>Use amphetamine</i>)	NP	
<i>amphetamine-dextroamphetamine cp24</i>	P	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine tabs</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 3 yrs old)
DEXEDRINE CP24 (<i>Use dextroamphetamine sulfate</i>)	NP	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
<i>dextroamphetamine sulfate tabs 5 MG, 10 MG</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 3 yrs old)
<i>dextroamphetamine sulfate cp24</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
VYVANSE CAPS	P	try methylphenidate ER and Adderall XR; Clinical Edit: ADHD;QL(1 ea daily);ST
Analeptics		

Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate soln or</i>	P	QL(45 ml per fill retail)
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
Anti-Obesity Agents		
IMCIVREE	P	SP;PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	P	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old);ST
<i>clonidine hcl (adhd) tb12</i>	P	
<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily);AL(At least 6 yrs old)
KAPVAY TB12 (<i>Use clonidine hcl (adhd)</i>)	NP	
STRATTERA (<i>Use atomoxetine hcl</i>)	NP	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old);ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP;PA
Stimulants - Misc.		
CONCERTA TBCR 36 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>dexmethylphenidate hcl tabs</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NP	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
METHYLIN SOLN 5 MG/5ML (<i>Use methylphenidate hcl</i>)	NP	QL(1800 ml per 30 days retail);AL(At least 3 yrs old)
METHYLIN SOLN 10 MG/5ML (<i>Use methylphenidate hcl</i>)	NP	QL(900 ml per 30 days retail);AL(At least 3 yrs old)
<i>methylphenidate hcl tbc 10 MG, 20 MG, 36 MG</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl soln 5 MG/5ML</i>	P	QL(1800 ml per 30 days retail);AL(At least 3 yrs old)
<i>methylphenidate hcl tb24 36 MG</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 MG, 20 MG</i>	P	Clinical Edit: ADHD;QL(3 ea daily);AL(At least 3 yrs old)
<i>methylphenidate hcl soln 10 MG/5ML</i>	P	QL(900 ml per 30 days retail);AL(At least 3 yrs old)
<i>methylphenidate hcl tbc 18 MG, 27 MG, 54 MG</i>	P	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr</i>	P	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>methylphenidate hcl tabs 5 MG</i>	P	Clinical Edit: ADHD;QL(6 ea daily);AL(At least 3 yrs old)
<i>methylphenidate hcl tb24 18 MG, 27 MG, 54 MG</i>	P	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD;QL(3 ea daily);AL(At least 3 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD;QL(6 ea daily);AL(At least 3 yrs old)

ALTERNATIVE MEDICINES

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

<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)
MELATONIN SUBL	P	QL(1 ea daily)

Alternative Medicine Combinations

CARNI Q-GEL FORTE 250 MG-30 MG (<i>Use coenzyme q10-levocarnitine</i>)	NP	
--	----	--

AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Aminoglycosides

ARIKAYCE	P	SP;PA
----------	---	-------

Drug Name	Drug Tier	Requirement s/Limits
BETHKIS NEBU (<i>Use tobramycin</i>)	NP	SP;PA
KITABIS PAK NEBU (<i>Use tobramycin</i>)	NP	SP;PA
<i>neomycin sulfate tabs</i>	P	
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP;PA
TOBI PODHALER CAPS	P	SP;PA
<i>tobramycin nebu</i>	P	SP;PA
<i>tobramycin sulfate soln ij</i>	P	PA
<i>tobramycin sulfate solr</i>	P	PA

ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

Antirheumatic - Enzyme Inhibitors

OLUMIANT	P	SP;PA
RINVOQ 30 MG, 45 MG	P	SP;PA
XELJANZ TABS	P	SP;PA
XELJANZ SOLN	P	SP;PA
XELJANZ XR TB24	P	SP;PA

Antirheumatic Antimetabolites

METHOTREXATE	P	
OTREXUP SOAJ	P	SP;PA
RASUVO SOAJ	P	SP;PA
REDITREX SOSY	P	SP;PA

Anti-TNF-alpha - Monoclonal Antibodies

HUMIRA PSKT	P	SP;PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	SP;PA
HUMIRA PEN PNKT	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP;PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP;PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP;PA
SIMPONI SOAJ	P	SP;PA
SIMPONI SOSY	P	SP;PA
SIMPONI ARIA SOLN	P	SP;PA

Interleukin-1 Blockers

ARCALYST	P	SP;PA
----------	---	-------

Interleukin-1 Receptor Antagonist (IL-1Ra)

KINERET SOSY	P	SP;PA
--------------	---	-------

Interleukin-1beta Blockers

ILARIS SOLN	P	SP;PA
-------------	---	-------

Interleukin-6 Receptor Inhibitors

ACTEMRA SOLN	P	SP;PA
ACTEMRA SOSY	P	SP;PA
ACTEMRA ACTPEN SOAJ	P	SP;PA
KEVZARA SOAJ	P	SP;PA
KEVZARA SOSY	P	SP;PA

Nonsteroidal Anti-inflammatory Agents (NSAIDs)

ADVIL TABS (<i>Use ibuprofen</i>)	NP	OTC
ALEVE TABS (<i>Use naproxen sodium</i>)	NP	OTC;QL(2 ea daily)
ALEVE ARTHRITIS TABS (<i>Use naproxen sodium</i>)	NP	OTC;QL(2 ea daily)
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	NP	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	NP	RX/OTC
<i>diclofenac potassium tabs 50 MG</i>	P	
<i>diclofenac sodium tbec</i>	P	
<i>etodolac caps</i>	P	
<i>etodolac tabs</i>	P	
FELDENE CAPS (Use piroxicam)	NP	
<i>fenoprofen calcium caps 400 MG</i>	P	
<i>flurbiprofen tabs</i>	P	
<i>ibuprofen susp 100 MG/5ML</i>	P	RX/OTC
<i>ibuprofen tabs 200 MG</i>	P	OTC
<i>ibuprofen susp 40 MG/ML, 50 MG/1.25ML</i>	P	OTC
<i>ibuprofen tabs 400 MG, 600 MG, 800 MG</i>	P	
<i>ibuprofen chew</i>	P	OTC
<i>ibuprofen lysine</i>	P	
INDOCIN SUSP	P	
INDOCIN SUPP	P	
<i>indomethacin caps 25 MG, 50 MG</i>	P	
<i>indomethacin sodium</i>	P	
INFANTS ADVIL SUSP (Use ibuprofen)	NP	OTC
<i>ketorolac tromethamine tabs</i>	P	QL(20 ea per 30 days retail);AL(At least 17 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>ketorolac tromethamine soln ij 15 MG/ML, 30 MG/ML</i>	P	
KETOROLAC TROMETHAMINE SOLN IJ 15 MG/ML, 30 MG/ML	P	
<i>LODINE TABS (Use etodolac)</i>	NP	
<i>meloxicam tabs</i>	P	
<i>MOBIC TABS (Use meloxicam)</i>	NP	
MOTRIN CHILDRENS CHEW (Use ibuprofen)	NP	OTC
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	NP	OTC
<i>nabumetone</i>	P	
<i>NALFON CAPS (Use fenoprofen calcium)</i>	NP	
<i>NAPROSYN SUSP (Use naproxen)</i>	NP	
<i>NAPROSYN TABS 500 MG (Use naproxen)</i>	NP	
<i>naproxen susp</i>	P	
<i>naproxen tabs</i>	P	
<i>naproxen sodium tabs 220 MG</i>	P	OTC;QL(2 ea daily)
<i>naproxen sodium tabs 275 MG, 550 MG</i>	P	
<i>NEOPROFEN (Use ibuprofen lysine)</i>	NP	
<i>piroxicam caps</i>	P	
<i>sulindac tabs</i>	P	
<i>TIVORBEX CAPS (Use indomethacin)</i>	NP	
<i>VIVLODEX CAPS (Use meloxicam)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
Phosphodiesterase 4 (PDE4) Inhibitors		
Otezla TBPk	P	SP;PA
Otezla TABS	P	SP;PA
Pyrimidine Synthesis Inhibitors		
Arava (Use leflunomide)	NP	QL(1 ea daily)
leflunomide	P	QL(1 ea daily)
Selective Costimulation Modulators		
Orencia SOLR	P	SP;PA
Orencia SOSY	P	SP;PA
Orencia Clickject SOAJ	P	SP;PA
Soluble Tumor Necrosis Factor Receptor Agents		
Enbrel SOSY	P	SP;PA
Enbrel SOLR	P	SP;PA
Enbrel SOLN	P	SP;PA
Enbrel Mini SOCT	P	SP;PA
Enbrel Sureclick SOAJ	P	SP;PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs 325 MG-50 MG	P	QL(4 ea daily);AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine caps 325 MG-40 MG-50 MG	P	QL(4 ea daily);AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG	P	QL(4 ea daily);AL(At least 12 yrs old)
butalbital-aspirin-caffeine caps 50 MG-325 MG-40 MG	P	QL(4 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ESGIC TABS 325 MG-40 MG-50 MG (Use butalbital-acetaminophen-caffeine)	NP	QL(4 ea daily);AL(At least 12 yrs old)
FIORINAL CAPS 50 MG-325 MG-40 MG (Use butalbital-aspirin-caffeine)	NP	QL(4 ea daily);AL(At least 18 yrs old)
Analgesics Other		
acetaminophen supp	P	OTC;QL(12 ea per 30 days retail)
acetaminophen tabs 325 MG, 500 MG	P	OTC
acetaminophen soln or 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	OTC
acetaminophen elix	P	OTC
acetaminophen susp 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	P	OTC
acetaminophen chew	P	OTC
acetaminophen liqd 160 MG/5ML	P	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC;QL(12 ea per 30 days retail)
INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)
OFIRMEV SOLN IV (Use acetaminophen)	NP	
TYLENOL TABS (Use acetaminophen)	NP	OTC
TYLENOL CHILDRENS SUSP (Use acetaminophen)	NP	OTC
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	NP	OTC

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NP	OTC
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NP	OTC
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NP	OTC
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NP	OTC
Analgesics-Peptide Channel Blockers		
PRIALT	P	SP;PA
Salicylates		
ALKA-SELTZER 1916 MG-325 MG-1000 MG (Use aspirin effervescent)	NP	
aspirin tbec 81 MG, 325 MG	P	OTC
aspirin chew	P	OTC
aspirin tabs 325 MG	P	OTC
ASPIRIN SUPP 300 MG, 600 MG	P	OTC;QL(12 ea per 30 days retail)
aspirin buffered (cal carb-mag carb-mag oxide)	P	OTC
BUFFERIN 325 MG (Use aspirin buffered (cal carb-mag carb-mag oxide))	NP	OTC
diflunisal tabs	P	
ECOTRIN TBEC (Use aspirin)	NP	OTC
ECOTRIN MAXIMUM STRENGTH TBEC (Use aspirin)	NP	OTC

Drug Name	Drug Tier	Requirements/Limits
ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	NP	OTC
salsalate	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate tabs	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)
DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)	NP	Clinical Edit: Opioids;QL(6 ea daily)
DILAUDID TABS 8 MG (Use hydromorphone hcl)	NP	Clinical Edit: Opioids;QL(4 ea daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR (Use fentanyl)	NP	QL(0.34 ea daily)
fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	QL(0.34 ea daily)
hydromorphone hcl tabs 2 MG, 4 MG	P	Clinical Edit: Opioids;QL(6 ea daily)
hydromorphone hcl tabs 8 MG	P	Clinical Edit: Opioids;QL(4 ea daily)
HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids;QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
KADIAN CP24 (<i>Use morphine sulfate</i>)	NP	
<i>meperidine hcl soln or 50 MG/5ML</i>	P	Clinical Edit: Opioids;QL(30 ml daily)
<i>meperidine hcl tabs 50 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>methadone hcl tabs 10 MG</i>	P	QL(10 ea daily);PA
<i>methadone hcl tabs 5 MG</i>	P	QL(6 ea daily);PA
<i>morphine sulfate tbc</i>	P	QL(3 ea daily)
<i>morphine sulfate soln or 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	P	Clinical Edit: Opioids;QL(240 ea per fill retail)
<i>morphine sulfate soln or 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids;QL(21.4 ml daily)
<i>morphine sulfate tabs</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>morphine sulfate supp</i>	P	Clinical Edit: Opioids;QL(18 ea per fill retail)
MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NP	QL(3 ea daily)
OXAYDO TABS	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone hcl soln</i>	P	Clinical Edit: Opioids;QL(30 ml daily)
<i>oxycodone hcl caps</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone hcl conc 100 MG/5ML</i>	P	Clinical Edit: Opioids;QL(90 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>oxycodone hcl tabs 5 MG, 10 MG, 15 MG, 20 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone hcl t12a</i>	P	QL(2 ea daily);PA
<i>oxycodone hcl tabs 30 MG</i>	P	Clinical Edit: Opioids;QL(4 ea daily)
OXYCONTIN T12A	P	QL(2 ea daily);PA
ROXICODONE TABS 5 MG, 15 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids;QL(6 ea daily)
ROXICODONE TABS 30 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids;QL(4 ea daily)
<i>tramadol hcl tabs 50 MG</i>	P	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 18 yrs old)
ULTRAM TABS (<i>Use tramadol hcl</i>)	NP	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 18 yrs old)
ZOHYDRO ER CP12 (<i>Use hydrocodone bitartrate</i>)	NP	
Opioid Combinations		
<i>acetaminophen w/ codeine tabs 300 MG-15 MG, 300 MG-30 MG, 300 MG-60 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily);AL(At least 12 yrs old)
<i>acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML</i>	P	Clinical Edit: Opioids;QL(30 ml daily);AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine 325 MG-30 MG-40 MG-50 MG</i>	P	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine w/cod 50 MG-325 MG-30 MG-40 MG</i>	P	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 12 yrs old)
<i>FIORINAL/CODEINE #3 50 MG-325 MG-30 MG-40 MG (Use butalbital-aspirin-caffeine w/cod)</i>	NP	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen soln 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML</i>	P	Clinical Edit: Opioids;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>NORCO TABS (Use hydrocodone-acetaminophen)</i>	NP	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone w/acetaminophen soln 5 MG/5ML-325 MG/5ML</i>	P	Clinical Edit: Opioids;QL(30 ml daily)
<i>oxycodone w/acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone-aspirin 4.835 MG-325 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (Use oxycodone w/acetaminophen)</i>	NP	Clinical Edit: Opioids;QL(6 ea daily)
<i>tramadol-acetaminophen 37.5 MG-325 MG</i>	P	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 18 yrs old)
<i>ULTRACET 37.5 MG-325 MG (Use tramadol-acetaminophen)</i>	NP	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 18 yrs old)
Opioid Partial Agonists		
<i>BELBUCA FILM</i>	P	PA
<i>BUNAVAIL FILM BU</i>	P	PA
<i>BUPRENEX SOLN (Use buprenorphine hcl)</i>	NP	PA
<i>buprenorphine hcl soln</i>	P	PA
<i>buprenorphine hcl subl</i>	P	PA
<i>buprenorphine hcl film</i>	P	PA
<i>buprenorphine hcl-naloxone hcl dihydrate film sl 2 MG-0.5 MG, 4 MG-1 MG</i>	P	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	P	QL(3 ea daily)
<i>SUBLOCADE SOSY</i>	P	2 rtl MAX fill,30 rtl day(s) supply;SP;PA
<i>SUBOXONE FILM SL 12 MG-3 MG (Use buprenorphine hcl-naloxone hcl dihydrate)</i>	NP	QL(2 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM SL 2 MG-0.5 MG, 4 MG-1 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(3 ea daily)
SUBOXONE FILM SL 8 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(2 ea daily)
ZUBSOLV SUBL	P	PA

ANDROGENS-ANABOLIC - Drugs to Regulate Hormones

Androgens

ANDROGEL GEL TD (Use testosterone)	NP	
AVEED SOLN	P	SP;PA
DEPO-TESTOSTERONE SOLN IM 100 MG/ML (Use testosterone cypionate)	NP	QL(0.2858 ml daily)
DEPO-TESTOSTERONE SOLN IM 200 MG/ML (Use testosterone cypionate)	NP	QL(4 ml per 30 days retail)
METHITEST TABS	P	
TESTOPEL PLLT	P	SP;PA
testosterone cypionate soln im 100 MG/ML	P	QL(0.2858 ml daily)
testosterone cypionate soln im 200 MG/ML	P	QL(4 ml per 30 days retail)
testosterone enanthate soln im	P	QL(4 ml per 30 days retail)

ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching

Drug Name	Drug Tier	Requirements/Limits
Intrarectal Steroids		
CORTENEMA (Use hydrocortisone (intrarectal))	NP	
hydrocortisone (intrarectal)	P	
Rectal Combinations		
ANALPRAM-HC LOTN EX 1 %-2.5 %	P	QL(62 ml per 30 days retail)
phenylephrine-shark liver oil-cocoa butter 3 %-0.25 %-85.5 %	P	OTC;QL(12 ea per 30 days retail)
phenylephrine-shark liver oil-mineral oil-petrolatum 3 %-0.25 %-71.9 %-14 %	P	OTC;QL(31 gm per 30 days retail)
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	NP	
hydrocortisone (rectal) ex 2.5 %	P	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone susp	P	QL(744 ml per 30 days retail)
alum & mag hydrox-simethicone liqd	P	QL(744 ml per 30 days retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	OTC
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs 325 MG, 650 MG	P	OTC;QL(100 ea per 30 days retail)
Antacids - Calcium Salts		
calcium carbonate (antacid) chew 500 MG	P	OTC

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
TUMS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
Antacids - Magnesium Salts		
<i>magnesium oxide tabs 400 MG</i>	P	OTC
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA (<i>Use albendazole</i>)	NP	
BENZNIDAZOLE	P	SP;PA
EMVERM CHEW	P	QL(1 ea per 14 days retail)
<i>pyrantel pamoate susp 144 MG/ML</i>	P	OTC;QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
<i>isosorbide dinitrate tabs 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate tb24</i>	P	QL(1 ea daily)
<i>isosorbide mononitrate tabs</i>	P	QL(2 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP	
<i>nitroglycerin subl</i>	P	
<i>nitroglycerin cpcr</i>	P	
<i>nitroglycerin pt24</i>	P	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
ANTIANKXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 15 MG</i>	P	QL(4 ea daily)
<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily)
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily)
<i>hydroxyzine hcl syrp</i>	P	
<i>hydroxyzine hcl tabs</i>	P	
<i>hydroxyzine pamoate caps</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS (<i>Use hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
<i>alprazolam tabs</i>	P	QL(3 ea daily);AL(At least 18 yrs old)
ATIVAN TABS (<i>Use lorazepam</i>)	NP	QL(3 ea daily);AL(At least 18 yrs old)
<i>chlordiazepoxide hcl caps</i>	P	QL(4 ea daily);AL(At least 18 yrs old)
<i>clorazepate dipotassium tabs</i>	P	QL(3 ea daily);AL(At least 18 yrs old)
<i>diazepam soln or 5 MG/5ML</i>	P	AL (6 months to 12 years old)
<i>diazepam tabs</i>	P	QL(4 ea daily);AL(At least 18 yrs old)
<i>lorazepam tabs</i>	P	QL(3 ea daily);AL(At least 18 yrs old)
<i>oxazepam caps</i>	P	QL(4 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	NP	QL(3 ea daily);AL(At least 18 yrs old)
VALIUM TABS (Use diazepam)	NP	QL(4 ea daily);AL(At least 18 yrs old)
XANAX TABS (Use alprazolam)	NP	QL(3 ea daily);AL(At least 18 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	P	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	P	
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate tbc</i>	P	
<i>quinidine sulfate tabs</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl tabs</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs 200 MG</i>	P	
<i>dofetilide</i>	P	
TIKOSYN (Use <i>dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
FASENRA SOSY	P	SP;PA
FASENRA PEN SOAJ	P	SP;PA
NUCALA SOAJ	P	SP;PA
NUCALA SOSY	P	SP;PA
NUCALA SOLR	P	SP;PA
TEZSPIRE	P	SP;PA
XOLAIR SOSY	P	SP;PA
XOLAIR SOLR	P	SP;PA
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA	P	QL(1 ea daily)
<i>ipratropium bromide soln .02 %</i>	P	QL(375 ml per 20 days retail)
TUDORZA PRESSAIR	P	QL(1 ea per 30 days retail)
Leukotriene Modulators		
<i>montelukast sodium pack</i>	P	QL(1 ea daily)
<i>montelukast sodium tabs</i>	P	QL(1 ea daily)
<i>montelukast sodium chew</i>	P	QL(1 ea daily)
SINGULAIR CHEW (Use <i>montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR TABS (Use <i>montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR PACK (Use <i>montelukast sodium</i>)	NP	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	P	QL(1 ea daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>budesonide (inhalation) susp</i>	P	QL(120 ml per fill retail);AL(At least 1 yrs old- Up to 8 yrs old)
FLOVENT HFA 44 MCG/ACT	P	QL(10.6 gm per fill retail);AL(Up to 12 yrs old)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail);AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail);AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT	P	QL(10.6 gm per fill retail);AL(Up to 12 yrs old)
PULMICORT SUSP (Use <i>budesonide (inhalation)</i>)	NP	QL(120 ml per fill retail);AL(At least 1 yrs old- Up to 8 yrs old)
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i>)	NP	QL(2 ea daily,60 ea per 30 days retail)
<i>albuterol sulfate aers</i>	P	QL(8.5 gm per fill retail,17 gm per 30 days retail)
<i>albuterol sulfate tb12</i>	P	
<i>albuterol sulfate tabs</i>	P	
<i>albuterol sulfate aers</i>	P	QL(18 gm per fill retail,36 gm per 30 days retail)
<i>albuterol sulfate nebu .083 %</i>	P	QL(12.5 ml daily)
<i>albuterol sulfate nebu .5 %, 2.5 MG/0.5ML</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>albuterol sulfate aers</i>	NP	
<i>albuterol sulfate syrup</i>	P	
<i>albuterol sulfate nebu .63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ml per 30 days retail)
<i>albuterol sulfate aers</i>	P	QL(6.7 gm per fill retail,13.4 gm per 30 days retail)
ALBUTEROL SULFATE NEBU	P	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	P	QL(4 gm per 30 days retail)
<i>fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT</i>	P	QL(2 ea daily,60 ea per 30 days retail)
<i>ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML</i>	P	QL(12 ml daily)
ISUPREL (Use <i>isoproterenol hcl</i>)	NP	
PROAIR HFA AERS (Use <i>albuterol sulfate</i>)	NP	
PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail,2 ea per 30 days retail);AL(At least 4 yrs old- Up to 18 yrs old)
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NP	

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	P	QL(60 ea per fill retail)
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	NP	
terbutaline sulfate tabs	P	
VENTOLIN HFA AERS (Use albuterol sulfate)	NP	
Xanthines		
THEO-24 CP24	P	
theophylline elix	P	
theophylline tb12 300 MG, 450 MG	P	
theophylline tb24	P	
theophylline soln	P	QL(475 ml per fill retail)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium tabs	P	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	P	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA (Use fondaparinux sodium)	NP	SP;PA
enoxaparin sodium sosy	P	QL(0 ml daily);SP;PA
enoxaparin sodium soln ij 300 MG/3ML	P	SP
fondaparinux sodium	P	SP;PA
FRAGMIN SOLN 95000 UNIT/3.8ML	P	SP;PA
FRAGMIN SOSY	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) soln ij 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NP	SP
LOVENOX SOSY (Use enoxaparin sodium)	NP	QL(0 ml daily);SP;PA
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clonazepam tabs	P	QL(3 ea daily);AL(At least 18 yrs old)
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	P	QL(1 ea per fill retail);AL(At least 2 yrs old)
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	NP	QL(1 ea per fill retail);AL(At least 2 yrs old)
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NP	QL(1 ea per fill retail);AL(At least 2 yrs old)
diazepam (anticonvulsant) gel	P	QL(1 ea per fill retail);AL(At least 2 yrs old)
KLONOPIN TABS (Use clonazepam)	NP	QL(3 ea daily);AL(At least 18 yrs old)
NAYZILAM	P	QL(10 ea per 30 days retail);PA
VALTOCO LQPK	P	QL(10 ea per 30 days retail);PA
VALTOCO LIQD	P	QL(10 ea per 30 days retail);PA
Anticonvulsants - Misc.		
BANZEL TABS (Use rufinamide)	NP	SP;PA

Drug Name	Drug Tier	Requirements/Limits
BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP;PA
BRIVIACT SOLN IV 50 MG/5ML	P	SP;PA
<i>carbamazepine tabs</i>	P	
<i>carbamazepine tb12</i>	P	
<i>carbamazepine chew</i>	P	
<i>carbamazepine susp</i>	P	
DIACOMIT CAPS 500 MG	P	QL(6 ea daily);SP;PA
DIACOMIT CAPS 250 MG	P	QL(12 ea daily);SP;PA
DIACOMIT PACK 500 MG	P	QL(6 ea daily);SP;PA
DIACOMIT PACK 250 MG	P	QL(12 ea daily);SP;PA
EPIDIOLEX	P	SP;PA
FINTEPLA	P	SP;PA
<i>gabapentin caps</i>	P	QL(9 ea daily)
<i>gabapentin tabs 600 MG</i>	P	QL(6 ea daily)
<i>gabapentin tabs 800 MG</i>	P	QL(4 ea daily)
<i>gabapentin soln</i>	P	
KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	
KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 ea daily)
KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 ea daily)
KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(16 ml daily)
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	Use levetiracetam IR;ST

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP	
LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	Use lamotrigine IR;ST
<i>lamotrigine tb24</i>	P	Use lamotrigine IR;ST
<i>lamotrigine chew</i>	P	
<i>lamotrigine tabs</i>	P	
<i>levetiracetam tabs 250 MG, 750 MG</i>	P	QL(4 ea daily)
<i>levetiracetam tb24</i>	P	Use levetiracetam IR;ST
<i>levetiracetam tabs 1000 MG</i>	P	
<i>levetiracetam tabs 500 MG</i>	P	QL(6 ea daily)
<i>levetiracetam soln or 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ml daily)
MYSOLINE (<i>Use primidone</i>)	NP	
NEURONTIN CAPS (<i>Use gabapentin</i>)	NP	QL(9 ea daily)
NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 ea daily)
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 ea daily)
NEURONTIN SOLN (<i>Use gabapentin</i>)	NP	
<i>oxcarbazepine tabs</i>	P	
<i>oxcarbazepine susp</i>	P	
<i>primidone</i>	P	
<i>rufinamide susp</i>	P	SP;PA
<i>rufinamide tabs</i>	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	
TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 ea daily)
<i>topiramate tabs 100 MG</i>	P	QL(4 ea daily)
<i>topiramate cpsp 25 MG</i>	P	QL(8 ea daily)
<i>topiramate cpsp 15 MG</i>	P	QL(6 ea daily)
<i>topiramate tabs 25 MG, 50 MG</i>	P	QL(6 ea daily)
<i>topiramate tabs 200 MG</i>	P	QL(3 ea daily)
TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	
ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NP	
<i>zonisamide caps</i>	P	
Carbamates		
<i>felbamate tabs</i>	P	
<i>felbamate susp</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
FELBATOL TABS (<i>Use felbamate</i>)	NP	
FELBATOL SUSP (<i>Use felbamate</i>)	NP	
GABA Modulators		
GABITRIL (<i>Use tiagabine hcl</i>)	NP	
SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP;PA
SABRIL TABS (<i>Use vigabatrin</i>)	NP	SP;PA
<i>tiagabine hcl</i>	P	
<i>vigabatrin pack</i>	P	SP;PA
<i>vigabatrin tabs</i>	P	SP;PA
Hydantoins		
DILANTIN (<i>Use phenytoin sodium extended</i>)	P	
DILANTIN	P	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	P	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	P	
<i>phenytoin chew</i>	P	
<i>phenytoin susp</i>	P	
<i>phenytoin sodium soln</i>	P	
<i>phenytoin sodium extended 30 MG, 100 MG</i>	P	
Succinimides		
<i>ethosuximide soln</i>	P	
<i>ethosuximide caps</i>	P	
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	
Valproic Acid		

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE TBEC 125 MG (Use divalproex sodium)	NP	QL(2 ea daily)
DEPAKOTE TBEC 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)
DEPAKOTE TBEC 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)
DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)
DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NP	QL(8 ea daily)
<i>divalproex sodium tbec 125 MG</i>	P	QL(2 ea daily)
<i>divalproex sodium tb24 250 MG</i>	P	QL(3 ea daily)
<i>divalproex sodium csdr</i>	P	QL(8 ea daily)
<i>divalproex sodium tb24 500 MG</i>	P	QL(7 ea daily)
<i>divalproex sodium tbec 250 MG</i>	P	QL(3 ea daily)
<i>divalproex sodium tbec 500 MG</i>	P	QL(7 ea daily)
<i>valproate sodium soln or 250 MG/5ML</i>	P	
<i>valproic acid caps</i>	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 30 MG</i>	P	QL(1.5 ea daily)
<i>mirtazapine tabs 15 MG</i>	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tbdp 30 MG</i>	P	QL(1.5 ea daily)
<i>mirtazapine tabs 7.5 MG, 45 MG</i>	P	QL(1 ea daily)
<i>mirtazapine tbdp 15 MG</i>	P	QL(3 ea daily)
<i>mirtazapine tbdp 45 MG</i>	P	QL(1 ea daily)
REMERON TABS 15 MG (Use mirtazapine)	NP	QL(3 ea daily)
REMERON TABS 30 MG (Use mirtazapine)	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	NP	QL(1 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tb24 150 MG</i>	P	QL(3 ea daily)
<i>bupropion hcl tabs</i>	P	QL(3 ea daily)
<i>bupropion hcl tb12 100 MG</i>	P	QL(4 ea daily)
<i>bupropion hcl tb24 300 MG</i>	P	QL(1 ea daily)
<i>bupropion hcl tb12 200 MG</i>	P	QL(2 ea daily)
<i>bupropion hcl tb12 150 MG</i>	P	QL(3 ea daily)
<i>maprotiline hcl</i>	P	
WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)	NP	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 100 MG (Use <i>bupropion hcl</i>)	NP	QL(4 ea daily)
WELLBUTRIN XL TB24 300 MG (Use <i>bupropion hcl</i>)	NP	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG (Use <i>bupropion hcl</i>)	NP	QL(3 ea daily)
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	P	SP;PA
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL (Use <i>phenelzine sulfate</i>)	NP	
PARNATE (Use <i>tranylcypromine sulfate</i>)	NP	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	P	SP;PA
SPRAVATO 84MG DOSE	P	SP;PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 20 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(2 ea daily)
CELEXA TABS 10 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(4 ea daily)
CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tabs 40 MG</i>	P	QL(1 ea daily)
<i>citalopram hydrobromide tabs 20 MG</i>	P	QL(2 ea daily)
<i>citalopram hydrobromide soln</i>	P	
<i>citalopram hydrobromide tabs 10 MG</i>	P	QL(4 ea daily)
<i>escitalopram oxalate tabs 10 MG</i>	P	QL(2 ea daily);AL(At least 12 yrs old)
<i>escitalopram oxalate tabs 5 MG</i>	P	QL(4 ea daily);AL(At least 12 yrs old)
<i>escitalopram oxalate tabs 20 MG</i>	P	QL(1 ea daily);AL(At least 12 yrs old)
<i>fluoxetine hcl caps 10 MG, 20 MG</i>	P	QL(4 ea daily)
<i>fluoxetine hcl soln</i>	P	QL(600 ml per 30 days retail);AL(Up to 6 yrs old)
<i>fluoxetine hcl caps 40 MG</i>	P	QL(2 ea daily);AL(At least 7 yrs old)
<i>fluoxetine hcl tabs 20 MG</i>	P	QL(4 ea daily)
<i>fluoxetine hcl tabs 10 MG</i>	P	QL(1 ea daily);AL(At least 7 yrs old)
<i>fluvoxamine maleate tabs 100 MG</i>	P	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 MG, 50 MG</i>	P	QL(2 ea daily)
LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>)	NP	QL(4 ea daily);AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	NP	QL(1 ea daily);AL(At least 12 yrs old)
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NP	QL(2 ea daily);AL(At least 12 yrs old)
paroxetine hcl tabs 30 MG, 40 MG	P	QL(2 ea daily)
paroxetine hcl susp	P	QL(40 ml daily);PA
paroxetine hcl tb24	P	
paroxetine hcl tabs 20 MG	P	QL(3 ea daily)
paroxetine hcl tabs 10 MG	P	QL(6 ea daily)
PAXIL TABS 10 MG (Use paroxetine hcl)	NP	QL(6 ea daily)
PAXIL SUSP (Use paroxetine hcl)	NP	QL(40 ml daily);PA
PAXIL TABS 20 MG (Use paroxetine hcl)	NP	QL(3 ea daily)
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	NP	QL(2 ea daily)
PAXIL CR TB24 (Use paroxetine hcl)	NP	
PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)	NP	QL(4 ea daily)
PROZAC CAPS 40 MG (Use fluoxetine hcl)	NP	QL(2 ea daily);AL(At least 7 yrs old)
sertraline hcl conc	P	QL(6 ml daily)
sertraline hcl tabs 100 MG	P	QL(2 ea daily)
sertraline hcl tabs 25 MG, 50 MG	P	QL(4 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZOLOFT TABS 100 MG (Use sertraline hcl)	NP	QL(2 ea daily)
ZOLOFT CONC (Use sertraline hcl)	NP	QL(6 ml daily)
Serotonin Modulators		
nefazodone hcl	P	
trazodone hcl tabs 50 MG, 100 MG, 150 MG	P	
trazodone hcl tabs 300 MG	P	QL(2 ea daily)
TRINTELLIX	P	QL(1 ea daily);AL(At least 18 yrs old);PA
VIIBRYD TABS (Use vilazodone hcl)	NP	QL(1 ea daily);PA
vilazodone hcl tabs	P	QL(1 ea daily);PA
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (Use duloxetine hcl)	NP	QL(1 ea daily);AL(At least 7 yrs old)
desvenlafaxine succinate 100 MG	P	QL(4 ea daily);ST
desvenlafaxine succinate 25 MG, 50 MG	P	QL(1 ea daily);ST
duloxetine hcl cpep 20 MG, 30 MG, 60 MG	P	QL(1 ea daily);AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NP	QL(2 ea daily)
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 ea daily)
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
PRISTIQ 100 MG (Use desvenlafaxine succinate)	NP	QL(4 ea daily);ST
PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	QL(1 ea daily);ST
venlafaxine hcl cp24 150 MG	P	QL(2 ea daily)
venlafaxine hcl cp24 75 MG	P	QL(5 ea daily)
venlafaxine hcl tb24 37.5 MG, 75 MG, 225 MG	P	QL(1 ea daily)
venlafaxine hcl cp24 37.5 MG	P	QL(4 ea daily)
venlafaxine hcl tb24 150 MG	P	QL(2 ea daily)
venlafaxine hcl tabs	P	
Tricyclic Agents		
amitriptyline hcl tabs	P	
amoxapine	P	
clomipramine hcl 75 MG	P	
desipramine hcl tabs 25 MG	P	QL(2 ea daily)
desipramine hcl tabs 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
doxepin hcl conc	P	
doxepin hcl caps	P	
imipramine hcl tabs	P	
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NP	QL(2 ea daily)
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NP	
nortriptyline hcl caps	P	

Drug Name	Drug Tier	Requirement s/Limits
nortriptyline hcl soln	P	QL(20 ml daily)
PAMELOR CAPS (Use nortriptyline hcl)	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
PRECOSE (Use acarbose)	NP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ml per 30 days retail);PA
SYMLINPEN 60 SOPN	P	QL(6 ml per 30 days retail);PA
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use pioglitazone hcl-metformin hcl)	NP	QL(2 ea daily)
alogliptin-metformin hcl	P	QL(2 ea daily)
alogliptin-pioglitazone	P	
glipizide-metformin hcl	P	
glyburide-metformin	P	
KAZANO (Use alogliptin-metformin hcl)	NP	
OSENI (Use alogliptin-pioglitazone)	NP	
OSENI 12.5 MG-15 MG	NP	
pioglitazone hcl-metformin hcl tabs	P	QL(2 ea daily)
SEGLUROMET	P	QL(2 ea daily)
SOLIQUA 100/33 33 MCG/ML-100 UNIT/ML	P	QL(0.6 ml daily);ST
Biguanides		

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
FORTAMET TB24 (<i>Use metformin hcl</i>)	NP	
<i>metformin hcl tb24 750 MG</i>	P	QL(3 ea daily)
<i>metformin hcl tabs 850 MG, 1000 MG</i>	P	
<i>metformin hcl tabs 500 MG</i>	P	QL(4 ea daily)
<i>metformin hcl tb24 500 MG</i>	P	QL(4 ea daily)
Diabetic Other		
BD GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
CVS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
CVS SOFT GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
DEX4 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 FAST ACTING GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 NATURALS 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 POUCH PACK 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
<i>glucagon (rdna)</i>	P	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NP	QL(1 ea per fill retail)
GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
GLUCOSE INSTANT ENERGY 4 GM-6 MG	P	QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
GNP GLUCOSE	P	QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
GOODSENSE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
HY-VEE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
KORLYM	P	SP;PA
KROGER GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
LEADER GLUCOSE	P	QL(50 ea per 30 days retail)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
LONGS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
MEIJER GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
PREFERRED PLUS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
PX GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
RA GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
RELION GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SM GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SM GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
SMART SENSE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SMART SENSE GLUCOSE TABLETS 4 GM-6 MG	P	QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
TGT GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
TRUEPLUS GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC;QL(50 ea per 30 days retail)
UP & UP GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
VALUE PLUS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
WALGREENS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
WALGREENS GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	P	
NESINA (<i>Use alogliptin benzoate</i>)	NP	
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail);PA
BYDUREON PEN PEN	P	QL(4 ea per 28 days retail);AL(At least 18 yrs old);PA
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 30 days retail);AL(At least 18 yrs old);PA
BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 30 days retail);AL(At least 18 yrs old);PA
Insulin		
ADMELOG SOLN IJ	P	QL(0 ml daily,40 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	P	QL(1 ml daily)

Drug Name	Drug Tier	Requirements/Limits
BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)
HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(1 ml daily)
HUMULIN N SUSP	P	OTC;QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	P	OTC;QL(1 ml daily)
HUMULIN R SOLN IJ	P	OTC;QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 70 %-30 %	P	QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	P	QL(1 ml daily)
INSULIN GLARGINE SOLN	P	Viartis Brand Only;QL(1 ml daily)
INSULIN GLARGINE SOPN	P	Viartis Brand Only;QL(1 ml daily)
INSULIN LISPRO SOLN IJ	NP	QL(0 ml daily,40 ml per 30 days retail)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	NP	
INSULIN LISPRO KWIKPEN SOPN	NP	

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 75 UNIT/ML-25 UNIT/ML	P	QL(1 ml daily)
NOVOLIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN 70/30 FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(1 ml daily)
NOVOLIN 70/30 FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(1 ml daily)
NOVOLIN 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN N SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN N FLEXPEN SUPN	P	OTC;QL(1 ml daily)
NOVOLIN N FLEXPEN RELION SUPN	P	OTC;QL(1 ml daily)
NOVOLIN N RELION SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN R SOLN IJ	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN IJ	P	OTC;QL(40 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	P	QL(1 ml daily)
NOVOLOG MIX 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	P	QL(40 ml per 30 days retail)
Insulin Sensitizing Agents		

Drug Name	Drug Tier	Requirements/Limits
ACTOS (<i>Use pioglitazone hcl</i>)	NP	QL(1 ea daily)
<i>pioglitazone hcl</i>	P	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	P	QL(3 ea daily)
STARLIX (<i>Use nateglinide</i>)	NP	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
STEGLATRO	P	QL(1 ea daily)
Sulfonylureas		
AMARYL 1 MG, 2 MG (<i>Use glimepiride</i>)	NP	QL(4 ea daily)
AMARYL 4 MG (<i>Use glimepiride</i>)	NP	QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 ea daily)
<i>glimepiride 4 MG</i>	P	QL(2 ea daily)
<i>glipizide tabs</i>	P	
<i>glipizide tb24</i>	P	
GLUCOTROL TABS 10 MG (<i>Use glipizide</i>)	NP	
GLUCOTROL XL TB24 (<i>Use glipizide</i>)	NP	
<i>glyburide tabs</i>	P	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	
GLYNASE (<i>Use glyburide micronized</i>)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate chew 262 MG</i>	P	OTC
<i>bismuth subsalicylate susp 525 MG/15ML, 1050 MG/30ML</i>	P	OTC

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NP	OTC
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	P	OTC;QL(40 ml daily)
<i>diphenoxylate w/ atropine liqd 2.5 MG/5ML-0.025 MG/5ML</i>	P	
<i>diphenoxylate w/ atropine tabs 2.5 MG-0.025 MG</i>	P	
IMODIUM A-D TABS (Use loperamide hcl)	NP	OTC;QL(8 ea daily)
IMODIUM A-D CAPS (Use loperamide hcl)	NP	OTC;QL(8 ea daily);RX/OTC
LOMOTIL TABS 2.5 MG-0.025 MG (Use diphenoxylate w/ atropine)	NP	
<i>loperamide hcl caps</i>	P	OTC;QL(8 ea daily);RX/OTC
<i>loperamide hcl tabs</i>	P	OTC;QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox pack</i>	P	SP;PA
<i>deferasirox tbso</i>	P	SP;PA
<i>deferasirox tabs</i>	P	SP;PA
<i>deferiprone tabs</i>	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
EXJADE TBSO (Use deferasirox)	NP	SP;PA
FERRIPROX TABS (Use deferiprone)	NP	SP;PA
FERRIPROX SOLN	P	SP;PA
FERRIPROX TWICE-A-DAY TABS	P	SP;PA
JADENU TABS (Use deferasirox)	NP	SP;PA
JADENU SPRINKLE PACK (Use deferasirox)	NP	SP;PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	P	SP;PA
BRIDION	P	SP;PA
<i>deferoxamine mesylate</i>	P	SP;PA
DESFERAL 500 MG (Use deferoxamine mesylate)	NP	SP;PA
SM IPECAC SYRUP	P	
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl liqd</i>	P	QL(4 ea per 90 days retail)
<i>naloxone hcl soln .4 MG/ML, 4 MG/10ML</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl soct</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl sosy</i>	P	QL(4 ml per 90 days retail)
NALTREXONE 200 MG-6.5 MG	P	SP;PA
<i>naltrexone hcl</i>	P	
NARCAN LIQD (Use naloxone hcl)	NP	QL(4 ea per 90 days retail)
VIVITROL	P	SP
ANTIEMETICS - Drugs to Treat Nausea and		

Drug Name	Drug Tier	Requirement s/Limits
Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron tbdp</i>	P	QL(2 ea daily)
<i>ondansetron hcl soln or 4 MG/5ML</i>	P	QL(50 ml per 30 days retail)
<i>ondansetron hcl tabs 4 MG, 8 MG</i>	P	QL(2 ea daily)
<i>ondansetron hcl tabs 24 MG</i>	P	QL(1 ea per 14 days retail)
ZOFRAN TABS 4 MG (Use <i>ondansetron hcl</i>)	NP	QL(2 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (Use <i>meclizine hcl</i>)	NP	OTC;RX/OTC
<i>dimenhydrinate tabs</i>	P	OTC;QL(24 ea per fill retail)
DRAMAMINE TABS (Use <i>dimenhydrinate</i>)	NP	OTC;QL(24 ea per fill retail)
DRAMAMINE CHEW	P	OTC;QL(24 ea per fill retail)
<i>meclizine hcl tabs 12.5 MG, 25 MG</i>	P	RX/OTC
<i>meclizine hcl chew</i>	P	OTC;RX/OTC
TIGAN CAPS (Use <i>trimethobenzamide hcl</i>)	NP	
TRANSDERM SCOP (Use <i>scopolamine</i>)	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
EMEND (Use <i>fosaprepitant dimeglumine</i>)	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize susp</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin tabs</i>	P	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	P	QL(90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN TABS 50 MG (Use <i>fluconazole</i>)	NP	QL(3 ea per 14 days retail)
DIFLUCAN SUSR (Use <i>fluconazole</i>)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 150 MG (Use <i>fluconazole</i>)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 100 MG, 200 MG (Use <i>fluconazole</i>)	NP	
<i>fluconazole susr</i>	P	QL(70 ml per fill retail)
<i>fluconazole tabs 150 MG</i>	P	QL(2 ea per fill retail)
<i>fluconazole tabs 100 MG, 200 MG</i>	P	
<i>fluconazole tabs 50 MG</i>	P	QL(3 ea per 14 days retail)
<i>itraconazole caps</i>	P	QL(1 ea daily);PA
SPORANOX CAPS (Use <i>itraconazole</i>)	NP	QL(1 ea daily);PA
SPORANOX PULSEPAK CAPS (Use <i>itraconazole</i>)	NP	QL(1 ea daily);PA
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate syrup</i>	P	OTC
<i>chlorpheniramine maleate tabs</i>	P	OTC;QL(120 ea per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
CHLOR-TRIMETON SYRP (Use chlorpheniramine maleate)	NP	OTC
CHLOR-TRIMETON TABS (Use chlorpheniramine maleate)	NP	OTC;QL(120 ea per fill retail)
VANACLEAR PD LIQD (Use triprolidine hcl)	NP	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)	NP	QL(4 ea daily)
BENADRYL ALLERGY TABS (Use diphenhydramine hcl)	NP	OTC;QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl)	NP	OTC;QL(240 ml per fill retail)
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	QL(4 ea daily)
BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl)	NP	OTC;QL(4 ea daily)
clemastine fumarate tabs 1.34 MG	P	OTC;QL(2 ea daily)
diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	OTC;QL(240 ml per fill retail)
diphenhydramine hcl caps	P	QL(4 ea daily)
diphenhydramine hcl tabs 25 MG	P	OTC;QL(4 ea daily)
diphenhydramine hcl elix 12.5 MG/5ML	P	QL(240 ml per fill retail)
VANAMINE PD LIQD (Use diphenhydramine hcl)	NP	

Drug Name	Drug Tier	Requirement s/Limits
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl)	NP	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)	NP	QL(1 ea daily)
cetirizine hcl soln or	P	QL(240 ml per fill retail);RX/OTC
cetirizine hcl syrp or	P	QL(240 ml per fill retail);RX/OTC
cetirizine hcl tabs	P	QL(1 ea daily)
cetirizine hcl chew	P	QL(1 ea daily)
CLARITIN CAPS (Use loratadine)	NP	
CLARITIN TABS (Use loratadine)	NP	OTC;QL(1 ea daily)
CLARITIN SYRP (Use loratadine)	NP	OTC;QL(240 ml per fill retail)
CLARITIN ALLERGY CHILDRENS SYRP (Use loratadine)	NP	OTC;QL(240 ml per fill retail)
CLARITIN REDITABS TBDP (Use loratadine)	NP	OTC;QL(1 ea daily)
fexofenadine hcl tabs 180 MG	P	QL(1 ea daily)
fexofenadine hcl tabs 60 MG	P	QL(2 ea daily)
levocetirizine dihydrochloride tabs	P	RX/OTC
loratadine soln	P	OTC;QL(240 ml per fill retail)
loratadine tbdp	P	OTC;QL(1 ea daily)
loratadine syrp	P	OTC;QL(240 ml per fill retail)
loratadine tabs	P	OTC;QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
XYZAL ALLERGY 24HR TABS (Use <i>levocetirizine dihydrochloride</i>)	NP	RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use <i>levocetirizine dihydrochloride</i>)	NP	RX/OTC
ZYRTEC ALLERGY TABS (Use <i>cetirizine hcl</i>)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use <i>cetirizine hcl</i>)	NP	QL(240 ml per fill retail);RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl soln 6.25 MG/5ML</i>	P	AL(At least 2 yrs old)
<i>promethazine hcl tabs</i>	P	AL(At least 2 yrs old)
<i>promethazine hcl syrup</i>	P	AL(At least 2 yrs old)
<i>promethazine hcl supp</i>	P	QL(12 ea per fill retail);AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrup</i>	P	
<i>cyproheptadine hcl tabs</i>	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Angiotensin-like Protein Inhibitors		
EVKEEZA	P	SP;PA
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	P	QL(1 ea daily);ST
VYTORIN (Use <i>ezetimibe-simvastatin</i>)	NP	QL(1 ea daily);ST
Bile Acid Sequestrants		
<i>cholestyramine powd</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine pack</i>	P	
<i>cholestyramine light powd</i>	P	
<i>cholestyramine light pack</i>	P	
COLESTID TABS (Use <i>colestipol hcl</i>)	NP	
COLESTID GRAN (Use <i>colestipol hcl</i>)	NP	
COLESTID FLAVORED GRAN (Use <i>colestipol hcl</i>)	NP	
<i>colestipol hcl gran</i>	P	
<i>colestipol hcl tabs</i>	P	
QUESTRAN POWD (Use <i>cholestyramine</i>)	NP	
QUESTRAN PACK (Use <i>cholestyramine</i>)	NP	
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i>)	NP	
Fibric Acid Derivatives		
<i>fenofibrate tabs 54 MG</i>	P	QL(3 ea daily)
<i>fenofibrate tabs 160 MG</i>	P	QL(1 ea daily)
FENOFIBRATE TABS	P	QL(1 ea daily)
<i>fenofibrate micronized 67 MG</i>	P	QL(2 ea daily)
<i>fenofibrate micronized 134 MG, 200 MG</i>	P	QL(1 ea daily)
<i>gemfibrozil tabs</i>	P	QL(2 ea daily)
LOPID TABS (Use <i>gemfibrozil</i>)	NP	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CRESTOR TABS (Use rosuvastatin calcium)	NP	Try simvastatin or atorvastatin;QL(1 ea daily);ST
LIPITOR (Use atorvastatin calcium)	NP	QL(1 ea daily)
lovastatin tabs 40 MG	P	QL(2 ea daily)
lovastatin tabs 10 MG, 20 MG	P	QL(1 ea daily)
PRAVACHOL 20 MG, 40 MG (Use pravastatin sodium)	NP	QL(1 ea daily)
pravastatin sodium	P	QL(1 ea daily)
rosuvastatin calcium tabs	P	Try simvastatin or atorvastatin;QL(1 ea daily);ST
simvastatin tabs 5 MG, 10 MG, 20 MG, 40 MG	P	QL(1 ea daily)
ZOCOR TABS 80 MG (Use simvastatin)	NP	
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	NP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	ST
ZETIA (Use ezetimibe)	NP	ST
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP;PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbc	P	
niacin (antihyperlipidemic) tabs	P	

Drug Name	Drug Tier	Requirements/Limits
NIASPAN TBCR (Use niacin (antihyperlipidemic))	NP	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	P	SP;PA
PRALUENT SOAJ	P	SP;PA
REPATHA SOSY	P	SP;PA
REPATHA PUSHTRONEX SYSTEM SOCT	P	SP;PA
REPATHA SURECLICK SOAJ	P	SP;PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use quinapril hcl)	NP	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	NP	QL(2 ea daily)
benazepril hcl 40 MG	P	QL(2 ea daily)
benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 ea daily)
captopril	P	QL(3 ea daily)
enalapril maleate tabs	P	QL(2 ea daily)
fosinopril sodium	P	QL(1 ea daily)
lisinopril tabs 2.5 MG	P	QL(1 ea daily)
lisinopril tabs 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	QL(2 ea daily)
LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	NP	QL(1 ea daily)
LOTENSIN 40 MG (Use benazepril hcl)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
PRINIVIL TABS (<i>Use lisinopril</i>)	NP	QL(2 ea daily)
<i>quinapril hcl</i>	P	
<i>ramipril caps</i>	P	QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	P	QL(1 ea daily)
<i>trandolapril 4 MG</i>	P	QL(2 ea daily)
VASOTEC TABS (<i>Use enalapril maleate</i>)	NP	QL(2 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>)	NP	QL(2 ea daily)
ZESTRIL TABS 2.5 MG (<i>Use lisinopril</i>)	NP	QL(1 ea daily)
Agents for Pheochromocytoma		
DEMSER (<i>Use metyrosine</i>)	NP	SP;PA
<i>metyrosine</i>	P	SP;PA
Angiotensin II Receptor Antagonists		
ATACAND (<i>Use candesartan cilexetil</i>)	NP	
AVAPRO (<i>Use irbesartan</i>)	NP	QL(1 ea daily)
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	Use losartan or irbesartan;QL(1 ea daily);ST
<i>candesartan cilexetil</i>	P	
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)

Drug Name	Drug Tier	Requirement s/Limits
<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	
CATAPRES TABS (<i>Use clonidine hcl</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 20 MG-12.5 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily)
ACCURETIC 20 MG-25 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily)
ACCURETIC 10 MG-12.5 MG	P	QL(3 ea daily)
ACCURETIC 10 MG-12.5 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	P	Use losartan or irbesartan;ST

Drug Name	Drug Tier	Requirement s/Limits
<i>amlodipine besylate-valsartan</i>	P	Use losartan or irbesartan;ST
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	Use losartan or irbesartan;ST
ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NP	
<i>atenolol & chlorthalidone</i>	P	QL(2 ea daily)
AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NP	Use losartan or irbesartan;ST
<i>benazepril & hydrochlorothiazide</i>	P	QL(1 ea daily)
BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan;QL(1 ea daily);ST
<i>bisoprolol & hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	P	
<i>captopril & hydrochlorothiazide 25 MG-15 MG, 25 MG-25 MG, 50 MG-15 MG</i>	P	QL(2 ea daily)
DIOVAN HCT (<i>Use valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
DUTOPROL TB24	P	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 ea daily)
EXFORGE (<i>Use amlodipine besylate-valsartan</i>)	NP	Use losartan or irbesartan;ST

Drug Name	Drug Tier	Requirement s/Limits
EXFORGE HCT (<i>Use amlodipine-valsartan-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan;ST
<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 ea daily)
HYZAAR (<i>Use losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide 10 MG-12.5 MG, 20 MG-12.5 MG</i>	P	QL(2 ea daily)
LOPRESSOR HCT TABS 50 MG-25 MG (<i>Use metoprolol & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily)
LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG (<i>Use benazepril & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (<i>Use amlodipine besylate-benazepril hcl</i>)	NP	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide tabs 100 MG-25 MG, 50 MG-25 MG</i>	P	QL(2 ea daily)
MICARDIS HCT (<i>Use telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	Use losartan or irbesartan;ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	Use losartan or irbesartan;QL(1 ea daily);ST
<i>propranolol & hydrochlorothiazide</i>	P	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 20 MG-25 MG</i>	P	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 20 MG-12.5 MG</i>	P	QL(4 ea daily)
TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (Use <i>trandolapril-verapamil hcl</i>)	NP	
<i>telmisartan-amlodipine</i>	P	
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
TENORETIC 100 100 MG-25 MG (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
TENORETIC 50 50 MG-25 MG (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
<i>trandolapril-verapamil hcl</i>	P	
TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan;ST
TWYNSTA (Use <i>telmisartan-amlodipine</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
VASERETIC 10 MG-25 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
ZESTORETIC 20 MG-25 MG (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
ZESTORETIC 10 MG-12.5 MG, 20 MG-12.5 MG (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
ZIAC (Use <i>bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	P	SP;PA
Vasodilators		
<i>hydralazine hcl tabs</i>	P	
<i>minoxidil 2.5 MG</i>	P	QL(3 ea daily)
<i>minoxidil 10 MG</i>	P	QL(10 ea daily)
NITROPRESS (Use <i>nitroprusside sodium</i>)	NP	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS 500 MG (Use <i>metronidazole</i>)	NP	
<i>metronidazole tabs</i>	P	
<i>trimethoprim tabs</i>	P	
TRIMETHOPRIM TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG (Use <i>sulfamethoxazole-trimethoprim</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
BACTRIM DS TABS 160 MG-800 MG (Use sulfamethoxazole-trimethoprim)	NP	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 40.8 MG-10.8 MG-81.6 MG-0.12 MG-36.2 MG, 40.8 MG-10.8 MG-81.6 MG-36.2 MG-0.12 MG</i>	P	
<i>sulfamethoxazole-trimethoprim tabs</i>	P	
<i>sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML</i>	P	
Carbapenems		
<i>ertapenem sodium ij</i>	P	SP;PA
<i>INVANZ IJ (Use ertapenem sodium)</i>	NP	SP;PA
<i>MERREM 500 MG (Use meropenem)</i>	NP	
Cyclic Lipopeptides		
<i>CUBICIN (Use daptomycin)</i>	NP	
<i>CUBICIN RF (Use daptomycin)</i>	NP	
<i>DAPTOMYCIN (Use daptomycin)</i>	NP	
Glycopeptides		
<i>FIRVANQ SOLR OR</i>	P	QL(300 ml per fill retail)
<i>VANCOCIN CAPS 125 MG (Use vancomycin hcl)</i>	NP	QL(4 ea daily)
<i>VANCOCIN CAPS 250 MG (Use vancomycin hcl)</i>	NP	QL(8 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>vancomycin hcl caps 125 MG</i>	P	QL(4 ea daily)
<i>vancomycin hcl solr iv 500 MG</i>	P	QL(14 ea per 30 days retail)
<i>vancomycin hcl solr iv 1 GM, 1000 MG</i>	P	QL(14 ea per fill retail)
<i>vancomycin hcl caps 250 MG</i>	P	QL(8 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	NP	QL(300 ml per fill retail)
<i>clindamycin hcl 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)
Monobactams		
CAYSTON	P	SP;PA
Oxazolidinones		
SIVEXTRO TABS	P	QL(6 ea per fill retail);PA
Pleuromutilins		
XENLETA TABS	P	SP;PA
Polymyxins		
<i>COLY-MYCIN M (Use colistimethate sodium)</i>	NP	
Urinary Anti-infectives		
<i>MACROBID (Use nitrofurantoin monohyd macro)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine mandelate</i>	P	
<i>nitrofurantoin</i>	P	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>nitrofurantoin monohydrate</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM 120 MG-20 MG	P	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate tabs 250 MG</i>	P	
<i>chloroquine phosphate tabs 500 MG</i>	P	QL(1 ea daily)
DARAPRIM (Use <i>pyrimethamine</i>)	NP	SP;PA
<i>hydroxychloroquine sulfate</i>	P	
KRINTAFEL	P	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	P	
PLAQUENIL (Use <i>hydroxychloroquine sulfate</i>)	NP	
<i>primaquine phosphate tabs</i>	P	
PRIMAQUINE PHOSPHATE TABS (Use <i>primaquine phosphate</i>)	NP	
<i>pyrimethamine</i>	P	SP;PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		

Drug Name	Drug Tier	Requirements/Limits
MESTINON TABS (Use <i>pyridostigmine bromide</i>)	NP	
MESTINON TIMESPAN TBCR (Use <i>pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide tbc</i>	P	
<i>pyridostigmine bromide tabs 60 MG</i>	P	
RUZURGI	P	QL(10 ea daily);SP;PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	P	
<i>isoniazid syr</i>	P	
<i>isoniazid tabs</i>	P	
MYAMBUTOL TABS 400 MG (Use <i>ethambutol hcl</i>)	NP	
MYCOBUTIN (Use <i>rifabutin</i>)	NP	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin caps</i>	P	
TRECTOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (Use <i>melphalan</i>)	NP	
ALKERAN (Use <i>melphalan hcl</i>)	NP	SP;PA
BELRAPZO SOLN	P	SP;PA
BENDEKA SOLN	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
BUSULFEX SOLN (<i>Use busulfan</i>)	NP	
<i>carboplatin soln 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i>	P	SP;PA
<i>cisplatin soln 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP;PA
CISPLATIN SOLR	P	SP;PA
<i>cyclophosphamide solr ij</i>	P	SP;PA
CYCLOPHOSPHAMIDE SOLN	P	SP;PA
CYCLOPHOSPHAMIDE SOLN	P	SP;PA
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	P	SP;PA
EVOMELA	P	SP;PA
LEUKERAN	P	
<i>melphalan</i>	P	
<i>melphalan hcl</i>	P	SP;PA
MYLERAN TABS	P	
TEMODAR CAPS 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (<i>Use temozolomide</i>)	NP	SP;PA
TEMODAR SOLR	P	SP;PA
<i>temozolomide caps</i>	P	SP;PA
TEPADINA (<i>Use thiotepa</i>)	NP	SP;PA
<i>thiotepa</i>	P	SP;PA
TREANDA SOLR	P	SP;PA
VIVIMUSTA SOLN	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
YONDELIS	P	SP;PA
ZEPZELCA	P	SP;PA
Antimetabolites		
ALIMTA SOLR (<i>Use pemetrexed disodium</i>)	NP	SP;PA
<i>azacitidine susr</i>	P	SP;PA
<i>capecitabine</i>	P	SP;PA
<i>cladribine 10 MG/10ML</i>	P	SP;PA
<i>cytarabine soln</i>	P	SP;PA
DACOGEN (<i>Use decitabine</i>)	NP	SP;PA
<i>decitabine</i>	P	SP;PA
<i>fludarabine phosphate solr</i>	P	SP;PA
<i>fludarabine phosphate soln</i>	P	SP;PA
FOLOTYN	P	SP;PA
<i>mercaptopurine tabs</i>	P	
<i>methotrexate sodium soln 1 GM/40ML, 50 MG/2ML, 250 MG/10ML</i>	P	
<i>methotrexate sodium tabs 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG</i>	P	
ONUREG TABS	P	SP;PA
PEMETREXED 500 MG/20ML	P	SP;PA
<i>pemetrexed disodium solr 100 MG, 500 MG</i>	P	SP;PA
PEMFEXY	P	SP;PA
<i>pralatrexate</i>	P	SP;PA
PURIXAN SUSP	P	
TABLOID	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
TREXALL TABS	P	
VIDAZA SUSR (<i>Use azacitidine</i>)	NP	SP;PA
XELODA (<i>Use capecitabine</i>)	NP	SP;PA
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN	P	SP;PA
CYRAMZA	P	SP;PA
INLYTA	P	SP;PA
LENVIMA 10 MG DAILY DOSE	P	QL(1 ea daily);SP;PA
LENVIMA 12MG DAILY DOSE	P	QL(3 ea daily);SP;PA
LENVIMA 14 MG DAILY DOSE	P	QL(2 ea daily);SP;PA
LENVIMA 18 MG DAILY DOSE	P	QL(2 ea daily);SP;PA
LENVIMA 20 MG DAILY DOSE	P	QL(2 ea daily);SP;PA
LENVIMA 24 MG DAILY DOSE	P	QL(3 ea daily);SP;PA
LENVIMA 4 MG DAILY DOSE	P	QL(1 ea daily);SP;PA
LENVIMA 8 MG DAILY DOSE	P	QL(2 ea daily);SP;PA
MVASI	P	SP;PA
ZALTRAP	P	SP;PA
ZIRABEV 400 MG/16ML	P	SP;PA
Antineoplastic - Antibodies		
ADCETRIS	P	SP;PA
ARZERRA	P	SP;PA
BAVENCIO	P	SP;PA
BESPONSA	P	SP;PA
BLENREP	P	SP;PA
BLINCYTO	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
DARZALEX	P	SP;PA
EMPLICITI	P	SP;PA
ENHERTU	P	SP;PA
GAZYVA	P	SP;PA
IMFINZI	P	SP;PA
JEMPERLI	P	SP;PA
KADCYLA	P	SP;PA
KEYTRUDA	P	SP;PA
KIMMTRAK	P	SP;PA
LIBTAYO	P	SP;PA
LUMOXITI	P	SP;PA
MONJUVI	P	SP;PA
MYLOTARG	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
ZYNLONTA	P	SP;PA
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	P	SP;PA
KANJINTI 420 MG	P	SP;PA
MARGENZA	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
OGIVRI	P	SP;PA
PERJETA	P	SP;PA
TRAZIMERA	P	SP;PA
TUKYSA	P	SP;PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA TABS	P	SP;PA
VENCLEXTA STARTING PACK TBPk	P	SP;PA
Antineoplastic - Cellular Immunotherapy		
ABECMA	P	SP;PA
BREYANZI	P	SP;PA
CARVYKTI	P	SP;PA
TECARTUS 0	P	SP;PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	P	SP;PA
<i>erlotinib hcl</i>	P	SP;PA
EXKIVITY	P	SP;PA
GILOTRIF	P	SP;PA
IRESSA	P	SP;PA
PORTRAZZA	P	SP;PA
TAGRISO	P	SP;PA
TARCEVA (<i>Use erlotinib hcl</i>)	NP	SP;PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP;PA
VIZIMPRO	P	SP;PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	P	SP;PA
ERIVEDGE	P	SP;PA
ODOMZO	P	SP;PA
Antineoplastic - Hormonal and Related		

Drug Name	Drug Tier	Requirement s/Limits
Agents		
<i>abiraterone acetate</i>	P	SP;PA
<i>anastrozole</i>	P	
ARIMIDEX (<i>Use anastrozole</i>)	NP	
AROMASIN (<i>Use exemestane</i>)	NP	
<i>bicalutamide</i>	P	QL(1 ea daily)
CAMCEVI	P	SP;PA
CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 ea daily)
ELIGARD SC 30 MG	P	SP;PA
ELIGARD KIT SC 7.5 MG	P	SP;PA
EMCYT	P	SP;PA
ERLEADA	P	SP;PA
EULEXIN	P	
<i>exemestane</i>	P	
FARESTON (<i>Use toremifene citrate</i>)	NP	PA
FEMARA (<i>Use letrozole</i>)	NP	
FIRMAGON 80 MG	P	SP;PA
<i>flutamide</i>	P	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	SP;PA
<i>letrozole</i>	P	
<i>leuprolide acetate kit ij 1 MG/0.2ML</i>	P	SP;PA
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE 25 MG/ML-5 MG/ML	P	SP;PA
LUPRON DEPOT (1-MONTH) KIT IM	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) KIT IM	P	SP;PA
LUPRON DEPOT (4-MONTH) IM	P	SP;PA
LUPRON DEPOT (6-MONTH) IM	P	SP;PA
LYSODREN	P	SP;PA
<i>megestrol acetate susp</i>	P	
<i>megestrol acetate tabs</i>	P	
NUBEQA	P	SP;PA
ORGOVYX	P	SP;PA
<i>tamoxifen citrate tabs</i>	P	
<i>toremifene citrate</i>	P	PA
TRELSTAR MIXJECT	P	SP;PA
VANTAS	P	SP;PA
XTANDI CAPS	P	SP;PA
XTANDI TABS	P	SP;PA
YONSA	P	SP;PA
ZOLADEX	P	SP;PA
ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP;PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	P	SP;PA
Antineoplastic - Immunomodulators		
POMALYST	P	SP;PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	P	QL(1 ea daily);SP;PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	P	SP;PA
XPOVIO 100 MG ONCE WEEKLY	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 40 MG ONCE WEEKLY	P	SP;PA
XPOVIO 40 MG TWICE WEEKLY	P	SP;PA
XPOVIO 60 MG ONCE WEEKLY	P	SP;PA
XPOVIO 60 MG TWICE WEEKLY	P	SP;PA
XPOVIO 80 MG ONCE WEEKLY	P	SP;PA
XPOVIO 80 MG TWICE WEEKLY	P	SP;PA
Antineoplastic Antibiotics		
<i>daunorubicin hcl soln</i>	P	SP;PA
DAUNORUBICIN HYDROCHLORIDE SOLN (<i>Use daunorubicin hcl</i>)	NP	SP;PA
DAUNORUBICIN HYDROCHLORIDE SOLN	P	SP;PA
ELLECE SOLN	P	SP;PA
<i>epirubicin hcl soln 50 MG/25ML, 200 MG/100ML</i>	P	SP;PA
<i>mitoxantrone hcl 2 MG/ML</i>	P	SP;PA
<i>valrubicin</i>	P	SP;PA
VALSTAR (<i>Use valrubicin</i>)	NP	SP;PA
Antineoplastic Combinations		
DARZALEX FASPRO 1800 MG/15ML-30000 UNIT/15ML	P	SP;PA
HERCEPTIN HYLECTA 10000 UNIT/5ML-600 MG/5ML	P	SP;PA
INQOVI 100 MG-35 MG	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	P	SP;PA
KISQALI FEMARA 400 DOSE 200 MG-2.5 MG	P	SP;PA
KISQALI FEMARA 600 DOSE 200 MG-2.5 MG	P	SP;PA
LONSURF	P	SP;PA
OPDUALAG 80 MG/20ML-240 MG/20ML	P	SP;PA
PHESGO	P	SP;PA
RITUXAN HYCELA	P	SP;PA
VYXEOS 44 MG-100 MG	P	SP;PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP;PA
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP;PA
ALECENSA	P	SP;PA
ALIQOPA	P	SP;PA
ALUNBRIG TBPK	P	SP;PA
ALUNBRIG TABS	P	SP;PA
BALVERSA	P	SP;PA
BELEODAQ	P	SP;PA
<i>bortezomib solr ij</i>	P	SP;PA
BORTEZOMIB SOLR IV 3.5 MG	P	SP;PA
BOSULIF	P	SP;PA
BRAFTOVI 75 MG	P	SP;PA
BRUKINSA	P	SP;PA
CABOMETYX TABS 40 MG	P	QL(2 ea daily);SP;PA
CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily);SP;PA
CALQUENCE	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA	P	SP;PA
COMETRIQ KIT	P	SP;PA
COPIKTRA	P	SP;PA
COTELLIC	P	SP;PA
<i>everolimus tbso</i>	P	SP;PA
<i>everolimus tabs</i>	P	SP;PA
FARYDAK	P	SP;PA
FOTIVDA	P	SP;PA
FYARRO	P	SP;PA
GAVRETO	P	SP;PA
GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP;PA
IBRANCE TABS	P	SP;PA
IBRANCE CAPS	P	SP;PA
ICLUSIG	P	QL(1 ea daily);SP;PA
IDHIFA	P	SP;PA
<i>imatinib mesylate</i>	P	SP;PA
IMBRUVICA TABS	P	QL(1 ea daily);SP;PA
IMBRUVICA CAPS	P	SP;PA
INREBIC	P	SP;PA
ISTODAX (OVERFILL) SOLR (<i>Use romidepsin</i>)	NP	SP;PA
JAKAFI	P	QL(2 ea daily);SP;PA
KISQALI	P	SP;PA
KOSELUGO	P	SP;PA
KYPROLIS	P	SP;PA
<i>lapatinib ditosylate</i>	P	SP;PA
LORBRENA	P	SP;PA
LYNPARZA TABS	P	QL(4 ea daily);SP;PA
MEKINIST	P	SP;PA

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI	P	SP;PA
NERLYNX	P	SP;PA
NEXAVAR (Use sorafenib tosylate)	NP	SP;PA
NINLARO	P	SP;PA
PEMAZYRE	P	SP;PA
PIQRAY 200MG DAILY DOSE	P	SP;PA
PIQRAY 250MG DAILY DOSE	P	SP;PA
PIQRAY 300MG DAILY DOSE	P	SP;PA
QINLOCK	P	SP;PA
RETEVMO	P	SP;PA
romidepsin solr	P	SP;PA
ROMIDEPSIN SOLN	P	SP;PA
ROZLYTREK	P	SP;PA
RUBRACA	P	SP;PA
RYDAPT	P	SP;PA
SCEMBLIX	P	SP;PA
sorafenib tosylate	P	SP;PA
SPRYCEL	P	SP;PA
STIVARGA	P	SP;PA
sunitinib malate	P	SP;PA
SUTENT (Use sunitinib malate)	NP	SP;PA
TABRECTA	P	SP;PA
TAFINLAR	P	SP;PA
TALZENNA	P	SP;PA
TASIGNA	P	SP;PA
TAZVERIK	P	SP;PA
temsirolimus	P	SP;PA
TIBSOVO	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
TORISEL (Use temsirolimus)	NP	SP;PA
TURALIO	P	SP;PA
TYKERB (Use lapatinib ditosylate)	NP	SP;PA
UKONIQ	P	SP;PA
VELCADE SOLR IJ (Use bortezomib)	NP	SP;PA
VERZENIO	P	QL(2 ea daily);SP;PA
VITRAKVI CAPS	P	SP;PA
VITRAKVI SOLN	P	SP;PA
VONJO	P	SP;PA
VOTRIENT	P	SP;PA
XALKORI	P	SP;PA
XOSPATA	P	SP;PA
ZEJULA	P	SP;PA
ZELBORAF	P	SP;PA
ZOLINZA	P	SP;PA
ZYDELIG	P	SP;PA
ZYKADIA TABS	P	SP;PA
Antineoplastic Enzymes		
ASPARLAS	P	SP;PA
ERWINASE	P	SP;PA
ERWINAZE	P	SP;PA
ONCASPARG	P	SP;PA
RYLAZE	P	SP;PA
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	P	SP;PA
AZEDRA THERAPEUTIC	P	SP;PA
Antineoplastics Misc.		
ACTIMMUNE	P	SP;PA
ALFERON N	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
<i>arsenic trioxide</i>	P	SP;PA
BESREMI	P	SP;PA
<i>bexarotene</i>	P	SP;PA
HYDREA (Use <i>hydroxyurea</i>)	NP	
<i>hydroxyurea</i>	P	
INTRON A SOLN	P	SP;PA
INTRON A SOLR	P	SP;PA
MATULANE	P	SP;PA
PHOTOFRIN	P	SP;PA
PROLEUKIN	P	SP;PA
SYNRIBO	P	SP;PA
TARGRETIN (Use <i>bexarotene</i>)	NP	SP;PA
<i>tretinoin (chemotherapy)</i>	P	SP;PA
TRISENOX (Use <i>arsenic trioxide</i>)	NP	SP;PA
Chemotherapy Adjuncts		
KEPIVANCE	P	SP;PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	P	SP;PA
KHAPZORY	P	SP;PA
<i>leucovorin calcium tabs</i>	P	
<i>levoleucovorin calcium solr</i>	P	SP;PA
<i>levoleucovorin calcium soln 250 MG/25ML</i>	P	SP;PA
<i>mesna soln</i>	P	SP;PA
MESNEX TABS	P	SP;PA
MESNEX SOLN (Use <i>mesna</i>)	NP	SP;PA
TOTECT	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
VORAXAZE	P	SP;PA
Mitotic Inhibitors		
ABRAXANE 100 MG-900 MG (Use <i>paclitaxel protein-bound particles</i>)	NP	SP;PA
<i>docetaxel conc 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	P	SP;PA
<i>docetaxel soln</i>	P	SP;PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP;PA
DOCETAXEL SOLN (Use <i>docetaxel</i>)	NP	SP;PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use <i>docetaxel</i>)	NP	SP;PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP;PA
<i>etoposide soln 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP;PA
<i>etoposide caps</i>	P	SP;PA
HALAVEN	P	SP;PA
IXEMPRA KIT	P	SP;PA
JEVTANA	P	SP;PA
MARQIBO	P	SP;PA
NAVELBINE (Use <i>vinorelbine tartrate</i>)	NP	
<i>paclitaxel protein-bound particles 100 MG-900 MG</i>	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG-900 MG (Use paclitaxel protein-bound particles)	NP	SP;PA
vincristine sulfate	P	SP;PA
Oncolytic Viral Agents		
IMLYGIC O	P	SP;PA
Topoisomerase I Inhibitors		
CAMPTOSAR (Use irinotecan hcl)	NP	SP;PA
HYCAMTIN CAPS	P	SP;PA
HYCAMTIN SOLR (Use topotecan hcl)	NP	SP;PA
irinotecan hcl	P	SP;PA
topotecan hcl solr	P	SP;PA
topotecan hcl soln	P	SP;PA
TOPOTECAN HCL SOLN (Use topotecan hcl)	NP	SP;PA
TOPOTECAN HCL SOLN	P	SP;PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	P	
LODOSYN (Use carbidopa)	NP	
Antiparkinson Anticholinergics		
benztropine mesylate tabs	P	
COGENTIN SOLN (Use benztropine mesylate)	NP	
trihexyphenidyl hcl tabs	P	
Antiparkinson Dopaminergics		
amantadine hcl caps	P	

Drug Name	Drug Tier	Requirements/Limits
amantadine hcl soln	P	
APOKYN SOCT	P	SP;PA
apomorphine hydrochloride soct	P	SP;PA
bromocriptine mesylate caps	P	
bromocriptine mesylate tabs 2.5 MG	P	
carbidopa-levodopa tbc	P	
carbidopa-levodopa tabs	P	
DHIVY TABS 25 MG-100 MG	P	
GOCOVRI CP24	P	SP;PA
MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG (Use pramipexole dihydrochloride)	NP	QL(3 ea daily);AL(At least 18 yrs old)
PARLODEL CAPS (Use bromocriptine mesylate)	NP	
PARLODEL TABS (Use bromocriptine mesylate)	NP	
pramipexole dihydrochloride tabs	P	QL(3 ea daily);AL(At least 18 yrs old)
ropinirole hydrochloride tabs .25 MG, 3 MG, 4 MG	P	QL(6 ea daily)
ropinirole hydrochloride tabs .5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 ea daily)
SINEMET TABS (Use carbidopa-levodopa)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		

Drug Name	Drug Tier	Requirement s/Limits
<i>selegiline hcl tabs</i>	P	
<i>selegiline hcl caps</i>	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	P	
<i>lithium carbonate tabs</i>	P	
<i>lithium carbonate tbc</i>	P	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	P	
Antipsychotics - Misc.		
GEODON (Use <i>ziprasidone hcl</i>)	NP	QL(2 ea daily);AL(At least 18 yrs old)
NUPLAZID CAPS	P	QL(1 ea daily);PA
NUPLAZID TABS 10 MG	P	QL(1 ea daily);PA
<i>ziprasidone hcl</i>	P	QL(2 ea daily);AL(At least 18 yrs old)
Benzisoxazoles		
INVEGA HAFYERA	P	SP;PA
INVEGA SUSTENNA	P	SP;PA
INVEGA TRINZA	P	SP;PA
PERSERIS PRSY	P	SP;PA
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i>)	NP	QL(4 ea daily);AL(At least 5 yrs old)
RISPERDAL SOLN (Use <i>risperidone</i>)	NP	QL(4 ml daily);AL(At least 5 yrs old)
RISPERDAL CONSTA	P	SP;PA
<i>risperidone tabs</i>	P	QL(4 ea daily);AL(At least 5 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>risperidone soln</i>	P	QL(4 ml daily);AL(At least 5 yrs old)
<i>risperidone tbdp</i>	P	QL(2 ea daily);AL(At least 5 yrs old)
Butyrophenones		
HALDOL SOLN (Use <i>haloperidol lactate</i>)	NP	
HALDOL DECANOATE 100 (Use <i>haloperidol decanoate</i>)	NP	
HALDOL DECANOATE 50 (Use <i>haloperidol decanoate</i>)	NP	
<i>haloperidol tabs 20 MG</i>	P	
<i>haloperidol tabs .5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 ea daily)
<i>haloperidol decanoate</i>	P	
<i>haloperidol lactate conc</i>	P	
Dibenzapines		
<i>clozapine tabs</i>	P	QL(3 ea daily);AL(At least 18 yrs old)
CLOZARIL TABS (Use <i>clozapine</i>)	NP	QL(3 ea daily);AL(At least 18 yrs old)
<i>loxapine succinate</i>	P	QL(4 ea daily)
<i>olanzapine tabs 2.5 MG, 5 MG</i>	P	QL(4 ea daily);AL(At least 10 yrs old)
<i>olanzapine tabs 7.5 MG, 10 MG</i>	P	QL(2 ea daily);AL(At least 10 yrs old)
<i>olanzapine tabs 15 MG, 20 MG</i>	P	QL(1 ea daily);AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>quetiapine fumarate tabs 300 MG, 400 MG</i>	P	QL(2 ea daily);AL(At least 10 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)
<i>quetiapine fumarate tabs 100 MG, 200 MG</i>	P	QL(4 ea daily);AL(At least 10 yrs old)
SEROQUEL TABS 100 MG, 200 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 ea daily);AL(At least 10 yrs old)
SEROQUEL TABS 25 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 ea daily);AL(At least 10 yrs old- Up to 17 yrs old)
SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</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)
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 RELPREVV	P	SP;PA
Dihydroindolones		
<i>molindone hcl</i>	P	QL(4 ea daily)
Phenothiazines		
<i>chlorpromazine hcl tabs 10 MG</i>	P	QL(10 ea daily)
<i>chlorpromazine hcl tabs 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 ea daily)
<i>fluphenazine decanoate</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<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 TABS (<i>Use aripiprazole</i>)	NP	QL(1 ea daily);AL(At least 6 yrs old)
ABILIFY MAINTENA PRSY	P	SP;PA
ABILIFY MAINTENA SRER	P	SP;PA
ABILIFY MYCITE	P	SP;PA
<i>aripiprazole tabs</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
<i>aripiprazole soln or</i>	P	QL(750 ml per fill retail);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 liqd</i>	P	OTC;QL(946 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
HIBICLENS LIQD (<i>Use chlorhexidine gluconate</i>)	NP	OTC;QL(946 ml per fill retail)
NEOSPORIN WOUND CLEANSERFOR KIDS LIQD (<i>Use benzalkonium chloride</i>)	NP	
SECURA MOISTURIZING CLEANSER LIQD (<i>Use benzethonium chloride</i>)	NP	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate tabs</i>	P	QL(2 ea daily)
<i>abacavir sulfate soln</i>	P	QL(30 ml daily)
<i>abacavir sulfate-lamivudine 600 MG-300 MG</i>	P	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine 300 MG-300 MG-150 MG</i>	P	QL(2 ea daily)
APTIVUS CAPS	P	QL(4 ea daily);ST
APTIVUS SOLN	P	QL(10 ml daily);ST
<i>atazanavir sulfate caps 150 MG, 200 MG</i>	P	QL(2 ea daily)
<i>atazanavir sulfate caps 300 MG</i>	P	
ATRIPLA 300 MG-200 MG-600 MG (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
BIKTARVY	P	QL(1 ea daily)
CIMDUO 300 MG-300 MG	P	QL(1 ea daily);ST

Drug Name	Drug Tier	Requirements/Limits
COMBIVIR 150 MG-300 MG (<i>Use lamivudine-zidovudine</i>)	NP	QL(2 ea daily)
COMPLERA 25 MG-200 MG-300 MG	P	QL(1 ea daily)
CRIXIVAN 200 MG	P	QL(9 ea daily)
CRIXIVAN 400 MG	P	QL(6 ea daily)
DELSTRIGO 100 MG-300 MG-300 MG	P	QL(1 ea daily)
DESCOVY 25 MG-200 MG	P	QL(1 ea daily);PA
DESCOVY 15 MG-120 MG	P	QL(1 ea daily);PA
<i>didanosine cpdr 200 MG, 250 MG, 400 MG</i>	P	QL(1 ea daily)
DOVATO 50 MG-300 MG	P	
EDURANT	P	QL(1 ea daily)
<i>efavirenz caps 200 MG</i>	P	QL(1 ea daily)
<i>efavirenz caps 50 MG</i>	P	QL(2 ea daily)
<i>efavirenz tabs</i>	P	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG-600 MG</i>	P	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)
<i>emtricitabine caps</i>	P	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG</i>	P	QL(1 ea daily)
EMTRIVA SOLN	P	QL(24 ml daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR TABS 300 MG <i>(Use lamivudine)</i>	NP	QL(1 ea daily)
EPIVIR SOLN <i>(Use lamivudine)</i>	NP	QL(30 ml daily)
EPIVIR TABS 150 MG <i>(Use lamivudine)</i>	NP	QL(2 ea daily)
EPZICOM 600 MG-300 MG <i>(Use abacavir sulfate-lamivudine)</i>	NP	QL(1 ea daily)
<i>etravirine 200 MG</i>	P	QL(2 ea daily)
<i>etravirine</i>	P	QL(4 ea daily)
<i>fosamprenavir calcium tabs</i>	P	QL(4 ea daily)
FUZEON SOLR	P	SP;PA
GENVOYA 150 MG-200 MG-150 MG-10 MG	P	QL(1 ea daily)
INTELENCE 100 MG <i>(Use etravirine)</i>	NP	QL(4 ea daily)
INTELENCE	P	QL(4 ea daily)
INTELENCE 200 MG <i>(Use etravirine)</i>	NP	QL(2 ea daily)
INVIRASE TABS	P	QL(4 ea daily);ST
ISENTRESS PACK	P	QL(2 ea daily)
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
ISENTRESS TABS	P	QL(2 ea daily)
ISENTRESS HD TABS	P	QL(2 ea daily)
JULUCA 50 MG-25 MG	P	QL(1 ea daily)
KALETRA TABS 100 MG-25 MG <i>(Use lopinavir-ritonavir)</i>	NP	QL(4 ea daily)
KALETRA SOLN 400 MG/5ML-100 MG/5ML <i>(Use lopinavir-ritonavir)</i>	NP	QL(480 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
KALETRA TABS 200 MG-50 MG <i>(Use lopinavir-ritonavir)</i>	NP	QL(6 ea daily)
<i>lamivudine tabs 150 MG</i>	P	QL(2 ea daily)
<i>lamivudine soln</i>	P	QL(30 ml daily)
<i>lamivudine tabs 300 MG</i>	P	QL(1 ea daily)
<i>lamivudine-zidovudine 150 MG-300 MG</i>	P	QL(2 ea daily)
LEXIVA TABS <i>(Use fosamprenavir calcium)</i>	NP	QL(4 ea daily)
LEXIVA SUSP	P	QL(56 ml daily)
<i>lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML</i>	P	QL(480 ml per 30 days retail)
<i>lopinavir-ritonavir tabs 200 MG-50 MG</i>	P	QL(6 ea daily)
<i>lopinavir-ritonavir tabs 100 MG-25 MG</i>	P	QL(4 ea daily)
<i>maraviroc tabs 300 MG</i>	P	QL(4 ea daily)
<i>maraviroc tabs</i>	P	QL(2 ea daily)
<i>nevirapine tabs</i>	P	QL(2 ea daily)
<i>nevirapine tb24 400 MG</i>	P	QL(1 ea daily)
<i>nevirapine tb24 100 MG</i>	P	QL(3 ea daily)
<i>nevirapine susp</i>	P	QL(40 ml daily)
NORVIR SOLN	P	QL(15 ml daily)
NORVIR TABS <i>(Use ritonavir)</i>	NP	QL(12 ea daily)
ODEFSEY 25 MG-200 MG-25 MG	P	
PIFELTRO	P	QL(1 ea daily)
PREZCOBIX 800 MG-150 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
PREZISTA SUSP	P	QL(12 ml daily);ST
PREZISTA TABS 800 MG	P	QL(1 ea daily);ST
PREZISTA TABS 150 MG	P	QL(3 ea daily);ST
PREZISTA TABS 75 MG, 600 MG	P	QL(2 ea daily);ST
RETROVIR SYRP (<i>Use zidovudine</i>)	NP	QL(60 ml daily)
RETROVIR CAPS (<i>Use zidovudine</i>)	NP	QL(6 ea daily)
REYATAZ PACK	P	QL(6 ea daily)
REYATAZ CAPS 300 MG (<i>Use atazanavir sulfate</i>)	NP	
REYATAZ CAPS 150 MG, 200 MG (<i>Use atazanavir sulfate</i>)	NP	QL(2 ea daily)
<i>ritonavir tabs</i>	P	QL(12 ea daily)
RUKOBIA	P	PA
SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NP	QL(4 ea daily)
SELZENTRY SOLN	P	QL(35 ml daily)
SELZENTRY TABS 25 MG, 75 MG, 150 MG	P	QL(2 ea daily)
SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NP	QL(2 ea daily)
<i>stavudine caps</i>	P	QL(2 ea daily)
STRIBILD 150 MG-200 MG-300 MG-150 MG	P	QL(1 ea daily)
SUSTIVA TABS (<i>Use efavirenz</i>)	NP	QL(1 ea daily)
SUSTIVA CAPS 200 MG (<i>Use efavirenz</i>)	NP	QL(1 ea daily)
SUSTIVA CAPS 50 MG (<i>Use efavirenz</i>)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
SYMFI 300 MG-300 MG-600 MG (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
SYMFI LO 300 MG-300 MG-400 MG (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
TEMIXYS 300 MG-300 MG	P	QL(1 ea daily);ST
<i>tenofovir disoproxil fumarate tabs</i>	P	QL(1 ea daily)
TIVICAY TABS 50 MG	P	QL(2 ea daily)
TRIUMEQ TABS 50 MG-300 MG-600 MG	P	QL(1 ea daily);AL(At least 18 yrs old)
TRIZIVIR 300 MG-300 MG-150 MG	P	QL(2 ea daily)
TROGARZO	P	SP;PA
TRUVADA 300 MG-200 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 ea daily)
TYBOST	P	QL(1 ea daily);AL(At least 18 yrs old)
VIRACEPT TABS 250 MG	P	QL(9 ea daily)
VIRACEPT TABS 625 MG	P	QL(4 ea daily)
VIRAMUNE SUSP (<i>Use nevirapine</i>)	NP	QL(40 ml daily)
VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	NP	QL(1 ea daily)
VIREAD TABS	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
VIREAD POWD	P	QL(240 gm per 30 days retail)
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	NP	QL(2 ea daily)
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NP	QL(30 ml daily)
<i>zidovudine tabs</i>	P	QL(2 ea daily)
<i>zidovudine syrp</i>	P	QL(60 ml daily)
<i>zidovudine caps</i>	P	QL(6 ea daily)
CMV Agents		
LIVTENCITY	P	SP;PA
PREVYMIS TABS	P	QL(1 ea daily);SP;PA
PREVYMIS SOLN	P	SP;PA
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NP	QL(2 ea daily)
<i>valganciclovir hcl tabs</i>	P	QL(2 ea daily)
Hepatitis Agents		
EPCLUSA PACK 200 MG-50 MG	P	SP;PA
HEPSERA (<i>Use adefovir dipivoxil</i>)	NP	
MAVYRET TABS 100 MG-40 MG	P	QL(3 ea daily);SP;PA
MAVYRET PACK 50 MG-20 MG	P	QL(6 ea daily);SP;PA
PEGASYS SOLN	P	SP;PA
PEGINTRON 50 MCG/0.5ML	P	SP;PA
<i>ribavirin (hepatitis c) caps</i>	P	SP;PA
<i>ribavirin (hepatitis c) tabs 200 MG</i>	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
SOFOSBUVIR/VELPAT ASVIR TABS 400 MG-100 MG	P	QL(1 ea daily);SP;PA
SOVALDI TABS	P	SP;PA
VEMLIDY	P	SP;PA
Herpes Agents		
<i>acyclovir tabs or 800 MG</i>	P	QL(50 ea per 30 days retail)
<i>acyclovir caps</i>	P	QL(50 ea per 30 days retail)
<i>acyclovir tabs or 400 MG</i>	P	QL(3 ea daily)
<i>acyclovir susp</i>	P	QL(400 ml per 30 days retail)
<i>famciclovir</i>	P	
<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 21 days retail)
VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)
VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NP	QL(2 ea daily)
ZOVIRAX SUSP (<i>Use acyclovir</i>)	NP	QL(400 ml per 30 days retail)
Influenza Agents		
<i>oseltamivir phosphate susr</i>	P	QL(120 ml per 30 days retail)
<i>oseltamivir phosphate caps 45 MG, 75 MG</i>	P	QL(10 ea per 30 days retail)
<i>oseltamivir phosphate caps 30 MG</i>	P	QL(20 ea per 30 days retail)
RELENZA DISKHALER	P	QL(20 ea per fill retail);AL(At least 5 yrs old)
TAMIFLU CAPS 30 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(20 ea per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	NP	QL(10 ea per 30 days retail)
TAMIFLU SUSR (Use oseltamivir phosphate)	NP	QL(120 ml per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	P	QL(3 ea daily)
carvedilol 25 MG	P	QL(4 ea daily)
carvedilol phosphate	P	QL(1 ea daily)
COREG 25 MG (Use carvedilol)	NP	QL(4 ea daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	NP	QL(3 ea daily)
COREG CR (Use carvedilol phosphate)	NP	QL(1 ea daily)
labetalol hcl tabs 200 MG	P	QL(6 ea daily)
labetalol hcl tabs 100 MG	P	QL(3 ea daily)
labetalol hcl tabs 300 MG	P	QL(8 ea daily)
Beta Blockers Cardio-Selective		
acebutolol hcl caps	P	
atenolol tabs	P	QL(2 ea daily)
bisoprolol fumarate	P	QL(1 ea daily)
LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	NP	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	NP	QL(4 ea daily)
metoprolol succinate tb24 200 MG	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
metoprolol succinate tb24 25 MG, 50 MG, 100 MG	P	QL(4 ea daily)
metoprolol tartrate tabs 25 MG, 50 MG	P	QL(4 ea daily)
metoprolol tartrate tabs 100 MG	P	QL(4.5 ea daily)
TENORMIN TABS (Use atenolol)	NP	QL(2 ea daily)
TOPROL XL TB24 200 MG (Use metoprolol succinate)	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate)	NP	QL(4 ea daily)
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	NP	QL(2 ea daily)
BETAPACE AF (Use sotalol hcl (afib/af))	NP	QL(2 ea daily)
CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	NP	QL(2 ea daily)
HEMANGEOL SOLN OR	P	SP;PA
INDERAL LA CP24 (Use propranolol hcl)	NP	QL(2 ea daily)
nadolol tabs 20 MG, 40 MG, 80 MG	P	QL(2 ea daily)
pindolol tabs	P	
propranolol hcl soln or 20 MG/5ML, 40 MG/5ML	P	
propranolol hcl tabs	P	
propranolol hcl cp24	P	QL(2 ea daily)
sotalol hcl tabs 240 MG	P	

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tabs 80 MG, 120 MG, 160 MG</i>	P	QL(2 ea daily)
<i>sotalol hcl (afib/afl)</i>	P	QL(2 ea daily)
<i>timolol maleate tabs</i>	P	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	P	QL(1 ea daily)
<i>CALAN SR TBCR (Use verapamil hcl)</i>	NP	QL(2 ea daily)
<i>CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)</i>	NP	QL(3 ea daily)
<i>CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)</i>	NP	QL(2 ea daily)
<i>CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)</i>	NP	QL(1 ea daily)
<i>diltiazem hcl cp12</i>	P	QL(2 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>diltiazem hcl cp24 120 MG, 180 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 120 MG, 180 MG, 300 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 ea daily)
<i>felodipine</i>	P	QL(1 ea daily)

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

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

Drug Name	Drug Tier	Requirement s/Limits
VELETTRI (<i>Use poprostenol sodium</i>)	NP	SP;PA
VENTAVIS	P	SP;PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	QL(1 ea daily);SP;PA
<i>bosentan tabs</i>	P	SP;PA
LETAIRIS (<i>Use ambrisentan</i>)	NP	QL(1 ea daily);SP;PA
OPSUMIT	P	SP;PA
TRACLEER TBSO	P	SP;PA
TRACLEER TABS (<i>Use bosentan</i>)	NP	SP;PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NP	SP;PA
REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP;PA
REVATIO SOLN (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP;PA
REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP;PA
<i>sildenafil citrate (pulmonary hypertension) susr</i>	P	SP;PA
<i>sildenafil citrate (pulmonary hypertension) soln</i>	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	P	SP;PA
<i>tadalafil (pulmonary hypertension) tabs</i>	P	SP;PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABS	P	SP;PA
UPTRAVI SOLR	P	SP;PA
UPTRAVI TITRATION PACK TBPK	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 tabs</i>	P	
<i>cefadroxil susr</i>	P	
<i>cephalexin caps 250 MG, 500 MG</i>	P	
<i>cephalexin susr</i>	P	
KEFLEX CAPS (<i>Use cephalixin</i>)	NP	
Cephalosporins - 2nd Generation		
<i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	P	
<i>cefaclor caps</i>	P	

Drug Name	Drug Tier	Requirements/Limits
CEFOTAN IJ (<i>Use cefotetan disodium</i>)	NP	
<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 susr</i>	P	QL(100 ml per fill retail)
<i>cefdinir caps</i>	P	QL(20 ea 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)
FORTAZ IJ 1 GM (<i>Use ceftazidime</i>)	NP	
SUPRAX SUSR (<i>Use cefixime</i>)	NP	
SUPRAX CAPS (<i>Use cefixime</i>)	NP	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 ea daily)
ESTROSTEP FE 75 MG-1 MG (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>)	NP	
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 ea daily)
GENERESS FE 75 MG-25 MCG-0.8 MG (Use <i>norethindrone & ethinyl estradiol-fe</i>)	NP	
<i>levonorgestrel & eth estradiol tabs</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	P	QL(91 ea per fill retail)
MIRCETTE 0 (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP	
<i>norethin acet & estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i>	P	
<i>norethindrone & eth estradiol</i>	P	
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe 75 MG-1 MG</i>	P	
<i>norethindrone-eth estradiol (triphasic) 0</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol 0.25 MG-35 MCG</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	P	
<i>norgestrel & ethinyl estradiol 0.3 MG-30 MCG</i>	P	QL(2 ea daily)
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 ea per fill retail)
TYBLUME CHEW 0.1 MG-20 MCG	P	
YASMIN 28 3 MG-0.03 MG (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
YAZ 3 MG-0.02 MG (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol 150 MCG/24HR-35 MCG/24HR</i>	P	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol 0.12 MG/24HR-0.015 MG/24HR</i>	P	QL(1 ea per fill retail)
NUVARING 0.12 MG/24HR-0.015 MG/24HR (Use <i>etonogestrel-ethinyl estradiol</i>)	NP	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA	P	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(1 ea per 21 days retail)

Drug Name	Drug Tier	Requirement s/Limits
PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	NP	QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susp im	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy im	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	
ORTHO MICRONOR (Use norethindrone (contraceptive))	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CELESTONE- SOLUSPAN SUSP 3 MG/ML-3 MG/ML (Use betamethasone sod phosphate & acetate)	NP	

Drug Name	Drug Tier	Requirement s/Limits
CORTEF TABS (Use hydrocortisone)	NP	
dexamethasone tabs	P	
dexamethasone elix	P	
dexamethasone soln	P	
dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(150 ml per 30 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	P	QL(150 ml per 30 days retail)
EMFLAZA SUSP	P	SP;PA
EMFLAZA TABS	P	SP;PA
ENTOCORT EC CPEP (Use budesonide)	NP	
hydrocortisone tabs	P	
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NP	
methylprednisolone tabs 4 MG, 8 MG	P	
methylprednisolone tbpk	P	
MILLIPRED TABS	P	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NP	
prednisolone soln	P	
prednisolone sodium phosphate soln 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	P	
prednisolone sodium phosphate soln 20 MG/5ML	P	QL(150 ml per fill retail)
prednisone tabs	P	

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

Drug Name	Drug Tier	Requirements/Limits
HYCODAN SOLN 5 MG/5ML-1.5 MG/5ML (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NP	QL(0 ml daily);AL(At least 18 yrs old- Up to 21 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide soln 5 MG/5ML-1.5 MG/5ML</i>	P	QL(0 ml daily);AL(At least 18 yrs old- Up to 21 yrs old)
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS CAPS (<i>Use dextromethorphan hbr</i>)	NP	
TESSALON PERLES (<i>Use benzonatate</i>)	NP	AL(At least 10 yrs old- Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD (<i>Use dextromethorphan hbr</i>)	NP	OTC;QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations		
ADVIL COLD & SINUS TABS 200 MG-30 MG (<i>Use pseudoephedrine-ibuprofen</i>)	NP	OTC;AL(Up to 21 yrs old)
ALKA-SELTZER PLUS COLD 7.8 MG-325 MG-2 MG (<i>Use chlorpheniramine-phenylephrine-asa</i>)	NP	
<i>brompheniramine & phenyleph elix 1 MG/5ML-2.5 MG/5ML</i>	P	OTC;QL(120 ml per 30 days retail);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>brompheniramine & pseudoeph liqd 1 MG/5ML-15 MG/5ML</i>	P	OTC;QL(120 ml per 30 days retail);AL(Up to 21 yrs old)
<i>brompheniramine & pseudoeph elix 1 MG/5ML-15 MG/5ML</i>	P	OTC;QL(120 ml per 30 days retail);AL(Up to 21 yrs old)
<i>cetirizine-pseudoephedrine 5 MG-120 MG</i>	P	AL(Up to 21 yrs old)
CLARITIN-D 12 HOUR TB12 5 MG-120 MG (Use loratadine & pseudoephedrine)	NP	OTC;QL(2 ea daily);AL(Up to 21 yrs old)
CLARITIN-D 24 HOUR TB24 10 MG-240 MG (Use loratadine & pseudoephedrine)	NP	OTC;QL(1 ea daily);AL(Up to 21 yrs old)
COLD & FLU RELIEF NIGHTTIME D LIQD 6.25 MG/15ML-500 MG/15ML-15 MG/15ML-30 MG/15ML	P	OTC;AL(Up to 21 yrs old)
CORICIDIN HBP COLD & FLU 2 MG-325 MG (Use chlorpheniramine-acetaminophen)	NP	
CORICIDIN HBP COUGH & COLD TABS 30 MG-4 MG (Use chlorpheniramine-dm)	NP	
CORICIDIN HBP FLU TABS 15 MG-500 MG-2 MG (Use dextromethorphan-acetaminophen-chlorpheniramine)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>dextromethorphan-doxylamine-acetaminophen liqd</i>	P	OTC;AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin syrp 10 MG/5ML-100 MG/5ML, 10 MG/5ML-100 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin liqd 15 MG/5ML-200 MG/5ML, 20 MG/20ML-400 MG/20ML, 30 MG/5ML-200 MG/5ML, 30 MG/5ML-200 MG/5ML-200 MG/5ML-30 MG/5ML, 5 MG/5ML-100 MG/5ML</i>	P	OTC;AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin tb12 30 MG-600 MG</i>	P	QL(2 ea daily);AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin liqd 10 MG/5ML-200 MG/5ML</i>	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>dextromethorphan-phenylephrine-acetaminophen caps 10 MG-5 MG-325 MG</i>	P	OTC;AL(Up to 21 yrs old)
DIABETIC TUSSIN COLD/FLU CAPS 15 MG-325 MG-4 MG	P	OTC;AL(Up to 21 yrs old)
DIMETAPP COLD & ALLERGY ELIX 1 MG/5ML-2.5 MG/5ML (Use brompheniramine & phenyleph)	NP	OTC;QL(120 ml per 30 days retail);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
DIMETAPP DM COLD & COUGH LIQD 1 MG/5ML-2.5 MG/5ML-5 MG/5ML (Use phenylephrine-brompheniramine-dm)	NP	
DIMETAPP MULTI-SYMPTOM COLD RELIEF CHILDRENS LIQD 1 MG/5ML-2.5 MG/5ML-5 MG/5ML (Use phenylephrine-brompheniramine-dm)	NP	
ED BRON GP LIQD 100 MG/5ML-5 MG/5ML	P	OTC;QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
ENTEX T TABS 60 MG-375 MG (Use pseudoephedrine-guaifenesin)	NP	
guaifenesin-codeine soln 100 MG/5ML-10 MG/5ML	P	AL(At least 18 yrs old- Up to 21 yrs old)
guaifenesin-codeine liqd 100 MG/5ML-10 MG/5ML	P	AL(At least 18 yrs old- Up to 21 yrs old)
guaifenesin-codeine syrp 100 MG/5ML-10 MG/5ML	P	AL(At least 18 yrs old- Up to 21 yrs old)
LITTLE REMEDIES FOR COLDSMULTI SYMPTOM LIQD 2.5 MG/ML-1.25 MG/ML-80 MG/ML	P	OTC;AL(Up to 21 yrs old)
LOHIST-D LIQD 30 MG/5ML-2 MG/5ML	P	QL(240 ml per fill retail);AL(Up to 21 yrs old)
loratadine & pseudoephedrine tb12 5 MG-120 MG	P	OTC;QL(2 ea daily);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
loratadine & pseudoephedrine tb24 10 MG-240 MG	P	OTC;QL(1 ea daily);AL(Up to 21 yrs old)
MAXI-TUSS PE LIQD 2 MG/5ML-5 MG/5ML	P	AL(Up to 21 yrs old)
MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	P	OTC;QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
MUCINEX CHILDRENS MULTI-SYMPTOM COLD & SORE THROAT LIQD 10 MG/10ML-5 MG/10ML-200 MG/10ML-325 MG/10ML (Use phenylephrine-dm-gg w/ apap)	NP	
MUCINEX D TB12 60 MG-600 MG (Use pseudoephedrine-guaifenesin)	NP	QL(210 ea per fill retail);AL(Up to 21 yrs old)
MUCINEX DM TB12 30 MG-600 MG (Use dextromethorphan-guaifenesin)	NP	QL(2 ea daily);AL(Up to 21 yrs old)
MUCINEX FAST-MAX COLD/FLU/SORE THROAT CAPS 10 MG-5 MG-200 MG-325 MG (Use phenylephrine-dm-gg w/ apap)	NP	

Drug Name	Drug Tier	Requirement s/Limits
MUCINEX FAST-MAX DAY TIME/NIGHT TIME MISC 25 MG/20ML-10 MG/20ML-400 MG/20ML-650 MG/20ML-20 MG/20ML (Use <i>phenylephrine-diphenhydramine-dm-guaifenesin-apap</i>)	NP	
MUCINEX FAST-MAX DAY/NIGHT COLD & FLU MAXIMUM STRENGTH CPPK 6.25 MG-5 MG-200 MG-325 MG-10 MG (Use <i>phenylephrine-doxylamine-dm-guaifenesin-apap</i>)	NP	
MUCINEX FAST-MAX SEVERE COLD LIQD 10 MG/10ML-5 MG/10ML-200 MG/10ML-325 MG/10ML (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP	
MUCINEX SINUS/MAX PRESSURE/PAIN & COUGH MAXIMUM STRENGTH CAPS 10 MG-5 MG-200 MG-325 MG (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP	
MUCINEX SINUS-MAX DAY/NIGHT CPPK 6.25 MG-5 MG-200 MG-325 MG-10 MG (Use <i>phenylephrine-doxylamine-dm-guaifenesin-apap</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>phenylephrine-chlorphen-dm liqd 15 MG/5ML-10 MG/5ML-4 MG/5ML</i>	P	QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>phenylephrine-dm liqd 5 MG/5ML-2.5 MG/5ML</i>	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>phenylephrine-dm soln 5 MG/5ML-2.5 MG/5ML</i>	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
PRIMATENE ASTHMA TABS 200 MG-12.5 MG (Use <i>ephedrine-guaifenesin</i>)	NP	
<i>promethazine & phenylephrine syrp 5 MG/5ML-6.25 MG/5ML</i>	P	QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
<i>promethazine w/codeine soln 6.25 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 18 yrs old- Up to 21 yrs old)
<i>promethazine w/codeine syrp 6.25 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 18 yrs old- Up to 21 yrs old)
<i>promethazine-dm syrp 15 MG/5ML-6.25 MG/5ML</i>	P	QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>promethazine-phenylephrine-codeine 5 MG/5ML-10 MG/5ML-6.25 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 18 yrs old- Up to 21 yrs old)
<i>pseudoephed-bromphen-dm syrp 2 MG/5ML-10 MG/5ML-30 MG/5ML</i>	P	QL(240 ml per fill retail);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>pseudoephedrine w/ dm-gg liqd 10 MG/5ML-100 MG/5ML-30 MG/5ML</i>	P	OTC;QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin tb12 60 MG-600 MG</i>	P	QL(210 ea per fill retail);AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin syrps 30 MG/5ML-100 MG/5ML</i>	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>pseudoephedrine-ibuprofen tabs 200 MG-30 MG</i>	P	OTC;AL(Up to 21 yrs old)
PX DAYTIME MULTI-SYMPATOM CAPS 30 MG-325 MG-15 MG	P	OTC;AL(Up to 21 yrs old)
PX NITETIME MULTI-SYMPATOM CAPS 6.25 MG-325 MG-15 MG-30 MG	P	OTC;QL(240 ea per fill retail);AL(Up to 21 yrs old)
QC TRIACTING DAYTIME CHILDRENS SYRP 5 MG/5ML-2.5 MG/5ML	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
SCOT-TUSSIN DM LIQD 15 MG/5ML-2 MG/5ML	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
SCOT-TUSSIN SENIOR LIQD 15 MG/5ML-200 MG/5ML	P	OTC;AL(Up to 21 yrs old)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP 5 MG/5ML-2.5 MG/5ML	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
TUSSI-PRES PEDIATRIC LIQD 5 MG/5ML-2.5 MG/5ML-75 MG/5ML (Use <i>phenylephrine w/ dm-gg</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
TYLENOL COLD MULTI-SYMPATOM SEVERE DAYTIME LIQD 10 MG/15ML-5 MG/15ML-200 MG/15ML-325 MG/15ML (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP	
VIRTUSSIN DAC SOLN 30 MG/5ML-70 %-10 MG/5ML-100 MG/5ML	NP	
WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD 15 MG/5ML-7.5 MG/5ML	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
ZYRTEC-D ALLERGY/CONGESTION 5 MG-120 MG (Use <i>cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)
Expectorants		
<i>guaifenesin tb12 600 MG</i>	P	QL(40 ea per 30 days retail);AL(Up to 21 yrs old)
<i>guaifenesin liqd</i>	P	QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
<i>guaifenesin syrps</i>	P	OTC;QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
<i>guaifenesin tb12 1200 MG</i>	P	OTC;QL(2 ea daily);AL(Up to 21 yrs old)
MUCINEX TB12 (Use <i>guaifenesin</i>)	NP	QL(40 ea per 30 days retail);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	NP	OTC;QL(2 ea daily);AL(Up to 21 yrs old)
SSKI SOLN (Use potassium iodide (expectorant))	NP	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) aers	P	OTC;QL(240 ml per fill retail)
sodium chloride (inhalant) nebu .9 %, 3 %, 10 %	P	
Mucolytics		
acetylcysteine soln	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin)	NP	QL(2 ea daily);AL(At least 12 yrs old);PA
ACNE MEDICATION 10 LOTN	P	OTC
ACNE MEDICATION 5 LOTN	P	OTC
BENZAC AC WASH LIQD 2.5 %, 5 % (Use benzoyl peroxide)	NP	RX/OTC
BENZACLIN GEL 1 %-5 % (Use clindamycin phosphate-benzoyl peroxide)	NP	
BENZACLIN WITH PUMP GEL 1 %-5 % (Use clindamycin phosphate-benzoyl peroxide)	NP	
benzoyl peroxide liqd 4 %, 5 %, 6 %, 10 %	P	
benzoyl peroxide bar	P	

Drug Name	Drug Tier	Requirements/Limits
benzoyl peroxide gel 2.5 %, 5 %, 10 %	P	
BENZOYL PEROXIDE CLEANSER LIQD	P	
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP	
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NP	QL(60 ml per fill retail)
clindamycin phosphate (topical) lotn	P	
clindamycin phosphate (topical) soln	P	
clindamycin phosphate (topical) gel	P	QL(60 ml per fill retail)
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	NP	RX/OTC
ERYGEL GEL (Use erythromycin (acne aid))	NP	QL(60 gm per fill retail)
erythromycin (acne aid) soln	P	
erythromycin (acne aid) gel	P	QL(60 gm per fill retail)
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	P	QL(2 ea daily);AL(At least 12 yrs old);PA
KLARON (Use sulfacetamide sodium (acne))	NP	
RETIN-A CREA (Use tretinoin)	NP	QL(20 gm per fill retail);AL(Up to 35 yrs old)
RETIN-A GEL .01 % (Use tretinoin)	NP	QL(15 gm per fill retail);AL(Up to 35 yrs old)

Drug Name	Drug Tier	Requirements/Limits
RETIN-A GEL .025 % (Use tretinoin)	NP	AL(Up to 35 yrs old)
SODIUM SULFACETAMIDE/SULFUR SUSP 5 %-10 %	P	
<i>sulfacetamide sodium (acne)</i>	P	
<i>sulfacetamide sodium w/ sulfur lotion 5 %-10 %</i>	P	QL(60 gm per fill retail)
SUMAXIN WASH LIQD 4 %-9 % (Use <i>sulfacetamide sodium w/ sulfur</i>)	NP	
<i>tretinoin cream .025 %, .05 %, .1 %</i>	P	QL(20 gm per fill retail);AL(Up to 35 yrs old)
<i>tretinoin gel .01 %</i>	P	QL(15 gm per fill retail);AL(Up to 35 yrs old)
<i>tretinoin gel .025 %</i>	P	AL(Up to 35 yrs old)
Analgesics - Topical		
ICY HOT MEDICATED SPRAY LIQD (Use <i>menthol (topical analgesic)</i>)	NP	
Antibiotics - Topical		
<i>bacitracin (topical) oint</i>	P	OTC;QL(30 gm per fill retail)
<i>bacitracin zinc oint</i>	P	OTC;QL(30 ea per fill retail)
CENTANY OINT	P	
<i>gentamicin sulfate (topical) cream</i>	P	QL(60 gm per fill retail)
<i>gentamicin sulfate (topical) oint</i>	P	QL(60 gm per fill retail)
<i>mupirocin oint</i>	P	
<i>mupirocin calcium (topical)</i>	P	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin-polymyxin oint 400 UNIT/GM-3.5 MG/GM-5000 UNIT/GM</i>	P	OTC;QL(454 ea per fill retail)
<i>neomycin-polymyxin w/ pramoxine 10000 UNIT/GM-10 MG/GM-3.5 MG/GM</i>	P	OTC;QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT 400 UNIT/GM-3.5 MG/GM-5000 UNIT/GM (Use <i>neomycin-bacitracin-polymyxin</i>)	NP	OTC;QL(454 ea per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH 10000 UNIT/GM-10 MG/GM-3.5 MG/GM (Use <i>neomycin-polymyxin w/ pramoxine</i>)	NP	OTC;QL(30 gm per fill retail)
Antifungals - Topical		
ALCORTIN A 1 %-2 %-1 % (Use <i>iodoquinol-hydrocortisone-aloe polysaccharide</i>)	NP	
ALOE VESTA CLEAR ANTIFUNGAL OINT (Use <i>miconazole nitrate (topical)</i>)	NP	
<i>clotrimazole (topical) cream</i>	P	QL(90 gm per fill retail);RX/OTC
<i>clotrimazole (topical) soln</i>	P	QL(60 ml per fill retail);RX/OTC
<i>clotrimazole w/ betamethasone cream 1 %-0.05 %</i>	P	QL(45 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone lotn 1 %-0.05 %</i>	P	QL(31 ml per 30 days retail)
<i>econazole nitrate crea</i>	P	QL(30 gm per fill retail)
<i>ketoconazole (topical) sham 1 %</i>	P	OTC
<i>ketoconazole (topical) crea</i>	P	QL(60 gm per fill retail)
<i>ketoconazole (topical) sham 2 %</i>	P	
LAMISIL AT CREA (Use <i>terbinafine hcl (topical)</i>)	NP	OTC;QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (Use <i>terbinafine hcl (topical)</i>)	NP	OTC;QL(30 gm per fill retail)
LOTRIMIN AF CREA (Use <i>clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail);RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail);RX/OTC
MICATIN CREA (Use <i>miconazole nitrate (topical)</i>)	NP	QL(60 gm per fill retail)
<i>miconazole nitrate (topical) crea</i>	P	QL(60 gm per fill retail)
NAFTIN CREA 2 % (Use <i>naftifine hcl</i>)	NP	
<i>nystatin (topical) crea</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) powd ex</i>	P	QL(60 gm per fill retail)
<i>nystatin (topical) oint</i>	P	QL(30 gm per fill retail)
<i>nystatin-triamcinolone crea 100000 UNIT/GM-1 MG/GM</i>	P	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone oint 100000 UNIT/GM-0.1 %</i>	P	QL(60 gm per fill retail)
<i>terbinafine hcl (topical) crea</i>	P	OTC;QL(30 gm per fill retail)
TINACTIN CREA (Use <i>tolnaftate</i>)	NP	OTC;QL(30 gm per fill retail)
<i>tolnaftate crea</i>	P	OTC;QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	OTC
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel ex</i>	P	2 rtl MAX fill,30 rtl day(s) supply;QL(6.68 gm daily);RX/OTC
VOLTAREN GEL EX (Use <i>diclofenac sodium (topical)</i>)	NP	2 rtl MAX fill,30 rtl day(s) supply;QL(6.68 gm daily);RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	P	SP;PA
CARAC CREA (Use <i>fluorouracil (topical)</i>)	NP	
EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NP	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) soln</i>	P	QL(10 ml per 30 days retail)
<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) crea .5 %</i>	P	
LEVULAN KERASTICK SOLR	P	SP;PA
TARGETIN (Use <i>bexarotene (topical)</i>)	NP	SP;PA
VALCHLOR	P	SP;PA
Antipruritics - Topical		

Drug Name	Drug Tier	Requirement s/Limits
<i>camphor & menthol lotn 0.5 %-0.5 %</i>	P	OTC;QL(222 ml per fill retail)
SARNA LOTN 0.5 %-0.5 % (<i>Use camphor & menthol</i>)	NP	OTC;QL(222 ml per fill retail)
Antipsoriatics		
<i>calcipotriene crea</i>	P	
<i>calcipotriene soln</i>	P	QL(60 ml per fill retail)
COSENTYX SOSY	P	SP;PA
COSENTYX SENSOREADY PEN SOAJ	P	SP;PA
DOVONEX CREA (<i>Use calcipotriene</i>)	NP	
ILUMYA	P	SP;PA
OXSORALEN ULTRA (<i>Use methoxsalen rapid</i>)	NP	
SILIQ	P	SP;PA
SKYRIZI SOSY	P	SP;PA
SKYRIZI PSKT	P	SP;PA
SKYRIZI PEN SOAJ	P	SP;ST;PA
SORIATANE 10 MG, 25 MG (<i>Use acitretin</i>)	NP	
STELARA SOSY	P	SP;PA
TALTZ SOSY	P	SP;PA
TALTZ SOAJ	P	SP;PA
<i>tazarotene crea</i>	P	QL(2 gm daily);AL(Up to 20 yrs old)
<i>tazarotene gel</i>	P	QL(6.67 gm daily);AL(Up to 20 yrs old)
TAZORAC CREA	P	QL(2 gm daily);AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
TAZORAC GEL (<i>Use tazarotene</i>)	NP	QL(6.67 gm daily);AL(Up to 20 yrs old)
TAZORAC CREA (<i>Use tazarotene</i>)	NP	QL(2 gm daily);AL(Up to 20 yrs old)
TREMFYA SOPN	P	SP;PA
TREMFYA SOSY	P	SP;PA
Antiseborrheic Products		
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)
<i>selenium sulfide lotn 1 %</i>	P	OTC;QL(420 ml per fill retail)
<i>selenium sulfide sham 1 %</i>	P	OTC;QL(420 ml per fill retail)
<i>selenium sulfide lotn 2.5 %</i>	P	
SELRX SHAM (<i>Use selenium sulfide</i>)	NP	
SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NP	OTC;QL(420 ml per fill retail)
<i>sulfacetamide sodium liqd</i>	P	QL(120 gm per fill retail)
Antivirals - Topical		
<i>acyclovir topical oint</i>	P	QL(30 gm per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>acyclovir topical crea</i>	P	QL(5 gm per fill retail)
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	QL(30 gm per 30 days retail)
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	QL(5 gm per fill retail)
Burn Products		
SILVADENE (<i>Use silver sulfadiazine</i>)	NP	
<i>silver sulfadiazine</i>	P	
Corticosteroids - Topical		
<i>betamethasone dipropionate (topical) crea</i>	P	1 rtl pack lmt amt,30 rtl pack lmt day(s)
<i>betamethasone dipropionate augmented crea</i>	P	QL(50 gm per fill retail)
<i>betamethasone valerate crea</i>	P	
<i>betamethasone valerate oint</i>	P	
<i>betamethasone valerate lotn</i>	P	
<i>clobetasol propionate soln .05 %</i>	P	QL(50 ml per fill retail)
<i>clobetasol propionate gel .05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate oint .05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate crea .05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate emollient base .05 %</i>	P	QL(60 gm per fill retail)
CUTIVATE LOTN (<i>Use fluticasone propionate</i>)	NP	
DERMA-SMOOTH/FS SCALP OIL (<i>Use fluocinolone acetonide</i>)	NP	QL(118.28 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
DESONATE GEL (<i>Use desonide</i>)	NP	
<i>desonide crea</i>	P	
<i>desonide oint</i>	P	QL(2 gm daily)
DESOWEN CREA (<i>Use desonide</i>)	NP	
<i>desoximetasone crea .25 %</i>	P	QL(2 gm daily)
<i>desoximetasone gel</i>	P	QL(2 gm daily)
<i>desoximetasone oint .25 %</i>	P	QL(2 gm daily)
<i>desoximetasone crea .05 %</i>	P	
DIPROLENE AF CREA (<i>Use betamethasone dipropionate augmented</i>)	NP	QL(50 gm per fill retail)
EPIFOAM FOAM 1 %-1 %	P	QL(15 gm per fill retail)
<i>fluocinolone acetonide oil</i>	P	QL(118.28 ml per fill retail)
<i>fluocinonide soln</i>	P	QL(60 ml per fill retail)
<i>fluocinonide oint</i>	P	QL(60 gm per fill retail)
<i>fluocinonide gel</i>	P	QL(60 gm per fill retail)
<i>fluocinonide crea .05 %</i>	P	1 rtl pack lmt per fill;QL(150 gm per 30 days retail)
<i>fluocinonide emulsified base</i>	P	QL(60 gm per fill retail)
<i>fluticasone propionate crea .05 %</i>	P	QL(60 gm per fill retail)
<i>fluticasone propionate oint</i>	P	QL(60 gm per fill retail)
<i>hydrocortisone (topical) crea .5 %</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) lotn 1 %</i>	P	QL(453.6 gm per fill retail)
<i>hydrocortisone (topical) crea 2.5 %</i>	P	
<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	P	RX/OTC
<i>hydrocortisone (topical) crea 1 %</i>	P	QL(454 gm per fill retail);RX/OTC
<i>hydrocortisone (topical) lotn 2.5 %</i>	P	QL(120 ml per fill retail)
<i>hydrocortisone butyrate soln</i>	P	
<i>mometasone furoate soln</i>	P	QL(60 ml per fill retail)
<i>mometasone furoate crea</i>	P	QL(50 gm per fill retail)
<i>mometasone furoate oint</i>	P	QL(45 gm per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>hydrocortisone (topical)</i>)	NP	QL(454 gm per fill retail);RX/OTC
SYNALAR SOLN (Use <i>fluocinolone acetonide</i>)	NP	
TEMOVATE OINT (Use <i>clobetasol propionate</i>)	NP	QL(60 gm per fill retail)
TEMOVATE CREA (Use <i>clobetasol propionate</i>)	NP	QL(60 gm per fill retail)
TOPICORT CREA .05 % (Use <i>desoximetasone</i>)	NP	
TOPICORT CREA .25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
TOPICORT GEL (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
TOPICORT OINT .25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) oint .1 %, .5 %</i>	P	
<i>triamcinolone acetonide (topical) oint .025 %</i>	P	QL(454 gm per fill retail)
<i>triamcinolone acetonide (topical) lotn</i>	P	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) crea</i>	P	
TRIDESILON CREA .05 % (Use <i>desonide</i>)	NP	
Eczema Agents		
ADBRY	P	SP;PA
CIBINQO	P	SP;PA
DUPIXENT SOSY	P	SP;PA
DUPIXENT SOPN	P	SP;PA
Emollient/Keratolytic Agents		
KERALAC CREA (Use <i>urea</i>)	NP	
<i>urea crea 40 %</i>	P	RX/OTC
<i>urea lotn 40 %</i>	P	
UTOPIC CREA (Use <i>urea</i>)	NP	
Emollients		
A + D PERSONAL CARE LOTION LOTN	P	
ALOE AFTERSUN LOTION LOTN	P	

Drug Name	Drug Tier	Requirement s/Limits
AMLACTIN RAPID RELIEF LOTN 1 %, 10 %, 15 %, 2 %-10 %-5 %-6.3 %-5 %, 2 %-4.5 %-4.85 %-7.5 %-2.38 %, 2.5 %-2.5 %-2.5 %-2.5 %-2.5 %, 25 %, 3 %-3 %-1.7 %-5 %, 5 %-0.15 %, 5 %-0.5 %, 5 %-5 %, .5 %	P	
AQUA GLYCOLIC HAND & BODYLOTION LOTN	P	
AQUA LACTEN LOTN	P	
AQUAMED LOTN	P	
AVEENO DAILY MOISTURIZING SHEER HYDRATION LOTN	P	
AVEENO DAILY MOISTURIZINGS PF 15 LOTN 3 %-3 %-1.7 %-5 %	P	
AVEENO POSITIVELY AGELESS FIRMING BODY LOTN	P	
AVEENO STRESS RELIEF MOISTURIZING LOTN	P	
BETA CARE LOTN	P	
CAM LOTN	P	
CERAVE AM FACIAL MOISTURIZING LOTION/SPF30 LOTN 2 %-10 %-5 %-6.3 %-5 %	P	
CERAVE DAILY MOISTURIZING LOTN	P	
CERAVE PM FACIAL MOISTURIZING LOTION ULTRA LIGHTWEIGHT LOTN	P	

Drug Name	Drug Tier	Requirement s/Limits
CERAVE SA/ROUGH AND BUMPY SKIN LOTN	P	
CETAPHIL ADVANCED RELIEF LOTN	P	
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	P	
CETAPHIL MOISTURIZING LOTN	P	
CETAPHIL RESTORADERM LOTN	P	
CLN FACIAL MOISTURIZER NOURISHING LOTN	P	
COCOA BUTTER LOTN	P	
COCOA BUTTER HAND & BODYLOTION LOTN	P	
CVS BEAUTY 360 DRY SKIN LOTN	P	
CVS DAILY ULTRA MOISTURE LOTION LOTN	P	
CVS GENTLE SKIN CLEANSER LOTN	P	
DAILY MOISTURIZING LOTN	P	
DAILY MOISTURIZING LOTION LOTN	P	
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN 10 %	P	
DERMAL THERAPY FACE CARE MOISTURIZING LOTION LOTN 1 %	P	
DERMAL THERAPY FOOT MASSAGE LOTN 1 %	P	

Drug Name	Drug Tier	Requirements/Limits
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN 15 %	P	
DERMAL THERAPY HEEL CARE LOTN 25 %	P	
DERMEND ALPHA + BETA HYDROXY THERAPY LOTN	P	
DIABETIDERM LOTN	P	
EMOLLIA-LOTION LOTN	P	
<i>emollient lotn</i>	P	
EMOLLIENT LOTION-MISC	P	RX/OTC
EPILYT LOTN	P	
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	P	
EUCERIN LOTN	P	
EUCERIN BABY LOTN	P	
EUCERIN DAILY HYDRATION LOTN	P	
EUCERIN DAILY PROTECTION/SPF 30 LOTN 2 %-4.5 %-4.85 %-7.5 %-2.38 %	P	
EUCERIN INTENSIVE REPAIR LOTN	P	
EUCERIN ORIGINAL HEALING SOOTHING REPAIR LOTN	P	
EUCERIN PLUS LOTN 5 %-5 %	P	
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	P	
EUCERIN ROUGHNESS RELIEF LOTN	P	

Drug Name	Drug Tier	Requirements/Limits
EUCERIN SKIN CALMING DAILY MOISTURIZING CREA <i>(Use emollient)</i>	NP	
EUCERIN SMOOTHING REPAIR ADVANCED FORMULA LOTN	P	
GOLD BOND MEDICATED BODY LOTION LOTN 5 %-0.15 %	P	
GOLD BOND MEDICATED BODY LOTION EXTRA STRENGTH LOTN 5 %-0.5 %	P	
GOLD BOND ULTIMATE LOTN	P	
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	P	
GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN	P	
GOLD BOND ULTIMATE HEALING LOTN	P	
GOLD BOND ULTIMATE OVERNIGHT LOTN	P	
GOLD BOND ULTIMATE PROTECTION LOTN	P	
GOLD BOND ULTIMATE RESTORING LOTN	P	
GOLD BOND ULTIMATE SHEER RIBBONS PEARL RADIANCE LOTN	P	

Drug Name	Drug Tier	Requirements/Limits
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	P	
GOLD BOND ULTIMATE SOFTENING LOTN	P	
GOLD BOND ULTIMATE SOOTHING LOTN	P	
HYDRAZONE LOTION LOTN	P	
JOHNSONS SKIN NOURISH MOISTURIZING LOTN	P	
JOHNSONS SKIN NOURISH VANILLA OAT LOTION LOTN	P	
KERI ADVANCED MOISTURE THERAPY LOTN	P	
KERI BASIC ESSENTIALS LOTN	P	
KERI NOURISHING SHEA BUTTER LOTN	P	
KERI ORIGINAL LOTN	P	
KERI ORIGINAL DAILY MOISTURE LOTN	P	
KERI OVERNIGHT LOTN	P	
KERI RENEWAL MILK BODY LOTN	P	
KERI RENEWAL SKIN FIRMING LOTN	P	
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	P	
KERI SENSITIVE SKIN LOTN	P	
<i>lactic acid (ammonium lactate) crea</i>	P	QL(385 gm per fill retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	QL(1368 gm per fill retail);RX/OTC
LUBRIDERM LOTN	P	
LUBRIDERM ADVANCED THERAPY LOTN	P	
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	P	
LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	P	
LUBRIDERM INTENSE SKIN REPAIR LOTN	P	
LUBRIDERM MENS 3-IN-1 LOTN	P	
LUBRIDERM SERIOUSLY SENSITIVE LOTN	P	
LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS LOTN	P	
LUBRISOFT LOTN	P	
MAXAM LOTN	P	
MEDERMA AG HAND & BODY LOTION LOTN	P	
MSM SKIN LOTION LOTN	P	
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	P	
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	P	
NIVEA LOTN	P	
NIVEA EXTRA ENRICHED LOTN	P	

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
NIVEA EXTRA ENRICHED LOTION LOTN	P	
NIVEA GENTLE BODY EXFOLIATOR LOTN	P	
NIVEA LIGHT LOTN	P	
NIVEA ORIGINAL LOTN	P	
NIVEA ORIGINAL MOISTURE LOTN	P	
NIVEA VISAGE LOTN	P	
NUTRADERM LOTN 2.5 %-2.5 %-2.5 %-2.5 %-2.5 %	P	
NUTRADERM ADVANCED FORMULA LOTN	P	
PALMERS COCOA BUTTER FORMULA LOTION LOTN	P	
PALMERS COCOA BUTTER FORMULA LOTION FRAGRANCE FREE LOTN	P	
PALMERS COCOA BUTTER FORMULA MASSAGE LOTION/STRETCH MARKS LOTN	P	
PALMERS COCONUT OIL FORMULA BODY LOTION LOTN	P	
RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN	P	
RADIAGUARD ADVANCED LOTN	P	
RESTA LITE LOTN	P	
SKIN REPAIR LOTN	P	

Drug Name	Drug Tier	Requirement s/Limits
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	P	
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	P	
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	P	
THERABETIC SKIN CARE LOTN	P	
THERAPLEX HYDROLOTION LOTN	P	
VANICREAM LOTN	P	
WIBI LOTN	P	
Glabellar Lines (Frown Lines) Agents		
BOTOX COSMETIC	P	SP;PA
Immunomodulating Agents - Topical		
ALDARA (<i>Use imiquimod</i>)	NP	QL(48 ea per 180 days retail)
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL (<i>Use pimecrolimus</i>)	NP	QL(30 gm per 30 days retail);AL(At least 2 yrs old);PA
<i>pimecrolimus</i>	P	QL(30 gm per 30 days retail);AL(At least 2 yrs old);PA
PROTOPIC OINT .03 % (<i>Use tacrolimus (topical)</i>)	NP	QL(30 gm per 30 days retail);AL(At least 2 yrs old);PA
PROTOPIC OINT .1 % (<i>Use tacrolimus (topical)</i>)	NP	QL(30 gm per 30 days retail);AL(At least 16 yrs old);PA

Drug Name	Drug Tier	Requirement s/Limits
<i>tacrolimus (topical) oint .1 %</i>	P	QL(30 gm per 30 days retail);AL(At least 16 yrs old);PA
<i>tacrolimus (topical) oint .03 %</i>	P	QL(30 gm per 30 days retail);AL(At least 2 yrs old);PA
Keratolytic/Antimitotic Agents		
CLEAR AWAY ONE STEP WARTREMOVER PADS (<i>Use salicylic acid</i>)	NP	
DERMAREST PSORIASIS GEL	P	OTC
KERALYT GEL (<i>Use salicylic acid</i>)	NP	
KERALYT GEL	P	OTC
<i>podofilox soln</i>	P	
SALEX SHAM (<i>Use salicylic acid</i>)	NP	
<i>salicylic acid gel 6 %</i>	P	
Liniments		
BENGAY GREASELESS CREA 10 %-15 % (<i>Use menthol-methyl salicylate (liniments)</i>)	NP	
MYOFLEX CREA (<i>Use trolamine salicylate</i>)	NP	
Local Anesthetics - Topical		
<i>capsaicin crea .025 %, .075 %</i>	P	OTC;QL(60 gm per fill retail)
<i>capsaicin crea .1 %</i>	P	OTC;QL(43 gm per fill retail)
CAPZASIN-HP CREA (<i>Use capsaicin</i>)	NP	OTC;QL(43 gm per fill retail)
CAPZASIN-P CREA	P	OTC;QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	P	OTC;QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>dibucaine</i>	P	OTC;QL(56.7 gm per fill retail)
<i>lidocaine oint</i>	P	1 rtl pack lmt per fill;QL(100 gm per 30 days retail)
<i>lidocaine crea 4 %</i>	P	OTC;QL(2 gm daily)
<i>lidocaine hcl crea 4 %</i>	P	OTC;QL(2 gm daily)
<i>lidocaine hcl gel 2 %</i>	P	AL(At least 21 yrs old)
<i>lidocaine hcl crea 3 %</i>	P	QL(453.6 gm per fill retail);RX/OTC
<i>lidocaine-prilocaine crea</i>	P	QL(30 gm per fill retail)
LMX 4 CREA (<i>Use lidocaine</i>)	NP	OTC;QL(2 gm daily)
NEOSPORIN NEO TO GO 0.13 %-1 % (<i>Use pramoxine-benzalkonium chloride</i>)	NP	
NEOSPORIN NEO TO GO + PAIN RELIEF 0.13 %-1 % (<i>Use pramoxine-benzalkonium chloride</i>)	NP	
RA ARTHRITIS PAIN RELIEF CREA	P	OTC;QL(60 gm per fill retail)
Misc. Topical		
ALOE VESTA DAILY MOISTURIZER LOTN (<i>Use dimethicone (topical)</i>)	NP	
AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT LOTN (<i>Use dimethicone (topical)</i>)	NP	

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	NP	
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	NP	
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	NP	
CUTTER AERO	NP	
CUTTER ALL FAMILY AERO	NP	
CUTTER BACKWOODS AERO	NP	
CUTTER BACKWOODS DRY AERO	NP	
CUTTER DRY AERO	NP	
CUTTER SKINSATIONS AERO	NP	
CUTTER SPORT AERO	NP	
CVS INSECT REPELLENT AERO	NP	
CVS TOTAL HOME INSECT REPELLENT AERO	NP	
DRYSOL SOLN	P	
EUCERIN CREA (<i>Use skin protectants, misc.</i>)	NP	
<i>lanolin (topical) crea</i>	P	OTC
LANOLOR CREA 0	P	OTC
OFF ACTIVE AERO	NP	
OFF DEEP WOODS AERO	NP	
OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
OFF DEEP WOODS DRY AERO	NP	
OFF DEEP WOODS DRY AERO	P	OTC;QL(113 gm per fill retail,226 gm per 30 days retail)
OFF DEEP WOODS SPORTSMEN AERO	NP	
OFF FAMILYCARE SMOOTH & DRY AERO	NP	
OFF SMOOTH & DRY AERO	NP	
REPEL FAMILY AERO	NP	
REPEL FAMILY DRY AERO	NP	
REPEL HUNTERS FORMULA AERO	NP	
REPEL SPORTSMEN AERO	NP	
REPEL SPORTSMEN DRY AERO	NP	
REPEL SPORTSMEN MAX LOTN	NP	
REPEL SPORTSMEN MAX AERO	NP	
SAWYER INSECT REPELLENT AERO	NP	
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP	
ULTRATHON INSECT REPELLENT LOTN	P	OTC;QL(57 gm per fill retail,114 gm per 30 days retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
<i>zinc oxide (topical) oint 20 %</i>	P	OTC;QL(500 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Rosacea Agents		
METROCREAM CREA (Use metronidazole (topical))	NP	
METROLOTION LOTN (Use metronidazole (topical))	NP	
metronidazole (topical) gel .75 %	P	QL(45 gm per fill retail)
metronidazole (topical) crea	P	
metronidazole (topical) lotn	P	
Scabicides & Pediculicides		
crotamiton lotn	P	QL(454 gm per fill retail)
CVS LICE SOLUTION KIT 3-STEP 0.5 %-4 %-0.33 %	P	OTC
ELIMITE CREA (Use permethrin)	NP	QL(360 gm per fill retail)
LICEMD GEL 0.33 %-4 %	P	OTC
malathion	P	QL(59 ml per fill retail)
NATROBA (Use spinosad)	NP	Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail)
NIX CREME RINSE LIQD EX (Use permethrin)	NP	OTC
OVIDE (Use malathion)	NP	QL(59 ml per fill retail)
permethrin lotn	P	OTC
permethrin liqd ex	P	OTC
permethrin crea	P	QL(360 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
pyrethrins-piperonyl butoxide liqd	P	OTC
pyrethrins-piperonyl butoxide sham 0.33 %-4 %, 0.33 %-4 %-0.3 %	P	OTC
pyrethrins-piperonyl butoxide-permethrin- nit remover 0.5 %-4 %-0.33 %	P	OTC
RID LIQD 0.33 %-4 % (Use pyrethrins- piperonyl butoxide)	NP	OTC
RID COMPLETE LICE ELIMINATION 0.5 %-4 %-0.33 % (Use pyrethrins-piperonyl butoxide-permethrin- nit remover)	NP	OTC
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	P	OTC
SCHOOLTIME SHAMPOO SHAM	P	OTC;QL(1 ml per 14 days retail)
SKLICE (Use ivermectin (pediculicide))	NP	RX/OTC
spinosad	P	Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail)
Tar Products		
coal tar extract sham .5 %	P	OTC
DENOREX THERAPEUTIC 2-IN-1 SHAM (Use coal tar extract)	NP	
DHS TAR SHAM (Use coal tar extract)	NP	OTC

Drug Name	Drug Tier	Requirements/Limits
DHS TAR GEL SHAM (Use coal tar extract)	NP	OTC
NEUTROGENA T/GEL SHAM .5 % (Use coal tar extract)	NP	OTC
PSORIASIN OINT (Use coal tar extract)	NP	
Wound Care Products		
AMNIOCORE AMNIOTIC MEMBRANE/2CM X 12CM SHEE	P	SP;PA
AMNIOCORE AMNIOTIC MEMBRANE/6CM X 16CM SHEE	P	SP;PA
AMNIOCORE AMNIOTIC MEMBRANE/6CM X 9CM SHEE	P	SP;PA
AMNIOCORE AMNIOTIC MEMBRANE/9CM X 20CM SHEE	P	SP;PA
AMNIOCORE HUMAN TISSUE ALLOGRAFT/9 X 20 CM SHEE	P	SP;PA
APLIGRAF DISK	P	SP;PA
CORETEXT SUSP	P	SP;PA
EPICORD/ 1CM X 2CM SHEE	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X7CM/MESHED	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	P	SP;PA
NOVACHOR	P	SP;PA
NUCEL 0	P	SP;PA
OASIS ULTRA TRI-LAYER MATRIX FENESTRATED 0	P	SP;PA
OASIS WOUND MATRIX 0	P	SP;PA
OSTEOCONDUCTIVE MATRIX PLUS 0	P	SP;PA
PROTEXT SUSP	P	SP;PA
PURAPLY 2CM X 4CM	P	SP;PA
PURAPLY 5CM X 5 CM	P	SP;PA
PURAPLY 6CM X 9CM	P	SP;PA
DIAGNOSTIC PRODUCTS		

Drug Name	Drug Tier	Requirements/Limits
Diagnostic Drugs		
CORTROSYN SOLR (Use cosyntropin)	NP	SP;PA
cosyntropin solr	P	SP;PA
THYROGEN .9 MG	P	SP;PA
Diagnostic Tests		
BD VERITOR AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	QL(2 ea per fill retail)
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP-K STRP	P	OTC;QL(6.67 ea daily)
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	NP	
COVID-19 AT-HOME TEST KIT KIT	P	QL(2 ea per fill retail)
CVS COVID-19 AT HOME TESTKIT KIT	NP	
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ELLUME COVID-19 HOME TEST KIT	P	QL(2 ea per fill retail)
EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
FORA GTEL BLOOD KETONE TEST STRIPS	P	OTC;QL(1 ea daily)
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	NP	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	NP	
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	P	OTC;QL(1 ea daily)
IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	P	QL(2 ea per fill retail)

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

Drug Name	Drug Tier	Requirement s/Limits
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP	
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
PANCREAZE CPEP	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	P	
<i>acetazolamide tabs</i>	P	
KEVEYIS	P	SP;PA
<i>methazolamide tabs</i>	P	
Diuretic Combinations		
ALDACTAZIDE 25 MG-25 MG (<i>Use spironolactone & hydrochlorothiazide</i>)	NP	
<i>amiloride & hydrochlorothiazide 5 MG-50 MG</i>	P	QL(1 ea daily)
MAXZIDE TABS 75 MG-50 MG (<i>Use triamterene & hydrochlorothiazide</i>)	NP	
MAXZIDE-25 TABS 37.5 MG-25 MG (<i>Use triamterene & hydrochlorothiazide</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>spironolactone & hydrochlorothiazide 25 MG-25 MG</i>	P	
<i>triamterene & hydrochlorothiazide caps 37.5 MG-25 MG</i>	P	
<i>triamterene & hydrochlorothiazide tabs</i>	P	
Loop Diuretics		
<i>bumetanide tabs</i>	P	
BUMEX TABS (<i>Use bumetanide</i>)	NP	
<i>furosemide soln or 10 MG/ML, 40 MG/5ML</i>	P	
<i>furosemide tabs</i>	P	
LASIX TABS (<i>Use furosemide</i>)	NP	
SOANZ TABS	P	QL(1 ea daily)
<i>torseamide tabs</i>	P	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NP	
<i>amiloride hcl tabs</i>	P	QL(4 ea daily)
<i>spironolactone tabs</i>	P	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>hydrochlorothiazide tabs 25 MG, 50 MG</i>	P	
<i>hydrochlorothiazide caps</i>	P	
<i>indapamide tabs 1.25 MG, 2.5 MG</i>	P	
<i>metolazone</i>	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and		

Drug Name	Drug Tier	Requirement s/Limits
Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	P	SP;PA
RECORLEV	P	SP;PA
Bone Density Regulators		
ACTONEL TABS 35 MG (Use risedronate sodium)	NP	QL(4 ea per fill retail);PA
<i>alendronate sodium tabs 5 MG, 10 MG</i>	P	QL(1 ea daily)
<i>alendronate sodium tabs 35 MG, 70 MG</i>	P	QL(0.15 ea daily)
<i>alendronate sodium soln</i>	P	QL(10.8 ml daily)
AELVIA TBEC (Use risedronate sodium)	NP	QL(4 ea per 28 days retail);PA
BONIVA TABS (Use ibandronate sodium)	NP	
BONIVA SOLN (Use ibandronate sodium)	NP	SP;PA
<i>calcitonin (salmon) ij</i>	P	QL(2 ml per fill retail)
<i>calcitonin (salmon) na</i>	P	1 rtl pack lmt per fill
EVENITY	P	SP;PA
FORTEO SOPN	P	SP;PA
FOSAMAX TABS 70 MG (Use alendronate sodium)	NP	QL(0.15 ea daily)
<i>ibandronate sodium soln</i>	P	SP;PA
MIACALCIN IJ (Use calcitonin (salmon))	NP	QL(2 ml per fill retail)
NATPARA	P	SP;PA
<i>pamidronate disodium soln</i>	P	SP;PA
PAMIDRONATE DISODIUM SOLN	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
PROLIA SOSY	P	SP;PA
RECLAST SOLN (Use zoledronic acid)	NP	SP;PA
<i>risedronate sodium tbec</i>	P	QL(4 ea per 28 days retail);PA
<i>risedronate sodium tabs 5 MG, 30 MG</i>	P	QL(1 ea daily);PA
<i>risedronate sodium tabs 35 MG</i>	P	QL(4 ea per fill retail);PA
TERIPARATIDE SOPN	P	SP;PA
TYMLOS	P	SP;PA
XGEVA SOLN	P	SP;PA
<i>zoledronic acid soln</i>	P	SP;PA
<i>zoledronic acid conc</i>	P	SP;PA
ZOLEDRONIC ACID SOLN	P	SP;PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	P	PA
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA
GONAL-F SOLR IJ	P	PA
GONAL-F RFF SOLR SC	P	PA
GONAL-F RFF REDIJECT SOPN	P	PA
MENOPUR SC	P	PA
NOVAREL IM	P	PA
OVIDREL INJ	P	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NAC L IM	P	PA
GnRH/LHRH Antagonists		
<i>cetorelix acetate</i>	P	PA

Drug Name	Drug Tier	Requirements/Limits
CETROTIDE (Use cetrotide acetate)	NP	PA
ganirelix acetate	P	PA
GANIRELIX ACETATE (Use ganirelix acetate)	NP	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	P	SP;PA
Growth Hormones		
GENOTROPIN CART SC	P	SP;PA
GENOTROPIN MINIQUICK PRSY	P	SP;PA
HUMATROPE CART IJ	P	SP;PA
HUMATROPE COMBO PACK SOLR IJ	P	SP;PA
NORDITROPIN FLEXPRO SOPN	P	SP;PA
NUTROPIN AQ NUSPIN 10 SOPN	P	SP;PA
NUTROPIN AQ NUSPIN 20 SOPN	P	SP;PA
NUTROPIN AQ NUSPIN 5 SOPN	P	SP;PA
OMNITROPE SOLR SC	P	PA
OMNITROPE SOCT	P	SP;PA
SAIZEN IJ	P	SP;PA
SAIZENPREP RECONSTITUTIONKIT IJ	P	SP;PA
SEROSTIM SC	P	SP;PA
SKYTROFA	P	SP;PA
ZOMACTON SOLR SC	P	SP;PA
ZORBTIVE SC	P	SP;PA
Hormone Receptor Modulators		
EVISTA (Use raloxifene hcl)	NP	QL(1 ea daily)
raloxifene hcl	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA	P	SP;PA
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	P	SP;PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	P	SP;PA
LUPANETA PACK	P	SP;PA
LUPRON DEPOT-PED (1-MONTH)	P	SP;PA
LUPRON DEPOT-PED (3-MONTH)	P	SP;PA
SUPPRELIN LA	P	SP;PA
SYNAREL	P	SP;PA
TRIPTODUR	P	SP;PA
Metabolic Modifiers		
ALDURAZYME	P	SP;PA
betaine	P	SP;PA
BRINEURA	P	SP;PA
BUPHENYL TABS (Use sodium phenylbutyrate)	NP	SP;PA
BUPHENYL POWD (Use sodium phenylbutyrate)	NP	SP;PA
calcitriol caps	P	
CARBAGLU (Use carglumic acid)	NP	SP;PA
carglumic acid	P	SP;PA
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NP	QL(3 ea daily)
CARNITOR SOLN OR (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)
<i>cinacalcet hcl</i>	P	SP;PA
CRYSVITA	P	SP;PA
CYSTADANE (Use betaine)	NP	SP;PA
ELAPRASE	P	SP;PA
GALAFOLD	P	QL(0.5 ea daily);SP;PA
KANUMA	P	SP;PA
KUVAN PACK (Use sapropterin dihydrochloride)	NP	SP;PA
KUVAN TABS (Use sapropterin dihydrochloride)	NP	SP;PA
<i>levocarnitine (metabolic modifiers) soln or 1 GM/10ML</i>	P	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs</i>	P	QL(3 ea daily)
LUMIZYME	P	SP;PA
MEPSEVII	P	SP;PA
MYALEPT	P	SP;PA
NAGLAZYME	P	SP;PA
NEXVIAZYME	P	SP;PA
<i>nitisinone caps</i>	P	SP;PA
NITYR TABS	P	SP;PA
NULIBRY	P	SP;PA
ORFADIN SUSP	P	SP;PA
ORFADIN CAPS (Use nitisinone)	NP	SP;PA
ORFADIN CAPS	P	SP;PA
PALYNZIQ	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
<i>paricalcitol soln</i>	P	SP;PA
PARSABIV	P	SP;PA
RAVICTI	P	SP;PA
REVCIVI	P	SP;PA
ROCALTROL CAPS (Use calcitriol)	NP	
<i>sapropterin dihydrochloride tabs</i>	P	SP;PA
<i>sapropterin dihydrochloride pack</i>	P	SP;PA
SENSIPAR (Use cinacalcet hcl)	NP	SP;PA
<i>sodium phenylbutyrate tabs</i>	P	SP;PA
<i>sodium phenylbutyrate powd</i>	P	SP;PA
STRENSIQ	P	SP;PA
VIMIZIM	P	SP;PA
XURIDEN	P	SP;PA
ZEMPLAR SOLN (Use paricalcitol)	NP	SP;PA
Natriuretic Peptides		
VOXZOGO	P	SP;PA
Posterior Pituitary Hormones		
DDAVP TABS (Use desmopressin acetate)	NP	QL(6 ea daily)
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NP	SP;PA
DDAVP	P	QL(5 ml per fill retail)
<i>desmopressin acetate tabs</i>	P	QL(6 ea daily)
<i>desmopressin acetate soln ij</i>	P	SP;PA
DESMOPRESSIN ACETATE SOLN NA	P	SP;PA

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

Drug Name	Drug Tier	Requirement s/Limits
FEMHRT 2.5 MCG-0.5 MG (Use <i>norethindrone acetate-ethinyl estradiol</i>)	NP	
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPHASE 0.625 MG-5 MG	P	
PREMPRO	P	
Estrogens		
ALORA PTTW	P	QL(8 ea per fill retail)
CLIMARA PTWK (Use <i>estradiol</i>)	NP	QL(4 ea per fill retail)
ESTRACE TABS (Use <i>estradiol</i>)	NP	
<i>estradiol tabs</i>	P	
<i>estradiol ptwk</i>	P	QL(4 ea per fill retail)
<i>estradiol pttw</i>	P	QL(8 ea per fill retail)
MINIVELLE PTTW (Use <i>estradiol</i>)	NP	QL(8 ea per fill retail)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW (Use <i>estradiol</i>)	NP	QL(8 ea per fill retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i>)	NP	
<i>ciprofloxacin hcl tabs 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin hcl tabs 100 MG</i>	P	QL(6 ea per fill retail)

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
<i>levofloxacin tabs</i>	P	QL(1 ea daily,14 ea per fill retail)
<i>ofloxacin 400 MG</i>	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	NP	OTC;QL(31 ml per 30 days retail)
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>Use simethicone</i>)	NP	OTC;QL(31 ml per 30 days retail)
PHAZYME CAPS (<i>Use simethicone</i>)	NP	
<i>simethicone chew 80 MG</i>	P	OTC
<i>simethicone susp</i>	P	OTC;QL(31 ml per 30 days retail)
<i>simethicone liqd or</i>	P	OTC;QL(31 ml per 30 days retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	P	SP;PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	P	QL(1 ea daily);SP;PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use ursodiol</i>)	NP	
CHENODAL	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 Stimulants		

Drug Name	Drug Tier	Requirement s/Limits
GIMOTI SOLN NA	P	SP;PA
<i>metoclopramide hcl tabs</i>	P	
<i>metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML</i>	P	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NP	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY CAPS	P	SP;PA
BYLVAY (PELLETS) CPSP	P	SP;PA
LIVMARLI	P	SP;PA
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NP	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	
AVSOLA	P	SP;PA
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP	
<i>balsalazide disodium caps</i>	P	QL(9 ea daily)
CIMZIA PSKT	P	SP;PA
CIMZIA KIT	P	SP;PA
CIMZIA STARTER KIT PSKT	P	SP;PA
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	QL(9 ea daily)
DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
ENTYVIO	P	SP;PA
INFLECTRA	P	SP;PA
INFLIXIMAB	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
LIALDA TBEC (Use mesalamine)	NP	
mesalamine cpdr	P	
mesalamine tbec	P	
mesalamine enem	P	QL(60 ml daily)
mesalamine cp24	P	
REMICADE	P	SP;PA
RENFLEXIS	P	SP;PA
SFROWASA ENEM	P	
STELARA 130 MG/26ML	P	SP;PA
sulfasalazine tbec	P	
sulfasalazine tabs	P	
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	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		
potassium citrate (alkalinizer) tbc 10 MEQ, 540 MG, 1080 MG	P	
sodium citrate & citric acid 334 MG/5ML-500 MG/5ML	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
sodium citrate & citric acid 334 MG/5ML-500 MG/5ML	P	QL(500 ml per 30 days retail);RX/OTC
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NP	
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP;PA
PROCYSBI PACK	P	SP;PA
PROCYSBI CPDR	P	SP;PA
Genitourinary Irrigants		
sodium chloride (gu irrigant) .9 %	P	
Hyperoxaluria Agents		
OXLUMO	P	SP;PA
Prostatic Hypertrophy Agents		
finasteride	P	QL(1 ea daily)
FLOMAX (Use tamsulosin hcl)	NP	QL(2 ea daily)
PROSCAR (Use finasteride)	NP	QL(1 ea daily)
tamsulosin hcl	P	QL(2 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG	P	
PYRIDIDIUM TABS (Use phenazopyridine hcl)	NP	
Urinary Stone Agents		
THIOLA TABS (Use tiopronin)	NP	SP;PA
THIOLA EC TBEC	P	SP;PA
tiopronin tabs	P	SP;PA
Vesicoureteral Reflux (VUR) Agents		

Drug Name	Drug Tier	Requirements/Limits
DEFLUX 50 MG/ML-15 MG/ML	P	SP;PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid 0.5 MG-500 MG</i>	P	
Gout Agents		
<i>allopurinol</i>	P	
<i>colchicine tabs</i>	P	QL(6 ea per fill retail)
COLCRYS TABS (<i>Use colchicine</i>)	NP	QL(6 ea per fill retail)
KRYSTEXXA	P	SP;PA
ZYLOPRIM (<i>Use allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP;PA
ADYNOVATE	P	SP;PA
AFSTYLA	P	SP;PA
ALPHANATE SOLR	P	SP;PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP;PA
ALPROLIX	P	SP;PA
BENEFIX KIT	P	SP;PA
COAGADEX	P	SP;PA
CORIFACT	P	SP;PA
ELOCTATE	P	SP;PA
ESPEROCT	P	SP;PA
FEIBA	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
FIBRYGA	P	SP;PA
HEMLIBRA	P	SP;PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP;PA
HEMOFIL M SOLR 1501 -2000 UNIT	P	PA
HUMATE-P SOLR	P	SP;PA
IDELVION	P	SP;PA
IXINITY SOLR	P	SP;PA
JIVI	P	SP;PA
KCENTRA	P	SP;PA
KOATE SOLR	P	SP;PA
KOATE-DVI SOLR	P	SP;PA
KOGENATE FS KIT	P	SP;PA
KOVALTRY	P	SP;PA
MONONINE	P	SP;PA
NOVOSEVEN RT	P	SP;PA
NUWIQ SOLR	P	SP;PA
NUWIQ KIT	P	SP;PA
OBIZUR	P	SP;PA
PROFILNINE	P	SP;PA
REBINYN	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

Drug Name	Drug Tier	Requirement s/Limits
Bradykinin B2 Receptor Antagonists		
FIRAZYR (Use <i>icatibant acetate</i>)	NP	SP;PA
<i>icatibant acetate</i>	P	SP;PA
Complement Inhibitors		
BERINERT KIT	P	SP;PA
CINRYZE SOLR IV	P	SP;PA
ENJAYMO	P	SP;PA
HAEGARDA SOLR SC	P	SP;PA
RUCONEST	P	SP;PA
TAVNEOS	P	SP;PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	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
THROMBATE III W/10 ML STERILE WATER	P	SP;PA
THROMBATE III W/20 ML STERILE WATER	P	SP;PA
Platelet Aggregation Inhibitors		
BRILINTA	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
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)
INTEGRILIN (Use <i>eptifibatide</i>)	NP	
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	P	QL(1 ea daily)
Pyruvate Kinase Activators		
PYRUKYND TABS	P	SP;PA
PYRUKYND TAPER PACK TBPk	P	SP;PA
Thrombolytic Agent - Misc		
DEFITELIO	P	SP;PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP;PA
CEREZYME 400 UNIT	P	SP;PA
ELELYSO	P	SP;PA
<i>miglustat</i>	P	SP;PA
VPRIV	P	SP;PA
ZAVESCA (Use <i>miglustat</i>)	NP	SP;PA
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
ENDARI	P	SP;PA
OXBRYTA TABS	P	SP;PA
OXBRYTA TBSO	P	SP;PA
SIKLOS TABS	P	PA

Drug Name	Drug Tier	Requirements/Limits
Cobalamins		
<i>cyanocobalamin soln ij</i>	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
<i>folic acid tabs 1 MG</i>	P	RX/OTC
<i>folic acid tabs 400 MCG, 800 MCG</i>	P	OTC;QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOSY	P	SP;PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP;PA
DOPTELET	P	SP;PA
EPOGEN	P	SP;PA
FULPHILA	P	SP;PA
GRANIX SOLN	P	SP;PA
GRANIX SOSY	P	SP;PA
LEUKINE SOLR IJ	P	SP;PA
MIRCERA	P	SP;PA
MULPLETA	P	SP;PA
NEULASTA SOSY	P	SP;PA
NEULASTA ONPRO KIT PSKT	P	SP;PA
NEUPOGEN SOSY	P	SP;PA
NEUPOGEN SOLN	P	SP;PA
NIVESTYM SOLN	P	SP;PA
NIVESTYM SOSY	P	SP;PA
NPLATE	P	SP;PA
NYVEPRIA	P	SP;PA
PROCRIT	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT	P	SP;PA
PROMACTA TABS	P	SP;PA
PROMACTA PACK	P	SP;PA
RELEUKO SOLN	P	SP;PA
RELEUKO SOSY	P	SP;PA
RETACRIT	P	SP;PA
RETACRIT	P	SP;PA
UDENYCA	P	SP;PA
ZARXIO	P	SP;PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 6.9 MG-5 MG-1 MG-15 MCG-6 MG-30 MG-200 MG-10 MG-324 MG-10 MG-18.2 MG-0.8 MG-1.3 MG</i>	P	QL(1 ea daily)
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 tabs</i>	P	OTC;QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	OTC;QL(100 ea per 30 days retail);AL(Up to 50 yrs old)
<i>ferrous sulfate tabs 65 MG, 325 MG</i>	P	OTC;AL(Up to 50 yrs old)
<i>ferrous sulfate tbec</i>	P	OTC;AL(Up to 50 yrs old)
<i>ferrous sulfate elix</i>	P	OTC;AL(Up to 50 yrs old)
<i>ferrous sulfate soln</i>	P	OTC;QL(3.4 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
FERROUS SULFATE TBEC	P	OTC;AL(Up to 50 yrs old)
HEMOCYTE TABS (<i>Use ferrous fumarate</i>)	NP	OTC;QL(2 ea daily)
IRON TABS 28 MG	P	OTC
IRON CHEWS PEDIATRIC CHEW	P	OTC
<i>polysaccharide iron complex caps 150 MG</i>	P	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBI	P	SP;PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG (<i>Use aminocaproic acid</i>)	NP	SP;PA
AMICAR TABS 500 MG (<i>Use aminocaproic acid</i>)	NP	QL(24 ea per fill retail);SP
AMICAR SOLN OR (<i>Use aminocaproic acid</i>)	NP	QL(236.5 ml per 30 days retail);SP
<i>aminocaproic acid soln or .25 GM/ML</i>	P	QL(236.5 ml per 30 days retail);SP
<i>aminocaproic acid tabs 1000 MG</i>	P	SP;PA
<i>aminocaproic acid soln iv 250 MG/ML</i>	P	SP;PA
<i>aminocaproic acid tabs 500 MG</i>	P	QL(24 ea per fill retail);SP
LYSTEDA TABS (<i>Use tranexamic acid</i>)	NP	QL(30 ea per 7 days retail);AL(At least 12 yrs old)
<i>tranexamic acid tabs</i>	P	QL(30 ea per 7 days retail);AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		

Drug Name	Drug Tier	Requirement s/Limits
<i>diphenhydramine hcl (sleep) tabs 25 MG</i>	P	OTC;QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 MG</i>	P	OTC
<i>diphenhydramine hcl (sleep) caps 50 MG</i>	P	OTC
<i>doxylamine succinate (sleep)</i>	P	OTC
NYTOL MAXIMUM STRENGTH TABS (<i>Use diphenhydramine hcl (sleep)</i>)	NP	OTC
TYLENOL PM EXTRA STRENGTH LIQD 50 MG/30ML-1000 MG/30ML (<i>Use diphenhydramine-acetaminophen (sleep)</i>)	NP	
UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NP	OTC
UNISOM SLEEPTABS (<i>Use doxylamine succinate (sleep)</i>)	NP	OTC
Barbiturate Hypnotics		
NEMBUTAL SODIUM SOLN (<i>Use pentobarbital sodium</i>)	NP	
<i>phenobarbital elix</i>	P	
<i>phenobarbital tabs</i>	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NP	QL(14 ea per 31 days retail);AL(At least 21 yrs old)
<i>flurazepam hcl</i>	P	AL(At least 18 yrs old- Up to 65 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
HALCION .25 MG (<i>Use triazolam</i>)	NP	QL(1 ea daily);AL(At least 18 yrs old)
<i>midazolam hcl soln ij</i>	P	
RESTORIL 15 MG, 30 MG (<i>Use temazepam</i>)	NP	AL(At least 18 yrs old)
<i>temazepam 15 MG, 30 MG</i>	P	AL(At least 18 yrs old)
<i>triazolam</i>	P	QL(1 ea daily);AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	P	QL(1 ea daily);AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	P	QL(2 ea daily);AL(At least 18 yrs old)
<i>zolpidem tartrate tabs</i>	P	QL(14 ea per 31 days retail);AL(At least 21 yrs old)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	P	SP;PA
HETLIOZ LQ SUSP	P	SP;PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	P	OTC;QL(10 ea daily)
EVAC POWD (<i>Use psyllium</i>)	NP	OTC
FIBERCON TABS (<i>Use calcium polycarbophil</i>)	NP	OTC;QL(10 ea daily)
KONSYL DAILY FIBER POWD (<i>Use psyllium</i>)	NP	OTC
METAMUCIL CAPS (<i>Use psyllium</i>)	NP	OTC
METAMUCIL POWD (<i>Use psyllium</i>)	NP	OTC
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use psyllium</i>)	NP	OTC

Drug Name	Drug Tier	Requirement s/Limits
NATURAL FIBER LAXATIVE POWD	P	OTC
<i>psyllium caps .52 GM</i>	P	OTC
<i>psyllium powd 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 68 %, 100 %</i>	P	OTC
Laxative Combinations		
GOLYTELY SOLR 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	QL(4000 ml per fill retail)
NULYTELY 420 GM-5.72 GM-1.48 GM-11.2 GM (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NP	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS 420 GM-5.72 GM-1.48 GM-11.2 GM (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NP	QL(4000 ml per fill retail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	P	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride 420 GM-5.72 GM-1.48 GM-11.2 GM</i>	P	QL(4000 ml per fill retail)
PEG-PREP 210 GM-2.86 GM-5 MG-0.74 GM-5.6 GM	P	
<i>sennosides-docusate sodium tabs 8.6 MG-50 MG</i>	P	OTC;QL(4 ea daily)

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
SEKOKOT S TABS 8.6 MG-50 MG (Use <i>sennosides-docusate sodium</i>)	NP	OTC;QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) supp 2 GM</i>	P	OTC
GLYCERIN ADULT SUPP (Use <i>glycerin (laxative)</i>)	NP	OTC
<i>lactulose soln</i>	P	
MIRALAX PACK (Use <i>polyethylene glycol 3350</i>)	NP	
MIRALAX POWD (Use <i>polyethylene glycol 3350</i>)	NP	QL(34 gm daily)
PEDIA-LAX SUPP (Use <i>glycerin (laxative)</i>)	NP	
<i>polyethylene glycol 3350 powd</i>	P	QL(34 gm daily)
SORBITOL OR 70 %	P	OTC
Saline Laxatives		
FLEET ENEMA ENEM 7 GM/197ML-19 GM/197ML (Use <i>sodium phosphates</i>)	NP	OTC
FLEET PEDIATRIC ENEM 3.5 GM/59ML-9.5 GM/59ML (Use <i>sodium phosphates</i>)	NP	OTC
<i>magnesium citrate</i>	P	OTC
<i>magnesium hydroxide susp 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	OTC;QL(992 ml per 30 days retail)
<i>sodium phosphates enem</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits
Stimulant Laxatives		
<i>bisacodyl supp</i>	P	OTC;QL(12 ea per fill retail)
<i>bisacodyl tbec</i>	P	OTC;QL(1 ea daily)
DULCOLAX SUPP (Use <i>bisacodyl</i>)	NP	OTC;QL(12 ea per fill retail)
DULCOLAX TBEC (Use <i>bisacodyl</i>)	NP	OTC;QL(1 ea daily)
DULCOLAX PINK LAXATIVE TBEC (Use <i>bisacodyl</i>)	NP	OTC;QL(1 ea daily)
<i>sennosides tabs 8.6 MG</i>	P	OTC;QL(12 ea per fill retail)
SEKOKOT TABS (Use <i>sennosides</i>)	NP	OTC;QL(12 ea per fill retail)
Surfactant Laxatives		
COLACE CAPS 100 MG (Use <i>docusate sodium</i>)	NP	OTC;QL(3 ea daily)
COLACE CLEAR CAPS (Use <i>docusate sodium</i>)	NP	OTC
<i>docusate sodium caps 100 MG, 250 MG</i>	P	OTC;QL(3 ea daily)
<i>docusate sodium caps 50 MG</i>	P	OTC
<i>docusate sodium syr</i>	P	OTC
<i>docusate sodium tabs</i>	P	OTC
<i>docusate sodium liqd</i>	P	OTC
DOCUSATE SODIUM SYRP	P	OTC
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
CARBOCAINE SOLN 1 % (Use <i>mepivacaine hcl</i>)	NP	
MACROLIDES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirement s/Limits
Azithromycin		
<i>azithromycin susr 200 MG/5ML</i>	P	QL(30 ml per fill retail)
<i>azithromycin pack</i>	P	QL(2 ea per fill retail)
<i>azithromycin tabs 500 MG</i>	P	QL(4 ea daily)
<i>azithromycin tabs 250 MG</i>	P	QL(6 ea per fill retail)
<i>azithromycin tabs 600 MG</i>	P	QL(8 ea per 28 days retail)
<i>azithromycin susr 100 MG/5ML</i>	P	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (Use <i>azithromycin</i>)	NP	QL(30 ml per fill retail)
ZITHROMAX SUSR 100 MG/5ML (Use <i>azithromycin</i>)	NP	QL(15 ml per fill retail)
ZITHROMAX SOLR (Use <i>azithromycin</i>)	NP	
ZITHROMAX PACK (Use <i>azithromycin</i>)	NP	QL(2 ea per fill retail)
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i>)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (Use <i>azithromycin</i>)	NP	QL(4 ea daily)
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NP	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin susr 250 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>clarithromycin susr 125 MG/5ML</i>	P	QL(100 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>clarithromycin tabs</i>	P	QL(28 ea per fill retail)
<i>clarithromycin tb24</i>	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base cpep</i>	P	
<i>erythromycin base tabs</i>	P	
<i>erythromycin base tbec</i>	P	
<i>erythromycin ethylsuccinate susr</i>	P	
<i>erythromycin ethylsuccinate tabs</i>	P	
<i>erythromycin stearate tabs 250 MG</i>	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	P	RX/OTC
BAND-AID GAUZE PADS LARGE4" X 4" PADS	P	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	P	

Drug Name	Drug Tier	Requirement s/Limits
BAND-AID GAUZE PADS SMALL2" X 2" PADS	P	RX/OTC
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	P	RX/OTC
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
BORDERED GAUZE PADS 0	P	RX/OTC
CARRASMART PADS 0	P	RX/OTC
CARRASMART FOAM PADS 0	P	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS 0	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS 0	P	RX/OTC
CRUAD GAUZE PADS 4" X 4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	P	
CURITY ALL PURPOSE SPONGES 4 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
CURITY ALL PURPOSE SPONGES 4"X4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	P	RX/OTC
CURITY COVER SPONGES 3"X3" PADS	P	
CURITY COVER SPONGES 4"X4" PADS	P	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
CURITY GAUZE PADS 2"X2" 12 PLY PADS	P	RX/OTC
CURITY GAUZE PADS 3"X3" PADS	P	
CURITY GAUZE PADS 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 2"X2"12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 3"X3" 12 PLY PADS	P	

Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	P	RX/OTC
CURITY NON-ADHERENT STRIPS 3"X3" PADS	P	
CURITY SPONGES/CELLULOSE FILLED/2"X2" PADS	P	RX/OTC
CURITY SPONGES/CELLULOSE FILLED/4"X4" PADS	P	RX/OTC
CVS GAUZE PAD 3"X3" PADS	P	
CVS GAUZE PADS 2"X2" 12-PLY PADS	P	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS	P	
DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS	P	
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	P	RX/OTC
DERMACEA I.V. SPONGES 2"X2" PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS	P	
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 3"X3" 12 PLY PADS	P	
DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS	P	
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	P	RX/OTC
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4" PADS	P	RX/OTC
DRYMAX EXTRA PADS 0	P	RX/OTC
EQL GAUZE PADS 2"X2"/SMALL PADS	P	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	P	RX/OTC
EQL GAUZE STERILE PADS 3"X3" PADS	P	
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	P	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	P	RX/OTC
GAUZE DRESSING 4"X4" PADS	P	RX/OTC
GAUZE PADS PADS	P	RX/OTC
GAUZE PADS 2"X2" PADS	P	RX/OTC
GAUZE PADS 3"X3" PADS	P	
GAUZE PADS 4"X4" PADS	P	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	P	RX/OTC
GAUZE SPONGES	P	RX/OTC
GNP STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
GNP STERILE GAUZE PADS 3"X3" PADS	P	
HM STERILE PADS PADS	P	RX/OTC
HM STERILE PADS 2"X2" PADS	P	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	P	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	P	RX/OTC
J & J GAUZE 2"X2" 8 PLY PADS	P	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS	P	
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS	P	
KERLIX SPONGES 4" X 4" 12 PLY PADS	P	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	P	RX/OTC
MIRASORB SPONGES 2" X 2" MISC	P	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	P	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	P	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
OPTIFOAM PADS 0	P	RX/OTC
POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC
QC ALL PURPOSE DRESSINGS 4"X4" PADS	P	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	P	RX/OTC
QC STERILE PADS PADS 0	P	RX/OTC
RA STERILE PADS 2"X2" PADS	P	RX/OTC
RA STERILE PADS 3"X3" PADS	P	
RA STERILE PADS 4"X4" PADS	P	RX/OTC
RAY-TEC X-RAY DETECTABLE SPONGES 4" X 4" 16 PLY MISC	P	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	P	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	P	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	P	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	P	
SM GAUZE PADS 2"X2" PADS	P	RX/OTC
SM GAUZE PADS 3"X3" PADS	P	

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
SM GAUZE PADS 4"X4" PADS	P	RX/OTC
SM STERILE PADS PADS	P	RX/OTC
SM STERILE PADS 2"X2" PADS	P	RX/OTC
SOF-WICK 4"X4" PADS	P	RX/OTC
STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
STERILE GAUZE PADS 3"X3" PADS	P	
STERILE PADS 2"X2" PADS	P	RX/OTC
STERILE PADS 3"X3" PADS	P	
STERILE PADS 4"X4" PADS	P	RX/OTC
SURGICAL GAUZE SPONGE PADS	P	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS	P	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC
THERAGAUZE PADS 0	P	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	P	QL(36 ea per 30 days retail)
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
DUREX EXTRA SENSITIVE DEVI	P	QL(36 ea per 30 days retail)
FANTASY LUBRICATED MISC	P	QL(36 ea per 30 days retail)
FANTASY LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per 30 days retail)
KAMELEON LUBRICATED MISC	P	QL(36 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
KIMONO COLORS DEVI	P	QL(36 ea per 30 days retail)
KIMONO LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO PS LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO SENSATION LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO SPECIAL DEVI	P	QL(36 ea per 30 days retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	P	QL(36 ea per 30 days retail)
K-Y ME & YOU INTENSE DEVI	P	QL(36 ea per 30 days retail)
MAXX LUBRICATED MISC	P	QL(36 ea per 30 days retail)
MAXX PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 30 days retail)
PREMIUM CONDOMS LUBRICATED MISC	P	QL(36 ea per 30 days retail)
REALITY LATEX CONDOMS/LUBRICATED MISC	P	QL(36 ea per 30 days retail)
REALITY LATEX/ULTRA TEXTURED DEVI	P	QL(36 ea per 30 days retail)

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
REALITY LATEX/ULTRA THIN DEVI	P	QL(36 ea per 30 days retail)
TRUSTEX COLOR CONDOMS + LUBE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED EXTRALARGE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	QL(36 ea per 30 days retail)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX/RIA LUBRICATED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	QL(6.67 ea daily)
ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ADVANCED MOBILE LANCET 30G	NP	
ADVOCATE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	NP	
AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	NP	
AGAMATRIX ULTRA-THIN LANCETS 33G	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 32G	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G	P	QL(6.67 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	P	QL(1 ea per 180 days retail)
ASSURE LANCE SAFETY LANCET 28G	NP	
AURORA LANCET SUPER THIN30G	P	QL(6.67 ea daily)
AURORA LANCET THIN 23G	P	QL(6.67 ea daily)
AUTO-LANCET MISC	P	QL(1 ea per 180 days retail)

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
AUTO-LANCET MINI MISC	P	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	P	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	P	QL(1 ea per 180 days retail)
BD LANCET ULTRAFINE 30G	P	QL(6.67 ea daily)
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	NP	
CARDIOCOM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE LANCET SUPER THIN/30G	P	QL(6.67 ea daily)
CAREONE LANCET THIN	P	QL(6.67 ea daily)
CARESENS LANCETS	P	QL(6.67 ea daily)
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	NP	
CARETOUCH LANCING DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
CARETOUCH SAFETY LANCETS/26G	NP	
CARETOUCH SAFETY LANCETS/28G	NP	
CARETOUCH SAFETY LANCETS/30G	NP	

Drug Name	Drug Tier	Requirement s/Limits
CARETOUCH TWIST LANCETS 28G	P	QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 30G	P	QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 33G	NP	
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	QL(6.67 ea daily)
CLEANLET LANCETS 28G	P	QL(6.67 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G	P	QL(6.67 ea daily)
COMFORT LANCETS	P	QL(6.67 ea daily)
COMFORT TOUCH LANCETS ULTRA THIN 31G	NP	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	NP	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	NP	
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CVS LANCETS 21G	P	QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS MICRO-THIN 33G	P	QL(6.67 ea daily)
CVS LANCETS ORIGINAL	P	QL(6.67 ea daily)
CVS LANCETS THIN 26G	P	QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
CVS LANCETS ULTRA-THIN 30G	P	QL(6.67 ea daily)
CVS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS	P	QL(6.67 ea daily)
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	
DEXCOM G4 PLATINUM RECEIVER KIT	NP	
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	
DEXCOM G5 MOBILE RECEIVERKIT	NP	
DEXCOM G5 RECEIVER KIT	NP	
DEXCOM G6 RECEIVER	NP	
DEXCOM G7 RECEIVER	NP	
DEXCOM G7 SENSOR	NP	
DIATHRIVE LANCETS	P	QL(6.67 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
DIATHRIVE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DROPLET LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
DROPLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DROPLET PERSONAL LANCETS30G	NP	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G	P	QL(6.67 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G	NP	
EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
EASY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
EASY TALK PLUS II CONTROLHIGH SOLN	NP	
EASY TALK PLUS II CONTROLLOW SOLN	NP	
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
EASY TOUCH LANCETS 30G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/TWIST	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST	P	QL(6.67 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	QL(1 ea per 180 days retail)
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	NP	
EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	NP	
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	NP	
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	NP	
EQL COLOR LANCETS 21G	P	QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G	P	QL(6.67 ea daily)
EQL THIN LANCETS 26G	P	QL(6.67 ea daily)
EVERSENSE SENSOR/HOLDER	NP	
E-Z JECT LANCETS	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
E-Z JECT LANCETS 21G	P	QL(6.67 ea daily)
E-Z JECT LANCETS COLOR	P	QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G	P	QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G	P	QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT	P	QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT	P	QL(6.67 ea daily)
EZ-LETS LANCETS 30G	P	QL(6.67 ea daily)
FIFTY50 UNILET LANCETS 33G	P	QL(6.67 ea daily)
FORA LANCETS	P	QL(6.67 ea daily)
FORA LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
FORA LANCING DEVICE/CLEARCAP MISC	P	QL(1 ea per 180 days retail)
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail);PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 days retail);PA

Drug Name	Drug Tier	Requirement s/Limits
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail);PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail);PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	NP	
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail);PA
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P	QL(1 ea per 180 days retail)
GENTLE-LET GP LANCETS	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	QL(6.67 ea daily)
GLOBAL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GLUCOCOM LANCETS 28G	P	QL(6.67 ea daily)
GLUCOCOM LANCETS 30G	P	QL(6.67 ea daily)
GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	NP	
GNP LANCETS 21G	P	QL(6.67 ea daily)
GNP LANCETS THIN	P	QL(6.67 ea daily)
GNP LANCETS THIN 26G	P	QL(6.67 ea daily)
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 ea per 180 days retail)
GNP STERILE LANCETS 28G	P	QL(6.67 ea daily)
GNP STERILE LANCETS 30G	P	QL(6.67 ea daily)
GNP STERILE LANCETS 33G	P	QL(6.67 ea daily)
GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 ea per 180 days retail)
GOJJI STERILE LANCETS 30G	P	QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	NP	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	NP	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	QL(6.67 ea daily)
GOODSENSE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	
HEALTH CARE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirement s/Limits
H-E-B INCONTROL LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
HY-VEE LANCETS	P	QL(6.67 ea daily)
HY-VEE THIN LANCETS	P	QL(6.67 ea daily)
IN TOUCH LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KINNEY LANCETS	P	QL(6.67 ea daily)
KINNEY THIN LANCETS	P	QL(6.67 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KROGER HEALTHPRO TWIST LANCETS/26G	P	QL(6.67 ea daily)
KROGER LANCETS	P	QL(6.67 ea daily)
KROGER LANCETS 21G	P	QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G	P	QL(6.67 ea daily)
KROGER LANCETS SUPER THIN	P	QL(6.67 ea daily)
KROGER LANCETS THIN	P	QL(6.67 ea daily)
KROGER LANCETS THIN 26G	P	QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G	P	QL(6.67 ea daily)
KROGER LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LANCET DEVICE ADJUSTABLE MISC	P	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
LANCETS	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
LANCETS 26G TWIST TOP	P	QL(6.67 ea daily)
LANCETS 30G	P	QL(6.67 ea daily)
LANCETS 30G TWIST TOP	NP	
LANCETS 33G EXTRA FINE	NP	
LANCETS SAFETY SEAL 21G	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G	P	QL(6.67 ea daily)
LANCETS SUPER THIN 28G	P	QL(6.67 ea daily)
LANCETS THIN	P	QL(6.67 ea daily)
LANCETS ULTRA THIN	P	QL(6.67 ea daily)
LANCETS-MISC	P	QL (6.67 ea daily); OTC
LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LANCING DEVICE-MISC	P	OTC
LANZO MISC	P	QL(1 ea per 180 days retail)
LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIBERTY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LITE TOUCH LANCING PEN MISC	P	QL(1 ea per 180 days retail)
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G	P	QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G	P	QL(6.67 ea daily)
LONGS LANCETS STANDARD	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
LONGS LANCETS THIN	P	QL(6.67 ea daily)
MEDISENSE THIN LANCETS	P	QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G	P	QL(6.67 ea daily)
MEIJER LANCETS	P	QL(6.67 ea daily)
MEIJER LANCETS THIN	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G	P	QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS	P	QL(6.67 ea daily)
MICROLET NEXT MISC	P	QL(1 ea per 180 days retail)
MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
MM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
MONOLET LANCETS	P	QL(6.67 ea daily)
MONOLET OPD LANCETS	P	QL(6.67 ea daily)
MULTI-LANCET DEVICE MISC	P	QL(1 ea per 180 days retail)
NOVA SUREFLEX LANCETS	P	QL(6.67 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH CLUB LANCETS FINE POINT	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G	P	QL(6.67 ea daily)

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DELICA LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH FINEPOINT LANCETS	P	QL(6.67 ea daily)
ONETOUCH SOLUTIONS FIT KIT	NP	
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	QL(0 ea daily)
ONETOUCH ULTRA 2 KIT	P	RX/OTC
ONETOUCH ULTRA MINI KIT	P	RX/OTC
ONETOUCH ULTRASOFT LANCETS	P	QL(6.67 ea daily)
ONETOUCH VERIO KIT	P	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO REFLECT KIT	P	RX/OTC
PC LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PERFECT LANCETS 30G	P	QL(6.67 ea daily)
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	NP	
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	NP	
PHARMACY COUNTER LANCETS	P	QL(6.67 ea daily)
PIP GLUCOSE CONTROL SOLUTION LIQD	NP	
PIP LANCETS/28G	NP	
PIP LANCETS/30G	NP	
PRECISION THINS GP LANCET	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G	P	QL(6.67 ea daily)
PRODIGY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
PRODIGY TWIST TOP LANCETS	P	QL(6.67 ea daily)
PSS SELECT GP LANCETS	P	QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS	P	QL(6.67 ea daily)
PURE COMFORT LANCETS 30G	NP	
PUSH BUTTON SAFETY LANCETS 28G	NP	
PX ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
PX LANCET AUTO INJECTOR MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirement s/Limits
PX LANCETS MICROTHIN 33G	P	QL(6.67 ea daily)
PX LANCETS ULTRA THIN	P	QL(6.67 ea daily)
QC ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN	P	QL(6.67 ea daily)
QC LANCETS ULTRA THIN	P	QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G	P	QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/21G/2.2MM	NP	
READYLANCE SAFETY LANCETS/23G/1.8MM	NP	
READYLANCE SAFETY LANCETS/26G/1.8MM	NP	
READYLANCE SAFETY LANCETS/28G/1.8MM	NP	
REALITY LANCETS	P	QL(6.67 ea daily)
RELION 2-IN-1 LANCET DEVICES 30G MISC	P	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 25G MISC	P	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 30G MISC	P	QL(1 ea per 180 days retail)
RELION LANCETS MICRO-THIN33G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
RELION LANCETS THIN 26G	P	QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G	P	QL(6.67 ea daily)
RELION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
RELION ULTRA THIN LANCETS/30G	P	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS30G	P	QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G	P	QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G	P	QL(6.67 ea daily)
REXALL LANCETS ULTRA THIN	P	QL(6.67 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
RIGHTEST GL300 LANCETS	P	QL(6.67 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED	NP	
SAFETY LANCET 30G/PRESSURE ACTIVATED	NP	
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	NP	
SB LANCETS THIN	P	QL(6.67 ea daily)
SB LANCETS ULTRA THIN	P	QL(6.67 ea daily)
SELECT-LITE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SHOPKO AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SHOPKO UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
SHOPKO UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
SIDE BUTTON SAFETY LANCET21G	P	QL(6.67 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SM MICRO THIN LANCETS 33G	P	QL(6.67 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SMART DIABETES VANTAGE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G	P	QL(6.67 ea daily)
SOLUS V2 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
STERILANCE TL	P	QL(6.67 ea daily)
SUPER THIN LANCETS	P	QL(6.67 ea daily)
SURE COMFORT LANCING PEN MISC	P	QL(1 ea per 180 days retail)
SURELITE LANCETS	P	QL(6.67 ea daily)
SURE-PEN MISC	P	QL(1 ea per 180 days retail)
TECHLITE AST LANCETS	P	QL(6.67 ea daily)
TECHLITE LANCETS	P	QL(6.67 ea daily)
TECHLITE LANCETS 30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
TEMPO WELCOME KIT	NP	RX/OTC
TGT LANCET MICRO THIN 33G	P	QL(6.67 ea daily)
TGT LANCET THIN 26G	P	QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G	P	QL(6.67 ea daily)
TGT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
THINLETS GP LANCETS	P	QL(6.67 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G	P	QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G	P	QL(6.67 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G	NP	
TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	NP	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	NP	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	NP	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	NP	
TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G	P	QL(6.67 ea daily)

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
TRUEPLUS LANCETS 28G	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 30G	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 33G	P	QL(6.67 ea daily)
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	QL(1 ea per 180 days retail)
ULILET CLASSIC LANCETS	P	QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET	P	QL(6.67 ea daily)
UNILET EXCELITE	P	QL(6.67 ea daily)
UNILET EXCELITE II	P	QL(6.67 ea daily)
UNILET G.P. LANCET	P	QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET	P	QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN	P	QL(6.67 ea daily)
UNILET LANCET	P	QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G	P	QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G	P	QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G	P	QL(6.67 ea daily)
UNILET SUPERLITE LANCET	P	QL(6.67 ea daily)
UNISTIK PRO SAFETY LANCET 21G	NP	
UNISTIK PRO SAFETY LANCET 25G	NP	

Drug Name	Drug Tier	Requirement s/Limits
UNISTIK PRO SAFETY LANCET 28G	NP	
UNISTIK TOUCH SAFETY LANCETS 21G	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G	P	QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G	P	QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G	P	QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G	P	QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G	P	QL(6.67 ea daily)
VALUE PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
VALUMARK LANCET SUPER THIN 30G	P	QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G	P	QL(6.67 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	QL(1 ea per 180 days retail)
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
VIVAGUARD INO CONTROL SOLUTION LIQD	NP	
VIVAGUARD LANCETS	NP	
VIVAGUARD LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirement s/Limits
VIVAGUARD SAFETY LANCETS/28G	NP	
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	P	QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	P	QL(6.67 ea daily)
WALGREENS THIN LANCETS	P	QL(6.67 ea daily)
ZEV RX TWIST TOP LANCETS 30G	NP	
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	NP	RX/OTC
ALCOHOL PREP PAD	NP	RX/OTC
ALCOHOL PREP PADS	NP	RX/OTC
ALCOHOL PREP PADS	P	QL(400 ea per 30 days retail);RX/OTC
ALCOHOL PREP PADS-MISC	P	OTC
ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
BD SWABS SINGLE USE	P	QL(400 ea per 30 days retail);RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	QL(400 ea per 30 days retail);RX/OTC
CARE TOUCH ALCOHOL PREP PADS	NP	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	NP	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	QL(400 ea per 30 days retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
CVS PREP PADS	P	QL(400 ea per 30 days retail);RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC
EASY COMFORT ALCOHOL PADS	NP	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	QL(400 ea per 30 days retail);RX/OTC
EQL ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	QL(400 ea per 30 days retail);RX/OTC
GNP ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	QL(400 ea per 30 days retail);RX/OTC
HM STERILE ALCOHOL PREP PADS	NP	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	QL(400 ea per 30 days retail);RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	NP	RX/OTC
PHARMACIST CHOICE ALCOHOL PREP PADS	NP	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	NP	RX/OTC
QC ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
RA ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
REALITY SWABS	P	QL(400 ea per 30 days retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
RELION ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	NP	RX/OTC
SB ALCOHOL PREP PADS	P	QL(400 ea per 30 days retail);RX/OTC
SM ALCOHOL PREP PADS	P	QL(400 ea per 30 days retail);RX/OTC
SURE COMFORT ALCOHOL PREP PADS	NP	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	NP	RX/OTC
ULTICARE ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	QL(400 ea per 30 days retail);RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	QL(400 ea per 30 days retail);RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	QL(400 ea per 30 days retail);RX/OTC
ZEVXR STERILE ALCOHOL PREP PADS	NP	RX/OTC
Optical and Ophthalmic Supplies		
SUSVIMO OCULAR IMPLANT	P	SP;PA
Parenteral Therapy Supplies		
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	P	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	P	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	P	QL(5 ea daily)
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	NP	
AUM MINI INSULIN PEN NEEDLE/32GX4MM	NP	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	NP	

Drug Name	Drug Tier	Requirements/Limits
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	NP	RX/OTC
AUM SAFETY PEN NEEDLE/31G X 5MM	NP	RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
BD AUTOSHIELD 29G X 3/16"	P	QL(5 ea daily)
BD AUTOSHIELD 29G X 5/16"	P	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM	P	QL(5 ea daily)
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	P	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	P	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 12.7MM	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 8MM	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3 ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5 ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
BD INSULIN SYRINGE/1ML/29G X 12.7MM	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	P	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	P	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	P	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	P	QL(5 ea daily)
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	P	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	P	QL(5 ea daily);RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	NP	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	P	QL(5 ea daily);RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	P	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	P	QL(5 ea daily);RX/OTC
BD PEN NEEDLES	P	QL (5 ea daily); OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	P	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX 5/16"	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX 5/16"	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH INSULIN SYRINGE 0.5ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 5MM	NP	RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 8MM	NP	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM	NP	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM	NP	

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	P	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	P	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	P	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	P	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	NP	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLE/30G X 3/16"	NP	
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	NP	
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	P	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"	P	QL(5 ea daily);RX/OTC
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML /30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/30G X 1/2"	P	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/30G X 1/2"	P	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3 ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
GNP INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/0.3ML/30G X5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1/2ML/29G X1/2"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	P	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES/31GX5/16"	NP	RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	NP	RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4"	NP	
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	NP	RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	NP	RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	NP	

Drug Name	Drug Tier	Requirement s/Limits
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	NP	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	P	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/ 30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	NP	RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	NP	RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1"	P	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	P	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	P	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" 0	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES 0	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES	P	QL (5 ea daily); OTC
INSULIN SYRINGES/0.5ML/27G X1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/28G X1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/29G X1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/30G X5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/31G X 5/16"	P	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31G X5/16"	P	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX/1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/27GX1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
INSULIN SYRINGES/1ML/28GX1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/30GX1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	P	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	P	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	P	QL(5 ea daily);RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	P	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
LITETOUCH INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/ 28G X 1/2"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/ 30G X 5/16"	P	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"	P	QL(5 ea daily);RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/ 29G X 1/2"	P	QL(5 ea daily);RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/ 30G X 5/16"	P	QL(5 ea daily);RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5M L/28GX1/2"	P	QL(5 ea daily);RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/ 28GX1/2"	P	QL(5 ea daily);RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" 0	P	QL(5 ea daily);RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	NP	
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	P	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/1ML	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	P	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
PEN NEEDLES 30GX5MM	NP	
PENTIPS 31GX5MM	NP	RX/OTC
PENTIPS 31GX8MM	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PENTIPS 32GX4MM	NP	RX/OTC
PENTIPS 32GX6MM	NP	
PIP PEN NEEDLES 31G X 5MM	NP	RX/OTC
PIP PEN NEEDLES 32G X 4MM	NP	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	P	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	NP	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	P	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	P	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	P	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
QC UNIFINE PENTIPS 32GX4MM	NP	RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
RAYA SURE PEN NEEDLE 31GX 5MM	NP	RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	NP	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	P	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/ 28G X 1/2"	P	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"	P	QL(5 ea daily);RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
RELION INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/ 31G X 15/64"	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"	P	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	P	QL(5 ea daily);RX/OTC
SAFETY PEN NEEDLES/30G X3/16"	NP	
SB INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"	P	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/ 30G X 5/16"	P	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"	P	QL(5 ea daily);RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5 ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML /29GX1/2"	P	QL(5 ea daily);RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NP	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5M L/30G X 1/2"	P	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	P	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	P	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	P	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5 ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5 ML/31G X 5/16"	P	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/1ML /30G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML /31G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-10 0/0.5ML/30G X 1/2"	P	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/U-10 0/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM 0	NP	RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM 0	NP	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/ 28G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/ 30G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	P	QL(5 ea daily)

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3M L/31G X 5/16"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5M L/31G X 5/16"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
ULTICARE INSULIN SYRINGE/SHORT/1ML/ 30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/ 31G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3M L/30G X 1/2"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5M L/30G X 1/2"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/ 30G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	NP	

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	P	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	P	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	P	QL(5 ea daily)
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	NP	RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	P	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	P	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 31GX5MM	NP	RX/OTC
UNIFINE PENTIPS 31GX8MM	NP	RX/OTC
UNIFINE PENTIPS 32GX4MM	NP	RX/OTC
UNIFINE PENTIPS 32GX6MM	NP	
UNIFINE PENTIPS PLUS/30GX 3/16"	NP	

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS/30GX 3/16"	NP	
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	NP	RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30GX 3/16"	NP	
UNIFINE ULTRA PEN NEEDLE/31GX5MM	NP	RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	NP	RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	NP	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29GX 1/2"	P	QL(5 ea daily);RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29GX 1/2"	P	QL(5 ea daily);RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30GX 1/2"	P	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30GX 5/16"	P	QL(5 ea daily);RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29GX 1/2"	P	QL(5 ea daily);RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29GX 5/16"	P	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/1ML/30GX 5/16"	P	QL(5 ea daily);RX/OTC

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ZEVX INSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
ZEVX INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ZEVX INSULIN SYRINGE/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
ZEVX INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ZEVX PEN NEEDLES 31G X 5MM	NP	RX/OTC
ZEVX PEN NEEDLES 31G X 8MM	NP	RX/OTC
ZEVX PEN NEEDLES 32G X 4MM	NP	RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 days retail);RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail);RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER MV MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER/FLOW SIGNAL MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail);RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
AIRZONE PEAK FLOW METER	P	RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
ASSESS FULL RANGE PEAK FLOW METER	P	RX/OTC
ASSESS LOW RANGE PEAK FLOW METER	P	RX/OTC
ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC
ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC
ASTHMA CHECK METER-ZONE SYSTEM	P	RX/OTC
ASTHMAMENTOR	P	RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail);RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail);RX/OTC
BREATHE EASE PEAK FLOW METER	P	RX/OTC
BREATHE EASE/LARGE MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BREATHERITE RIGID SPACERW/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE W/LARGE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE W/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE W/SMALL MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail);RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail);RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail);RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail);RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail);RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
EASIVENT MISC	P	QL(2 ea per 360 days retail);RX/OTC
EASIVENT/MASK-LARGE MISC	P	QL(2 ea per 360 days retail);RX/OTC
EASIVENT/MASK-MEDIUM MISC	P	QL(2 ea per 360 days retail);RX/OTC
EASIVENT/MASK-SMALL MISC	P	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail);RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail);RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail);RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
FILTER AIR PP MISC	P	QL(1 ea per 360 days retail);RX/OTC
FLEXICHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail);RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail);RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
INSPIRACHAMBER/LARGE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/SO OTHERMASK/INSPIRAMASK/MEDIUM DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/SO OTHERMASK/INSPIRAMASK/SMALL DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	P	QL(2 ea per 360 days retail);RX/OTC
INSPIREASE RESERVOIR BAGS	P	QL(3 ea per 180 days retail)
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail);RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail);RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail);RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	P	RX/OTC
MICROCHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
MICROCHAMBER MISC	P	QL(2 ea per 360 days retail);RX/OTC
MICROELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail);RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC	P	QL(1 ea per 360 days retail);RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MICROSPACER MISC	P	QL(2 ea per 360 days retail);RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	RX/OTC
MINI WRIGHT PEAK FLOW METER	P	RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail);RX/OTC
MINIELITE RECHARGEABLE BATTERY MISC	P	QL(1 ea per 360 days retail);RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail);RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail);RX/OTC
NOSE CLIP MISC	P	QL(1 ea per 360 days retail);RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail);RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTIHALER MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail);RX/OTC
PARI MASK SET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI VORTEX ADULT MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
PEAK A-I-R FLOW METER	P	RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail);RX/OTC
PERSONAL BEST FULL RANGE	P	RX/OTC

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
PERSONAL BEST LOW RANGE	P	RX/OTC
PFLEX MISC	P	QL(1 ea per 360 days retail);RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 days retail);RX/OTC
PIKO 1 ELECTRONIC	P	RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 days retail);RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 days retail);RX/OTC
POCKET CHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
POCKET PEAK FLOW METER	P	RX/OTC
POCKET SPACER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	P	RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	QL(2 ea per 360 days retail);RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PURE COMFORT PEAK FLOW METER ADULT	P	RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	P	RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 days retail);RX/OTC
RITEFLO DEVI	P	QL(2 ea per 360 days retail);RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)

Drug Name	Drug Tier	Requirement s/Limits
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC
THRESHOLD IMT MISC	P	QL(1 ea per 360 days retail);RX/OTC
TRUZONE PEAK FLOW METER	P	RX/OTC
TUBING/WING TIP MISC	P	QL(1 ea per 360 days retail);RX/OTC
VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
WATCHHALER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail);RX/OTC

MIGRAINE PRODUCTS - Drugs to Treat

Migraine Headaches

Migraine Combinations

CAFERGOT TABS 1 MG-100 MG (<i>Use ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)
<i>ergotamine w/ caffeine tabs 1 MG-100 MG</i>	P	AL(At least 18 yrs old)

Migraine Products

D.H.E. 45 SOLN IJ (<i>Use dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)
---	----	-------------------------

Drug Name	Drug Tier	Requirement s/Limits
<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		
AMERGE (Use <i>naratriptan hcl</i>)	NP	QL(9 ea per 30 days retail);AL(At least 18 yrs old)
<i>eletriptan hydrobromide</i>	P	QL(6 ea per 30 days retail);AL(At least 18 yrs old)
IMITREX TABS (Use <i>sumatriptan succinate</i>)	NP	QL(9 ea per 30 days retail);AL(At least 12 yrs old)
IMITREX SOLN 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2.5 ml per 30 days retail);AL(At least 12 yrs old)
IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i>)	NP	QL(6 ea per 30 days retail);AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail);AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail);AL(At least 12 yrs old)
MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 ea per 30 days retail);AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(0.4 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>naratriptan hcl</i>	P	QL(9 ea per 30 days retail);AL(At least 18 yrs old)
RELPAK (Use <i>eletriptan hydrobromide</i>)	NP	QL(6 ea per 30 days retail);AL(At least 18 yrs old)
<i>rizatriptan benzoate tbdp</i>	P	QL(0.4 ea daily)
<i>rizatriptan benzoate tabs</i>	P	QL(12 ea per 30 days retail);AL(At least 6 yrs old)
<i>sumatriptan</i>	P	QL(6 ea per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate soln 6 MG/0.5ML</i>	P	QL(2.5 ml per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate soaj 6 MG/0.5ML</i>	P	QL(2 ml per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate sosy 6 MG/0.5ML</i>	P	QL(2 ml per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate soct 6 MG/0.5ML</i>	P	QL(2 ml per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate tabs</i>	P	QL(9 ea per 30 days retail);AL(At least 12 yrs old)
<i>zolmitriptan tbdp</i>	P	QL(6 ea per 30 days retail);AL(At least 18 yrs old)
<i>zolmitriptan soln 5 MG</i>	P	QL(6 ea per 30 days retail);AL(At least 12 yrs old)
<i>zolmitriptan tabs</i>	P	QL(6 ea per 30 days retail);AL(At least 18 yrs old)
ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NP	QL(6 ea per 30 days retail);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
ZOMIG SOLN 5 MG (Use zolmitriptan)	NP	QL(6 ea per 30 days retail);AL(At least 12 yrs old)
ZOMIG ZMT TBDP (Use zolmitriptan)	NP	QL(6 ea per 30 days retail);AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	P	OTC;QL(2 ea daily)
<i>calcium carbonate-cholecalciferol tabs 600 MG-10 MCG, 600 MG-20 MCG, 600 MG-400 UNIT, 600 MG-800 UNIT, 600 MG-800 UNIT-400 UNIT-600 MG</i>	P	QL(2 ea daily)
<i>calcium carbonate-cholecalciferol tabs 500 MG-200 UNIT, 500 MG-200 UNIT-200 UNIT-500 MG, 500 MG-5 MCG</i>	P	OTC
<i>calcium carbonate-vitamin d tabs 125 UNIT-250 MG, 200 UNIT-500 MG, 250 MG-125 UNIT, 500 MG-125 UNIT, 500 MG-200 UNIT</i>	P	OTC
<i>calcium carbonate-vitamin d tabs 200 UNIT-600 MG, 400 UNIT-600 MG</i>	P	OTC;QL(2 ea daily)
CALTRATE 600+D3 TABS 600 MG-800 UNIT (Use calcium carbonate-cholecalciferol)	NP	QL(2 ea daily)
<i>oyster shell</i>	P	OTC

Drug Name	Drug Tier	Requirement s/Limits
OYSTER SHELL CALCIUM 500+ D TABS 500 MG-125 UNIT	P	OTC
OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	P	OTC
PARVA-CAL 500 MG-200 UNIT	P	OTC
QC CALCIUM 500MG/D3 TABS 500 MG-200 UNIT	P	OTC
Electrolyte Mixtures		
BIOLYTE SOLN 1.1 GM/437ML-16 MG/437ML-5 MG/437ML-500 MCG/437ML-3 MG/437ML-8 GM/473ML-400 MG/437ML-700 MG/437ML-1 MCG/437ML	P	QL(1000 ml per fill retail)
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-20 MEQ/L-18 MEQ/L	P	QL(1000 ml per fill retail)
CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-35 MEQ/L-30 MEQ/L	P	QL(1000 ml per fill retail)
ENFAMIL ENFALYTE SOLN 4.5 MEQ/100ML-3.3 MEQ/100ML-2.5 MEQ/100ML-5 MEQ/100ML	P	QL(1000 ml per fill retail)
EQUALYTE SOLN 20 MEQ/L-25 GM/L-30.1 MEQ/L-67.6 MEQ/L-78.2 MEQ/L (Use oral electrolytes)	NP	QL(1000 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
HYDRALYTE SOLN 140 MG/250ML-107.5 MG/250ML-132.5 MG/250ML	P	QL(1000 ml per fill retail)
HYDRALYTE FREEZER POPS SOLN 45 MEQ/L-16 GM/L-90 MEQ/L-20 MEQ/L-55 MEQ/L	P	QL(1000 ml per fill retail)
KINDERLYTE SOLN 1590 MG/L-840 MG/L-1270 MG/L-8.6 MG/L	P	QL(1000 ml per fill retail)
KINDERLYTE PREMAX SOLN 630 MG/360ML-620 MG/360ML-330 MG/360ML-3.1 MG/360ML	P	QL(1000 ml per fill retail)
<i>oral electrolytes soln 40 MEQ/L-20 GM/L-7.8 MG/L-20 MEQ/L-50 MEQ/L</i>	P	QL(1000 ml per fill retail)
PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
PEDIALYTE ADVANCED CARE SOLN 20 MEQ/L-2.8 MG/360ML-50 MEQ/L-60 MEQ/L (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
PEDIALYTE FREEZER POPS SOLN 35 MEQ/L-25 GM/L-30 MEQ/L-20 MEQ/L-45 MEQ/L (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
PEDIALYTE SINGLES SOLN 7 MEQ/200ML-5.6 GM/200ML-1.6 MG/200ML-4 MEQ/200ML-9 MEQ/200ML (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
Fluoride		
<i>sodium fluoride soln .125 MG/DROP, .5 MG/ML</i>	P	AL(Up to 15 yrs old);RX/OTC
<i>sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG</i>	P	AL(Up to 15 yrs old)
Magnesium		
MAGNESIUM CAPS 400 MG	P	OTC
MAGNESIUM EXTRA STRENGTH CAPS	P	OTC
MAGNESIUM OXIDE CAPS	P	OTC
<i>magnesium oxide (mg supplement) tabs 400 MG</i>	P	OTC
MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NP	OTC
Phosphate		
K-PHOS NEUTRAL 130 MG-852 MG-155 MG (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily);RX/OTC
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 MG-852 MG-155 MG</i>	P	QL(8 ea daily);RX/OTC
Potassium		

Drug Name	Drug Tier	Requirements/Limits
<i>potassium bicarbonate tbej</i>	P	
<i>potassium chloride cpcr 10 MEQ</i>	P	
<i>potassium chloride soln or 10 %, 20 %</i>	P	
<i>potassium chloride cpcr 8 MEQ</i>	P	QL(1 ea daily)
<i>potassium chloride pack or 20 MEQ</i>	P	
<i>potassium chloride tbcr 8 MEQ, 10 MEQ</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	P	
Zinc		
<i>zinc sulfate caps</i>	P	QL(100 ea per fill retail)
ZINC SULFATE CAPS	P	QL(100 ea per fill retail)
MISCELLANEOUS THERAPEUTIC CLASSES		
Allogeneic Tissue		
RETHYMIC	P	SP;PA
Chelating Agents		
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	NP	
<i>penicillamine tabs</i>	P	
SYPRINE (<i>Use trientine hcl</i>)	NP	SP;PA
<i>trientine hcl</i>	P	SP;PA
Enzymes		
XIAFLEX	P	SP;PA
Fecal Incontinence Bulking Agents		
SOLESTA 15 MG/ML-50 MG/ML	P	SP;PA
Homeopathic Products		

Drug Name	Drug Tier	Requirements/Limits
COLD-EEZE LOZG (<i>Use homeopathic products</i>)	NP	
COLD-EEZE PLUS DEFENSE LOZG (<i>Use homeopathic products</i>)	NP	
COLD-EEZE PLUS NATURAL MULTI-SYMPTOM RELIEF LOZG (<i>Use homeopathic products</i>)	NP	
COLD-EEZE SUGAR FREE LOZG (<i>Use homeopathic products</i>)	NP	
Immunomodulators		
<i>lenalidomide</i>	P	SP;PA
REVLIMID	P	SP;PA
REZUROCK	P	SP;PA
THALOMID	P	SP;PA
VYVGART	P	SP;PA
Immunosuppressive Agents		
ATGAM	P	SP;PA
<i>azathioprine tabs 75 MG, 100 MG</i>	P	PA
<i>azathioprine tabs 50 MG</i>	P	
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine soln iv 50 MG/ML</i>	P	
<i>cyclosporine caps</i>	P	
<i>cyclosporine modified (for microemulsion) caps</i>	P	
<i>cyclosporine modified (for microemulsion) soln</i>	P	
ENSPRYNG	P	SP;PA
GAMIFANT	P	SP;PA
IMURAN TABS (Use azathioprine)	NP	
LUPKYNIS	P	SP;PA
<i>mycophenolate mofetil tabs</i>	P	
<i>mycophenolate mofetil caps</i>	P	
<i>mycophenolate mofetil susr</i>	P	
<i>mycophenolate sodium</i>	P	
MYFORTIC (Use mycophenolate sodium)	NP	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NP	
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NP	
NULOJIX	P	SP;PA
PROGRAF CAPS (Use tacrolimus)	NP	
PROGRAF PACK	P	PA
RAPAMUNE SOLN (Use sirolimus)	NP	
RAPAMUNE TABS (Use sirolimus)	NP	

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPS (Use cyclosporine)	NP	
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	NP	
SANDIMMUNE SOLN OR	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	P	SP;PA
Potassium Removing Agents		
<i>sodium polystyrene sulfonate susp or 15 GM/60ML</i>	P	
<i>sodium polystyrene sulfonate powd</i>	P	
Progeria Treatment Agents		
ZOKINVY	P	SP;PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOSY	P	SP;PA
BENLYSTA SOLR	P	SP;PA
BENLYSTA SOAJ	P	SP;PA
SAPHNELO	P	SP;PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
ANBESOL GEL (Use benzocaine (dental))	NP	
ANBESOL MAXIMUM STRENGTH GEL (Use benzocaine (dental))	NP	

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
ANBESOL MAXIMUM STRENGTH LIQD (<i>Use benzocaine (dental)</i>)	NP	
CHLORASEPTIC LOZG 10 MG-6 MG (<i>Use benzocaine-menthol (mouth-throat)</i>)	NP	
CHLORASEPTIC STRP 3 MG-3 MG (<i>Use benzocaine-menthol (mouth-throat)</i>)	NP	
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
<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		
LISTERINE HEALTHY WHITE VIBRANT SOLN (<i>Use sodium fluoride (dental)</i>)	NP	
LISTERINE SMART RINSE SOLN (<i>Use sodium fluoride (dental)</i>)	NP	
LISTERINE SMART RINSE ANTICAVITY SOLN (<i>Use sodium fluoride (dental)</i>)	NP	
LISTERINE TOTAL CARE SOLN (<i>Use sodium fluoride (dental)</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
LISTERINE TOTAL CARE PLUSWHITENING SOLN (<i>Use sodium fluoride (dental)</i>)	NP	
LISTERINE WHITENING/RESTORING SOLN (<i>Use sodium fluoride (dental)</i>)	NP	
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 ORTHO DEFENSE PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NP	PA
PREVIDENT FLUORIDE GEL (<i>Use sodium fluoride (dental)</i>)	NP	
<i>sodium fluoride (dental) pste dt</i>	P	
<i>sodium fluoride (dental) crea</i>	P	PA
<i>sodium fluoride (dental) gel</i>	P	
Periodontal Products		
ARESTIN	P	SP;PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ml per fill retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail);RX/OTC
CAPHOSOL SOLN 0.032 %-0.009 %-0.569 %-0.052 %	P	QL(900 ml per fill retail);RX/OTC
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail);RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail);RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail);RX/OTC
MOUTH KOTE SOLN	P	QL(900 ea per fill retail);RX/OTC
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail);RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail);RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail);RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail);RX/OTC
SALAGEN 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail);RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins tabs 25 MCG-7 MG-4 MG-5 MG-10 MG</i>	P	QL(1 ea daily)
<i>b-complex vitamins caps 70 MG-100 MCG-1.5 MG-2 MG-10 MG-1 MG-100 MG</i>	P	OTC;QL(1 ea daily)
B-Complex w/ C		

Drug Name	Drug Tier	Requirement s/Limits
<i>b complex w/ c caps 10 MG-300 MG-5 MG-15 MG-10.2 MG-50 MG</i>	P	OTC;QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid caps 6 MCG-100 MG-150 MCG-1000 MCG-1.5 MG-20 MG-10 MG-5 MG-1.7 MG</i>	P	QL(1 ea daily);RX/OTC
<i>b-complex w/ c & folic acid tabs</i>	P	QL(1 ea daily);RX/OTC
NEPHRO-VITE RX TABS 1.5 MG-60 MG-10 MG-300 MCG-1 MG-6 MCG-1.7 MG-20 MG-10 MG (<i>Use b-complex w/ c & folic acid</i>)	NP	QL(1 ea daily);RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG</i>	P	OTC;QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 13.5 MG-60 MG-2 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-1.5 MG	P	OTC;QL(1 ea daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
Multivitamins		
AMLADEX TABS 1 MG-125 MG-1 MG-25 MG-12.5 MG-5 MG-50 MG-12.5 MCG	P	OTC;QL(1 ea daily);RX/OTC
DAILY MULTIPLE VITAMINS TABS 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-21 MG-900 MCG	P	OTC;QL(1 ea daily);RX/OTC
ESTROFACTORS TABS 0.67 MG-16.7 MG-66.7 UNIT-13 MCG-30 MG-66.7 MG-66.7 UNIT-833 UNIT-10 MCG-266 MCG-66.7 MG-70 MG-33 MG	P	OTC;QL(1 ea daily);RX/OTC
GENICIN VITA-Q TABS 1000 MCG-125 MG-12.5 MG-1000 MCG-25 MG-12.5 MCG-50 MG-5 MG	P	OTC;QL(1 ea daily);RX/OTC
HIGH POTENCY MULTIVITAMIN TABS 35 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-10 MCG-9 MCG-3.4 MG-20 MG-1500 MCG-10 MG-45 MG-13.6 MG	P	OTC;QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MULTI VITAMIN TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG	P	OTC;QL(1 ea daily);RX/OTC
MULTI VITAMIN/D-3 TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.9 MG-20 MG-3000 UNIT-50 MG-1.5 MG-40 MG	P	OTC;QL(1 ea daily);RX/OTC
<i>multiple vitamin tabs 60 MG-50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG</i>	P	OTC;QL(1 ea daily);RX/OTC
MULTIVITAMIN TABS	P	OTC;QL(1 ea daily);RX/OTC
MULTIVITAMIN ADULT TABS 1500 MCG-60 MG-2 MG-400 MCG-1.5 MG-10 MCG-6 MCG-1.7 MG-20 MG	P	OTC;QL(1 ea daily);RX/OTC
NEOMULTIVITE TABS 2 MCG-60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-5 MCG-1500 MCG	P	OTC;QL(1 ea daily);RX/OTC
OMNICAP TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG	P	OTC;QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ONE DAILY ESSENTIAL TABS 900 MCG-60 MG-2 MG-500 MCG-1.5 MG-20 MCG-6 MCG-1.7 MG-20 MG-10 MG-45 MG-3.3 MG	P	OTC;QL(1 ea daily);RX/OTC
ONE-A-DAY ESSENTIAL TABS 5000 UNIT-60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT (<i>Use multiple vitamin</i>)	NP	OTC;QL(1 ea daily);RX/OTC
ONE-A-DAY MENS TABS 5000 UNIT-200 MG-3 MG-0.4 MG-20 MG-2.25 MG-9 MCG-10 MG-2.55 MG-400 UNIT-45 UNIT (<i>Use multiple vitamin</i>)	NP	OTC;QL(1 ea daily);RX/OTC
QUINTABS TABS 50 UNIT-400 UNIT-300 MG-30 MG-30 MCG-400 MCG-30 MG-30 MCG-5000 UNIT-30 MG-100 MG-30 MG	P	OTC;QL(1 ea daily);RX/OTC
THERA TABS 45 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-400 UNIT-9 MCG-3.4 MG-20 MG-5000 UNIT-10 MG-30 UNIT	P	OTC;QL(1 ea daily);RX/OTC
THEREMS MULTIVITAMIN TABS 9 MCG-90 MG-30 MCG-400 MCG-3 MG-20 MG-3 MG-10 MG-3.4 MG-10 MCG-13.6 MG-45 MG-35 MG-1500 MCG	P	OTC;QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron soln</i>	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC
Ped Multiple Vitamins w/ Minerals		
ONE-A-DAY SCOOPY-DOO GUMMIES CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-15 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG (<i>Use pediatric multiple vitamin w/ minerals & c</i>)	NP	
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN 0.25 MG/ML-32 MG/ML-0.4 MG/ML-29.7 MCG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1150 UNIT/ML-2 MG/ML-5 UNIT/ML-0.6 MG/ML	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	P	RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	P	QL(1 ea daily);AL(Up to 21 yrs old);RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MULTIVITAMIN WITH FLUORIDE CHEW	P	QL(1 ea daily);AL(Up to 21 yrs old);RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 15 UNIT-60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG	P	RX/OTC
MULTI-VIT-FLOR CHEW	P	QL(1 ea daily);AL(Up to 21 yrs old);RX/OTC
MULTI-VIT-FLOR CHEW	P	RX/OTC
<i>pediatric multivitamins w/fl chew</i>	P	RX/OTC
<i>pediatric multivitamins w/fl soln</i>	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC
<i>pediatric vitamins acid w/ fluoride soln</i>	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC
POLY-VI-FLOR CHEW	P	QL(1 ea daily);AL(Up to 21 yrs old);RX/OTC
POLY-VI-FLOR CHEW	P	RX/OTC
QUFLORA PEDIATRIC CHEW	P	QL(1 ea daily);AL(Up to 21 yrs old);RX/OTC
QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
QUFLORA PEDIATRIC CHEW	P	RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIAPOLY-VITE/IRON SOLN 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-10 MG/ML	P	OTC;QL(60 ml per fill retail)
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 250 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-11 MG/ML	P	OTC;QL(60 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 10 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-35 MG/ML	P	OTC;QL(60 ml per fill retail)
POLY-VI-SOL/IRON SOLN 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-250 MCG/ML-4 MG/ML-11 MG/ML-5 MG/ML	P	OTC;QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
POLY-VITA/IRON SOLN 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML-10 MG/ML	P	OTC;QL(60 ml per fill retail)
POLY-VITE/IRON SOLN 11 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-0.4 MG/ML-5 UNIT/ML	P	OTC;QL(60 ml per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML	P	OTC;QL(50 ml per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-250 MCG/ML	P	OTC;QL(50 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN INFANT/TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-400 UNIT/ML-5 MG/ML-250 MCG/ML	P	OTC;QL(50 ml per fill retail)
PC PEDIATRIC POLY- VITAMIN DROPS SOLN OR 35 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-750 UNIT/ML-0.6 MG/ML-8 MG/ML	P	OTC;QL(50 ml per fill retail)
POLY-VI-SOL SOLN OR 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-0.5 MCG/ML-250 MCG/ML-4 MG/ML-5 MG/ML	P	OTC;QL(50 ml per fill retail)
POLY-VITA SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-2 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML	P	OTC;QL(50 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
POLY-VITE PEDIATRIC SOLN OR 5 UNIT/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-50 MG/ML-0.4 MG/ML	P	OTC;QL(50 ml per fill retail)
Prenatal Vitamins		
CALNA 10 UNIT-50 MG-5 MG-400 MCG-5 MG-10 MCG-2 MG-15 MG-5 MG-5 MG-100 UNIT-10 MG-20 MG-2 MG-1 MG-40 MCG-0.5 MG-10 MG-250 MG-0.15 MG-30 MCG-1000 UNIT	P	OTC
CLASSIC PRENATAL TABS 200 MG-60 MG-4 MG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-8000 UNIT-28 MG-1.7 MG-100 MG-150 MCG-30 UNIT	P	OTC
COMPLETENATE CHEW 11 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-29 MG-2 MG-1000 UNIT	P	
CO-NATAL FA TABS 4000 UNIT-120 MG-3 MG-1 MG-8 MCG-3 MG-20 MG-29 MG-200 MG-3 MG-15 MG-400 UNIT-150 MCG-30 UNIT	P	RX/OTC
CVS PRENATAL TABS	P	OTC

Drug Name	Drug Tier	Requirements/Limits
EQL PRENATAL FORMULA TABS 4000 UNIT-120 MG-2.6 MG-30 UNIT-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG	P	OTC
GNP PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
GOODSENSE PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
JENLIVA PRENATAL/POSTNATAL CAPS 1000 MCG-125 MG-2.5 MG-1000 MCG-1.4 MG-12.5 MCG-13 MG-200 MG-150 MCG	P	
KP PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC

Drug Name	Drug Tier	Requirements/Limits
KPN PRENATAL TABS 2666.67 UNIT-0.83 MG-0.13 MG-10 MG-2 MG-133.33 UNIT-2 MCG-2 MG-3.33 MG-33.33 MG-2 MG-0.03 MG-33.33 MG-10 UNIT-0.03 MG-33.33 MG-0.03 MG-333.33 MG-0.01 MG-21.67 MG	P	OTC
MASONATAL TABS 8 MCG-120 MG-800 MCG-1.8 MG-20 MG-2.6 MG-1.7 MG-28 MG-10 MCG-13.5 MG-25 MG-244 MG-600 MCG	P	OTC
M-NATAL PLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG	P	RX/OTC
MULTI PRENATAL TABS 200 MG-400 UNIT-100 MG-2.6 MG-800 MCG-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.5 MG-25 MG-11 UNIT	P	OTC
NATALVIT TABS 4000 UNIT-400 UNIT-120 MG-15 MG-10 MCG-1 MG-30 MG-2 MG-12 MCG-5 MG-3.5 MG-25 MG-20 MG-75 MG-15 UNIT-50 MG-2 MG-25 MG-200 MG-50 MG	P	

Drug Name	Drug Tier	Requirements/Limits
NEONATAL COMPLETE TABS	P	RX/OTC
NEONATAL PLUS TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-5 MG-27 MG-10 MCG-9.2 MG-0.2 MG-2 MG-25 MG-200 MG-1200 MCG-2 MG	P	RX/OTC
NEONATAL PRENATAL VITAMIN TABS 4 MCG-100 MG-800 MCG-1.5 MG-18 MG-2.6 MG-1.7 MG-5 MG-10 MCG-4.6 MG-27 MG-0.2 MG-25 MG-263 MG-1200 MCG-2 MG	P	OTC
NEONATAL VITAMIN TABS 0.2 MG-100 MG-2.6 MG-800 MCG-1.5 MG-10 MCG-4 MCG-1.7 MG-5 MG-1.8 MG-1200 MCG-27 MG-263 MG-25 MG-4.6 MG-2 MG	P	OTC
NIVA-PLUS TABS 200 MG-120 MG-10 MG-22 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE VITE WOMENS PRENATALVITAMIN TABS 0.2 MG-100 MG-2.6 MG-0.8 MG-10 MCG-4 MCG-1.7 MG-5 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-4.6 MG-1200 MCG-2 MG	P	OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 0.2 MG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.2 MG-1200 MCG-2 MG	P	RX/OTC
PERRY PRENATAL CAPS 15 UNIT-50 MG-2 MG-400 MCG-200 UNIT-4 MCG-1 MG-10 MG-3000 UNIT-5 MG-13.5 MG-100 MG-1.5 MG-7.5 MG-50 MG-1 MG-75 MCG	P	OTC
PNV TABS 29-1 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
PRENATABS FA TABS 4000 UNIT-120 MG-120 MG-3 MG-3 MG-1 MG-1000 MCG-10 MCG-8 MCG-8 MCG-3 MG-3 MG-20 MG-20 MG-29 MG-29 MG-200 MG-200 MG-3 MG-3 MG-15 MG-15 MG-400 UNIT-1200 MCG-150 MCG-150 MCG-30 UNIT-13.5 MG	P	RX/OTC
PRENATAL TABS	P	RX/OTC
PRENATAL TABS	P	OTC
PRENATAL 19 TABS 30 UNIT-100 MG-20 MG-1 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-3 MG-25 MG-20 MG-1000 UNIT	P	RX/OTC
PRENATAL 19 CHEW 30 UNIT-100 MG-20 MG-1 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-3 MG-20 MG-1000 UNIT	P	
PRENATAL AND IRON TABS 1 MG-4 MG-800 MCG-1.7 MG-400 UNIT-2 MG-20 MG-8000 UNIT-60 MG-45 MG-100 MG-100 MG-7.5 MG-150 MCG-30 UNIT	P	OTC;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL FORTE TABS 200 MG-100 MG-4 MG-0.8 MG-8 MCG-10 MG-2 MG-20 MG-8000 UNIT-3 MG-100 MG-400 UNIT-27 MG-2 MG-150 MCG-30 UNIT-15 MG	P	OTC;RX/OTC
PRENATAL LOW IRON TABS	P	OTC
PRENATAL MULTIVITAMIN TABS 30 UNIT-120 MG-800 MCG-2.6 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
PRENATAL ONE DAILY TABS 200 MG-400 UNIT-3 MG-100 MCG-15 UNIT-800 MCG-2 MG-10 MCG-2000 UNIT-3 MG-20 MG-10 MG-27 MG-2 MG-15 MG-60 MG-100 MG-2 MG	P	OTC
PRENATAL PLUS TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-400 UNIT-22 MG-27 MG-2 MG-25 MG-200 MG-4000 UNIT	P	RX/OTC
PRENATAL PLUS IRON 29 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-200 MG-1.84 MG-25 MG-2 MG-22 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL PLUS VITAMIN ANDMINERAL TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-27 MG-10 MCG-9.9 MG-2 MG-25 MG-200 MG-1200 MCG	P	RX/OTC
<i>prenatal vit w/ docusate-iron carbonyl-folic acid tabs 2700 UNIT-120 MG-20 MG-30 MCG-1 MG-400 UNIT-12 MCG-3.4 MG-20 MG-6 MG-200 MG-3 MG-50 MG-30 MG-15 MG-2 MG-90 MG-10 UNIT</i>	P	QL(1 ea daily)
<i>prenatal vit w/ iron carbonyl-folic acid</i>	P	
PRENATAL VITAMIN TABS 50 MCG-50 MG-1 MG-800 MCG-400 UNIT-2 MCG-2 MG-10 MG-4000 UNIT-27 MG-300 MG-3 MG-150 MCG-88 MCG-150 MCG-835 MCG-10 MCG	P	OTC
PRENATAL VITAMIN & MINERAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-4000 UNIT-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG	P	OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMIN/IRON TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
PRENATAL VITAMINS TABS	P	OTC
PRENATAL VITAMINS PLUS LOW IRON TABS 22 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-200 MG-1.84 MG-25 MG-2 MG	P	RX/OTC
PRENATAL VITAMINS-MISC	P	RX/OTC
PRENATAL-U CAPS 1.3 MG-5 MG-1 MG-15 MCG-6 MG-30 MG-200 MG-10 MG-106.5 MG-10 MG-0.8 MG	P	
PRENATRIX TABS 45 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1720 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-1.3 MG-150 MCG-30 MG-2.6 MG-50 MCG-70 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATRYL TABS 70 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-150 MCG-30 MG-2.6 MG-45 MCG-50 MCG	P	RX/OTC
PRENATVITE RX TABS 0.2 MG-100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-5 MG-18 MG-1200 MCG-27 MG-1.5 MG-25 MG-263 MG-4.6 MG-2 MG	P	OTC;RX/OTC
PREPLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG	P	RX/OTC
PRETAB TABS 30 UNIT-120 MG-3 MG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-29 MG-200 MG-3 MG-15 MG-4000 UNIT-150 MCG	P	RX/OTC
PX PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC

Drug Name	Drug Tier	Requirements/Limits
QC PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
RA PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
RA PRENATAL FORMULA/FOLICACID TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
SE-NATAL 19 TABS 30 UNIT-100 MG-1 MG-20 MG-3 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-20 MG-1000 UNIT	P	RX/OTC
SE-NATAL 19 CHEW 30 UNIT-20 MG-1 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-3 MG-20 MG-100 MG-1000 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
SM PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
THERANATAL CORE NUTRITION TABS 70 MCG-100 MG-12 MG-30 MCG-1 MG-2000 UNIT-12 MCG-1.7 MG-50 MG-20 MG-6 MG-27 MG-140 MG-1.5 MG-50 MG-2 MG-30 UNIT-15 MG-3000 UNIT-50 MCG-220 MCG-30 MCG	P	RX/OTC
THRIVITE RX 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	
TRICARE TABS 200 MG-100 MG-1 MG-1.6 MG-20 MG-3.1 MG-12 MCG-1.6 MG-27 MG-10 MCG-30 UNIT-2 MG-10 MG	P	RX/OTC
TRINATAL RX 1 TABS 15 UNIT-80 MG-4 MG-30 MCG-1 MG-400 UNIT-2.5 MCG-7 MG-1.6 MG-17 MG-3600 UNIT-60 MG-200 MG-1.5 MG-100 MG-25 MG-3 MG-400 UNIT	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
VINATE ONE TABS 15 UNIT-80 MG-4 MG-0.03 MG-1 MG-400 UNIT-2.5 MCG-7 MG-1.6 MG-17 MG-4000 UNIT-60 MG-1.5 MG-25 MG-3 MG-100 MG-200 MG	P	QL(1 ea daily)
VITAFOL-OB TABS 30 UNIT-70 MG-2.5 MG-1 MG-400 UNIT-12 MCG-1.8 MG-18 MG-65 MG-100 MG-1.6 MG-25 MG-25 MG-2700 UNIT-2 MG	P	
VITATHELY/GINGER TABS 20 MG-85 MG-1.9 MG-1000 MCG-15 MCG-2.6 MCG-27 MG-330 MCG-44 MG	P	RX/OTC
VOL-PLUS TABS 200 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-22 MG	P	RX/OTC
VOL-TAB RX 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	
WESTAB PLUS TABS 1200 MCG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.9 MG	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics caps 50 MG-50 MG-50 MCG-100 MCG-50 MCG-50 MG-50 MG-50 MG-50 MG-50 MG-50 MG</i>	P	OTC;QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Articular Cartilage Repair Therapy		
MACI	P	SP;PA
Central Muscle Relaxants		
<i>baclofen tabs 10 MG, 20 MG</i>	P	
<i>baclofen soln it</i>	P	SP;PA
<i>chlorzoxazone tabs 500 MG</i>	P	
<i>cyclobenzaprine hcl tabs 7.5 MG</i>	P	QL(4 ea daily)
<i>cyclobenzaprine hcl tabs 5 MG, 10 MG</i>	P	QL(3 ea daily)
GABLOFEN SOLN IT	P	SP;PA
GABLOFEN SOLN IT (Use baclofen)	NP	SP;PA
LIORESAL INTRATHECAL SOLN IT (Use baclofen)	NP	SP;PA
LIORESAL INTRATHECAL SOLN IT	P	SP;PA
<i>methocarbamol tabs</i>	P	
<i>orphenadrine citrate tb12</i>	P	
ROBAXIN-750 TABS (Use methocarbamol)	NP	
SKELAXIN (Use metaxalone)	NP	
<i>tizanidine hcl tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG, 50 MG (Use dantrolene sodium)	NP	
Viscosupplements		
DUROLANE PRSY	P	SP;PA
EUFLEXXA SOSY	P	SP;PA
GEL-ONE	P	SP;PA
GELSYN-3 SOSY	P	SP;PA
GENVISC 850 SOSY	P	SP;PA
HYALGAN SOLN	P	SP;PA
HYALGAN SOSY	P	SP;PA
HYMOVIS	P	SP;PA
HYRONAN KIT 1 %-2 %	P	SP;PA
MONOVISC	P	SP;PA
ORTHOVISC	P	SP;PA
SODIUM HYALURONATE SOSY	P	SP;PA
SUPARTZ FX SOSY	P	SP;PA
SYNOJOYNT SOSY	P	SP;PA
SYNVISC SOSY	P	SP;PA
SYNVISC ONE SOSY	P	SP;PA
TRILURON SOSY	P	SP;PA
TRIVISC SOSY	P	SP;PA
VISCO-3 SOSY	P	SP;PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	OTC;QL(480 ml per fill retail);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
OCEAN NASAL SPRAY SOLN (Use saline)	NP	OTC;QL(480 ml per fill retail);AL(Up to 21 yrs old)
saline soln	P	OTC;QL(480 ml per fill retail);AL(Up to 21 yrs old)
Nasal Antiallergy		
azelastine hcl .1 %, 137 MCG/SPRAY	P	
azelastine hcl .15 %, 205.5 MCG/SPRAY	P	QL(30 ml per fill retail);RX/OTC
cromolyn sodium (nasal) 5.2 MG/ACT	P	OTC;QL(26 ml per 30 days retail)
NASALCROM (Use cromolyn sodium (nasal))	NP	OTC;QL(26 ml per 30 days retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) .03 %	P	QL(31 ml per 30 days retail)
ipratropium bromide (nasal) .06 %	P	QL(15 ml per 30 days retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail);RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail);RX/OTC
flunisolide (nasal) .025 %	P	QL(25 ml per 30 days retail)
fluticasone propionate (nasal) susp	P	QL(16 ml per fill retail);RX/OTC
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetone (nasal))	NP	AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NP	AL(At least 2 yrs old)
NASONEX SUSP (<i>Use mometasone furoate (nasal)</i>)	NP	
<i>triamcinolone acetonide (nasal) aero</i>	P	AL(At least 2 yrs old)
Sympathomimetic Decongestants		
ADRENALIN .1 %	P	QL(120 ml per fill retail);AL(Up to 21 yrs old)
AFRIN NASAL SPRAY SOLN (<i>Use oxymetazoline hcl</i>)	NP	
DRISTAN SPRAY SOLN (<i>Use oxymetazoline hcl</i>)	NP	
<i>epinephrine hcl (nasal)</i>	P	QL(120 ml per fill retail);AL(Up to 21 yrs old)
<i>phenylephrine hcl (oral) tabs</i>	P	OTC;QL(24 ea per fill retail)
<i>pseudoephedrine hcl liqd 15 MG/5ML</i>	P	OTC;AL(Up to 21 yrs old)
<i>pseudoephedrine hcl tabs</i>	P	OTC;AL(Up to 21 yrs old)
<i>pseudoephedrine hcl tb12</i>	P	OTC;QL(62 ea per 30 days retail);AL(Up to 21 yrs old)
SUDAFED CHILDRENS LIQD	P	OTC;AL(Up to 21 yrs old)
SUDAFED CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC;AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC;QL(120 ml per fill retail)
SUDAFED PE SINUS CONGESTION TABS (<i>Use phenylephrine hcl (oral)</i>)	NP	OTC;QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC;AL(Up to 21 yrs old)

NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles

ALS Agents

EXSERVAN FILM	P	SP;PA
RADICAVA SOLN	P	SP;PA
RADICAVA ORS SUSP	P	SP;PA
RADICAVA ORS STARTER KIT SUSP	P	SP;PA
RILUTEK TABS (<i>Use riluzole</i>)	NP	PA
<i>riluzole tabs</i>	P	PA
TIGLUTIK SUSP	P	SP;PA

Muscular Dystrophy Agents

AMONDYS 45	P	SP;PA
EXONDYS 51	P	SP;PA
VILTEPSO	P	SP;PA
VYONDYS 53	P	SP;PA

Neuromuscular Blocking Agent - Neurotoxins

BOTOX IJ	P	SP;PA
DYSPORT	P	SP;PA
MYOBLOC	P	SP;PA
XEOMIN	P	SP;PA

Nondepolarizing Muscle Relaxants

Drug Name	Drug Tier	Requirement s/Limits
NIMBEX SOLN (<i>Use cisatracurium besylate</i>)	NP	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	P	SP;PA
SPINRAZA	P	SP;PA
ZOLGENSMA 10.1-10.5 KG	P	SP;PA
ZOLGENSMA 10.6-11.0 KG	P	SP;PA
ZOLGENSMA 11.1-11.5 KG	P	SP;PA
ZOLGENSMA 11.6-12.0 KG	P	SP;PA
ZOLGENSMA 12.1-12.5 KG	P	SP;PA
ZOLGENSMA 12.6-13.0 KG	P	SP;PA
ZOLGENSMA 13.1-13.5 KG	P	SP;PA
ZOLGENSMA 2.6-3.0 KG	P	SP;PA
ZOLGENSMA 3.1-3.5 KG	P	SP;PA
ZOLGENSMA 3.6-4.0 KG	P	SP;PA
ZOLGENSMA 4.1-4.5 KG	P	SP;PA
ZOLGENSMA 4.6-5.0 KG	P	SP;PA
ZOLGENSMA 5.1-5.5 KG	P	SP;PA
ZOLGENSMA 5.6-6.0 KG	P	SP;PA
ZOLGENSMA 6.1-6.5 KG	P	SP;PA
ZOLGENSMA 6.6-7.0 KG	P	SP;PA
ZOLGENSMA 7.1-7.5 KG	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
ZOLGENSMA 7.6-8.0 KG	P	SP;PA
ZOLGENSMA 8.1-8.5 KG	P	SP;PA
ZOLGENSMA 8.6-9.0 KG	P	SP;PA
ZOLGENSMA 9.1-9.5 KG	P	SP;PA
ZOLGENSMA 9.6-10.0 KG	P	SP;PA
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	OTC;QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC;QL(350 gm per fill retail)
Lipids		
DOJOLVI	P	SP;PA
Misc. Nutritional Substances		
<i>omega-3 fatty acids cpdr</i>	P	QL(6 ea daily)
<i>omega-3 fatty acids caps</i>	P	OTC;QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
GONAK (<i>Use hypromellose (gonioscopic)</i>)	NP	
<i>polyvinyl alcohol 1.4 %</i>	P	OTC;QL(31 ml per 30 days retail)
<i>white petrolatum-mineral oil 15 %-83 %</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	

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
COSOPT 22.3 MG/ML-6.8 MG/ML (Use dorzolamide hcl-timolol maleate)	NP	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE 2 %-0.5 %	P	QL(10 ml per 30 days retail)
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 30 days retail)
<i>levobunolol hcl .5 %</i>	P	QL(15 ml per 30 days retail)
<i>timolol maleate (ophth) soln</i>	P	QL(15 ea per 30 days retail)
TIMOPTIC SOLN (Use <i>timolol maleate (ophth)</i>)	NP	QL(15 ml per 30 days retail)
TIMOPTIC OCUDOSE SOLN (Use <i>timolol maleate (ophth)</i>)	NP	QL(15 ea per 30 days retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN	P	
<i>atropine sulfate (ophthalmic) soln</i>	P	
<i>atropine sulfate (ophthalmic) oint</i>	P	
CYCLOGYL .5 % (Use <i>cyclopentolate hcl</i>)	NP	QL(15 ml per 30 days retail)
CYCLOGYL 1 %, 2 % (Use <i>cyclopentolate hcl</i>)	NP	
<i>cyclopentolate hcl .5 %</i>	P	QL(15 ml per 30 days retail)
<i>cyclopentolate hcl 1 %, 2 %</i>	P	
<i>homatropine hbr</i>	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (Use <i>tropicamide</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>phenylephrine hcl (mydriatic) soln 2.5 %</i>	P	QL(5 ml per 30 days retail)
<i>tropicamide soln</i>	P	
Miotics		
ISOPTO CARPINE SOLN (Use <i>pilocarpine hcl</i>)	NP	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	P	
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	P	SP;PA
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	P	SP;PA
EYLEA SOLN	P	SP;PA
EYLEA SOSY	P	SP;PA
LUCENTIS SOLN	P	SP;PA
LUCENTIS SOSY	P	SP;PA
SUSVIMO SOLN	P	SP;PA
VABYSMO	P	SP;PA
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	P	
<i>brimonidine tartrate .2 %</i>	P	
IOPIDINE	P	
Ophthalmic Anti-infectives		
BACIGUENT	P	QL(4 gm per 30 days retail)
<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per 30 days retail)
<i>bacitracin-polymyxin b (ophth) 500 UNIT/GM-10000 UNIT/GM</i>	P	QL(4 gm per 30 days retail)

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

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (ophth) oint	P	QL(4 gm per 30 days retail)
sulfacetamide sodium (ophth) soln	P	QL(15 ml per 30 days retail)
tobramycin (ophth) soln	P	QL(5 ml per 30 days retail)
TOBREX SOLN (Use tobramycin (ophth))	NP	QL(5 ml per 30 days retail)
TOBREX OINT	P	
trifluridine	P	QL(8 ml per 30 days retail)
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(3 ml per fill retail)
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.027 %-0.315 %	P	OTC;QL(15 ml per 30 days retail)
OPCON-A 0.027 %-0.315 % (Use naphazoline w/ pheniramine)	NP	OTC;QL(15 ml per 30 days retail)
tetrahydrozoline hcl (ophth) .05 %	P	OTC
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	NP	OTC
Ophthalmic Gene Therapy		
LUXTURNA	P	SP;PA
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth)	P	
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	P	SP;PA
Ophthalmic Photoenhancers		
PHOTREXA VISCOUS 20 %-0.146 %	P	SP;PA
PHOTREXA/PHOTREXA VISCOUS KIT	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Steroids		
BLEPHAMIDE SUSP 10 %-0.2 %	P	QL(10 ml per fill retail)
BLEPHAMIDE S.O.P. OINT 10 %-0.2 %	P	
<i>dexamethasone sodium phosphate (ophth)</i>	P	
DEXTENZA INST	P	SP;PA
DEXYCU SUSP IO	P	SP;PA
<i>fluorometholone (ophth) susp</i>	P	
FML OINT	P	QL(4 gm per 30 days retail)
FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	NP	
ILUVIEN	P	SP;PA
MAXITROL OINT 10000 UNIT/GM-0.1 %-3.5 MG/GM (Use <i>neomycin-polymyxin-dexameth</i>)	NP	QL(4 gm per 30 days retail)
MAXITROL SUSP 10000 UNIT/ML-0.1 %-3.5 MG/ML (Use <i>neomycin-polymyxin-dexameth</i>)	NP	QL(10 ml per 30 days retail)
<i>neomycin-polymyxin-dexameth oint 10000 UNIT/GM-0.1 %-3.5 MG/GM</i>	P	QL(4 gm per 30 days retail)
<i>neomycin-polymyxin-dexameth susp 10000 UNIT/ML-0.1 %-3.5 MG/ML</i>	P	QL(10 ml per 30 days retail)
<i>neomycin-polymyxin-hc (ophth) 10000 UNIT/ML-1 %-3.5 MG/ML</i>	P	QL(15 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
OZURDEX IMPL	P	SP;PA
PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	NP	
PRED MILD	P	QL(10 ml per 30 days retail)
PRED-G SUSP 0.3 %-1 %	P	QL(5 ml per fill retail)
<i>prednisolone acetate (ophth)</i>	P	
PREDNISOLONE ACETATE P-F	P	
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 days retail)
RETISERT	P	SP;PA
<i>sulfacetamide sod-prednisolone soln 10 %-0.23 %</i>	P	QL(10 ml per 30 days retail)
TOBRADEX OINT 0.3 %-0.1 %	P	QL(4 gm per 30 days retail)
TOBRADEX SUSP 0.3 %-0.1 % (Use <i>tobramycin-dexamethasone</i>)	NP	QL(10 ml per fill retail)
<i>tobramycin-dexamethasone susp 0.3 %-0.1 %</i>	P	QL(10 ml per fill retail)
TRIESENCE	P	SP;PA
XIPERE	P	SP;PA
YUTIQ	P	SP;PA
Ophthalmics - Misc.		
ACULAR (Use <i>ketorolac tromethamine (ophth)</i>)	NP	QL(10 ml per fill retail)
ACULAR LS (Use <i>ketorolac tromethamine (ophth)</i>)	NP	QL(5 ml per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
ALOCRIIL	P	QL(5 ml per 30 days retail);PA
ALOMIDE	P	QL(10 ml per 30 days retail);PA
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 30 days retail)
AZOPT (Use <i>brinzolamide</i>)	NP	
<i>brinzolamide</i>	P	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per fill retail)
CYSTADROPS	P	SP;PA
CYSTARAN	P	SP;PA
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 30 days retail)
<i>dorzolamide hcl</i>	P	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 30 days retail)
<i>flurbiprofen sodium</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) .5 %</i>	P	QL(10 ml per fill retail)
<i>ketorolac tromethamine (ophth) .4 %</i>	P	QL(5 ml per 30 days retail)
<i>ketotifen fumarate (ophth) .025 %</i>	P	
TRUSOPT (Use <i>dorzolamide hcl</i>)	NP	QL(10 ml per 30 days retail)
ZADITOR (Use <i>ketotifen fumarate (ophth)</i>)	NP	
Prostaglandins - Ophthalmic		
<i>latanoprost soln</i>	P	QL(5 ml per 30 days retail)
LATANOPROST SOLN	P	QL(5 ml per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
XALATAN SOLN (Use <i>latanoprost</i>)	NP	QL(5 ml per 30 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	QL(15 ml per 30 days retail)
<i>carbamide peroxide (otic) 6.5 %</i>	P	OTC;QL(15 ml per 30 days retail)
DEBROX 6.5 % (Use <i>carbamide peroxide (otic)</i>)	NP	OTC;QL(15 ml per 30 days retail)
Otic Anti-infectives		
<i>ofloxacin (otic)</i>	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX 0.3 %-0.1 % (Use <i>ciprofloxacin-dexamethasone</i>)	NP	1 rtl MAX fill,30 rtl day(s) supply;QL(7.5 ml per fill retail)
<i>ciprofloxacin-dexamethasone 0.3 %-0.1 %</i>	P	1 rtl MAX fill,30 rtl day(s) supply;QL(7.5 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp 10000 UNIT/ML-1 %-3.5 MG/ML</i>	P	QL(20 ml per 30 days retail)
<i>neomycin-polymyxin-hc (otic) soln 10000 UNIT/ML-1 %-3.5 MG/ML</i>	P	QL(10 ml per fill retail)
OTICIN HC NR 10 MG/ML-10 MG/ML-1 MG/ML (Use <i>pramoxine-hc-chloroxylonol</i>)	NP	QL(15 ml per fill retail)
OTOVEL 0.3 %-0.025 % (Use <i>ciprofloxacin-fluocinolone acetamide</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>pramoxine-hc-chloroxylenol 10 MG/ML-10 MG/ML-1 MG/ML</i>	P	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC (<i>Use fluocinolone acetonide (otic)</i>)	NP	QL(20 ml per fill retail);AL(At least 5 yrs old)
<i>fluocinolone acetonide (otic)</i>	P	QL(20 ml per fill retail);AL(At least 5 yrs old)
<i>hydrocortisone w/acetic acid 2 %-1 %</i>	P	QL(20 ml per 30 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	P	SP;PA
CARIMUNE NANOFILTERED SOLR	P	SP;PA
CUTAQUIG	P	SP;PA
CUVITRU SOLN	P	SP;PA
CYTOGAM	P	SP;PA
FLEBOGAMMA DIF SOLN	P	SP;PA
GAMASTAN	P	SP;PA
GAMMAGARD LIQUID	P	SP;PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP;PA
GAMMAKED	P	SP;PA
GAMMAPLEX SOLN	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
GAMUNEX-C	P	SP;PA
HEPAGAM B SOLN IJ	P	SP;PA
HIZENTRA SOLN	P	SP;PA
HIZENTRA SOSY	P	SP;PA
HYPERHEP B SOLN IM	P	SP;PA
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
HYPERRHO S/D MINI-DOSE SOSY IM	P	SP;PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	SP;PA
NABI-HB SOLN IM	P	SP;PA
OCTAGAM SOLN	P	SP;PA
PANZYGA	P	SP;PA
PRIVIGEN SOLN	P	SP;PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
RHOPHYLAC SOSY IJ	P	SP;PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP;PA
XEMBIFY	P	SP;PA
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP;PA
ZINPLAVA	P	SP;PA
Passive Immunizing Agents - Combinations		
HYQVIA	P	SP;PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate chew</i>	P	QL(20 ea per fill retail)
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(150 ml per fill retail)
AUGMENTIN SUSR	P	QL(150 ml per fill retail)
AUGMENTIN TABS 500 MG-125 MG (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(200 ml per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	P	OTC;QL(1816 gm per fill retail);AL(At least 1 yrs old);PA
SIMPLYTHICK EASY MIX	P	OTC;QL(1816 gm per fill retail);AL(At least 1 yrs old);PA
SIMPLYTHICK EASYMIX	P	OTC;QL(1816 gm per fill retail);AL(At least 1 yrs old);PA
Liquid Vehicles		
FLAVOR BLEND SUSP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
FLAVOR SWEET-SF SYRP	P	RX/OTC
<i>glycine diluent 73.3 MG/50ML-94 MG/50ML</i>	P	SP;PA
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
MX-SOL BLEND SUSP	P	RX/OTC
MX-SOL BLEND SF SUSP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC
MX-SOL SUSPEND SUSP	P	RX/OTC
ORA-BLEND SUSP	P	RX/OTC
ORA-BLEND SF SUSP	P	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC
ORAL MIX SF SUSP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SYRP	P	RX/OTC
ORA-SWEET SF SYRP	P	RX/OTC
PCCA SWEET-SF SYRP 70 %	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
PCCA-PLUS SUSP	P	RX/OTC
PH 12 STERILE DILUENT FORFLOLAN 73.3 MG/50ML-94 MG/50ML (<i>Use glycine diluent</i>)	NP	SP;PA
SOSWEET SYRP	P	RX/OTC
STERILE DILUENT FOR TREPSTINIL INJECTION 73.3 MG/50ML-94 MG/50ML	P	SP;PA
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC
SUSPENSION VEHICLE SUSP	P	RX/OTC
SYRPALTA SYRP	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC
SYRUP VEHICLE SF 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		
<i>Ianolin xx</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>Use norethindrone acetate</i>)	NP	
<i>hydroxyprogesterone caproate oil</i>	P	QL(2 ml per fill retail,2 ml per 11 days retail);SP;PA
MAKENA OIL (<i>Use hydroxyprogesterone caproate</i>)	NP	QL(2 ml per fill retail,2 ml per 11 days retail);SP;PA
MAKENA SOAJ	P	SP;PA
<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 days retail)
<i>progesterone caps 200 MG</i>	P	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 200 MG (<i>Use progesterone</i>)	NP	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG (<i>Use progesterone</i>)	NP	QL(30 ea per 30 days retail)
PROVERA (<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	
Anti-Cataplectic Agents		
SODIUM OXYBATE 500 MG/ML	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
XYREM	P	SP;PA
XYWAV 96 MG/ML-40 MG/ML-130 MG/ML-234 MG/ML	P	SP;PA
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 soln</i>	P	QL(6 ml daily)
<i>galantamine hydrobromide tabs</i>	P	QL(2 ea daily)
<i>galantamine hydrobromide cp24</i>	P	QL(1 ea daily)
<i>memantine hcl soln</i>	P	QL(2 ml daily);PA
<i>memantine hcl tabs</i>	P	1 rtl pack lmt amt,28 rtl pack lmt day(s);PA
<i>memantine hcl tabs</i>	P	QL(2 ea daily);PA
NAMENDA TABS (<i>Use memantine hcl</i>)	NP	QL(2 ea daily);PA
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	1 rtl pack lmt amt,28 rtl pack lmt day(s);PA
RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NP	QL(1 ea daily)
<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
<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	P	QL(2 ea daily);PA
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail);PA
Movement Disorder Drug Therapy		
<i>tetrabenazine</i>	P	SP;PA
XENAZINE (<i>Use tetrabenazine</i>)	NP	SP;PA
Multiple Sclerosis Agents		
AMPYRA (<i>Use dalfampridine</i>)	NP	SP;PA
AUBAGIO	P	QL(1 ea daily);SP;PA
AVONEX PSKT	P	SP;PA
AVONEX PEN AJKT	P	SP;PA
BAFIERTAM	P	SP;PA
COPAXONE SOSY (<i>Use glatiramer acetate</i>)	NP	SP;PA
<i>dalfampridine</i>	P	SP;PA
<i>dimethyl fumarate misc</i>	P	SP;PA
<i>dimethyl fumarate cpdr</i>	P	SP;PA
EXTAVIA KIT	P	SP;PA
<i>fingolimod hcl</i>	P	QL(1 ea daily);SP;PA
GILENYA .5 MG	P	QL(1 ea daily);SP;PA
GILENYA (<i>Use fingolimod hcl</i>)	NP	QL(1 ea daily);SP;PA
<i>glatiramer acetate sosy</i>	P	SP;PA
KESIMPTA	P	SP;PA
LEMTRADA	P	SP;PA
MAYZENT TABS	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK TBPK	P	SP;PA
PLEGRIDY SOPN	P	SP;PA
PLEGRIDY SOSY IM	P	SP;PA
PLEGRIDY STARTER PACK SOSY SC	P	SP;PA
PLEGRIDY STARTER PACK SOPN	P	SP;PA
PONVORY TABS	P	SP;PA
PONVORY 14-DAY STARTER PACK TBPK	P	SP;PA
REBIF SOSY	P	SP;PA
REBIF REBIDOSE SOAJ	P	SP;PA
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP;PA
REBIF TITRATION PACK SOSY	P	SP;PA
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP;PA
TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>)	NP	SP;PA
ZEPOSIA CAPS	P	QL(1 ea daily);SP;PA
ZEPOSIA 7-DAY STARTER PACK CPPK	P	QL(7 ea per 7 days retail);SP;PA
ZEPOSIA STARTER KIT CPPK	P	QL(37 ea per 30 days retail);SP;PA
Smoking Deterrents		
APO-VARENICLINE TABS	P	QL(2 ea daily);AL(At least 18 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 ea daily);AL(At least 18 yrs old)
CHANTIX TABS (<i>Use varenicline tartrate</i>)	NP	QL(2 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTHPAK TABS (<i>Use varenicline tartrate</i>)	NP	QL(2 ea daily);AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	NP	QL(53 ea per fill retail);AL(At least 18 yrs old)
NICODERM CQ PT24 (<i>Use nicotine</i>)	NP	QL(1 ea daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 ea daily)
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 ea daily)
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 ea daily)
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 ea daily)
<i>nicotine pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 ea daily)
<i>nicotine polacrilex gum</i>	P	QL(24 ea daily)
<i>nicotine polacrilex lozg</i>	P	QL(20 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	
NICOTROL INHALER INHA	P	QL(16.8 ea daily)
NICOTROL NS SOLN	P	QL(4 ml daily)
<i>varenicline tartrate tabs</i>	P	QL(2 ea daily);AL(At least 18 yrs old)
<i>varenicline tartrate tbpk</i>	P	QL(53 ea per fill retail);AL(At least 18 yrs old)
Transthyretin Amyloidosis Agents		

Drug Name	Drug Tier	Requirements/Limits
ONPATTRO	P	SP;PA
TEGSEDI	P	SP;PA
Vasomotor Symptom Agents		
BRISDELLE (<i>Use paroxetine mesylate (vasomotor)</i>)	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	P	SP;PA
GLASSIA SOLN	P	SP;PA
PROLASTIN-C SOLN	P	SP;PA
PROLASTIN-C SOLR	P	SP;PA
ZEMAIRA SOLR	P	SP;PA
Cystic Fibrosis Agents		
BRONCHITOL	P	SP;PA
BRONCHITOL TOLERANCE TEST	P	SP;PA
KALYDECO PACK	P	SP;PA
KALYDECO TABS	P	SP;PA
ORKAMBI TABS	P	SP;PA
ORKAMBI PACK	P	SP;PA
PULMOZYME	P	SP;PA
SYMDEKO	P	SP;PA
TRIKAFTA	P	QL(3 ea daily);SP;PA
Pulmonary Fibrosis Agents		
ESBRIET TABS (<i>Use pirfenidone</i>)	NP	SP;PA
ESBRIET CAPS	P	SP;PA
OFEV	P	SP;PA
<i>pirfenidone tabs 267 MG, 801 MG</i>	P	SP;PA
TETRACYCLINES - Drugs to Treat Bacterial		

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirement s/Limits
Infections		
Tetracyclines		
<i>doxycycline (monohydrate) tabs 50 MG, 100 MG</i>	P	
<i>doxycycline (monohydrate) caps 50 MG, 100 MG</i>	P	
<i>doxycycline hyclate tabs 100 MG</i>	P	
<i>doxycycline hyclate caps</i>	P	
<i>minocycline hcl caps</i>	P	
<i>tetracycline hcl caps 500 MG</i>	P	
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i>)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	P	
<i>propylthiouracil</i>	P	
TAPAZOLE TABS 10 MG (Use <i>methimazole</i>)	NP	
Thyroid Hormones		
ARMOUR THYROID TABS	P	
CYTOMEL TABS (Use <i>liothyronine sodium</i>)	NP	
<i>levothyroxine sodium tabs</i>	P	
<i>liothyronine sodium tabs</i>	P	
SYNTHROID TABS (Use <i>levothyroxine sodium</i>)	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG</i>	P	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP 15.5 MCG/0.5ML-2 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per fill retail);AL(At least 19 yrs old)
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per fill retail);AL(At least 19 yrs old)
BOOSTRIX SUSP 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per fill retail);AL(At least 19 yrs old)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	P	QL(0.5 ml per fill retail);AL(At least 19 yrs old)
INFANRIX 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	P	QL(0.5 ml per fill retail);AL(At least 19 yrs old)
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 per 10 years;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
TENIVAC INJ 5 LFU-2 LFU	P	Limit 1 per 10 years;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 per 10 years;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		

Drug Name	Drug Tier	Requirement s/Limits
Antispasmodics		
<i>dicyclomine hcl caps</i>	P	
<i>dicyclomine hcl soln or</i>	P	QL(496 ml per 30 days retail)
<i>dicyclomine hcl tabs</i>	P	
<i>glycopyrrolate tabs 1 MG, 2 MG</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate tbdp .125 MG</i>	NP	
<i>hyoscyamine sulfate soln or .125 MG/ML</i>	NP	
<i>hyoscyamine sulfate tbdp .125 MG</i>	P	
<i>hyoscyamine sulfate tabs .125 MG</i>	NP	
<i>hyoscyamine sulfate subl .125 MG</i>	NP	
<i>hyoscyamine sulfate elix</i>	P	
<i>hyoscyamine sulfate elix</i>	NP	
<i>hyoscyamine sulfate tabs .125 MG</i>	P	
<i>hyoscyamine sulfate subl .125 MG</i>	P	
<i>hyoscyamine sulfate soln or .125 MG/ML</i>	P	
<i>hyoscyamine sulfate tb12 .375 MG</i>	P	QL(4 ea daily)
HYOSCYAMINE SULFATE POWD	P	
LEVBIID TB12 (Use <i>hyoscyamine sulfate</i>)	NP	QL(4 ea daily)
LEVSIN SOLN IJ .5 MG/ML (Use <i>hyoscyamine sulfate</i>)	NP	
ROBINUL TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 ea daily)
ROBINUL FORTE TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
SYMAX DUOTAB TBCR	P	
H-2 Antagonists		
<i>cimetidine tabs</i>	P	RX/OTC
<i>cimetidine hcl or 300 MG/5ML, 400 MG/6.67ML</i>	P	
<i>famotidine tabs 10 MG</i>	P	OTC
<i>famotidine susr</i>	P	
<i>famotidine tabs 20 MG, 40 MG</i>	P	RX/OTC
PEPCID TABS (Use <i>famotidine</i>)	NP	RX/OTC
PEPCID AC TABS 10 MG (Use <i>famotidine</i>)	NP	OTC
PEPCID AC TABS (Use <i>famotidine</i>)	NP	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NP	RX/OTC
TAGAMET HB TABS (Use <i>cimetidine</i>)	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE TABS (Use <i>sucralfate</i>)	NP	
CARAFATE SUSP (Use <i>sucralfate</i>)	NP	QL(420 ml per fill retail)
<i>sucralfate susp</i>	P	QL(420 ml per fill retail)
<i>sucralfate tabs</i>	P	
Proton Pump Inhibitors		
DEXILANT (Use <i>dexlansoprazole</i>)	NP	ST
<i>dexlansoprazole</i>	P	ST
<i>esomeprazole magnesium cpdr 20 MG</i>	P	QL(2 ea daily);RX/OTC

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cpdr 30 MG</i>	P	
<i>lansoprazole cpdr 15 MG</i>	P	QL(4 ea daily);RX/OTC
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily);RX/OTC
NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily);RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily);RX/OTC
<i>omeprazole cpdr</i>	P	QL(2 ea daily);RX/OTC
<i>omeprazole tbec</i>	P	QL(1 ea daily)
OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC
<i>omeprazole magnesium tbec</i>	P	OTC;QL(1 ea daily)
<i>pantoprazole sodium tbec 40 MG</i>	P	QL(2 ea daily)
<i>pantoprazole sodium tbec 20 MG</i>	P	QL(1 ea daily)
PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NP	
PREVACID CPDR 15 MG (Use <i>lansoprazole</i>)	NP	QL(4 ea daily);RX/OTC
PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NP	QL(4 ea daily);RX/OTC
PRILOSEC OTC TBEC (Use <i>omeprazole magnesium</i>)	NP	OTC;QL(1 ea daily)
PROTONIX TBEC 20 MG (Use <i>pantoprazole sodium</i>)	NP	QL(1 ea daily)
PROTONIX SOLR (Use <i>pantoprazole sodium</i>)	NP	

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

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

Drug Name	Drug Tier	Requirement s/Limits
PREVNAR 13	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
TRUMENBA	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSP	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
ASTRAZENECA COVID-19 VACCINE	P	
ENGERIX-B SUSY 10 MCG/0.5ML	P	3 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)

Georgia Medicaid

Updated January 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP	P	3 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)
ENGERIX-B SUSY 20 MCG/ML	P	3 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2021-2022	P	QL(0.5 ml per fill retail);AL(At least 65 yrs old)
FLUAD QUADRIVALENT 2022-2023	P	QL(0.5 ml per fill retail);AL(At least 65 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	P	QL(0.5 ml per fill retail);AL(At least 65 yrs old)
FLUARIX QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLULAVAL QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUMIST QUADRIVALENT	P	QL(1 ea per fill retail);AL(At least 13 yrs old- Up to 49 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021	P	QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022	P	QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	P	QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSP 0	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSP 0	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSP 0	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
GARDASIL 9 SUSP	P	3 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
GARDASIL 9 SUSY	P	3 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
HAVRIX	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
HAVRIX	P	2 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)
INFLUENZA VACCINE	P	AL; At least 13 years old; QL (1 ea per 180 days retail)
JANSSEN COVID-19 VACCINE	P	
M-M-R II SOLR	P	2 rtl MAX fill,999 rtl day(s) supply;QL(1 ea per fill retail);AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE	P	
NOVAVAX COVID-19 VACCINE	P	
PFIZER-BIONTECH COVID-19VACCINE	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y	P	
PFIZER-BIONTECH COVID-19VACCINE/6 MO-4Y	P	

Drug Name	Drug Tier	Requirement s/Limits
RECOMBIVAX HB SUSP	P	3 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)
RECOMBIVAX HB SUSP 5 MCG/0.5ML	P	3 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
RECOMBIVAX HB SUSY 10 MCG/ML	P	3 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old- Up to 19 yrs old)
RECOMBIVAX HB SUSY 5 MCG/0.5ML	P	3 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old- Up to 19 yrs old)
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P	
SHINGRIX	P	2 rtl MAX fill,999 rtl day(s) supply;QL(1 ea per fill retail);AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE	P	
VAQTA	P	2 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
VAQTA	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
VARIVAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	
<i>clindamycin phosphate vaginal crea</i>	P	
<i>clotrimazole vaginal crea 2 %</i>	P	OTC;QL(31 gm per 30 days retail)
<i>clotrimazole vaginal crea 1 %</i>	P	OTC;QL(45 gm per 30 days retail)
GYNAZOLE-1	P	
GYNE-LOTRIMIN CREA (<i>Use clotrimazole vaginal</i>)	NP	OTC;QL(45 gm per 30 days retail)
GYNE-LOTRIMIN 3 CREA (<i>Use clotrimazole vaginal</i>)	NP	OTC;QL(31 gm per 30 days retail)
<i>metronidazole vaginal</i>	P	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal supp 200 MG</i>	P	QL(3 ea per 30 days retail)
<i>miconazole nitrate vaginal kit 0</i>	P	
<i>miconazole nitrate vaginal crea</i>	P	OTC;QL(45 gm per 30 days retail)
<i>miconazole nitrate vaginal supp 100 MG</i>	P	OTC;QL(7 ea per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
MONISTAT 3 CREA (<i>Use miconazole nitrate vaginal</i>)	NP	OTC;QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA (<i>Use miconazole nitrate vaginal</i>)	NP	OTC;QL(45 gm per 30 days retail)
<i>terconazole vaginal supp</i>	P	
<i>terconazole vaginal crea</i>	P	
<i>tioconazole vaginal 6.5 %</i>	P	OTC
VANDAZOLE	P	QL(70 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	QL(43 gm per 30 days retail)
<i>estradiol vaginal tabs</i>	P	
<i>estradiol vaginal crea</i>	P	QL(43 gm per 30 days retail)
PREMARIN	P	QL(43 gm per fill retail)
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ .15 MG/0.3ML, .3 MG/0.3ML	NP	4 rtl MAX fill,365 rtl day(s) supply;QL(2 ea per fill retail)
AUVI-Q SOAJ .15 MG/0.15ML	NP	
<i>epinephrine (anaphylaxis) soaj .15 MG/0.15ML</i>	P	QL(2 ea per fill retail,4 ea per 365 days retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>epinephrine (anaphylaxis) soaj</i>	P	4 rtl MAX fill,365 rtl day(s) supply;QL(2 ea per fill retail)
<i>epinephrine (anaphylaxis) soaj .15 MG/0.15ML</i>	NP	
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	4 rtl MAX fill,365 rtl day(s) supply;QL(2 ea per fill retail)
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	4 rtl MAX fill,365 rtl day(s) supply;QL(2 ea per fill retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	P	SP;PA
NORTHERA (Use <i>droxidopa</i>)	NP	SP;PA
Vasopressors		
<i>midodrine hcl</i>	P	
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR (Use <i>cholecalciferol</i>)	NP	Age limit = less than 6 months
<i>cholecalciferol caps 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	P	OTC;QL(100 ea per fill retail)
<i>cholecalciferol liqd or 10 MCG/ML, 400 UNIT/ML</i>	P	
<i>cholecalciferol caps 1.25 MG, 1.25 MG, 50000 UNIT</i>	P	OTC;QL(8 ea per 30 days retail)
<i>cholecalciferol caps 125 MCG, 5000 UNIT</i>	P	OTC;QL(2 ea daily)
<i>cholecalciferol liqd or 400 UT/0.028ML</i>	P	Age limit = less than 6 months

Drug Name	Drug Tier	Requirement s/Limits
DRISDOL CAPS (Use <i>ergocalciferol</i>)	NP	
D-VI-SOL LIQD OR (Use <i>cholecalciferol</i>)	NP	
<i>ergocalciferol soln or ergocalciferol caps</i>	P	
KEY-E CHEW	P	QL(2 ea daily)
MEPHYTON TABS (Use <i>phytonadione</i>)	NP	
<i>phytonadione tabs 5 MG</i>	P	
VITAMIN D3 LIQD OR 5000 UNIT/ML	P	Age limit = 6 months to 1 year
<i>vitamin e caps 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT</i>	P	QL(2 ea daily)
<i>vitamin e caps 100 UNIT, 200 UNIT, 400 UNIT</i>	P	OTC;QL(2 ea daily)
VITAMIN E CHEW	P	OTC;QL(2 ea daily)
Water Soluble Vitamins		
<i>ascorbic acid tabs</i>	P	OTC;QL(100 ea per 30 days retail)
B-1 TABS	P	OTC;QL(100 ea per 30 days retail)
<i>niacin cpcr 250 MG, 500 MG</i>	P	OTC
<i>niacin tabs 500 MG</i>	P	OTC
<i>niacin tbcr</i>	P	OTC
NIACIN TR TBCR	P	OTC
<i>pyridoxine hcl tabs 25 MG, 50 MG, 100 MG</i>	P	OTC
<i>riboflavin tabs</i>	P	OTC;QL(100 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
SLO-NIACIN TBCR (<i>Use niacin</i>)	NP	OTC
<i>thiamine hcl tabs</i>	P	OTC;QL(100 ea per 30 days retail)
<i>thiamine mononitrate tabs</i>	P	OTC;QL(100 ea per 30 days retail)

INDEX

1ST TIER UNILET COMFORTOUCH LANCETS 28G.....93	ACTIVITY POUCH..... 131	SYRINGE/U-100/0.3ML/29GX1/ 2"..... 105
1ST TIER UNILET COMFORTOUCH LANCETS 30G.....93	ACTONEL..... 75	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/ 16"..... 105
A + D PERSONAL CARE LOTION.....63	ACTOPLUS MET..... 19	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/ 16"..... 105
<i>abacavir sulfate</i>.....43	ACTOS.....22	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/ 2"..... 105
<i>abacavir sulfate-lamivudine</i> ...43	ACULAR..... 162	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/ 16"..... 105
<i>abacavir sulfate-lamivudine- zidovudine</i> 43	ACULAR LS..... 162	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" .....105
ABECMA..... 35	<i>acyclovir</i> 46	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16 "..... 105
ABILIFY.....42	<i>acyclovir topical</i>.....61,62	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16 "..... 105
ABILIFY MAINTENA.....42	ADACEL..... 170	ADVOCATE LANCING DEVICE..93
ABILIFY MYCITE..... 42	ADAPTER PED DISPOSABLE MOUTHPIECE.....131	ADVOCATE RAPID-SAFE LANCING DEVICE..... 93
<i>abiraterone acetate</i>.....35	ADBRY.....63	ADYNOVATE..... 81
ABRAXANE.....39	ADCETRIS..... 34	ADZENYS ER.....1
ABSORICA..... 58	ADCIRCA..... 49	AEROCHAMBER MINI AEROSOLCHAMBER..... 131
ACCUPRIL.....27	ADDERALL..... 1	AEROCHAMBER MV.....131
ACCURETIC..... 28	ADDERALL XR.....1	AEROCHAMBER PLUS FLOW VU.....131
ACE AEROSOL CLOUD ENHANCER.....131	ADEMPAS..... 50	AEROCHAMBER PLUS FLOW-VU.....131
<i>acebutolol hcl</i> 47	ADJUSTABLE LANCING DEVICE.....93	
<i>acetaminophen</i> 5	ADMELOG.....21	
<i>acetaminophen w/ codeine</i> 7	ADMELOG SOLOSTAR..... 21	
<i>acetazolamide</i> 74	ADRENALIN.....158	
<i>acetic acid (otic)</i> 163	ADULT AEROSOL MASK..... 131	
<i>acetylcysteine</i> 58	ADULT DISPOSABLE MOUTHPIECE.....131	
ACNE MEDICATION 10.....58	ADULT MASK LARGE.....131	
ACNE MEDICATION 5.....58	ADVAIR DISKUS.....12	
ACTEMRA..... 3	ADVANCED MOBILE LANCET 30G..... 93	
ACTEMRA ACTPEN.....3	ADVATE..... 81	
ACTIGALL..... 79	ADVIL..... 3	
ACTIMMUNE..... 38	ADVIL COLD & SINUS..... 53	
ACTIVELLA..... 78	ADVOCATE ALCOHOL PREP PADS..... 104	
	ADVOCATE INSULIN	

AEROCHAMBER PLUS FLOW-VU/LARGE MASK.....	131	AGAMATRIX ULTRA-THIN LANCETS 33G.....	93	ALOCRI.....	163
AEROCHAMBER PLUS FLOW-VU/MASK.....	131	AIMSCO LUBRICATED.....	92	ALOE AFTERSUN LOTION.....	63
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK.....	131	AIMSCO TWIST LANCETS 32G.93		ALOE VESTA CLEAR	
AEROCHAMBER PLUS FLOW-VU/SMALL MASK.....	131	AIMSCO TWIST LANCETS 33G.93		ANTIFUNGAL.....	59
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU.....	131	AIRS PEDIATRIC AEROSOL MASK	132	ALOE VESTA DAILY MOISTURIZER.....	68
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL.....	131	AIRZONE PEAK FLOW METER	132	<i>alogliptin benzoate</i>	21
AEROCHAMBER Z-STAT PLUS/LARGE MASK.....	131	ALBENZA.....	10	<i>alogliptin-metformin hcl</i>	19
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK.....	131	<i>albuterol sulfate</i>	12	<i>alogliptin-pioglitazone</i>	19
AEROCHAMBER Z-STAT PLUS/SMALL MASK.....	131	ALBUTEROL SULFATE.....	12	ALOMIDE.....	163
AEROCHAMBER/FLOWSIGNAL	132	ALCOHOL PREP PAD.....	104	ALORA.....	78
AEROTRACH PLUS.....	132	ALCOHOL PREP PADS.....	104	ALPHANATE.....	81
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE.....	132	ALCOHOL PREP PADS-MISC..	104	ALPHANINE SD.....	81
AFINITOR.....	37	ALCOHOL SWABS.....	104	<i>alprazolam</i>	10
AFINITOR DISPERZ.....	37	ALCORTIN A.....	59	ALPROLIX.....	81
AFLURIA QUADRIVALENT 2020-2021.....	173	ALDACTAZIDE.....	74	ALTACE.....	27
AFLURIA QUADRIVALENT 2021-2022.....	173	ALDACTONE.....	74	ALTERNATE SITE LANCING DEVICE.....	93
AFLURIA QUADRIVALENT 2022-2023.....	173	ALDARA.....	67	<i>alum & mag hydrox-simethicone</i>	9
AFRIN NASAL SPRAY.....	158	ALDURAZYME.....	76	ALUMINUM HYDROXIDE.....	9
AFSTYLA.....	81	ALECENSA.....	37	ALUNBRIG.....	37
AGAMATRIX CONTROL SOLUTION LEVEL 2.....	93	<i>alendronate sodium</i>	75	<i>amantadine hcl</i>	40
AGAMATRIX CONTROL SOLUTION LEVEL 4.....	93	ALEVE.....	3	AMARYL.....	22
		ALEVE ARTHRITIS.....	3	AMBIEN.....	84
		ALFERON N.....	38	<i>ambrisentan</i>	49
		ALIMTA.....	33	AMD FOAM DRESSING 4"X4" ..	87
		ALIQOPA.....	37	AMD FOAM DRESSING/TOPSHEET 4"X4" ...	87
		ALKA-SELTZER.....	6	AMERGE.....	139
		ALKA-SELTZER PLUS COLD.....	53	AMICAR.....	84
		ALKERAN.....	32	<i>amiloride & hydrochlorothiazide</i>	74
		ALL FLOW 1000 PULMONARY FUNCTION FILTER.....	132	<i>amiloride hcl</i>	74
		ALLEGRA ALLERGY.....	25	<i>aminocaproic acid</i>	84
		<i>allopurinol</i>	81		

<i>amiodarone hcl</i>	11	ANBESOL.....	143	ARNUITY ELLIPTA.....	11
<i>amitriptyline hcl</i>	19	ANBESOL MAXIMUM STRENGTH.....	143,144	AROMASIN.....	35
AMLACTIN RAPID RELIEF.....	64	ANDEXXA.....	23	<i>arsenic trioxide</i>	39
AMLADEX.....	146	ANDROGEL.....	9	ARZERRA.....	34
<i>amlodipine besylate</i>	48	ANTI-DIARRHEAL.....	23	ASACOL HD.....	79
<i>amlodipine besylate-benazepril hcl</i>	28	ANTIVERT.....	24	<i>ascorbic acid</i>	177
<i>amlodipine besylate-olmesartan medoxomil</i>	28	ANUSOL-HC.....	9	ASMANEX HFA.....	11
<i>amlodipine besylate-valsartan</i>	29	APLIGRAF.....	71	ASPARLAS.....	38
<i>amlodipine-valsartan- hydrochlorothiazide</i>	29	APOKYN.....	40	<i>aspirin</i>	6
AMNIOCORE AMNIOTIC MEMBRANE/2CM X 12CM.....	71	<i>apomorphine hydrochloride</i> ...	40	ASPIRIN.....	6
AMNIOCORE AMNIOTIC MEMBRANE/6CM X 16CM.....	71	APO-VARENICLINE.....	168	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	6
AMNIOCORE AMNIOTIC MEMBRANE/6CM X 9CM.....	71	<i>apraclonidine hcl</i>	160	ASSESS FULL RANGE PEAK FLOW METER.....	132
AMNIOCORE AMNIOTIC MEMBRANE/9CM X 20CM.....	71	APRISO.....	79	ASSESS LOW RANGE PEAK FLOW METER.....	132
AMNIOCORE HUMAN TISSUE ALLOGRAFT/9 X 20 CM.....	71	APTIVUS.....	43	ASSESS PEAK FLOW METER FULL RANGE.....	132
AMONDYS 45.....	158	AQUA GLYCOLIC HAND & BODYLOTION.....	64	ASSESS PEAK FLOW METER LOW RANGE.....	132
<i>amoxapine</i>	19	AQUA LACTEN.....	64	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64".....	105
<i>amoxicillin</i>	165	AQUA LANCE ADJUSTABLE LANCING DEVICE.....	93	ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/2 9G X 1/2".....	105
<i>amoxicillin & pot clavulanate</i>	165	AQUAMED.....	64	ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29 G X 1/2".....	105
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	172	AQUORAL.....	144	ASSURE ID SAFETY PEN NEEDLES 30G X 3/16".....	105
<i>amphetamine- dextroamphetamine</i>	1	ARALAST NP.....	169	ASSURE LANCE SAFETY LANCET 28G.....	93
<i>ampicillin</i>	165	ARANESP ALBUMIN FREE.....	83	ASTHMA CHECK METER-ZONE SYSTEM.....	132
AMPYRA.....	168	ARAVA.....	5	ASTHMAMENTOR.....	132
ANALPRAM-HC.....	9	ARCALYST.....	3	ASTRAZENECA COVID-19 VACCINE.....	173
ANAPROX DS.....	3	ARESTIN.....	144		
<i>anastrozole</i>	35	ARICEPT.....	167		
		ARIKAYCE.....	2		
		ARIMIDEX.....	35		
		<i>aripiprazole</i>	42		
		ARISTADA.....	42		
		ARISTADA INITIO.....	42		
		ARIXTRA.....	13		
		ARMOUR THYROID.....	170		

ATACAND.....	28	AUTOLET MINI.....	94	BABY DDROPS.....	177
ATACAND HCT.....	29	AUTOLET PLUS.....	94	BACIGUENT.....	160
<i>atazanavir sulfate</i>	43	AUVI-Q.....	176	<i>bacitracin (ophthalmic)</i>	160
ATELVIA.....	75	AVALIDE.....	29	<i>bacitracin (topical)</i>	59
<i>atenolol</i>	47	AVAPRO.....	28	<i>bacitracin zinc</i>	59
<i>atenolol & chlorthalidone</i>	29	AVASTIN.....	34	<i>bacitracin-polymyxin b (ophth)</i>	160
ATGAM.....	142	AVEED.....	9	<i>baclofen</i>	156
ATIVAN.....	10	AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT....	68	BACTRIM.....	30
<i>atomoxetine hcl</i>	1	AVEENO DAILY MOISTURIZING SHEER HYDRATION.....	64	BACTRIM DS.....	31
<i>atorvastatin calcium</i>	26	AVEENO DAILY MOISTURIZINGSPF 15.....	64	BAFIERTAM.....	168
ATRIPLA.....	43	AVEENO POSITIVELY AGELESSFIRMING BODY.....	64	<i>balsalazide disodium</i>	79
ATROPINE SULFATE.....	160	AVEENO STRESS RELIEF MOISTURIZING.....	64	BALVERSA.....	37
<i>atropine sulfate (ophthalmic)</i>	160	AVONEX.....	168	BAND-AID GAUZE PADS LARGE4" X 4".....	87
ATROVENT HFA.....	11	AVONEX PEN.....	168	BAND-AID GAUZE PADS MEDIUM 3" X 3".....	87
AUBAGIO.....	168	AVSOLA.....	79	BAND-AID GAUZE PADS SMALL2" X 2".....	88
AUGMENTIN.....	165	AYGESTIN.....	167	BAND-AID TRU-ABSORB GAUZE SPONGES LARGE.....	88
AUGMENTIN ES-600.....	165	AYVAKIT.....	36	BANZEL.....	13,14
AUM MINI INSULIN PEN NEEDLE/32GX4MM.....	105	<i>azacitidine</i>	33	BASAGLAR KWIKPEN.....	21
AUM MINI INSULIN PEN NEEDLE/32GX6MM.....	105	<i>azathioprine</i>	142	BAVENCIO.....	34
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL		AZEDRA DOSIMETRIC.....	38	<i>b-complex vitamins</i>	145
AUTO PROTEC.....	106	AZEDRA THERAPEUTIC.....	38	<i>b-complex w/ c & folic acid.</i>	145
AUM SAFETY PEN NEEDLE/31G X 5MM.....	106	<i>azelastine hcl</i>	157	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	106
AURORA LANCET SUPER THIN30G.....	93	<i>azelastine hcl (ophth)</i>	163	BD AUTOSHIELD 29G X 3/16"	106
AURORA LANCET THIN 23G....	93	<i>azithromycin</i>	87	BD AUTOSHIELD 29G X 5/16"	106
AUTO-LANCET.....	93	AZOPT.....	163	BD AUTOSHIELD DUO 30G X 5MM.....	106
AUTO-LANCET MINI.....	94	AZOR.....	29	BD GLUCOSE.....	20
AUTOLET IMPRESSION LANCING DEVICE.....	94	AZULFIDINE.....	79		
AUTOLET LANCING DEVICE....	94	AZULFIDINE EN-TABS.....	79		
		<i>b complex w/ c</i>	145		
		B-1.....	177		

BD INSULIN SYRINGE LUER- LOK/U-100/1ML.....	106	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.	106	5/16".....	107
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	106	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	106	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	107
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	106	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	106	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	107
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	106	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	106	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	107
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	106	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	106	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	107
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	106	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM.	106	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	107
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	106	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	107	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	107
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	106	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	107	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	107
BD INSULIN SYRINGE ULTRAFINE HALF- UNIT/0.3ML/31G X 5/16".....	106	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	107	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	107
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	106	BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM....	107	BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8".....	107
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	106	BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM.....	107	BD LANCET ULTRAFINE 30G... 94	
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	106	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	107	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	107
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	106	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	107	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	107
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	106	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	107	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM.....	107
		BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X		BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	107
				BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	107

BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	108	BENADRYL ALLERGY EXTRA STRENGTH.....	25	BETAPACE AF.....	47
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	108	BENADRYL ALLERGY ULTRATABS	25	<i>betaxolol hcl (ophth)</i>	159
BD PEN NEEDLES.....	108	<i>benazepril & hydrochlorothiazide</i>	29	<i>bethanechol chloride</i>	173
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".	108	<i>benazepril hcl</i>	27	BETHKIS.....	3
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	108	BENDEKA.....	32	BEVACIZUMAB.....	160
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".	108	BENEFIX.....	81	<i>bexarotene</i>	39
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".	108	BENGAY GREASELESS.....	68	<i>bexarotene (topical)</i>	60
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" 108		BENICAR.....	28	BEXSERO.....	173
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"	108	BENICAR HCT.....	29	<i>bicalutamide</i>	35
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"108		BENLYSTA.....	143	BIKTARVY.....	43
BD SWABS SINGLE USE.....	104	BENZAC AC WASH.....	58	BI-MIX.....	49
BD SWABS SINGLE USE BUTTERFLY.....	104	BENZAACLIN.....	58	BINAXNOW COVID-19 AG CARD HOME TEST.....	72
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	108	BENZAACLIN WITH PUMP.....	58	BIOGUARD GAUZE SPONGE 2"X2" 8 PLY.....	88
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64".....	108	BENZNIDAZOLE.....	10	BIOGUARD GAUZE SPONGES 4"X4" 12 PLY.....	88
BD VERITOR AT-HOME COVID-19 TEST.....	72	<i>benzonatate</i>	53	BIOLYTE.....	140
BELBUCA.....	8	<i>benzoyl peroxide</i>	58	BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM	94
BELEODAQ.....	37	BENZOYL PEROXIDE CLEANSER	58	BIOTENE DRY MOUTH MOISTURIZING SPRAY.....	145
BELRAPZO.....	32	<i>benztropine mesylate</i>	40	<i>bisacodyl</i>	86
BENADRYL ALLERGY.....	25	BEOVU.....	160	<i>bismuth subsalicylate</i>	22
BENADRYL ALLERGY CHILDRENS		BERINERT.....	82	<i>bisoprolol & hydrochlorothiazide</i>	29
		BESPONSA.....	34	<i>bisoprolol fumarate</i>	47
		BESREMI.....	39	BIVIGAM.....	164
		BETA CARE.....	64	BLENREP.....	34
		<i>betaine</i>	76	BLEPH-10.....	161
		<i>betamethasone dipropionate (topical)</i>	62	BLEPHAMIDE.....	162
		<i>betamethasone dipropionate augmented</i>	62	BLEPHAMIDE S.O.P.....	162
		<i>betamethasone valerate</i>	62	BLINCYTO.....	34
		BETAPACE.....	47	BLULINK CONTROL SOLUTION/HIGH & LOW.....	94

BLULINK GLUCOSE TEST STRIPS.....72	BREATHERITE COLLAPSIBLECHILD SPACER W/MASK..... 132	MASK/PVC..... 133 <i>budesonide (inhalation)</i>.....12 <i>budesonide-formoterol fumarate dihydrate</i> 12
BONIVA.....75	BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK..... 132	BUFFERIN.....6 <i>bumetanide</i> 74
BOOSTRIX..... 170	BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK.....132	BUMEX..... 74 BUNAVAIL.....8
BORDERED GAUZE.....88	BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK..... 132	BUPHENYL..... 76 BUPRENEX..... 8 <i>buprenorphine hcl</i> 8 <i>buprenorphine hcl-naloxone hcl dihydrate</i> 8 <i>bupropion hcl</i>.....16 <i>bupropion hcl (smoking deterrent)</i> 168
<i>bortezomib</i> 37	BREATHERITE RIGID SPACERW/MASK.....133	<i>bupropion hcl (smoking deterrent)</i> 168
BORTEZOMIB.....37	BREATHERITE W/LARGE MASK.....133	<i>buspirone hcl</i> 10
<i>bosentan</i>.....49	BREATHERITE W/MEDIUM MASK..... 133	BUSULFEX..... 33 <i>butalbital-acetaminophen</i>.....5 <i>butalbital-acetaminophen- caffeine</i>.....5 <i>butalbital-acetaminophen- caffeine w/ codeine</i> 7 <i>butalbital-aspirin-caffeine</i>.....5 <i>butalbital-aspirin-caffeine w/cod</i> 8
BOSULIF.....37	BREATHERITE W/SMALL MASK.....133	BYDUREON BCISE..... 21 BYDUREON PEN.....21
BOTOX..... 158	BREYANZI.....35	BYETTA..... 21
BOTOX COSMETIC..... 67	BRIDION.....23	BYLVAY..... 79 BYLVAY (PELLETS)..... 79
BPROTECTED PEDIA POLY-VITE.....149	BRILINTA.....82 <i>brimonidine tartrate</i>.....160	CABLIVI..... 82
BPROTECTED PEDIA POLY- VITE/IRON.....148	BRINEURA.....76 <i>brinzolamide</i>.....163	CABOMETYX..... 37
BRAFTOVI..... 37	BRISDELLE.....169	CAFERGOT..... 138 <i>caffeine citrate</i> 1
BREATHE COMFORT ANTI- STATIC VALVED HOLDING CHAMBER/ADULT.....132	BRIVIACT.....14 <i>bromocriptine mesylate</i> 40 <i>brompheniramine & phenyleph.....53</i> <i>brompheniramine & pseudoeph.....54</i>	
BREATHE COMFORT ANTI- STATIC VALVED HOLDING CHAMBER/CHILD..... 132	BRONCHITOL..... 169 BRONCHITOL TOLERANCE TEST.....169	
BREATHE EASE NEBULIZER MASK/CHILD..... 132	BRUKINSA.....37	
BREATHE EASE NEBULIZER MASK/INFANT..... 132	BUBBLES THE FISH II PEDIATRIC	
BREATHE EASE PEAK FLOW METER..... 132		
BREATHE EASE/LARGE MASK.....132		
BREATHE EASE/MEDIUM MASK.....132		
BREATHE EASE/SMALL MASK.....132		
BREATHERITE.....132		
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK..... 132		

CAFFEINE CITRATED.....	1	CARAFATE.....	171	CARETOUCH 2 CPAP HOSE HANGER.....	133
CALAN SR.....	48	CARBAGLU.....	76	CARETOUCH ALCOHOL PREP PADS.....	104
<i>calcipotriene</i>	61	<i>carbamazepine</i>	14	CARETOUCH BLOOD GLUCOSE TEST STRIPS.....	72
<i>calcitonin (salmon)</i>	75	<i>carbamide peroxide (otic)</i>	163	CARETOUCH CONTROL SOLUTION LEVEL 2.....	94
<i>calcitriol</i>	76	<i>carbidopa</i>	40	CARETOUCH CPAP & BIPAP HOSE/6FT.....	133
CALCIUM 600+D HIGH POTENCY	140	<i>carbidopa-levodopa</i>	40	CARETOUCH CPAP MASK WIPES	133
<i>calcium acetate (phosphate binder)</i>	80	CARBOCAINE.....	86	CARETOUCH CPAP NEUTRALIZING PRE-WASH...	133
<i>calcium carbonate (antacid)</i>	9	<i>carboplatin</i>	33	CARETOUCH CPAP TUBE CLEANING BRUSH.....	133
<i>calcium carbonate- cholecalciferol</i>	140	CARDIACOM LANCING DEVICE	94	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16".	108
<i>calcium carbonate-vitamin d</i> 140		CARDIZEM.....	48	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16".	108
<i>calcium polycarbophil</i>	85	CARDIZEM CD.....	48	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"....	108
CALNA.....	150	CARDURA.....	28	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"....	108
CALQUENCE.....	37	CAREONE ADVANCED LANCINGDEVICE.....	94	CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16".....	108
CALTRATE 600+D3.....	140	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	108	CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16".....	108
CAM.....	64	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	108	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"..	109
CAMCEVI.....	35	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	108	CARETOUCH LANCING DEVICewith EJECTOR.....	94
<i>camphor & menthol</i>	61	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	108	CARETOUCH SAFETY LANCETS/26G.....	94
CAMPTOSAR.....	40	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"..	108	CARETOUCH SAFETY LANCETS/28G.....	94
CAMZYOS.....	49	CAREONE INSULIN SYRINGES/1ML/31GX5/16"..	108		
<i>candesartan cilexetil</i>	28				
<i>candesartan cilexetil- hydrochlorothiazide</i>	29				
<i>capecitabine</i>	33				
CAPHOSOL.....	145				
CAPRELSA.....	37				
<i>capsaicin</i>	68				
<i>captopril</i>	27				
<i>captopril & hydrochlorothiazide</i>	29				
CAPZASIN-HP.....	68				
CAPZASIN-P.....	68				
CARAC.....	60				

CARETOUCH SAFETY LANCETS/30G.....	94	CELESTONE-SOLUSPAN.....	52	CHENODAL.....	79
CARETOUCH TWIST LANCETS 28G.....	94	CELEXA.....	17	CHILDRENS ADVIL.....	4
CARETOUCH TWIST LANCETS 30G.....	94	CELLCEPT.....	142	CHILDRENS MOTRIN.....	4
CARETOUCH TWIST LANCETS 33G.....	94	CENTANY.....	59	CHLORASEPTIC.....	144
CARETOUCH TWIST LANCETS MULTI COLOR/30G.....	94	<i>cephalexin</i>	50	<i>chlordiazepoxide hcl</i>	10
CARETOUCH UNIVERSAL CPAPFILTERS.....	133	CEPROTIN.....	82	<i>chlorhexidine gluconate</i>	42
<i>carglumic acid</i>	76	CERASPORT.....	140	<i>chlorhexidine gluconate</i> <i>(mouth-throat)</i>	144
CARIMUNE NANOFILTERED..	164	CERASPORT EX1.....	140	<i>chloroquine phosphate</i>	32
CARNI Q-GEL FORTE.....	2	CERAVE AM FACIAL MOISTURIZING LOTION/SPF30	64	<i>chlorpheniramine maleate</i>	24
CARNITOR.....	76	CERAVE DAILY MOISTURIZING	64	<i>chlorpromazine hcl</i>	42
CARNITOR SF.....	77	CERAVE PM FACIAL MOISTURIZING LOTION ULTRA LIGHTWEIGHT.....	64	<i>chlorthalidone</i>	74
CARRASMART.....	88	CERAVE SA/ROUGH AND BUMPYSKIN.....	64	CHLOR-TRIMETON.....	25
CARRASMART FOAM.....	88	CERDELGA.....	82	<i>chlorzoxazone</i>	156
<i>carteolol hcl (ophth)</i>	159	CEREZYME.....	82	CHOLBAM.....	79
<i>carvedilol</i>	47	CETAPHIL ADVANCED RELIEF.	64	<i>cholecalciferol</i>	177
<i>carvedilol phosphate</i>	47	CETAPHIL DAILY ADVANCE ULTRA HYDRATING.....	64	<i>cholestyramine</i>	26
CARVYKTI.....	35	CETAPHIL MOISTURIZING.....	64	<i>cholestyramine light</i>	26
CASODEX.....	35	CETAPHIL RESTORADERM.....	64	CHORIONIC GONADOTROPIN.	75
CASTIVA WARMING.....	68	<i>cetirizine hcl</i>	25	CIBINQO.....	63
CATAPRES.....	28	<i>cetirizine-pseudoephedrine</i>	54	<i>cilostazol</i>	82
CAYSTON.....	31	<i>cetrotelix acetate</i>	75	CILOXAN.....	161
<i>cefaclor</i>	50	CETROTIDE.....	76	CIMDUO.....	43
<i>cefadroxil</i>	50	CHANTIX.....	168	<i>cimetidine</i>	171
<i>cefdinir</i>	50	CHANTIX CONTINUING MONTHPAK.....	169	<i>cimetidine hcl</i>	171
<i>cefixime</i>	50	CHANTIX STARTING MONTH PAK.....	169	CIMZIA.....	79
CEFOTAN.....	50	CHEMET.....	23	CIMZIA STARTER KIT.....	79
<i>cefprozil</i>	50	CHEMSTRIP-K.....	72	<i>cinacalcet hcl</i>	77
<i>ceftriaxone sodium</i>	50			CINQAIR.....	11
<i>cefuroxime axetil</i>	50			CINRYZE.....	82
				CIPRO.....	78
				CIPRODEX.....	163
				<i>ciprofloxacin hcl</i>	78
				<i>ciprofloxacin hcl (ophth)</i>	161

<i>coal tar extract</i>	70	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	109	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK.....	133
COARTEM.....	32	COMFORT ASSURED LANCETS MICRO THIN 33G.....	94	COMPLERA.....	43
COCOA BUTTER.....	64	COMFORT ASSURED LANCETS SUPER THIN 28G.....	94	COMPLETENATE.....	150
COCOA BUTTER HAND & BODYLOTION.....	64	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	109	CO-NATAL FA.....	150
<i>codeine sulfate</i>	6	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	109	CONCERTA.....	1
CODEINE SULFATE.....	6	COMFORT LANCETS.....	94	CONDOMS-MISC.....	92
COGENTIN.....	40	COMFORT TOUCH ALCOHOL PREP PADS.....	104	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM.....	94
COLACE.....	86	COMFORT TOUCH LANCETS ULTRA THIN 31G.....	94	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM.....	94
COLACE CLEAR.....	86	COMFORT TOUCH PEN NEEDLES/31G X 5MM.....	109	COPA ISLAND BORDERED FOAM DRESSING 4"X4".....	88
COLAZAL.....	79	COMFORT TOUCH PEN NEEDLES/31G X 8 MM.....	109	COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4".....	88
<i>colchicine</i>	81	COMFORT TOUCH PEN NEEDLES/32G X 4MM.....	109	COPAXONE.....	168
<i>colchicine w/ probenecid</i>	81	COMFORT TOUCH PEN NEEDLES/32G X 6MM.....	109	COPIKTRA.....	37
COLCRYS.....	81	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G.....	94	COREG.....	47
COLD & FLU RELIEF NIGHTTIME D.....	54	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G.....	94	COREG CR.....	47
COLD-EEZE.....	142	COMPACT SPACE CHAMBER/ANTI-STATIC.....	133	CORETEXT.....	71
COLD-EEZE PLUS DEFENSE....	142	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK.....	133	CORGARD.....	47
COLD-EEZE PLUS NATURAL MULTI-SYMPTOM RELIEF.....	142	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G.....	94	CORICIDIN HBP COLD & FLU...54	
COLD-EEZE SUGAR FREE.....	142	COMPACT SPACE CHAMBER/ANTI- STATIC/MEDIUM MASK.....	133	CORICIDIN HBP COUGH & COLD	54
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY.....	69			CORICIDIN HBP FLU.....	54
COLEMAN INSECT REPELLENT/HIGH & DRY.....	69			CORIFACT.....	81
COLEMAN INSECT REPELLENT/SPORTSMEN.....	69			CORTEF.....	52
COLESTID.....	26			CORTENEMA.....	9
COLESTID FLAVORED.....	26			CORTROSYN.....	72
<i>colestipol hcl</i>	26			COSENTYX.....	61
COLY-MYCIN M.....	31			COSENTYX SENSOREADY PEN.61	
COMBIPATCH.....	78			COSOPT.....	160
COMBIVENT RESPIMAT.....	12			<i>cosyntropin</i>	72
COMBIVIR.....	43				
COMETRIQ.....	37				

COTELIC.....	37	ANTIMICROBIALGAUZE		SPONGES/CELLULOSEFILLED/4"	
COVID-19 AT-HOME TEST KIT.	72	SPONGES 4"X4" 12 PLY.....	88	X4".....	89
COVRSITE COVER DRESSING...	88	CURITY COVER SPONGE 4"X4"		CUTAQUIG.....	164
COVRSITE PLUS COMPOSITE		.....	88	CUTIVATE.....	62
DRESSING.....	88	CURITY COVER SPONGES 3"X3"		CUTTER.....	69
COZAAR.....	28	.....	88	CUTTER ALL FAMILY.....	69
CREON.....	74	CURITY COVER SPONGES 4"X4"		CUTTER BACKWOODS.....	69
CRESTOR.....	27	.....	88	CUTTER BACKWOODS DRY.....	69
CRIXIVAN.....	43	CURITY DRESSING SPONGES		CUTTER DRY.....	69
<i>cromolyn sodium</i>	11	4"X4" 6 PLY.....	88	CUTTER SKINSATIONS.....	69
<i>cromolyn sodium (nasal)</i>	157	CURITY GAUZE PADS 2"X2" 12		CUTTER SPORT.....	69
<i>cromolyn sodium (ophth)</i>	163	PLY.....	88	CUVITRU.....	164
<i>crotamiton</i>	70	CURITY GAUZE PADS 3"X3"	88	CVS BEAUTY 360 DRY SKIN.....	64
CRUAD GAUZE PADS 4" X 4" ...	88	CURITY GAUZE PADS 4"X4" 12		CVS COVID-19 AT HOME	
CRYSVITA.....	77	PLY.....	88	TESTKIT.....	72
CUBICIN.....	31	CURITY GAUZE SPONGE 2"X2" 8		CVS DAILY ULTRA	
CUBICIN RF.....	31	PLY.....	88	MOISTURELOTION.....	64
CURITY ALCOHOL		CURITY GAUZE SPONGE		CVS DRY MOUTH SPRAY.....	145
PREPS/MEDIUM 2 PLY.....	104	2"X2"12 PLY.....	88	CVS GAUZE PAD 3"X3"	89
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 3"X3"		CVS GAUZE PADS 2"X2" 12-PLY	
2"X2".....	88	12 PLY.....	88	.....	89
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 4"X4"		CVS GAUZE PADS 4"X4" 12-PLY	
2"X2" 4PLY.....	88	12 PLY.....	89	.....	89
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 4"X4"		CVS GAUZE PADS STERILE 4"X4"	
2"X2" 4PLY.....	88	16 PLY.....	89	.....	89
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 4"X4" 8		CVS GAUZE PADS STERILE 4"X4"	
3"X3" 4PLY.....	88	PLY.....	89	.....	89
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE		CVS GAUZE PADS STERILE 4"X4"	
4 PLY.....	88	4"X4"16 PLY.....	89	12-PLY.....	89
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGES 4"X4"		CVS GENTLE SKIN CLEANSER..	64
4"X4".....	88	12 PLY.....	89	CVS GLUCOSE.....	20
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGES 4"X4"		CVS INSECT REPELLENT.....	69
4"X4" 4PLY.....	88	8 PLY.....	89	CVS LANCETS 21G.....	94
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGES 4"X4"		CVS LANCETS MICRO THIN 33G	
4"X4" 4PLY/SOFT POUCH.....	88	3"X3".....	89	.....	94
CURITY AMD		CURITY NON-ADHERENT STRIPS		CVS LANCETS MICRO-THIN 33G	
ANTIMICROBIALGAUZE		3"X3".....	89	.....	95
SPONGES 2"X2" 8 PLY.....	88	CURITY		CVS LANCETS ORIGINAL.....	95
CURITY AMD		SPONGES/CELLULOSEFILLED/2"			
		X2".....	89		
		CURITY			

CVS LANCETS THIN 26G.....	95	CYTOTEC.....	172	DEPAKOTE SPRINKLES.....	16
CVS LANCETS ULTRA THIN 30G	95	D.H.E. 45.....	138	DEPEN TITRATABS.....	142
CVS LANCETS ULTRA-THIN 30G	95	DACOGEN.....	33	DEPO-PROVERA CONTRACEPTIVE.....	52
CVS LANCING DEVICE.....	95	DAILY MOISTURIZING.....	64	DEPO-SUBQ PROVERA 104.....	52
CVS LICE SOLUTION KIT 3-STEP	70	DAILY MOISTURIZING LOTION	64	DEPO-TESTOSTERONE.....	9
CVS PRENATAL.....	150	DAILY MULTIPLE VITAMINS..	146	DERMACEA DRAIN SPONGES 4"X4".....	89
CVS PREP PADS.....	104	<i>dalfampridine</i>	168	DERMACEA GAUZE SPONGE 2"X2" 12 PLY.....	89
CVS SOFT GLUCOSE.....	20	DANTRIUM.....	157	DERMACEA GAUZE SPONGE 2"X2" 8 PLY.....	89
CVS TOTAL HOME INSECT REPELLENT.....	69	<i>dapsone</i>	31	DERMACEA GAUZE SPONGE 3"X3" 12 PLY.....	89
CVS ULTRA THIN LANCETS.....	95	DAPTOMYCIN.....	31	DERMACEA GAUZE SPONGE 3"X3" 8 PLY.....	89
<i>cyanocobalamin</i>	83	DARAPRIM.....	32	DERMACEA GAUZE SPONGE 4"X4" 12 PLY.....	89
<i>cyclobenzaprine hcl</i>	156	DARZALEX.....	34	DERMACEA GAUZE SPONGE 4"X4" 16 PLY.....	89
CYCLOGYL.....	160	DARZALEX FASPRO.....	36	DERMACEA GAUZE SPONGE 4"X4" 8 PLY.....	89
<i>cyclopentolate hcl</i>	160	<i>daunorubicin hcl</i>	36	DERMACEA I.V. DRAIN SPONGES 2"X2".....	89
<i>cyclophosphamide</i>	33	DAUNORUBICIN HYDROCHLORIDE.....	36	DERMACEA I.V. DRAIN SPONGES 4"X4".....	89
CYCLOPHOSPHAMIDE.....	33	DAURISMO.....	35	DERMACEA I.V. SPONGES 2"X2"	89
CYCLOPHOSPHAMIDE MONOHYDRATE.....	33	DDAVP.....	77	DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY.....	89
<i>cyclosporine</i>	143	DEBROX.....	163	DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY.....	89
<i>cyclosporine modified (for microemulsion)</i>	143	<i>decitabine</i>	33	DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY.....	89
CYMBALTA.....	18	<i>deferasirox</i>	23	DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY.....	89
<i>cyproheptadine hcl</i>	26	<i>deferiprone</i>	23	DERMACEA TYPE VII GAUZE 2"X2" 12 PLY.....	90
CYRAMZA.....	34	<i>deferoxamine mesylate</i>	23		
CYSTADANE.....	77	DEFITELIO.....	82		
CYSTADROPS.....	163	DEFLUX.....	81		
CYSTAGON.....	80	DELSTRIGO.....	43		
CYSTARAN.....	163	DELSYM.....	53		
<i>cytarabine</i>	33	DELSYM COUGH CHILDRENS..	53		
CYTOGAM.....	164	DELZICOL.....	79		
CYTOMEL.....	170	DEM SER.....	28		
		DENOREX THERAPEUTIC 2-IN-1	70		
		DEPAKOTE.....	16		
		DEPAKOTE ER.....	16		

DERMACEA TYPE VII GAUZE 2"X2" 8 PLY.....	90	<i>refrigerated</i>	78	RECEIVERKIT.....	95
DERMACEA TYPE VII GAUZE 3"X3" 12 PLY.....	90	<i>desogestrel & ethinyl estradiol</i>	50	DEXCOM G5 RECEIVER KIT.....	95
DERMACEA TYPE VII GAUZE 3"X3" 12PLY.....	90	<i>desogestrel-ethinyl estradiol</i> (<i>biphasic</i>).....	50	DEXCOM G6 RECEIVER.....	95
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY.....	90	<i>desogestrel-ethinyl estradiol</i> (<i>triphasic</i>).....	50	DEXCOM G7 RECEIVER.....	95
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY.....	90	DESONATE.....	62	DEXCOM G7 SENSOR.....	95
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY.....	90	<i>desonide</i>	62	DEXEDRINE.....	1
DERMACEA X-RAY SPONGES 4"X4" 16 PLY.....	90	DESOWEN.....	62	DEXILANT.....	171
DERMAL THERAPY EXTRA STRENGTH BODY LOTION.....	64	<i>desoximetasone</i>	62	<i>dexlansoprazole</i>	171
DERMAL THERAPY FACE CAREMOISTURIZING LOTION. 64		<i>desvenlafaxine succinate</i>	18	<i>dexmethylphenidate hcl</i>	2
DERMAL THERAPY FOOT MASSAGE.....	64	DETROL.....	172	<i>dexrazoxane hcl</i>	39
DERMAL THERAPY HAND ELBOW & KNEE CREAM.....	65	DETROL LA.....	172	DEXTENZA.....	162
DERMAL THERAPY HEEL CARE	65	DEX4.....	20	<i>dextroamphetamine sulfate</i>	1
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4"	90	DEX4 FAST ACTING GLUCOSE.	20	<i>dextromethorphan hbr</i>	53
DERMAREST PSORIASIS.....	68	DEX4 NATURALS.....	20	<i>dextromethorphan polistirex.</i>	53
DERMA-SMOOTH/FS SCALP. 62		DEX4 POUCH PACK.....	20	<i>dextromethorphan-doxyamine-</i> <i>acetaminophen</i>	54
DERMEND ALPHA + BETA HYDROXY THERAPY.....	65	DEX4 QUICK DISSOLVE GLUCOSE.....	20	<i>dextromethorphan-guaifenesin</i>	54
DERMOTIC.....	164	<i>dexamethasone</i>	52	<i>dextromethorphan-</i> <i>phenylephrine-acetaminophen</i>	54
DESCOVY.....	43	<i>dexamethasone sodium</i> <i>phosphate</i>	52	DEXYCU.....	162
DESFERAL.....	23	DEXAMETHASONE SODIUM PHOSPHATE.....	52	DHIVY.....	40
<i>desipramine hcl</i>	19	<i>dexamethasone sodium</i> <i>phosphate (ophth)</i>	162	DHS TAR.....	70
<i>desmopressin acetate</i>	77	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT.....	95	DHS TAR GEL.....	71
DESMOPRESSIN ACETATE.....	77	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	95	DIABETIC TUSSIN COLD/FLU... 54	
<i>desmopressin acetate spray</i> ... 78		DEXCOM G4 PLATINUM RECEIVER KIT.....	95	DIABETIDERM.....	65
<i>desmopressin acetate spray</i>		DEXCOM G4 PLATINUM RECEIVER KIT/SHARE.....	95	DIACOMIT.....	14
		DEXCOM G5 MOBILE		DIASTAT ACUDIAL.....	13
				DIASTAT PEDIATRIC.....	13
				DIATHRIVE LANCETS.....	95
				DIATHRIVE LANCETS ULTRA THIN 30G.....	95
				DIATHRIVE LANCING DEVICE.. 95	
				<i>diazepam</i>	10

<i>diazepam (anticonvulsant)</i> 13	<i>diphenoxylate w/ atropine</i> 23	<i>doxazosin mesylate</i> 28
<i>dibucaine</i> 68	DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC..... 170	<i>doxepin hcl</i> 19
<i>diclofenac potassium</i>.....4	DIPROLENE AF..... 62	<i>doxycycline (monohydrate)</i> .. 170
<i>diclofenac sodium</i>.....4	<i>dipyridamole</i> 82	<i>doxycycline hyclate</i>.....170
<i>diclofenac sodium (ophth)</i>....163	<i>disopyramide phosphate</i> 11	<i>doxylamine succinate (sleep)</i> ..84
<i>diclofenac sodium (topical)</i> 60	DISPOSABLE MOUTHPIECE FULL RANGE..... 134	DRAMAMINE..... 24
<i>dicloxacillin sodium</i> 165	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC..... 134	DRISDOL..... 177
<i>dicyclomine hcl</i> 171	DISPOSABLE MOUTHPIECE/LOW RANGE..... 134	DRISTAN SPRAY..... 158
<i>didanosine</i> 43	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE..... 134	DROPLET GENTEEL LANCING DEVICE..... 95
DIFFERIN DAILY DEEP CLEANSER.....58	DISPOSABLE PAPER MOUTHPIECE.....134	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" 110
DIFLUCAN..... 24	<i>disulfiram</i> 167	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" 110
<i>diflunisal</i> 6	DITROPAN XL..... 172	DROPLET INSULIN SYRINGE 1ML/29G X 1/2" 110
<i>digoxin</i> 49	<i>divalproex sodium</i> 16	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" 110
<i>dihydroergotamine mesylate</i>.....139	<i>docetaxel</i> 39	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2" 110
DILANTIN..... 15	DOCETAXEL.....39	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16" ... 110
DILANTIN INFATABS..... 15	<i>docusate sodium</i> 86	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2" 110
DILANTIN-125..... 15	DOCUSATE SODIUM..... 86	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" ... 110
DILAUDID.....6	<i>dofetilide</i> 11	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" ... 110
<i>diltiazem hcl</i> 48	DOJOLVI.....159	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" 110
<i>diltiazem hcl coated beads</i> 48	<i>donepezil hydrochloride</i> 167	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" 110
<i>diltiazem hcl extended release beads</i> 48	DOPTLET..... 83	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" 110
<i>dimenhydrinate</i> 24	<i>dorzolamide hcl</i> 163	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" 110
DIMETAPP COLD & ALLERGY.. 54	DORZOLAMIDE HCL..... 163	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" 110
DIMETAPP DM COLD & COUGH.....55	DORZOLAMIDE HCL/TIMOLOL MALEATE..... 160	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" 110
DIMETAPP MULTI-SYMPATOM COLD RELIEF CHILDRENS..... 55	<i>dorzolamide hcl-timolol maleate</i>.....160	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" 110
<i>dimethyl fumarate</i>.....168	DOVATO..... 43	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X
DIOVAN..... 28	DOVONEX..... 61	
DIOVAN HCT..... 29		
<i>diphenhydramine hcl</i> 25		
<i>diphenhydramine hcl (sleep)</i> .. 84		

5/16".....	110	DRYSOL.....	69	EASY FLOW HEPA FILTER.....	134
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	110	DULCOLAX.....	86	EASY MINI EJECT LANCING DEVICE.....	95
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	110	DULCOLAX PINK LAXATIVE.....	86	EASY MINI LANCING DEVICE...95	
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	110	<i>duloxetine hcl</i>	18	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS.....	72
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	110	DUPIXENT.....	63	EASY TALK PLUS II CONTROLHIGH.....	95
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	110	DURAGESIC.....	6	EASY TALK PLUS II CONTROLLOW.....	95
DROPLET LANCETS ULTRA THIN 30G.....	95	DUREX EXTRA SENSITIVE.....	92	EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	104
DROPLET LANCING DEVICE.....	95	DUROLANE.....	157	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	111
DROPLET PERSONAL LANCETS30G.....	95	DUTOPROL.....	29	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	111
DROPSAFE ALCOHOL PREP PADS	104	D-VI-SOL.....	177	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	111
DROPSAFE SAFETY PEN NEEDLE/31GX5MM.....	110	DYSPORT.....	158	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	111
<i>drospirenone-ethinyl estradiol</i>	51	E.E.S. GRANULES.....	87	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM.....	95
DROXIA.....	82	EASIVENT.....	134	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS.....	72
<i>droxidopa</i>	177	EASIVENT/MASK-LARGE.....	134	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	111
DRUG MART ADJUSTABLE LANCING DEVICE.....	95	EASIVENT/MASK-MEDIUM...134		EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	111
DRUG MART LANCETS THIN... 95		EASIVENT/MASK-SMALL.....134		EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" . 111	
DRUG MART UNILET LANCETSSUPER THIN 30G.....	95	EASY COMFORT ALCOHOL PADS	104	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	111
DRUG MART UNILET LANCETSULTRA THIN 28G.....	95	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	110		
DRUG MART UNILET MICRO THIN LANCETS 33G.....	95	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" .. 110			
DRYMAX EXTRA.....	90	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" .. 111			
		EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	111		
		EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	111		
		EASY FLOW 300 MM HOSE...134			
		EASY FLOW 400 MM HOSE...134			
		EASY FLOW AIR NOZZLE..... 134			

EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" .. 111	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" 112	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" .....112
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/ 29G X 1/2" 111	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" 112	EASY TRAK II BLOOD GLUCOSE TEST STRIPS..... 72
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/ 30G X 5/16" 111	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" 112	EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3.....96
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/2 9G X 1/2" 111	EASY TOUCH LANCETS 26G/PULL-TOP.....95	EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH..... 96
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/3 0G X 1/2" 111	EASY TOUCH LANCETS 28G/PULL-TOP.....95	EBASE CONTROLLER KIT..... 134
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" 111	EASY TOUCH LANCETS 28G/TWIST..... 95	<i>econazole nitrate</i>.....60
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" 111	EASY TOUCH LANCETS 30G/PULL-TOP.....96	ECOTRIN..... 6
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" 111	EASY TOUCH LANCETS 32G/PULL-TOP.....96	ECOTRIN MAXIMUM STRENGTH.....6
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" 111	EASY TOUCH LANCETS 33G/TWIST..... 96	ECOTRIN REGULAR STRENGTH. 6
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 111	EASY TOUCH LANCING DEVICE/EJECTOR..... 96	ED BRON GP..... 55
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" 111	EASY TOUCH PEN NEEDLE/30G X 3/16" 112	EDURANT.....43
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" 111	EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM.....112	<i>efavirenz</i> 43
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8" 111	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" 112	<i>efavirenz-emtricitabine- tenofovir disoproxil fumarate</i> .43
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" 112	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 112	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> 43
		EFFEXOR XR..... 18
		EFFIENT.....82
		EFUDEX.....60
		ELAPRASE..... 77
		ELELYSO..... 82
		<i>eletriptan hydrobromide</i> 139
		ELIDEL..... 67
		ELIGARD.....35
		ELIMITE..... 70
		ELIQUIS..... 13
		ELIQUIS STARTER PACK..... 13
		ELLA..... 51
		ELLECE.....36

ELLUME COVID-19 HOME TEST.....73	ENJAYMO.....82	.....90
ELOCTATE..... 81	<i>enoxaparin sodium</i> 13	EQL GAUZE PADS 4"X4"/LARGE.....90
EMBRACE LANCING DEVICE WITH EJECTOR.....96	ENSPRYNG..... 143	EQL GAUZE STERILE PADS 3"X3" .....90
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G..... 96	ENTEX T..... 55	EQL INSULIN SYRINGE/0.3ML/29G X 1/2" . 112
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G..... 96	ENTOCORT EC.....52	EQL INSULIN SYRINGE/0.3ML/30G X 5/16" .....112
EMBRACE PRO BLOOD GLUCOSETEST STRIPS..... 73	ENTYVIO..... 79	EQL INSULIN SYRINGE/0.3ML/31G X 5/16" .....112
EMCYT..... 35	EPCLUSA..... 46	EQL INSULIN SYRINGE/0.5ML/29G X 1/2" . 112
EMEND..... 24	EPICORD/ 1CM X 2CM..... 71	EQL INSULIN SYRINGE/0.5ML/30G X 5/16" .....112
EMFLAZA..... 52	EPIDIOLEX..... 14	EQL INSULIN SYRINGE/0.5ML/31G X 5/16" .....112
EMOLLIA-LOTION..... 65	EPIFOAM..... 62	EQL INSULIN SYRINGE/1ML/29G X 1/2".....112
<i>emollient</i>.....65	EPILYT..... 65	EQL INSULIN SYRINGE/1ML/30G X 5/16".....112
EMOLLIENT LOTION-MISC..... 65	<i>epinephrine (anaphylaxis)</i> ... 176,177	EQL INSULIN SYRINGE/1ML/31G X 5/16".....112
EMPLICITI..... 34	<i>epinephrine hcl (nasal)</i> 158	EQL PRENATAL FORMULA.... 150
<i>emtricitabine</i> 43	EPIPEN 2-PAK.....177	EQL SUPER THIN LANCETS 30G.....96
<i>emtricitabine-tenofovir disoproxil fumarate</i> 43	EPIPEN-JR 2-PAK..... 177	EQL THIN LANCETS 26G.....96
EMTRIVA.....43	<i>epirubicin hcl</i> 36	EQL ULTRA MOISTURIZING DAILY LOTION..... 65
EMVERM.....10	EPIVIR..... 44	EQUALYTE..... 140
ENABLEX..... 172	EPOGEN..... 83	ERBITUX..... 35
<i>enalapril maleate</i> 27	<i>epoprostenol sodium</i> 49	<i>ergocalciferol</i>.....177
<i>enalapril maleate & hydrochlorothiazide</i>.....29	EPZICOM.....44	<i>ergotamine w/ caffeine</i> 138
ENBREL..... 5	EQ SPACE CHAMBER ANTI- STATIC..... 134	ERIVEDGE..... 35
ENBREL MINI..... 5	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK..... 134	
ENBREL SURECLICK.....5	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK..... 134	
ENDARI..... 82	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK.....134	
ENFAMIL ENFALYTE..... 140	EQL ALCOHOL SWABS..... 104	
ENGERIX-B..... 173,174	EQL COLOR LANCETS 21G.....96	
ENHERTU..... 34	EQL COLOR LANCETS MICRO THIN 33G..... 96	
	EQL DRY MOUTH ORAL RINSE.....145	
	EQL GAUZE PADS 2"X2"/SMALL	

ERLEADA.....	35	EUCERIN BABY.....	65	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" .	112
<i>erlotinib hcl</i>	35	EUCERIN DAILY HYDRATION...	65	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	.....112
<i>ertapenem sodium</i>	31	EUCERIN DAILY PROTECTION/SPF 30.....	65	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" .	112
ERWINASE.....	38	EUCERIN INTENSIVE REPAIR...	65	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" .	112
ERWINAZE.....	38	EUCERIN ORIGINAL HEALINGSOOTHING REPAIR...	65	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	.....112
ERYGEL.....	58	EUCERIN PLUS.....	65	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"....	112
ERYPED 200.....	87	EUCERIN PROFESSIONAL REPAIR RICH FEEL.....	65	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"....	113
ERYPED 400.....	87	EUCERIN ROUGHNESS RELIEF.	65	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"..	113
<i>erythromycin (acne aid)</i>	58	EUCERIN SKIN CALMING DAILY MOISTURIZING.....	65	EXELON.....	167
<i>erythromycin (ophth)</i>	161	EUCERIN SMOOTHING REPAIRADVANCED FORMULA	65	<i>exemestane</i>	35
<i>erythromycin base</i>	87	EUFLEXXA.....	157	EXFORGE.....	29
<i>erythromycin ethylsuccinate..</i>	87	EULEXIN.....	35	EXFORGE HCT.....	29
<i>erythromycin stearate</i>	87	EVAC.....	85	EXJADE.....	23
ESBRIET.....	169	EVENITY.....	75	EXKIVITY.....	35
<i>escitalopram oxalate</i>	17	<i>everolimus</i>	37	EXONDYS 51.....	158
ESGIC.....	5	EVERSENSE SENSOR/HOLDER.	96	EXPIRATORY MOUTHPIECE...	134
<i>esomeprazole magnesium</i>	171	EVISTA.....	76	EXSERVAN.....	158
ESPEROCT.....	81	EVKEEZA.....	26	EXTAVIA.....	168
ESTRACE.....	78,176	EVOMELA.....	33	EYLEA.....	160
<i>estradiol</i>	78	EVRYSDI.....	159	E-Z JECT LANCETS.....	96
<i>estradiol & norethindrone acetate</i>	78	EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY.....	90	E-Z JECT LANCETS 21G.....	96
<i>estradiol vaginal</i>	176	EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY.....	90	E-Z JECT LANCETS COLOR.....	96
ESTROFACTORS.....	146	EXCILON DRAIN SPONGE 4"X4"	90	E-Z JECT LANCETS SUPER THIN 30G.....	96
ESTROSTEP FE.....	51	EXCILON DRAIN SPONGES 4"X4" 6 PLY.....	90	E-Z JECT LANCETS THIN 26G...	96
<i>ethambutol hcl</i>	32	EXCILON I.V. SPONGES 2"X2" 6 PLY.....	90	<i>ezetimibe</i>	27
<i>ethosuximide</i>	15			<i>ezetimibe-simvastatin</i>	26
<i>ethynodiol diacet & eth estrad</i>	51				
<i>etodolac</i>	4				
<i>etonogestrel-ethinyl estradiol</i>	51				
<i>etoposide</i>	39				
<i>etravirine</i>	44				
EUCERIN.....	65,69				

E-ZJECT LANCETS MICRO-THIN 33G.....	96	<i>c-zn-mg-mn-cu</i>	83	<i>flavoxate hcl</i>	173
EZ-LETS LANCETS 26G SUPER- SOFT.....	96	FERROUS GLUCONATE.....	83	FLEBOGAMMA DIF.....	164
EZ-LETS LANCETS 28G ULTRA- SOFT.....	96	<i>ferrous sulfate</i>	83	<i>flecainide acetate</i>	11
EZ-LETS LANCETS 30G.....	96	FERROUS SULFATE.....	84	FLEET ENEMA.....	86
<i>famciclovir</i>	46	FEVERALL JUNIOR STRENGTH...5		FLEET PEDIATRIC.....	86
<i>famotidine</i>	171	<i>fexofenadine hcl</i>	25	FLEXICHAMBER.....	134
FANTASY LUBRICATED.....	92	FIBERCON.....	85	FLOLAN.....	49
FANTASY LUBRICATED/SPERMICIDE.....	92	FIBRYGA.....	81	FLOMAX.....	80
FARESTON.....	35	FIFTY50 ALCOHOL PREP PADS	104	FLOLASE ALLERGY RELIEF... 157	
FARYDAK.....	37	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	113	FLOLASE ALLERGY RELIEF CHILDRENS.....	157
FASENRA.....	11	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	113	FLORIVA PLUS.....	147
FASENRA PEN.....	11	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"..	113	FLOVENT HFA.....	12
FEIBA.....	81	FIFTY50 UNILET LANCETS 33G 96		FLOWFLEX COVID-19 ANTIGEN HOME TEST.....	73
<i>felbamate</i>	15	FILTER AIR PP.....	134	FLUAD QUADRIVALENT 2021-2022.....	174
FELBATOL.....	15	<i>finasteride</i>	80	FLUAD QUADRIVALENT 2022-2023.....	174
FELDENE.....	4	<i> fingolimod hcl</i>	168	FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS.....	174
<i>felodipine</i>	48	FINTEPLA.....	14	FLUARIX QUADRIVALENT 2020-2021.....	174
FEMARA.....	35	FIORINAL.....	5	FLUARIX QUADRIVALENT 2021-2022.....	174
FEMHRT.....	78	FIORINAL/CODEINE #3.....	8	FLUARIX QUADRIVALENT 2022-2023.....	174
<i>fenofibrate</i>	26	FIRAZYR.....	82	<i>fluconazole</i>	24
FENOFIBRATE.....	26	FIRMAGON.....	35	<i>fludarabine phosphate</i>	33
<i>fenofibrate micronized</i>	26	FIRVANQ.....	31	<i>fludrocortisone acetate</i>	53
<i>fenopropfen calcium</i>	4	FLAGYL.....	30	FLULAVAL QUADRIVALENT 2020-2021.....	174
FENSOLVI.....	76	FLAVOR BLEND.....	165	FLULAVAL QUADRIVALENT 2021-2022.....	174
<i>fentanyl</i>	6	FLAVOR PLUS.....	165	FLULAVAL QUADRIVALENT 2022-2023.....	174
FER-IN-SOL.....	83	FLAVOR SWEET.....	165		
FERRETTIS.....	83	FLAVOR SWEET-SF.....	166		
FERRIPROX.....	23				
FERRIPROX TWICE-A-DAY.....	23				
<i>ferrous fumarate</i>	83				
<i>ferrous fumarate-fa-b complex-</i>					

FLUMIST QUADRIVALENT.....	174	FML.....	162	MONITORING SYSTEM.....	96
<i>flunisolide (nasal)</i>	157	FML LIQUIFILM.....	162	FREESTYLE LIBRE 14	
<i>fluocinolone acetonide</i>	62	FOCALIN.....	2	DAY/SENSOR/FLASH	
<i>fluocinolone acetonide (otic)</i>	164	<i>follic acid</i>	83	MONITORING SYSTEM.....	96
<i>fluocinonide</i>	62	FOLLISTIM AQ.....	75	FREESTYLE LIBRE	
<i>fluocinonide emulsified base</i> ..	62	FOLOTYN.....	33	2/READER/FLASH GLUCOSE	
<i>fluorometholone (ophth)</i>	162	<i>fondaparinux sodium</i>	13	MONITORING SYSTEM.....	97
<i>fluorouracil (topical)</i>	60	FORA GTEL BLOOD KETONE		FREESTYLE LIBRE	
<i>fluoxetine hcl</i>	17	TEST STRIPS.....	73	2/SENSOR/FLASH GLUCOSE	
<i>fluphenazine decanoate</i>	42	FORA LANCETS.....	96	MONITORING SYSTEM.....	97
<i>fluphenazine hcl</i>	42	FORA LANCING DEVICE.....	96	FREESTYLE LIBRE	
<i>flurazepam hcl</i>	84	FORA LANCING		3/SENSOR/GLUCOSE	
<i>flurbiprofen</i>	4	DEVICE/CLEARCAP.....	96	MONITORING SYSTEM.....	97
<i>flurbiprofen sodium</i>	163	FORA LANCING		FREESTYLE	
<i>flutamide</i>	35	DEVICE/CLEARCAP.....	96	LIBRE/READER/FLASH	
<i>fluticasone propionate</i>	62	FORA TN'G ADVANCE PRO		MONITORING SYSTEM.....	97
<i>fluticasone propionate (nasal)</i>	157	BLOOD GLUCOSE TEST STRIPS	73	FREESTYLE LITE BLOOD	
FLUTICASONE PROPIONATE HFA	12	<i>formaldehyde</i>	42	GLUCOSE MONITORING	
<i>fluticasone-salmeterol</i>	12	FORTAMET.....	20	SYSTEM.....	97
<i>fluvoxamine maleate</i>	17	FORTAZ.....	50	FREESTYLE PRECISION INSULIN	
FLUZONE HIGH-DOSE PF		FORTEO.....	75	SYRINGE/U-100/0.5ML/30G X	
2020-2021.....	174	FORTISCARE G1 BLOOD		5/16".....	113
FLUZONE HIGH-DOSE PF		GLUCOSE TEST STRIP.....	73	FREESTYLE PRECISION INSULIN	
2021-2022.....	174	FOSAMAX.....	75	SYRINGE/U-100/0.5ML/31G X	
FLUZONE HIGH-DOSE PF		<i>fosamprenavir calcium</i>	44	5/16".....	113
2022-2023.....	174	<i>fosinopril sodium</i>	27	FREESTYLE PRECISION INSULIN	
FLUZONE QUADRIVALENT		<i>fosinopril sodium &</i>		SYRINGE/U-100/1ML/31G X	
2020-2021.....	174	<i>hydrochlorothiazide</i>	29	5/16".....	113
FLUZONE QUADRIVALENT		FOTIVDA.....	37	FREESTYLE PRECISION INSULIN	
2021-2022.....	174	FRAGMIN.....	13	SYRINGES/U-100/1ML/30G X	
FLUZONE QUADRIVALENT		FREDS PHARMACY AUTOLET		5/16".....	113
2022-2023.....	174	LANCING DEVICE.....	96	FULL KIT NEBULIZER SET.....	134
FLYP HYPERSONIQ CARTRIDGE		FREDS PHARMACY UNILET		FULPHILA.....	83
.....	134	LANCETS SUPER THIN 30G.....	96	<i>furosemide</i>	74
		FREDS PHARMACY UNILET		FUZEON.....	44
		LANCETS ULTRA THIN 28G.....	96	FYARRO.....	37
		FREESTYLE LIBRE 14		<i>gabapentin</i>	14
		DAY/READER/FLASH		GABITRIL.....	15
				GABLOFEN.....	156

GALAFOLD.....	77	<i>gentamicin sulfate (ophth)</i> ...	161	GLOBAL EASY GLIDE	
<i>galantamine hydrobromide</i> ..	167	<i>gentamicin sulfate (topical)</i>	59	INSULINSYRINGE/U-100/0.3ML/ 31G X 5/16"	113
GAMASTAN.....	164	GENTEEL PLUS LANCING		GLOBAL INJECT EASE INSULIN	
GAMIFANT.....	143	DEVICE/BUFF BLACK.....	97	SYRINGE/U-100/0.3ML/29G X 1/2"	113
GAMMAGARD LIQUID.....	164	GENTEEL PLUS LANCING		GLOBAL INJECT EASE INSULIN	
GAMMAGARD S/D IGA LESS		DEVICE/BUTTERFLY BLUE.....	97	SYRINGE/U-100/0.3ML/30G X 1/2"	113
THAN 1MCG/ML.....	164	GENTEEL PLUS LANCING		GLOBAL INJECT EASE INSULIN	
GAMMAKED.....	164	DEVICE/PLAYFUL PURPLE.....	97	SYRINGE/U-100/0.3ML/30G X 5/16"	113
GAMMAPLEX.....	164	GENTEEL PLUS LANCING		GLOBAL INJECT EASE INSULIN	
GAMUNEX-C.....	164	DEVICE/PRINCESS PINK.....	97	SYRINGE/U-100/0.3ML/31G X 5/16"	113
<i>ganirelix acetate</i>	76	GENTEEL PLUS LANCING		GLOBAL INJECT EASE INSULIN	
GANIRELIX ACETATE.....	76	DEVICE/WILLOWY WHITE.....	97	SYRINGE/U-100/0.3ML/31G X 5/16"	113
GARDASIL 9.....	174,175	GENTLE-LET GP LANCETS.....	97	GLOBAL INJECT EASE INSULIN	
GATTEX.....	80	GENTLE-LET LANCETS GENERAL		SYRINGE/U-100/0.5ML/28G X 1/2"	113
GAUZE DRESSING 4"X4"	90	PURPOSE STYLE/FINE POINT..	97	GLOBAL INJECT EASE INSULIN	
GAUZE PADS.....	90	GENTLE-LET LANCETS GENERAL		SYRINGE/U-100/0.5ML/29G X 1/2"	113
GAUZE PADS 2"X2"	90	PURPOSE STYLE/MEDIUM		GLOBAL INJECT EASE INSULIN	
GAUZE PADS 3"X3"	90	POINT.....	97	SYRINGE/U-100/0.5ML/30G X 1/2"	113
GAUZE PADS 4"X4"	90	GENTLE-LET LANCETS SAFETY		GLOBAL INJECT EASE INSULIN	
GAUZE SPONGE TYPE VII MEDI- PAK 2"X2" 8PLY.....	90	STYLE/FINE POINT.....	97	SYRINGE/U-100/0.5ML/31G X 5/16"	113
GAUZE SPONGES.....	90	GENTLE-LET LANCETS SAFETY		GLOBAL INJECT EASE INSULIN	
GAVRETO.....	37	STYLE/MEDIUM POINT.....	97	SYRINGE/U-100/0.5ML/30G X 1/2"	113
GAZYVA.....	34	GENVISC 850.....	157	GLOBAL INJECT EASE INSULIN	
GEL-ONE.....	157	GENVOYA.....	44	SYRINGE/U-100/0.5ML/31G X 5/16"	113
GELSYN-3.....	157	GEODON.....	41	GLOBAL INJECT EASE INSULIN	
<i>gemfibrozil</i>	26	GILENYA.....	168	SYRINGE/U-100/0.5ML/31G X 5/16"	113
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK.....	73	GILOTRIF.....	35	GLOBAL INJECT EASE INSULIN	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK.....	73	GIMOTI.....	79	SYRINGE/U-100/1ML/28G X 1/2"	114
GENERESS FE.....	51	<i>ginger (zingiber officinalis)</i>	2	GLOBAL INJECT EASE INSULIN	
GENICIN VITA-Q.....	146	GLASSIA.....	169	SYRINGE/U-100/1ML/29G X 1/2"	114
GENOTROPIN.....	76	<i>glatiramer acetate</i>	168	GLOBAL INJECT EASE INSULIN	
GENOTROPIN MINIQUICK.....	76	GLEEVEC.....	37	SYRINGE/U-100/1ML/30G X 1/2"	114
		<i>glimepiride</i>	22	GLOBAL INJECT EASE INSULIN	
		<i>glipizide</i>	22	SYRINGE/U-100/1ML/30G X 1/2"	114
		<i>glipizide-metformin hcl</i>	19	GLOBAL INJECT EASE INSULIN	
		GLOBAL EASY GLIDE INSULIN		SYRINGE/U-100/1ML/30G X	
		SYRINGE/1ML/31G X 15/64"	113		

5/16"..... 114	GLUCOPRO INSULIN	SYRINGE/0.5ML/31G X 5/16"
GLOBAL INJECT EASE INSULIN	SYRINGE/U-100/1ML/31G X	.....114
SYRINGE/U-100/1ML/31G X	5/16"..... 114	GNP INSULIN
5/16"..... 114	GLUCOSE..... 20	SYRINGE/1ML/28G X 1/2".... 114
GLOBAL INSULIN	GLUCOSE INSTANT ENERGY... 20	GNP INSULIN
SYRINGE/U-100/0.3ML/30G X	GLUCOTROL..... 22	SYRINGE/1ML/29G X 1/2".... 114
1/2"..... 114	GLUCOTROL XL..... 22	GNP INSULIN
GLOBAL INSULIN	<i>glyburide</i>.....22	SYRINGE/1ML/30G X 5/16".. 115
SYRINGES/U-100/0.3ML/30GX5	<i>glyburide micronized</i> 22	GNP INSULIN
/16"..... 114	<i>glyburide-metformin</i> 19	SYRINGE/1ML/31G X 5/16".. 115
GLOBAL LANCING DEVICE.....97	<i>glycerin (laxative)</i> 86	GNP INSULIN
<i>glucagon (rdna)</i> 20	GLYCERIN ADULT..... 86	SYRINGES/0.3ML/30GX5/16"
GLUCAGON EMERGENCY KIT..20	<i>glycine diluent</i> 166	.....115
GLUCOCOM LANCETS 28G.... 97	<i>glycopyrrolate</i> 171	GNP INSULIN
GLUCOCOM LANCETS 30G.... 97	GLYNASE..... 22	SYRINGES/1/2ML/29GX1/2" 115
GLUCOPRO INSULIN	GNP ALCOHOL SWABS.....104	GNP INSULIN
SYRINGE/U-100/0.3ML/30G X	GNP EASY TOUCH CONTROL	SYRINGES/1ML/28GX1/2" 115
1/2"..... 114	SOLUTION HIGH & LOW..... 97	GNP INSULIN
GLUCOPRO INSULIN	GNP EASY TOUCH GLUCOSE	SYRINGES/1ML/29GX1/2" 115
SYRINGE/U-100/0.3ML/30G X	TEST STRIPS..... 73	GNP INSULIN
5/16"..... 114	GNP GLUCOSE..... 20	SYRINGES/1ML/30GX5/16".. 115
GLUCOPRO INSULIN	GNP INSULIN	GNP INSULIN
SYRINGE/U-100/0.3ML/31G X	SYRINGE/0.3ML/29G X 1/2" . 114	SYRINGES/3ML/31GX5/16".. 115
5/16"..... 114	GNP INSULIN	GNP LANCETS 21G.....97
GLUCOPRO INSULIN	SYRINGE/0.3ML/30G X 5/16"	GNP LANCETS THIN..... 97
SYRINGE/U-100/0.5ML/30G X	.....114	GNP LANCETS THIN 26G.....97
1/2"..... 114	GNP INSULIN	GNP LANCING SYSTEM DEVICE
GLUCOPRO INSULIN	SYRINGE/0.5ML/28G X 1/2" . 114	.....97
SYRINGE/U-100/0.5ML/30G X	GNP INSULIN	GNP PRENATAL.....150
5/16"..... 114	SYRINGE/0.5ML/29G X 1/2" . 114	GNP QUICK DISSOLVE GLUCOSE
GLUCOPRO INSULIN	GNP INSULIN	.....20
SYRINGE/U-100/0.5ML/31G X	SYRINGE/0.5ML/30G X 5/16"	GNP STERILE GAUZE PADS
5/16"..... 114	.....114	2"X2"..... 90
GLUCOPRO INSULIN	GNP INSULIN	GNP STERILE GAUZE PADS
SYRINGE/U-100/1ML/30G X	SYRINGE/0.5ML/30G X 5/16"	3"X3"..... 90
1/2"..... 114	.....114	GNP STERILE LANCETS 28G.... 97
GLUCOPRO INSULIN	GNP INSULIN	GNP STERILE LANCETS 30G.... 97
SYRINGE/U-100/1ML/30G X	SYRINGE/0.5ML/31G X 5/16"	GNP STERILE LANCETS 33G.... 97
5/16"..... 114	.....114	
	GNP INSULIN	

GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER.....	97	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	115	GONAK.....	159
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER.....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	115	GONAL-F.....	75
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS.....	73	GOCOVRI.....	40	GONAL-F RFF.....	75
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS.....	73	GOJJI BLOOD KETONE TEST STRIPS.....	73	GONAL-F RFF REDIRECT.....	75
GNP TRUETRACK SMART SYSTEM.....	73	GOJJI LANCING DEVICE/CLEAR CAP.....	98	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.	98
GNP ULTICARE PEN NEEDLES/31GX5/16"	115	GOJJI STERILE LANCETS 30G...	98	GOODSENSE GLUCOSE.....	20
GNP ULTICARE PEN NEEDLES/32GX 5/32"	115	GOLD BOND MEDICATED BODYLOTION.....	65	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL.....	98
GNP ULTICARE PEN NEEDLES/32GX1/4"	115	GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH	65	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL.....	98
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM.....	115	GOLD BOND ULTIMATE.....	65	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL.....	98
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM.....	115	GOLD BOND ULTIMATE DIABETICS' DRY RELIEF.....	65	GOODSENSE LANCING DEVICE	98
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM.....	115	GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF....	65	GOODSENSE PRENATAL VITAMINS.....	150
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM.....	115	GOLD BOND ULTIMATE HEALING.....	65	GRANIX.....	83
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".	115	GOLD BOND ULTIMATE OVERNIGHT.....	65	GRAPE SYRUP.....	166
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	115	GOLD BOND ULTIMATE PROTECTION.....	65	<i>griseofulvin microsize</i>	24
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".	115	GOLD BOND ULTIMATE RESTORING.....	65	<i>griseofulvin ultramicronsize</i>	24
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".	115	GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE.....	65	<i>guaifenesin</i>	57
		GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS	66	<i>guaifenesin-codeine</i>	55
		GOLD BOND ULTIMATE SOFTENING.....	66	<i>guanfacine hcl</i>	28
		GOLD BOND ULTIMATE SOOTHING.....	66	<i>guanfacine hcl (adhd)</i>	1
		GOLYTELY.....	85	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC.....	98
				GYNAZOLE-1.....	176
				GYNE-LOTRIMIN.....	176
				GYNE-LOTRIMIN 3.....	176
				HAEGARDA.....	82
				HALAVEN.....	39
				HALCION.....	85
				HALDOL.....	41
				HALDOL DECANOATE 100.....	41

HALDOL DECANOATE 50.....	41	ULTRA THIN 28G.....	98	HUMIRA PEN-CD/UC/HS	
<i>haloperidol</i>	41	HEMANGEOL.....	47	STARTER.....	3
<i>haloperidol decanoate</i>	41	HEMLIBRA.....	81	HUMIRA PEN-PEDIATRIC UC	
<i>haloperidol lactate</i>	41	HEMOCYTE.....	84	STARTER PACK.....	3
HAVRIX.....	175	HEMOPIL M.....	81	HUMIRA PEN-PS/UV STARTER..	3
HEALTH CARE LANCING DEVICE		HEPAGAM B.....	164	HUMULIN 70/30.....	21
.....	98	<i>heparin sodium (porcine)</i>	13	HUMULIN 70/30 KWIKPEN.....	21
HEALTHWISE INSULIN		HEPSERA.....	46	HUMULIN N.....	21
SYRINGE/U-100/0.3ML/30G X		HERCEPTIN.....	34	HUMULIN N KWIKPEN.....	21
5/16".....	115	HERCEPTIN HYLECTA.....	36	HUMULIN R.....	21
HEALTHWISE INSULIN		HETLIOZ.....	85	HYALGAN.....	157
SYRINGE/U-100/0.3ML/31G X		HETLIOZ LQ.....	85	HYCAMTIN.....	40
5/16".....	115	HIBICLENS.....	43	HYCODAN.....	53
HEALTHWISE INSULIN		HIGH POTENCY MULTIVITAMIN		<i>hydralazine hcl</i>	30
SYRINGE/U-100/0.5ML/30G X		.....	146	HYDRALYTE.....	141
5/16".....	115	HIZENTRA.....	164	HYDRALYTE FREEZER POPS...	141
HEALTHWISE INSULIN		HM STERILE ALCOHOL PREP		HYDRAZONE LOTION.....	66
SYRINGE/U-100/0.5ML/31G X		PADS.....	104	HYDREA.....	39
5/16".....	115	HM STERILE PADS.....	90	HYDROCELL ADHESIVE	
HEALTHWISE INSULIN		HM STERILE PADS 2"X2".....	90	DRESSING 4"X4".....	90
SYRINGE/U-100/1ML/30G X		HM ULTICARE INSULIN		HYDROCELL DRESSING 4"X4".....	90
5/16".....	115	SYRINGE/1ML/30G X 1/2"....	116	<i>hydrochlorothiazide</i>	74
HEALTHWISE INSULIN		HM ULTICARE INSULIN		<i>hydrocodone bitartrate-</i>	
SYRINGE/U-100/1ML/31G X		SYRINGE/U-100/0.3ML/31G X		<i>homatropine methylbromide</i>	53
5/16".....	116	5/16".....	116	<i>hydrocodone-acetaminophen</i> ..	8
HEALTHY ACCENTS AUTOLET		<i>homatropine hbr</i>	160	<i>hydrocortisone</i>	52
IMPRESSION LANCING DEVICE		HUDSON RCI SEE-THRU		<i>hydrocortisone (intrarectal)</i>	9
.....	98	AEROSOL MASK		<i>hydrocortisone (rectal)</i>	9
HEALTHY ACCENTS UNILET		ELONGATED/ADULT.....	134	<i>hydrocortisone (topical)</i>	62,63
LANCETS SUPER THIN 30G.....	98	HUMATE-P.....	81	<i>hydrocortisone butyrate</i>	63
H-E-B INCONTROL		HUMATROPE.....	76	<i>hydrocortisone w/acetic acid</i>	
ADVANCED LANCING DEVICE..	98	HUMATROPE COMBO PACK...	76	.....	164
H-E-B INCONTROL ALCOHOL		HUMIRA.....	3	<i>hydromorphone hcl</i>	6
PADS.....	104	HUMIRA PEDIATRIC CROHNS		HYDROMORPHONE HCL.....	6
H-E-B INCONTROL LANCETS		DISEASE STARTER PACK.....	3	<i>hydroxychloroquine sulfate</i>	32
MICRO THIN 33G.....	98	HUMIRA PEN.....	3		
H-E-B INCONTROL LANCETS					
SUPER THIN 30G.....	98				
H-E-B INCONTROL LANCETS					

<i>hydroxyprogesterone caproate</i>	167	IMBRUVICA.....	37	INREBIC.....	37
<i>hydroxyprogesterone caproate</i> (antineoplastic).....	35	IMCIVREE.....	1	INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE.....	134
<i>hydroxyurea</i>	39	IMFINZI.....	34	INSPIRACHAMBER/LARGE....	135
<i>hydroxyzine hcl</i>	10	<i>imipramine hcl</i>	19	INSPIRACHAMBER/SOOTHERM ASK/INSPIRAMASK/MEDIUM	135
<i>hydroxyzine pamoate</i>	10	<i>imiquimod</i>	67	INSPIRACHAMBER/SOOTHERM ASK/INSPIRAMASK/SMALL... 135	
HYMOVIS.....	157	IMITREX.....	139	INSPIREASE DRUG DELIVERYSYSTEM.....	135
<i>hyoscyamine sulfate</i>	171	IMITREX STATDOSE REFILL... 139		INSPIREASE RESERVOIR BAGS	135
HYOSCYAMINE SULFATE.....	171	IMITREX STATDOSE SYSTEM.139		INSULIN ASPART PROTAMINE/INSULIN ASPART21	
HYPERHEP B.....	164	IMLYGIC.....	40	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN.....	21
HYPERRHO S/D.....	164	IMODIUM A-D.....	23	INSULIN GLARGINE.....	21
HYPERRHO S/D MINI-DOSE.. 164		IMURAN.....	143	INSULIN LISPRO.....	21
HYQVIA.....	164	IN TOUCH LANCING DEVICE... 98		INSULIN LISPRO JUNIOR KWIKPEN.....	21
HYRONAN.....	157	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM.....	116	INSULIN LISPRO KWIKPEN.....	21
HY-VEE GLUCOSE.....	20	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM.....	116	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN.....	22
HY-VEE LANCETS.....	98	INCRELEX.....	76	INSULIN SYRINGE/0.3ML/29G X 1".....	116
HY-VEE THIN LANCETS.....	98	INCRUSE ELLIPTA.....	11	INSULIN SYRINGE/0.3ML/29G X 1/2".....	116
HYZAAR.....	29	INDAPAMIDE.....	74	INSULIN SYRINGE/0.3ML/30G X 5/16".....	116
<i>ibandronate sodium</i>	75	INDERAL LA.....	47	INSULIN SYRINGE/0.3ML/31G X 5/16".....	116
IBRANCE.....	37	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST.....	73	INSULIN SYRINGE/0.5ML/27G X 1/2".....	116
<i>ibuprofen</i>	4	INDOCIN.....	4	INSULIN SYRINGE/0.5ML/28G X 1/2".....	116
<i>ibuprofen lysine</i>	4	<i>indomethacin</i>	4		
<i>icatibant acetate</i>	82	<i>indomethacin sodium</i>	4		
ICLUSIG.....	37	INFANRIX.....	170		
ICY HOT MEDICATED SPRAY... 59		INFANTS ADVIL.....	4		
IDELVION.....	81	INFANTS SILAPAP.....	5		
IDHIFA.....	37	INFLECTRA.....	79		
IFE-BIMIX 30/1.....	49	INFLIXIMAB.....	79		
IHEALTH COVID-19 ANTIGENRAPID TEST.....	73	INFLUENZA VACCINE.....	175		
ILARIS.....	3	INLYTA.....	34		
ILUMYA.....	61	INNOSPIRE REPLACEMENT FILTER.....	134		
ILUVIEN.....	162	INQOVI.....	36		
<i>imatinib mesylate</i>	37				

INSULIN SYRINGE/0.5ML/30G X 1/2".....	116	5/16".....	117	INVANZ.....	31
INSULIN SYRINGE/0.5ML/30G X 5/16".....	116	INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	117	INVEGA HAFYERA.....	41
INSULIN SYRINGE/0.5ML/31G X 5/16".....	116	INSULIN SYRINGES.....	117	INVEGA SUSTENNA.....	41
INSULIN SYRINGE/1ML/28G X 1/2".....	116	INSULIN SYRINGES/0.5ML/27GX1/2" .	117	INVEGA TRINZA.....	41
INSULIN SYRINGE/1ML/29G X 1/2".....	116	INSULIN SYRINGES/0.5ML/28GX1/2" .	117	INVIRASE.....	44
INSULIN SYRINGE/1ML/30G X 5/16".....	116	INSULIN SYRINGES/0.5ML/29GX1/2" .	117	IOPIDINE.....	160
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	116	INSULIN SYRINGES/0.5ML/30GX5/16"	117	<i>ipratropium bromide</i>	11
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	116	INSULIN SYRINGES/0.5ML/31GX 5/16".....	117	<i>ipratropium bromide (nasal)</i>	157
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	116	INSULIN SYRINGES/0.5ML/31GX5/16"	117	<i>ipratropium-albuterol</i>	12
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	116	INSULIN SYRINGES/1ML/27GX1/2" ..	117	<i>irbesartan</i>	28
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	116	INSULIN SYRINGES/1ML/27GX1/2"	117	<i>irbesartan-hydrochlorothiazide</i>	29
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	116	INSULIN SYRINGES/1ML/28GX1/2"	117	IRESSA.....	35
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	116	INSULIN SYRINGES/1ML/29GX1/2"	117	<i>irinotecan hcl</i>	40
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	116	INSULIN SYRINGES/1ML/30GX1/2"	117	IRON.....	84
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	116	INSULIN SYRINGES/1ML/31GX5/16" ..	117	IRON CHEWS PEDIATRIC.....	84
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	117	INSULIN SYRINGES-MISC.....	117	ISENTRESS.....	44
INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	117	INTEGRILIN.....	82	ISENTRESS HD.....	44
INSULIN SYRINGE/U-100/1ML/30G X		INTELENCE.....	44	<i>isoniazid</i>	32
		INTELISWAB COVID-19 RAPID TEST.....	73	ISOPTO ATROPINE.....	160
		INTRON A.....	39	ISOPTO CARPINE.....	160
		INTUNIV.....	1	<i>isosorbide dinitrate</i>	10
				<i>isosorbide mononitrate</i>	10
				<i>isotretinoin</i>	58
				ISTODAX (OVERFILL).....	37
				ISTURISA.....	75
				ISUPREL.....	12
				ITCH RELIEF.....	60
				<i>itraconazole</i>	24
				IXEMPRA KIT.....	39
				IXINITY.....	81
				J & J GAUZE 2"X2" 8 PLY.....	90
				J & J GAUZE 4"X4" 12 PLY.....	90
				J & J GAUZE 4"X4" 8 PLY.....	91

J & J GAUZE SPONGES 12-PLY 4" X 4".....	91	KENDALL HYDROPHILIC FOAMDRESSING 3"X3".....	91	KETOROLAC TROMETHAMINE..4 <i>ketorolac tromethamine (ophth)</i>	163
J & J GAUZE SPONGES 16-PLY 4" X 4".....	91	KENDALL HYDROPHILIC FOAMDRESSING 4"X4".....	91	KETOSTIX.....	73
J & J GAUZE SPONGES 8-PLY4" X 4".....	91	KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2"..	91	<i>ketotifen fumarate (ophth)</i> ..	163
JADENU.....	23	KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3"..	91	KEVEYIS.....	74
JADENU SPRINKLE.....	23	KEPIVANCE.....	39	KEVZARA.....	3
JAKAFI.....	37	KEPPRA.....	14	KEY-E.....	177
JANSSEN COVID-19 VACCINE	175	KEPPRA XR.....	14	KEYTRUDA.....	34
JEMPERLI.....	34	KERALAC.....	63	KHAPZORY.....	39
JENLIVA PRENATAL/POSTNATAL.....	150	KERALYT.....	68	KIMMTRAK.....	34
JEVTANA.....	39	KERI ADVANCED MOISTURE THERAPY.....	66	KIMONO COLORS.....	92
JIVI.....	81	KERI BASIC ESSENTIALS.....	66	KIMONO LUBRICATED.....	92
JOHNSONS SKIN NOURISH MOISTURIZING.....	66	KERI NOURISHING SHEA BUTTER.....	66	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	92
JOHNSONS SKIN NOURISH VANILLA OAT LOTION.....	66	KERI ORIGINAL.....	66	KIMONO PLUS SPERMICIDE LUBRICATED.....	92
JULUCA.....	44	KERI ORIGINAL DAILY MOISTURE.....	66	KIMONO PLUS SPERMICIDE/LUBRICATED.....	92
JUXTAPID.....	27	KERI OVERNIGHT.....	66	KIMONO PS LUBRICATED.....	92
JYNARQUE.....	78	KERI RENEWAL MILK BODY....	66	KIMONO PS PLUS SPERMICIDE/LUBRICATED.....	92
KADCYLA.....	34	KERI RENEWAL SKIN FIRING	66	KIMONO SENSATION LUBRICATED.....	92
KADIAN.....	7	KERI RENEWAL STRETCH MARK MINIMIZER.....	66	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	92
KALBITOR.....	82	KERI SENSITIVE SKIN.....	66	KIMONO SPECIAL.....	92
KALETRA.....	44	KERLIX SPONGES 4" X 4" 12 PLY.....	91	KINDERLYTE.....	141
KALYDECO.....	169	KERLIX SPONGES 4" X 4" 16 PLY.....	91	KINDERLYTE PREMAX.....	141
KAMELEON LUBRICATED.....	92	KESIMPTA.....	168	KINERET.....	3
KANJINTI.....	34	<i>ketoconazole (topical)</i>	60	KINNEY LANCETS.....	98
KANUMA.....	77	KETONE.....	73	KINNEY THIN LANCETS.....	98
KAPVAY.....	1	KETONE TEST STRIPS.....	73	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	117
KAZANO.....	19	<i>ketorolac tromethamine</i>	4		
KCENTRA.....	81				
KEFLEX.....	50				
KENDALL HYDROPHILIC FOAMDRESSING 2"X2".....	91				

KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	117	KROGER HEALTHPRO TWIST LANCETS/26G.....	98	LUBRICATED.....	92
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	117	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" .	117	K-Y ME & YOU INTENSE.....	92
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" .	117	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	117	KYPROLIS.....	37
KISQALI.....	37	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	118	<i>labetalol hcl</i>	47
KISQALI FEMARA 200 DOSE....	37	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" .	118	<i>lactic acid (ammonium lactate)</i>	66
KISQALI FEMARA 400 DOSE....	37	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	118	<i>lactulose</i>	86
KISQALI FEMARA 600 DOSE....	37	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	118	<i>lactulose (encephalopathy)</i>	80
KITABIS PAK.....	3	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" .	118	LAMICTAL.....	14
KLARON.....	58	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	118	LAMICTAL CHEWABLE DISPERSIBLE.....	14
KLONOPIN.....	13	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	118	LAMICTAL XR.....	14
KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	117	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	118	LAMISIL AT.....	60
KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	117	KROGER INSULIN SYRINGE/1ML/30G X 5/16" ..	118	LAMISIL AT JOCK ITCH.....	60
KOATE.....	81	KROGER INSULIN SYRINGE/1ML/31G X 5/16" ..	118	<i>lamivudine</i>	44
KOATE-DVI.....	81	KROGER LANCETS.....	98	<i>lamivudine-zidovudine</i>	44
KOGENATE FS.....	81	KROGER LANCETS 21G.....	98	<i>lamotrigine</i>	14
KOKO PEAK PRO REPLACEMENT PLASTIC MOUTHPIECE.....	135	KROGER LANCETS MICRO THIN33G.....	98	LANCET DEVICE ADJUSTABLE.	98
KONSYL DAILY FIBER.....	85	KROGER LANCETS SUPER THIN	98	LANCET DEVICE WITH EJECTOR	98
KORLYM.....	20	KROGER LANCETS THIN.....	98	LANCETS.....	98
KOSELUGO.....	37	KROGER LANCETS THIN 26G...98	98	LANCETS 26G TWIST TOP.....	99
KOVALTRY.....	81	KROGER LANCETS ULTRATHIN30G.....	98	LANCETS 30G.....	99
KP PRENATAL MULTIVITAMINS	150	KROGER LANCING DEVICE.....	98	LANCETS 30G TWIST TOP.....	99
K-PHOS NEUTRAL.....	141	KRYSTEXXA.....	81	LANCETS 33G EXTRA FINE.....	99
KPN PRENATAL.....	151	KUVAN.....	77	LANCETS SAFETY SEAL 21G.....99	99
KRINTAFEL.....	32	K-Y ME & YOU EXTRA		LANCETS SAFETY SEAL 26G.....99	99
KROGER AUTOLET LANCING DEVICE.....	98			LANCETS SAFETY SEAL 28G.....99	99
KROGER GLUCOSE.....	20			LANCETS SUPER THIN 28G.....99	99
				LANCETS THIN.....	99
				LANCETS ULTRA THIN.....	99
				LANCETS-MISC.....	99
				LANCING DEVICE.....	99
				LANCING DEVICE-MISC.....	99
				<i>lanolin</i>	166

<i>lanolin (topical)</i>	69	SYRINGE/1ML/31G X 5/16" ..	118	<i>levonorgestrel-eth estradiol (triphasic)</i>	51
LANOLOR.....	69	LEADER QUICK DISSOLVE		<i>levonorgestrel-ethinyl estradiol (91-day)</i>	51
LANOXIN.....	49	GLUCOSE.....	20	<i>levothyroxine sodium</i>	170
LANREOTIDE ACETATE.....	78	<i>leflunomide</i>	5	LEVSIN.....	171
<i>lansoprazole</i>	172	LEMTRADA.....	168	LEVULAN KERASTICK.....	60
LANZO.....	99	<i>lenalidomide</i>	142	LEXAPRO.....	17,18
<i>lapatinib ditosylate</i>	37	LENVIMA 10 MG DAILY DOSE..	34	LEXIVA.....	44
LASIX.....	74	LENVIMA 12MG DAILY DOSE..	34	LIALDA.....	80
<i>latanoprost</i>	163	LENVIMA 14 MG DAILY DOSE..	34	LIBERTY MINI LANCING DEVICE	99
LATANOPROST.....	163	LENVIMA 18 MG DAILY DOSE..	34	LIBTAYO.....	34
LEADER ADVANCED LANCING DEVICE.....	99	LENVIMA 20 MG DAILY DOSE..	34	LICEMD.....	70
LEADER GLUCOSE.....	20	LENVIMA 24 MG DAILY DOSE..	34	<i>lidocaine</i>	68
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" ..	118	LENVIMA 4 MG DAILY DOSE...	34	<i>lidocaine hcl</i>	68
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	118	LENVIMA 8 MG DAILY DOSE...	34	<i>lidocaine hcl (mouth-throat)</i>	144
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	118	LEQVIO.....	27	<i>lidocaine-prilocaine</i>	68
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" ..	118	LETAIRIS.....	49	LIORESAL INTRATHECAL.....	156
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" ..	118	<i>letrozole</i>	35	<i>liothyronine sodium</i>	170
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	118	<i>leucovorin calcium</i>	39	LIPITOR.....	27
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	118	LEUKERAN.....	33	<i>lisinopril</i>	27
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	118	LEUKINE.....	83	<i>lisinopril & hydrochlorothiazide</i>	29
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	118	<i>leuprolide acetate</i>	35	LISTERINE HEALTHY WHITE VIBRANT.....	144
LEADER INSULIN SYRINGE/1ML/30G X 5/16" ..	118	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE.....	35	LISTERINE SMART RINSE.....	144
LEADER INSULIN SYRINGE/1ML/31G X 5/16" ..	118	LEVVID.....	171	LISTERINE SMART RINSE ANTICAVITY.....	144
LEADER INSULIN SYRINGE/1ML/30G X 5/16" ..	118	<i>levetiracetam</i>	14	LISTERINE TOTAL CARE.....	144
LEADER INSULIN SYRINGE/1ML/31G X 5/16" ..	118	<i>levobunolol hcl</i>	160	LISTERINE TOTAL CARE PLUSWHITENING.....	144
LEADER INSULIN SYRINGE/1ML/30G X 5/16" ..	118	<i>levocarnitine (metabolic modifiers)</i>	77	LISTERINE WHITENING/RESTORING.....	144
LEADER INSULIN SYRINGE/1ML/31G X 5/16" ..	118	<i>levocetirizine dihydrochloride</i> ..	25	LITE TOUCH LANCING PEN.....	99
LEADER INSULIN SYRINGE/1ML/30G X 5/16" ..	118	<i>levofloxacin</i>	79		
LEADER INSULIN SYRINGE/1ML/31G X 5/16" ..	118	<i>levoleucovorin calcium</i>	39		
LEADER INSULIN SYRINGE/1ML/30G X 5/16" ..	118	<i>levonorgestrel & eth estradiol</i>	51		
LEADER INSULIN SYRINGE/1ML/31G X 5/16" ..	118	<i>levonorgestrel (emergency oc)</i>	51		

LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2". 118	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" 119	<i>lopinavir-ritonavir</i>.....44
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" .....118	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" 119	LOPRESSOR.....47
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" .....118	LITETOUCH MASK LARGE..... 135	LOPRESSOR HCT..... 29
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" .....118	LITETOUCH MASK MEDIUM. 135	<i>loratadine</i> 25
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" .....118	LITETOUCH MASK SMALL..... 135	<i>loratadine & pseudoephedrine</i>.....55
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" .. 118	<i>lithium carbonate</i> 41	<i>lorazepam</i>.....10
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" 118	LITHOBID..... 41	LORBRENA..... 37
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" 118	LITTLE REMEDIES FOR COLDSMULTI SYMPTOM..... 55	<i>losartan potassium</i>.....28
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"..... 119	LITTLE REMEDIES SALINE SPRAY/DROPS.....157	<i>losartan potassium & hydrochlorothiazide</i>.....29
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"..... 119	LIVE BETTER ADVANCED LANCING DEVICE..... 99	LOTENSIN..... 27
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"..... 119	LIVE BETTER LANCET SUPERTHIN 30G.....99	LOTENSIN HCT..... 29
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"..... 119	LIVE BETTER LANCET ULTRATHIN 28G.....99	LOTREL.....29
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"..... 119	LIVMARLI..... 79	LOTRIMIN AF..... 60
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 119	LIVTENCITY..... 46	LOTRIMIN AF JOCK ITCH..... 60
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... 119	LMX 4.....68	<i>lovastatin</i>.....27
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"..... 119	LODINE..... 4	LOVENOX..... 13
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 119	LODOSYN..... 40	<i>loxapine succinate</i> 41
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... 119	LOHIST-D..... 55	LUBRIDERM..... 66
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"..... 119	LOMOTIL.....23	LUBRIDERM ADVANCED THERAPY..... 66
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 119	LONGS GLUCOSE..... 20	LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN..... 66
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 119	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" .....119	LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE..... 66
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 119	LONGS LANCETS STANDARD.. 99	LUBRIDERM INTENSE SKIN REPAIR..... 66
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 119	LONGS LANCETS THIN..... 99	LUBRIDERM MENS 3-IN-1.....66
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 119	LONSURF..... 37	LUBRIDERM SERIOUSLY SENSITIVE..... 66
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 119	<i>loperamide hcl</i>.....23	LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS..... 66
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 119	LOPID..... 26	LUBRISOFT..... 66

LUCENTIS.....	160	SYRINGE/U-100/1ML/30G X 5/16".....	119	MAXI-TUSS PE MAX.....	55
LUMIZYME.....	77	MAGNESIUM.....	141	MAXX LUBRICATED.....	92
LUMOXITI.....	34	<i>magnesium citrate</i>	86	MAXX PLUS SPERMICIDE LUBRICATED.....	92
LUNG PERFORMANCE PEAK FLOW METER.....	135	MAGNESIUM EXTRA STRENGTH	141	MAXZIDE.....	74
LUPANETA PACK.....	76	<i>magnesium hydroxide</i>	86	MAXZIDE-25.....	74
LUPKYNIS.....	143	<i>magnesium oxide</i>	10	MAYZENT.....	168
LUPRON DEPOT (1-MONTH)...	35	MAGNESIUM OXIDE.....	141	MAYZENT STARTER PACK....	168
LUPRON DEPOT (3-MONTH)...	36	<i>magnesium oxide (mg supplement)</i>	141	<i>meclizine hcl</i>	24
LUPRON DEPOT (4-MONTH)...	36	MAGOX 400.....	141	MEDERMA AG HAND & BODY LOTION.....	66
LUPRON DEPOT (6-MONTH)...	36	MAKENA.....	167	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	119
LUPRON DEPOT-PED (1- MONTH).....	76	<i>malathion</i>	70	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	119
LUPRON DEPOT-PED (3- MONTH).....	76	<i>maprotiline hcl</i>	16	MEDISENSE THIN LANCETS....	99
LUXTURNA.....	161	<i>maraviroc</i>	44	MEDROL DOSEPAK.....	52
LYNPARZA.....	37	MARGENZA.....	34	<i>medroxyprogesterone acetate</i>	167
LYSODREN.....	36	MARQIBO.....	39	<i>medroxyprogesterone acetate (contraceptive)</i>	52
LYSTEDA.....	84	MASONATAL.....	151	<i>mefloquine hcl</i>	32
MACI.....	156	MATULANE.....	39	<i>megestrol acetate</i>	36
MACROBID.....	31	MAVYRET.....	46	MEIJER ALCOHOL SWABS EXTRA-THICK.....	104
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2".....	119	MAXALT.....	139	MEIJER COLOR LANCETS UNIVERSAL 33G.....	99
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16".....	119	MAXALT-MLT.....	139	MEIJER GLUCOSE.....	20
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2".....	119	MAXAM.....	66	MEIJER LANCETS.....	99
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16".....	119	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/ 2".....	119	MEIJER LANCETS THIN.....	99
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	119	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	119	MEIJER LANCETS UNIVERSAL21G.....	99
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 1/2".....	119	MAXICOMFORT INSULIN SYRINGES 27G X 1/2".....	119	MEIJER LANCETS UNIVERSAL30G.....	99
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	119	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16".....	119		
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 1/2".....	119	MAXITROL.....	162		
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	119	MAXI-TUSS PE.....	55		

MEIJER LANCETS UNIVERSAL33G.....	99	<i>methimazole</i>	170	BATTERY.....	135
MEIJER SUPER THIN LANCETS	99	METHITEST.....	9	MICROLET NEXT.....	99
MEKINIST.....	37	<i>methocarbamol</i>	156	MICROLIFE DIGITAL PEAK FLOW METER.....	135
MEKTOVI.....	38	METHOTREXATE.....	3	MICROSPACER.....	135
<i>melatonin</i>	2	<i>methotrexate sodium</i>	33	<i>midazolam hcl</i>	85
MELATONIN.....	2	<i>methyl dopa</i>	28	<i>midodrine hcl</i>	177
<i>meloxicam</i>	4	<i>methylergonovine maleate</i> ..	164	<i>miglustat</i>	82
<i>melphalan</i>	33	METHYLIN.....	2	MIGRANAL.....	139
<i>melphalan hcl</i>	33	<i>methylphenidate hcl</i>	2	MILLIPRED.....	52
<i>memantine hcl</i>	167	<i>methylprednisolone</i>	52	MINI LANCING DEVICE.....	99
MENACTRA.....	173	<i>metoclopramide hcl</i>	79	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE....	135
MENOPUR.....	75	<i>metolazone</i>	74	MINI WRIGHT PEAK FLOW METER.....	135
MENQUADFI.....	173	<i>metoprolol & hydrochlorothiazide</i>	29	MINI WRIGHT PEAK FLOW METER STANDARD RANGE...	135
MENVEO.....	173	<i>metoprolol succinate</i>	47	MINIELITE FILTER REPLACEMENTS.....	135
<i>meperidine hcl</i>	7	<i>metoprolol tartrate</i>	47	MINIELITE RECHARGEABLE BATTERY.....	135
MEPHYTON.....	177	METROCREAM.....	70	MINIPRESS.....	28
<i>meprobamate</i>	10	METROLOTION.....	70	MINIVELLE.....	78
MEPSEVII.....	77	<i>metronidazole</i>	30	<i>minocycline hcl</i>	170
<i>mercaptopurine</i>	33	<i>metronidazole (topical)</i>	70	<i>minoxidil</i>	30
MERREM.....	31	<i>metronidazole vaginal</i>	176	MIRALAX.....	86
<i>mesalamine</i>	80	<i>metirosine</i>	28	MIRAPEX.....	40
<i>mesna</i>	39	<i>mexiletine hcl</i>	11	MIRASORB SPONGES 2" X 2"..	91
MESNEX.....	39	MIACALCIN.....	75	MIRASORB SPONGES 4" X 4"..	91
MESTINON.....	32	MICARDIS.....	28	MIRCERA.....	83
MESTINON TIMESPAN.....	32	MICARDIS HCT.....	29	MIRCETTE.....	51
METAMUCIL.....	85	MICATIN.....	60	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM.....	71
METAMUCIL ORIGINAL TEXTURE.....	85	<i>miconazole nitrate (topical)</i> ...	60	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX	
<i>metformin hcl</i>	20	<i>miconazole nitrate vaginal</i> ...	176		
<i>methadone hcl</i>	7	MICRHOGAM ULTRA- FILTEREDPLUS.....	164		
<i>methazolamide</i>	74	MICROCHAMBER.....	135		
<i>methenamine mandelate</i>	32	MICROELITE FILTER REPLACEMENTS.....	135		
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal</i>	31	MICROELITE RECHARGEABLE			

2X3CM.....	71	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED.....	72	MONOJECT INSULIN SYRINGE/1ML.....	120
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM.....	71	<i>mirtazapine</i>	16	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"..	120
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM.....	71	<i>misoprostol</i>	172	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8".....	120
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM.....	71	<i>mitoxantrone hcl</i>	36	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2".....	120
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM.....	71	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	119	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	120
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM.....	71	MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	119	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2".....	120
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM.....	71	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16".....	119	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"..	120
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM.....	71	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	120	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	120
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED.....	71	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	120	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"..	120
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X7CM/MESHED.....	71	MM LANCING DEVICE.....	99	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED.....	72	M-M-R II.....	175	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED.....	72	M-NATAL PLUS.....	151	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH.....	72	MOBIC.....	4	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH.....	72	MODERNA COVID-19 VACCINE	175	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
		MOI-STIR.....	145	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
		<i>molindone hcl</i>	42	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
		<i>mometasone furoate</i>	63	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
		MONISTAT 3.....	176	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
		MONISTAT 7 SIMPLY CURE...	176	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
		MONISTAT SOOTHING CARE ITCH RELIEF.....	63	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120
		MONJUVI.....	34	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	120

MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	120	<i>montelukast sodium</i>	11	PRESSURE/PAIN & COUGH MAXIMUM STRENGTH.....	56
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	120	<i>morphine sulfate</i>	7	MUCINEX SINUS-MAX DAY/NIGHT.....	56
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML.....	120	MOTRIN CHILDRENS.....	4	MULPLETA.....	83
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	120	MOTRIN INFANTS DROPS.....	4	MULTI PRENATAL.....	151
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	120	MOUTH KOTE.....	145	MULTI VITAMIN.....	146
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	121	MOUTH KOTE REMINT.....	145	MULTI VITAMIN/D-3.....	146
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	121	MOXEZA.....	161	MULTI-LANCET DEVICE.....	99
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	121	<i>moxifloxacin hcl (ophth)</i>	161	<i>multiple vitamin</i>	146
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	121	MOZOBIL.....	84	<i>multiple vitamins w/ iron</i>	145
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	121	MS CONTIN.....	7	MULTIPLE VITAMINS W/ MINERALS TABS.....	145
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	121	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	121	MULTIPLE VITAMINS W/ MINERALS-VARIOUS.....	146
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	121	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	121	MULTIVITAMIN.....	146
MONOLET LANCETS.....	99	MS INSULIN SYRINGE/1ML/31G X 5/16".....	121	MULTIVITAMIN + FLUORIDE.....	147
MONOLET OPD LANCETS.....	99	MSM SKIN LOTION.....	66	MULTIVITAMIN ADULT.....	146
MONONINE.....	81	MUCINEX.....	57	MULTIVITAMIN INFANT & TODDLER.....	149
MONOVISC.....	157	MUCINEX CHILDRENS MULTI- SYMPTOM COLD & SORE THROAT.....	55	MULTIVITAMIN INFANT/TODDLER.....	149
		MUCINEX D.....	55	MULTIVITAMIN W/IRON/INFANT/TODDLER..	148
		MUCINEX DM.....	55	MULTIVITAMIN WITH FLUORIDE	147,148
		MUCINEX FAST-MAX COLD/FLU/SORE THROAT.....	55	MULTIVITAMIN/FLUORIDE...	148
		MUCINEX FAST-MAX DAY TIME/NIGHT TIME.....	56	MULTI-VIT-FLOR.....	148
		MUCINEX FAST-MAX DAY/NIGHT COLD & FLU MAXIMUM STRENGTH.....	56	<i>mupirocin</i>	59
		MUCINEX FAST-MAX SEVERE COLD.....	56	<i>mupirocin calcium (topical)</i>	59
		MUCINEX MAXIMUM STRENGTH.....	58	MVASI.....	34
		MUCINEX SINUS/MAX		MX-SOL.....	166
				MX-SOL BLEND.....	166
				MX-SOL BLEND SF.....	166
				MX-SOL SF.....	166
				MX-SOL SUSPEND.....	166

MYALEPT.....	77	NASACORT ALLERGY 24HR... 157	NEONATAL VITAMIN.....	151
MYAMBUTOL.....	32	NASACORT ALLERGY 24HR CHILDRENS.....	NEOPROFEN.....	4
MYCOBUTIN.....	32	158	NEORAL.....	143
<i>mycophenolate mofetil</i>	143	NASALCROM.....	NEOSPORIN NEO TO GO.....	68
<i>mycophenolate sodium</i>	143	157	NEOSPORIN NEO TO GO + PAIN RELIEF.....	68
MYDRIACYL.....	160	NASONEX.....	158	NEOSPORIN ORIGINAL.....
MYFORTIC.....	143	NATALVIT.....	151	59
MYLERAN.....	33	<i>nateglinide</i>	22	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH.....
MYLICON INFANTS GAS RELIEF	79	NATPARA.....	75	59
MYLICON INFANTS GAS RELIEF DYE FREE.....	79	NATROBA.....	70	NEOSPORIN WOUND CLEANSERFOR KIDS.....
MYLOTARG.....	34	NATURAL FIBER LAXATIVE.....	85	43
MYOBLOC.....	158	NAVELBINE.....	39	NEPHRO-VITE RX.....
MYOFLEX.....	68	NAYZILAM.....	13	145
MYSOLINE.....	14	NEBULIZER AIR TUBE/PLUGS	135	NERLYNX.....
NABI-HB.....	164	NEBULIZER MASK ADULT.....	135	38
<i>nabumetone</i>	4	NEBULIZER MASK CHILD.....	135	NESINA.....
<i>nadolol</i>	47	<i>nefazodone hcl</i>	18	21
NAFTIN.....	60	NEMBUTAL SODIUM.....	84	NEULASTA.....
NAGLAZYME.....	77	NEOMULTIVITE.....	146	83
NALFON.....	4	<i>neomycin sulfate</i>	3	NEULASTA ONPRO KIT.....
<i>naloxone hcl</i>	23	<i>neomycin-bacitracin zn-</i> <i>polymyxin</i>	161	83
NALTREXONE.....	23	<i>neomycin-bacitracin-polymyxin</i>	59	NEUPOGEN.....
<i>naltrexone hcl</i>	23	<i>neomycin-polymy-dexameth</i>	162	83
NAMENDA.....	167	<i>neomycin-polymyxin w/</i> <i>pramoxine</i>	59	NEURONTIN.....
NAMENDA TITRATION PAK..	167	<i>neomycin-polymyxin-gramicidin</i>	161	14
<i>naphazoline w/ pheniramine</i>	161	<i>neomycin-polymyxin-hc (ophth)</i>	162	NEUTROGENA HEALTHY SKIN FACE SPF 15.....
NAPROSYN.....	4	<i>neomycin-polymyxin-hc (otic)</i>	163	66
<i>naproxen</i>	4	NEONATAL COMPLETE.....	151	NEUTROGENA MOISTURE SENSITIVE SKIN.....
<i>naproxen sodium</i>	4	NEONATAL PLUS.....	151	66
<i>naratriptan hcl</i>	139	NEONATAL PRENATAL VITAMIN	151	71
NARCAN.....	23			<i>nevirapine</i>
NARDIL.....	17			44
				NEXAVAR.....
				38
				NEXIUM.....
				172
				NEXIUM 24HR.....
				172
				NEXIUM 24HR CLEAR MINIS.
				172
				NEXVIAZYME.....
				77
				<i>niacin</i>
				177
				<i>niacin (antihyperlipidemic)</i>
				27
				NIACIN TR.....
				177
				NIASPAN.....
				27
				<i>nicardipine hcl</i>
				48
				NICODERM CQ.....
				169

NICORETTE.....	169	NIX CREME RINSE.....	70	NOVA SUREFLEX LANCING DEVICE.....	99
NICORETTE MINI.....	169	NORCO.....	8	NOVACHOR.....	72
NICORETTE STARTER KIT.....	169	NORDITROPIN FLEXPEN.....	76	NOVAREL.....	75
<i>nicotine</i>	169	<i>norelgestromin-ethinyl estradiol</i>	51	NOVAVAX COVID-19 VACCINE	175
<i>nicotine polacrilex</i>	169	<i>norethin acet & estrad-fe</i>	51	NOVOLIN 70/30.....	22
NICOTINE TRANSDERMAL SYSTEM.....	169	<i>norethindrone & eth estradiol</i> 51		NOVOLIN 70/30 FLEXPEN.....	22
NICOTROL INHALER.....	169	<i>norethindrone & ethinyl estradiol-fe</i>	51	NOVOLIN 70/30 FLEXPEN RELION.....	22
NICOTROL NS.....	169	<i>norethindrone (contraceptive)</i>	52	NOVOLIN 70/30 RELION.....	22
<i>nifedipine</i>	48	<i>norethindrone acet & eth estra</i>	51	NOVOLIN N.....	22
NIMBEX.....	159	<i>norethindrone acetate</i>	167	NOVOLIN N FLEXPEN.....	22
NINLARO.....	38	<i>norethindrone acetate-ethinyl estradiol</i>	78	NOVOLIN N FLEXPEN RELION.	22
<i>nitisinone</i>	77	<i>norethindrone acetate-ethinyl estradiol-fe</i>	51	NOVOLIN N RELION.....	22
NITRO-BID.....	10	<i>norethindrone-eth estradiol (triphasic)</i>	51	NOVOLIN R.....	22
NITRO-DUR.....	10	<i>norgestimate-ethinyl estradiol</i>	51	NOVOLIN R RELION.....	22
<i>nitrofurantoin</i>	32	<i>norgestimate-ethinyl estradiol (triphasic)</i>	51	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION... 22	
<i>nitrofurantoin macrocrystal</i> ... 32		<i>norgestrel & ethinyl estradiol</i> .51		NOVOLOG MIX 70/30 RELION 22	
<i>nitrofurantoin monohyd macro</i>	32	NORPACE.....	11	NOVOSEVEN RT.....	81
<i>nitroglycerin</i>	10	NORPACE CR.....	11	NPLATE.....	83
NITROPRESS.....	30	NORPRAMIN.....	19	NU GAUZE 4PLY 4"X4".....	91
NITROSTAT.....	10	NORTHERA.....	177	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY.....	91
NITYR.....	77	<i>nortriptyline hcl</i>	19	NUBEQA.....	36
NIVA-PLUS.....	151	NORVASC.....	48	NUCALA.....	11
NIVEA.....	66	NORVIR.....	44	NUCEL.....	72
NIVEA EXTRA ENRICHED.....	66	NOSE CLIP.....	135	NULIBRY.....	77
NIVEA EXTRA ENRICHED LOTION.....	67	NOVA MAX PLUS KETONE TESTSTRIPS.....	73	NULOJIX.....	143
NIVEA GENTLE BODY EXFOLIATOR.....	67	NOVA SUREFLEX LANCETS.....	99	NULYTELY.....	85
NIVEA LIGHT.....	67			NULYTELY/FLAVOR PACKS.....	85
NIVEA ORIGINAL.....	67			NUMOISYN.....	145
NIVEA ORIGINAL MOISTURE...67				NUPLAZID.....	41
NIVEA VISAGE.....	67			NUTRADERM.....	67
NIVESTYM.....	83				

NUTRADERM ADVANCED FORMULA.....	67	<i>ofloxacin (ophth)</i>	161	GUMMIES.....	147
NUTROPIN AQ NUSPIN 10.....	76	<i>ofloxacin (otic)</i>	163	ONETOUCH CLUB LANCETS FINE POINT.....	99
NUTROPIN AQ NUSPIN 20.....	76	OGIVRI.....	35	ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	99
NUTROPIN AQ NUSPIN 5.....	76	<i>olanzapine</i>	41	ONETOUCH DELICA LANCETS FINE 30G.....	99
NUVARING.....	51	<i>olmesartan medoxomil</i>	28	ONETOUCH DELICA LANCING DEVICE.....	100
NUWIQ.....	81	<i>olmesartan medoxomil- amlodipine-hydrochlorothiazide</i>	30	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G....	100
<i>nystatin</i>	24	<i>olmesartan medoxomil- hydrochlorothiazide</i>	30	ONETOUCH DELICA PLUS LANCETS FINE 30G.....	100
<i>nystatin (mouth-throat)</i>	144	OLUMIANT.....	3	ONETOUCH DELICA PLUS LANCING DEVICE.....	100
<i>nystatin (topical)</i>	60	<i>omega-3 fatty acids</i>	159	ONETOUCH DELICA SAFETY LANCING DEVICE.....	100
<i>nystatin-triamcinolone</i>	60	<i>omeprazole</i>	172	ONETOUCH FINEPOINT LANCETS.....	100
NYTOL MAXIMUM STRENGTH84		OMEPRAZOLE.....	50	ONETOUCH SOLUTIONS FIT..	100
NYVEPRIA.....	83	OMEPRAZOLE 20MG TABLET	172	ONETOUCH SOLUTIONS RX STARTER KIT.....	100
OASIS ULTRA TRI-LAYER MATRIX FENESTRATED.....	72	<i>omeprazole magnesium</i>	172	ONETOUCH ULTRA.....	73
OASIS WOUND MATRIX.....	72	OMNICAP.....	146	ONETOUCH ULTRA 2.....	100
OBIZUR.....	81	OMNITROPE.....	76	ONETOUCH ULTRA MINI.....	100
OICALIVA.....	79	ON/GO COVID-19 ANTIGEN SELF-TEST.....	73	ONETOUCH ULTRASOFT LANCETS.....	100
OCEAN NASAL SPRAY.....	157	ON/GO ONE COVID-19 ANTIGEN HOME TEST.....	73	ONETOUCH VERIO.....	100
OCTAGAM.....	164	ONCASPAR.....	38	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM.....	100
<i>octreotide acetate</i>	78	<i>ondansetron</i>	24	ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM.....	100
OCUFLOX.....	161	<i>ondansetron hcl</i>	24	ONETOUCH VERIO REFLECT. 100	
ODEFSEY.....	44	ONE DAILY ESSENTIAL.....	147	ONETOUCH VERIO TEST STRIPS	73
ODOMZO.....	35	ONE FLOW TESTER TUBE MOUTHPIECE.....	135		
OFEV.....	169	ONE VITE WOMENS PRENATALVITAMIN.....	152		
OFF ACTIVE.....	69	ONE VITE WOMENS PRENATALVITAMIN PLUS.....	152		
OFF DEEP WOODS.....	69	ONE-A-DAY ESSENTIAL.....	147		
OFF DEEP WOODS DRY.....	69	ONE-A-DAY MENS.....	147		
OFF DEEP WOODS SPORTSMEN	69	ONE-A-DAY SCOOPY-DOO			
OFF FAMILYCARE SMOOTH & DRY.....	69				
OFF SMOOTH & DRY.....	69				
OFIRMEV.....	5				
<i>ofloxacin</i>	79				

ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DIS- POSABLE.....	135	OPTIHALER MDI DRUG DELIVERY SYSTEM.....	136	OTICIN HC NR.....	163
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE..	135	ORA-BLEND.....	166	OTOVEL.....	163
ONPATTRO.....	169	ORA-BLEND SF.....	166	OTREXUP.....	3
ONUREG.....	33	<i>oral electrolytes</i>	141	OVACE PLUS WASH.....	61
OPCON-A.....	161	ORAL MIX FLAVORED SUSPENDING VEHICLE.....	166	OVACE WASH.....	61
OPDIVO.....	34	ORAL MIX SF.....	166	OVIDE.....	70
OPDUALAG.....	37	ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT	145	OVIDREL.....	75
OPSUMIT.....	49	ORAL SUSPEND.....	166	OXAYDO.....	7
OPTICHAMBER ADVANTAGE/LARGE MASK...	135	ORAL SYRUP FLAVORED VEHICLE.....	166	<i>oxazepam</i>	10
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK.....	136	ORAL SYRUP SF.....	166	OXBRYTA.....	82
OPTICHAMBER ADVANTAGE/SMALL FACE MASK.....	136	ORAPENN SD ANHYDROUS SWEETENED.....	166	<i>oxcarbazepine</i>	14
OPTICHAMBER DIAMOND....	136	ORAPENN SD ANHYDROUS UNSWEETENED.....	166	OXLUMO.....	80
OPTICHAMBER DIAMOND/LARGE FACE MASK	136	ORA-PLUS.....	166	OXSORALEN ULTRA.....	61
OPTICHAMBER DIAMOND/MEDIUM FACE MASK.....	136	ORA-SWEET.....	166	<i>oxybutynin chloride</i>	172
OPTICHAMBER DIAMOND/SMALL FACE MASK	136	ORA-SWEET SF.....	166	<i>oxycodone hcl</i>	7
OPTICHAMBER FACE MASK/LARGE.....	136	ORENCIA.....	5	<i>oxycodone w/ acetaminophen</i>	8
OPTICHAMBER FACE MASK/MEDIUM.....	136	ORENCIA CLICKJECT.....	5	<i>oxycodone-aspirin</i>	8
OPTICHAMBER FACE MASK/SMALL.....	136	ORENITRAM.....	49	OXYCONTIN.....	7
OPTIFOAM.....	91	ORFADIN.....	77	<i>oyster shell</i>	140
OPTIHALER.....	136	ORGOVYX.....	36	OYSTER SHELL CALCIUM 500+ D	140
		ORKAMBI.....	169	OYSTER SHELL CALCIUM/D...140	
		ORLADEYO.....	82	OZURDEX.....	162
		<i>orphenadrine citrate</i>	156	<i>paclitaxel protein-bound particles</i>	39
		ORTHO MICRONOR.....	52	PACLITAXEL PROTEIN- BOUND PARTICLES.....	40
		ORTHOVISC.....	157	PADCEV.....	34
		<i>oseltamivir phosphate</i>	46	PALMERS COCOA BUTTER FORMULA LOTION.....	67
		OSENI.....	19	PALMERS COCOA BUTTER FORMULA LOTION FRAGRANCE FREE.....	67
		OSTEOCONDUCTIVE MATRIX PLUS.....	72	PALMERS COCOA BUTTER FORMULA MASSAGE LOTION/STRETCH MARKS.....	67
		OTEZLA.....	5		

PALMERS COCONUT OIL FORMULA BODY LOTION.....	67	PAXIL.....	18	PEG-PREP.....	85
PALYNZIQ.....	77	PAXIL CR.....	18	PEMAZYRE.....	38
PAMELOR.....	19	PC LANCETS SUPER THIN 30G	100	PEMETREXED.....	33
<i>pamidronate disodium</i>	75	PC PEDIATRIC POLY-VITAMIN DROPS.....	149	<i>pemetrexed disodium</i>	33
PAMIDRONATE DISODIUM.....	75	PC PEDIATRIC POLY-VITAMIN DROPS/IRON.....	148	PEMFEXY.....	33
PANCREAZE.....	74	PCCA SWEET-SF.....	166	PEN NEEDLES 30GX5MM.....	121
PANHEMATIN.....	82	PCCA SYRUP VEHICLE.....	166	<i>penicillamine</i>	142
<i>pantoprazole sodium</i>	172	PCCA-PLUS.....	166	<i>penicillin v potassium</i>	165
PANZYGA.....	164	PEAK A-I-R FLOW METER.....	136	PENTIPS 31GX5MM.....	121
PARI ALTERA NEBULIZER HANDSET.....	136	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC.....	136	PENTIPS 31GX8MM.....	121
PARI BABY CONVERSION KITSIZE 1.....	136	<i>ped multivitamins w/fl & iron</i>	147	PENTIPS 32GX4MM.....	121
PARI BABY CONVERSION KITSIZE 2.....	136	PEDIA-LAX.....	86	<i>pentoxifylline</i>	82
PARI BABY CONVERSION KITSIZE 3.....	136	PEDIALYTE.....	141	PEPCID.....	171
PARI ERAPID NEBULIZER HANDSET.....	136	PEDIALYTE ADVANCED CARE.....	141	PEPCID AC.....	171
PARI EXPIRATORY FILTER VALVE SET.....	136	PEDIALYTE FREEZER POPS....	141	PEPCID AC MAXIMUM STRENGTH.....	171
PARI MASK SET.....	136	PEDIALYTE SINGLES.....	141	PEPTO-BISMOL.....	23
PARI SMARTMASK BABY/ELBOW.....	136	PEDIAPRED.....	52	PEPTO-BISMOL MAX STRENGTH	23
PARI SOFT PLASTIC ADULT MASK.....	136	PEDIATRIC DISPOSABLE MOUTPIECE.....	136	PEPTO-BISMOL TO-GO.....	23
PARI SOFT PLASTIC PEDIATRIC MASK.....	136	PEDIATRIC MOUTHPIECE/DISPOSABLE..	136	PERCOCET.....	8
PARI VORTEX ADULT MASK..	136	PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS.....	147	PERIDEX.....	144
<i>paricalcitol</i>	77	<i>pediatric multivitamins w/fl</i>	148	PERJETA.....	35
PARLODEL.....	40	<i>pediatric vitamins acd w/ fluoride</i>	148	<i>permethrin</i>	70
PARNATE.....	17	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	85	<i>perphenazine</i>	42
<i>paroxetine hcl</i>	18	<i>peg 3350-potassium chloride- sod bicarbonate-sod chloride</i>	85	<i>perphenazine-amitriptyline</i> ..	168
PARSABIV.....	77	PEGASYS.....	46	PERRY PRENATAL.....	152
PARVA-CAL.....	140	PEGINTRON.....	46	PERSERIS.....	41
				PERSONAL BEST FULL RANGE	136
				PERSONAL BEST LOW RANGE	137

PFIZER-BIONTECH COVID-19VACCINE.....	175	<i>phenytoin sodium extended...</i>	15	PLAN B ONE-STEP.....	52
PFIZER-BIONTECH COVID-19VACCINE/5-11Y.....	175	PHESGO.....	37	PLAQUENIL.....	32
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y.	175	PHOTOFRIN.....	39	PLAVIX.....	82
PFLEX.....	137	PHOTREXA VISCOUS.....	161	PLEGRIDY.....	168
PH 12 STERILE DILUENT FORFLOLAN.....	166	PHOTREXA/PHOTREXA VISCOUS KIT.....	161	PLEGRIDY STARTER PACK.....	168
PHARMACIST CHOICE ALCOHOL PRED PADS.....	104	<i>phytonadione</i>	177	PNEUMOVAX 23.....	173
PHARMACIST CHOICE ALCOHOLPREP PADS.....	104	PIFELTRO.....	44	PNEUMOVAX 23/1 DOSE.....	173
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES.....	137	PIKO 1 ELECTRONIC.....	137	PNV TABS 29-1.....	152
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	100	PILLOW MASK/ADULT.....	137	POCKET CHAMBER.....	137
PHARMACIST CHOICE ULTRA THIN LANCETS 33G.....	100	PILLOW MASK/CHILD.....	137	POCKET PEAK FLOW METER.	137
PHARMACY COUNTER LANCETS	100	PILLOW MASK/PEDIATRIC....	137	POCKET SPACER.....	137
PHAZYME.....	79	<i>pilocarpine hcl</i>	160	POCKETPEAK PEAK FLOW METER LOW RANGE.....	137
<i>phenazopyridine hcl</i>	80	<i>pilocarpine hcl (oral)</i>	145	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM.....	137
<i>phenelzine sulfate</i>	17	PILOT COVID-19 AT-HOME TEST	73	<i>podofilox</i>	68
<i>phenobarbital</i>	84	<i>pimecrolimus</i>	67	POLIVY.....	34
<i>phenylephrine hcl (mydriatic)</i>	160	<i>pindolol</i>	47	POLYCOSE.....	159
<i>phenylephrine hcl (oral)</i>	158	<i>pioglitazone hcl</i>	22	<i>polyethylene glycol 3350</i>	86
<i>phenylephrine-chlorphen-dm.</i>	56	<i>pioglitazone hcl-metformin hcl</i>	19	POLYMEM NON-ADHESIVE PAD	91
<i>phenylephrine-dm</i>	56	PIP BLOOD GLUCOSE TEST STRIP	73	<i>polymyxin b-trimethoprim</i>	161
<i>phenylephrine-shark liver oil- cocoa butter</i>	9	PIP GLUCOSE CONTROL SOLUTION.....	100	<i>polysaccharide iron complex.</i>	84
<i>phenylephrine-shark liver oil- mineral oil-petrolatum</i>	9	PIP LANCETS/28G.....	100	POLYTRIM.....	161
<i>phenytoin</i>	15	PIP LANCETS/30G.....	100	POLY-VI-FLOR.....	148
<i>phenytoin sodium</i>	15	PIP PEN NEEDLES 31G X 5MM	121	<i>polyvinyl alcohol</i>	159
		PIP PEN NEEDLES 32G X 4MM	121	POLY-VI-SOL.....	149
		PIQRAY 200MG DAILY DOSE...38		POLY-VI-SOL/IRON.....	148
		PIQRAY 250MG DAILY DOSE...38		POLY-VITA.....	149
		PIQRAY 300MG DAILY DOSE...38		POLY-VITA/IRON.....	149
		<i>pirfenidone</i>	169	POMALYST.....	36
		<i>piroxicam</i>	4	PONVORY.....	168

PONVORY 14-DAY STARTER PACK.....	168	PRECISION THINS GP LANCET	100	SYRINGE/U-100/1ML/29G X 1/2".....	122
PORTRAZZA.....	35	PRECISION XTRA.....	73	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	122
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....</i>	141	PRECOSE.....	19	PREFERRED PLUS LANCETS COLORED 21G.....	100
<i>potassium bicarbonate.....</i>	142	PRED FORTE.....	162	PREFERRED PLUS LANCETS SUPER THIN 30G.....	100
<i>potassium chloride.....</i>	142	PRED MILD.....	162	PREFERRED PLUS LANCETS THIN 26G.....	100
<i>potassium chloride microencapsulated crystals er</i>	142	PRED-G.....	162	PREGNYL W/DILUENT BENZYLALCOHOL/NACL.....	75
<i>potassium citrate (alkalinizer)</i>	80	<i>prednisolone.....</i>	52	PREMARIN.....	78,176
POTELIGEO.....	34	<i>prednisolone acetate (ophth)</i>	162	PREMIUM CONDOMS LUBRICATED.....	92
<i>pralatrexate.....</i>	33	PREDNISOLONE ACETATE P-F	162	PREMPHASE.....	78
PRALUENT.....	27	<i>prednisolone sodium phosphate</i>	52	PREMPRO.....	78
<i>pramipexole dihydrochloride..</i>	40	PREDNISOLONE SODIUM PHOSPHATE.....	162	PRENATABS FA.....	152
<i>pramoxine-hc-chloroxylenol.</i>	164	<i>prednisone.....</i>	52,53	PRENATAL.....	152
<i>prasugrel hcl.....</i>	82	PREDNISONE INTENSOL.....	53	PRENATAL 19.....	152
PRAVACHOL.....	27	PREFERRED PLUS GLUCOSE....	20	PRENATAL AND IRON.....	152
<i>pravastatin sodium.....</i>	27	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	121	PRENATAL FORTE.....	153
<i>prazosin hcl.....</i>	28	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	122	PRENATAL LOW IRON.....	153
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	121	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	122	PRENATAL MULTIVITAMIN...	153
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".	121	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	122	PRENATAL ONE DAILY.....	153
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".	121	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	122	PRENATAL PLUS.....	153
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".	121	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	122	PRENATAL PLUS IRON.....	153
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"....	121	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	122	PRENATAL PLUS VITAMIN ANDMINERAL.....	153
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".	121	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"....	121	<i>prenatal vit w/ docusate-iron carbonyl-folic acid.....</i>	153
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"....	121			<i>prenatal vit w/ iron carbonyl- folic acid.....</i>	153
				PRENATAL VITAMIN.....	153
				PRENATAL VITAMIN & MINERAL	153

PRENATAL VITAMIN/IRON.....154	PRIVIGEN..... 164	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" .....122
PRENATAL VITAMINS.....154	PRO COMFORT INHALER SPACER CHAMBER ADULT.... 137	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2".... 122
PRENATAL VITAMINS PLUS LOW IRON..... 154	PRO COMFORT INHALER SPACER CHAMBER CHILD..... 137	PRODIGY LANCING DEVICE...100
PRENATAL VITAMINS-MISC.. 154	PRO COMFORT INHALER SPACER CHAMBER INFANT...137	PRODIGY TWIST TOP LANCETS.....100
PRENATAL-U..... 154	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" .....122	PROFILNINE..... 81
PRENATRIX..... 154	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" .....122	<i>progesterone</i> 167
PRENATRYL.....154	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" .....122	PROGRAF..... 143
PRENATVITE RX..... 154	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" .....122	PROLASTIN-C..... 169
PREPLUS..... 154	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2".. 122	PROLEUKIN..... 39
PRETAB..... 154	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" 122	PROLIA..... 75
PREVACID..... 172	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" 122	PROMACTA.....83
PREVACID 24HR.....172	PROAIR HFA..... 12	<i>promethazine & phenylephrine</i>.....56
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"..... 122	PROAIR RESPICLICK..... 12	<i>promethazine hcl</i>.....26
PREVIDENT 5000 BOOSTER PLUS..... 144	<i>probenecid</i>.....81	PROMETHAZINE HCL..... 50
PREVIDENT 5000 DRY MOUTH.....144	PROCARDIA..... 48	<i>promethazine w/codeine</i>.....56
PREVIDENT 5000 ORTHO DEFENSE..... 144	PROCARDIA XL.....48	<i>promethazine-dm</i> 56
PREVIDENT 5000 PLUS..... 144	PROCARE SPACER CHAMBER W/ADULT MASK..... 137	<i>promethazine-phenylephrine- codeine</i> 56
PREVIDENT FLUORIDE..... 144	PROCARE SPACER CHAMBER W/CHILD MASK..... 137	PROMETRIUM..... 167
PREVNAR 13..... 173	<i>prochlorperazine</i> 42	PRONEB ULTRA FILTER SET...137
PREVYMIS..... 46	<i>prochlorperazine maleate</i> 42	<i>propafenone hcl</i> 11
PREZCOBIX.....44	PROCIT.....83	<i>propranolol & hydrochlorothiazide</i>.....30
PREZISTA.....45	PROCYSBI.....80	<i>propranolol hcl</i> 47
PRIALT..... 6	PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"..... 122	<i>propylthiouracil</i> 170
PRILOSEC OTC.....172		PROSCAR..... 80
<i>primaquine phosphate</i> 32		PROTEXT..... 72
PRIMAQUINE PHOSPHATE..... 32		PROTONIX.....172
PRIMATENE ASTHMA..... 56		PROTOPIC..... 67
<i>primidone</i> 14		PROVENTIL HFA..... 12
PRINIVIL.....28		PROVERA..... 167
PRISTIQ..... 19		

PROZAC.....	18	SYRINGE/U-100/0.5ML/30G X 1/2"	122	QC UNILET LANCETS 33G/MICRO THIN.....	101
<i>pseudoephed-bromphen-dm..</i>	56	PX LANCET AUTO INJECTOR.	100	QINLOCK.....	38
<i>pseudoephedrine hcl.....</i>	158	PX LANCETS MICROTHIN 33G	101	QUESTRAN.....	26
<i>pseudoephedrine w/ dm-gg... </i>	57	PX LANCETS ULTRA THIN.....	101	QUESTRAN LIGHT.....	26
<i>pseudoephedrine-guaifenesin </i>	57	PX NITETIME MULTI-SYMPTOM	57	<i>quetiapine fumarate.....</i>	42
<i>pseudoephedrine-ibuprofen... </i>	57	PX PRENATAL MULTIVITAMINS	154	QUFLORA PEDIATRIC.....	148
PSORIASIN.....	71	<i>pyrantel pamoate.....</i>	10	QUICKVUE AT-HOME COVID-19 TEST.....	73
PSS SELECT GP LANCETS.....	100	<i>pyrazinamide.....</i>	32	<i>quinapril hcl.....</i>	28
PSS SELECT SAFETY LANCETS	100	<i>pyrethrins-piperonyl butoxide </i>	70	<i>quinapril-hydrochlorothiazide </i>	30
<i>psyllium.....</i>	85	<i>pyrethrins-piperonyl butoxide- permethrin-nit remover.....</i>	70	<i>quinidine gluconate.....</i>	11
PTS PANELS EGLU.....	73	PYRIDIDIUM.....	80	<i>quinidine sulfate.....</i>	11
PTS PANELS KETONE TEST.....	73	<i>pyridostigmine bromide.....</i>	32	QUINTABS.....	147
PULMICORT.....	12	<i>pyridoxine hcl.....</i>	177	QVAR REDHALER.....	12
PULMOZYME.....	169	<i>pyrimethamine.....</i>	32	RA ALCOHOL SWABS.....	104
PURAPLY 2CM X 4CM.....	72	PYRUKYND.....	82	RA ARTHRITIS PAIN RELIEF.....	68
PURAPLY 5CM X 5 CM.....	72	PYRUKYND TAPER PACK.....	82	RA DAYLOGIC HEALING DRY SKIN THERAPY.....	67
PURAPLY 6CM X 9CM.....	72	QC ADVANCED LANCING DEVICE.....	101	RA DRY MOUTH.....	145
PURE COMFORT ALCOHOL PREPPADS.....	104	QC ALCOHOL SWABS.....	104	RA E-ZJECT LANCETS 28G.....	101
PURE COMFORT INHALER SPACER CHAMBER ADULT....	137	QC ALL PURPOSE DRESSINGS4"X4"	91	RA E-ZJECT LANCETS THIN 26G	101
PURE COMFORT LANCETS 30G	100	QC BORDER ISLAND GAUZE PAD 2"X2"	91	RA E-ZJECT LANCETS THIN 28G	101
PURE COMFORT PEAK FLOW METER ADULT.....	137	QC CALCIUM 500MG/D3.....	140	RA E-ZJECT LANCETS ULTRATHIN 30G.....	101
PURE COMFORT PEAK FLOW METER CHILD.....	137	QC LANCETS SUPER THIN.....	101	RA GLUCOSE.....	20
PURIXAN.....	33	QC LANCETS ULTRA THIN.....	101	RA INSULIN SYRINGE/0.5ML/29G X 1/2".	122
PUSH BUTTON SAFETY LANCETS 28G.....	100	QC PRENATAL.....	155	RA INSULIN SYRINGE/1ML/29G X 1/2"	122
PX ADVANCED LANCING DEVICE	100	QC STERILE PADS.....	91	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	122
PX DAYTIME MULTI-SYMPTOM	57	QC TRIACTING DAYTIME CHILDRENS.....	57		
PX GLUCOSE.....	20	QC UNIFINE PENTIPS 32GX4MM			
PX INSULIN					

RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16".....	122	SYRINGE/U-100/0.5ML/29G X 1/2".....	123	RELION INSULIN SYRINGE 1ML/31GX15/64".....	123
RA PRENATAL.....	155	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	123	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	123
RA PRENATAL FORMULA/FOLICACID.....	155	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	123	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	123
RA STERILE PADS 2"X2".....	91	REALITY LANCETS.....	101	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	123
RA STERILE PADS 3"X3".....	91	REALITY LATEX CONDOMS/LUBRICATED.....	92	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	123
RA STERILE PADS 4"X4".....	91	REALITY LATEX/ULTRA TEXTURED.....	92	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	123
RADIAGUARD ADVANCED.....	67	REALITY LATEX/ULTRA THIN...	93	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	123
RADICAVA.....	158	REALITY SWABS.....	104	RELION KETONE TEST STRIPS..	73
RADICAVA ORS.....	158	REBIF.....	168	RELION LANCETS MICRO- THIN33G.....	101
RADICAVA ORS STARTER KIT	158	REBIF REBIDOSE.....	168	RELION LANCETS THIN 26G..	101
<i>raloxifene hcl</i>	76	REBIF REBIDOSE TITRATIONPACK.....	168	RELION LANCETS ULTRA- THIN30G.....	101
<i>ramipril</i>	28	REBINYN.....	81	RELION LANCING DEVICE.....	101
RAPAMUNE.....	143	RECLAST.....	75	RELION ULTRA THIN LANCETS/30G.....	101
RASUVO.....	3	RECOMBINATE.....	81	RELION ULTRA THIN LANCETS30G.....	101
RAVICTI.....	77	RECOMBIVAX HB.....	175	RELION ULTRA THIN PLUS LANCETS 32G.....	101
RAYA SURE PEN NEEDLE 31GX 5MM.....	123	RECORLEV.....	75	RELION ULTRA THIN PLUS LANCETS 33G.....	101
RAYA SURE PEN NEEDLE 31GX 8MM.....	123	REDITREX.....	3	RELIPAX.....	139
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY.....	91	REGLAN.....	79	REMERON.....	16
RAZADYNE ER.....	167	RELENZA DISKHALER.....	46	REMERON SOLTAB.....	16
READYLANCE SAFETY LANCETS/21G/2.2MM.....	101	RELEUKO.....	83	REMICADE.....	80
READYLANCE SAFETY LANCETS/23G/1.8MM.....	101	RELION 2-IN-1 LANCET DEVICES 30G.....	101	REMIFEMIN MENOPAUSE RELIEF.....	2
READYLANCE SAFETY LANCETS/26G/1.8MM.....	101	RELION 2-IN-1 LANCING DEVICE 25G.....	101		
READYLANCE SAFETY LANCETS/28G/1.8MM.....	101	RELION 2-IN-1 LANCING DEVICE 30G.....	101		
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	123	RELION ALCOHOL SWABS.....	105		
REALITY INSULIN		RELION GLUCOSE.....	20		

RENFLXIS.....	80	.....	101	<i>rivastigmine tartrate</i>	167
REPATHA.....	27	REYATAZ.....	45	RIXUBIS.....	81
REPATHA PUSHTRONEX SYSTEM	27	REZUROCK.....	142	<i>rizatriptan benzoate</i>	139
REPATHA SURECLICK.....	27	RHOGAM ULTRA-FILTERED PLUS	164	ROBAXIN-750.....	156
REPEL FAMILY.....	69	RHOPHYLAC.....	164	ROBINUL.....	171
REPEL FAMILY DRY.....	69	RIABNI.....	34	ROBINUL FORTE.....	171
REPEL HUNTERS FORMULA....	69	RIASTAP.....	81	ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS.....	53
REPEL SPORTSMEN.....	69	<i>ribavirin (hepatitis c)</i>	46	ROCALTROL.....	77
REPEL SPORTSMEN DRY.....	69	<i>riboflavin</i>	177	<i>romidepsin</i>	38
REPEL SPORTSMEN MAX.....	69	RID.....	70	ROMIDEPSIN.....	38
REPLACEMENT AIR FILTER....	137	RID COMPLETE LICE ELIMINATION.....	70	<i>ropinirole hydrochloride</i>	40
REPLACEMENT FILTERS.....	137	RID ESSENTIAL LICE ELIMINATION KIT.....	70	<i>rosuvastatin calcium</i>	27
RESTA LITE.....	67	<i>rifabutin</i>	32	ROXICODONE.....	7
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2"	91	<i>rifampin</i>	32	ROZLYTREK.....	38
RESTORE FOAM DRESSING BORDERED 4"X4".....	91	RIGHTEST GD500 LANCING DEVICE.....	101	RUBRACA.....	38
RESTORE FOAM DRESSING NON-BORDERED 4"X4".....	91	RIGHTEST GL300 LANCETS....	101	RUCONEST.....	82
RESTORE ODOR ABSORBING DRESSING 4"X4".....	91	RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS.....	73	<i>rufinamide</i>	14
RESTORE TRIO ABSORBENT DRESSING 3"X3".....	91	RILUTEK.....	158	RUKOBIA.....	45
RESTORIL.....	85	<i>riluzole</i>	158	RUXIENCE.....	34
RETACRIT.....	83	RINVOQ.....	3	RUZURGI.....	32
RETEVMO.....	38	<i>risedronate sodium</i>	75	RYDAPT.....	38
RETHYMIC.....	142	RISPERDAL.....	41	RYLAZE.....	38
RETIN-A.....	58,59	RISPERDAL CONSTA.....	41	RYPLAZIM.....	82
RETISERT.....	162	<i>risperidone</i>	41	SABRIL.....	15
RETROVIR.....	45	RITALIN.....	2	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	123
REVATIO.....	49	RITEFLO.....	137	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	123
REVCOSI.....	77	<i>ritonavir</i>	45	SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	123
REVLIMID.....	142	RITUXAN.....	34	SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	123
REXALL LANCETS ULTRA THIN		RITUXAN HYCELA.....	37	SAFETY LANCET 23G/PRESSURE ACTIVATED.....	101
		<i>rivastigmine</i>	167		

SAFETY LANCET 30G/PRESSURE ACTIVATED.....	101	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	123	SELZENTRY.....	45
SAFETY PEN NEEDLES/30G X3/16".....	123	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	123	SE-NATAL 19.....	155
SAIZEN.....	76	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	123	<i>sennosides</i>	86
SAIZENPREP RECONSTITUTIONKIT.....	76	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	123	<i>sennosides-docusate sodium</i> ..	85
SALAGEN.....	145	SB LANCETS THIN.....	101	SENOKOT.....	86
SALEX.....	68	SB LANCETS ULTRA THIN.....	101	SENOKOT S.....	86
<i>salicylic acid</i>	68	SCEMBLIX.....	38	SENSIPAR.....	77
<i>saline</i>	157	SCHOOLTIME SHAMPOO.....	70	SEREVENT DISKUS.....	13
<i>salsalate</i>	6	SCOT-TUSSIN DM.....	57	SEROQUEL.....	42
SAMI THE SEAL REPLACEMENTFILTERS.....	137	SCOT-TUSSIN SENIOR.....	57	SEROSTIM.....	76
SAMSCA.....	78	SEASONIQUE.....	51	<i>sertraline hcl</i>	18
SANDIMMUNE.....	143	SECURA MOISTURIZING CLEANSER.....	43	SEVENFACT.....	81
SANDOSTATIN.....	78	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1 /2".....	123	SFROWASA.....	80
SANDOSTATIN LAR DEPOT.....	78	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2 ".....	123	SHINGRIX.....	175
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT.....	175	SEGLUROMET.....	19	SHOPKO AUTOLET LANCING DEVICE.....	101
SAPHNELO.....	143	SELECT-LITE LANCING DEVICE	101	SHOPKO UNILET LANCETS SUPER THIN 30G.....	101
<i>sapropterin dihydrochloride</i> ...	77	<i>selegiline hcl</i>	41	SHOPKO UNILET LANCETS ULTRA THIN 28G.....	102
SAPS HEALTH ALCOHOL PREPPADS.....	105	<i>selenium sulfide</i>	61	SIDE BUTTON SAFETY LANCET21G.....	102
SAPS HEALTH PLUS TWIST TOP LANCETS 30G.....	101	SELRX.....	61	SIDESTREAM ADULT FACE MASK	137
SARNA.....	61	SELSUN BLUE.....	61	SIDESTREAM PEDIATRIC FACEMASK.....	137
SAVELLA.....	168	SELSUN BLUE DAILY.....	61	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL..	138
SAVELLA TITRATION PACK....	168	SELSUN BLUE MEDICATED.....	61	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE.....	138
SAWYER INSECT REPELLENT...	69	SELSUN BLUE MOISTURIZING.	61	SIDESTREAM PLUS ADULT FACE MASK.....	138
SAWYER INSECT REPELLENT CONTROLLED RELEASE.....	69			SIGNIFOR.....	78
SB ALCOHOL PREP PADS.....	105			SIGNIFOR LAR.....	78
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	123			SIKLOS.....	82

<i>sildenafil citrate (pulmonary hypertension)</i>	49,50	SLO-NIACIN.....	178	<i>sodium phenylbutyrate</i>	77
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT	138	SM ALCOHOL PREP PADS.....	105	<i>sodium phosphates</i>	86
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT.....	138	SM GAUZE PADS 2"X2"	91	<i>sodium polystyrene sulfonate</i>	143
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC.....	138	SM GAUZE PADS 3"X3"	91	SODIUM	
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT	138	SM GAUZE PADS 4"X4"	92	SULFACETAMIDE/SULFUR.....	59
SILIQ.....	61	SM GLUCOSE.....	20	SOFOSBUVIR/VELPATASVIR....	46
SILVADENE.....	62	SM IPECAC SYRUP.....	23	SOF-WICK 4"X4"	92
<i>silver sulfadiazine</i>	62	SM MICRO THIN LANCETS 33G	102	SOLESTA.....	142
<i>simethicone</i>	79	SM PRENATAL VITAMINS.....	155	SOLQUA 100/33.....	19
SIMPLE DIAGNOSTICS LANCING DEVICE.....	102	SM STERILE PADS.....	92	SOLUS V2 LANCING DEVICE..	102
SIMPLYTHICK.....	165	SM STERILE PADS 2"X2"	92	SOMATULINE DEPOT.....	78
SIMPLYTHICK EASY MIX.....	165	SM TRUEDRAW LANCING DEVICE.....	102	SOMAVERT.....	76
SIMPLYTHICK EASYMIX.....	165	SMART DIABETES VANTAGE LANCING DEVICE.....	102	SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE.....	67
SIMPONI.....	3	SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	102	SOOTHENEB NBL 100 CHILD MASK.....	138
SIMPONI ARIA.....	3	SMART SENSE GLUCOSE.....	20	SOOTHENEB NBL 100 MEDICATION CUP.....	138
<i>simvastatin</i>	27	SMART SENSE GLUCOSE TABLETS.....	20	SOOTHENEB NBL 100 MESH CAP.....	138
SINEMET.....	40	SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	102	SOOTHENEB NBL100 ADULT MASK.....	138
SINGULAIR.....	11	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G.....	102	<i>sorafenib tosylate</i>	38
<i>sirolimus</i>	143	SMART SENSE THIN LANCETSUNIVERSAL 26G.....	102	SORBITOL.....	86
SIVEXTRO.....	31	SOAANZ.....	74	SORIATANE.....	61
SKELAXIN.....	156	<i>sodium bicarbonate (antacid)</i> ..	9	SOSWEET.....	166
SKIN REPAIR.....	67	<i>sodium chloride (gu irrigant)</i> ..	80	<i>sotalol hcl</i>	47,48
SKLICE.....	70	<i>sodium chloride (inhalant)</i>	58	<i>sotalol hcl (afib/af)</i>	48
SKYRIZI.....	61	<i>sodium citrate & citric acid</i>	80	SOVALDI.....	46
SKYRIZI PEN.....	61	<i>sodium fluoride</i>	141	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES.....	138
SKYTROFA.....	76	<i>sodium fluoride (dental)</i>	144	SPACER/AEROSOL-HOLDING CHAMBERS.....	138
		SODIUM HYALURONATE.....	157	SPACERS AND BREATHING CHAMBERS-MISC.....	138
		SODIUM OXYBATE.....	167		

SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST.....	74	MOISTURIZING LOTION.....	67	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32".....	123
SPIKEVAX COVID-19 VACCINE	175	SUBLOCADE.....	8	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	123
<i>spinosad</i>	70	SUBOXONE.....	8,9	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	124
SPINRAZA.....	159	<i>sucralfate</i>	171	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16.....	124
<i>spironolactone</i>	74	SUDAFED CHILDRENS.....	158	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	124
<i>spironolactone & hydrochlorothiazide</i>	74	SUDAFED CONGESTION.....	158	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	124
SPORANOX.....	24	SUDAFED PE CHILDRENS NASAL DECONGESTANT.....	158	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	124
SPORANOX PULSEPAK.....	24	SUDAFED PE SINUS CONGESTION.....	158	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	124
SPRAVATO 56MG DOSE.....	17	SUDAFED SINUS CONGESTION	158	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	124
SPRAVATO 84MG DOSE.....	17	<i>sulfacetamide sodium</i>	61	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 1/2".....	124
SPRYCEL.....	38	<i>sulfacetamide sodium (acne)</i> . 59		SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	124
SSKI.....	58	<i>sulfacetamide sodium (ophth)</i>	161	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 1/2".....	124
ST IVES SWISS FORMULA 24HOUR MOISTURE.....	67	<i>sulfacetamide sodium w/ sulfur</i>	59	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 1/2".....	124
STARLIX.....	22	<i>sulfacetamide sod-prednisolone</i>	162	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	124
<i>stavudine</i>	45	<i>sulfamethoxazole-trimethoprim</i>	31	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	124
STEGLATRO.....	22	<i>sulfasalazine</i>	80	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	124
STELARA.....	61,80	<i>sulindac</i>	4	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16.....	124
STERILANCE TL.....	102	<i>sumatriptan</i>	139	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	124
STERILE DILUENT FOR TREPROSTINIL INJECTION.....	166	<i>sumatriptan succinate</i>	139	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	124
STERILE GAUZE PADS 2"X2"...	92	SUMAXIN WASH.....	59	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	124
STERILE GAUZE PADS 3"X3"...	92	<i>sunitinib malate</i>	38	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	124
STERILE PADS 2"X2".....	92	SUPARTZ FX.....	157	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	124
STERILE PADS 3"X3".....	92	SUPER BI-MIX.....	49	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	124
STERILE PADS 4"X4".....	92	SUPER THIN LANCETS.....	102	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	124
STIMATE.....	78	SUPER TRI-MIX.....	49	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	124
STIVARGA.....	38	SUPPRELIN LA.....	76	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	124
STRATTERA.....	1	SUPRAX.....	50	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	124
STRENSIQ.....	77	SURE COMFORT ALCOHOL PREP PADS.....	105		
STRIBILD.....	45				
STUDIO 35 EXTRA					

1/2".....	124	SYRINGE/U-100/1ML/31G X	SYRUP VEHICLE SF.....	166
SURE COMFORT INSULIN		5/16".....	TAB-A-VITE	
SYRINGE/U-100/1ML/30G X		SURELITE LANCETS.....	MULTIVITAMIN/IRON AND	
5/16".....	124	SURE-PEN.....	BETA-CAROTENE.....	145
SURE COMFORT INSULIN		SURGICAL GAUZE SPONGE.....	TABLOID.....	33
SYRINGE/U-100/1ML/31G X		SUSPENDIT ANHYDROUS.....	TABRECTA.....	38
5/16".....	124	SUSPENDRX WITH BITTER-	<i>tacrolimus</i>	143
SURE COMFORT LANCING PEN		BLOC/SWEETENED.....	<i>tacrolimus (topical)</i>	68
.....	102	SUSPENDRX WITH BITTER-	<i>tadalafil (pulmonary</i>	
SURE-JECT INSULIN		BLOC/UNSWEETENED.....	<i>hypertension)</i>	50
SYRINGE/U-100/0.3ML/29G X		SUSPENSION VEHICLE.....	TAFINLAR.....	38
1/2".....	124	SUSTIVA.....	TAGAMET HB.....	171
SURE-JECT INSULIN		SUSVIMO.....	TAGRISSO.....	35
SYRINGE/U-100/0.3ML/30G X		SUSVIMO OCULAR IMPLANT	TAKHZYRO.....	82
5/16".....	124	SUTENT.....	TALTZ.....	61
SURE-JECT INSULIN		SYLVANT.....	TALZENNA.....	38
SYRINGE/U-100/0.3ML/31G X		SYMAX DUOTAB.....	TAMIFLU.....	46,47
5/16".....	124	SYMBICORT.....	<i>tamoxifen citrate</i>	36
SURE-JECT INSULIN		SYMDEKO.....	<i>tamsulosin hcl</i>	80
SYRINGE/U-100/0.5ML/28G X		SYMFI.....	TAPAZOLE.....	170
1/2".....	124	SYMFI LO.....	TARCEVA.....	35
SURE-JECT INSULIN		SYMLINPEN 120.....	TARGRETIN.....	39,60
SYRINGE/U-100/0.5ML/29G X		SYMLINPEN 60.....	TARKA.....	30
1/2".....	124	SYNAGIS.....	TARPEYO.....	53
SURE-JECT INSULIN		SYNALAR.....	TASIGNA.....	38
SYRINGE/U-100/0.5ML/31G X		SYNAREL.....	TAVALISSE.....	82
5/16".....	124	SYNOJOYNT.....	TAVNEOS.....	82
SURE-JECT INSULIN		SYNRIBO.....	<i>tazarotene</i>	61
SYRINGE/U-100/1ML/28G X		SYNTHROID.....	TAZORAC.....	61
1/2".....	124	SYNVISC.....	TAZVERIK.....	38
SURE-JECT INSULIN		SYNVISC ONE.....	TDVAX.....	170
SYRINGE/U-100/1ML/29G X		SYPRINE.....	TECARTUS.....	35
1/2".....	125	SYRPALTA.....	TECENTRIQ.....	34
SURE-JECT INSULIN		SYRSPEND SF.....	TECFIDERA.....	168
SYRINGE/U-100/1ML/30G X		SYRUP VEHICLE.....	TECFIDERA STARTER PACK...	168
5/16".....	125			
SURE-JECT INSULIN				

TECHLITE AST LANCETS.....	102	TECHLITE LANCETS.....	102	<i>testosterone cypionate</i>	9
TECHLITE INSULIN		TECHLITE LANCETS 30G.....	102	<i>testosterone enanthate</i>	9
SYRINGEU-100/0.3ML/29G X		TEGADERM FOAM DRESSING		TETANUS/DIPHTHERIA	
1/2".....	125	2"X2".....	92	TOXOIDS-ADSORBED ADULT	170
TECHLITE INSULIN		TEGADERM FOAM DRESSING		<i>tetrabenazine</i>	168
SYRINGEU-100/0.3ML/30G X		4"X4".....	92	<i>tetracaine hcl (ophth)</i>	161
1/2".....	125	TEGRETOL.....	15	<i>tetracycline hcl</i>	170
TECHLITE INSULIN		TEGRETOL-XR.....	15	<i>tetrahydrozoline hcl (ophth)</i>	161
SYRINGEU-100/0.3ML/30G X		TEGSEDI.....	169	TEZSPIRE.....	11
5/16".....	125	<i>telmisartan</i>	28	TGT GLUCOSE.....	21
TECHLITE INSULIN		<i>telmisartan-amlodipine</i>	30	TGT LANCET MICRO THIN 33G	
SYRINGEU-100/0.3ML/31G X		<i>telmisartan-hydrochlorothiazide</i>		.....	102
5/16".....	125	.....	30	TGT LANCET THIN 26G.....	102
TECHLITE INSULIN		<i>temazepam</i>	85	TGT LANCET ULTRA THIN 30G	
SYRINGEU-100/0.5ML/29G X		TEMIXYS.....	45	.....	102
1/2".....	125	TEMODAR.....	33	TGT LANCING DEVICE.....	102
TECHLITE INSULIN		TEMOVATE.....	63	THALOMID.....	142
SYRINGEU-100/0.5ML/30G X		<i>temozolomide</i>	33	THEO-24.....	13
1/2".....	125	TEMPO WELCOME.....	102	<i>theophylline</i>	13
TECHLITE INSULIN		<i>temsrolimus</i>	38	THERA.....	147
SYRINGEU-100/0.5ML/31G X		TENIVAC.....	170	THERABETIC SKIN CARE.....	67
5/16".....	125	<i>tenofovir disoproxil fumarate</i>	45	THERAGAUZE.....	92
TECHLITE INSULIN		TENORETIC 100.....	30	THERANATAL CORE NUTRITION	
SYRINGEU-100/1ML/29G X 1/2"		TENORETIC 50.....	30	.....	155
.....	125	TENORMIN.....	47	THERAPLEX HYDROLOTION....	67
TECHLITE INSULIN		TEPADINA.....	33	THEREMS MULTIVITAMIN....	147
SYRINGEU-100/1ML/30G X 1/2"		TEPEZZA.....	76	<i>thiamine hcl</i>	178
.....	125	<i>terazosin hcl</i>	28	<i>thiamine mononitrate</i>	178
TECHLITE INSULIN		<i>terbinafine hcl</i>	24	THINLETS GP LANCETS.....	102
SYRINGEU-100/1ML/30G X		<i>terbinafine hcl (topical)</i>	60	THIOLA.....	80
5/16".....	125	<i>terbutaline sulfate</i>	13	THIOLA EC.....	80
TECHLITE INSULIN		<i>terconazole vaginal</i>	176	<i>thioridazine hcl</i>	42
SYRINGEU-100/1ML/31G X		TERIPARATIDE.....	75	<i>thiotepa</i>	33
15/64".....	125	TESSALON PERLES.....	53	<i>thiothixene</i>	42
TECHLITE INSULIN		TESTOPEL.....	9	THRESHOLD IMT.....	138
SYRINGEU-100/1ML/31G X					
5/16".....	125				

THRIVITE RX.....	155	TODAYS HEALTH ADVANCED LANCING DEVICE.....	102	1/2".....	126
THROMBATE III.....	82	TODAYS HEALTH SUPER THINLANCETS 30G.....	102	TOPICORT.....	63
THROMBATE III W/10 ML STERILE WATER.....	82	TODAYS HEALTH ULTRA THINLANCETS 28G.....	102	<i>topiramate</i>	15
THROMBATE III W/20 ML STERILE WATER.....	82	<i>tolnaftate</i>	60	<i>topotecan hcl</i>	40
THYMOGLOBULIN.....	143	<i>tolterodine tartrate</i>	172	TOPOTECAN HCL.....	40
THYROGEN.....	72	<i>tolvaptan</i>	78	TOPPER DRESSING SPONGES 4"X4".....	92
<i>thyroid</i>	170	TOPAMAX.....	15	TOPROL XL.....	47
<i>tiagabine hcl</i>	15	TOPAMAX SPRINKLE.....	15	<i>toremifene citrate</i>	36
TIAZAC.....	48	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	125	TORISEL.....	38
TIBSOVO.....	38	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	125	<i>torsemid</i> e.....	74
TIGAN.....	24	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	125	TOTECT.....	39
TIGLUTIK.....	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	125	TRACLEER.....	49
TIKOSYN.....	11	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	125	<i>tramadol hcl</i>	7
<i>timolol maleate</i>	48	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	125	<i>tramadol-acetaminophen</i>	8
<i>timolol maleate (ophth)</i>	160	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	125	<i>trandolapril</i>	28
TIMOPTIC.....	160	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	125	<i>trandolapril-verapamil hcl</i>	30
TIMOPTIC OCUDOSE.....	160	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	125	<i>tranexamic acid</i>	84
TINACTIN.....	60	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	125	TRANSDERM SCOP.....	24
<i>tioconazole vaginal</i>	176	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	125	TRANXENE T.....	11
<i>tiopronin</i>	80	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	125	<i>tranylcypromine sulfate</i>	17
TIVDAK.....	34	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	125	TRAZIMERA.....	35
TIVICAY.....	45	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	125	<i>trazodone hcl</i>	18
TIVORBEX.....	4	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	125	TREANDA.....	33
<i>tizanidine hcl</i>	156	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	125	TRECTOR.....	32
TOBI.....	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	125	TRELSTAR MIXJECT.....	36
TOBI PODHALER.....	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	125	TREMFYA.....	61
TOBRADEX.....	162	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	125	<i>tretinoin</i>	59
<i>tobramycin</i>	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	125	<i>tretinoin (chemotherapy)</i>	39
<i>tobramycin (ophth)</i>	161	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	125	TRETTEN.....	81
<i>tobramycin sulfate</i>	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	125	TREXALL.....	34
<i>tobramycin-dexamethasone</i>	162	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	125	<i>triamcinolone acetonide</i> (mouth).....	144
TOBREX.....	161	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	125	<i>triamcinolone acetonide (nasal)</i>	158

<i>triamcinolone acetonide</i> (topical).....	63	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" ..	126	TRUECONTROL GLUCOSE CONTROL LEVEL 1.....	102
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS.....	57	TRUE COMFORT PRO ALCOHOLPREP PADS.....	105	TRUEDRAW LANCING DEVICE	102
TRIAMINIC LONG ACTING COUGH.....	53	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16".....	126	TRUEPLUS GLUCOSE.....	21
<i>triamterene & hydrochlorothiazide</i>	74	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16".....	126	TRUEPLUS GLUCOSE ON THE GO	21
<i>triazolam</i>	85	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16".....	126	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	126
TRIBENZOR.....	30	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16".....	126	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	126
TRICARE.....	155	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16".....	126	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	126
TRIDESILON.....	63	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16".....	126	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	126
<i>trientine hcl</i>	142	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/ 30G X 1/2".....	126	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	126
TRIESENCE.....	162	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16".....	126	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	126
<i>trifluoperazine hcl</i>	42	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/3 0G X 1/2".....	126	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	126
<i>trifluridine</i>	161	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM.....	126	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	126
<i>trihexyphenidyl hcl</i>	40	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM.....	126	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	126
TRIKAFTA.....	169	TRUE COMFORT TWIST TOP LANCETS 30G.....	102	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	126
TRILEPTAL.....	15	TRUE METRIX BLOOD GLUCOSEMETER.....	102	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	126
TRILURON.....	157	TRUE METRIX CONTROL SOLUTION LEVEL 1.....	102	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	126
<i>trimethoprim</i>	30	TRUE METRIX CONTROL SOLUTION LEVEL 3.....	102	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	126
TRIMETHOPRIM.....	30	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	74	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	126
TRI-MIX.....	49	TRUECONTROL GLUCOSE CONTROL LEVEL 0.....	102		
TRINATAL RX 1.....	155				
TRINTELLIX.....	18				
TRIPTODUR.....	76				
TRISENOX.....	39				
TRIUMEQ.....	45				
TRIVISC.....	157				
TRIZIVIR.....	45				
TROGARZO.....	45				
<i>tropicamide</i>	160				
<i>tropium chloride</i>	172				
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"					

TRUEPLUS LANCETS 26G.....	102	TRUVADA.....	45	ULTICARE ALCOHOL SWABS.	105
TRUEPLUS LANCETS 28G.....	103	TRUXIMA.....	34	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" .	126
TRUEPLUS LANCETS 28G SUPER THIN.....	103	TRUZONE PEAK FLOW METER	138	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	126
TRUEPLUS LANCETS 30G.....	103	TUBING/WING TIP.....	138	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" .	126
TRUEPLUS LANCETS 30G ULTRA THIN.....	103	TUDORZA PRESSAIR.....	11	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" .	126
TRUEPLUS LANCETS 33G.....	103	TUKYSA.....	35	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" .	126
TRUMENBA.....	173	TUMS.....	10	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	127
TRUSOPT.....	163	TUMS LASTING EFFECTS.....	10	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" .	127
TRUSTEX COLOR CONDOMS + LUBE.....	93	TURALIO.....	38	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" .	127
TRUSTEX LUBRICATED.....	93	TUSSI-PRES PEDIATRIC.....	57	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" .	127
TRUSTEX LUBRICATED EXTRALARGE.....	93	TWYNSTA.....	30	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" .	127
TRUSTEX LUBRICATED EXTRASTRENGTH.....	93	TYBLUME.....	51	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" .	127
TRUSTEX LUBRICATED/RIBBED/STUDD ED.....	93	TYBOST.....	45	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	127
TRUSTEX LUBRICATED/SPERMICIDE.....	93	TYKERB.....	38	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	127
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	93	TYLENOL.....	5	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	127
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	93	TYLENOL CHILDRENS.....	5	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	127
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....	93	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER.....	5	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	127
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDD ED.....	93	TYLENOL CHILDRENS PAIN +FEVER.....	6	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" ..	127
TRUSTEX/RIA LUBRICATED.....	93	TYLENOL COLD MULTI- SYMPTOM SEVERE DAYTIME..	57	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" ..	127
TRUSTEX/RIA LUBRICATED SPERMICIDE.....	93	TYLENOL EXTRA STRENGTH.....	6	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" ..	127
TRUSTEX/RIA LUBRICATED/SPERMICIDE.....	93	TYLENOL FOR CHILDREN/ADULTS.....	6	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" ..	127
		TYLENOL INFANTS PAIN+FEVER	6		
		TYLENOL PM EXTRA STRENGTH	84		
		TYMLOS.....	75		
		TYVASO.....	49		
		TYVASO REFILL.....	49		
		TYVASO STARTER.....	49		
		UDENYCA.....	83		
		UKONIQ.....	38		

ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"..... 127	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C..... 128	ULTILET INSULIN SYRINGE/1ML/30G X 8MM.. 128
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"..... 127	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON..... 128	ULTILET INSULIN SYRINGE/1ML/31G X 8MM.. 128
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"..... 127	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO.....128	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM..... 128
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"..... 127	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C..... 128	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"..... 128
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 127	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS..... 128	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"..... 128
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"..... 127	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C..... 128	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"..... 128
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"..... 127	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN..... 128	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"..... 128
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"..... 127	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN..... 128	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"..... 128
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... 127	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31 G X 5/16"/SHARPS CONTAIN 128	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"..... 128
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"... 127	ULTI-LANCE AUTOMATIC/ CLEAR TIP.....103	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"..... 129
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"... 127	ULTILET CLASSIC LANCETS.... 103	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"..... 129
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"..... 127	ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....128	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"..... 129
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16".... 127	ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....128	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" 129
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C..... 128	ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....128	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" 129
		ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" 129

ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16".....	129	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	129	UNIFINE PENTIPS 31GX8MM130
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2".....	129	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	129	UNIFINE PENTIPS 32GX4MM130
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2".....	129	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	129	UNIFINE PENTIPS 32GX6MM130
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16".....	129	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	129	UNIFINE PENTIPS PLUS/30GX 3/16".....
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16".....	129	ULTRACET.....	8	UNIFINE PENTIPS/30G X 3/16"
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" ..	129	ULTRAM.....	7	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM.....
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" 129		ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16 ".....	130	UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16".....
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" 129		ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16 ".....	130	UNIFINE ULTRA PEN NEEDLE/31GX5MM.....
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2".....	129	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16 ".....	130	UNIFINE ULTRA PEN NEEDLE/31GX8MM.....
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2".....	129	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16 ".....	130	UNIFINE ULTRA PEN NEEDLE/32GX4MM.....
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16".....	129	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16 ".....	130	UNILET COMFORTOUCH LANCET.....
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16".....	129	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	130	UNILET EXCELITE.....
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	129	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	130	UNILET EXCELITE II.....
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	129	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/ 2".....	130	UNILET G.P. LANCET.....
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	129	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	130	UNILET G.P. SUPERLITE LANCET
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	129	ULTRATHON INSECT REPELLENT	69	UNILET GP 28 ULTRA THIN... 103
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	129	ULTRATHON INSECT REPELLENT 8.....	69	UNILET LANCET.....
ULTRACARE INSULIN SYRINGE/U-100/1ML/30GX5/16"	130	UNIFINE PENTIPS 31GX5MM130		UNILET LANCETS MICRO- THIN33G.....
UNIFINE PENTIPS 31GX8MM130				UNILET LANCETS SUPER- THIN30G.....
UNIFINE PENTIPS 32GX4MM130				UNILET LANCETS ULTRA-THIN 28G.....
UNIFINE PENTIPS 32GX6MM130				UNILET SUPERLITE LANCET... 103
UNIFINE PENTIPS PLUS/30GX 3/16".....	130			UNISOM SLEEPGELS.....
UNIFINE PENTIPS/30G X 3/16"	130			UNISOM SLEEPTABS.....
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM.....	130			UNISPEND ANHYDROUS SWEETENED.....
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16".....	130			166

UNISPEND ANHYDROUS	VALIUM.....	VANDAZOLE.....
UNSWEETENED..... 166	<i>valproate sodium</i>.....16	VANICREAM.....67
UNISTIK PRO SAFETY LANCET	<i>valproic acid</i> 16	VANISHPOINT INSULIN
21G..... 103	<i>valrubicin</i> 36	SYRINGE/0.5ML/30G X 1/2" . 130
UNISTIK PRO SAFETY LANCET	<i>valsartan</i> 28	VANISHPOINT INSULIN
25G..... 103	<i>valsartan-hydrochlorothiazide</i>	SYRINGE/0.5ML/30G X 5/16"
UNISTIK PRO SAFETY LANCET	.....30	.....130
28G..... 103	VALSTAR..... 36	VANISHPOINT INSULIN
UNISTIK TOUCH SAFETY	VALTOCO..... 13	SYRINGE/1ML/29G X 1/2" 130
LANCETS 21G..... 103	VALTRES..... 46	VANISHPOINT INSULIN
UNISTIK TOUCH SAFETY	VALUE HEALTH INSULIN	SYRINGE/1ML/29G X 5/16" .. 130
LANCETS 23G..... 103	SYRINGE/U-100/0.5ML/29G X	VANISHPOINT INSULIN
UNISTIK TOUCH SAFETY	1/2" 130	SYRINGE/1ML/30G X 5/16" .. 130
LANCETS 28G..... 103	VALUE HEALTH INSULIN	VANTAS..... 36
UNISTIK TOUCH SAFETY	SYRINGE/U-100/1ML/29G X	VAQTA..... 175,176
LANCETS 30G..... 103	1/2" 130	<i>varenicline tartrate</i>.....169
UNITUXIN..... 34	VALUE PLUS GLUCOSE..... 21	VARIVAX..... 176
UNIVERSAL 1 LANCETS THIN26G	VALUE PLUS LANCETS	VASERETIC..... 30
.....103	STANDARD 21G..... 103	VASOTEC.....28
UNIVERSAL 1 LANCETS ULTRA	VALUE PLUS LANCETS	VECAMYL..... 30
THIN 30G..... 103	SUPERTHIN 30G.....103	VECTIBIX..... 35
UP & UP GLUCOSE..... 21	VALUE PLUS LANCETS THIN 26G	VELCADE..... 38
UPTRAVI..... 50	.....103	VELETRI.....49
UPTRAVI TITRATION PACK.....50	VALUE PLUS LANCING DEVICE	VEMLIDY..... 46
<i>urea</i> 63	.....103	VENCLEXTA.....35
UROCIT-K 10..... 80	VALUMARK LANCET SUPER	VENCLEXTA STARTING PACK.. 35
UROCIT-K 5..... 80	THIN 30G..... 103	<i>venlafaxine hcl</i>.....19
URSO 250..... 79	VALUMARK LANCET ULTRA	VENTAVIS.....49
<i>ursodiol</i> 79	THIN 28G..... 103	VENTOLIN HFA.....13
UTOPIC..... 63	VALVED HOLDING CHAMBER	<i>verapamil hcl</i> 48
VABYSMO..... 160	.....138	VERELAN.....48
VAGIFEM..... 176	VANACLEAR PD.....25	VERELAN PM..... 48
<i>valacyclovir hcl</i> 46	VANAMINE PD.....25	VERSAFREE..... 166
VALCHLOR..... 60	VANCOCIN..... 31	VERSAPLUS..... 166
VALCYTE..... 46	<i>vancomycin hcl</i> 31	VERZENIO..... 38
<i>valganciclovir hcl</i> 46	VANCOMYCIN HYDROCHLORIDE	
	.....31	

VIBRAMYCIN.....	170	GLUCOSE TEST STRIPS.....	74	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G.....	104
VIDA MIA AUTOLET LANCINGDEVICE.....	103	VIVAGUARD INO CONTROL SOLUTION.....	103	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G.....	104
VIDA MIA UNILET LANCETS SUPER THIN 30G.....	103	VIVAGUARD LANCETS.....	103	WALGREENS GLUCOSE.....	21
VIDA MIA UNILET LANCETS ULTRA THIN 28G.....	103	VIVAGUARD LANCING DEVICE.....	103	WALGREENS THIN LANCETS.....	104
VIDAZA.....	34	VIVAGUARD SAFETY LANCETS/28G.....	104	WAL-TUSSIN PEDIATRIC COUGH & COLD.....	57
<i>vigabatrin</i>	15	VIVELLE-DOT.....	78	<i>warfarin sodium</i>	13
VIGAMOX.....	161	VIVIMUSTA.....	33	WATCHHALER.....	138
VIIBRYD.....	18	VIVITROL.....	23	WEBCOL ALCOHOL PREP LARGE 1 PLY.....	105
VIJOICE.....	143	VIVLODEX.....	4	WEBCOL ALCOHOL PREP LARGE 2 PLY.....	105
<i>vilazodone hcl</i>	18	VIZIMPRO.....	35	WEBCOL ALCOHOL PREP MEDIUM 2 PLY.....	105
VILTEPSO.....	158	VOL-PLUS.....	156	WELIREG.....	36
VIMIZIM.....	77	VOL-TAB RX.....	156	WELLBUTRIN SR.....	16,17
VINATE ONE.....	156	VOLTAREN.....	60	WELLBUTRIN XL.....	17
<i>vincristine sulfate</i>	40	VONJO.....	38	WESTAB PLUS.....	156
VIRACEPT.....	45	VONVENDI.....	81	<i>white petrolatum-mineral oil</i>	159
VIRAMUNE.....	45	VORAXAZE.....	39	WIBI.....	67
VIRAMUNE XR.....	45	VORTEX VALVED HOLDING CHAMBER.....	138	WILATE.....	81
VIREAD.....	45,46	VOTRIENT.....	38	WINDMILL TRAINER.....	138
VIRTUSSIN DAC.....	57	VOXZOGO.....	77	WINRHO SDF.....	164
VISCO-3.....	157	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	131	XALATAN.....	163
VISINE RED EYE COMFORT...	161	VPRIV.....	82	XALKORI.....	38
VISTARIL.....	10	VYNDAMAX.....	50	XANAX.....	11
VISTOGARD.....	23	VYNDAQEL.....	50	XELJANZ.....	3
VISUDYNE.....	161	VYONDYS 53.....	158	XELJANZ XR.....	3
VITAFOL-OB.....	156	VYTORIN.....	26	XELODA.....	34
VITAMIN D3.....	177	VYVANSE.....	1	XEMBIFY.....	164
<i>vitamin e</i>	177	VYVGART.....	142	XENAZINE.....	168
VITAMIN E.....	177	VYXEOS.....	37		
<i>vitamins w/ lipotropics</i>	156	WAKIX.....	1		
VITATHELY/GINGER.....	156				
VITRAKVI.....	38				
VIVAGUARD INO BLOOD					

XENLETA.....	31	YONDELIS.....	33	ZEV RX PEN NEEDLES 32G X	
XEOMIN.....	158	YONSA.....	36	4MM.....	131
XERMELO.....	80	YUTIQ.....	162	ZEV RX STERILE ALCOHOL PREP	
XEROSTOMIA RELIEF SPRAY.	145	ZADITOR.....	163	PADS.....	105
XGEVA.....	75	<i>zaleplon</i>	85	ZEV RX TWIST TOP LANCETS 30G	
XIAFLEX.....	142	ZALTRAP.....	34	.....	104
XIPERE.....	162	ZANAFLEX.....	157	ZIAC.....	30
XOLAIR.....	11	ZARONTIN.....	15	ZIAGEN.....	46
XOSPATA.....	38	ZARXIO.....	83	<i>zidovudine</i>	46
XPOVIO.....	36	ZAVESCA.....	82	ZILRETTA.....	53
XPOVIO 100 MG ONCE WEEKLY		ZEJULA.....	38	<i>zinc oxide (topical)</i>	69
.....	36	ZELBORAF.....	38	<i>zinc sulfate</i>	142
XPOVIO 40 MG ONCE WEEKLY		ZEMAIRA.....	169	ZINC SULFATE.....	142
.....	36	ZEMPLAR.....	77	ZINPLAVA.....	164
XPOVIO 40 MG TWICE WEEKLY		ZEPOSIA.....	168	<i>ziprasidone hcl</i>	41
.....	36	ZEPOSIA 7-DAY STARTER PACK		ZIRABEV.....	34
XPOVIO 60 MG ONCE WEEKLY		.....	168	ZITHROMAX.....	87
.....	36	ZEPOSIA STARTER KIT.....	168	ZITHROMAX TRI-PAK.....	87
XPOVIO 60 MG TWICE WEEKLY		ZEPZELCA.....	33	ZITHROMAX Z-PAK.....	87
.....	36	ZESTORETIC.....	30	ZOCOR.....	27
XPOVIO 80 MG ONCE WEEKLY		ZESTRIL.....	28	ZOFRAN.....	24
.....	36	ZETIA.....	27	ZOHYDRO ER.....	7
XPOVIO 80 MG TWICE WEEKLY		ZEVALIN Y-90.....	34	ZOKINVY.....	143
.....	36	ZEV RX INSULIN		ZOLADEX.....	36
XTANDI.....	36	SYRINGE/0.5ML/30G X 1/2" .	131	<i>zoledronic acid</i>	75
XURIDEN.....	77	ZEV RX INSULIN		ZOLEDRONIC ACID.....	75
XYNTHA.....	81	SYRINGE/0.5ML/30G X 5/16"		ZOLGENSMA 10.1-10.5 KG...	159
XYNTHA SOLOFUSE.....	81	.....	131	ZOLGENSMA 10.6-11.0 KG...	159
XYREM.....	167	ZEV RX INSULIN		ZOLGENSMA 11.1-11.5 KG...	159
XYWAV.....	167	SYRINGE/1ML/30G X 1/2"....	131	ZOLGENSMA 11.6-12.0 KG...	159
XYZAL ALLERGY 24HR.....	26	ZEV RX INSULIN		ZOLGENSMA 12.1-12.5 KG...	159
XYZAL ALLERGY 24HR		SYRINGE/1ML/30G X 5/16"..	131	ZOLGENSMA 12.6-13.0 KG...	159
CHILDRENS.....	26	ZEV RX PEN NEEDLES 31G X		ZOLGENSMA 13.1-13.5 KG...	159
YASMIN 28.....	51	5MM.....	131	ZOLGENSMA 2.6-3.0 KG.....	159
YAZ.....	51	ZEV RX PEN NEEDLES 31G X		ZOLGENSMA 3.1-3.5 KG.....	159
YERVOY.....	34	8MM.....	131		

ZOLGENSMA 3.6-4.0 KG.....	159	ZYRTEC-D	
ZOLGENSMA 4.1-4.5 KG.....	159	ALLERGY/CONGESTION.....	57
ZOLGENSMA 4.6-5.0 KG.....	159	ZYTIGA.....	36
ZOLGENSMA 5.1-5.5 KG.....	159		
ZOLGENSMA 5.6-6.0 KG.....	159		
ZOLGENSMA 6.1-6.5 KG.....	159		
ZOLGENSMA 6.6-7.0 KG.....	159		
ZOLGENSMA 7.1-7.5 KG.....	159		
ZOLGENSMA 7.6-8.0 KG.....	159		
ZOLGENSMA 8.1-8.5 KG.....	159		
ZOLGENSMA 8.6-9.0 KG.....	159		
ZOLGENSMA 9.1-9.5 KG.....	159		
ZOLGENSMA 9.6-10.0 KG.....	159		
ZOLINZA.....	38		
<i>zolmitriptan</i>	139		
ZOLOFT.....	18		
<i>zolpidem tartrate</i>	85		
ZOMACTON.....	76		
ZOMIG.....	139,140		
ZOMIG ZMT.....	140		
ZONEGRAN.....	15		
<i>zonisamide</i>	15		
ZORBTIVE.....	76		
ZOVIRAX.....	46,62		
ZUBSOLV.....	9		
ZULRESSO.....	17		
ZYDELIG.....	38		
ZYKADIA.....	38		
ZYLOPRIM.....	81		
ZYNLONTA.....	34		
ZYPREXA.....	42		
ZYPREXA RELPREVV.....	42		
ZYRTEC ALLERGY.....	26		
ZYRTEC CHILDRENS ALLERGY..	26		