

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

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

Pharmacy Program

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

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

Preferred Drug List (PDL)

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

Pharmacy Benefit Manager (PBM)

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

Specialty Drugs

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

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

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

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

Prior Authorizations (PA)

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

Peach State Health Plan will cover the medicine if:

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

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

Step Therapy

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

Quantity Limits

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

Age Limits

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

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

Medical Necessity Requests

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

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

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

72 Hour Emergency Supply Policy

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

Exclusions

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

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

Newly Approved Products

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

Over-the-Counter Medications

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

Tobacco Cessation Medications

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

Generic Drugs

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

Drug Efficacy Study and Implementation Drugs

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

Filling a Prescription

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

Ordering, Prescribing and Referring (OPR) Provider Requirements

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

Copayments

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

Peach State Health Plan: Preferred Drug List (PDL)



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

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

Contact Information

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

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

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

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

Language Assistance

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

Preferred Drug List ABBREVIATIONS

Peach State Health Plan: Preferred Drug List (PDL)



PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
<i>NP</i>	Non-Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	Age Limit: Drug is limited to a specific age
<i>PA</i>	Prior Authorization: Review required before prescription can be filled
<i>QL</i>	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both prescription and over the counter coverage
<i>SP</i>	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
<i>ST</i>	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	<p>Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records.</p> <p>Treatment-Naïve* Limits:</p> <ul style="list-style-type: none"> • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids <p>*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
<i>Test Strips</i>	<p>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</p> <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>DEVI</i>	Device
<i>AERB</i>	Aerosol, breath activated	<i>ELIX</i>	Elixir
<i>AERO</i>	Aerosol	<i>EMUL</i>	Emulsion
<i>AJKT</i>	Auto-injector Kit	<i>ENEM</i>	Enema
<i>AUIJ</i>	Auto-injector	<i>EX</i>	External
<i>CAPS</i>	Capsule	<i>GRAN</i>	Granules
<i>CHEW</i>	Tablet Chewable	<i>IJ</i>	Injection
<i>CONC</i>	Concentrate	<i>IMPL</i>	Implant
<i>CP12</i>	Capsule ER 12 HR	<i>INHA</i>	Inhaler
<i>CP24</i>	Capsule ER 24 HR	<i>INJ</i>	Injectable
<i>CPCR</i>	Capsule ER	<i>IUD</i>	Intrauterine Device
<i>CPDR</i>	Capsule Delayed Release	<i>IV</i>	Intravenous
<i>CPEP</i>	Capsule Enteric Coated Particles	<i>LIQD</i>	Liquid
<i>CPSP</i>	Capsule Sprinkle	<i>LOTN</i>	Lotion
<i>CREA</i>	Cream	<i>LOZG</i>	Lozenge
<i>CSDR</i>	Capsule Delayed Release Sprinkle	<i>LPOP</i>	Lollipop

Peach State Health Plan: Preferred Drug List (PDL)



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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 (Use dextroamphetamine sulfate)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CAPS</i>	P	Try methylphenidate ER, or Adderall XR, or dextmethylphenidate ER; Clinical Edit: ADHD; QL(1 ea daily); ST
VYVANSE CAPS	P	Try methylphenidate ER, or Adderall XR, or dextmethylphenidate ER; Clinical Edit: ADHD; QL(1 ea daily); ST
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
caffeine citrate SOLN OR	P	QL(45 ml per fill retail)
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 (Use <i>guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use <i>clonidine hcl (adhd)</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STRATTERA (Use atomoxetine hcl)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old); ST	methylphenidate hcl TABS 5 MG	P	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)
Histamine H3-Receptor Antagonist/Inverse Agonists			methylphenidate hcl TABS 10 MG, 20 MG	P	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)
WAKIX	P	SP; PA	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
Stimulants - Misc.			methylphenidate hcl TB24 36 MG	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl TABS	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	RELEXXII TBCR 36 MG	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use dexmethylphenidate hcl)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)	RELEXXII TBCR 18 MG, 27 MG, 54 MG	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl)	NP	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	NP	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)
METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl)	NP	QL(900 ml per 30 days retail); AL(At least 3 yrs old)	RITALIN TABS 5 MG (Use methylphenidate hcl)	NP	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl CPCR	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)	ALTERNATIVE MEDICINES		
methylphenidate hcl SOLN 5 MG/5ML	P	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)	Alternative Medicine - B's		
methylphenidate hcl SOLN 10 MG/5ML	P	QL(900 ml per 30 days retail); AL(At least 3 yrs old)	REMIFEMIN MENOPAUSE RELIEF TABS	NP	
			Alternative Medicine - G's		

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>ginger (zingiber officinalis) CAPS 250 MG</i>	P	OTC; QL(4 ea daily)
Alternative Medicine - M's		
MELATONIN SUBL	P	QL(1 ea daily)
<i>melatonin TABS 3 MG, 5 MG</i>	P	OTC; QL(1 ea daily)
<i>melatonin TBDP 3 MG</i>	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU (<i>Use tobramycin</i>)	NP	SP; PA
KITABIS PAK NEBU (<i>Use tobramycin</i>)	NP	SP; PA
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	P	SP; PA
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA
<i>tobramycin sulfate SOLN IJ</i>	P	PA
<i>tobramycin sulfate SOLR</i>	P	PA
<i>tobramycin NEBU</i>	P	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	P	SP; PA
RINVOQ 30 MG, 45 MG	P	SP; PA
XELJANZ XR TB24	P	SP; PA
XELJANZ SOLN	P	SP; PA
XELJANZ TABS	P	SP; PA
Antirheumatic Antimetabolites		
METHOTREXATE	P	

Drug Name	Drug Tier	Requirements/Limits
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP; PA
REDITREX SOSY	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	P	SP; PA
ADALIMUMAB-ADAZ SOSY	P	SP; PA
ADALIMUMAB-FKJP AJKT	P	SP; PA
ADALIMUMAB-FKJP PSKT	P	SP; PA
HADLIMA PUSHTOUCH SOAJ	P	SP; PA
HADLIMA SOSY	P	SP; PA
HULIO AJKT	NP	SP
HULIO PSKT	NP	SP
HYRIMOZ SOAJ 40 MG/0.4ML	NP	SP
HYRIMOZ SOSY 40 MG/0.4ML	NP	SP
YUSIMRY	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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Interleukin-6 Receptor Inhibitors			<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P	
ACTEMRA ACTPEN SOAJ	P	SP; PA	INDOCIN SUSP	P	
ACTEMRA SOLN	P	SP; PA	INDOMETHACIN	P	
ACTEMRA SOSY	P	SP; PA	<i>indomethacin sodium</i>	P	
KEVZARA SOAJ	P	SP; PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
KEVZARA SOSY	P	SP; PA	<i>indomethacin SUPP</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	NP	OTC
ADVIL TABS (<i>Use ibuprofen</i>)	NP	OTC	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	P	
ALEVE ARTHRITIS TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 ea daily)	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
ALEVE TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 ea daily)	<i>ketorolac tromethamine TABS</i>	P	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NP		LODINE TABS (<i>Use etodolac</i>)	NP	
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC	<i>meloxicam TABS</i>	P	
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC	MOBIC TABS (<i>Use meloxicam</i>)	NP	
<i>diclofenac potassium TABS 50 MG</i>	P		MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	NP	OTC
<i>diclofenac sodium TBEC</i>	P		MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	NP	OTC
<i>etodolac CAPS</i>	P		<i>nabumetone</i>	P	
<i>etodolac TABS</i>	P		NALFON CAPS (<i>Use fenoprofen calcium</i>)	NP	
FELDENE CAPS (<i>Use piroxicam</i>)	NP		NAPROSYN SUSP (<i>Use naproxen</i>)	NP	
<i>fenoprofen calcium CAPS 400 MG</i>	P		NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NP	
<i>flurbiprofen TABS</i>	P		<i>naproxen sodium TABS 275 MG, 550 MG</i>	P	
<i>ibuprofen lysine</i>	P		<i>naproxen sodium TABS 220 MG</i>	P	OTC; QL(2 ea daily)
<i>ibuprofen CHEW</i>	P	OTC	<i>naproxen SUSP</i>	P	
<i>ibuprofen SUSP 100 MG/5ML</i>	P	RX/OTC			
<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	P	OTC			
<i>ibuprofen TABS 200 MG</i>	P	OTC			

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>naproxen TABS</i>	P		<i>acetaminophen ELIX</i>	P	OTC
NEOPROFEN (<i>Use ibuprofen lysine</i>)	NP		<i>acetaminophen LIQD 160 MG/5ML</i>	P	OTC
<i>piroxicam CAPS</i>	P		<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	OTC
<i>sulindac TABS</i>	P		<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	OTC; QL(12 ea per 30 days retail)
TIVORBEX CAPS (<i>Use indomethacin</i>)	NF		<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P	OTC
Phosphodiesterase 4 (PDE4) Inhibitors			<i>acetaminophen TABS 325 MG, 500 MG</i>	P	OTC
OTEZLA TABS	P	SP; PA	FEVERALL JUNIOR STRENGTH SUPP	P	OTC; QL(12 ea per 30 days retail)
OTEZLA TBPk	P	SP; PA	INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)
Pyrimidine Synthesis Inhibitors			OFIRMEV SOLN IV (<i>Use acetaminophen</i>)	NF	
ARAVA (<i>Use leflunomide</i>)	NP	QL(1 ea daily)	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>Use acetaminophen</i>)	NP	OTC
<i>leflunomide</i>	P	QL(1 ea daily)	TYLENOL CHILDRENS PAIN +FEVER SUSP (<i>Use acetaminophen</i>)	NP	OTC
Selective Costimulation Modulators			TYLENOL CHILDRENS SUSP (<i>Use acetaminophen</i>)	NP	OTC
ORENCIA CLICKJECT SOAJ	P	SP; PA	TYLENOL EXTRA STRENGTH TABS (<i>Use acetaminophen</i>)	NP	OTC
ORENCIA SOLR	P	SP; PA	TYLENOL FOR CHILDREN/ADULTS SUSP (<i>Use acetaminophen</i>)	NP	OTC
ORENCIA SOSY	P	SP; PA	TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use acetaminophen</i>)	NP	OTC
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			TYLENOL TABS (<i>Use acetaminophen</i>)	NP	OTC
Analgesic Combinations			Analgesics-Peptide Channel Blockers		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)			
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)			
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)			
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)			
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily); AL(At least 12 yrs old)			
Analgesics Other					
<i>acetaminophen CHEW</i>	P	OTC			

Georgia Medicaid

Updated January 1, 2024

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRIALT	P	SP; PA	<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	QL(0.34 ea daily)
Salicylates			HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids; QL(2 ea daily)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	OTC	<i>hydromorphone hcl TABS 8 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily)
<i>aspirin CHEW</i>	P	OTC	<i>hydromorphone hcl TABS 2 MG, 4 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
ASPIRIN SUPP 300 MG	P	OTC; QL(12 ea per 30 days retail)	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	P	Clinical Edit: Opioids; QL(30 ml daily)
<i>aspirin TABS 325 MG</i>	P	OTC	<i>meperidine hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>aspirin TBEC 81 MG, 325 MG</i>	P	OTC	<i>methadone hcl TABS 5 MG</i>	P	QL(6 ea daily); PA
BUFFERIN (<i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NP	OTC	<i>methadone hcl TABS 10 MG</i>	P	QL(10 ea daily); PA
<i>diflunisal TABS</i>	P		<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids; QL(21.4 ml daily)
ECOTRIN ARTHRITIS PAIN TBEC (<i>Use aspirin</i>)	NP	OTC	<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(240 ml per fill retail)
ECOTRIN REGULAR STRENGTH TBEC (<i>Use aspirin</i>)	NP	OTC	<i>morphine sulfate SUPP</i>	P	Clinical Edit: Opioids; QL(18 ea per fill retail)
ECOTRIN TBEC (<i>Use aspirin</i>)	NP	OTC	<i>morphine sulfate TABS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>salsalate</i>	P		<i>morphine sulfate TBCR</i>	P	QL(3 ea daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NP	QL(3 ea daily)
Opioid Agonists			OXAYDO TABS 5 MG	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>codeine sulfate TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)	<i>oxycodone hcl CAPS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)			
DILAUDID TABS 8 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily)			
DILAUDID TABS 2 MG, 4 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(90 ml per fill retail)	<i>butalbital-aspirin-caffeine w/cod</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
<i>oxycodone hcl SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	Clinical Edit: Opioids; QL(180 ml daily)
<i>oxycodone hcl T12A</i>	P	QL(2 ea daily); PA	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone hcl TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily)	<i>oxycodone w/acetaminophen SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
OXYCONTIN T12A	P	QL(2 ea daily); PA	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)
ROXICODONE TABS 30 MG (Use <i>oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily)	<i>tramadol-acetaminophen</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
ROXICODONE TABS 5 MG, 15 MG (Use <i>oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)	ULTRACET (Use <i>tramadol-acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<i>tramadol hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	Opioid Partial Agonists		
ULTRAM TABS (Use <i>tramadol hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	BELBUCA FILM	P	PA
Opioid Combinations			BUPRENEX SOLN (Use <i>buprenorphine hcl</i>)	NP	PA
<i>acetaminophen w/codeine SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily); AL(At least 12 yrs old)	<i>buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG</i>	P	PA
<i>acetaminophen w/codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)			
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)			

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 3 MG-12 MG	P	QL(2 ea daily); PA
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	P	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL	P	QL(3 ea daily)
<i>buprenorphine hcl</i> SOLN	P	PA
<i>buprenorphine hcl</i> SUBL	P	PA
SUBLOCADE SOSY	P	2 rtl MAX fill; 30 rtl day(s) supply; SP; PA
SUBOXONE FILM SL 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily); PA
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 ea daily)
ZUBSOLV SUBL	P	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
AVEED SOLN	P	SP; PA
METHITEST TABS	P	
TESTOPEL PLLT	P	SP; PA
<i>testosterone cypionate</i> SOLN IM 200 MG/ML	P	QL(4 ml per 30 days retail)
<i>testosterone cypionate</i> SOLN IM 100 MG/ML	P	QL(0.2858 ml daily)
<i>testosterone enanthate</i> SOLN IM	P	QL(4 ml per 30 days retail)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		

Drug Name	Drug Tier	Requirements/Limits
CORTENEMA (Use <i>hydrocortisone (intrarectal)</i>)	NP	
<i>hydrocortisone (intrarectal)</i>	P	
Rectal Combinations		
ANALPRAM-HC LOTN EX	P	QL(62 ml per 30 days retail)
<i>phenylephrine-shark liver oil-cocoa butter</i>	P	OTC; QL(12 ea per 30 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	P	OTC; QL(31 gm per 30 days retail)
Rectal Steroids		
ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i>)	NP	
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(744 ml per 30 days retail)
<i>alum & mag hydrox-simethicone SUSP</i>	P	QL(744 ml per 30 days retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	OTC
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	OTC; QL(100 ea per 30 days retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	OTC
TUMS LASTING EFFECTS CHEW (Use <i>calcium carbonate (antacid)</i>)	NP	OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TUMS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC	<i>bupirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily)
Antacids - Magnesium Salts			<i>bupirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily)
<i>magnesium oxide TABS 400 MG</i>	P	OTC	<i>hydroxyzine hcl SYRP</i>	P	
ANTHELMINTICS - Drugs to Treat Worm Infections			<i>hydroxyzine hcl TABS</i>	P	
Anthelmintics			<i>hydroxyzine pamoate CAPS</i>	P	
BENZNIDAZOLE	P	SP; PA	<i>meprobamate</i>	P	
EMVERM CHEW	P	QL(1 ea per 14 days retail)	VISTARIL CAPS (<i>Use hydroxyzine pamoate</i>)	NP	
<i>pyrantel pamoate SUSP 144 MG/ML</i>	P	OTC; QL(60 ml per fill retail)	Benzodiazepines		
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>alprazolam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
Nitrates			ATIVAN TABS (<i>Use lorazepam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NP		<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P		<i>clorazepate dipotassium TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>isosorbide mononitrate TABS</i>	P	QL(2 ea daily)	<i>diazepam SOLN OR 5 MG/5ML</i>	P	AL (6 months to 12 years old)
<i>isosorbide mononitrate TB24</i>	P	QL(1 ea daily)	<i>diazepam TABS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
NITRO-BID OINT	P		<i>lorazepam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP		<i>oxazepam CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>nitroglycerin CPCR</i>	P		TRANXENE T TABS 7.5 MG (<i>Use clorazepate dipotassium</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>nitroglycerin PT24</i>	P		VALIUM TABS (<i>Use diazepam</i>)	NP	QL(4 ea daily); AL(At least 18 yrs old)
<i>nitroglycerin SUBL</i>	P		XANAX TABS (<i>Use alprazolam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP		ANTIARRHYTHMICS - Drugs to treat abnormal		
ANTIANSIETY AGENTS - Drugs to Treat Anxiety					
Antianxiety Agents - Misc.					
<i>bupirone hcl 15 MG</i>	P	QL(4 ea daily)			

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	
NORPACE CR CP12 150 MG	P	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	P	
<i>quinidine gluconate TBCR</i>	P	
<i>quinidine sulfate TABS</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl TABS</i>	P	
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
TEZSPIRE SOSY	P	SP; PA
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA	P	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ml per 20 days retail)

Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR	P	QL(1 ea per 30 days retail)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	P	QL(1 ea daily)
<i>montelukast sodium PACK</i>	P	QL(1 ea daily)
<i>montelukast sodium TABS</i>	P	QL(1 ea daily)
SINGULAIR CHEW (Use <i>montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR PACK (Use <i>montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR TABS (Use <i>montelukast sodium</i>)	NP	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (Use <i>roflumilast</i>)	NP	QL(1 ea daily)
<i>roflumilast</i>	P	QL(1 ea daily)
Steroid Inhalants		
ARNUIITY ELLIPTA	P	QL(1 ea daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily)
<i>budesonide (inhalation) SUSP</i>	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT HFA	NP	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 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 40 MCG/ACT	P	QL(0.36 gm daily)

Drug Name	Drug Tier	Requirements/Limits
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NP	QL(2 ea daily; 60 ea per 30 days retail)
albuterol sulfate AERS	NP	
albuterol sulfate AERS	P	QL(8.5 gm per fill retail; 17 gm per 30 days retail)
albuterol sulfate AERS	P	QL(6.7 gm per fill retail; 13.4 gm per 30 days retail)
albuterol sulfate AERS	P	QL(18 gm per fill retail; 36 gm per 30 days retail)
albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	P	
albuterol sulfate NEBU 0.083 %	P	QL(12.5 ml daily)
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	P	QL(375 ml per 30 days retail)
ALBUTEROL SULFATE NEBU	P	
albuterol sulfate SYRP	P	
albuterol sulfate TABS	P	
budesonide-formoterol fumarate dihydrate	NP	
budesonide-formoterol fumarate dihydrate	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 30 days retail)
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	P	QL(2 ea daily; 60 ea per 30 days retail)
ipratropium-albuterol SOLN	P	QL(12 ml daily)

Drug Name	Drug Tier	Requirements/Limits
levalbuterol tartrate	P	QL(0.5 gm daily)
PROAIR HFA AERS (Use albuterol sulfate)	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 albuterol sulfate)	NP	
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	
XOPENEX HFA (Use levalbuterol tartrate)	NP	QL(0.5 gm daily)
Xanthines		
THEO-24 CP24	P	
theophylline ELIX	P	
theophylline SOLN	P	QL(475 ml per fill retail)
theophylline TB12	P	
theophylline TB24	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	P	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPk	P	QL(2.47 ea daily)
ELIQUIS TABS	P	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA (Use fondaparinux sodium)	NP	SP; PA
enoxaparin sodium SOLN IJ 300 MG/3ML	P	SP

Georgia Medicaid

Updated January 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOSY</i>	P	SP; PA	KLONOPIN TABS (<i>Use clonazepam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>fondaparinux sodium</i>	P	SP; PA	NAYZILAM	P	QL(10 ea per 30 days retail); PA
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP; PA	VALTOCO 10 MG DOSE LIQD	P	QL(10 ea per 30 days retail); PA
FRAGMIN SOSY	P	SP; PA	VALTOCO 15 MG DOSE LQPK	P	QL(10 ea per 30 days retail); PA
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P		VALTOCO 20 MG DOSE LQPK	P	QL(10 ea per 30 days retail); PA
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	SP	VALTOCO 5 MG DOSE LIQD	P	QL(10 ea per 30 days retail); PA
LOVENOX SOSY (<i>Use enoxaparin sodium</i>)	NP	SP; PA	Anticonvulsants - Misc.		
Thrombin Inhibitors			BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP; PA
<i>dabigatran etexilate mesylate CAPS</i>	P		BANZEL TABS (<i>Use rufinamide</i>)	NP	SP; PA
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	NP		BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA
PRADAXA CAPS	NP		<i>carbamazepine CHEW</i>	P	
ANTICONVULSANTS - Drugs to Treat Seizures			<i>carbamazepine SUSP</i>	P	
Anticonvulsants - Benzodiazepines			<i>carbamazepine TABS</i>	P	
<i>clonazepam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)	<i>carbamazepine TB12</i>	P	
DIASTAT ACUDIAL GEL 20 MG (<i>Use diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT CAPS 250 MG	P	QL(12 ea daily); SP; PA
DIASTAT ACUDIAL GEL 10 MG (<i>Use diazepam (anticonvulsant)</i>)	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT CAPS 500 MG	P	QL(6 ea daily); SP; PA
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT PACK 500 MG	P	QL(6 ea daily); SP; PA
<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT PACK 250 MG	P	QL(12 ea daily); SP; PA
<i>diazepam (anticonvulsant) GEL 10 MG</i>	NP		EPIDIOLEX	P	SP; PA
			FINTEPLA	P	SP; PA
			<i>gabapentin CAPS</i>	P	QL(9 ea daily)
			<i>gabapentin SOLN</i>	P	
			<i>gabapentin TABS 800 MG</i>	P	QL(4 ea daily)
			<i>gabapentin TABS 600 MG</i>	P	QL(6 ea daily)

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	Use levetiracetam IR; ST	NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 ea daily)
KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(16 ml daily)	<i>oxcarbazepine SUSP</i>	P	
KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 ea daily)	<i>oxcarbazepine TABS</i>	P	
KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP		<i>primidone</i>	P	
KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 ea daily)	<i>rufinamide SUSP</i>	P	SP; PA
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP		<i>rufinamide TABS</i>	P	SP; PA
LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	Use lamotrigine IR; ST	TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	
LAMICTAL TABS (<i>Use lamotrigine</i>)	NP		TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	
<i>lamotrigine CHEW</i>	P		TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	
<i>lamotrigine TABS</i>	P		TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 ea daily)
<i>lamotrigine TB24</i>	P	Use lamotrigine IR; ST	TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily)
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ml daily)	TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(3 ea daily)
<i>levetiracetam TABS 500 MG</i>	P	QL(6 ea daily)	TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily)
<i>levetiracetam TABS 1000 MG</i>	P		TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 ea daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 ea daily)	<i>topiramate CPSP 25 MG</i>	P	QL(8 ea daily)
<i>levetiracetam TB24</i>	P	Use levetiracetam IR; ST	<i>topiramate CPSP 15 MG</i>	P	QL(6 ea daily)
MYSOLINE (<i>Use primidone</i>)	NP		<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 ea daily)
NEURONTIN CAPS (<i>Use gabapentin</i>)	NP	QL(9 ea daily)	<i>topiramate TABS 100 MG</i>	P	QL(4 ea daily)
NEURONTIN SOLN (<i>Use gabapentin</i>)	NP		<i>topiramate TABS 200 MG</i>	P	QL(3 ea daily)
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 ea daily)	TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	
			TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	
			ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NP	
			<i>zonisamide CAPS</i>	P	
			Carbamates		
			<i>felbamate SUSP</i>	P	

Georgia Medicaid Updated January 1, 2024
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<i>felbamate TABS</i>	P		DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NP	QL(3 ea daily)
FELBATOL SUSP (<i>Use felbamate</i>)	NP		DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	QL(7 ea daily)
FELBATOL TABS (<i>Use felbamate</i>)	NP		DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	QL(8 ea daily)
GABA Modulators			DEPAKOTE TBEC 125 MG (<i>Use divalproex sodium</i>)	NP	QL(2 ea daily)
GABITRIL (<i>Use tiagabine hcl</i>)	NP		DEPAKOTE TBEC 500 MG (<i>Use divalproex sodium</i>)	NP	QL(7 ea daily)
SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP; PA	DEPAKOTE TBEC 250 MG (<i>Use divalproex sodium</i>)	NP	QL(3 ea daily)
SABRIL TABS (<i>Use vigabatrin</i>)	NP	SP; PA	<i>divalproex sodium CSDR</i>	P	QL(8 ea daily)
<i>tiagabine hcl</i>	P		<i>divalproex sodium TB24 250 MG</i>	P	QL(3 ea daily)
<i>vigabatrin PACK</i>	P	SP; PA	<i>divalproex sodium TB24 500 MG</i>	P	QL(7 ea daily)
<i>vigabatrin TABS</i>	P	SP; PA	<i>divalproex sodium TBEC 125 MG</i>	P	QL(2 ea daily)
Hydantoins			<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 ea daily)
DILANTIN (<i>Use phenytoin sodium extended</i>)	P		<i>divalproex sodium TBEC 250 MG</i>	P	QL(3 ea daily)
DILANTIN	P		<i>valproate sodium SOLN OR 250 MG/5ML</i>	P	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	P		<i>valproic acid CAPS</i>	P	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
<i>phenytoin sodium extended 100 MG</i>	P		Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>phenytoin sodium SOLN</i>	P		<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 ea daily)
<i>phenytoin CHEW</i>	P		<i>mirtazapine TABS 15 MG</i>	P	QL(3 ea daily)
<i>phenytoin SUSP</i>	P		<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 ea daily)
Succinimides			<i>mirtazapine TBDP 15 MG</i>	P	QL(3 ea daily)
<i>ethosuximide CAPS</i>	P		<i>mirtazapine TBDP 45 MG</i>	P	QL(1 ea daily)
<i>ethosuximide SOLN</i>	P				
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP				
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP				
Valproic Acid					

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NP	QL(1 ea daily)
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily)
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	P	QL(3 ea daily)
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 ea daily)
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 ea daily)
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 ea daily)
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 ea daily)
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 ea daily)
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NP	QL(4 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NP	QL(2 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NP	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 ea daily)
GABA Receptor Modulator - Neuroactive Steroid		

Drug Name	Drug Tier	Requirements/Limits
ZULRESSO	P	SP; PA
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL (<i>Use phenelzine sulfate</i>)	NP	
PARNATE (<i>Use 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 10 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(4 ea daily)
CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(1 ea daily)
CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(2 ea daily)
<i>citalopram hydrobromide SOLN</i>	P	
<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 TABS 10 MG</i>	P	QL(4 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 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)

Georgia Medicaid Updated January 1, 2024
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<i>fluoxetine hcl CAPS 40 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)	PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl SOLN</i>	P	QL(600 ml per 30 days retail); AL(Up to 6 yrs old)	PROZAC CAPS 10 MG, 20 MG (Use <i>fluoxetine hcl</i>)	NP	QL(4 ea daily)
<i>fluoxetine hcl TABS 20 MG</i>	P	QL(4 ea daily)	<i>sertraline hcl CONC</i>	P	QL(6 ml daily)
<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)	<i>sertraline hcl TABS 100 MG</i>	P	QL(2 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 ea daily)	<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 ea daily)	ZOLOFT CONC (Use <i>sertraline hcl</i>)	NP	QL(6 ml daily)
LEXAPRO TABS 10 MG (Use <i>escitalopram oxalate</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old)	ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i>)	NP	QL(2 ea daily)
LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>)	NP	QL(4 ea daily); AL(At least 12 yrs old)	ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i>)	NP	QL(4 ea daily)
LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>)	NP	QL(1 ea daily); AL(At least 12 yrs old)	Serotonin Modulators		
<i>paroxetine hcl SUSP</i>	P	QL(40 ml daily); PA	<i>nefazodone hcl</i>	P	
<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 ea daily)	<i>trazodone hcl TABS 300 MG</i>	P	QL(2 ea daily)
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 ea daily)	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	
<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 ea daily)	TRINTELLIX	P	QL(1 ea daily); AL(At least 18 yrs old); PA
<i>paroxetine hcl TB24</i>	P		VIIBRYD TABS (Use <i>vilazodone hcl</i>)	NP	QL(1 ea daily); PA
PAXIL CR TB24 (Use <i>paroxetine hcl</i>)	NP		<i>vilazodone hcl TABS</i>	P	QL(1 ea daily); PA
PAXIL SUSP (Use <i>paroxetine hcl</i>)	NP	QL(40 ml daily); PA	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PAXIL TABS 10 MG (Use <i>paroxetine hcl</i>)	NP	QL(6 ea daily)	CYMBALTA CPEP (Use <i>duloxetine hcl</i>)	NP	QL(1 ea daily); AL(At least 7 yrs old)
PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>)	NP	QL(3 ea daily)	<i>desvenlafaxine succinate 100 MG</i>	P	QL(4 ea daily); ST
PAXIL TABS 30 MG, 40 MG (Use <i>paroxetine hcl</i>)	NP	QL(2 ea daily)	<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 ea daily); ST
			<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)

Georgia Medicaid Updated January 1, 2024
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EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 ea daily)
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NP	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 ea daily)
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 37.5 MG	P	QL(4 ea daily)
venlafaxine hcl CP24 75 MG	P	QL(5 ea daily)
venlafaxine hcl TABS	P	
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	P	QL(1 ea daily)
venlafaxine hcl TB24 150 MG	P	QL(2 ea daily)
Tricyclic Agents		
amitriptyline hcl TABS	P	
amoxapine	P	
ANAFRANIL 75 MG (Use clomipramine hcl)	NP	
clomipramine hcl 75 MG	P	
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
desipramine hcl TABS 25 MG	P	QL(2 ea daily)
doxepin hcl CAPS	P	
doxepin hcl CONC	P	
imipramine hcl TABS	P	
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NP	
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NP	QL(2 ea daily)
nortriptyline hcl CAPS	P	

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl SOLN	P	QL(20 ml daily)
PAMELOR CAPS (Use nortriptyline hcl)	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
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	NP	
OSENI (Use alogliptin-pioglitazone)	NP	
pioglitazone hcl-metformin hcl TABS	P	QL(2 ea daily)
SEGLUROMET	P	QL(2 ea daily)
SOLIQUA 100/33	P	QL(0.6 ml daily); PA
Biguanides		
metformin hcl TABS 850 MG, 1000 MG	P	
metformin hcl TABS 500 MG	P	QL(4 ea daily)
metformin hcl TB24 500 MG	P	QL(4 ea daily)
metformin hcl TB24 750 MG	P	QL(3 ea daily)
Diabetic Other		

Georgia Medicaid Updated January 1, 2024
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BD GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	HY-VEE GLUCOSE	P	QL(50 ea per 30 days retail)
CVS GLUCOSE	P	QL(50 ea per 30 days retail)	KORLYM	P	SP; PA
CVS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	KROGER GLUCOSE	P	QL(50 ea per 30 days retail)
CVS SOFT GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	LEADER GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)
DEX4	P	QL(50 ea per 30 days retail)	LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
DEX4 FAST ACTING GLUCOSE	P	QL(50 ea per 30 days retail)	LONGS GLUCOSE	P	QL(50 ea per 30 days retail)
DEX4 NATURALS	P	QL(50 ea per 30 days retail)	MEIJER GLUCOSE	P	QL(50 ea per 30 days retail)
DEX4 POUCH PACK	P	QL(50 ea per 30 days retail)	PREFERRED PLUS GLUCOSE	P	QL(50 ea per 30 days retail)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	PX GLUCOSE	P	QL(50 ea per 30 days retail)
<i>glucagon (rdna)</i>	P	QL(1 ea per fill retail)	RA GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NP	QL(1 ea per fill retail)	RELION GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCO TO GO CHEW	P	OTC; QL(50 ea per 30 days retail)	SM GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCOSE	P	QL(50 ea per 30 days retail)	SM GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
GLUCOSE INSTANT ENERGY	P	QL(50 ea per 30 days retail)	SMART SENSE GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	SMART SENSE GLUCOSE TABLETS	P	QL(50 ea per 30 days retail)
GNP GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)	TGT GLUCOSE	P	QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC; QL(50 ea per 30 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	TRUEPLUS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
GOODSENSE GLUCOSE	P	QL(50 ea per 30 days retail)	UP & UP GLUCOSE	P	QL(50 ea per 30 days retail)
			VALUE PLUS GLUCOSE	P	QL(50 ea per 30 days retail)
			WALGREENS GLUCOSE	P	QL(50 ea per 30 days retail)

Georgia Medicaid Updated January 1, 2024
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WALGREENS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	INSULIN ASPART FLEXPEN SOPN	P	QL(1.34 ml daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			INSULIN ASPART PENFILL SOCT	P	QL(1.34 ml daily)
<i>alogliptin benzoate</i>	P		INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(1 ml daily)
NESINA (Use <i>alogliptin benzoate</i>)	NP		INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 30 days retail)
Incretin Mimetic Agents			INSULIN ASPART SOLN IJ	P	QL(1.34 ml daily)
ADLYXIN STARTER PACK PNKT	P	QL(0.2 ml daily); PA	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	P	QL(1.5 ml daily)
ADLYXIN SOPN	P	QL(0.2 ml daily); PA	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	P	QL(0.9 ml daily)
BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail); PA	INSULIN DEGLUDEC SOLN	P	QL(1.5 ml daily)
BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 30 days retail); AL(At least 18 yrs old); PA	INSULIN GLARGINE-YFGN SOLN	P	Viatris Brand Only; QL(1 ml daily)
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 30 days retail); AL(At least 18 yrs old); PA	INSULIN GLARGINE-YFGN SOLN	NP	
TRULICITY	P	QL(2 ml per 28 days retail); PA	INSULIN GLARGINE-YFGN SOPN	NP	
Insulin			INSULIN GLARGINE-YFGN SOPN	P	Viatris Brand Only; QL(1 ml daily)
ADMELOG SOLOSTAR SOPN	NP		INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	
ADMELOG SOLN IJ	NP		INSULIN LISPRO KWIKPEN SOPN	P	QL(1.34 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(1 ml daily)
HUMALOG SOLN IJ	NP		INSULIN LISPRO SOLN IJ	P	QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN	P	OTC; QL(1 ml daily)	NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	
HUMULIN 70/30 SUSP	P	OTC; QL(40 ml per 30 days retail)	NOVOLIN 70/30 FLEXPEN SUPN	P	OTC; QL(1 ml daily)
HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ml daily)			
HUMULIN N SUSP	P	QL(40 ml per 30 days retail)			
HUMULIN R SOLN IJ	P	OTC; QL(40 ml per 30 days retail)			

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 RELION SUSP	NP	
NOVOLIN 70/30 SUSP	P	OTC; QL(40 ml per 30 days retail)
NOVOLIN N FLEXPEN RELION SUPN	NP	
NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ml daily)
NOVOLIN N RELION SUSP	NP	
NOVOLIN N SUSP	P	QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN IJ	NP	
NOVOLIN R SOLN IJ	P	OTC; QL(40 ml per 30 days retail)
NOVOLOG FLEXPEN RELION SOPN	NP	
NOVOLOG FLEXPEN SOPN	NP	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	
NOVOLOG MIX 70/30 RELION SUSP	NP	
NOVOLOG MIX 70/30 SUSP	NP	
NOVOLOG PENFILL SOCT	NP	
NOVOLOG RELION SOLN IJ	NP	
NOVOLOG SOLN IJ	NP	
SEMGLEE SOPN	NP	
TRESIBA FLEXTOUCH SOPN	NP	
TRESIBA SOLN	NP	
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily)
pioglitazone hcl	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Meglitinide Analogues		
nateglinide	P	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
STEGLATRO	P	QL(1 ea daily)
Sulfonylureas		
AMARYL 4 MG (Use glimepiride)	NP	QL(2 ea daily)
AMARYL 1 MG, 2 MG (Use glimepiride)	NP	QL(4 ea daily)
glimepiride 1 MG, 2 MG	P	QL(4 ea daily)
glimepiride 4 MG	P	QL(2 ea daily)
glipizide TABS 5 MG, 10 MG	P	
glipizide TB24	P	
GLUCOTROL XL TB24 (Use glipizide)	NP	
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	
glyburide TABS	P	
GLYNASE (Use glyburide micronized)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	OTC
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	P	OTC
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NP	OTC

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
IMODIUM A-D CAPS (Use loperamide hcl)	NP	OTC; QL(8 ea daily); RX/OTC
IMODIUM A-D TABS (Use loperamide hcl)	NP	OTC; QL(8 ea daily)
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NP	
<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 TABS</i>	P	SP; PA
<i>deferasirox TBSO</i>	P	SP; PA
<i>deferiprone TABS</i>	P	SP; PA
EXJADE TBSO (Use deferasirox)	NP	SP; PA
FERRIPROX TWICE-A-DAY TABS	P	SP; PA
FERRIPROX SOLN	P	SP; PA
FERRIPROX TABS (Use deferiprone)	NP	SP; PA
JADENU SPRINKLE PACK (Use deferasirox)	NP	SP; PA
JADENU TABS (Use deferasirox)	NP	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	P	SP; PA
BRIDION	P	SP; PA
<i>deferoxamine mesylate</i>	P	SP; PA
DESFERAL 500 MG (Use deferoxamine mesylate)	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SM IPECAC SYRUP	P	
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	P	QL(4 ea per 90 days retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl SOSY</i>	P	QL(4 ml per 90 days retail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD (Use naloxone hcl)	NP	QL(4 ea per 90 days retail); RX/OTC
VIVITROL	P	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<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)
<i>ondansetron TBDP</i>	P	QL(2 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (Use meclizine hcl)	NP	OTC; RX/OTC
<i>dimenhydrinate TABS</i>	P	OTC; QL(24 ea per fill retail)
DRAMAMINE CHEW	P	OTC; QL(24 ea per fill retail)
DRAMAMINE TABS (Use dimenhydrinate)	NP	OTC; QL(24 ea per fill retail)
<i>meclizine hcl CHEW</i>	P	OTC; RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		

Georgia Medicaid

Updated January 1, 2024

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

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

Drug Name	Drug Tier	Requirements/Limits
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(240 ml per fill retail)
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	QL(4 ea daily)
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(4 ea daily)
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NP	QL(4 ea daily)
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(4 ea daily)
<i>clemastine fumarate TABS 1.34 MG</i>	P	OTC; QL(2 ea daily)
<i>diphenhydramine hcl CAPS</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	OTC; QL(240 ml per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	P	OTC; QL(4 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NP	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NP	QL(1 ea daily)
<i>cetirizine hcl CHEW</i>	P	QL(1 ea daily)
<i>cetirizine hcl SOLN OR</i>	P	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl SYRP OR</i>	P	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl TABS</i>	P	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NP	OTC; QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	NP	OTC; QL(1 ea daily)	ANTIHYPERSLIPIDEMICS - Drugs to Treat High Cholesterol		
CLARITIN REDITABS TBDP 10 MG (Use loratadine)	NP	OTC; QL(1 ea daily)	Angiotensin-like Protein Inhibitors		
CLARITIN SOLN (Use loratadine)	NP	OTC; QL(240 ml per fill retail)	EVKEEZA	P	SP; PA
CLARITIN TABS (Use loratadine)	NP	OTC; QL(1 ea daily)	Antihyperlipidemics - Combinations		
fexofenadine hcl TABS 180 MG	P	QL(1 ea daily)	ezetimibe-simvastatin	P	QL(1 ea daily); ST
fexofenadine hcl TABS 60 MG	P	QL(2 ea daily)	VYTORIN (Use ezetimibe-simvastatin)	NP	QL(1 ea daily); ST
levocetirizine dihydrochloride TABS	P	RX/OTC	Bile Acid Sequestrants		
loratadine SOLN	P	OTC; QL(240 ml per fill retail)	cholestyramine light PACK	P	
loratadine TABS	P	OTC; QL(1 ea daily)	cholestyramine light POWD	P	
loratadine TBDP 10 MG	P	OTC; QL(1 ea daily)	cholestyramine PACK	P	
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	NP	RX/OTC	cholestyramine POWD	P	
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NP	QL(1 ea daily)	COLESTID FLAVORED GRAN (Use colestipol hcl)	NP	
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	NP	QL(240 ml per fill retail); RX/OTC	COLESTID GRAN (Use colestipol hcl)	NP	
Antihistamines - Phenothiazines			COLESTID TABS (Use colestipol hcl)	NP	
promethazine hcl SOLN 6.25 MG/5ML	P	AL(At least 2 yrs old)	colestipol hcl GRAN	P	
promethazine hcl SUPP	P	QL(12 ea per fill retail); AL(At least 2 yrs old)	colestipol hcl TABS	P	
promethazine hcl SYRP	P	AL(At least 2 yrs old)	QUESTRAN LIGHT POWD (Use cholestyramine light)	NP	
promethazine hcl TABS	P	AL(At least 2 yrs old)	QUESTRAN PACK (Use cholestyramine)	NP	
Antihistamines - Piperidines			QUESTRAN POWD (Use cholestyramine)	NP	
cyproheptadine hcl SYRP	P		Fibric Acid Derivatives		
cyproheptadine hcl TABS	P		ANTARA 30 MG, 90 MG (Use fenofibrate micronized)	NF	
			fenofibrate micronized 134 MG, 200 MG	P	QL(1 ea daily)
			fenofibrate micronized 67 MG	P	QL(2 ea daily)

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<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>gemfibrozil TABS</i>	P	QL(2 ea daily)
LOPID TABS (<i>Use gemfibrozil</i>)	NP	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	P	QL(1 ea daily)
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NP	Try simvastatin or atorvastatin; QL(1 ea daily); ST
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NP	QL(1 ea daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 ea daily)
<i>lovastatin TABS 40 MG</i>	P	QL(2 ea daily)
<i>pravastatin sodium</i>	P	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	P	Try simvastatin or atorvastatin; QL(1 ea daily); ST
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 ea daily)
ZOCOR TABS 80 MG (<i>Use simvastatin</i>)	NF	
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	ST
ZETIA (<i>Use ezetimibe</i>)	NP	ST
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TABS</i>	P	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril 4 MG</i>	P	QL(2 ea daily)
VASOTEC TABS (<i>Use enalapril maleate</i>)	NP	QL(2 ea daily)
ZESTRIL TABS 2.5 MG (<i>Use lisinopril</i>)	NP	QL(1 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>)	NP	QL(2 ea daily)
Agents for Pheochromocytoma		
DEMSEK (<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)
<i>olmesartan medoxomil</i>	P	Use losartan or irbesartan; QL(1 ea daily); ST
<i>telmisartan</i>	P	QL(1 ea daily)
<i>valsartan TABS</i>	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA (<i>Use doxazosin mesylate</i>)	NP	
<i>clonidine hcl TABS</i>	P	
<i>doxazosin mesylate</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl</i>	P	
<i>methyldopa TABS</i>	P	
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NP	
<i>prazosin hcl CAPS</i>	P	
<i>terazosin hcl</i>	P	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily)
ACCURETIC 12.5 MG-10 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily)
ACCURETIC 25 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	P	Use losartan or irbesartan; ST
<i>amlodipine besylate-valsartan</i>	P	Use losartan or irbesartan; ST
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	Use losartan or irbesartan; ST
ATACAND HCT (<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)

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<i>candesartan cilexetil-hydrochlorothiazide</i>	P		LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 ea daily)
<i>captopril & hydrochlorothiazide 25 MG-50 MG</i>	P	QL(3 ea daily)	<i>metoprolol & hydrochlorothiazide TABS 50 MG-100 MG</i>	P	QL(1 ea daily)
<i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	P	QL(2 ea daily)	<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	P	QL(2 ea daily)
DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)	MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
DUTOPROL TB24	P	QL(1 ea daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	Use losartan or irbesartan; ST
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 ea daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	Use losartan or irbesartan; QL(1 ea daily); ST
EXFORGE (Use <i>amlodipine besylate-valsartan</i>)	NP	Use losartan or irbesartan; ST	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 ea daily)
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan; ST	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 ea daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 ea daily)
<i>HYZAAR (Use losartan potassium & hydrochlorothiazide)</i>	NP	QL(1 ea daily)	<i>telmisartan-amlodipine</i>	P	
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	P	QL(2 ea daily)	TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	P	QL(1 ea daily)	TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>trandolapril-verapamil hcl</i>	P	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 ea daily)	TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan; ST
			<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily)

Georgia Medicaid

Updated January 1, 2024

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

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VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NP	QL(2 ea daily)	sulfamethoxazole-trimethoprim TABS	P	
ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(1 ea daily)	Carbapenems		
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(2 ea daily)	ertapenem sodium IJ	P	SP; PA
ZIAC (Use bisoprolol & hydrochlorothiazide)	NP	QL(1 ea daily)	INVANZ IJ (Use ertapenem sodium)	NP	SP; PA
Antihypertensives - Misc.			Glycopeptides		
VECAMYL	P	SP; PA	FIRVANQ SOLR OR (Use vancomycin hcl)	NP	QL(300 ml per fill retail)
Vasodilators			VANCOCIN CAPS 125 MG (Use vancomycin hcl)	NP	QL(4 ea daily)
hydralazine hcl TABS	P		VANCOCIN CAPS 250 MG (Use vancomycin hcl)	NP	QL(8 ea daily)
minoxidil 10 MG	P	QL(10 ea daily)	vancomycin hcl CAPS 125 MG	P	QL(4 ea daily)
minoxidil 2.5 MG	P	QL(3 ea daily)	vancomycin hcl CAPS 250 MG	P	QL(8 ea daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			vancomycin hcl SOLR IV 500 MG	P	QL(14 ea per 30 days retail)
Anti-infective Agents - Misc.			vancomycin hcl SOLR IV 1 GM, 1000 MG	P	QL(14 ea per fill retail)
metronidazole TABS	P		vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ml per fill retail)
trimethoprim TABS	P		Leprostatics		
Anti-infective Misc. - Combinations			dapsone	P	
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	NP		Lincosamides		
BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	NP		CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	NP	
methenamine-hyosc-methylene blue-sod phospheryl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	P		CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	NP	QL(300 ml per fill retail)
sulfamethoxazole-trimethoprim SUSP	P		clindamycin hcl 150 MG, 300 MG	P	
			clindamycin palmitate hydrochloride	P	QL(300 ml per fill retail)
			Monobactams		
			CAYSTON	P	SP; PA

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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

Drug Name	Drug Tier	Requirements/Limits
primaquine phosphate TABS	P	
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	NP	
pyrimethamine	P	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	NP	
MESTINON TABS (Use pyridostigmine bromide)	NP	
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
RUZURGI	P	QL(10 ea daily); SP; PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	NP	
MYCOBUTIN (Use rifabutin)	NP	
pyrazinamide	P	
rifabutin	P	
rifampin CAPS	P	
TRECTOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (Use melphalan)	NP	

Georgia Medicaid Updated January 1, 2024
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ALKERAN (Use melphalan hcl)	NP	SP; PA	TREANDA SOLR (Use bendamustine hcl)	NP	SP; PA
BELRAPZO SOLN	P	SP; PA	VIVIMUSTA SOLN	P	SP; PA
bendamustine hcl SOLR	P	SP; PA	YONDELIS	P	SP; PA
BENDAMUSTINE HYDROCHLORIDE SOLN	P	SP; PA	ZEPZELCA	P	SP; PA
BENDEKA SOLN	P	SP; PA	Antimetabolites		
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	P	SP; PA	ALIMTA SOLR (Use pemetrexed disodium)	NP	SP; PA
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	P	SP; PA	azacitidine SUSR	P	SP; PA
CISPLATIN SOLR	P	SP; PA	capecitabine	P	SP; PA
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	P	SP; PA	cladribine 10 MG/10ML	P	SP; PA
cyclophosphamide SOLN	P	SP; PA	cytarabine SOLN	P	SP; PA
CYCLOPHOSPHAMIDE SOLN	P	SP; PA	DACOGEN (Use decitabine)	NP	SP; PA
CYCLOPHOSPHAMIDE SOLN	P	SP; PA	decitabine	P	SP; PA
cyclophosphamide SOLR IJ	P	SP; PA	fludarabine phosphate SOLN	P	SP; PA
EVOMELA	P	SP; PA	FLUDARABINE PHOSPHATE SOLN	P	SP; PA
KEMOPLAT SOLN	P	SP; PA	fludarabine phosphate SOLR	P	SP; PA
LEUKERAN	P		FOLOTYN	P	SP; PA
melphalan	P		FOLOTYN (Use pralatrexate)	NP	SP; PA
melphalan hcl	P	SP; PA	mercaptopurine TABS	P	
MYLERAN TABS	P		methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	P	
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (Use temozolomide)	NP	SP; PA	methotrexate sodium TABS 2.5 MG	P	
TEMODAR SOLR	P	SP; PA	ONUREG TABS	P	SP; PA
temozolomide CAPS	P	SP; PA	PEMETREXED 500 MG/20ML	P	SP; PA
TEPADINA (Use thiotepa)	NP	SP; PA	pemetrexed disodium SOLR 100 MG, 500 MG	P	SP; PA
thiotepa	P	SP; PA	PEMFEXY	P	SP; PA
			pralatrexate	P	SP; PA
			PURIXAN SUSP	P	
			TABLOID	P	SP; PA

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P		IMFINZI	P	SP; PA
VIDAZA SUSR (Use azacitidine)	NP	SP; PA	JEMPERLI	P	SP; PA
XELODA (Use capecitabine)	NP	SP; PA	KADCYLA	P	SP; PA
Antineoplastic - Angiogenesis Inhibitors			KEYTRUDA	P	SP; PA
CYRAMZA	P	SP; PA	KIMMTRAK	P	SP; PA
INLYTA	P	SP; PA	LIBTAYO	P	SP; PA
LENVIMA 10 MG DAILY DOSE	P	QL(1 ea daily); SP; PA	LUMOXITI	P	SP; PA
LENVIMA 12MG DAILY DOSE	P	QL(3 ea daily); SP; PA	MONJUVI	P	SP; PA
LENVIMA 14 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	MYLOTARG	P	SP; PA
LENVIMA 18 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	OPDIVO	P	SP; PA
LENVIMA 20 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	PADCEV	P	SP; PA
LENVIMA 24 MG DAILY DOSE	P	QL(3 ea daily); SP; PA	POLIVY	P	SP; PA
LENVIMA 4 MG DAILY DOSE	P	QL(1 ea daily); SP; PA	POTELIGEO	P	SP; PA
LENVIMA 8 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	RIABNI	P	SP; PA
MVASI	P	SP; PA	RITUXAN	P	SP; PA
ZALTRAP	P	SP; PA	RUXIENCE	P	SP; PA
ZIRABEV	P	SP; PA	TECENTRIQ	P	SP; PA
Antineoplastic - Antibodies			TIVDAK	P	SP; PA
ADCETRIS	P	SP; PA	TRUXIMA	P	SP; PA
ARZERRA	P	SP; PA	UNITUXIN	P	SP; PA
BAVENCIO	P	SP; PA	YERVOY	P	SP; PA
BESPONSA	P	SP; PA	ZEVALIN Y-90	P	SP; PA
BLENREP	P	SP; PA	ZYNLONTA	P	SP; PA
BLINCYTO	P	SP; PA	Antineoplastic - Anti-HER2 Agents		
DARZALEX	P	SP; PA	HERCEPTIN 150 MG	P	SP; PA
EMPLICITI	P	SP; PA	KANJINTI 420 MG	P	SP; PA
ENHERTU	P	SP; PA	MARGENZA	P	SP; PA
GAZYVA	P	SP; PA	OGIVRI	P	SP; PA
Antineoplastic - BCL-2 Inhibitors			PERJETA	P	SP; PA
			TRAZIMERA	P	SP; PA
			TUKYSA	P	SP; PA
			Antineoplastic - Cellular Immunotherapy		
			VENCLEXTA STARTING PACK TBPK	P	SP; PA
			VENCLEXTA TABS	P	SP; PA

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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ABECMA	P	SP; PA	ERLEADA 60 MG	P	SP; PA
BREYANZI	P	SP; PA	EULEXIN	P	
CARVYKTI	P	SP; PA	<i>exemestane</i>	P	
TECARTUS	P	SP; PA	FARESTON (<i>Use toremifene citrate</i>)	NP	PA
Antineoplastic - EGFR Inhibitors			FEMARA (<i>Use letrozole</i>)	NP	
ERBITUX	P	SP; PA	FIRMAGON 80 MG	P	SP; PA
<i>erlotinib hcl</i>	P	SP; PA	<i>flutamide</i>	P	
EXKIVITY	P	SP; PA	<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	SP; PA
<i>gefitinib</i>	P	SP; PA	<i>letrozole</i>	P	
GILOTRIF	P	SP; PA	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	P	SP; PA
IRESSA (<i>Use gefitinib</i>)	NP	SP; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	P	SP; PA
PORTRAZZA	P	SP; PA	LUPRON DEPOT (1-MONTH) KIT IM	P	SP; PA
TAGRISO	P	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	P	SP; PA
TARCEVA (<i>Use erlotinib hcl</i>)	NP	SP; PA	LUPRON DEPOT (4-MONTH) IM	P	SP; PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP; PA	LUPRON DEPOT (6-MONTH) IM	P	SP; PA
VIZIMPRO	P	SP; PA	LYSODREN	P	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors			<i>megestrol acetate SUSP</i>	P	
DAURISMO	P	SP; PA	<i>megestrol acetate TABS</i>	P	
ERIVEDGE	P	SP; PA	NUBEQA	P	SP; PA
ODOMZO	P	SP; PA	ORGOVYX	P	SP; PA
Antineoplastic - Hormonal and Related Agents			<i>tamoxifen citrate TABS</i>	P	
<i>abiraterone acetate</i>	P	SP; PA	<i>toremifene citrate</i>	P	PA
<i>anastrozole</i>	P		TRELSTAR MIXJECT	P	SP; PA
ARIMIDEX (<i>Use anastrozole</i>)	NP		XTANDI CAPS	P	SP; PA
AROMASIN (<i>Use exemestane</i>)	NP		XTANDI TABS	P	SP; PA
<i>bicalutamide</i>	P	QL(1 ea daily)	YONSA	P	SP; PA
CAMCEVI	P	SP; PA	ZOLADEX	P	SP; PA
CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 ea daily)	ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP; PA
ELIGARD KIT SC 7.5 MG	P	SP; PA	Antineoplastic - Hypoxia-Inducible Factor		
ELIGARD KIT SC 22.5 MG, 30 MG, 45 MG	P	SP; PA			
EMCYT	P	SP; PA			

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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Inhibitors		
WELIREG	P	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	P	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	P	QL(1 ea daily); SP; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	P	SP; PA
XPOVIO 60 MG TWICE WEEKLY	P	SP; PA
XPOVIO 80 MG TWICE WEEKLY	P	SP; PA
Antineoplastic Antibiotics		
<i>daunorubicin hcl SOLN</i>	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN (Use <i>daunorubicin hcl</i>)	NP	SP; PA
ELLENCES SOLN	P	SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	P	SP; PA
<i>valrubicin</i>	P	SP; PA
VALSTAR (Use <i>valrubicin</i>)	NP	SP; PA
Antineoplastic Combinations		
DARZALEX FASPRO	P	SP; PA
HERCEPTIN HYLECTA	P	SP; PA
INQOVI	P	SP; PA
KISQALI FEMARA 200 DOSE	P	SP; PA
KISQALI FEMARA 400 DOSE	P	SP; PA
KISQALI FEMARA 600 DOSE	P	SP; PA
LONSURF	P	SP; PA
OPDUALAG	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
PHESGO	P	SP; PA
RITUXAN HYCELA	P	SP; PA
VYXEOS	P	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (Use <i>everolimus</i>)	NP	SP; PA
AFINITOR TABS (Use <i>everolimus</i>)	NP	SP; PA
ALECENSA	P	SP; PA
ALIQOPA	P	SP; PA
ALUNBRIG TABS	P	SP; PA
ALUNBRIG TBPK	P	SP; PA
BALVERSA	P	SP; PA
BELEODAQ	P	SP; PA
<i>bortezomib SOLR IJ</i>	P	SP; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP; PA
BOSULIF	P	SP; PA
BRAFTOVI 75 MG	P	SP; PA
BRUKINSA	P	SP; PA
CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily); SP; PA
CABOMETYX TABS 40 MG	P	QL(2 ea daily); SP; PA
CALQUENCE	P	SP; PA
CAPRELSA	P	SP; PA
COMETRIQ KIT	P	SP; PA
COPIKTRA	P	SP; PA
COTELLIC	P	SP; PA
<i>everolimus TABS</i>	P	SP; PA
<i>everolimus TBSO</i>	P	SP; PA
FARYDAK	P	SP; PA
FOTIVDA	P	SP; PA
FYARRO	P	SP; PA
GAVRETO	P	SP; PA
GLEEVEC (Use <i>imatinib mesylate</i>)	NP	SP; PA
IBRANCE CAPS	P	SP; PA

Georgia Medicaid

Updated January 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IBRANCE TABS	P	SP; PA	RUBRACA	P	SP; PA
ICLUSIG	P	QL(1 ea daily); SP; PA	RYDAPT	P	SP; PA
IDHIFA	P	SP; PA	SCEMBLIX	P	SP; PA
<i>imatinib mesylate</i>	P	SP; PA	<i>sorafenib tosylate</i>	P	SP; PA
IMBRUVICA CAPS	P	SP; PA	SPRYCEL	P	SP; PA
IMBRUVICA TABS	P	QL(1 ea daily); SP; PA	STIVARGA	P	SP; PA
INREBIC	P	SP; PA	<i>sunitinib malate</i>	P	SP; PA
ISTODAX SOLR (<i>Use romidepsin</i>)	NP	SP; PA	SUTENT (<i>Use sunitinib malate</i>)	NP	SP; PA
JAKAFI	P	QL(2 ea daily); SP; PA	TABRECTA	P	SP; PA
KISQALI	P	SP; PA	TAFINLAR CAPS	P	SP; PA
KOSELUGO	P	SP; PA	TALZENNA	P	SP; PA
KYPROLIS	P	SP; PA	TASIGNA	P	SP; PA
<i>lapatinib ditosylate</i>	P	SP; PA	TAZVERIK	P	SP; PA
LORBRENA	P	SP; PA	<i>temsirolimus</i>	P	SP; PA
LUMAKRAS	P	SP; PA	TIBSOVO	P	SP; PA
LYNPARZA TABS	P	QL(4 ea daily); SP; PA	TORISEL (<i>Use temsirolimus</i>)	NP	SP; PA
MEKINIST TABS	P	SP; PA	TURALIO	P	SP; PA
MEKTOVI	P	SP; PA	TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP; PA
NERLYNX	P	SP; PA	UKONIQ	P	SP; PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	NP	SP; PA	VELCADE SOLR IJ (<i>Use bortezomib</i>)	NP	SP; PA
NINLARO	P	SP; PA	VERZENIO	P	QL(2 ea daily); SP; PA
<i>pazopanib hcl</i>	P	SP; PA	VITRAKVI CAPS	P	SP; PA
PEMAZYRE	P	SP; PA	VITRAKVI SOLN	P	SP; PA
PIQRAY 200MG DAILY DOSE	P	SP; PA	VONJO	P	SP; PA
PIQRAY 250MG DAILY DOSE	P	SP; PA	VOTRIENT (<i>Use pazopanib hcl</i>)	NP	SP; PA
PIQRAY 300MG DAILY DOSE	P	SP; PA	VOTRIENT	P	SP; PA
QINLOCK	P	SP; PA	XALKORI CAPS	P	SP; PA
RETEVMO	P	SP; PA	XOSPATA	P	SP; PA
ROMIDEPSIN SOLN	P	SP; PA	ZEJULA CAPS	P	SP; PA
<i>romidepsin SOLR</i>	P	SP; PA	ZELBORAF	P	SP; PA
ROZLYTREK CAPS	P	SP; PA	ZOLINZA	P	SP; PA
			ZYDELIG	P	SP; PA

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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ZYKADIA TABS	P	SP; PA
Antineoplastic Enzymes		
ASPARLAS	P	SP; PA
ONCASPAR	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
<i>arsenic trioxide</i>	P	SP; PA
BESREMI	P	SP; PA
<i>bexarotene</i>	P	SP; PA
HYDREA (<i>Use hydroxyurea</i>)	NP	
<i>hydroxyurea</i>	P	
INTRON A SOLR	P	SP; PA
MATULANE	P	SP; PA
PHOTOFRIN	P	SP; PA
PROLEUKIN	P	SP; PA
SYNRIBO	P	SP; PA
TARGRETIN (<i>Use bexarotene</i>)	NP	SP; PA
<i>tretinoin (chemotherapy)</i>	P	SP; PA
TRISENOX (<i>Use arsenic trioxide</i>)	NP	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	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 SOLN 250 MG/25ML</i>	P	SP; PA

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

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	Dibenzapines		
Benzisoxazoles			<i>clozapine TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
INVEGA HAFYERA	P	SP; PA	CLOZARIL TABS (<i>Use clozapine</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
INVEGA SUSTENNA	P	SP; PA	<i>loxapine succinate</i>	P	QL(4 ea daily)
INVEGA TRINZA	P	SP; PA	<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
PERSERIS PRSY	P	SP; PA	<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
RISPERDAL CONSTA 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>Use risperidone microspheres</i>)	NP	SP; PA	<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 ea daily); AL(At least 10 yrs old)
RISPERDAL SOLN (<i>Use risperidone</i>)	NP	QL(4 ml daily); AL(At least 5 yrs old)	<i>quetiapine fumarate TABS 25 MG, 50 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NP	QL(4 ea daily); AL(At least 5 yrs old)	<i>quetiapine fumarate TABS 100 MG, 200 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
<i>risperidone microspheres 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	P	SP; PA	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
<i>risperidone SOLN</i>	P	QL(4 ml daily); AL(At least 5 yrs old)	SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)
<i>risperidone TABS</i>	P	QL(4 ea daily); AL(At least 5 yrs old)	SEROQUEL TABS 100 MG, 200 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)
<i>risperidone TBDP</i>	P	QL(2 ea daily); AL(At least 5 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)
Butyrophenones			ZYPREXA RELPREVV	P	SP; PA
HALDOL DECANOATE 100 (<i>Use haloperidol decanoate</i>)	NP		ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)
HALDOL DECANOATE 50 (<i>Use haloperidol decanoate</i>)	NP		ZYPREXA TABS 15 MG, 20 MG (<i>Use olanzapine</i>)	NP	QL(1 ea daily); AL(At least 10 yrs old)
<i>haloperidol decanoate</i>	P		ZYPREXA TABS 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)
<i>haloperidol lactate CONC</i>	P				
<i>haloperidol TABS 20 MG</i>	P				
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
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	
<i>fluphenazine hcl TABS</i>	P	
<i>perphenazine TABS</i>	P	QL(4 ea daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	P	QL(3 ea daily)
<i>trifluoperazine hcl TABS</i>	P	QL(2 ea daily)
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	P	SP; PA
ABILIFY MAINTENA SRER	P	SP; PA
ABILIFY MYCITE	P	PA
ABILIFY TABS (Use <i>aripiprazole</i>)	NP	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 TABS</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole TBDP</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
ARISTADA	P	SP; PA
ARISTADA INITIO	P	SP; PA
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		

Drug Name	Drug Tier	Requirements/Limits
<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)
HIBICLENS LIQD (Use <i>chlorhexidine gluconate</i>)	NP	OTC; QL(946 ml per fill retail)
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ml daily)
<i>abacavir sulfate TABS</i>	P	QL(2 ea daily)
APTIVUS CAPS	P	QL(4 ea daily); ST
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 ea daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P	
BIKTARVY	P	QL(1 ea daily)
CIMDUO	P	QL(1 ea daily); ST
COMBIVIR (Use <i>lamivudine-zidovudine</i>)	NP	QL(2 ea daily)
COMPLERA	P	QL(1 ea daily)
<i>darunavir TABS 600 MG</i>	P	QL(2 ea daily); ST
<i>darunavir TABS 800 MG</i>	P	QL(1 ea daily); ST
DELSTRIGO	P	QL(1 ea daily)
DESCOVY 200 MG-25 MG	P	QL(1 ea daily); PA
DESCOVY 120 MG-15 MG	P	QL(1 ea daily); PA
DOVATO	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-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)

Georgia Medicaid Updated January 1, 2024
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<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	KALETRA SOLN (<i>Use lopinavir-ritonavir</i>)	NP	QL(480 ml per 30 days retail)
<i>efavirenz TABS</i>	P	QL(1 ea daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(4 ea daily)
<i>emtricitabine CAPS</i>	P	QL(1 ea daily)	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(6 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 ea daily)	<i>lamivudine SOLN</i>	P	QL(30 ml daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NP	QL(1 ea daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 ea daily)
EMTRIVA SOLN	P	QL(24 ml daily)	<i>lamivudine TABS 300 MG</i>	P	QL(1 ea daily)
EPIVIR SOLN (<i>Use lamivudine</i>)	NP	QL(30 ml daily)	<i>lamivudine-zidovudine</i>	P	QL(2 ea daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NP	QL(2 ea daily)	LEXIVA SUSP	P	QL(56 ml daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NP	QL(1 ea daily)	LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	NP	QL(4 ea daily)
EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NP	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	P	QL(480 ml per 30 days retail)
<i>etravirine 200 MG</i>	P	QL(2 ea daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 ea daily)
<i>etravirine 100 MG</i>	P	QL(4 ea daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 ea daily)
<i>fosamprenavir calcium TABS</i>	P	QL(4 ea daily)	<i>maraviroc TABS 300 MG</i>	P	QL(4 ea daily)
FUZEON SOLR	P	SP; PA	<i>maraviroc TABS 150 MG</i>	P	QL(2 ea daily)
GENVOYA	P	QL(1 ea daily)	<i>nevirapine SUSP</i>	P	QL(40 ml daily)
INTELENCE 100 MG (<i>Use etravirine</i>)	NP	QL(4 ea daily)	<i>nevirapine TABS</i>	P	QL(2 ea daily)
INTELENCE 200 MG (<i>Use etravirine</i>)	NP	QL(2 ea daily)	<i>nevirapine TB24 100 MG</i>	P	QL(3 ea daily)
INTELENCE 25 MG	P	QL(4 ea daily)	<i>nevirapine TB24 400 MG</i>	P	QL(1 ea daily)
INVIRASE TABS	P	QL(4 ea daily); ST	NORVIR SOLN	P	QL(15 ml daily)
ISENTRESS HD TABS	P	QL(2 ea daily)	NORVIR TABS (<i>Use ritonavir</i>)	NP	QL(12 ea daily)
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)	ODEFSEY	P	
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)	PIFELTRO	P	QL(1 ea daily)
ISENTRESS PACK	P	QL(2 ea daily)	PREZCOBIX	P	QL(1 ea daily)
ISENTRESS TABS	P	QL(2 ea daily)	PREZISTA SUSP	P	QL(12 ml daily); ST
JULUCA	P	QL(1 ea daily)	PREZISTA TABS 150 MG	P	QL(3 ea daily); ST
			PREZISTA TABS 75 MG	P	QL(2 ea daily); ST
			PREZISTA TABS 600 MG (<i>Use darunavir</i>)	NP	QL(2 ea daily); ST

Georgia Medicaid Updated January 1, 2024
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PREZISTA TABS 800 MG (Use darunavir)	NP	QL(1 ea daily); ST	TRIZIVIR	P	QL(2 ea daily)
RETROVIR CAPS (Use zidovudine)	NP	QL(6 ea daily)	TROGARZO	P	SP; PA
RETROVIR SYRP (Use zidovudine)	NP	QL(60 ml daily)	TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	P	QL(1 ea daily)
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	NP		TYBOST	P	QL(1 ea daily); AL(At least 18 yrs old)
REYATAZ CAPS 150 MG, 200 MG (Use atazanavir sulfate)	NP	QL(2 ea daily)	VIRACEPT TABS 250 MG	P	QL(9 ea daily)
REYATAZ PACK	P	QL(6 ea daily)	VIRACEPT TABS 625 MG	P	QL(4 ea daily)
ritonavir TABS	P	QL(12 ea daily)	VIRAMUNE XR TB24 400 MG (Use nevirapine)	NP	QL(1 ea daily)
RUKOBIA	P	PA	VIREAD POWD	P	QL(240 gm per 30 days retail)
SELZENTRY SOLN	P	QL(35 ml daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)
SELZENTRY TABS 300 MG (Use maraviroc)	NP	QL(4 ea daily)	VIREAD TABS (Use tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
SELZENTRY TABS 25 MG, 75 MG	P	QL(2 ea daily)	ZIAGEN SOLN (Use abacavir sulfate)	NP	QL(30 ml daily)
SELZENTRY TABS 150 MG (Use maraviroc)	NP	QL(2 ea daily)	ZIAGEN TABS (Use abacavir sulfate)	NP	QL(2 ea daily)
stavudine CAPS	P	QL(2 ea daily)	zidovudine CAPS	P	QL(6 ea daily)
STRIBILD	P	QL(1 ea daily)	zidovudine SYRP	P	QL(60 ml daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	NP	QL(1 ea daily)	zidovudine TABS	P	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	NP	QL(2 ea daily)	Antiviral Combinations		
SUSTIVA TABS (Use efavirenz)	NP	QL(1 ea daily)	PAXLOVID 100 MG-150 MG	P	
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)	CMV Agents		
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)	LIVTENCITY	P	SP; PA
tenofovir disoproxil fumarate TABS	P	QL(1 ea daily)	PREVYMIS SOLN	P	SP; PA
TIVICAY TABS 50 MG	P	QL(2 ea daily)	PREVYMIS TABS	P	QL(1 ea daily); SP; PA
TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)	VALCYTE TABS (Use valganciclovir hcl)	NP	QL(2 ea daily)
			valganciclovir hcl TABS	P	QL(2 ea daily)
			Hepatitis Agents		
			EPCLUSA PACK 50 MG-200 MG	P	SP; PA

Georgia Medicaid Updated January 1, 2024
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MAVYRET PACK	P	QL(6 ea daily); SP; PA	<i>oseltamivir phosphate SUSR</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
MAVYRET TABS	P	QL(3 ea daily); SP; PA	RELENZA DISKHALER	P	QL(20 ea per fill retail); AL(At least 5 yrs old)
PEGASYS SOLN	P	SP; PA	TAMIFLU CAPS 30 MG (Use <i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)
<i>ribavirin (hepatitis c) CAPS</i>	P	SP; PA	TAMIFLU CAPS 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP; PA	TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
SOFOSBUVIR/VELPATA SVIR TABS	P	QL(1 ea daily); SP; PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
SOVALDI TABS	P	SP; PA	Alpha-Beta Blockers		
VEMLIDY	P	SP; PA	<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(3 ea daily)
Herpes Agents			<i>carvedilol 25 MG</i>	P	QL(4 ea daily)
<i>acyclovir CAPS</i>	P	QL(50 ea per 30 days retail)	<i>carvedilol phosphate</i>	P	QL(1 ea daily)
<i>acyclovir SUSP</i>	P	QL(400 ml per 30 days retail)	COREG 25 MG (Use <i>carvedilol</i>)	NP	QL(4 ea daily)
<i>acyclovir TABS OR 400 MG</i>	P	QL(3 ea daily)	COREG 3.125 MG, 6.25 MG, 12.5 MG (Use <i>carvedilol</i>)	NP	QL(3 ea daily)
<i>acyclovir TABS OR 800 MG</i>	P	QL(50 ea per 30 days retail)	COREG CR (Use <i>carvedilol phosphate</i>)	NP	QL(1 ea daily)
<i>famciclovir</i>	P		<i>labetalol hcl TABS 300 MG</i>	P	QL(8 ea daily)
<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)	<i>labetalol hcl TABS 100 MG</i>	P	QL(3 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 21 days retail)	<i>labetalol hcl TABS 200 MG</i>	P	QL(6 ea daily)
VALTREX 500 MG (Use <i>valacyclovir hcl</i>)	NP	QL(2 ea daily)	Beta Blockers Cardio-Selective		
VALTREX 1 GM (Use <i>valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)			
ZOVIRAX SUSP (Use <i>acyclovir</i>)	NP	QL(400 ml per 30 days retail)			
Influenza Agents					
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)			
<i>oseltamivir phosphate CAPS 30 MG</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)			

Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hcl CAPS</i>	P	
<i>atenolol TABS</i>	P	QL(2 ea daily)
<i>bisoprolol fumarate</i>	P	QL(1 ea daily)
LOPRESSOR TABS 100 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4 ea daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 ea daily)
<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 ea daily)
<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 ea daily)
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 ea daily)
TENORMIN TABS (<i>Use atenolol</i>)	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NP	QL(4 ea daily)
TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NP	QL(2 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF (<i>Use sotalol hcl (afib/afI)</i>)	NP	QL(2 ea daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	QL(2 ea daily)
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>Use nadolol</i>)	NP	QL(2 ea daily)
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NP	QL(2 ea daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 ea daily)
<i>pindolol TABS</i>	P	
<i>propranolol hcl CP24</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	P	
<i>propranolol hcl TABS</i>	P	
<i>sotalol hcl (afib/afI)</i>	P	QL(2 ea daily)
<i>sotalol hcl TABS 240 MG</i>	P	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</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)
CALAN SR TBCR (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(2 ea daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NP	QL(3 ea daily)
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl CP12</i>	P	QL(2 ea daily)
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl TABS</i>	P	QL(3 ea daily)

Georgia Medicaid Updated January 1, 2024
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<i>felodipine</i>	P	QL(1 ea daily)
<i>nicardipine hcl CAPS</i>	P	
<i>nifedipine CAPS</i>	P	QL(4 ea daily)
<i>nifedipine TB24 60 MG</i>	P	QL(2 ea daily)
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 ea daily)
NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	QL(1 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (<i>Use nifedipine</i>)	NP	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (<i>Use nifedipine</i>)	NP	QL(2 ea daily)
TIAZAC 240 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(2 ea daily)
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily)
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	P	QL(1 ea daily)
<i>verapamil hcl CP24 100 MG, 200 MG</i>	P	QL(2 ea daily)
<i>verapamil hcl TABS</i>	P	QL(3 ea daily)
<i>verapamil hcl TBCR</i>	P	QL(2 ea daily)
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily)
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily)
VERELAN CP24 (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		

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

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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

Drug Name	Drug Tier	Requirements/Limits
VYNDAMAX	P	QL(1 ea daily); SP; PA
VYNDAQEL	P	QL(4 ea daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	P	
<i>cephalexin CAPS 250 MG, 500 MG</i>	P	
<i>cephalexin SUSR</i>	P	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	P	
<i>cefprozil SUSR</i>	P	QL(200 ml per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	P	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 ea per fill retail)
<i>cefdinir SUSR</i>	P	QL(100 ml per fill retail)
<i>cefixime CAPS</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	P	QL(3 ea per fill retail)
SUPRAX CAPS (Use <i>cefixime</i>)	NP	
CHEMICALS		
Bulk Chemicals - O's		
OMEPRAZOLE	P	PA
Bulk Chemicals - P's		

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
PROMETHAZINE HCL POWD	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 ea daily)
ESTROSTEP FE (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>)	NP	
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 ea daily)
GENERESS FE (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) 0.03 MG-0.15 MG</i>	P	QL(91 ea per fill retail)
LOSEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	
<i>norethindrone & eth estradiol</i>	P	
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	
<i>norgestimate-ethinyl estradiol</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 ea daily)
QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 ea per fill retail)
TYBLUME CHEW	P	
YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 ea per fill retail)
NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	NP	QL(1 ea per fill retail)
Emergency Contraceptives		
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)
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>)	NP	QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		

Georgia Medicaid

Updated January 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)	MEDROL DOSEPAK TBPK (Use methylprednisolone)	NP	
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)	MEDROL TABS 4 MG, 8 MG (Use methylprednisolone)	NP	
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)	methylprednisolone TABS 4 MG, 8 MG	P	
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ml per fill retail)	methylprednisolone TBPK	P	
medroxyprogesterone acetate (contraceptive) SUSY IM	P	QL(1 ml per fill retail)	MILLIPRED TABS	P	
Progestin Contraceptives - Oral			PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NP	
norethindrone (contraceptive)	P		prednisolone sodium phosphate SOLN 20 MG/5ML	P	QL(150 ml per fill retail)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	P	
Glucocorticosteroids			prednisolone SOLN	P	
CORTEF TABS (Use hydrocortisone)	NP		prednisolone TABS	P	
CORTISONE ACETATE TABS	P		PREDNISON INTENSOL CONC	P	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(150 ml per 30 days retail)	prednisone SOLN	P	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(150 ml per 30 days retail)	prednisone TABS	P	
dexamethasone ELIX	P		prednisone TBPK	P	
dexamethasone SOLN	P		TARPEYO CPDR	P	SP; PA
dexamethasone TABS	P		ZILRETTA SRER	P	SP; PA
EMFLAZA SUSP	P	SP; PA	Mineralocorticoids		
EMFLAZA TABS	P	SP; PA	fludrocortisone acetate TABS	P	
hydrocortisone TABS	P		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
			Antitussives		
			benzonatate 200 MG	P	QL(30 ea per 30 days retail); AL(At least 10 yrs old - Up to 21 yrs old)

Georgia Medicaid Updated January 1, 2024
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<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old - Up to 21 yrs old)	<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	OTC; QL(120 ml per 30 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>cetirizine-pseudoephedrine</i>	P	AL(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)	CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	NP	OTC; QL(2 ea daily); 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)	CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	NP	OTC; QL(1 ea daily); AL(Up to 21 yrs old)
<i>dextromethorphan polistirex LQCR</i>	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	COLD & FLU RELIEF NIGHTTIME D LIQD	P	OTC; 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)	<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	OTC; AL(Up to 21 yrs old)
HYCODAN SOLN (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NP	AL(At least 18 yrs old - Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-200 MG/5ML-30 MG/5ML-30 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	OTC; AL(Up to 21 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
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)	<i>dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations			<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
ADVIL COLD & SINUS TABS (<i>Use pseudoephedrine-ibuprofen</i>)	NP	OTC; AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	QL(2 ea daily); AL(Up to 21 yrs old)
<i>brompheniramine & phenyleph ELIX</i>	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)	<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	OTC; AL(Up to 21 yrs old)
<i>brompheniramine & pseudoeph ELIX</i>	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)			

Georgia Medicaid Updated January 1, 2024
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DIABETIC TUSSIN COLD/FLU CAPS	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm SOLN</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
ED BRON GP LIQD	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	<i>promethazine & phenylephrine SYRP</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
<i>guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>promethazine w/codeine SOLN</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>promethazine w/codeine SYRP</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>guaifenesin-codeine SYRP</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>promethazine-dm SYRP</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
LOHIST-D LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	<i>promethazine-phenylephrine-codeine</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>loratadine & pseudoephedrine TB12</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>loratadine & pseudoephedrine TB24</i>	P	OTC; QL(1 ea daily); AL(Up to 21 yrs old)	<i>pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
MAXI-TUSS PE MAX LIQD	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	<i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
MAXI-TUSS PE LIQD	P	AL(Up to 21 yrs old)	<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	P	QL(210 ea per fill retail); AL(Up to 21 yrs old)
MUCINEX DM TB12 (Use dextromethorphan-guaifenesin)	NP	QL(2 ea daily); AL(Up to 21 yrs old)	<i>pseudoephedrine-ibuprofen TABS</i>	P	OTC; AL(Up to 21 yrs old)
MUCINEX D TB12 (Use pseudoephedrine-guaifenesin)	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old)	PX DAYTIME MULTI-SYMPTOM CAPS	P	OTC; AL(Up to 21 yrs old)
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)			
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)			

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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PX NITETIME MULTI-SYMPTOM CAPS	P	OTC; QL(240 ea per fill retail); AL(Up to 21 yrs old)	<i>guaifenesin TB12 600 MG</i>	P	QL(40 ea per 30 days retail); AL(Up to 21 yrs old)
QC TRIACTING DAYTIME CHILDRENS SYRP	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	MUCINEX MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i>)	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
SCOT-TUSSIN DM LIQD	P	OTC; QL(240 ml per fill retail); 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)
SCOT-TUSSIN SENIOR LIQD	P	OTC; AL(Up to 21 yrs old)	Misc. Respiratory Inhalants		
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	<i>sodium chloride (inhalant) AERS</i>	P	OTC; QL(240 ml per fill retail)
VIRTUSSIN DAC SOLN	NP		<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P	
WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	Mucolytics		
ZYRTEC-D ALLERGY/CONGESTION (Use <i>cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)	<i>acetylcysteine SOLN</i>	P	
ZYRTEC-D ALLERGY/SINUS (Use <i>cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Expectorants			Acne Products		
GERI-TUSSIN SYRP	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use <i>isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old); PA
<i>guaifenesin LIQD</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	ACNE MEDICATION 10 LOTN	P	OTC
<i>guaifenesin SYRP</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	ACNE MEDICATION 5 LOTN	P	OTC
<i>guaifenesin TB12 1200 MG</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	BENZAC AC WASH LIQD 5 % (Use <i>benzoyl peroxide</i>)	NP	RX/OTC
			<i>benzoyl peroxide BAR</i>	P	
			<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	
			<i>benzoyl peroxide LIQD 4 %, 5 %, 10 %</i>	P	
			CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i>)	NP	
			CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail)

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) GEL</i>	P	QL(60 gm per fill retail)
<i>clindamycin phosphate (topical) LOTN</i>	P	
<i>clindamycin phosphate (topical) SOLN</i>	P	
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	NP	RX/OTC
ERYGEL GEL (Use erythromycin (acne aid))	NP	QL(60 gm per fill retail)
<i>erythromycin (acne aid) GEL</i>	P	QL(60 gm per fill retail)
<i>erythromycin (acne aid) SOLN</i>	P	
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old); PA
KLARON (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 0.01 % (Use tretinoin)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.025 % (Use tretinoin)	NP	AL(Up to 35 yrs old)
SODIUM SULFACETAMIDE/SULFUR SUSP 10 %-5 %	P	
<i>sulfacetamide sodium (acne)</i>	P	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 gm per fill retail)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.025 %</i>	P	AL(Up to 35 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin GEL 0.01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)
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) CREA</i>	P	QL(60 gm per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(60 gm per fill retail)
<i>mupirocin calcium (topical)</i>	P	QL(30 gm per fill retail)
<i>mupirocin OINT</i>	P	
<i>neomycin-bacitracin-polymyxin OINT</i>	P	OTC; QL(454 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine</i>	P	OTC; QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	NP	OTC; QL(454 ea per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)	NP	OTC; QL(30 gm per fill retail)
Antifungals - Topical		
<i>clotrimazole (topical) CREA</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 CREA</i>	P	QL(45 gm per 30 days retail)
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ml per 30 days retail)
<i>econazole nitrate CREA</i>	P	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole (topical) CREA</i>	P	QL(60 gm per fill retail)
<i>ketoconazole (topical) SHAM 2 %</i>	P	
LAMISIL AT JOCK ITCH CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC; QL(30 gm per fill retail)
LAMISIL AT CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC; QL(30 gm per fill retail)
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC
MICATIN CREA (<i>Use miconazole nitrate (topical)</i>)	NP	QL(60 gm per fill retail)
<i>miconazole nitrate (topical) CREA</i>	P	QL(60 gm per fill retail)
NIZORAL SHAM	P	OTC
<i>nystatin (topical) CREA</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) OINT</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) POWD EX</i>	P	QL(60 gm per fill retail)
<i>nystatin-triamcinolone CREA</i>	P	QL(60 gm per fill retail)
<i>nystatin-triamcinolone OINT</i>	P	QL(60 gm per fill retail)
<i>terbinafine hcl (topical) CREA</i>	P	OTC; QL(30 gm per fill retail)
TINACTIN CREA (<i>Use 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		

Drug Name	Drug Tier	Requirements/Limits
<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 ARTHRITIS PAIN GEL EX (<i>Use 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 (<i>Use fluorouracil (topical)</i>)	NP	
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NP	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	P	
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ml per 30 days retail)
LEVULAN KERASTICK SOLR	P	SP; PA
TARGRETIN (<i>Use bexarotene (topical)</i>)	NP	SP; PA
VALCHLOR	P	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	P	OTC; QL(222 ml per fill retail)
SARNA LOTN (<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 SENSOREADY PEN SOAJ	P	SP; PA
COSENTYX SOSY	P	SP; PA

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DOVONEX CREA (<i>Use calcipotriene</i>)	NP		SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
ILUMYA	P	SP; PA	SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SILIQ	P	SP; PA	SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SKYRIZI PEN SOAJ	P	SP; ST; PA	SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SKYRIZI PSKT	P	SP; PA	SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SKYRIZI SOSY	P	SP; PA	<i>sulfacetamide sodium LIQD</i>	P	QL(120 gm per fill retail)
STELARA SOSY	P	SP; PA	Antivirals - Topical		
TALTZ SOAJ	P	SP; PA	<i>acyclovir topical CREA</i>	P	QL(5 gm per fill retail)
TALTZ SOSY	P	SP; PA	<i>acyclovir topical OINT</i>	P	QL(30 gm per 30 days retail)
<i>tazarotene CREA</i>	P	QL(2 gm daily); AL(Up to 20 yrs old)	ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	QL(5 gm per fill retail)
<i>tazarotene GEL</i>	P	QL(6.67 gm daily); AL(Up to 20 yrs old)	ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	QL(30 gm per 30 days retail)
TAZORAC CREA (<i>Use tazarotene</i>)	NP	QL(2 gm daily); AL(Up to 20 yrs old)	Burn Products		
TAZORAC CREA	P	QL(2 gm daily); AL(Up to 20 yrs old)	SILVADENE (<i>Use silver sulfadiazine</i>)	NP	
TAZORAC GEL (<i>Use tazarotene</i>)	NP	QL(6.67 gm daily); AL(Up to 20 yrs old)	<i>silver sulfadiazine</i>	P	
TREMFYA SOPN	P	SP; PA	Corticosteroids - Topical		
TREMFYA SOSY	P	SP; PA	<i>betamethasone dipropionate (topical) CREA</i>	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
Antiseborrheic Products			<i>betamethasone dipropionate augmented CREA</i>	P	QL(50 gm per fill retail)
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)	<i>betamethasone valerate CREA</i>	P	
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)	<i>betamethasone valerate LOTN</i>	P	
<i>selenium sulfide LOTN 1 %</i>	P	OTC; QL(420 ml per fill retail)			
<i>selenium sulfide LOTN 2.5 %</i>	P				
<i>selenium sulfide SHAM 1 %</i>	P	OTC; QL(420 ml per fill retail)			

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<i>betamethasone valerate OINT</i>	P		<i>fluocinonide SOLN</i>	P	QL(60 ml per fill retail)
<i>clobetasol propionate emollient base 0.05 %</i>	P	QL(60 gm per fill retail)	<i>fluticasone propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)	<i>fluticasone propionate OINT</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone (topical) CREA 0.5 %</i>	P	OTC
<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone (topical) CREA 1 %</i>	P	QL(454 gm per fill retail); RX/OTC
<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ml per fill retail)	<i>hydrocortisone (topical) CREA 2.5 %</i>	P	
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP	QL(118.28 ml per fill retail)	<i>hydrocortisone (topical) LOTN 1 %</i>	P	QL(453.6 gm per fill retail)
<i>desonide CREA</i>	P		<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(120 ml per fill retail)
<i>desonide OINT</i>	P	QL(2 gm daily)	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC
DESOWEN CREA (Use <i>desonide</i>)	NP		<i>hydrocortisone butyrate SOLN</i>	P	
<i>desoximetasone CREA 0.25 %</i>	P	QL(2 gm daily)	<i>mometasone furoate CREA</i>	P	QL(50 gm per fill retail)
<i>desoximetasone CREA 0.05 %</i>	P		<i>mometasone furoate OINT</i>	P	QL(45 gm per fill retail)
<i>desoximetasone GEL</i>	P	QL(2 gm daily)	<i>mometasone furoate SOLN</i>	P	QL(60 ml per fill retail)
<i>desoximetasone OINT 0.25 %</i>	P	QL(2 gm daily)	MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH CREA (Use <i>hydrocortisone (topical)</i>)	NP	QL(454 gm per fill retail); RX/OTC
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i>)	NP	QL(50 gm per fill retail)	TEMOVATE CREA (Use <i>clobetasol propionate</i>)	NP	QL(60 gm per fill retail)
EPIFOAM FOAM	P	QL(15 gm per fill retail)	TEMOVATE OINT (Use <i>clobetasol propionate</i>)	NP	QL(60 gm per fill retail)
<i>fluocinolone acetonide OIL</i>	P	QL(118.28 ml per fill retail)	TOPICORT CREA 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
<i>fluocinonide emulsified base</i>	P	QL(60 gm per fill retail)	TOPICORT CREA 0.05 % (Use <i>desoximetasone</i>)	NP	
<i>fluocinonide CREA 0.05 %</i>	P	1 rtl pack lmt per fill; QL(150 gm per 30 days retail)	TOPICORT GEL (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
<i>fluocinonide GEL</i>	P	QL(60 gm per fill retail)	TOPICORT OINT 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
<i>fluocinonide OINT</i>	P	QL(60 gm per fill retail)			

Georgia Medicaid

Updated January 1, 2024

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

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<i>triamcinolone acetonide (topical) CREA</i>	P		PROTOPIC OINT 0.03 % (Use <i>tacrolimus (topical)</i>)	NP	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
<i>triamcinolone acetonide (topical) LOTN</i>	P	QL(60 ml per fill retail)	PROTOPIC OINT 0.1 % (Use <i>tacrolimus (topical)</i>)	NP	QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA
<i>triamcinolone acetonide (topical) OINT 0.025 %</i>	P	QL(454 gm per fill retail)	<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
<i>triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %</i>	P		<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA
TRIDESILON CREA 0.05 % (Use <i>desonide</i>)	NP		Keratolytic/Antimitotic Agents		
Eczema Agents			DERMAREST PSORIASIS GEL	P	OTC
ADBRY	P	SP; PA	KERALYT GEL (Use <i>salicylic acid</i>)	NP	
CIBINQO	P	SP; PA	KERALYT GEL	P	OTC
Emollient/Keratolytic Agents			<i>podofilox SOLN</i>	P	
<i>urea CREA 40 %</i>	P	RX/OTC	<i>salicylic acid GEL 6 %</i>	P	
<i>urea LOTN 40 %</i>	P		Local Anesthetics - Topical		
Emollients			<i>capsaicin CREA 0.1 %</i>	P	OTC; QL(43 gm per fill retail)
EMOLLIENT LOTION-MISC	P	RX/OTC	<i>capsaicin CREA 0.025 %, 0.075 %</i>	P	OTC; QL(60 gm per fill retail)
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(385 gm per fill retail); RX/OTC	CAPZASIN-HP CREA (Use <i>capsaicin</i>)	NP	OTC; QL(43 gm per fill retail)
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 gm per fill retail); RX/OTC	CAPZASIN-P CREA	P	OTC; QL(42.5 gm per fill retail)
Immunomodulating Agents - Topical			CASTIVA WARMING LOTN	P	OTC; QL(30 gm per fill retail)
ALDARA (Use <i>imiquimod</i>)	NP	QL(48 ea per 180 days retail)	<i>dibucaine</i>	P	OTC; QL(56.7 gm per fill retail)
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)	<i>lidocaine hcl CREA 4 %</i>	P	OTC; QL(2 gm daily)
Immunosuppressive Agents - Topical					
ELIDEL (Use <i>pimecrolimus</i>)	NP	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA			
<i>pimecrolimus</i>	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA			

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<i>lidocaine hcl CREA 3 %</i>	P	QL(453.6 gm per fill retail); RX/OTC
<i>lidocaine hcl GEL 2 %</i>	P	AL(At least 21 yrs old)
<i>lidocaine CREA 4 %</i>	P	OTC; QL(2 gm daily)
<i>lidocaine OINT</i>	P	1 rtl pack lmt per fill; QL(100 gm per 30 days retail)
<i>lidocaine-prilocaine CREA</i>	P	QL(30 gm per fill retail)
LMX 4 CREA (<i>Use lidocaine</i>)	NP	OTC; QL(2 gm daily)
RA ARTHRITIS PAIN RELIEF CREA	P	OTC; QL(60 gm per fill retail)
Misc. Topical		
DRYSOL SOLN	P	
<i>lanolin (topical) CREA</i>	P	OTC
<i>lanolin (topical) OINT</i>	P	OTC
LANOLOR CREA	P	OTC
OFF DEEP WOODS AERO	P	OTC; QL(170 gm per fill retail, 340 gm per 30 days retail)
OFF DEEP WOODS DRY AERO	P	OTC; QL(113 gm per fill retail, 226 gm per 30 days retail)
REPEL SPORTSMEN MAX LOTN	NP	
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP	
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC; QL(170 gm per fill retail, 340 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
ULTRATHON INSECT REPELLENT LOTN	P	OTC; QL(57 gm per fill retail; 114 gm per 30 days retail)
<i>zinc oxide (topical) OINT 20 %</i>	P	OTC; QL(500 gm per fill retail)
Rosacea Agents		
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NP	
METROLOTION LOTN (<i>Use metronidazole (topical)</i>)	NP	
<i>metronidazole (topical) CREA</i>	P	
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 gm per fill retail)
<i>metronidazole (topical) LOTN</i>	P	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	P	QL(454 gm per fill retail)
LICEMD GEL	P	OTC
<i>malathion</i>	P	QL(59 ml per fill retail)
NATROBA (<i>Use spinosad</i>)	NP	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail)
NIX CREME RINSE LIQD EX (<i>Use permethrin</i>)	NP	OTC
OVIDE (<i>Use malathion</i>)	NP	QL(59 ml per fill retail)
<i>permethrin CREA</i>	P	QL(360 gm per fill retail)
<i>permethrin LIQD EX</i>	P	OTC
<i>permethrin LOTN</i>	P	OTC
<i>pyrethrins-piperonyl butoxide LIQD</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P	SP; PA
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P	SP; PA
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	P	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P	SP; PA
SCHOOLTIME SHAMPOO SHAM	P	OTC; QL(1 ml per 14 days retail)	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	P	SP; PA
<i>spinosad</i>	P	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail)	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	P	SP; PA
Tar Products			MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	P	SP; PA
<i>coal tar extract SHAM 0.5 %</i>	P	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	P	SP; PA
DHS TAR GEL SHAM (<i>Use coal tar extract</i>)	NP	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	P	SP; PA
DHS TAR SHAM (<i>Use coal tar extract</i>)	NP	OTC	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P	SP; PA
NEUTROGENA T/GEL SHAM 0.5 % (<i>Use coal tar extract</i>)	NP	OTC	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X7CM/MESHED	P	SP; PA
Wound Care Products			MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED	P	SP; PA
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	P	SP; PA			
APLIGRAF DISK	P	SP; PA			
CORETEXT SUSP 1 ML, 2 ML	P	SP; PA			
EPICORD/ 1CM X 2CM SHEE	P	SP; PA			
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	P	SP; PA	BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH	P	SP; PA	BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	P	SP; PA	CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	P	SP; PA	CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
NOVACHOR	P	SP; PA	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	P	SP; PA	CHEMSTRIP-K STRP	P	OTC; QL(6.67 ea daily)
OASIS WOUND MATRIX	P	SP; PA	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
OSTEOCONDUCTIVE MATRIX PLUS	P	SP; PA	CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	NP	
PROTEXT SUSP	P	SP; PA	COVID-19 AG TEST KIT	NP	
PURAPLY 2CM X 4CM	P	SP; PA	COVID-19 AT-HOME TEST KIT KIT	NP	
PURAPLY 5CM X 5 CM	P	SP; PA	COVID-19 AT-HOME TEST KIT KIT	P	QL(2 ea per fill retail)
PURAPLY 6CM X 9CM	P	SP; PA	CVS COVID-19 AT HOME TESTKIT KIT	NP	
DIAGNOSTIC PRODUCTS			EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
Diagnostic Drugs			EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CORTROSYN SOLR (Use cosyntropin)	NP	SP; PA	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
cosyntropin SOLR	P	SP; PA	ELLUME COVID-19 HOME TEST KIT	P	QL(2 ea per fill retail)
THYROGEN 0.9 MG	P	SP; PA	EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
Diagnostic Tests					
ACCU-CHEK GUIDE TEST STRIPS STRP	NP	RX/OTC			
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)			

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 ea per fill retail)
FASTEP COVID-19 ANTIGEN HOME TEST KIT	NP		KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)	KETONE STRP	P	OTC; QL(6.67 ea daily)
FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	KETOSTIX STRP	P	OTC; QL(6.67 ea daily)
FORA GTEL BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)	NOVA MAX PLUS KETONE TESTSTRIPS	P	OTC; QL(1 ea daily)
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	P	OTC; QL(1 ea daily)	ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	QL(2 ea per fill retail)
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	NP	
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC	ONETOUCH ULTRA STRP	NP	RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	NP		ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips; RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	NP		ONETOUCH VERIO TEST STRIPS STRP	P	Clinical Edit: Test Strips; RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ONETOUCH VERIO TEST STRIPS STRP	NP	RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)	PILOT COVID-19 AT-HOME TEST KIT	NP	
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	NP		PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	QL(2 ea per fill retail)	PRECISION XTRA	P	OTC; QL(1 ea daily)
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	NP		PTS PANELS EGLU STRP	NP	RX/OTC
			PTS PANELS KETONE TEST	P	OTC; QL(1 ea daily)
			QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
			RAPID SARS-COV-2 ANTIGENTEST CARD KIT	NP	
			RELION KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
			RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP	
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	
<i>acetazolamide TABS</i>	P	
<i>dichlorphenamide</i>	P	SP; PA
KEVEYIS (Use <i>dichlorphenamide</i>)	NP	SP; PA
<i>methazolamide TABS</i>	P	
Diuretic Combinations		
ALDACTAZIDE (Use <i>spironolactone & hydrochlorothiazide</i>)	NP	
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 ea daily)
MAXZIDE-25 TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NP	
MAXZIDE TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NP	
<i>spironolactone & hydrochlorothiazide</i>	P	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide TABS</i>	P	
Loop Diuretics		
<i>bumetanide TABS</i>	P	
BUMEX TABS 0.5 MG (Use <i>bumetanide</i>)	NP	
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P	
<i>furosemide TABS</i>	P	
LASIX TABS (Use <i>furosemide</i>)	NP	
SOANZ TABS 20 MG	NP	QL(1 ea daily)
<i>torseamide TABS</i>	P	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use <i>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 CAPS</i>	P	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	P	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>metolazone</i>	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	P	SP; PA
RECORLEV	P	SP; PA
Bone Density Regulators		
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NP	QL(4 ea per fill retail); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium SOLN</i>	P	QL(10.8 ml daily)	<i>zoledronic acid CONC</i>	P	SP; PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 ea daily)	<i>zoledronic acid SOLN</i>	P	SP; PA
<i>alendronate sodium TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)	ZOLEDRONIC ACID SOLN	P	SP; PA
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NP	QL(4 ea per 28 days retail); PA	Fertility Regulators		
<i>calcitonin (salmon) NA</i>	P	1 rti pack lmt per fill	CHORIONIC GONADOTROPIN IM	P	PA
<i>calcitonin (salmon) IJ</i>	P	QL(2 ml per fill retail)	FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA
EVENITY	P	SP; PA	GONAL-F RFF REDIJECT SOPN	P	PA
FORTEO SOPN (<i>Use teriparatide (recombinant)</i>)	NP	SP; PA	GONAL-F RFF SOLR SC	P	PA
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	QL(0.15 ea daily)	GONAL-F SOLR IJ	P	PA
<i>ibandronate sodium SOLN</i>	P	SP; PA	MENOPUR SC	P	PA
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NP	QL(2 ml per fill retail)	NOVAREL IM	P	PA
NATPARA	P	SP; PA	OVIDREL INJ	P	PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	P	SP; PA	PREGNYL IM	P	PA
PAMIDRONATE DISODIUM SOLN	P	SP; PA	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	P	PA
PROLIA SOSY	P	SP; PA	GnRH/LHRH Antagonists		
RECLAST SOLN (<i>Use zoledronic acid</i>)	NP	SP; PA	<i>cetorelix acetate</i>	P	PA
<i>risedronate sodium TABS 35 MG</i>	P	QL(4 ea per fill retail); PA	CETROTIDE 0.25 MG	P	PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	P	QL(1 ea daily); PA	<i>ganirelix acetate</i>	P	PA
<i>risedronate sodium TBEC</i>	P	QL(4 ea per 28 days retail); PA	GANIRELIX ACETATE (<i>Use ganirelix acetate</i>)	NP	PA
<i>teriparatide (recombinant) SOPN</i>	P	SP; PA	Growth Hormone Receptor Antagonists		
TERIPARATIDE SOPN	P	SP; PA	SOMAVERT	P	SP; PA
TYMLOS	P	SP; PA	Growth Hormones		
XGEVA SOLN	P	SP; PA	NORDITROPIN FLEXPRO SOPN	P	SP; PA
			SAIZEN IJ	P	SP; PA
			SAIZENPREP RECONSTITUTIONKIT IJ	P	SP; PA
			SEROSTIM SC 4 MG, 5 MG, 6 MG	P	SP; PA

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SKYTROFA	P	SP; PA	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)
ZORBTIVE SC	P	SP; PA	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NP	QL(3 ea daily)
Hormone Receptor Modulators			<i>cinacalcet hcl</i>	P	SP; PA
EVISTA (Use raloxifene hcl)	NP	QL(1 ea daily)	CRYSVITA	P	SP; PA
<i>raloxifene hcl</i>	P	QL(1 ea daily)	CYSTDANE (Use betaine)	NP	SP; PA
Insulin-Like Growth Factor Receptor Inhibitors			ELAPRASE	P	SP; PA
TEPEZZA	P	SP; PA	GALAFOLD	P	QL(0.5 ea daily); SP; PA
Insulin-Like Growth Factors (Somatomedins)			KANUMA	P	SP; PA
INCRELEX	P	SP; PA	KUVAN PACK (Use sapropterin dihydrochloride)	NP	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			KUVAN TABS (Use sapropterin dihydrochloride)	NP	SP; PA
FENSOLVI SC	P	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	P	QL(30 ml daily)
LUPRON DEPOT-PED (1-MONTH)	P	SP; PA	<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 ea daily)
LUPRON DEPOT-PED (3-MONTH)	P	SP; PA	LUMIZYME	P	SP; PA
SUPPRELIN LA	P	SP; PA	MEPSEVII	P	SP; PA
SYNAREL	P	SP; PA	MYALEPT	P	SP; PA
TRIPTODUR	P	SP; PA	NAGLAZYME	P	SP; PA
Metabolic Modifiers			NEXVIAZYME	P	SP; PA
ALDURAZYME	P	SP; PA	<i>nitisinone CAPS</i>	P	SP; PA
<i>betaine</i>	P	SP; PA	NITYR TABS	P	SP; PA
BRINEURA	P	SP; PA	NULIBRY	P	SP; PA
BUPHENYL POWD (Use sodium phenylbutyrate)	NP	SP; PA	ORFADIN CAPS (Use nitisinone)	NP	SP; PA
BUPHENYL TABS (Use sodium phenylbutyrate)	NP	SP; PA	ORFADIN CAPS 20 MG	P	SP; PA
<i>calcitriol CAPS</i>	P		ORFADIN SUSP	P	SP; PA
CARBAGLU (Use carglumic acid)	NP	SP; PA	PALYNZIQ	P	SP; PA
<i>carglumic acid</i>	P	SP; PA	<i>paricalcitol SOLN</i>	P	SP; PA
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)	PARSABIV	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
REVCIVI	P	SP; PA
ROCALTRON CAPS (<i>Use calcitriol</i>)	NP	
<i>sapropterin dihydrochloride PACK</i>	P	SP; PA
<i>sapropterin dihydrochloride TABS</i>	P	SP; PA
SENSIPAR (<i>Use cinacalcet hcl</i>)	NP	SP; PA
<i>sodium phenylbutyrate POWD</i>	P	SP; PA
<i>sodium phenylbutyrate TABS</i>	P	SP; PA
STRENSIQ	P	SP; PA
VIMIZIM	P	SP; PA
XURIDEN	P	SP; PA
ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NP	SP; PA
Natriuretic Peptides		
VOXZOGO	P	SP; PA
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NP	SP; PA
DDAVP TABS (<i>Use desmopressin acetate</i>)	NP	QL(6 ea daily)
<i>desmopressin acetate spray</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
DESMOPRESSIN ACETATE SOLN NA	P	SP; PA
<i>desmopressin acetate TABS</i>	P	QL(6 ea daily)
STIMATE SOLN NA	P	SP; PA
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT KIT	P	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP; PA
SIGNIFOR	P	SP; PA
SIGNIFOR LAR	P	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	P	SP; PA
JYNARQUE TBPK	P	SP; PA
SAMSCA TABS (<i>Use tolvaptan</i>)	NP	SP; PA
<i>tolvaptan TABS</i>	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVEVELLA TABS 1 MG-0.5 MG (<i>Use 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)
FEMHRT (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NP	
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPHASE	P	
PREMPRO	P	
Estrogens		
ALORA PTTW	P	QL(8 ea per fill retail)
CLIMARA PTWK (<i>Use estradiol</i>)	NP	QL(4 ea per fill retail)
ESTRACE TABS (<i>Use estradiol</i>)	NP	
<i>estradiol PTTW</i>	P	QL(8 ea per fill retail)

Georgia Medicaid Updated January 1, 2024
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<i>estradiol PTWK</i>	P	QL(4 ea per fill retail)
<i>estradiol TABS</i>	P	
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(8 ea per fill retail)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(8 ea per fill retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 ea per fill retail)
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin TABS</i>	P	QL(1 ea daily; 14 ea per fill retail)
<i>ofloxacin 400 MG</i>	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ml per 30 days retail)
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ml per 30 days retail)
<i>simethicone CHEW 80 MG</i>	P	OTC
<i>simethicone LIQD OR 20 MG/0.3ML</i>	P	OTC; QL(31 ml per 30 days retail)
<i>simethicone SUSP</i>	P	OTC; QL(31 ml per 30 days retail)
Bile Acid Synthesis Disorder Agents		

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM	P	SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	P	QL(1 ea daily); SP; PA
Gallstone Solubilizing Agents		
CHENODAL	P	SP; PA
URSO 250 TABS (<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		
GIMOTI SOLN NA	P	SP; PA
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NP	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	P	SP; PA
BYLVAY CAPS	P	SP; PA
LIVMARLI	P	SP; PA
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NP	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	
AVSOLA	P	SP; PA
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	P	QL(9 ea daily)
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	QL(9 ea daily)

Georgia Medicaid Updated January 1, 2024
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DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
ENTYVIO SOLR	P	SP; PA
INFLECTRA	P	SP; PA
INFLIXIMAB	P	SP; PA
LIALDA TBEC (<i>Use mesalamine</i>)	NP	
<i>mesalamine CP24</i>	P	
<i>mesalamine CPDR</i>	P	
<i>mesalamine ENEM</i>	P	QL(60 ml daily)
<i>mesalamine TBEC</i>	P	
REMICADE	P	SP; PA
RENFLEXIS	P	SP; PA
SFROWASA ENEM	P	
STELARA 130 MG/26ML	P	SP; PA
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	P	
Short Bowel Syndrome (SBS) Agents		
GATTEX	P	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	P	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	P	
<i>sodium citrate & citric acid</i>	P	QL(500 ml per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sodium citrate & citric acid</i>	NP	RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP; PA
PROCYSBI CPDR	P	SP; PA
PROCYSBI PACK	P	SP; PA
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
Hyperoxaluria Agents		
OXLUMO	P	SP; PA
Prostatic Hypertrophy Agents		
<i>finasteride</i>	P	QL(1 ea daily)
FLOMAX (<i>Use tamsulosin hcl</i>)	NP	QL(2 ea daily)
PROSCAR (<i>Use finasteride</i>)	NP	QL(1 ea daily)
<i>tamsulosin hcl</i>	P	QL(2 ea daily)
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (<i>Use phenazopyridine hcl</i>)	NF	
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	P	
PYRIDIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		
THIOLA EC TBEC	P	SP; PA
THIOLA TABS (<i>Use tiopronin</i>)	NP	SP; PA
<i>tiopronin TABS</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	P	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol</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
FIBRYGA	P	SP; PA
HEMLIBRA	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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-DVI SOLR 500 UNIT, 1000 UNIT	P	SP; PA
KOATE SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
MONONINE 1000 UNIT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIASTAP	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>Use icatibant acetate</i>)	NP	SP; PA
<i>icatibant acetate SOLN</i>	P	SP; PA
<i>icatibant acetate SOSY</i>	P	SP; PA
Complement Inhibitors		

Georgia Medicaid Updated January 1, 2024
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BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	P	SP; PA
ENJAYMO	P	SP; PA
HAEGARDA SOLR SC	P	SP; PA
RUCONEST	P	SP; PA
TAVNEOS	P	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Hemin		
PANHEMATIN 350 MG	P	SP; PA
Human Protein C		
CEPROTIN	P	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	P	SP; PA
ORLADEYO	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
TAKHZYRO SOSY	P	SP; PA
Plasma Proteins		
RYPLAZIM	P	SP; PA
THROMBATE III	P	SP; PA
THROMBATE III W/10 ML STERILE WATER	P	SP; PA
THROMBATE III W/20 ML STERILE WATER	P	SP; PA
Platelet Aggregation Inhibitors		
BRILINTA	P	QL(2 ea daily)
CABLIVI	P	SP; PA
<i>cilostazol</i>	P	QL(2 ea daily)
<i>clopidogrel bisulfate 75 MG</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 ea daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	P	SP; PA
PYRUKYND TABS	P	SP; PA
Thrombolytic Agent - Misc		
DEFITELIO	P	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
<i>miglustat</i>	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 500 MG	P	SP; PA
OXBRYTA TBSO	P	SP; PA
SIKLOS TABS	P	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ</i>	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	OTC; QL(1 ea daily)
<i>folic acid TABS 1 MG</i>	P	RX/OTC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP; PA
ARANESP ALBUMIN FREE SOSY	P	SP; PA

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EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA	<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P	OTC; AL(Up to 50 yrs old)
GRANIX SOLN	P	SP; PA	<i>ferrous sulfate TBEC</i>	P	OTC; AL(Up to 50 yrs old)
GRANIX SOSY	P	SP; PA	FERROUS SULFATE TBEC	P	OTC; AL(Up to 50 yrs old)
LEUKINE SOLR IJ	P	SP; PA	IRON CHEWS PEDIATRIC CHEW	P	OTC
MIRCERA	P	SP; PA	IRON TABS 28 MG	P	OTC
MUPLETA	P	SP; PA	<i>polysaccharide iron complex CAPS 150 MG</i>	P	QL(1 ea daily)
NEUPOGEN SOLN	P	SP; PA	Stem Cell Mobilizers		
NEUPOGEN SOSY	P	SP; PA	MOZOBIL (<i>Use plerixafor</i>)	NP	SP; PA
NIVESTYM SOLN	P	SP; PA	<i>plerixafor</i>	P	SP; PA
NIVESTYM SOSY	P	SP; PA	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
NYVEPRIA	P	SP; PA	Hemostatics - Systemic		
PROCRIT	P	SP; PA	AMICAR SOLN OR (<i>Use aminocaproic acid</i>)	NP	QL(236.5 ml per 30 days retail); SP
PROCRIT	P	SP; PA	AMICAR TABS 500 MG (<i>Use aminocaproic acid</i>)	NP	QL(24 ea per fill retail); SP
RELEUKO SOLN	P	SP; PA	AMICAR TABS 1000 MG (<i>Use aminocaproic acid</i>)	NP	SP; PA
RELEUKO SOSY	P	SP; PA	<i>aminocaproic acid SOLN IV 250 MG/ML</i>	P	SP; PA
RETACRIT	P	SP; PA	<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	P	QL(236.5 ml per 30 days retail); SP
RETACRIT	P	SP; PA	<i>aminocaproic acid TABS 1000 MG</i>	P	SP; PA
ZARXIO	P	SP; PA	<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 ea per fill retail); SP
Hematopoietic Mixtures			LYSTEDA TABS (<i>Use tranexamic acid</i>)	NP	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 ea daily)	<i>tranexamic acid TABS</i>	P	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
Iron			HYPNOTICS/SEDATIVES/SLEEP DISORDER		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NP	OTC; QL(3.4 ml daily)			
FERRETTTS TABS	P	OTC; QL(2 ea daily)			
<i>ferrous fumarate TABS 324 MG</i>	P	OTC; QL(2 ea daily)			
FERROUS GLUCONATE TABS 324 MG	P	OTC; QL(100 ea per 30 days retail); AL(Up to 50 yrs old)			
<i>ferrous sulfate SOLN 15 MG/ML</i>	P	OTC; QL(3.4 ml daily)			
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	OTC; AL(Up to 50 yrs old)			

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	OTC
<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>doxylamine succinate (sleep)</i>	P	OTC
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NP	OTC
UNISOM SLEEPTABS (Use <i>doxylamine succinate (sleep)</i>)	NP	OTC
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS (Use <i>zolpidem tartrate</i>)	NP	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
<i>flurazepam hcl</i>	P	AL(At least 18 yrs old - Up to 65 yrs old)
HALCION 0.25 MG (Use <i>triazolam</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>midazolam hcl SOLN IJ</i>	P	
RESTORIL 15 MG, 30 MG (Use <i>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 10 MG</i>	P	QL(2 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon 5 MG</i>	P	QL(1 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)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	P	OTC; QL(10 ea daily)
EVAC POWD (Use <i>psyllium</i>)	NP	OTC
KONSYL DAILY FIBER POWD (Use <i>psyllium</i>)	NP	OTC
METAMUCIL ORIGINAL TEXTURE POWD (Use <i>psyllium</i>)	NP	OTC
METAMUCIL CAPS (Use <i>psyllium</i>)	NP	OTC
METAMUCIL POWD (Use <i>psyllium</i>)	NP	OTC
NATURAL FIBER LAXATIVE POWD	P	OTC
<i>psyllium CAPS 0.52 GM</i>	P	OTC
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 100 %</i>	P	OTC
Laxative Combinations		
GOLYTELY SOLR (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	QL(4000 ml per fill retail)
NULYTELY (Use <i>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</i>	P	QL(4000 ml per fill retail)
PEG-PREP	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sennosides-docusate sodium TABS</i>	P	OTC; QL(4 ea daily)	DULCOLAX TBEC (<i>Use bisacodyl</i>)	NP	OTC; QL(1 ea daily)
SENOKOT S TABS (<i>Use sennosides-docusate sodium</i>)	NP	OTC; QL(4 ea daily)	<i>sennosides TABS 8.6 MG</i>	P	OTC; QL(12 ea per fill retail)
Laxatives - Miscellaneous			SENOKOT TABS (<i>Use sennosides</i>)	NP	OTC; QL(12 ea per fill retail)
<i>glycerin (laxative) SUPP 2 GM</i>	P	OTC	Surfactant Laxatives		
GLYCERIN ADULT SUPP (<i>Use glycerin (laxative)</i>)	NP	OTC	COLACE CLEAR CAPS (<i>Use docusate sodium</i>)	NP	OTC
<i>lactulose SOLN</i>	P		COLACE CAPS 100 MG (<i>Use docusate sodium</i>)	NP	OTC; QL(3 ea daily)
MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NP	QL(34 gm daily)	<i>docusate sodium CAPS 50 MG</i>	P	OTC
PEDIA-LAX SUPP (<i>Use glycerin (laxative)</i>)	NF		<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	OTC; QL(3 ea daily)
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 gm daily)	<i>docusate sodium LIQD</i>	P	OTC
SORBITOL OR 70 %	P	OTC	<i>docusate sodium SYRP</i>	P	OTC
Saline Laxatives			DOCUSATE SODIUM SYRP	P	OTC
FLEET ENEMA ENEM (<i>Use sodium phosphates</i>)	NP	OTC	<i>docusate sodium TABS</i>	P	OTC
FLEET PEDIATRIC ENEM (<i>Use sodium phosphates</i>)	NP	OTC	MACROLIDES - Drugs to Treat Bacterial Infections		
<i>magnesium citrate</i>	P	OTC	Azithromycin		
<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>azithromycin PACK</i>	P	QL(2 ea per fill retail)
<i>sodium phosphates ENEM</i>	P	OTC	<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(30 ml per fill retail)
Stimulant Laxatives			<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 ml per fill retail)
<i>bisacodyl SUPP</i>	P	OTC; QL(12 ea per fill retail)	<i>azithromycin TABS 500 MG</i>	P	QL(4 ea daily)
<i>bisacodyl TBEC</i>	P	OTC; QL(1 ea daily)	<i>azithromycin TABS 600 MG</i>	P	QL(8 ea per 28 days retail)
DULCOLAX PINK LAXATIVE TBEC (<i>Use bisacodyl</i>)	NP	OTC; QL(1 ea daily)	<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)
DULCOLAX SUPP (<i>Use bisacodyl</i>)	NP	OTC; QL(12 ea per fill retail)	ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NP	QL(4 ea daily)
			ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)
			ZITHROMAX PACK (<i>Use azithromycin</i>)	NP	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX SUSR 100 MG/5ML (<i>Use azithromycin</i>)	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (<i>Use azithromycin</i>)	NP	QL(30 ml per fill retail)
ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NP	QL(4 ea daily)
Clarithromycin		
<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ml per fill retail)
<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 (<i>Use erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 SUSR (<i>Use 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		
GAUZE SPONGES	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Contraceptives		
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
Diabetic Supplies		
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
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	
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EVERSENSE E3 SENSOR/HOLDER	NP	
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

Georgia Medicaid Updated January 1, 2024
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FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA	ONETOUCH VERIO REFLECT KIT	P	RX/OTC
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA	ONETOUCH VERIO REFLECT KIT	NP	RX/OTC
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	NP		TEMPO WELCOME KIT	NP	RX/OTC
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA	Misc. Devices		
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA	ALCOHOL PREP PADS-MISC	P	OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	Optical and Ophthalmic Supplies		
GUARDIAN 4 GLUCOSE SENSOR	NP		SUSVIMO OCULAR IMPLANT	P	SP; PA
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP		Parenteral Therapy Supplies		
LANCETS-MISC	P	QL (6.67 ea daily); OTC	AQINJECT PEN NEEDLE/31G X 3/16"	NP	RX/OTC
LANCING DEVICE-MISC	P	OTC	AQINJECT PEN NEEDLE/32G X 5/32"	NP	RX/OTC
ONETOUCH SOLUTIONS FIT KIT	NP		AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	RX/OTC
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP		AUM PEN NEEDLE/32GX4MM	NP	RX/OTC
ONETOUCH ULTRA 2 KIT	P	RX/OTC	AUM PEN NEEDLE/32GX6MM	NP	
ONETOUCH ULTRA 2 KIT	NP	RX/OTC	BD PEN NEEDLES	P	QL (5 ea daily); OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC	EMBRACE PEN NEEDLES/30G X 5MM	NP	RX/OTC
			EMBRACE PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily); RX/OTC
			EMBRACE PEN NEEDLES/31G X 8MM	NP	RX/OTC
			EMBRACE PEN NEEDLES/32G X 4MM	NP	RX/OTC
			INSULIN SYRINGES	P	QL (5 ea daily); OTC
			INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
			INSUPEN 31G X 5MM	NP	RX/OTC
			INSUPEN 31G X 8MM	NP	RX/OTC

Georgia Medicaid Updated January 1, 2024
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INSUPEN 32G X 4MM	NP	RX/OTC	ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEN NEEDLES 30GX5MM	NP	RX/OTC	ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
PEN NEEDLES 31GX5MM	NP	RX/OTC	ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEN NEEDLES 31GX8MM	NP	RX/OTC	ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
PEN NEEDLES 32GX4MM	NP	RX/OTC	ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	RX/OTC	AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 ea per 360 days retail); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	NP	RX/OTC	AEROECLIPSE MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	RX/OTC	AEROECLIPSE MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	RX/OTC	AEROECLIPSE MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	RX/OTC	AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC	AIRZONE PEAK FLOW METER	P	RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP		ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC	ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
VERIFINE PLUS INSULIN 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			

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BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC	DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
BREATHE EASE PEAK FLOW METER	P	RX/OTC	EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW AIR NOZZLE 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	EASY FLOW HEPA FILTER 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	EBASE CONTROLLER KIT 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	EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC	FILTER AIR PP 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	FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 ea per 360 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC	FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	INNOPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	P	RX/OTC	PANDA MASK LARGE	P	QL(1 ea per 360 days retail); RX/OTC
MASK VORTEX/CHILD/FROG	P	QL(1 ea per 360 days retail); RX/OTC	PANDA MASK MEDIUM	P	QL(1 ea per 360 days retail); RX/OTC
MASK VORTEX/TODDLER/LADYBUG	P	QL(1 ea per 360 days retail); RX/OTC	PANDA MASK SMALL	P	QL(1 ea per 360 days retail); RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER	P	RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	RX/OTC	PARI BABY CONVERSION KIT SIZE 1 MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	RX/OTC	PARI BABY CONVERSION KIT SIZE 2 MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	RX/OTC	PARI BABY CONVERSION KIT SIZE 3 MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS 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
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVICE	P	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI MASK SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER MASK CHILD 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
NOSE CLIP 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
OMBRA COMPRESSOR AIR FILTERS 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
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC			

Georgia Medicaid Updated January 1, 2024
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PARI VORTEX ADULT MASK	P	QL(1 ea per 360 days retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEAK A-I-R FLOW METER	P	RX/OTC	PURE COMFORT PEAK FLOW METER ADULT	P	RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	RX/OTC	PURE COMFORT PEAK FLOW METER CHILD	P	RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail); RX/OTC	REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC PANDA MASK	P	QL(1 ea per 360 days retail); RX/OTC	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PERSONAL BEST FULL RANGE	P	RX/OTC	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PFLEX MISC	P	QL(1 ea per 360 days retail); RX/OTC	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE 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	SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
PIKO 1 ELECTRONIC	P	RX/OTC	SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL 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	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE 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	SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
POCKET PEAK FLOW METER	P	RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 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			

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC
STRIVE DUAL ZONE PEAK FLOW METER	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
WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail); RX/OTC

MIGRAINE PRODUCTS - Drugs to Treat Migraine

Drug Name	Drug Tier	Requirements/Limits
Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)
<i>ergotamine w/ caffeine</i> TABS	P	AL(At least 18 yrs old)
Migraine Products		
D.H.E. 45 SOLN IJ (<i>Use dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)
<i>dihydroergotamine mesylate</i> SOLN NA 4 MG/ML	P	AL(At least 18 yrs old)
MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)
Serotonin Agonists		
AMERGE (<i>Use naratriptan hcl</i>)	NP	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
<i>eletriptan hydrobromide</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
IMITREX 5 MG/ACT, 20 MG/ACT (<i>Use sumatriptan</i>)	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX TABS (<i>Use sumatriptan succinate</i>)	NP	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(0.4 ea daily)

Georgia Medicaid

Updated January 1, 2024

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

Georgia Medicaid

Updated January 1, 2024

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Electrolyte Mixtures			MAGNESIUM EXTRA STRENGTH CAPS	P	OTC
BIOLYTE SOLN	P	QL(1000 ml per fill retail)	<i>magnesium oxide (mg supplement) TABS 400 MG</i>	P	OTC
CERALYTE 70 SOLN	P	QL(1000 ml per fill retail)	MAGNESIUM OXIDE CAPS	P	OTC
CERASPORT EX1 SOLN	P	QL(1000 ml per fill retail)	MAGNESIUM CAPS 400 MG	P	OTC
CERASPORT SOLN	P	QL(1000 ml per fill retail)	MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NP	OTC
ENFAMIL ENFALYTE SOLN	P	QL(1000 ml per fill retail)	Phosphate		
EQUALYTE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	K-PHOS NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily)
HYDRALYTE FREEZER POPS SOLN	P	QL(1000 ml per fill retail)	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 ea daily)
HYDRALYTE SOLN	P	QL(1000 ml per fill retail)	Potassium		
KINDERLYTE PREMAX SOLN	P	QL(1000 ml per fill retail)	K-TAB TBCR 8 MEQ, 10 MEQ (<i>Use potassium chloride</i>)	NP	
KINDERLYTE SOLN	P	QL(1000 ml per fill retail)	<i>potassium bicarbonate TBEF</i>	P	
<i>oral electrolytes SOLN</i>	P	QL(1000 ml per fill retail)	<i>potassium chloride microencapsulated crystals er</i>	P	
PEDIALYTE ADVANCED CARE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride CPCR 10 MEQ</i>	P	
PEDIALYTE FREEZER POPS SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 ea daily)
PEDIALYTE SINGLES SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride PACK OR 20 MEQ</i>	P	
PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride SOLN OR 10 %, 20 %</i>	P	
TRUELYTE SOLN	P	QL(1000 ml per fill retail)	<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P	
Fluoride			Zinc		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	P	AL(Up to 15 yrs old)	<i>zinc sulfate CAPS</i>	P	QL(100 ea per fill retail)
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC			
Magnesium					

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZINC SULFATE CAPS	P	QL(100 ea per fill retail)	<i>cyclosporine CAPS</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>cyclosporine SOLN IV 50 MG/ML</i>	P	
Allogeneic Tissue			ENSPRYNG	P	SP; PA
RETHYMIC	P	SP; PA	GAMIFANT	P	SP; PA
Chelating Agents			IMURAN TABS (<i>Use azathioprine</i>)	NP	
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	NP		LUPKYNIS	P	SP; PA
<i>penicillamine TABS</i>	P		<i>mycophenolate mofetil CAPS</i>	P	
SYPRINE (<i>Use trientine hcl</i>)	NP	SP; PA	<i>mycophenolate mofetil SUSR</i>	P	
<i>trientine hcl 250 MG</i>	P	SP; PA	<i>mycophenolate mofetil TABS</i>	P	
Enzymes			<i>mycophenolate sodium</i>	P	
XIAFLEX	P	SP; PA	MYFORTIC (<i>Use mycophenolate sodium</i>)	NP	
Fecal Incontinence Bulking Agents			NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	
SOLESTA	P	SP; PA	NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	
Immunomodulators			NULOJIX	P	SP; PA
<i>lenalidomide</i>	P	SP; PA	PROGRAF CAPS (<i>Use tacrolimus</i>)	NP	
REVLIMID	P	SP; PA	PROGRAF PACK	P	PA
REZUROCK	P	SP; PA	RAPAMUNE SOLN (<i>Use sirolimus</i>)	NP	
THALOMID	P	SP; PA	RAPAMUNE TABS (<i>Use sirolimus</i>)	NP	
VYVGART	P	SP; PA	SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NP	
Immunosuppressive Agents			SANDIMMUNE SOLN IV 50 MG/ML (<i>Use cyclosporine</i>)	NP	
ATGAM	P	SP; PA	SANDIMMUNE SOLN OR <i>sirolimus SOLN</i>	P	
<i>azathioprine TABS 75 MG, 100 MG</i>	P	PA	<i>sirolimus TABS</i>	P	
<i>azathioprine TABS 50 MG</i>	P		<i>tacrolimus CAPS</i>	P	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP		THYMOGLOBULIN	P	SP; PA
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP				
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP				
<i>cyclosporine modified (for microemulsion) CAPS</i>	P				
<i>cyclosporine modified (for microemulsion) SOLN</i>	P				

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Lymphatic Agents			PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	NP	
SYLVANT	P	SP; PA	PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))	NP	
PIK3CA-Related Overgrowth Spectrum (PROS) Agents			PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	NP	PA
VIJOICE	P	SP; PA	PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))	NP	
Potassium Removing Agents			sodium fluoride (dental) CREA	P	PA
sodium polystyrene sulfonate POWD	P		sodium fluoride (dental) GEL	P	
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	P		sodium fluoride (dental) PSTE DT	P	
Progeria Treatment Agents			Periodontal Products		
ZOKINVY	P	SP; PA	ARESTIN	P	SP; PA
Systemic Lupus Erythematosus Agents			Steroids - Mouth/Throat/Dental		
BENLYSTA SOAJ	P	SP; PA	triamcinolone acetonide (mouth)	P	QL(5 gm per fill retail)
BENLYSTA SOLR	P	SP; PA	Throat Products - Misc.		
BENLYSTA SOSY	P	SP; PA	AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
SAPHNELO	P	SP; PA	BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH/THROAT/DENTAL AGENTS			CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC
Anesthetics Topical Oral			CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
lidocaine hcl (mouth-throat) 2 %	P	QL(100 ml per fill retail)	EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
Anti-infectives - Throat			MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
nystatin (mouth-throat)	P	QL(120 ml per fill retail)			
Antiseptics - Mouth/Throat					
chlorhexidine gluconate (mouth-throat)	P				
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	NP				
Dental Products					
PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))	NP				

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE SOLN	P	QL(900 ea 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 CAPS</i>	P	OTC; QL(1 ea daily)
<i>b-complex vitamins TABS</i>	P	QL(1 ea daily)
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	P	OTC; QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	P	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	P	OTC; QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	OTC; QL(1 ea daily)
Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC
MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
Multivitamins		
AMLADEX TABS	P	OTC; QL(1 ea daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	OTC; QL(1 ea daily); RX/OTC
ESTROFACTORS TABS	P	OTC; QL(1 ea daily); RX/OTC
FOLCYTEINE TABS	P	OTC; QL(1 ea daily); RX/OTC
GENICIN VITA-Q TABS	P	OTC; QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
MULTI VITAMIN/D-3 TABS	P	OTC; QL(1 ea daily); RX/OTC
MULTI VITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>multiple vitamin TABS</i>	P	OTC; QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULT TABS	P	OTC; QL(1 ea daily); RX/OTC
MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	P	OTC; QL(1 ea daily); RX/OTC
NEOMULTIVITE TABS	P	OTC; QL(1 ea daily); RX/OTC
OMNICAP TABS	P	OTC; QL(1 ea daily); RX/OTC
ONE DAILY ESSENTIAL TABS	P	OTC; QL(1 ea daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 ea daily); RX/OTC
ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 ea daily); RX/OTC
QUINTABS TABS	P	OTC; QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
THERA TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-0.5 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT-400 UNIT-15 UNIT-0.5 MG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
THEREMS MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
TM-DAILY VITE TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	P	RX/OTC
VITAZYME TABS	P	OTC; QL(1 ea daily); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	RX/OTC
Ped Multi Vitamins w/Fl & FE			<i>pediatric multivitamins w/fl CHEW</i>	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
<i>ped multivitamins w/fl & iron SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	<i>pediatric multivitamins w/fl SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals			<i>pediatric vitamins acid w/ fluoride SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC	POLY-VI-FLOR CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
Ped MV w/ Fluoride			POLY-VI-FLOR CHEW	P	RX/OTC
FLORIVA PLUS SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.5 MG-15 UNIT-1 MG-108 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1 MG-15 UNIT	P	RX/OTC			
MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC			
MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG-15 UNIT-1 MG-108 MCG	P	RX/OTC	POLY-VITE PEDIATRIC SOLN OR	P	OTC; QL(50 ml per fill retail)
QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	Prenatal Vitamins		
Ped MV w/ Iron			PRENATAL VITAMINS-MISC	P	RX/OTC
BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Vitamins w/ Lipotropics		
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	OTC; QL(60 ml per fill retail)	<i>vitamins w/ lipotropics CAPS</i>	P	OTC; QL(1 ea daily)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	OTC; QL(60 ml per fill retail)	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
POLY-VI-SOL/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Articular Cartilage Repair Therapy		
POLY-VITA/IRON SOLN	P	OTC; QL(60 ml per fill retail)	MACI	P	SP; PA
POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Central Muscle Relaxants		
Pediatric Multiple Vitamins			<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML</i>	P	SP; PA
BPROTECTED PEDIA POLY-VITE SOLN OR	P	OTC; QL(50 ml per fill retail)	<i>baclofen TABS 10 MG, 20 MG</i>	P	
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)	<i>chlorzoxazone TABS 500 MG</i>	P	
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 ea daily)
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	OTC; QL(50 ml per fill retail)	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 ea daily)
POLY-VI-SOL SOLN OR	P	OTC; QL(50 ml per fill retail)	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	P	SP; PA
POLY-VITA SOLN OR	P	OTC; QL(50 ml per fill retail)	GABLOFEN SOLN IT (Use baclofen)	NP	SP; PA
			LIORESAL INTRATHECAL SOLN IT (Use baclofen)	NP	SP; PA
			LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	P	SP; PA
			<i>methocarbamol TABS</i>	P	
			<i>orphenadrine citrate TB12</i>	P	
			<i>tizanidine hcl TABS</i>	P	

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP		<i>cromolyn sodium (nasal)</i> 5.2 MG/ACT	P	OTC; QL(26 ml per 30 days retail)
Viscosupplements			Nasal Anticholinergics		
DUROLANE PRSY	P	SP; PA	<i>ipratropium bromide (nasal)</i> 0.06 %	P	QL(15 ml per 30 days retail)
EUFLEXXA SOSY	P	SP; PA	<i>ipratropium bromide (nasal)</i> 0.03 %	P	QL(31 ml per 30 days retail)
GEL-ONE	P	SP; PA	Nasal Steroids		
GELSYN-3 SOSY	P	SP; PA	FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
GENVISC 850 SOSY	P	SP; PA	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
HYALGAN SOLN	P	SP; PA	<i>flunisolide (nasal)</i> 0.025 %	P	QL(25 ml per 30 days retail)
HYALGAN SOSY	P	SP; PA	<i>fluticasone propionate (nasal)</i> SUSP	P	QL(16 ml per fill retail); RX/OTC
HYMOVIS	P	SP; PA	NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
HYRONAN KIT	P	SP; PA	NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
MONOVISC	P	SP; PA	<i>triamcinolone acetonide (nasal)</i> AERO	P	AL(At least 2 yrs old)
ORTHOVISC	P	SP; PA	Sympathomimetic Decongestants		
SUPARTZ FX SOSY	P	SP; PA	ADRENALIN 0.1 % (Use epinephrine hcl (nasal))	NP	QL(120 ml per fill retail); AL(Up to 21 yrs old)
SYNOJOYNT SOSY	P	SP; PA	<i>epinephrine hcl (nasal)</i>	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)
SYNVISC ONE SOSY	P	SP; PA			
SYNVISC SOSY	P	SP; PA			
TRILURON SOSY	P	SP; PA			
TRIVISC SOSY	P	SP; PA			
VISCO-3 SOSY	P	SP; PA			
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus					
Nasal Agents - Misc.					
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)			
SALINE NASAL SPRAY 0.65%	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)			
Nasal Antiallergy					
<i>azelastine hcl</i> 0.15 %, 205.5 MCG/SPRAY	P	QL(30 ml per fill retail); RX/OTC			
<i>azelastine hcl</i> 0.1 %, 137 MCG/SPRAY	P				

Georgia Medicaid Updated January 1, 2024
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<i>phenylephrine hcl (oral) TABS</i>	P	OTC; QL(24 ea per fill retail)	Spinal Muscular Atrophy Agents (SMA)		
<i>pseudoephedrine hcl TABS</i>	P	OTC; AL(Up to 21 yrs old)	EVRYSDI	P	SP; PA
<i>pseudoephedrine hcl TB12</i>	P	OTC; QL(62 ea per 30 days retail); AL(Up to 21 yrs old)	SPINRAZA	P	SP; PA
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)	ZOLGENSMA 10.1-10.5 KG	P	SP; PA
SUDAFED CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)	ZOLGENSMA 10.6-11.0 KG	P	SP; PA
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC; QL(120 ml per fill retail)	ZOLGENSMA 11.1-11.5 KG	P	SP; PA
SUDAFED PE SINUS CONGESTION TABS (<i>Use phenylephrine hcl (oral)</i>)	NP	OTC; QL(24 ea per fill retail)	ZOLGENSMA 11.6-12.0 KG	P	SP; PA
SUDAFED SINUS CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)	ZOLGENSMA 12.1-12.5 KG	P	SP; PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			ZOLGENSMA 12.6-13.0 KG	P	SP; PA
ALS Agents			ZOLGENSMA 13.1-13.5 KG	P	SP; PA
EXSERVAN FILM	P	SP; PA	ZOLGENSMA 13.6-14.0 KG	P	SP; PA
RADICAVA ORS STARTER KIT SUSP	P	SP; PA	ZOLGENSMA 14.1-14.5 KG	P	SP; PA
RADICAVA ORS SUSP	P	SP; PA	ZOLGENSMA 14.6-15.0 KG	P	SP; PA
RADICAVA SOLN	P	SP; PA	ZOLGENSMA 15.1-15.5 KG	P	SP; PA
RILUTEK TABS (<i>Use riluzole</i>)	NP	PA	ZOLGENSMA 15.6-16.0 KG	P	SP; PA
<i>riluzole TABS</i>	P	PA	ZOLGENSMA 16.1-16.5 KG	P	SP; PA
TIGLUTIK SUSP	P	SP; PA	ZOLGENSMA 16.6-17.0 KG	P	SP; PA
Muscular Dystrophy Agents			ZOLGENSMA 17.1-17.5 KG	P	SP; PA
AMONDYS 45	P	SP; PA	ZOLGENSMA 17.6-18.0 KG	P	SP; PA
EXONDYS 51	P	SP; PA	ZOLGENSMA 18.1-18.5 KG	P	SP; PA
VILTEPSO	P	SP; PA	ZOLGENSMA 18.6-19.0 KG	P	SP; PA
VYONDYS 53	P	SP; PA	ZOLGENSMA 19.1-19.5 KG	P	SP; PA

Georgia Medicaid Updated January 1, 2024
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ZOLGENSMA 19.6-20.0 KG	P	SP; PA
ZOLGENSMA 2.6-3.0 KG	P	SP; PA
ZOLGENSMA 20.1-20.5 KG	P	SP; PA
ZOLGENSMA 20.6-21.0 KG	P	SP; PA
ZOLGENSMA 3.1-3.5 KG	P	SP; PA
ZOLGENSMA 3.6-4.0 KG	P	SP; PA
ZOLGENSMA 4.1-4.5 KG	P	SP; PA
ZOLGENSMA 4.6-5.0 KG	P	SP; PA
ZOLGENSMA 5.1-5.5 KG	P	SP; PA
ZOLGENSMA 5.6-6.0 KG	P	SP; PA
ZOLGENSMA 6.1-6.5 KG	P	SP; PA
ZOLGENSMA 6.6-7.0 KG	P	SP; PA
ZOLGENSMA 7.1-7.5 KG	P	SP; PA
ZOLGENSMA 7.6-8.0 KG	P	SP; PA
ZOLGENSMA 8.1-8.5 KG	P	SP; PA
ZOLGENSMA 8.6-9.0 KG	P	SP; PA
ZOLGENSMA 9.1-9.5 KG	P	SP; PA
ZOLGENSMA 9.6-10.0 KG	P	SP; PA
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	OTC; QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC; QL(350 gm per fill retail)
Lipids		
DOJOLVI	P	SP; PA
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS</i>	P	OTC; QL(6 ea daily)
<i>omega-3 fatty acids CPDR</i>	P	QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		

Drug Name	Drug Tier	Requirements/Limits
<i>polyvinyl alcohol 1.4 %</i>	P	OTC; QL(31 ml per 30 days retail)
<i>white petrolatum-mineral oil</i>	P	OTC; QL(30 gm per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	
<i>carteolol hcl (ophth)</i>	P	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE	P	QL(10 ml per 30 days retail)
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 30 days retail)
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ml per 30 days retail)
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ea per 30 days retail)
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ea per 30 days retail)
TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ml per 30 days retail)
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	P	
<i>atropine sulfate (ophthalmic) SOLN</i>	P	
ATROPINE SULFATE SOLN 1 %	P	
ATROPINE SULFATE SOLN 1 % (<i>Use atropine sulfate (ophthalmic)</i>)	NP	
CYCLOGYL 0.5 %	P	QL(15 ml per 30 days retail)
CYCLOGYL 2 %	P	
CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NP	
<i>cyclopentolate hcl 0.5 %</i>	P	QL(15 ml per 30 days retail)

Georgia Medicaid Updated January 1, 2024
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<i>cyclopentolate hcl 1 %, 2 %</i>	P		<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 gm per 30 days retail)
<i>homatropine hbr</i>	P	QL(15 ml per fill retail)	BLEPH-10 SOLN (<i>Use sulfacetamide sodium (ophth)</i>)	NP	QL(15 ml per 30 days retail)
ISOPTO ATROPINE SOLN	P		CILOXAN OINT	P	
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP		CILOXAN SOLN (<i>Use ciprofloxacin hcl (ophth)</i>)	NP	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(5 ml per 30 days retail)	<i>ciprofloxacin hcl (ophth) SOLN</i>	P	
<i>tropicamide SOLN</i>	P		ERYTHROMYCIN	P	
Miotics			<i>erythromycin (ophth)</i>	P	
ISOPTO CARPINE SOLN 1 %, 2 % (<i>Use pilocarpine hcl</i>)	NP		<i>gentamicin sulfate (ophth) OINT</i>	P	QL(4 gm per 30 days retail)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P		<i>gentamicin sulfate (ophth) SOLN</i>	P	
Ophthalmic - Angiogenesis Inhibitors			MOXEZA SOLN OP (<i>Use moxifloxacin hcl (ophth)</i>)	NF	
BEOVU SOLN	P	SP; PA	<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(3 ml per fill retail)
BEVACIZUMAB IZ 2 MG/0.08ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	P	SP; PA	<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 gm per 30 days retail)
EYLEA HD SOLN	P	SP; PA	<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ml per 30 days retail)
EYLEA SOLN	P	SP; PA	OCUFLOX (<i>Use ofloxacin (ophth)</i>)	NP	QL(10 ml per 30 days retail)
EYLEA SOSY	P	SP; PA	<i>ofloxacin (ophth)</i>	P	QL(10 ml per 30 days retail)
LUCENTIS SOLN	P	SP; PA	<i>polymyxin b-trimethoprim</i>	P	QL(10 ml per fill retail)
LUCENTIS SOSY	P	SP; PA	POLYTRIM (<i>Use polymyxin b-trimethoprim</i>)	NP	QL(10 ml per fill retail)
SUSVIMO SOLN	P	SP; PA	<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 gm per 30 days retail)
VABYSMO	P	SP; PA	<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ml per 30 days retail)
Ophthalmic Adrenergic Agents			<i>tobramycin (ophth) SOLN</i>	P	QL(5 ml per 30 days retail)
<i>apraclonidine hcl</i>	P		TOBREX OINT	P	
<i>brimonidine tartrate 0.2 %</i>	P		TOBREX SOLN (<i>Use tobramycin (ophth)</i>)	NP	QL(5 ml per 30 days retail)
IOPIDINE	P		<i>trifluridine</i>	P	QL(8 ml per 30 days retail)
Ophthalmic Anti-infectives					
BACIGUENT	P	QL(4 gm per 30 days retail)			
<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per 30 days retail)			

Georgia Medicaid Updated January 1, 2024
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VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(3 ml per fill retail)	FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NP	
Ophthalmic Decongestants			FML OINT	P	QL(4 gm per 30 days retail)
naphazoline w/ pheniramine 0.315 %- 0.027 %	P	OTC; QL(15 ml per 30 days retail)	ILUVIEN	P	SP; PA
OPCON-A (Use naphazoline w/ pheniramine)	NP	OTC; QL(15 ml per 30 days retail)	MAXITROL OINT (Use neomycin-polymy- dexameth)	NP	QL(4 gm per 30 days retail)
tetrahydrozoline hcl (ophth) 0.05 %	P	OTC	MAXITROL SUSP (Use neomycin-polymy- dexameth)	NP	QL(10 ml per 30 days retail)
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	NP	OTC	neomycin-polymy- dexameth OINT	P	QL(4 gm per 30 days retail)
Ophthalmic Gene Therapy			neomycin-polymy- dexameth SUSP	P	QL(10 ml per 30 days retail)
LUXTURNA	P	SP; PA	neomycin-polymyxin-hc (ophth)	P	QL(15 ml per 30 days retail)
Ophthalmic Local Anesthetics			OZURDEX IMPL	P	SP; PA
tetracaine hcl (ophth)	P		PRED FORTE (Use prednisolone acetate (ophth))	NP	
Ophthalmic Photodynamic Therapy Agents			PRED MILD	P	QL(10 ml per 30 days retail)
VISUDYNE	P	SP; PA	PRED-G SUSP	P	QL(5 ml per fill retail)
Ophthalmic Photoenhancers			prednisolone acetate (ophth)	P	
PHOTREXA VISCOUS	P	SP; PA	PREDNISOLONE ACETATE P-F	P	
PHOTREXA/PHOTREXA VISCOUS KIT	P	SP; PA	PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 days retail)
Ophthalmic Steroids			RETISERT	P	SP; PA
BLEPHAMIDE S.O.P. OINT	P		sulfacetamide sod- prednisolone SOLN	P	QL(10 ml per 30 days retail)
BLEPHAMIDE SUSP	P	QL(10 ml per fill retail)	TOBRADEX OINT	P	QL(4 gm per 30 days retail)
dexamethasone sodium phosphate (ophth)	P		TOBRADEX SUSP (Use tobramycin- dexamethasone)	NP	QL(10 ml per fill retail)
DEXTENZA INST	P	SP; PA	tobramycin- dexamethasone SUSP	P	QL(10 ml per fill retail)
DEXYCU SUSP IO	P	SP; PA	TRIESENCE	P	SP; PA
fluorometholone (ophth) SUSP	P		XIPERE	P	SP; PA

Georgia Medicaid

Updated January 1, 2024

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

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YUTIQ	P	SP; PA
Ophthalmics - Misc.		
ACULAR (Use ketorolac tromethamine (ophth))	NP	QL(10 ml per fill retail)
ACULAR LS (Use ketorolac tromethamine (ophth))	NP	QL(5 ml per 30 days retail)
ALOCRIIL	P	QL(5 ml per 30 days retail); PA
ALOMIDE	P	QL(10 ml per 30 days retail); PA
azelastine hcl (ophth)	P	QL(6 ml per 30 days retail)
AZOPT (Use brinzolamide)	NP	
brinzolamide	P	
cromolyn sodium (ophth)	P	QL(10 ml per fill retail)
CYSTADROPS	P	SP; PA
CYSTARAN	P	SP; PA
diclofenac sodium (ophth)	P	QL(3 ml per 30 days retail)
dorzolamide hcl	P	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 30 days retail)
flurbiprofen sodium	P	QL(5 ml per 30 days retail)
ketorolac tromethamine (ophth) 0.4 %	P	QL(5 ml per 30 days retail)
ketorolac tromethamine (ophth) 0.5 %	P	QL(10 ml per fill retail)
ketotifen fumarate (ophth) 0.035 %	P	
TRUSOPT (Use dorzolamide hcl)	NP	QL(10 ml per 30 days retail)
ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	NP	
Prostaglandins - Ophthalmic		
latanoprost SOLN	P	QL(5 ml per 30 days retail)

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

Georgia Medicaid Updated January 1, 2024
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<i>methylergonovine maleate</i> TABS	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	P	SP; PA
CUTAQUIG	P	SP; PA
CUVITRU SOLN	P	SP; PA
CYTOGAM	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 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA
GAMMAPLEX SOLN	P	SP; PA
GAMUNEX-C	P	SP; PA
HEPAGAM B SOLN IJ	P	SP; PA
HIZENTRA SOLN	P	SP; PA
HIZENTRA SOSY	P	SP; PA
HYPERHEP B SOLN IM	P	SP; PA
HYPERRHO S/D MINI-DOSE SOSY IM	P	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
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

Drug Name	Drug Tier	Requirements/Limits
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP; PA
XEMBIFY	P	SP; PA
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP; PA
ZINPLAVA	P	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	P	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin</i> CAPS	P	
<i>amoxicillin</i> CHEW 125 MG, 250 MG	P	
<i>amoxicillin</i> SUSR	P	
<i>amoxicillin</i> TABS 875 MG	P	
<i>ampicillin</i> CAPS 500 MG	P	
Natural Penicillins		
<i>penicillin v potassium</i> SOLR	P	
<i>penicillin v potassium</i> TABS	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate</i> CHEW	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate</i> SUSR 62.5 MG/5ML-250 MG/5ML	P	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate</i> SUSR 28.5 MG/5ML-200 MG/5ML	P	QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate</i> SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	P	QL(200 ml per fill retail)

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 ea per fill retail)	<i>glycine diluent</i>	P	SP; PA
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 ea per fill retail)	GRAPE SYRUP SYRP	P	RX/OTC
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 ea per 30 days retail)	MX-SOL BLEND SF SUSP	P	RX/OTC
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(200 ml per fill retail)	MX-SOL BLEND SUSP	P	RX/OTC
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	QL(150 ml per fill retail)	MX-SOL SF SYRP	P	RX/OTC
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)	MX-SOL SUSPEND SUSP	P	RX/OTC
Penicillinase-Resistant Penicillins			MX-SOL SYRP	P	RX/OTC
<i>dicloxacillin sodium</i>	P		ORA-BLEND SF SUSP	P	RX/OTC
PHARMACEUTICAL ADJUVANTS			ORA-BLEND SUSP	P	RX/OTC
Internal Vehicle Ingredients/Agents			ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC
SIMPLYTHICK	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA	ORAL MIX SF SUSP	P	RX/OTC
SIMPLYTHICK EASY MIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA	ORAL SUSPEND LIQD	P	RX/OTC
SIMPLYTHICK EASYMIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA	ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
Liquid Vehicles			ORAL SYRUP SF SYRP	P	RX/OTC
FLAVOR BLEND SUSP	P	RX/OTC	ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC	ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC	ORA-PLUS LIQD	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC	ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC
			ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC
			PCCA SWEET-SF SYRP	P	RX/OTC
			PCCA SYRUP VEHICLE SYRP	P	RX/OTC
			PCCA-PLUS SUSP	P	RX/OTC
			PH 12 STERILE DILUENT FORFLOLAN	P	SP; PA
			SOSWEET SYRP	P	RX/OTC
			STERILE DILUENT FOR REMODULIN (Use <i>glycine diluent</i>)	NP	SP; PA

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC	<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC	<i>norethindrone acetate TABS</i>	P	
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC	<i>progesterone CAPS 100 MG</i>	P	QL(30 ea per 30 days retail)
SUSPENSION VEHICLE SUSP	P	RX/OTC	<i>progesterone CAPS 200 MG</i>	P	QL(20 ea per 30 days retail)
SYRPALTA SYRP 83 %	P	RX/OTC	PROMETRIUM CAPS 100 MG (<i>Use progesterone</i>)	NP	QL(30 ea per 30 days retail)
SYRSPEND SF LIQD	P	RX/OTC	PROMETRIUM CAPS 200 MG (<i>Use progesterone</i>)	NP	QL(20 ea per 30 days retail)
SYRUP VEHICLE SF SYRP	P	RX/OTC	PROVERA (<i>Use medroxyprogesterone acetate</i>)	NP	
SYRUP VEHICLE SYRP	P	RX/OTC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC	Agents for Chemical Dependency		
UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC	<i>disulfiram 250 MG</i>	P	
VERSAFREE SYRP	P	RX/OTC	Anti-Cataplectic Agents		
VERSAPLUS SYRP	P	RX/OTC	SODIUM OXYBATE SOLN	P	SP; PA
Semi Solid Vehicles			XYREM SOLN	P	SP; PA
<i>Ianolin XX</i>	P		XYWAV	P	SP; PA
LANOLIN XX	P		Antidementia Agents		
PROGESTINS - Hormone Replacement/Modifying Drugs			ARICEPT TABS 5 MG, 10 MG (<i>Use donepezil hydrochloride</i>)	NP	QL(1 ea daily)
Progestins			<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)
AYGESTIN TABS (<i>Use norethindrone acetate</i>)	NP		EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>Use rivastigmine</i>)	NP	QL(1 ea daily); PA
<i>hydroxyprogesterone caproate OIL</i>	P	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA	<i>galantamine hydrobromide CP24</i>	P	QL(1 ea daily)
MAKENA OIL (<i>Use hydroxyprogesterone caproate</i>)	NP	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA	<i>galantamine hydrobromide SOLN</i>	P	QL(6 ml daily)
MAKENA SOAJ	P	SP; PA			

Georgia Medicaid Updated January 1, 2024
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<i>galantamine hydrobromide TABS</i>	P	QL(2 ea daily)	COPAXONE SOSY (<i>Use glatiramer acetate</i>)	NP	SP
<i>memantine hcl SOLN</i>	P	QL(2 ml daily); PA	<i>dalfampridine</i>	P	SP; PA
<i>memantine hcl TABS</i>	P	QL(2 ea daily); PA	<i>dimethyl fumarate CDPK</i>	P	SP; PA
<i>memantine hcl TABS</i>	P	1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA	<i>dimethyl fumarate CPDR</i>	P	SP
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA	EXTAVIA KIT	P	SP; PA
NAMENDA TABS (<i>Use memantine hcl</i>)	NP	QL(2 ea daily); PA	<i> fingolimod hcl</i>	P	QL(1 ea daily); SP
RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NP	QL(1 ea daily)	GILENYA 0.5 MG	P	QL(1 ea daily); SP
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	P	QL(1 ea daily); PA	GILENYA (<i>Use fingolimod hcl</i>)	NP	QL(1 ea daily); SP
<i>rivastigmine tartrate CAPS</i>	P	QL(2 ea daily); PA	<i>glatiramer acetate SOSY</i>	P	SP
Combination Psychotherapeutics			KESIMPTA	P	SP; PA
<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)	PLEGRIDY STARTER PACK SOPN	P	SP; PA
Fibromyalgia Agents			PLEGRIDY STARTER PACK SOSY SC	P	SP; PA
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail); PA	PLEGRIDY SOPN	P	SP; PA
SAVELLA TABS	P	QL(2 ea daily); PA	PLEGRIDY SOSY IM	P	SP; PA
Movement Disorder Drug Therapy			REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA
<i>tetrabenazine</i>	P	SP; PA	REBIF REBIDOSE SOAJ	P	SP; PA
XENAZINE (<i>Use tetrabenazine</i>)	NP	SP; PA	REBIF TITRATION PACK SOSY	P	SP; PA
Multiple Sclerosis Agents			REBIF SOSY	P	SP; PA
AMPYRA (<i>Use dalfampridine</i>)	NP	SP; PA	TECFIDERA STARTER PACK CDPK (<i>Use dimethyl fumarate</i>)	NP	SP; PA
AUBAGIO (<i>Use teriflunomide</i>)	NP	QL(1 ea daily); SP	TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP
AVONEX PEN AJKT	P	SP; PA	<i>teriflunomide</i>	P	QL(1 ea daily); SP
AVONEX PSKT	P	SP; PA	Smoking Deterrents		
BAFIERTAM	P	SP; PA	APO-VARENICLINE TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
			<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
			NICODERM CQ PT24 TD (<i>Use nicotine</i>)	NP	QL(1 ea daily)

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
NICORETTE MINI LOZG (Use nicotine polacrilex)	NP	QL(20 ea daily)
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	NP	QL(24 ea daily)
NICORETTE GUM (Use nicotine polacrilex)	NP	QL(24 ea daily)
NICORETTE LOZG (Use nicotine polacrilex)	NP	QL(20 ea daily)
nicotine polacrilex GUM	P	QL(24 ea daily)
nicotine polacrilex LOZG	P	QL(20 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	
nicotine MISC XX	P	QL(1 ea daily)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	QL(1 ea daily)
NICOTROL INHALER INHA	P	QL(16.8 ea daily)
NICOTROL NS SOLN	P	QL(4 ml daily)
varenicline tartrate TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
varenicline tartrate TBPK	P	QL(53 ea per fill retail); AL(At least 18 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	P	SP; PA
TEGSEDI	P	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA
GLASSIA SOLN	P	SP; PA
PROLASTIN-C SOLN	P	SP; PA
PROLASTIN-C SOLR	P	SP; PA
ZEMAIRA SOLR 1000 MG	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Cystic Fibrosis Agents		
BRONCHITOL	P	SP; PA
BRONCHITOL TOLERANCE TEST	P	SP; PA
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	P	SP; PA
KALYDECO TABS	P	SP; PA
ORKAMBI PACK	P	SP; PA
ORKAMBI TABS	P	SP; PA
PULMOZYME	P	SP; PA
SYMDEKO	P	SP; PA
TRIKAFTA TBPK	P	QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (Use pirfenidone)	NP	SP; PA
ESBRIET TABS (Use pirfenidone)	NP	SP; PA
OFEV	P	SP; PA
pirfenidone CAPS	P	SP; PA
pirfenidone TABS	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ACTICLATE TABS (Use doxycycline hyclate)	NF	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	P	
doxycycline (monohydrate) TABS 50 MG, 100 MG	P	
doxycycline hyclate CAPS	P	
doxycycline hyclate TABS 100 MG	P	
minocycline hcl CAPS	P	
tetracycline hcl CAPS 500 MG	P	

Georgia Medicaid Updated January 1, 2024
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VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP		DAPTACEL	P	5 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(Up to 7 yrs old)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones					
Antithyroid Agents					
<i>methimazole</i> TABS	P		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(Up to 7 yrs old)
<i>propylthiouracil</i>	P		INFANRIX	P	5 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail)
Thyroid Hormones			KINRIX SUSY	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 4 yrs old)
ARMOUR THYROID TABS	P		PEDIARIX SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(Up to 7 yrs old)
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP		PENTACEL	P	4 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(Up to 5 yrs old)
<i>levothyroxine sodium</i> TABS	P		QUADRACEL SUSP	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 4 yrs old)
<i>liothyronine sodium</i> TABS	P		QUADRACEL SUSY	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 4 yrs old)
NIVA THYROID TABS	P				
NP THYROID 120 TABS	P				
NP THYROID 15 TABS	P				
NP THYROID 30 TABS	P				
NP THYROID 60 TABS	P				
NP THYROID 90 TABS	P				
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	P				
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P				
TOXOIDS					
Toxoid Combinations					
ADACEL SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)			
BOOSTRIX SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)			
BOOSTRIX SUSY	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)			

Georgia Medicaid Updated January 1, 2024
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TDVAX SUSP	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	NP				
TENIVAC INJ	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate SUBL 0.125 MG</i>	NP				
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P				
VAXELIS SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(Up to 5 yrs old)	<i>hyoscyamine sulfate TABS 0.125 MG</i>	NP				
VAXELIS SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(Up to 5 yrs old)	<i>hyoscyamine sulfate TABS 0.125 MG</i>	P	QL(4 ea daily)			
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 ea daily)			
			<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P				
			<i>hyoscyamine sulfate TBDP 0.125 MG</i>	NP				
			LEVBIID TB12 (Use <i>hyoscyamine sulfate</i>)	NP	QL(4 ea daily)			
			LEVSIN SOLN IJ 0.5 MG/ML (Use <i>hyoscyamine sulfate</i>)	NP				
			ROBINUL FORTE TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 ea daily)			
			ROBINUL TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 ea daily)			
						H-2 Antagonists		
						<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	P	
			Antispasmodics			<i>cimetidine TABS</i>	P	RX/OTC
<i>dicyclomine hcl CAPS</i>	P		<i>famotidine SUSR</i>	P				
<i>dicyclomine hcl SOLN OR</i>	P	QL(496 ml per 30 days retail)	<i>famotidine TABS 10 MG</i>	P	OTC			
<i>dicyclomine hcl TABS</i>	P		<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC			
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 ea daily)	PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NP	RX/OTC			
<i>hyoscyamine sulfate ELIX</i>	NP		PEPCID AC TABS 10 MG (Use <i>famotidine</i>)	NP	OTC			
<i>hyoscyamine sulfate ELIX</i>	P		PEPCID AC TABS 20 MG (Use <i>famotidine</i>)	NP	RX/OTC			
HYOSCYAMINE SULFATE POWD	P		PEPCID TABS (Use <i>famotidine</i>)	NP	RX/OTC			
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	P							

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TAGAMET HB 200 TABS (Use <i>cimetidine</i>)	NP	RX/OTC	PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NP	QL(4 ea daily); RX/OTC
TAGAMET HB TABS (Use <i>cimetidine</i>)	NP	RX/OTC	PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NP	
Misc. Anti-Ulcer			PRILOSEC OTC TBEC (Use <i>omeprazole magnesium</i>)	NP	OTC; QL(1 ea daily)
CARAFATE SUSP (Use <i>sucralfate</i>)	NP	QL(420 ml per fill retail)	PROTONIX TBEC 40 MG (Use <i>pantoprazole sodium</i>)	NP	QL(2 ea daily)
CARAFATE TABS (Use <i>sucralfate</i>)	NP		PROTONIX TBEC 20 MG (Use <i>pantoprazole sodium</i>)	NP	QL(1 ea daily)
<i>sucralfate SUSP</i>	P	QL(420 ml per fill retail)	Ulcer Drugs - Prostaglandins		
<i>sucralfate TABS</i>	P		CYTOTEC (Use <i>misoprostol</i>)	NP	
Proton Pump Inhibitors			<i>misoprostol</i>	P	
DEXILANT (Use <i>dexlansoprazole</i>)	NP	ST	Ulcer Therapy Combinations		
<i>dexlansoprazole</i>	P	ST	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
<i>esomeprazole magnesium CPDR 20 MG</i>	P	QL(2 ea daily); RX/OTC	URINARY ANTISPASMODICS - Drugs to Treat		
<i>lansoprazole CPDR 15 MG</i>	P	QL(4 ea daily); RX/OTC	Miscellaneous Bladder Spasms		
<i>lansoprazole CPDR 30 MG</i>	P		Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily); RX/OTC	DETROL LA CP24 (Use <i>tolterodine tartrate</i>)	NP	QL(1 ea daily)
NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily); RX/OTC	DETROL TABS (Use <i>tolterodine tartrate</i>)	NP	QL(2 ea daily)
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily); RX/OTC	DITROPAN XL TB24 5 MG, 10 MG (Use <i>oxybutynin chloride</i>)	NP	QL(2 ea daily)
OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC	<i>oxybutynin chloride TABS</i>	P	QL(3 ea daily)
<i>omeprazole magnesium TBEC</i>	P	OTC; QL(1 ea daily)	<i>oxybutynin chloride TB24</i>	P	QL(2 ea daily)
<i>omeprazole CPDR</i>	P	QL(2 ea daily)	<i>tolterodine tartrate CP24</i>	P	QL(1 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 ea daily)	<i>tolterodine tartrate TABS</i>	P	QL(2 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 ea daily)	<i>tropium chloride TABS</i>	P	QL(2 ea daily)
			Urinary Antispasmodics - Cholinergic Agonists		

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BEXSERO	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
BIOTHRAX	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old - Up to 65 yrs old)
HIBERIX SOLR IJ	P	
MENACTRA	P	Limit 2 fills per Lifetime; QL(0.5 ml per fill retail; 2 ml per 999 days retail); AL(At least 19 yrs old)
MENQUADFI	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
MENVEO SOLN	P	
MENVEO SOLR	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 19 yrs old)
PEDVAX HIB SUSP	P	

Drug Name	Drug Tier	Requirements/Limits
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)
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)
PREVNAR 20	P	
TRUMENBA	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TYPHIM VI SOLN	P	QL(0.5 ml per fill retail); AL(At least 2 yrs old)
TYPHIM VI SOSY	P	QL(0.5 ml per fill retail); AL(At least 2 yrs old)
VAXCHORA	P	QL(100 ml per fill retail); AL(At least 2 yrs old - Up to 64 yrs old)
VAXNEUVANCE	P	
VIVOTIF	P	QL(1 ea per fill retail); AL(At least 6 yrs old)
Viral Vaccines		

Georgia Medicaid Updated January 1, 2024
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ABRYSVO	P	1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 60 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)
ACAM2000	P		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)
AREXVY	P	1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 60 yrs old)	HAVRIX 1440 ELU/ML	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
COMIRNATY 2023-24 SUSP	P		HAVRIX 720 ELU/0.5ML	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
COMIRNATY 2023-24 SUSY	P		HEPLISAV-B SOSY	P	
COMIRNATY SUSP	P		IMOVAX RABIES (H.D.C.V.) SUSR	P	5 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail)
DENGVAXIA	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 6 yrs old - Up to 16 yrs old)	INFLUENZA VACCINE	P	AL; At least 13 years old; QL (1 ea per 180 days retail)
ENGERIX-B SUSP 20 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)	IPOL INACTIVATED IPV	P	4 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail)
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)	IXIARO	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail)
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)	JANSSEN COVID-19 VACCINE	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JYNNEOS	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)	PROQUAD SUSR	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 1 yrs old)
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)	RABAVERT	P	5 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail)
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P	AL(Up to 11 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)
MODERNA COVID-19 VACCINE SUSP	P		RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE	P		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)
NOVAVAX COVID-19 VACCINE/2023-24	P		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)
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P	AL(At least 5 yrs old - Up to 11 yrs old)	ROTARIX SUSP	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1.5 ml per fill retail)
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P		ROTARIX SUSR	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P	AL(Up to 4 yrs old)	ROTATEQ SOLN	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(2 ml per fill retail)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P				
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P				
PFIZER-BIONTECH COVID-19VACCINE SUSP	P				
PREHEVBRIO	P				
PRIORIX SUSR	P				

Georgia Medicaid Updated January 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P		CLEOCIN CREA (Use clindamycin phosphate vaginal)	NP	
SHINGRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 50 yrs old)	clindamycin phosphate vaginal CREA	P	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P		clotrimazole vaginal CREA 2 %	P	OTC; QL(31 gm per 30 days retail)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P		clotrimazole vaginal CREA 1 %	P	OTC; QL(45 gm per 30 days retail)
SPIKEVAX COVID-19 VACCINE SUSP	P		GYNAZOLE-1	P	
STAMARIL SUSR	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail)	metronidazole vaginal	P	QL(70 gm per fill retail)
TWINRIX SUSY	P		miconazole nitrate vaginal CREA	P	OTC; QL(45 gm per 30 days retail)
VAQTA 25 UNIT/0.5ML	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)	miconazole nitrate vaginal KIT	P	
VAQTA 50 UNIT/ML	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)	miconazole nitrate vaginal SUPP 100 MG	P	OTC; QL(7 ea per 30 days retail)
VARIVAX INJ	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 1 yrs old)	miconazole nitrate vaginal SUPP 200 MG	P	QL(3 ea per 30 days retail)
YF-VAX INJ	P	QL(1 ea per fill retail)	MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	NP	
VAGINAL AND RELATED PRODUCTS			MONISTAT 3 CREA (Use miconazole nitrate vaginal)	NP	OTC; QL(45 gm per 30 days retail)
Vaginal Anti-infectives			MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NP	OTC; QL(45 gm per 30 days retail)
			terconazole vaginal CREA	P	
			terconazole vaginal SUPP	P	
			tioconazole vaginal 6.5 %	P	OTC
			VANDAZOLE	P	QL(70 gm per fill retail)
			Vaginal Estrogens		
			ESTRACE CREA (Use estradiol vaginal)	NP	QL(43 gm per 30 days retail)
			estradiol vaginal CREA	P	QL(43 gm per 30 days retail)

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal TABS</i>	P		<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	P	OTC; QL(8 ea per 30 days retail)
PREMARIN	P	QL(43 gm per fill retail)	<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	P	OTC; QL(2 ea daily)
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP		<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	P	OTC; QL(100 ea per fill retail)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	P	
Anaphylaxis Therapy Agents			<i>cholecalciferol LIQD OR 400 UT/0.028ML</i>	P	Age limit = less than 6 months
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)	DRISDOL CAPS (<i>Use ergocalciferol</i>)	NP	
AUVI-Q SOAJ 0.15 MG/0.15ML	NP		D-VI-SOL LIQD OR (<i>Use cholecalciferol</i>)	NP	
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	P	QL(2 ea per fill retail; 4 ea per 365 days retail)	<i>ergocalciferol CAPS</i>	P	
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP		<i>ergocalciferol SOLN OR</i>	P	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)	KEY-E CHEW	P	QL(2 ea daily)
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)	MEPHYTON TABS (<i>Use phytonadione</i>)	NP	
EPIPEN-JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)	<i>phytonadione TABS 5 MG</i>	P	
Neurogenic Orthostatic Hypotension (NOH) - Agents			VITAMIN D3 LIQD OR 5000 UNIT/ML	P	Age limit = 6 months to 1 year
<i>droxidopa</i>	P	SP; PA	<i>vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT</i>	P	OTC; QL(2 ea daily)
NORTHERA (<i>Use droxidopa</i>)	NP	SP; PA	<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT</i>	P	QL(2 ea daily)
Vasopressors			VITAMIN E CAPS 200 UNIT	P	OTC; QL(2 ea daily)
<i>midodrine hcl</i>	P		VITAMIN E CHEW	P	OTC; QL(2 ea daily)
VITAMINS			Water Soluble Vitamins		
Oil Soluble Vitamins			<i>ascorbic acid TABS</i>	P	OTC; QL(100 ea per 30 days retail)
BABY DDROPS LIQD OR (<i>Use cholecalciferol</i>)	NP	Age limit = less than 6 months	B-1 TABS	P	OTC; QL(100 ea per 30 days retail)

Georgia Medicaid Updated January 1, 2024
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Drug Name	Drug Tier	Requirements/ Limits
NIACIN TR TBCR	P	OTC
<i>niacin CPCR 250 MG, 500 MG</i>	P	OTC
<i>niacin TABS 500 MG</i>	P	OTC
<i>niacin TBCR</i>	P	OTC
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	P	OTC
<i>riboflavin TABS</i>	P	OTC; QL(100 ea per 30 days retail)
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)
VITAMIN B-2 TABS	P	OTC; QL(100 ea per 30 days retail)

INDEX

abacavir sulfate SOLN	37	MG	5	ACULAR LS (Use ketorolac tromethamine (ophth))	88
abacavir sulfate TABS	37	acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	5	acyclovir CAPS	40
abacavir sulfate-lamivudine	37	acetaminophen TABS 325 MG, 500 MG	5	acyclovir SUSP	40
ABECMA	31	acetaminophen w/ codeine SOLN ..	7	acyclovir TABS OR 400 MG	40
ABILIFY MAINTENA PRSY	37	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7	acyclovir TABS OR 800 MG	40
ABILIFY MAINTENA SRER	37	acetazolamide CP12	58	acyclovir topical CREA	51
ABILIFY MYCITE	37	acetazolamide TABS	58	acyclovir topical OINT	51
ABILIFY TABS (Use aripiprazole) ..	37	acetic acid (otic)	88	ADACEL SUSP	94
abiraterone acetate	31	acetylcysteine SOLN	48	ADALIMUMAB-ADAZ SOAJ	3
ABRAXANE	34	ACNE MEDICATION 10 LOTN ...	48	ADALIMUMAB-ADAZ SOSY	3
ABRYSVO	98	ACNE MEDICATION 5 LOTN	48	ADALIMUMAB-FKJP AJKT	3
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin)	48	ACTEMRA ACTPEN SOAJ	4	ADALIMUMAB-FKJP PSKT	3
ACAM2000	98	ACTEMRA SOLN	4	ADAPTER PED DISPOSABLE MOUTHPIECE MISC	71
ACCU-CHEK GUIDE TEST STRIPS STRP	56	ACTEMRA SOSY	4	ADBRY	53
ACCUPRIL (Use quinapril hcl)	24	ACTHIB SOLR IM	97	ADCETRIS	30
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	25	ACTICLATE TABS (Use doxycycline hyclate)	93	ADCIRCA TABS (Use tadalafil (pulmonary hypertension))	43
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	25	ACTIMMUNE	34	ADDERALL TABS (Use amphetamine-dextroamphetamine) .	1
ACCURETIC 25 MG-20 MG (Use quinapril-hydrochlorothiazide)	25	ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	61	ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .	1
ACE AEROSOL CLOUD ENHANCER MISC	71	ACTIVITY POUCH MISC	71	ADEMPAS	43
acebutolol hcl CAPS	41	ACTONEL TABS 35 MG (Use risedronate sodium)	58	ADLYXIN SOPN	19
acetaminophen CHEW	5	ACTOPLUS MET TABS (Use pioglitazone hcl-metformin hcl)	17	ADLYXIN STARTER PACK PNKT	19
acetaminophen ELIX	5	ACTOS (Use pioglitazone hcl)	20	ADMELOG SOLN IJ	19
acetaminophen LIQD 160 MG/5ML .	5	ACULAR (Use ketorolac tromethamine (ophth))	88	ADMELOG SOLOSTAR SOPN	19
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	5			ADRENALIN 0.1 % (Use epinephrine hcl (nasal))	83
acetaminophen SUPP 120 MG, 650				ADULT AEROSOL MASK MISC ..	71

MOUTHPIECE MISC	71	albuterol sulfate TABS	11	alogliptin-metformin hcl	17
ADULT MASK LARGE MISC	71	ALCOHOL PREP PADS-MISC ...	70	alogliptin-pioglitazone	17
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	11	ALDACTAZIDE (Use spironolactone & hydrochlorothiazide)	58	ALOMIDE	88
ADVATE	64	ALDACTONE TABS (Use spironolactone)	58	ALORA PTTW	61
ADVIL COLD & SINUS TABS (Use pseudoephedrine-ibuprofen)	46	ALDARA (Use imiquimod)	53	ALPHANATE SOLR	64
ADVIL TABS (Use ibuprofen)	4	ALDURAZYME	60	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	64
ADYNOVATE	64	ALECENSA	32	alprazolam TABS	9
AEROECLIPSE EZ TWIST TUBING MISC	71	alendronate sodium SOLN	59	ALPROLIX	64
AEROECLIPSE MASK LARGE MISC	71	alendronate sodium TABS 35 MG, 70 MG	59	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	24
AEROECLIPSE MASK MEDIUM MISC	71	alendronate sodium TABS 5 MG, 10 MG	59	alum & mag hydrox-simethicone LIQD	8
AEROECLIPSE MASK SMALL MISC	71	ALEVE ARTHRITIS TABS (Use naproxen sodium)	4	alum & mag hydrox-simethicone SUSP	8
AEROTRACH PLUS MISC	71	ALEVE TABS (Use naproxen sodium)	4	ALUMINUM HYDROXIDE SUSP 320 MG/5ML	8
AFINITOR DISPERZ TBSO (Use everolimus)	32	ALFERON N	34	ALUNBRIG TABS	32
AFINITOR TABS (Use everolimus) 32		ALIMTA SOLR (Use pemetrexed disodium)	29	ALUNBRIG TBPK	32
AFSTYLA	64	ALIQOPA	32	amantadine hcl CAPS	35
AIRS PEDIATRIC AEROSOL MASK MISC	71	ALKERAN (Use melphalan hcl) ..	29	amantadine hcl SOLN	35
AIRZONE PEAK FLOW METER ..	71	ALKERAN (Use melphalan)	28	AMARYL 1 MG, 2 MG (Use glimepiride)	20
albuterol sulfate AERS	11	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	71	AMARYL 4 MG (Use glimepiride) .	20
albuterol sulfate NEBU 0.083 % ...	11	ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)	22	AMBIEN TABS (Use zolpidem tartrate)	67
albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	11	ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl)	22	ambrisentan	42
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	11	allopurinol	64	AMERGE (Use naratriptan hcl) ...	75
ALBUTEROL SULFATE NEBU	11	ALOCRIAL	88	AMICAR SOLN OR (Use aminocaproic acid)	66
albuterol sulfate SYRP	11	alogliptin benzoate	19	AMICAR TABS 1000 MG (Use aminocaproic acid)	66
				AMICAR TABS 500 MG (Use	

aminocaproic acid) .....66	amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG 90	ANUSOL-HC EX (Use hydrocortisone (rectal)) 8
amiloride & hydrochlorothiazide ...58	amoxicillin & pot clavulanate TABS 125 MG-875 MG 90	APLIGRAF DISK .....55
amiloride hcl TABS .....58	amoxicillin & pot clavulanate TB12 90	APOKYN SOCT .....35
aminocaproic acid SOLN IV 250 MG/ML .....66	amoxicillin CAPS .....89	apomorphine hydrochloride SOCT 35
aminocaproic acid SOLN OR 0.25 GM/ML .....66	amoxicillin CHEW 125 MG, 250 MG . 89	APO-VARENICLINE TABS .....92
aminocaproic acid TABS 1000 MG 66	amoxicillin SUSR .....89	apraclonidine hcl 86
aminocaproic acid TABS 500 MG .66	amoxicillin TABS 875 MG .....89	APRISO CP24 (Use mesalamine) .62
amiodarone hcl TABS 200 MG 10	amoxicillin-clarithromycin w/ lansoprazole THPK 96	APTIVUS CAPS .....37
amitriptyline hcl TABS 17	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG 1	AQINJECT PEN NEEDLE/31G X 3/16" .....70
AMLADEX TABS .....80	amphetamine-dextroamphetamine TABS 1	AQINJECT PEN NEEDLE/32G X 5/32" .....70
amlodipine besylate TABS .....41	ampicillin CAPS 500 MG .....89	AQUORAL SOLN .....79
amlodipine besylate-benazepril hcl 25	AMPYRA (Use dalfampridine) 92	ARALAST NP SOLR 500 MG, 1000 MG 93
amlodipine besylate-olmesartan medoxomil .....25	ANAFRANIL 75 MG (Use clomipramine hcl) 17	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML 65
amlodipine besylate-valsartan 25	ANALPRAM-HC LOTN EX .....8	ARANESP ALBUMIN FREE SOSY 65
amlodipine-valsartan- hydrochlorothiazide .....25	ANAPROX DS TABS (Use naproxen sodium) .....4	ARAVA (Use leflunomide) .....5
AMNIOTIC MEMBRANE	anastrozole .....31	ARCALYST .....3
ALLOGRAFT (HUMAN) SHEET . 55	ANDEXXA 200 MG 21	ARESTIN .....79
AMONDYS 45 .....84	ANTARA 30 MG, 90 MG (Use fenofibrate micronized) 23	AREXVY .....98
amoxapine .....17	ANTIVERT CHEW (Use meclizine hcl) 21	ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride) .....91
amoxicillin & pot clavulanate CHEW . 89		ARIKAYCE .....3
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML .....89		ARIMIDEX (Use anastrozole) .....31
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML .....89		aripiprazole SOLN OR .....37
amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML .....89		aripiprazole TABS .....37
		aripiprazole TBDP 37

ARISTADA	37	atenolol & chlorthalidone	25	AVSOLA	62
ARISTADA INITIO	37	atenolol TABS	41	AYGESTIN TABS (Use norethindrone acetate)	91
ARIXTRA (Use fondaparinux sodium)	11	ATGAM	78	AYVAKIT	32
ARMOUR THYROID TABS	94	ATIVAN TABS (Use lorazepam)	9	azacitidine SUSR	29
ARNUITY ELLIPTA	10	atomoxetine hcl	1	azathioprine TABS 50 MG	78
AROMASIN (Use exemestane) ...	31	atorvastatin calcium TABS	24	azathioprine TABS 75 MG, 100 MG 78	
arsenic trioxide	34	atropine sulfate (ophthalmic) OINT	85	AZEDRA DOSIMETRIC	34
ARZERRA	30	atropine sulfate (ophthalmic) SOLN	85	AZEDRA THERAPEUTIC	34
ASACOL HD TBEC (Use mesalamine)	62	ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic))	85	azelastine hcl (ophth)	88
ascorbic acid TABS	101	ATROPINE SULFATE SOLN 1 %	85	azelastine hcl 0.1 %, 137 MCG/SPRAY	83
ASMANEX HFA AERO	10	ATROVENT HFA	10	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	83
ASPARLAS	34	AUBAGIO (Use teriflunomide)	92	azithromycin PACK	68
aspirin buffered (cal carb-mag carb- mag oxide)	6	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	90	azithromycin SUSR 100 MG/5ML .	68
aspirin CHEW	6	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	90	azithromycin SUSR 200 MG/5ML .	68
ASPIRIN SUPP 300 MG	6	AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	90	azithromycin TABS 250 MG	68
aspirin TABS 325 MG	6	AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	70	azithromycin TABS 500 MG	68
aspirin TBEC 81 MG, 325 MG	6	AUM PEN NEEDLE/32GX4MM ...	70	azithromycin TABS 600 MG	68
ASSESS PEAK FLOW METER FULL RANGE	71	AUM PEN NEEDLE/32GX6MM ...	70	AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (Use phenazopyridine hcl)	63
ASSESS PEAK FLOW METER LOW RANGE	71	AUVI-Q SOAJ 0.15 MG/0.15ML ..	101	AZOPT (Use brinzolamide)	88
ATACAND (Use candesartan cilexetil)	25	AUVI-Q SOAJ 0.3 MG/0.3ML	101	AZOR (Use amlodipine besylate- olmesartan medoxomil)	25
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	25	AVALIDE (Use irbesartan- hydrochlorothiazide)	25	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	62
atazanavir sulfate CAPS 150 MG, 200 MG	37	AVAPRO (Use irbesartan)	25	AZULFIDINE TABS (Use sulfasalazine)	62
atazanavir sulfate CAPS 300 MG .	37	AVEED SOLN	8	b complex w/ c CAPS	80
ATELVIA TBEC (Use risedronate sodium)	59	AVONEX PEN AJKT	92	B-1 TABS	101
		AVONEX PSKT	92		

BABY DDROPS LIQD OR (Use cholecalciferol)	101	diphenhydramine hcl)	22	benzoyl peroxide LIQD 4 %, 5 %, 10 %	48
BACIGUENT	86	BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) ..	22	benztropine mesylate TABS	35
bacitracin (ophthalmic)	86	BENADRYL ALLERGY EXTRA STRENGTH TABS	22	BEOVU SOLN	86
bacitracin (topical) OINT	49	BENADRYL ALLERGY TABS (Use diphenhydramine hcl)	22	BERINERT KIT	65
bacitracin zinc OINT	49	BENADRYL ALLERGY ULTRATABS TABs (Use diphenhydramine hcl) ..	22	BESPONSA	30
bacitracin-polymyxin b (ophth)	86	benazepril & hydrochlorothiazide ..	25	BESREMI	34
baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML	82	benazepril hcl 40 MG	24	betaine	60
baclofen TABS 10 MG, 20 MG	82	benazepril hcl 5 MG, 10 MG, 20 MG . 24		betamethasone dipropionate (topical) CREA	51
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	27	bendamustine hcl SOLR	29	betamethasone dipropionate augmented CREA	51
BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	27	BENDAMUSTINE HYDROCHLORIDE SOLN	29	betamethasone valerate CREA	51
BAFIERTAM	92	BENDEKA SOLN	29	betamethasone valerate LOTN	51
balsalazide disodium CAPS	62	BENEFIX KIT	64	betamethasone valerate OINT	52
BALVERSA	32	BENICAR (Use olmesartan medoxomil)	25	BETAPACE AF (Use sotalol hcl (afib/afI))	41
BANZEL SUSP (Use rufinamide) ..	12	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ..	25	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	41
BANZEL TABS (Use rufinamide) ..	12	BENLYSTA SOAJ	79	betaxolol hcl (ophth) SOLN	85
BAVENCIO	30	BENLYSTA SOLR	79	bethanechol chloride	97
b-complex vitamins CAPS	80	BENLYSTA SOSY	79	BETHKIS NEBU (Use tobramycin) .	3
b-complex vitamins TABS	80	BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	48	BEVACIZUMAB IZ 2 MG/0.08ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	86
b-complex w/ c & folic acid CAPS .	80	BENZNIDAZOLE	9	bexarotene (topical)	50
b-complex w/ c & folic acid TABS ..	80	benzonatate 100 MG	46	bexarotene	34
BD GLUCOSE CHEW	18	benzonatate 200 MG	45	BEXSERO	97
BD PEN NEEDLES	70	benzoyl peroxide BAR	48	bicalutamide	31
BD VERITOR AT-HOME COVID-19 TEST KIT	56	benzoyl peroxide GEL 2.5 %, 5 %, 10 %	48	BIKTARVY	37
BELBUCA FILM	7			BI-MIX SOLR	42
BELEODAQ	32			BINAXNOW COVID-19 AG CARD HOME TEST KIT	56
BELRAPZO SOLN	29				
BENADRYL ALLERGY CAPS (Use					

BIOLYTE SOLN	77	BPROTECTED PEDIA POLY-VITE SOLN OR	82	budesonide-formoterol fumarate dihydrate	11
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	69	BPROTECTED PEDIA POLY-VITE/IRON SOLN	82	BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	6
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN ...	79	BRAFTOVI 75 MG	32	bumetanide TABS	58
BIOTHRAX	97	BREATHE EASE NEBULIZER MASK/CHILD MISC	71	BUMEX TABS 0.5 MG (Use bumetanide)	58
bisacodyl SUPP	68	BREATHE EASE NEBULIZER MASK/INFANT MISC	72	BUPHENYL POWD (Use sodium phenylbutyrate)	60
bisacodyl TBEC	68	BREATHE EASE PEAK FLOW METER	72	BUPHENYL TABS (Use sodium phenylbutyrate)	60
bismuth subsalicylate CHEW 262 MG	20	BREYANZI	31	BUPRENEX SOLN (Use buprenorphine hcl)	7
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	20	BRIDION	21	buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	7
bisoprolol & hydrochlorothiazide ..	25	BRILINTA	65	buprenorphine hcl SOLN	8
bisoprolol fumarate	41	brimonidine tartrate 0.2 %	86	buprenorphine hcl SUBL	8
BIVIGAM SOLN	89	BRINEURA	60	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	8
BLENREP	30	brinzolamide	88	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	8
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	86	BRIVIACT SOLN IV 50 MG/5ML ..	12	buprenorphine hcl-naloxone hcl dihydrate SUBL	8
BLEPHAMIDE S.O.P. OINT	87	bromocriptine mesylate CAPS	35	bupropion hcl (smoking deterrent) ..	92
BLEPHAMIDE SUSP	87	bromocriptine mesylate TABS 2.5 MG	35	bupropion hcl TABS	15
BLINCYTO	30	brompheniramine & phenyleph ELIX . 46		bupropion hcl TB12 100 MG	15
BLOOD GLUCOSE TEST STRIPS333 STRP	56	brompheniramine & pseudoeph ELIX 46		bupropion hcl TB12 150 MG	15
BLULINK GLUCOSE TEST STRIPS STRP	56	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	46	bupropion hcl TB12 200 MG	15
BOOSTRIX SUSP	94	BRONCHITOL	93	bupropion hcl TB24 150 MG	15
BOOSTRIX SUSY	94	BRONCHITOL TOLERANCE TEST . 93		bupropion hcl TB24 300 MG	15
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	32	BRUKINSA	32	buspirone hcl 15 MG	9
bortezomib SOLR IJ	32	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	72	buspirone hcl 5 MG, 10 MG	9
bosentan TABS	42	budesonide (inhalation) SUSP	10		
BOSULIF	32				

bupirone hcl 7.5 MG, 30 MG	9	calcitriol CAPS	60	capecitabine	29
butalbital-acetaminophen TABS 50 MG-325 MG	5	CALCIUM 600+D HIGH POTENCY TABS	76	CAPHOSOL SOLN	79
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	calcium acetate (phosphate binder) CAPS	63	CAPRELSA	32
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5	calcium carbonate (antacid) CHEW 500 MG	8	capsaicin CREA 0.025 %, 0.075 %	53
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG	76	capsaicin CREA 0.1 %	53
butalbital-aspirin-caffeine CAPS	5	calcium carbonate-cholecalciferol TABS 200 UNIT-200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG	76	captropril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG	26
butalbital-aspirin-caffeine w/cod	7	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	76	captropril & hydrochlorothiazide 25 MG-50 MG	26
BYDUREON BCISE AUIJ	19	calcium carbonate-vitamin d TABS 600 MG-200 UNIT	76	captropril	24
BYETTA SOPN 10 MCG/0.04ML	19	calcium polycarbophil TABS	67	CAPZASIN-HP CREA (Use capsaicin)	53
BYETTA SOPN 5 MCG/0.02ML	19	CALQUENCE	32	CAPZASIN-P CREA	53
BYLVAY (PELLETS) CPSP	62	CALTRATE 600+D3 TABS (Use calcium carbonate-cholecalciferol)	76	CARAC CREA (Use fluorouracil (topical))	50
BYLVAY CAPS	62	CALTRATE BONE HEALTH TABS (Use calcium carbonate-cholecalciferol)	76	CARAFATE SUSP (Use sucralfate)	96
CABLIVI	65	CAMCEVI	31	CARAFATE TABS (Use sucralfate)	96
CABOMETYX TABS 20 MG, 60 MG	32	camphor & menthol LOTN	50	CARBAGLU (Use carglumic acid)	60
CABOMETYX TABS 40 MG	32	CAMPTOSAR (Use irinotecan hcl)	35	carbamazepine CHEW	12
CAFECIT SOLN IV 60 MG/3ML (Use caffeine citrate)	1	CAMZYOS	42	carbamazepine SUSP	12
CAFERGOT TABS (Use ergotamine w/ caffeine)	75	candesartan cilexetil	25	carbamazepine TABS	12
caffeine citrate SOLN OR	1	candesartan cilexetil-hydrochlorothiazide	26	carbamazepine TB12	12
CAFFEINE CITRATED POWD	1			carbamide peroxide (otic) 6.5 %	88
CALAN SR TBCR (Use verapamil hcl)	41			carbidopa	35
calcipotriene CREA	50			carbidopa-levodopa TABS	35
calcipotriene SOLN	50			carbidopa-levodopa TBCR	35
calcitonin (salmon) IJ	59			carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	29
calcitonin (salmon) NA	59				

CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	41	carteolol hcl (ophth)	85	CELLCEPT TABS (Use mycophenolate mofetil)	78
CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)	41	carvedilol 25 MG	40	CENTANY OINT	49
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	41	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	40	cephalexin CAPS 250 MG, 500 MG 43	
CARDURA (Use doxazosin mesylate)	25	carvedilol phosphate	40	cephalexin SUSR	43
CARESENS N BLOOD GLUCOSETEST STRIPS STRP ..	56	CARVYKTI	31	CEPROTIN	65
CARESTART COVID-19 ANTIGEN HOME TEST KIT	56	CASODEX (Use bicalutamide)	31	CERALYTE 70 SOLN	77
CARETOUCH 2 CPAP HOSE HANGER MISC	72	CASTIVA WARMING LOTN	53	CERASPORT EX1 SOLN	77
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	56	CAYSTON	27	CERASPORT SOLN	77
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	72	cefaclor CAPS	43	CERDELGA	65
CARETOUCH CPAP MASK WIPES MISC	72	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	43	CEREZYME 400 UNIT	65
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 72		cefadroxil CAPS	43	cetirizine hcl CHEW	22
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	72	cefadroxil SUSR	43	cetirizine hcl SOLN OR	22
CARETOUCH UNIVERSAL CPAPFILTERS MISC	72	cefadroxil TABS	43	cetirizine hcl SYRP OR	22
carglumic acid	60	cefdinir CAPS	43	cetirizine hcl TABS	22
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers)) 60		cefdinir SUSR	43	cetirizine-pseudoephedrine	46
CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	60	cefixime CAPS	43	cetorelix acetate	59
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	60	cefprozil SUSR	43	CETROTIDE 0.25 MG	59
		cefprozil TABS	43	CHEMET	21
		ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	43	CHEMSTRIP-K STRP	56
		cefuroxime axetil TABS	43	CHENODAL	62
		CELEXA TABS 10 MG (Use citalopram hydrobromide)	15	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	4
		CELEXA TABS 20 MG (Use citalopram hydrobromide)	15	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	4
		CELEXA TABS 40 MG (Use citalopram hydrobromide)	15	chlordiazepoxide hcl CAPS	9
		CELLCEPT CAPS (Use mycophenolate mofetil)	78	chlorhexidine gluconate (mouth-throat)	79
		CELLCEPT SUSR (Use mycophenolate mofetil)	78	chlorhexidine gluconate LIQD	37
				chloroquine phosphate TABS 250 MG	28

chloroquine phosphate TABS 500 MG	28	MG/6.67ML	95	CLARITIN REDITABS TBDP 10 MG (Use loratadine)	23
chlorpheniramine maleate SYRP ..	22	cimetidine TABS	95	CLARITIN SOLN (Use loratadine) ..	23
chlorpheniramine maleate TABS ..	22	cinacalcet hcl	60	CLARITIN TABS (Use loratadine) ..	23
chlorpromazine hcl TABS 10 MG ..	37	CINQAIR	10	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	46
chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	37	CINRYZE SOLR IV	65	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	46
chlorthalidone 25 MG, 50 MG	58	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	62	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	56
chlorzoxazone TABS 500 MG	82	CIPRODEX (Use ciprofloxacin-dexamethasone)	88	clemastine fumarate TABS 1.34 MG .	22
CHOLBAM	62	ciprofloxacin hcl (ophth) SOLN	86	CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	27
cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	101	ciprofloxacin hcl TABS 100 MG ...	62	CLEOCIN CREA (Use clindamycin phosphate vaginal)	100
cholecalciferol CAPS 125 MCG, 5000 UNIT	101	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	62	CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	27
cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT	101	ciprofloxacin-dexamethasone	88	CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	48
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	101	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	29	CLEVER CHOICE PEAK FLOW METER	72
cholecalciferol LIQD OR 400 UT/0.028ML	101	CISPLATIN SOLR	29	CLIMARA PTWK (Use estradiol) ..	61
cholestyramine light PACK	23	citalopram hydrobromide SOLN ...	15	CLINDAGEL GEL (Use clindamycin phosphate (topical))	48
cholestyramine light POWD	23	citalopram hydrobromide TABS 10 MG	15	clindamycin hcl 150 MG, 300 MG .	27
cholestyramine PACK	23	citalopram hydrobromide TABS 20 MG	15	clindamycin palmitate hydrochloride .	27
cholestyramine POWD	23	citalopram hydrobromide TABS 40 MG	15	clindamycin phosphate (topical) GEL	49
CHORIONIC GONADOTROPIN IM 59		cladribine 10 MG/10ML	29	clindamycin phosphate (topical) LOTN	49
CIBINQO	53	clarithromycin SUSR 125 MG/5ML	69	clindamycin phosphate (topical) SOLN	49
cilostazol	65	clarithromycin SUSR 250 MG/5ML	69		
CILOXAN OINT	86	clarithromycin TABS	69		
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	86	clarithromycin TB24	69		
CIMDUO	37	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	22		
cimetidine hcl OR 300 MG/5ML, 400		CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	23		

clindamycin phosphate vaginal CREA	100	COARTEM	28	CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) ..	2
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	56	codeine sulfate TABS 30 MG	6	CONCERTA TBCR 36 MG (Use methylphenidate hcl)	2
clobetasol propionate CREA 0.05 % ..	52	CODEINE SULFATE TABS	6	CONDOMS-MISC	69
clobetasol propionate emollient base 0.05 %	52	COLACE CAPS 100 MG (Use docusate sodium)	68	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	69
clobetasol propionate GEL 0.05 %	52	COLACE CLEAR CAPS (Use docusate sodium)	68	COPAXONE SOSY (Use glatiramer acetate)	92
clobetasol propionate OINT 0.05 %	52	COLAZAL CAPS (Use balsalazide disodium)	62	COPIKTRA	32
clobetasol propionate SOLN 0.05 % ..	52	colchicine TABS	64	COREG 25 MG (Use carvedilol) ..	40
clomipramine hcl 75 MG	17	colchicine w/ probenecid	64	COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	40
clonazepam TABS	12	COLCRYS TABS (Use colchicine)	64	COREG CR (Use carvedilol phosphate)	40
clonidine hcl (adhd) TB12	1	COLD & FLU RELIEF NIGHTTIME D LIQD	46	CORETEXT SUSP 1 ML, 2 ML	55
clonidine hcl TABS	25	COLESTID FLAVORED GRAN (Use colestipol hcl)	23	CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	41
clopidogrel bisulfate 75 MG	65	COLESTID GRAN (Use colestipol hcl)	23	CORIFACT	64
clorazepate dipotassium TABS	9	COLESTID TABS (Use colestipol hcl)	23	CORTEF TABS (Use hydrocortisone)	45
clotrimazole (topical) CREA	49	colestipol hcl GRAN	23	CORTENEMA (Use hydrocortisone (intrarectal))	8
clotrimazole (topical) SOLN	49	colestipol hcl TABS	23	CORTISONE ACETATE TABS	45
clotrimazole vaginal CREA 1 % ..	100	COMBIPATCH PTTW	61	CORTROSYN SOLR (Use cosyntropin)	56
clotrimazole vaginal CREA 2 % ..	100	COMBIVENT RESPIMAT AERS ..	11	COSENTYX SENSOREADY PEN SOAJ	50
clotrimazole w/ betamethasone CREA	49	COMBIVIR (Use lamivudine-zidovudine)	37	COSENTYX SOSY	50
clotrimazole w/ betamethasone LOTN	49	COMETRIQ KIT	32	COSOPT (Use dorzolamide hcl-timolol maleate)	85
clozapine TABS	36	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	70	cosyntropin SOLR	56
CLOZARIL TABS (Use clozapine) .	36	COMIRNATY 2023-24 SUSP	98	COTELLIC	32
CO MONITOR REPLACEMENT TPIECES MISC	72	COMIRNATY 2023-24 SUSY	98		
COAGADEX	64	COMIRNATY SUSP	98		
coal tar extract SHAM 0.5 %	55	COMPLERA	37		

COVID-19 AG TEST KIT	56	CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	29	DALIRESP (Use roflumilast)	10
COVID-19 AT-HOME TEST KIT KIT . 56		cyclophosphamide SOLN	29	dapsone	27
COZAAR (Use losartan potassium) 25		CYCLOPHOSPHAMIDE SOLN ...	29	DAPTACEL	94
CREON CPEP	58	cyclophosphamide SOLR IJ	29	DARAPRIM (Use pyrimethamine) 28	
CRESTOR TABS (Use rosuvastatin calcium)	24	cyclosporine CAPS	78	darunavir TABS 600 MG	37
cromolyn sodium (nasal) 5.2 MG/ACT	83	cyclosporine modified (for microemulsion) CAPS	78	darunavir TABS 800 MG	37
cromolyn sodium (ophth)	88	cyclosporine modified (for microemulsion) SOLN	78	DARZALEX	30
cromolyn sodium NEBU	10	cyclosporine SOLN IV 50 MG/ML .	78	DARZALEX FASPRO	32
crotamiton LOTN	54	CYMBALTA CPEP (Use duloxetine hcl)	16	daunorubicin hcl SOLN	32
CRYSVITA	60	cyproheptadine hcl SYRP	23	DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl)	32
CUTAQUIG	89	cyproheptadine hcl TABS	23	DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	32
CUVITRU SOLN	89	CYRAMZA	30	DAURISMO	31
CVS COVID-19 AT HOME TESTKIT KIT	56	CYSTADANE (Use betaine)	60	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	61
CVS DRY MOUTH SPRAY SOLN .	79	CYSTADROPS	88	DDAVP TABS (Use desmopressin acetate)	61
CVS GLUCOSE	18	CYSTAGON CAPS	63	DEBROX 6.5 % (Use carbamide peroxide (otic))	88
CVS GLUCOSE CHEW	18	CYSTARAN	88	decitabine	29
CVS SOFT GLUCOSE CHEW	18	cytarabine SOLN	29	deferasirox PACK	21
cyanocobalamin SOLN IJ	65	CYTOGAM	89	deferasirox TABS	21
cyclobenzaprine hcl TABS 5 MG, 10 MG	82	CYTOMEL TABS (Use liothyronine sodium)	94	deferasirox TBSO	21
cyclobenzaprine hcl TABS 7.5 MG	82	CYTOTEC (Use misoprostol)	96	deferiprone TABS	21
CYCLOGYL (Use cyclopentolate hcl)	85	D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate)	75	deferoxamine mesylate	21
CYCLOGYL 0.5 %	85	dabigatran etexilate mesylate CAPS . 12		DEFITELIO	65
CYCLOGYL 2 %	85	DACOGEN (Use decitabine)	29	DEFLUX	64
cyclopentolate hcl 0.5 %	85	DAILY MULTIPLE VITAMINS TABS . 80		DELSTRIGO	37
cyclopentolate hcl 1 %, 2 %	86	dalfampridine	92	DELSYM COUGH CHILDRENS SUER (Use dextromethorphan	

polistirex) .....46	DESCOVY 120 MG-15 MG .....37	DEX4 18
DELSYM SUER (Use dextromethorphan polistirex) 46	DESCOVY 200 MG-25 MG 37	DEX4 FAST ACTING GLUCOSE .18
DELZICOL CPDR (Use mesalamine) 63	DESFERAL 500 MG (Use deferoxamine mesylate) 21	DEX4 NATURALS .....18
DEMSEER (Use metyrosine) .....25	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG .....17	DEX4 POUCH PACK .....18
DENGVAXIA 98	desipramine hcl TABS 25 MG 17	DEX4 QUICK DISSOLVE GLUCOSE CHEW .....18
DEPAKOTE ER TB24 250 MG (Use divalproex sodium) .....14	desmopressin acetate SOLN IJ ...61	dexamethasone ELIX .....45
DEPAKOTE ER TB24 500 MG (Use divalproex sodium) .....14	DESMOPRESSIN ACETATE SOLN NA .....61	dexamethasone sodium phosphate (ophth) .....87
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium) .....14	desmopressin acetate spray .....61	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML 45
DEPAKOTE TBEC 125 MG (Use divalproex sodium) .....14	desmopressin acetate spray refrigerated 61	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML .45
DEPAKOTE TBEC 250 MG (Use divalproex sodium) .....14	desmopressin acetate TABS 61	dexamethasone SOLN 45
DEPAKOTE TBEC 500 MG (Use divalproex sodium) .....14	desogestrel & ethinyl estradiol ....44	dexamethasone TABS .....45
DEPEN TITRATABS TABS (Use penicillamine) 78	desogestrel-ethinyl estradiol (biphasic) .....44	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT .....69
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive)) 45	desogestrel-ethinyl estradiol (triphasic) .....44	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE.....69
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive)) 45	desonide CREA .....52	DEXCOM G4 PLATINUM RECEIVER KIT .....69
DEPO-SUBQ PROVERA 104 SUSY SC .....45	desonide OINT .....52	DEXCOM G4 PLATINUM RECEIVER KIT/SHARE .....69
DERMAREST PSORIASIS GEL ...53	DESOWEN CREA (Use desonide) 52	DEXCOM G5 MOBILE RECEIVERKIT 69
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) 52	desoximetasone CREA 0.05 % ...52	DEXCOM G5 RECEIVER KIT 69
DERMOTIC (Use fluocinolone acetonide (otic)) .....88	desoximetasone CREA 0.25 % ...52	DEXCOM G6 RECEIVER .....69
	desoximetasone GEL .....52	DEXCOM G7 RECEIVER .....69
	desoximetasone OINT 0.25 %52	DEXCOM G7 SENSOR .....69
	desvenlafaxine succinate 100 MG .16	DEXEDRINE CP24 (Use dextroamphetamine sulfate) 1
	desvenlafaxine succinate 25 MG, 50 MG 16	DEXILANT (Use dexlansoprazole)
	DETROL LA CP24 (Use tolterodine tartrate) .....96	
	DETROL TABS (Use tolterodine tartrate) .....96	

96	DHIVY TABS	35	DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	49
dexlansoprazole	DHS TAR GEL SHAM (Use coal tar extract)	55	DIFLUCAN SUSR (Use fluconazole) .	22
dexmethylphenidate hcl TABS	DHS TAR SHAM (Use coal tar extract)	55	DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	22
dexrazoxane hcl	DIABETIC TUSSIN COLD/FLU CAPS	47	DIFLUCAN TABS 150 MG (Use fluconazole)	22
DEXTENZA INST	DIACOMIT CAPS 250 MG	12	DIFLUCAN TABS 50 MG (Use fluconazole)	22
dextroamphetamine sulfate CP24 ...	DIACOMIT CAPS 500 MG	12	diflunisal TABS	6
dextroamphetamine sulfate TABS 5 MG, 10 MG	DIACOMIT PACK 250 MG	12	digoxin SOLN OR 0.05 MG/ML ...	42
dextromethorphan hbr LIQD 7.5 MG/5ML	DIACOMIT PACK 500 MG	12	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	42
dextromethorphan polistirex LQCR 46	DIASTAT ACUDIAL GEL 10 MG (Use diazepam (anticonvulsant)) ..	12	dihydroergotamine mesylate SOLN NA 4 MG/ML	75
dextromethorphan polistirex SUER 46	DIASTAT ACUDIAL GEL 20 MG (Use diazepam (anticonvulsant)) ..	12	DILANTIN (Use phenytoin sodium extended)	14
dextromethorphan-doxylamine-acetaminophen LIQD	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	12	DILANTIN	14
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	diazepam (anticonvulsant) GEL 10 MG	12	DILANTIN INFATABS CHEW (Use phenytoin)	14
dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-200 MG/5ML-30 MG/5ML-30 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML	diazepam SOLN OR 5 MG/5ML ...	9	DILANTIN-125 SUSP (Use phenytoin)	14
dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML	diazepam TABS	9	DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)	6
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML	dibucaine	53	DILAUDID TABS 8 MG (Use hydromorphone hcl)	6
dextromethorphan-guaifenesin TB12 600 MG-30 MG	dichlorphenamide	58	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	41
dextromethorphan-phenylephrine-acetaminophen CAPS	diclofenac potassium TABS 50 MG .	4	diltiazem hcl coated beads CP24 240 MG	41
DEXYCU SUSP IO	diclofenac sodium (ophth)	88	diltiazem hcl CP12	41
Index 13	diclofenac sodium (topical) GEL EX 50		diltiazem hcl CP24 120 MG, 180 MG 41	
	diclofenac sodium TBEC	4	diltiazem hcl CP24 240 MG	41
	dicloxacin sodium	90		
	dicyclomine hcl CAPS	95		
	dicyclomine hcl SOLN OR	95		
	dicyclomine hcl TABS	95		

diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	41	DISPOSABLE MOUTHPIECE FULL RANGE MISC	72	docusate sodium LIQD	68
diltiazem hcl extended release beads 240 MG	41	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC ...	72	docusate sodium SYRP	68
diltiazem hcl TABS	41	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	72	DOCUSATE SODIUM SYRP	68
dimenhydrinate TABS	21	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	72	docusate sodium TABS	68
dimethyl fumarate CDPK	92	DISPOSABLE PAPER MOUTHPIECE MISC	72	dofetilide	10
dimethyl fumarate CPDR	92	disulfiram 250 MG	91	DOJOLVI	85
DIOVAN HCT (Use valsartan- hydrochlorothiazide)	26	DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride)	96	donepezil hydrochloride TABS 5 MG, 10 MG	91
DIOVAN TABS (Use valsartan) ...	25	divalproex sodium CSDR	14	dorzolamide hcl	88
diphenhydramine hcl (sleep) CAPS 50 MG	67	divalproex sodium TB24 250 MG ..	14	DORZOLAMIDE HCL	88
diphenhydramine hcl (sleep) TABS 25 MG	67	divalproex sodium TB24 500 MG ..	14	DORZOLAMIDE HCL/TIMOLOL MALEATE	85
diphenhydramine hcl (sleep) TABS 50 MG	67	divalproex sodium TBEC 125 MG ..	14	dorzolamide hcl-timolol maleate ..	85
diphenhydramine hcl CAPS	22	divalproex sodium TBEC 250 MG ..	14	DOVATO	37
diphenhydramine hcl ELIX 12.5 MG/5ML	22	divalproex sodium TBEC 500 MG ..	14	DOVONEX CREA (Use calcipotriene)	51
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	22	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel)	34	doxazosin mesylate	25
diphenhydramine hcl TABS 25 MG 22		docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	34	doxepin hcl CAPS	17
diphenoxylate w/ atropine LIQD ...	21	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	34	doxepin hcl CONC	17
diphenoxylate w/ atropine TABS ...	21	DOCETAXEL SOLN (Use docetaxel) 34		doxycycline (monohydrate) CAPS 50 MG, 100 MG	93
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ..	94	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	34	doxycycline (monohydrate) TABS 50 MG, 100 MG	93
DIPROLENE AF CREA (Use betamethasone dipropionate augmented)	52	docetaxel SOLN	34	doxycycline hyclate CAPS	93
dipyridamole	65	docusate sodium CAPS 100 MG, 250 MG	68	doxycycline hyclate TABS 100 MG 93	
disopyramide phosphate CAPS ...	10	docusate sodium CAPS 50 MG ...	68	doxylamine succinate (sleep)	67

DROXIA CAPS	65	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	6	ELLUME COVID-19 HOME TEST KIT	56
droxidopa	101	ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	6	ELOCTATE	64
DRYSOL SOLN	54	ECOTRIN TBEC (Use aspirin)	6	EMBRACE PEN NEEDLES/30G X 5MM	70
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	68	ED BRON GP LIQD	47	EMBRACE PEN NEEDLES/31G X 5MM	70
DULCOLAX SUPP (Use bisacodyl) 68		EDURANT	37	EMBRACE PEN NEEDLES/31G X 8MM	70
DULCOLAX TBEC (Use bisacodyl) 68		efavirenz CAPS 200 MG	37	EMBRACE PEN NEEDLES/32G X 4MM	70
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	16	efavirenz CAPS 50 MG	37	EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP ..	56
DUROLANE PRSY	83	efavirenz TABS	38	EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP ..	57
DUTOPROL TB24	26	efavirenz-emtricitabine-tenofovir disoproxil fumarate	37	EMCYT	31
D-VI-SOL LIQD OR (Use cholecalciferol)	101	efavirenz-lamivudine-tenofovir disoproxil fumarate	38	EMFLAZA SUSP	45
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	69	EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	17	EMFLAZA TABS	45
EASY FLOW 300 MM HOSE MISC 72		EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	17	EMOLLIENT LOTION-MISC	53
EASY FLOW 400 MM HOSE MISC 72		EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	17	EMPLICITI	30
EASY FLOW AIR NOZZLE MISC .	72	EFFIENT (Use prasugrel hcl)	65	emtricitabine CAPS	38
EASY FLOW HEPA FILTER MISC 72		EFUDEX CREA (Use fluorouracil (topical))	50	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	38
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP ..	56	ELAPRASE	60	EMTRIVA CAPS (Use emtricitabine) .	38
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	69	eletriptan hydrobromide	75	EMTRIVA SOLN	38
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP ..	56	ELIDEL (Use pimecrolimus)	53	EMVERM CHEW	9
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	56	ELIGARD KIT SC 22.5 MG, 30 MG, 45 MG	31	enalapril maleate & hydrochlorothiazide	26
EBASE CONTROLLER KIT MISC .	72	ELIGARD KIT SC 7.5 MG	31	enalapril maleate TABS	24
econazole nitrate CREA	49	ELIQUIS STARTER PACK TBPK .	11	ENDARI	65
		ELIQUIS TABS	11	ENFAMIL ENFALYTE SOLN	77
		ELLA	44	ENGERIX-B SUSP 20 MCG/ML ...	98
		ELLENCE SOLN	32		

ENGERIX-B SUSY 10 MCG/0.5ML 98	EQL DRY MOUTH ORAL RINSE SOLN .....79	escitalopram oxalate TABS 10 MG 15
ENGERIX-B SUSY 20 MCG/ML ...98	EQUALYTE SOLN (Use oral electrolytes) .....77	escitalopram oxalate TABS 20 MG 15
ENHERTU .....30	ERBITUX .....31	escitalopram oxalate TABS 5 MG . 15
ENJAYMO .....65	ergocalciferol CAPS .....101	ESGIC TABS (Use butalbital- acetaminophen-caffeine) .....5
enoxaparin sodium SOLN IJ 300 MG/3ML .....11	ergocalciferol SOLN OR .....101	esomeprazole magnesium CPDR 20 MG .....96
enoxaparin sodium SOSY .....12	ergotamine w/ caffeine TABS .....75	ESPEROCT .....64
ENSPRYNG .....78	ERIVEDGE .....31	ESTRACE CREA (Use estradiol vaginal) .....100
ENTYVIO SOLR .....63	ERLEADA 60 MG .....31	ESTRACE TABS (Use estradiol) ..61
EPCLUSA PACK 50 MG-200 MG .39	erlotinib hcl .....31	estradiol & norethindrone acetate TABS .....61
EPICORD/ 1CM X 2CM SHEE ....55	ertapenem sodium IJ .....27	estradiol PTTW .....61
EPIDIOLEX .....12	ERYGEL GEL (Use erythromycin (acne aid)) .....49	estradiol PTWK .....62
EPIFOAM FOAM .....52	ERYPED 200 SUSR (Use erythromycin ethylsuccinate) .....69	estradiol TABS .....62
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML .....101	ERYPED 400 SUSR (Use erythromycin ethylsuccinate) .....69	estradiol vaginal CREA .....100
epinephrine (anaphylaxis) SOAJ .101	erythromycin (acne aid) GEL .....49	estradiol vaginal TABS .....101
epinephrine hcl (nasal) .....83	erythromycin (acne aid) SOLN ....49	ESTROFACTORS TABS .....80
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....101	erythromycin (ophth) .....86	ESTROSTEP FE (Use norethindrone acetate-ethinyl estradiol-fe) .....44
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....101	ERYTHROMYCIN .....86	ethambutol hcl TABS .....28
EPIVIR SOLN (Use lamivudine) ...38	erythromycin base CPEP .....69	ethosuximide CAPS .....14
EPIVIR TABS 150 MG (Use lamivudine) .....38	erythromycin base TABS .....69	ethosuximide SOLN .....14
EPIVIR TABS 300 MG (Use lamivudine) .....38	erythromycin base TBEC .....69	ethynodiol diacet & eth estrad ....44
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....66	erythromycin ethylsuccinate SUSR 69	etodolac CAPS .....4
epoprostenol sodium .....42	erythromycin ethylsuccinate TABS 69	etodolac TABS .....4
EPZICOM (Use abacavir sulfate- lamivudine) .....38	erythromycin stearate TABS 250 MG 69	etonogestrel-ethinyl estradiol .....44
	ESBRIET CAPS (Use pirfenidone) 93	etoposide CAPS .....34
	ESBRIET TABS (Use pirfenidone) 93	etoposide SOLN 1 GM/50ML, 100

MG/5ML, 500 MG/25ML	34	ezetimibe	24	MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	66
etravirine 100 MG	38	ezetimibe-simvastatin	23	FER-IN-SOL SOLN (Use ferrous sulfate)	66
etravirine 200 MG	38	famciclovir	40	FERRETTS TABS	66
EUFLEXXA SOSY	83	famotidine SUSR	95	FERRIPROX SOLN	21
EULEXIN	31	famotidine TABS 10 MG	95	FERRIPROX TABS (Use deferiprone)	21
EVAC POWD (Use psyllium)	67	famotidine TABS 20 MG, 40 MG	95	FERRIPROX TWICE-A-DAY TABS	21
EVENITY	59	FARESTON (Use toremifene citrate)	31	ferrous fumarate TABS 324 MG	66
everolimus TABS	32	FARYDAK	32	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	66
everolimus TBSO	32	FASTEP COVID-19 ANTIGEN HOME TEST KIT	57	FERROUS GLUCONATE TABS 324 MG	66
EVERSENSE E3 SENSOR/HOLDER	69	FEIBA	64	ferrous sulfate SOLN 15 MG/ML	66
EVISTA (Use raloxifene hcl)	60	felbamate SUSP	13	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	66
EVKEEZA	23	felbamate TABS	14	ferrous sulfate TABS 65 MG, 325 MG	66
EVOMELA	29	FELBATOL SUSP (Use felbamate)	14	ferrous sulfate TBEC	66
EVRYSDI	84	FELBATOL TABS (Use felbamate)	14	FERROUS SULFATE TBEC	66
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	91	FELDENE CAPS (Use piroxicam)	4	FEVERALL JUNIOR STRENGTH SUPP	5
exemestane	31	felodipine	42	fexofenadine hcl TABS 180 MG	23
EXFORGE (Use amlodipine besylate-valsartan)	26	FEMARA (Use letrozole)	31	fexofenadine hcl TABS 60 MG	23
EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)	26	FEMHRT (Use norethindrone acetate-ethinyl estradiol)	61	FIBRYGA	64
EXJADE TBSO (Use deferasirox)	21	fenofibrate micronized 134 MG, 200 MG	23	FILTER AIR PP MISC	72
EXKIVITY	31	fenofibrate micronized 67 MG	23	finasteride	63
EXONDYS 51	84	fenofibrate TABS 160 MG	24	fingolimod hcl	92
EXPIRATORY MOUTHPIECE MISC	72	fenofibrate TABS 54 MG	24	FINTEPLA	12
EXSERVAN FILM	84	FENOFIBRATE TABS	24	FIRAZYR SOSY (Use icatibant acetate)	64
EXTAVIA KIT	92	fenopropfen calcium CAPS 400 MG	4		
EYLEA HD SOLN	86	FENSOLVI SC	60		
EYLEA SOLN	86	fentanyl PT72 12 MCG/HR, 25			
EYLEA SOSY	86				

FIRMAGON 80 MG	31	fluconazole TABS 100 MG, 200 MG .	22	flurbiprofen TABS	4
FIRVANQ SOLR OR (Use		fluconazole TABS 150 MG	22	flutamide	31
vancomycin hcl)	27	fluconazole TABS 50 MG	22	fluticasone propionate (nasal) SUSP .	83
FLAVOR BLEND SUSP	90	fludarabine phosphate SOLN	29	fluticasone propionate CREA 0.05 %	52
FLAVOR PLUS LIQD	90	FLUDARABINE PHOSPHATE SOLN	29	fluticasone propionate hfa 110	
FLAVOR SWEET SYRP	90	.....	29	MCG/ACT, 220 MCG/ACT	10
FLAVOR SWEET-SF SYRP	90	fludarabine phosphate SOLR	29	fluticasone propionate hfa 44	
flavoxate hcl	97	fludrocortisone acetate TABS	45	MCG/ACT	10
FLEBOGAMMA DIF SOLN	89	flunisolide (nasal) 0.025 %	83	fluticasone propionate OINT	52
flecainide acetate	10	fluocinolone acetonide (otic)	88	fluticasone-salmeterol AEPB 100	
FLEET ENEMA ENEM (Use sodium		fluocinolone acetonide OIL	52	MCG/ACT-50 MCG/ACT, 250	
phosphates)	68	fluocinonide CREA 0.05 %	52	MCG/ACT-50 MCG/ACT, 500	
FLEET PEDIATRIC ENEM (Use		fluocinonide emulsified base	52	MCG/ACT-50 MCG/ACT	11
sodium phosphates)	68	fluocinonide GEL	52	fluvoxamine maleate TABS 100 MG .	
FLEXICHAMBER ADULT		fluocinonide OINT	52	16	
MASK/SMALL	72	fluocinonide SOLN	52	fluvoxamine maleate TABS 25 MG,	
FLEXICHAMBER CHILD		fluorometholone (ophth) SUSP	87	50 MG	16
MASK/LARGE	72	fluorouracil (topical) CREA 0.5 % ..	50	FLYP HYPERSONIQ CARTRIDGE	
FLEXICHAMBER CHILD		fluorouracil (topical) CREA 5 % ...	50	MISC	72
MASK/SMALL	72	fluorouracil (topical) SOLN	50	FML LIQUIFILM SUSP (Use	
FLOLAN (Use epoprostenol sodium)		fluoxetine hcl CAPS 10 MG, 20 MG	15	fluorometholone (ophth))	87
.....	42	15		FML OINT	87
FLOMAX (Use tamsulosin hcl)	63	fluoxetine hcl CAPS 40 MG	16	FOCALIN TABS (Use	
FLOMASE ALLERGY RELIEF		fluoxetine hcl SOLN	16	dexmethylphenidate hcl)	2
CHILDRENS SUSP (Use fluticasone		fluoxetine hcl TABS 10 MG	16	FOLCYTEINE TABS	80
propionate (nasal))	83	fluoxetine hcl TABS 20 MG	16	folic acid TABS 1 MG	65
FLOMASE ALLERGY RELIEF SUSP		fluphenazine decanoate	37	folic acid TABS 400 MCG, 800 MCG .	65
(Use fluticasone propionate (nasal))	83	fluphenazine hcl TABS	37	65	
FLORIVA PLUS SOLN	81	flurazepam hcl	67	FOLLISTIM AQ SC 300	
FLOVENT HFA	10	flurbiprofen sodium	88	UNT/0.36ML, 600 UNT/0.72ML, 900	
FLOWFLEX COVID-19 ANTIGEN				UNT/1.08ML	59
HOME TEST KIT	57			FOLOTYN (Use pralatrexate)	29
fluconazole SUSR	22			FOLOTYN	29

fondaparinux sodium	12	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	70	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	89
FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP ..	57	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	70	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	89
FORA GTEL BLOOD KETONE TEST STRIPS	57	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	70	GAMMAPLEX SOLN	89
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	57	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	70	GAMUNEX-C	89
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP ..	57	FULL KIT NEBULIZER SET MISC	72	GANIRELIX ACETATE (Use ganirelix acetate)	59
formaldehyde SOLN 10 %	37	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	58	ganirelix acetate	59
FORTEO SOPN (Use teriparatide (recombinant))	59	furosemide TABS	58	GARDASIL 9 SUSP	98
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP ...	57	FUZEON SOLR	38	GARDASIL 9 SUSY	98
FOSAMAX TABS 70 MG (Use alendronate sodium)	59	FYARRO	32	GATTEX	63
fosamprenavir calcium TABS	38	gabapentin CAPS	12	GAUZE SPONGES	69
fosinopril sodium & hydrochlorothiazide	26	gabapentin SOLN	12	GAVRETO	32
fosinopril sodium	24	gabapentin TABS 600 MG	12	GAZYVA	30
FOTIVDA	32	gabapentin TABS 800 MG	12	gefitinib	31
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	12	GABITRIL (Use tiagabine hcl)	14	GEL-ONE	83
FRAGMIN SOSY	12	GABLOFEN SOLN IT (Use baclofen) 82		GELSYN-3 SOSY	83
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	69	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	82	gemfibrozil TABS	24
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	69	GALAFOLD	60	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	57
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	70	galantamine hydrobromide CP24 ..	91	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	57
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	70	galantamine hydrobromide SOLN ..	91	GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	44
		galantamine hydrobromide TABS ..	92	GENICIN VITA-Q TABS	80
		GAMASTAN	89	gentamicin sulfite (ophth) OINT ...	86
		GAMIFANT	78	gentamicin sulfite (ophth) SOLN ..	86
		GAMMAGARD LIQUID	89	gentamicin sulfite (topical) CREA ..	49
				gentamicin sulfite (topical) OINT ..	49
				GENVISC 850 SOSY	83

GENVOYA	38	GLYCERIN ADULT SUPP (Use glycerin (laxative))	68	guaifenesin TB12 600 MG	48
GEODON (Use ziprasidone hcl) ..	35	glycine diluent	90	guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML	47
GERI-TUSSIN SYRP	48	glycopyrrolate TABS 1 MG, 2 MG ..	95	guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML	47
GILENYA (Use fingolimod hcl) ...	92	GLYNASE (Use glyburide micronized)	20	guaifenesin-codeine SYRP	47
GILENYA 0.5 MG	92	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	57	guanfacine hcl (adhd)	1
GILOTRIF	31	GNP GLUCOSE 6 MG-4 GM	18	guanfacine hcl	25
GIMOTI SOLN NA	62	GNP GLUCOSE CHEW	18	GUARDIAN 4 GLUCOSE SENSOR .	70
ginger (zingiber officinalis) CAPS 250 MG	3	GNP QUICK DISSOLVE GLUCOSE CHEW	18	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	70
GLASSIA SOLN	93	GOCOVRI CP24	35	GYNAZOLE-1	100
glatiramer acetate SOSY	92	GOJJI BLOOD KETONE TEST STRIPS	57	HADLIMA PUSHTOUCH SOAJ	3
GLEEVEC (Use imatinib mesylate) 32		GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	67	HADLIMA SOSY	3
glimepiride 1 MG, 2 MG	20	GONAL-F RFF REDIJECT SOPN ..	59	HAEGARDA SOLR SC	65
glimepiride 4 MG	20	GONAL-F RFF SOLR SC	59	HALAVEN	34
glipizide TABS 5 MG, 10 MG	20	GONAL-F SOLR IJ	59	HALCION 0.25 MG (Use triazolam) 67	
glipizide TB24	20	GOODSENSE GLUCOSE	18	HALDOL DECANOATE 100 (Use haloperidol decanoate)	36
glipizide-metformin hcl	17	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	57	HALDOL DECANOATE 50 (Use haloperidol decanoate)	36
glucagon (rdna)	18	GRANIX SOLN	66	haloperidol decanoate	36
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	18	GRANIX SOSY	66	haloperidol lactate CONC	36
GLUCO TO GO CHEW	18	GRAPE SYRUP SYRP	90	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	36
GLUCOSE	18	griseofulvin microsize SUSP	22	haloperidol TABS 20 MG	36
GLUCOSE CHEW	18	griseofulvin microsize TABS	22	HAVRIX 1440 ELU/ML	98
GLUCOSE INSTANT ENERGY ...	18	griseofulvin ultramicrosize	22	HAVRIX 720 ELU/0.5ML	98
GLUCOTROL XL TB24 (Use glipizide)	20	guaifenesin LIQD	48	HEMLIBRA	64
glyburide micronized 1.5 MG, 3 MG, 6 MG	20	guaifenesin SYRP	48	HEMOFIL M SOLR 1501 -2000 UNIT	
glyburide TABS	20	guaifenesin TB12 1200 MG	48		
glyburide-metformin	17				
glycerin (laxative) SUPP 2 GM	68				

.....	64	HYCAMTIN CAPS	35	hydrocortisone (topical) OINT 1 %, 2.5 %	52
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	64	HYCAMTIN SOLR (Use topotecan hcl)	35	hydrocortisone butyrate SOLN	52
HEPAGAM B SOLN IJ	89	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	46	hydrocortisone TABS	45
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	12	hydralazine hcl TABS	27	hydrocortisone w/acetic acid	88
HEPLISAV-B SOSY	98	HYDRALYTE FREEZER POPS SOLN	77	HYDROMORPHONE HCL SUPP ..	6
HERCEPTIN 150 MG	30	HYDRALYTE SOLN	77	hydromorphone hcl TABS 2 MG, 4 MG	6
HERCEPTIN HYLECTA	32	HYDREA (Use hydroxyurea)	34	hydromorphone hcl TABS 8 MG	6
HIBERIX SOLR IJ	97	hydrochlorothiazide CAPS	58	hydroxychloroquine sulfate 200 MG 28	
HIBICLENS LIQD (Use chlorhexidine gluconate)	37	hydrochlorothiazide TABS 25 MG, 50 MG	58	hydroxyprogesterone caproate (antineoplastic)	31
HIGH POTENCY MULTIVITAMIN TABS	80	hydrocodone bitartrate-homatropine methylbromide SOLN	46	hydroxyprogesterone caproate OIL	91
HIZENTRA SOLN	89	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7	hydroxyurea	34
HIZENTRA SOSY	89	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	hydroxyzine hcl SYRP	9
homatropine hbr	86	hydrocortisone (intrarectal)	8	hydroxyzine hcl TABS	9
HULIO AJKT	3	hydrocortisone (rectal) EX 2.5 % ...	8	hydroxyzine pamoate CAPS	9
HULIO PSKT	3	hydrocortisone (topical) CREA 0.5 % 52	52	HYMOVIS	83
HUMALOG KWIKPEN SOPN 100 UNIT/ML	19	hydrocortisone (topical) CREA 1 % 52	52	hyoscyamine sulfate ELIX	95
HUMALOG SOLN IJ	19	hydrocortisone (topical) CREA 2.5 % 52	52	HYOSCYAMINE SULFATE POWD 95	
HUMATE-P SOLR	64	hydrocortisone (topical) LOTN 1 % 52	52	hyoscyamine sulfate SOLN OR 0.125 MG/ML	95
HUMULIN 70/30 KWIKPEN SUPN	19	hydrocortisone (topical) LOTN 2.5 % 52	52	hyoscyamine sulfate SUBL 0.125 MG	95
HUMULIN 70/30 SUSP	19	hydrocortisone (topical) LOTN 2.5 % 52	52	hyoscyamine sulfate TABS 0.125 MG	95
HUMULIN N KWIKPEN SUPN	19			hyoscyamine sulfate TB12 0.375 MG 95	
HUMULIN N SUSP	19			hyoscyamine sulfate TBDP 0.125 MG	95
HUMULIN R SOLN IJ	19				
HYALGAN SOLN	83				
HYALGAN SOSY	83				
				HYPERHEP B SOLN IM	89

HYPERRHO S/D MINI-DOSE SOSY IM	89	ILUVIEN	87	INDOCIN SUSP	4
HYPERRHO S/D SOSY IM 1500 UNIT	89	imatinib mesylate	33	INDOMETHACIN	4
HYQVIA	89	IMBRUVICA CAPS	33	indomethacin CAPS 25 MG, 50 MG	4
HYRIMOZ SOAJ 40 MG/0.4ML	3	IMBRUVICA TABS	33	indomethacin sodium	4
HYRIMOZ SOSY 40 MG/0.4ML	3	IMCIVREE	1	indomethacin SUPP	4
HYRONAN KIT	83	IMFINZI	30	INFANRIX	94
HY-VEE GLUCOSE	18	imipramine hcl TABS	17	INFANTS ADVIL SUSP (Use ibuprofen)	4
HYZAAR (Use losartan potassium & hydrochlorothiazide)	26	imiquimod 5 %	53	INFANTS SILAPAP SOLN OR	5
ibandronate sodium SOLN	59	IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	75	INFLECTRA	63
IBRANCE CAPS	32	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	75	INFLIXIMAB	63
IBRANCE TABS	33	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	75	INFLUENZA VACCINE	98
ibuprofen CHEW	4	IMITREX TABS (Use sumatriptan succinate)	75	INLYTA	30
ibuprofen lysine	4	IMLYGIC	34	INNOSPIRE REPLACEMENT FILTER MISC	72
ibuprofen SUSP 100 MG/5ML	4	IMODIUM A-D CAPS (Use loperamide hcl)	21	INQOVI	32
ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML	4	IMODIUM A-D TABS (Use loperamide hcl)	21	INREBIC	33
ibuprofen TABS 200 MG	4	IMOVAX RABIES (H.D.C.V.) SUSR	98	INSULIN ASPART FLEXPEN SOPN . 19	
ibuprofen TABS 400 MG, 600 MG, 800 MG	4	IMURAN TABS (Use azathioprine)	78	INSULIN ASPART PENFILL SOCT 19	
icatibant acetate SOLN	64	INCRELEX	60	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	19
icatibant acetate SOSY	64	INCRUSE ELLIPTA	10	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	19
ICLUSIG	33	indapamide TABS 1.25 MG, 2.5 MG . 58		INSULIN ASPART SOLN IJ	19
IDELVION	64	INDERAL LA CP24 (Use propranolol hcl)	41	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	19
IDHIFA	33	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ...	57	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	19
IFE-BIMIX 30/1 SOLN	42			INSULIN DEGLUDEC SOLN	19
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	57				
ILARIS SOLN	3				
ILUMYA	51				

INSULIN GLARGINE-YFGN SOLN 19	IPOLE INACTIVATED IPV .....98	ISTODAX SOLR (Use romidepsin) 33
INSULIN GLARGINE-YFGN SOPN 19	ipratropium bromide (nasal) 0.03 % 83	ISTURISA 58
INSULIN LISPRO JUNIOR KWIKPEN SOPN .....19	ipratropium bromide (nasal) 0.06 % 83	ITCH RELIEF CREA .....50
INSULIN LISPRO KWIKPEN SOPN . 19	ipratropium bromide SOLN 0.02 % 10	itraconazole CAPS .....22
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....19	ipratropium-albuterol SOLN .....11	IXEMPRA KIT 34
INSULIN LISPRO SOLN IJ 19	irbesartan .....25	IXIARO 98
INSULIN SYRINGES .....70	irbesartan-hydrochlorothiazide ...26	IXINITY SOLR 64
INSULIN SYRINGES-MISC .....70	IRESSA (Use gefitinib) .....31	JADENU SPRINKLE PACK (Use deferiasirox) 21
INSUPEN 31G X 5MM .....70	irinotecan hcl 35	JADENU TABS (Use deferiasirox) .21
INSUPEN 31G X 8MM .....70	IRON CHEWS PEDIATRIC CHEW 66	JAKAFI 33
INSUPEN 32G X 4MM .....71	IRON TABS 28 MG .....66	JANSSEN COVID-19 VACCINE ..98
INTELENCE 100 MG (Use etravirine) .....38	ISENTRESS CHEW 100 MG .....38	JEMPERLI .....30
INTELENCE 200 MG (Use etravirine) .....38	ISENTRESS CHEW 25 MG .....38	JEVTANA .....34
INTELENCE 25 MG .....38	ISENTRESS HD TABS .....38	JIVI 64
INTELISWAB COVID-19 RAPID TEST KIT .....57	ISENTRESS PACK .....38	JULUCA .....38
INTRON A SOLR 34	ISENTRESS TABS .....38	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG 24
INTUNIV (Use guanfacine hcl (adhd)) .....1	isoniazid SYRP .....28	JYNARQUE TABS .....61
INVANZ IJ (Use ertapenem sodium) . 27	isoniazid TABS .....28	JYNARQUE TBPK .....61
INVEGA HAFYERA .....36	ISOPTO ATROPINE SOLN .....86	JYNNEOS .....99
INVEGA SUSTENNA .....36	ISOPTO CARPINE SOLN 1 %, 2 % (Use pilocarpine hcl) .....86	KADCYLA 30
INVEGA TRINZA .....36	ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate) .....9	KALBITOR .....65
INVIRASE TABS .....38	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG 9	KALETRA SOLN (Use lopinavir- ritonavir) .....38
IOPIDINE .....86	isosorbide mononitrate TABS .....9	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir) .....38
	isosorbide mononitrate TB24 .....9	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir) .....38
	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....49	KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG 93
		KALYDECO TABS .....93

KANJINTI 420 MG	30	SOLN IJ 30 MG/ML	4	REPLACEMENT PLASTIC	
KANUMA	60	ketorolac tromethamine TABS	4	MOUTHPIECE MISC	72
KAPVAY TB12 (Use clonidine hcl (adhd))	1	KETOSTIX STRP	57	KONSYL DAILY FIBER POWD (Use psyllium)	67
KAZANO (Use alogliptin-metformin hcl)	17	ketotifen fumarate (ophth) 0.035 % 88		KORLYM	18
KCENTRA	64	KEVEYIS (Use dichlorphenamide) 58		KOSELUGO	33
KEMOPLAT SOLN	29	KEVZARA SOAJ	4	KOVALTRY	64
KEPIVANCE 6.25 MG	34	KEVZARA SOSY	4	K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..	77
KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	13	KEY-E CHEW	101	KRINTAFEL	28
KEPPRA TABS 1000 MG (Use levetiracetam)	13	KEYTRUDA	30	KROGER GLUCOSE	18
KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	13	KHAPZORY	34	KRYSTEXXA	64
KEPPRA TABS 500 MG (Use levetiracetam)	13	KIMMTRAK	30	K-TAB TBCR 8 MEQ, 10 MEQ (Use potassium chloride)	77
KEPPRA XR TB24 (Use levetiracetam)	13	KINDERLYTE PREMAX SOLN ...	77	KUVAN PACK (Use sapropterin dihydrochloride)	60
KERALYT GEL (Use salicylic acid) 53		KINDERLYTE SOLN	77	KUVAN TABS (Use sapropterin dihydrochloride)	60
KERALYT GEL	53	KINERET SOSY	3	KYPROLIS	33
KESIMPTA	92	KINRIX SUSY	94	labetalol hcl TABS 100 MG	40
ketoconazole (topical) CREA	50	KISQALI	33	labetalol hcl TABS 200 MG	40
ketoconazole (topical) SHAM 2 %	.50	KISQALI FEMARA 200 DOSE ...	32	labetalol hcl TABS 300 MG	40
KETONE STRP	57	KISQALI FEMARA 400 DOSE ...	32	labetalol hcl TABS 300 MG	40
KETONE TEST STRIPS STRP ...	57	KISQALI FEMARA 600 DOSE ...	32	lactic acid (ammonium lactate) CREA	53
ketorolac tromethamine (ophth) 0.4 %	88	KITABIS PAK NEBU (Use tobramycin)	3	lactic acid (ammonium lactate) LOTN 12 %	53
ketorolac tromethamine (ophth) 0.5 %	88	KLARON (Use sulfacetamide sodium (acne))	49	lactulose (encephalopathy)	63
ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	4	KLONOPIN TABS (Use clonazepam)	12	lactulose SOLN	68
KETOROLAC TROMETHAMINE		KOATE SOLR	64	LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)	13
		KOATE-DVI SOLR 500 UNIT, 1000 UNIT	64	LAMICTAL TABS (Use lamotrigine) 13	
		KOGENATE FS KIT	64		
		KOKO PEAK PRO			

LAMICTAL XR TB24 (Use lamotrigine)	13	LEADER QUICK DISSOLVE GLUCOSE CHEW	18	levetiracetam TB24	13
LAMISIL AT CREA (Use terbinafine hcl (topical))	50	leflunomide	5	levobunolol hcl 0.5 %	85
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))	50	lenalidomide	78	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	60
lamivudine SOLN	38	LENVIMA 10 MG DAILY DOSE ...	30	levocarnitine (metabolic modifiers) TABS	60
lamivudine TABS 150 MG	38	LENVIMA 12MG DAILY DOSE ...	30	levocetirizine dihydrochloride TABS 23	
lamivudine TABS 300 MG	38	LENVIMA 14 MG DAILY DOSE ...	30	levofloxacin TABS	62
lamivudine-zidovudine	38	LENVIMA 18 MG DAILY DOSE ...	30	levoleucovorin calcium SOLN 250 MG/25ML	34
lamotrigine CHEW	13	LENVIMA 20 MG DAILY DOSE ...	30	levoleucovorin calcium SOLR	34
lamotrigine TABS	13	LENVIMA 24 MG DAILY DOSE ...	30	levonorgestrel & eth estradiol TABS 44	
lamotrigine TB24	13	LENVIMA 4 MG DAILY DOSE ...	30	levonorgestrel (emergency oc) 1.5 MG	44
LANCETS-MISC	70	LENVIMA 8 MG DAILY DOSE ...	30	levonorgestrel-eth estradiol (triphasic)	44
LANCING DEVICE-MISC	70	LEQVIO	24	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	44
lanolin (topical) CREA	54	LETAIRIS (Use ambrisentan)	43	levothyroxine sodium TABS	94
lanolin (topical) OINT	54	letrozole	31	LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate)	95
lanolin XX	91	leucovorin calcium TABS	34	LEVULAN KERASTICK SOLR	50
LANOLIN XX	91	LEUKERAN	29	LEXAPRO TABS 10 MG (Use escitalopram oxalate)	16
LANOLOR CREA	54	LEUKINE SOLR IJ	66	LEXAPRO TABS 20 MG (Use escitalopram oxalate)	16
LANOXIN SOLN IJ (Use digoxin) ..	42	leuprolide acetate KIT IJ 1 MG/0.2ML	31	LEXAPRO TABS 5 MG (Use escitalopram oxalate)	16
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	42	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	31	LEXIVA SUSP	38
lansoprazole CPDR 15 MG	96	levbuterol tartrate	11	LEXIVA TABS (Use fosamprenavir calcium)	38
lansoprazole CPDR 30 MG	96	LEVBID TB12 (Use hyoscyamine sulfate)	95	LIALDA TBEC (Use mesalamine) ..	63
lapatinib ditosylate	33	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	13		
LASIX TABS (Use furosemide)	58	levetiracetam TABS 1000 MG	13		
latanoprost SOLN	88	levetiracetam TABS 250 MG, 750 MG	13		
LATANOPROST SOLN	88	levetiracetam TABS 500 MG	13		
LATUDA (Use lurasidone hcl)	35				
LEADER GLUCOSE 6 MG-4 GM ..18					

LIBTAYO	30	LITHOBID TBCR (Use lithium carbonate)	35	lorazepam TABS	9
LICEMD GEL	54	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	83	LORBRENA	33
lidocaine CREA 4 %	54	LIVMARLI	62	losartan potassium & hydrochlorothiazide	26
lidocaine hcl (mouth-throat) 2 % ...	79	LIVTENCITY	39	losartan potassium	25
lidocaine hcl CREA 3 %	54	LMX 4 CREA (Use lidocaine)	54	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	44
lidocaine hcl CREA 4 %	53	LODINE TABS (Use etodolac)	4	LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	24
lidocaine hcl GEL 2 %	54	LODOSYN (Use carbidopa)	35	LOTENSIN 40 MG (Use benazepril hcl)	24
lidocaine OINT	54	LOHIST-D LIQD	47	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .	26
lidocaine-prilocaine CREA	54	LOMOTIL TABS (Use diphenoxylate w/ atropine)	21	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	26
LIORESAL INTRATHECAL SOLN IT (Use baclofen)	82	LONGS GLUCOSE	18	LOTRIMIN AF CREA (Use clotrimazole (topical))	50
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	82	LONSURF	32	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	50
liothyronine sodium TABS	94	loperamide hcl CAPS	21	lovastatin TABS 10 MG, 20 MG ...	24
LIPITOR TABS (Use atorvastatin calcium)	24	loperamide hcl TABS	21	lovastatin TABS 40 MG	24
lisdexamfetamine dimesylate CAPS 1		LOPID TABS (Use gemfibrozil) ...	24	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	12
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	26	lopinavir-ritonavir SOLN	38	LOVENOX SOSY (Use enoxaparin sodium)	12
lisinopril & hydrochlorothiazide 25 MG-20 MG	26	lopinavir-ritonavir TABS 25 MG-100 MG	38	loxapine succinate	36
lisinopril TABS 2.5 MG	24	lopinavir-ritonavir TABS 50 MG-200 MG	38	LUCENTIS SOLN	86
lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	24	LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	41	LUCENTIS SOSY	86
LITETOUCH MASK LARGE MISC 72		LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	41	LUMAKRAS	33
LITETOUCH MASK MEDIUM MISC . 73		loratadine & pseudoephedrine TB12 .	47	LUMIZYME	60
LITETOUCH MASK SMALL MISC 73		loratadine & pseudoephedrine TB24 .	47	LUMOXITI	30
LITHIUM	35	loratadine SOLN	23		
lithium carbonate CAPS	35	loratadine TABS	23		
lithium carbonate TABS	35	loratadine TBCR	35		
lithium carbonate TBCR	35				

LUNG PERFORMANCE PEAK FLOW METER	73	magnesium oxide TABS 400 MG ...	9 21	MEDROL DOSEPAK TBPK (Use methylprednisolone)	45
LUPKYNIS	78	MAGOX 400 TABS (Use magnesium oxide (mg supplement))	77	MEDROL TABS 4 MG, 8 MG (Use methylprednisolone)	45
LUPRON DEPOT (1-MONTH) KIT IM	31	MAKENA OIL (Use hydroxyprogesterone caproate) ...	91	medroxyprogesterone acetate (contraceptive) SUSP IM	45
LUPRON DEPOT (3-MONTH) KIT IM	31	MAKENA SOAJ	91	medroxyprogesterone acetate (contraceptive) SUSY IM	45
LUPRON DEPOT (4-MONTH) IM .	31	malathion	54	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	91
LUPRON DEPOT (6-MONTH) IM .	31	maraviroc TABS 150 MG	38	mefloquine hcl	28
LUPRON DEPOT-PED (1-MONTH) .	60	maraviroc TABS 300 MG	38	megestrol acetate SUSP	31
LUPRON DEPOT-PED (3-MONTH) .	60	MARGENZA	30	megestrol acetate TABS	31
lurasidone hcl	35	MARQIBO	34	MEIJER GLUCOSE	18
LUXTURNA	87	MASK VORTEX/CHILD/FROG ...	73	MEKINIST TABS	33
LYNPARZA TABS	33	MASK		MEKTOVI	33
LYSODREN	31	VORTEX/TODDLER/LADYBUG ..	73	MELATONIN SUBL	3
LYSTEDA TABS (Use tranexamic acid)	66	MATULANE	34	melatonin TABS 3 MG, 5 MG	3
MACI	82	MAVYRET PACK	40	melatonin TBDP 3 MG	3
MACROBID (Use nitrofurantoin monohyd macro)	28	MAVYRET TABS	40	meloxicam TABS	4
MACRODANTIN 50 MG, 100 MG (Use nitrofurantoin macrocrystal) ..	28	MAXALT TABS 10 MG (Use rizatriptan benzoate)	76	melphalan	29
MAGNESIUM CAPS 400 MG	77	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	75	melphalan hcl	29
magnesium citrate	68	MAXITROL OINT (Use neomycin-polymy-dexameth)	87	memantine hcl SOLN	92
MAGNESIUM EXTRA STRENGTH CAPS	77	MAXITROL SUSP (Use neomycin-polymy-dexameth)	87	memantine hcl TABS	92
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	68	MAXI-TUSS PE LIQD	47	MENACTRA	97
magnesium oxide (mg supplement) TABS 400 MG	77	MAXI-TUSS PE MAX LIQD	47	MENOPUR SC	59
MAGNESIUM OXIDE CAPS	77	MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	58	MENQUADFI	97
		MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	58	MENVEO SOLN	97
		meclizine hcl CHEW	21	MENVEO SOLR	97
		meclizine hcl TABS 12.5 MG, 25 MG		meperidine hcl SOLN OR 50 MG/5ML	6

meperidine hcl TABS 50 MG .....6	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 10.8 MG- 81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG- 40.8 MG .....27	methylprednisolone TABS 4 MG, 8 MG 45
MEPHYTON TABS (Use phytonadione) .....101	methimazole TABS 94	methylprednisolone TBPK 45
meprobamate .....9	METHITEST TABS 8	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML 62
MEPSEVII .....60	methocarbamol TABS 82	metoclopramide hcl TABS 62
mercaptopurine TABS 29	METHOTREXATE .....3	metolazone .....58
mesalamine CP24 63	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 29	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG.....26
mesalamine CPDR .....63	methotrexate sodium TABS 2.5 MG 29	metoprolol & hydrochlorothiazide TABS 50 MG-100 MG 26
mesalamine ENEM 63	methylidopa TABS .....25	metoprolol succinate TB24 200 MG 41
mesalamine TBEC .....63	methylergonovine maleate TABS .89	metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....41
mesna SOLN .....34	METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl) .....2	metoprolol tartrate TABS 100 MG .41
MESNEX SOLN (Use mesna) .....34	METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl) .....2	metoprolol tartrate TABS 25 MG, 50 MG 41
MESNEX TABS .....34	methylphenidate hcl CPCR 2	METROCREAM CREA (Use metronidazole (topical)) .....54
MESTINON TABS (Use pyridostigmine bromide) 28	methylphenidate hcl SOLN 10 MG/5ML 2	METROLOTION LOTN (Use metronidazole (topical)) .....54
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide) 28	methylphenidate hcl SOLN 5 MG/5ML 2	metronidazole (topical) CREA 54
METAMUCIL CAPS (Use psyllium) 67	methylphenidate hcl TABS 10 MG, 20 MG 2	metronidazole (topical) GEL 0.75 % 54
METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium) .....67	methylphenidate hcl TABS 5 MG ... 2	metronidazole (topical) LOTN 54
METAMUCIL POWD (Use psyllium) . 67	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....2	metronidazole TABS .....27
metformin hcl TABS 500 MG 17	methylphenidate hcl TB24 36 MG .. 2	metronidazole vaginal .....100
metformin hcl TABS 850 MG, 1000 MG 17	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG .....2	metyrosine .....25
metformin hcl TB24 500 MG .....17	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG .....2	mexiletine hcl .....10
metformin hcl TB24 750 MG .....17	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG .....2	MIACALCIN IJ (Use calcitonin (salmon)) .....59
methadone hcl TABS 10 MG 6		MICARDIS (Use telmisartan) 25
methadone hcl TABS 5 MG .....6		
methazolamide TABS .....58		
methenamine mandelate .....28		

MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	26	minoxidil 2.5 MG	27	3X7CM/MESHED	55
MICATIN CREA (Use miconazole nitrate (topical))	50	MIRALAX POWD (Use polyethylene glycol 3350)	68	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED	55
miconazole nitrate (topical) CREA	50	MIRCERA	66	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	56
miconazole nitrate vaginal CREA	100	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	44	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	55
miconazole nitrate vaginal KIT	100	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	55	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH	56
miconazole nitrate vaginal SUPP 100 MG	100	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	55	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	56
miconazole nitrate vaginal SUPP 200 MG	100	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	55	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	56
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	89	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	55	mirtazapine TABS 15 MG	14
MICROLIFE DIGITAL PEAK FLOW METER	73	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	55	mirtazapine TABS 30 MG	14
midazolam hcl SOLN IJ	67	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	55	mirtazapine TABS 7.5 MG, 45 MG	14
midodrine hcl	101	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	55	mirtazapine TBDP 15 MG	14
miglustat	65	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	55	mirtazapine TBDP 30 MG	15
MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	75	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	55	mirtazapine TBDP 45 MG	14
MILLIPRED TABS	45	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	55	misoprostol	96
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	73	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	55	mitoxantrone hcl 2 MG/ML	32
MINI WRIGHT PEAK FLOW METER	73	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	55	M-M-R II SOLR	99
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	73	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	55	MOBIC TABS (Use meloxicam)	4
MINIELITE FILTER REPLACEMENTS MISC	73	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	55	MODERNA COVID-19 VACCINE SUSP	99
MINIPRESS CAPS (Use prazosin hcl)	25	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	55	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	99
MINIVELLE PTTW (Use estradiol)	62	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX		MOI-STIR SOLN	79
minocycline hcl CAPS	93	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX		molindone hcl	37
minoxidil 10 MG	27	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX		mometasone furoate CREA	52

mometasone furoate OINT	52	moxifloxacin hcl (ophth))	86	MULTIVITAMIN INFANT/TODDLER SOLN OR	82
mometasone furoate SOLN	52	moxifloxacin hcl (ophth) SOLN OP	86	MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	80
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal) .	100	MOZOBIL (Use plerixafor)	66	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	82
MONISTAT 3 CREA (Use miconazole nitrate vaginal)	100	MS CONTIN TBCR (Use morphine sulfate)	6	MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-0.5 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT-400 UNIT-15 UNIT-0.5 MG	81
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) .	100	MUCINEX D TB12 (Use pseudoephedrine-guaifenesin)	47	MULTIVITAMIN WITH FLUORIDE CHEW	81
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH CREA (Use hydrocortisone (topical)) .	52	MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) ...	47	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	81
MONJUVI	30	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	48	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	81
MONONINE 1000 UNIT	64	MUCINEX TB12 (Use guaifenesin)	48	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	81
MONOVISC	83	MULPLETA	66	mupirocin calcium (topical)	49
montelukast sodium CHEW	10	MULTI VITAMIN TABS	80	mupirocin OINT	49
montelukast sodium PACK	10	MULTI VITAMIN/D-3 TABS	80	MVASI	30
montelukast sodium TABS	10	multiple vitamin TABS	80	MX-SOL BLEND SF SUSP	90
morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML	6	multiple vitamins w/ iron TABS	80	MX-SOL BLEND SUSP	90
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	6	MULTIPLE VITAMINS W/ MINERALS TABS	80	MX-SOL SF SYRP	90
morphine sulfate SUPP	6	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	80	MX-SOL SUSPEND SUSP	90
morphine sulfate TABS	6	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1 MG-15 UNIT	81	MX-SOL SYRP	90
morphine sulfate TBCR	6	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT ..	81	MYALEPT	60
MOTRIN CHILDRENS CHEW (Use ibuprofen)	4	MULTIVITAMIN ADULT TABS	80	MYAMBUTOL TABS 400 MG (Use	
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	4	MULTIVITAMIN INFANT & TODDLER SOLN OR	82		
MOUTH KOTE REMINT SOLN	80				
MOUTH KOTE SOLN	80				
MOXEZA SOLN OP (Use					

ethambutol hcl)	28	NAMENDA TITRATION PAK TABS (Use memantine hcl)	92	nefazodone hcl	16
MYCOBUTIN (Use rifabutin)	28	naphazoline w/ pheniramine 0.315 %-0.027 %	87	NEOMULTIVITE TABS	80
mycophenolate mofetil CAPS	78	NAPROSYN SUSP (Use naproxen) 4		neomycin sulfate TABS	3
mycophenolate mofetil SUSR	78	NAPROSYN TABS 500 MG (Use naproxen)	4	neomycin-bacitracin zn-polymyxin	86
mycophenolate mofetil TABS	78	naproxen sodium TABS 220 MG ...	4	neomycin-bacitracin-polymyxin OINT	49
mycophenolate sodium	78	naproxen sodium TABS 275 MG, 550 MG	4	neomycin-polymy-dexameth OINT	87
MYDRIACYL SOLN (Use tropicamide)	86	naproxen SUSP	4	neomycin-polymy-dexameth SUSP	87
MYFORTIC (Use mycophenolate sodium)	78	naproxen TABS	5	neomycin-polymyxin w/ pramoxine	49
MYLERAN TABS	29	naratriptan hcl	76	neomycin-polymyxin-gramicidin ...	86
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone)	62	NARCAN LIQD (Use naloxone hcl)	21	neomycin-polymyxin-hc (ophth) ...	87
MYLICON INFANTS GAS RELIEF SUSP (Use simethicone)	62	NARDIL (Use phenelzine sulfate) .	15	neomycin-polymyxin-hc (otic) SOLN .	88
MYLOTARG	30	NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	83	neomycin-polymyxin-hc (otic) SUSP .	88
MYSOLINE (Use primidone)	13	.....	83	NEOPROFEN (Use ibuprofen lysine)	5
NABI-HB SOLN IM	89	NASACORT ALLERGY 24HR CHILDRENS AERO (Use	83	.....	5
nabumetone	4	triamcinolone acetonide (nasal)) ...	83	NEORAL CAPS (Use cyclosporine modified (for microemulsion))	78
nadolol TABS 20 MG, 40 MG, 80 MG	41	NASALCROM (Use cromolyn sodium (nasal))	83	NEORAL SOLN (Use cyclosporine modified (for microemulsion))	78
NAGLAZYME	60	nateglinide	20	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ...	49
NALFON CAPS (Use fenoprofen calcium)	4	NATPARA	59	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)	49
naloxone hcl LIQD	21	NATROBA (Use spinosad)	54	NERLYNX	33
naloxone hcl SOCT	21	NATURAL FIBER LAXATIVE POWD	67	NESINA (Use alogliptin benzoate)	19
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	21	NAYZILAM	12	NEUPOGEN SOLN	66
naloxone hcl SOSY	21	NEBULIZER AIR TUBE/PLUGS MISC	73	NEUPOGEN SOSY	66
naltrexone hcl	21	NEBULIZER MASK ADULT MISC	73		
NAMENDA TABS (Use memantine hcl)	92	NEBULIZER MASK CHILD MISC	73		

NEURONTIN CAPS (Use gabapentin)	13	NICORETTE GUM (Use nicotine polacrilex)	93	nitroglycerin)	9
NEURONTIN SOLN (Use gabapentin)	13	NICORETTE LOZG (Use nicotine polacrilex)	93	NITYR TABS	60
NEURONTIN TABS 600 MG (Use gabapentin)	13	NICORETTE MINI LOZG (Use nicotine polacrilex)	93	NIVA THYROID TABS	94
NEURONTIN TABS 800 MG (Use gabapentin)	13	NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	93	NIVESTYM SOLN	66
NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	55	nicotine MISC XX	93	NIVESTYM SOSY	66
nevirapine SUSP	38	nicotine polacrilex GUM	93	NIX CREME RINSE LIQD EX (Use permethrin)	54
nevirapine TABS	38	nicotine polacrilex LOZG	93	NIZORAL SHAM	50
nevirapine TB24 100 MG	38	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	93	NORDITROPIN FLEXPPO SOPN	59
nevirapine TB24 400 MG	38	NICOTINE TRANSDERMAL SYSTEM KIT	93	norelgestromin-ethinyl estradiol ..	44
NEXAVAR (Use sorafenib tosylate) ..	33	NICOTROL INHALER INHA	93	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	44
NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) ..	96	NICOTROL NS SOLN	93	norethindrone & eth estradiol	44
NEXIUM 24HR CPDR (Use esomeprazole magnesium)	96	nifedipine CAPS	42	norethindrone & ethinyl estradiol-fe ..	44
NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	96	nifedipine TB24 30 MG, 90 MG ..	42	norethindrone (contraceptive)	45
NEXVIAZYME	60	nifedipine TB24 60 MG	42	norethindrone acet & eth estra	44
niacin (antihyperlipidemic) TABS ..	24	NINLARO	33	norethindrone acetate TABS	91
niacin (antihyperlipidemic) TBCR ..	24	nitisinone CAPS	60	norethindrone acetate-ethinyl estradiol	61
niacin CPCR 250 MG, 500 MG ...	102	NITRO-BID OINT	9	norethindrone acetate-ethinyl estradiol-fe	44
niacin TABS 500 MG	102	NITRO-DUR PT24 (Use nitroglycerin)	9	norethindrone-eth estradiol (triphasic)	44
niacin TBCR	102	nitrofurantoin	28	norgestimate-ethinyl estradiol (triphasic)	44
NIACIN TR TBCR	102	nitrofurantoin macrocrystal 50 MG, 100 MG	28	norgestimate-ethinyl estradiol	44
NIASPAN TBCR (Use niacin (antihyperlipidemic))	24	nitrofurantoin monohyd macro	28	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	44
nicardipine hcl CAPS	42	nitroglycerin CPCR	9	NORPACE CAPS (Use disopyramide phosphate)	10
NICODERM CQ PT24 TD (Use nicotine)	92	nitroglycerin PT24	9	NORPACE CR CP12 150 MG	10
		nitroglycerin SUBL	9		
		NITROSTAT SUBL (Use			

NORPRAMIN TABS 10 MG (Use desipramine hcl)	17	NOVOLOG FLEXPEN SOPN	20	nystatin TABS	22
NORPRAMIN TABS 25 MG (Use desipramine hcl)	17	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	20	nystatin-triamcinolone CREA	50
NORTHERA (Use droxidopa)	101	NOVOLOG MIX 70/30 RELION SUSP	20	nystatin-triamcinolone OINT	50
nortriptyline hcl CAPS	17	NOVOLOG MIX 70/30 SUSP	20	NYVEPRIA	66
nortriptyline hcl SOLN	17	NOVOLOG PENFILL SOCT	20	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	56
NORVASC TABS (Use amlodipine besylate)	42	NOVOLOG RELION SOLN IJ	20	OASIS WOUND MATRIX	56
NORVIR SOLN	38	NOVOLOG SOLN IJ	20	OBIZUR	64
NORVIR TABS (Use ritonavir)	38	NOVOSEVEN RT	64	OCALIVA	62
NOSE CLIP MISC	73	NP THYROID 120 TABS	94	OCTAGAM SOLN	89
NOVA MAX PLUS KETONE TESTSTRIPS	57	NP THYROID 15 TABS	94	octreotide acetate SOLN	61
NOVACHOR	56	NP THYROID 30 TABS	94	OCUFLOX (Use ofloxacin (ophth))	86
NOVAREL IM	59	NP THYROID 60 TABS	94	ODEFSEY	38
NOVAVAX COVID-19 VACCINE ..	99	NP THYROID 90 TABS	94	ODOMZO	31
NOVAVAX COVID-19 VACCINE/2023-24	99	NUBEQA	31	OFEV	93
NOVOLIN 70/30 FLEXPEN RELION SUPN	19	NULIBRY	60	OFF DEEP WOODS AERO	54
NOVOLIN 70/30 FLEXPEN SUPN ..	19	NULOJIX	78	OFF DEEP WOODS DRY AERO ..	54
NOVOLIN 70/30 RELION SUSP ..	20	NULYTELY (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	67	OFIRMEV SOLN IV (Use acetaminophen)	5
NOVOLIN 70/30 SUSP	20	NUMOISYN LIQD	80	ofloxacin (ophth)	86
NOVOLIN N FLEXPEN RELION SUPN	20	NUPLAZID CAPS	35	ofloxacin (otic)	88
NOVOLIN N FLEXPEN SUPN	20	NUPLAZID TABS 10 MG	35	ofloxacin 400 MG	62
NOVOLIN N RELION SUSP	20	NUVARING (Use etonogestrel-ethinyl estradiol)	44	OGIVRI	30
NOVOLIN N SUSP	20	NUWIQ KIT	64	olanzapine TABS 15 MG, 20 MG ..	36
NOVOLIN R RELION SOLN IJ	20	NUWIQ SOLR	64	olanzapine TABS 2.5 MG, 5 MG ..	36
NOVOLIN R SOLN IJ	20	nystatin (mouth-throat)	79	olanzapine TABS 7.5 MG, 10 MG ..	36
NOVOLOG FLEXPEN RELION SOPN	20	nystatin (topical) CREA	50	olmesartan medoxomil	25
		nystatin (topical) OINT	50	olmesartan medoxomil-amlodipine-hydrochlorothiazide	26
		nystatin (topical) POWD EX	50	olmesartan medoxomil-hydrochlorothiazide	26

OLUMIANT	3	ONETOUCH ULTRA 2 KIT	70	ORAPENN SD ANHYDROUS SWEETENED LIQD	90
OMBRA COMPRESSOR AIR FILTERS MISC	73	ONETOUCH ULTRA STRP	57	ORAPENN SD ANHYDROUS UNSWEETENED LIQD	90
omega-3 fatty acids CAPS	85	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	70	ORA-PLUS LIQD	90
omega-3 fatty acids CPDR	85	ONETOUCH VERIO REFLECT KIT 70		ORA-SWEET SF SYRP 10 %-9 %	90
OMEPRAZOLE	43	ONETOUCH VERIO TEST STRIPS STRP	57	ORA-SWEET SYRP 4 %-5 %-54 %	90
OMEPRAZOLE 20MG TABLET ...	96	ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPO SABLE MISC	73	ORENCIA CLICKJECT SOAJ	5
omeprazole CPDR	96	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC .	73	ORENCIA SOLR	5
omeprazole magnesium TBEC	96	ONPATTRO	93	ORENCIA SOSY	5
OMNICAP TABS	80	ONUREG TABS	29	ORENITRAM TBCR	42
ON/GO COVID-19 ANTIGEN SELF- TEST KIT	57	OPCON-A (Use naphazoline w/ pheniramine)	87	ORFADIN CAPS (Use nitisinone) .	60
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	57	OPDIVO	30	ORFADIN CAPS 20 MG	60
ONCASPAR	34	OPDUALAG	32	ORFADIN SUSP	60
ondansetron hcl SOLN OR 4 MG/5ML	21	ORA-BLEND SF SUSP	90	ORGOVYX	31
ondansetron hcl TABS 24 MG	21	ORA-BLEND SUSP	90	ORKAMBI PACK	93
ondansetron hcl TABS 4 MG, 8 MG 21		oral electrolytes SOLN	77	ORKAMBI TABS	93
ondansetron TBDP	21	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP ...	90	ORLADEYO	65
ONE DAILY ESSENTIAL TABS ...	80	ORAL MIX SF SUSP	90	orphenadrine citrate TB12	82
ONE FLOW TESTER TUBE MOUTHPIECE MISC	73	ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT SOLN	80	ORTHOVISC	83
ONE VITE DAILY MULTIVITAMIN TABs	80	ORAL SUSPEND LIQD	90	oseltamivir phosphate CAPS 30 MG .	40
ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)	80	ORAL SYRUP FLAVORED VEHICLE SYRP	90	oseltamivir phosphate CAPS 45 MG, 75 MG	40
ONE-A-DAY MENS TABS (Use multiple vitamin)	80	ORAL SYRUP SF SYRP	90	oseltamivir phosphate SUSR	40
ONETOUCH SOLUTIONS FIT KIT 70				OSENI (Use alogliptin-pioglitazone) .	17
ONETOUCH SOLUTIONS RX STARTER KIT KIT	70			OSENI	17
				OSTEOCONDUCTIVE MATRIX PLUS	56
				OTEZLA TABS	5

OTEZLA TBPK	5	oyster shell	76	PARI EXPIRATORY FILTER VALVE SET DEVI	73
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	OYSTER SHELL CALCIUM/D TABS . 76		PARI MASK SET MISC	73
OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	51	OZURDEX IMPL	87	PARI SMARTMASK BABY/ELBOW MISC	73
OVACE WASH LIQD (Use sulfacetamide sodium)	51	paclitaxel protein-bound particles .	34	PARI SOFT PLASTIC ADULT MASK MISC	73
OVIDE (Use malathion)	54	PACLITAXEL PROTEIN-BOUNDPARTICLES	34	PARI SOFT PLASTIC PEDIATRIC MASK MISC	73
OVIDREL INJ	59	PADCEV	30	PARI VORTEX ADULT MASK	74
OXAYDO TABS 5 MG	6	PALYNZIQ	60	paricalcitol SOLN	60
oxazepam CAPS	9	PAMELOR CAPS (Use nortriptyline hcl)	17	PARLODEL CAPS (Use bromocriptine mesylate)	35
OXBRYTA TABS 500 MG	65	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	59	PARLODEL TABS (Use bromocriptine mesylate)	35
OXBRYTA TBSO	65	PAMIDRONATE DISODIUM SOLN 59		PARNATE (Use tranlycypromine sulfate)	15
oxcarbazepine SUSP	13	PANDA MASK LARGE	73	paroxetine hcl SUSP	16
oxcarbazepine TABS	13	PANDA MASK MEDIUM	73	paroxetine hcl TABS 10 MG	16
OXLUMO	63	PANDA MASK SMALL	73	paroxetine hcl TABS 20 MG	16
oxybutynin chloride TABS	96	PANHEMATIN 350 MG	65	paroxetine hcl TABS 30 MG, 40 MG . 16	
oxybutynin chloride TB24	96	pantoprazole sodium TBEC 20 MG 96		paroxetine hcl TB24	16
oxycodone hcl CAPS	6	pantoprazole sodium TBEC 40 MG 96		PARSABIV	60
oxycodone hcl CONC 100 MG/5ML 7		PANZYGA	89	PARVA-CAL	76
oxycodone hcl SOLN	7	PARI ALTERA NEBULIZER HANDSET MISC	73	PAXIL CR TB24 (Use paroxetine hcl)	16
oxycodone hcl T12A	7	PARI BABY CONVERSION KITSIZE 1 MISC	73	PAXIL SUSP (Use paroxetine hcl) .	16
oxycodone hcl TABS 30 MG	7	PARI BABY CONVERSION KITSIZE 2 MISC	73	PAXIL TABS 10 MG (Use paroxetine hcl)	16
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	7	PARI BABY CONVERSION KITSIZE 3 MISC	73	PAXIL TABS 20 MG (Use paroxetine hcl)	16
oxycodone w/ acetaminophen SOLN 7		PARI ERAPID NEBULIZER HANDSET MISC	73	PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	16
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7				
OXYCONTIN T12A	7				

PAXLOVID 100 MG-150 MG	39	pediatric multivitamins w/fl SOLN ..	81	PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	20
pazopanib hcl	33	PEDIATRIC PANDA MASK	74	PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	20
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	82	pediatric vitamins acid w/ fluoride SOLN	81	PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	20
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	82	PEDVAX HIB SUSP	97	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	7
PCCA SWEET-SF SYRP	90	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	67	PERIDEX (Use chlorhexidine gluconate (mouth-throat))	79
PCCA SYRUP VEHICLE SYRP ...	90	peg 3350-potassium chloride-sod bicarbonate-sod chloride	67	PERJETA	30
PCCA-PLUS SUSP	90	PEGASYS SOLN	40	permethrin CREA	54
PEAK A-I-R FLOW METER	74	PEG-PREP	67	permethrin LIQD EX	54
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	74	PEMAZYRE	33	permethrin LOTN	54
ped multivitamins w/fl & iron SOLN	81	PEMETREXED 500 MG/20ML ...	29	perphenazine TABS	37
PEDIA-LAX SUPP (Use glycerin (laxative))	68	pemetrexed disodium SOLR 100 MG, 500 MG	29	perphenazine-amitriptyline	92
PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	77	PEMFEXY	29	PERSERIS PRSY	36
PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	77	PEN NEEDLES 30GX5MM	71	PERSONAL BEST FULL RANGE	74
PEDIALYTE SINGLES SOLN (Use oral electrolytes)	77	PEN NEEDLES 31GX5MM	71	PFIZER-BIONTECH COVID-19VACCINE SUSP	99
PEDIALYTE SOLN (Use oral electrolytes)	77	PEN NEEDLES 31GX8MM	71	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	99
PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..	45	PEN NEEDLES 32GX4MM	71	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	99
PEDIARIX SUSY	94	penicillamine TABS	78	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	99
PEDIATRIC DISPOSABLE MOUTPIECE MISC	74	penicillin v potassium SOLR	89	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	99
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC .	74	penicillin v potassium TABS	89	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	99
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	81	PENTACEL	94	PFLEX MISC	74
pediatric multivitamins w/fl CHEW	81	pentoxifylline	65	PH 12 STERILE DILUENT	

FORFLOLAN	90	PIKO 1 ELECTRONIC	74	SC	92
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC ..	74	PILLOW MASK/ADULT MISC	74	plerixafor	66
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	63	PILLOW MASK/CHILD MISC	74	PNEUMOVAX 23	97
phenelzine sulfate	15	PILLOW MASK/PEDIATRIC MISC	74	PNEUMOVAX 23/1 DOSE	97
phenobarbital ELIX	67	pilocarpine hcl (oral) 5 MG	80	POCKET PEAK FLOW METER ..	74
phenobarbital TABS	67	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 86		POCKETPEAK PEAK FLOW METER LOW RANGE	74
phenylephrine hcl (mydriatic) SOLN 2.5 %	86	PILOT COVID-19 AT-HOME TEST KIT	57	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	74
phenylephrine hcl (oral) TABS	84	pimecrolimus	53	podofilox SOLN	53
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 47		pindolol TABS	41	POLIVY	30
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	47	pioglitazone hcl	20	POLYCOSE LIQD	85
phenylephrine-dm SOLN	47	pioglitazone hcl-metformin hcl TABS . 17		POLYCOSE POWD	85
phenylephrine-shark liver oil-cocoa butter	8	PIP BLOOD GLUCOSE TEST STRIP STRP	57	polyethylene glycol 3350 POWD ..	68
phenylephrine-shark liver oil-mineral oil-petrolatum	8	PIQRAY 200MG DAILY DOSE ...	33	polymyxin b-trimethoprim	86
phenytoin CHEW	14	PIQRAY 250MG DAILY DOSE ...	33	polysaccharide iron complex CAPS 150 MG	66
phenytoin sodium extended 100 MG . 14		PIQRAY 300MG DAILY DOSE ...	33	POLYTRIM (Use polymyxin b- trimethoprim)	86
phenytoin sodium SOLN	14	pirfenidone CAPS	93	POLY-VI-FLOR CHEW	81
phenytoin SUSP	14	pirfenidone TABS	93	polyvinyl alcohol 1.4 %	85
PHESGO	32	piroxicam CAPS	5	POLY-VI-SOL SOLN OR	82
PHOTOFRIN	34	PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) ...	44	POLY-VI-SOL/IRON SOLN	82
PHOTREXA VISCOUS	87	PLAQUENIL (Use hydroxychloroquine sulfate)	28	POLY-VITA SOLN OR	82
PHOTREXA/PHOTREXA VISCOUS KIT	87	PLAVIX 75 MG (Use clopidogrel bisulfate)	65	POLY-VITA/IRON SOLN	82
phytonadione TABS 5 MG	101	PLEGRIDY SOPN	92	POLY-VITE PEDIATRIC SOLN OR 82	
PIFELTRO	38	PLEGRIDY SOSY IM	92	POLY-VITE/IRON SOLN	82
		PLEGRIDY STARTER PACK SOPN . 92		POMALYST	32
		PLEGRIDY STARTER PACK SOSY		PORTRAZZA	31
				pot phosphate monobasic w/ sod	

phosphate dibasic & monobasic .. 77	PREDNISOLONE SODIUM PHOSPHATE .....87	DEFENSE PSTE DT (Use sodium fluoride (dental)) 79
potassium bicarbonate TBEF .....77	prednisolone sodium phosphate SOLN 20 MG/5ML 45	PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental)) .....79
potassium chloride CPCR 10 MEQ 77	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML 45	PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental)) 79
potassium chloride CPCR 8 MEQ . 77	prednisolone SOLN 45	PREVNAR 13 97
potassium chloride microencapsulated crystals er 77	prednisolone TABS 45	PREVNAR 20 97
potassium chloride PACK OR 20 MEQ .....77	PREDNISONONE INTENSOL CONC 45	PREVYMIS SOLN 39
potassium chloride SOLN OR 10 %, 20 %77	prednisone SOLN .....45	PREVYMIS TABS 39
potassium chloride TBCR 8 MEQ, 10 MEQ .....77	prednisone TABS 45	PREZCOBIX 38
potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG .....63	prednisone TBPK 45	PREZISTA SUSP 38
POTELIGEO .....30	PREFERRED PLUS GLUCOSE ..18	PREZISTA TABS 150 MG .....38
PRADAXA CAPS (Use dabigatran etexilate mesylate) 12	PREGNYL IM 59	PREZISTA TABS 600 MG (Use darunavir) 38
PRADAXA CAPS 12	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM 59	PREZISTA TABS 75 MG 38
pralatrexate .....29	PREHEVBRIO .....99	PREZISTA TABS 800 MG (Use darunavir) 39
PRALUENT SOAJ 24	PREMARIN 101	PRIALT 6
pramipexole dihydrochloride TABS 35	PREMARIN TABS 62	PRILOSEC OTC TBEC (Use omeprazole magnesium) 96
prasugrel hcl .....65	PREMPHASE 61	PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) 28
pravastatin sodium .....24	PREMPRO 61	primaquine phosphate TABS 28
prazosin hcl CAPS .....25	PRENATAL VITAMINS-MISC ....82	primidone 13
PRECISION XTRA .....57	PREVACID 24HR CPDR (Use lansoprazole) .....96	PRIORIX SUSR .....99
PRED FORTE (Use prednisolone acetate (ophth)) 87	PREVACID CPDR 30 MG (Use lansoprazole) .....96	PRISTIQ 100 MG (Use desvenlafaxine succinate) 17
PRED MILD 87	PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental)) 79	PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate) 17
PRED-G SUSP 87	PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental)) 79	PRIVIGEN SOLN 89
prednisolone acetate (ophth) .....87	PREVIDENT 5000 ORTHO	PROAIR HFA AERS (Use albuterol sulfate) 11
PREDNISOLONE ACETATE P-F .87		

PROAIR RESPICLICK AEPB	11	promethazine-phenylephrine-codeine	47	pseudoephedrine hcl TABS	84
probenecid	64	.....	47	pseudoephedrine hcl TB12	84
PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)	42	PROMETRIUM CAPS 100 MG (Use progesterone)	91	pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML	.47
PROCARDIA XL TB24 60 MG (Use nifedipine)	42	PROMETRIUM CAPS 200 MG (Use progesterone)	91	pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML	47
prochlorperazine	37	PRONEB ULTRA FILTER SET MISC	74	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	47
prochlorperazine maleate TABS ...	37	propafenone hcl TABS	10	pseudoephedrine-ibuprofen TABS	47
PROCRIT	66	propranolol hcl CP24	41	psyllium CAPS 0.52 GM	67
PROCYSBI CPDR	63	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	41	psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 100 %	.67
PROCYSBI PACK	63	propranolol hcl TABS	41	PTS PANELS EGLU STRP	57
PROFILNINE	64	propylthiouracil	94	PTS PANELS KETONE TEST	57
progesterone CAPS 100 MG	91	PROQUAD SUSR	99	PULMICORT SUSP (Use budesonide (inhalation))	10
progesterone CAPS 200 MG	91	PROSCAR (Use finasteride)	63	PULMOZYME	93
PROGRAF CAPS (Use tacrolimus) 78		PROTEXT SUSP	56	PURAPLY 2CM X 4CM	56
PROGRAF PACK	78	PROTONIX TBEC 20 MG (Use pantoprazole sodium)	96	PURAPLY 5CM X 5 CM	56
PROLASTIN-C SOLN	93	PROTONIX TBEC 40 MG (Use pantoprazole sodium)	96	PURAPLY 6CM X 9CM	56
PROLASTIN-C SOLR	93	PROTOPIC OINT 0.03 % (Use tacrolimus (topical))	53	PURE COMFORT PEAK FLOW METER ADULT	74
PROLEUKIN	34	PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	53	PURE COMFORT PEAK FLOW METER CHILD	74
PROLIA SOSY	59	PROVENTIL HFA AERS (Use albuterol sulfate)	11	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	71
promethazine & phenylephrine SYRP	47	PROVERA (Use medroxyprogesterone acetate)	91	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	71
PROMETHAZINE HCL POWD	44	PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)	16	PURIXAN SUSP	29
promethazine hcl SOLN 6.25 MG/5ML	23	PROZAC CAPS 40 MG (Use fluoxetine hcl)	16	PX DAYTIME MULTI-SYMPTOM CAPS	47
promethazine hcl SUPP	23	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML		PX GLUCOSE	18
promethazine hcl SYRP	23				
promethazine hcl TABS	23				
promethazine w/codeine SOLN	47				
promethazine w/codeine SYRP	47				
promethazine-dm SYRP	47				

PX NITETIME MULTI-SYMP TOM CAPS	48	QUESTRAN POWD (Use cholestyramine)	23	54	RA DRY MOUTH SOLN	80
pyrantel pamoate SUSP 144 MG/ML 9		quetiapine fumarate TABS 100 MG, 200 MG	36		RA GLUCOSE	18
pyrazinamide	28	quetiapine fumarate TABS 25 MG, 50 MG	36		RABAVERT	99
pyrethrins-piperonyl butoxide LIQD 54		quetiapine fumarate TABS 300 MG, 400 MG	36		RADICAVA ORS STARTER KIT SUSP	84
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ...	55	QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG- 15 UNIT-1 MG-108 MCG	82		RADICAVA ORS SUSP	84
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %	55	QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.5 MG-15 UNIT-1 MG- 108 MCG	81		RADICAVA SOLN	84
PYRIDIDIUM TABS (Use phenazopyridine hcl)	63	QUFLORA PEDIATRIC SOLN	82		raloxifene hcl	60
pyridostigmine bromide TABS 60 MG	28	QUICKVUE AT-HOME COVID-19 TEST KIT	57		ramipril CAPS	24
pyridostigmine bromide TBCR	28	quinapril hcl	24		RAPAMUNE SOLN (Use sirolimus) 78	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	102	quinapril-hydrochlorothiazide 12.5 MG-10 MG	26		RAPAMUNE TABS (Use sirolimus) 78	
pyrimethamine	28	quinapril-hydrochlorothiazide 12.5 MG-20 MG	26		RAPID SARS-COV-2 ANTIGENTEST CARD KIT	57
PYRUKYND TABS	65	quinapril-hydrochlorothiazide 25 MG- 20 MG	26		RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3
PYRUKYND TAPER PACK TBPK .65		quinidine gluconate TBCR	10		RAZADYNE ER CP24 (Use galantamine hydrobromide)	92
QC CALCIUM 500MG/D3 TABS ...	76	quinidine sulfate TABS	10		REBIF REBIDOSE SOAJ	92
QC TRIACTING DAYTIME CHILDRENS SYRP	48	QUINTABS TABS	80		REBIF REBIDOSE TITRATIONPACK SOAJ	92
QINLOCK	33	QVAR REDIHALER 40 MCG/ACT .10			REBIF SOSY	92
QUADRACEL SUSP	94	QVAR REDIHALER 80 MCG/ACT .11			REBIF TITRATION PACK SOSY ..	92
QUADRACEL SUSY	94	RA ARTHRITIS PAIN RELIEF CREA			REBINYN	64
QUARTETTE (Use levonorgestrel- ethinyl estradiol (91-day))	44				RECLAST SOLN (Use zoledronic acid)	59
QUESTRAN LIGHT POWD (Use cholestyramine light)	23				RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML	99
QUESTRAN PACK (Use cholestyramine)	23					

RECOMBIVAX HB SUSP 5 MCG/0.5ML	99	RENFLEXIS	63	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) ..	43
RECOMBIVAX HB SUSY 10 MCG/ML	99	REPATHA PUSHTRONEX SYSTEM SOCT	24	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) ..	43
RECOMBIVAX HB SUSY 5 MCG/0.5ML	99	REPATHA SOSY	24	REVCOVI	61
RECORLEV	58	REPATHA SURECLICK SOAJ	24	REVLIMID	78
REDITREX SOSY	3	REPEL SPORTSMEN MAX LOTN	54	REYATAZ CAPS 150 MG, 200 MG (Use atazanavir sulfate)	39
REGLAN TABS (Use metoclopramide hcl)	62	REPLACEMENT AIR FILTER MISC . 74		REYATAZ CAPS 300 MG (Use atazanavir sulfate)	39
RELENZA DISKHALER	40	REPLACEMENT FILTERS MISC ..	74	REYATAZ PACK	39
RELEUKO SOLN	66	RESTORIL 15 MG, 30 MG (Use temazepam)	67	REZUROCK	78
RELEUKO SOSY	66	RETACRIT	66	RHOGAM ULTRA-FILTERED PLUS SOSY IM	89
RELEXXII TBCR 18 MG, 27 MG, 54 MG	2	RETEVMO	33	RHOPHYLAC SOSY IJ	89
RELEXXII TBCR 36 MG	2	RETHYMIC	78	RIABNI	30
RELION GLUCOSE	18	RETIN-A CREA (Use tretinoin)	49	RIASTAP	64
RELION KETONE TEST STRIPS STRP	57	RETIN-A GEL 0.01 % (Use tretinoin) 49		ribavirin (hepatitis c) CAPS	40
RELPAK (Use eletriptan hydrobromide)	76	RETIN-A GEL 0.025 % (Use tretinoin)	49	ribavirin (hepatitis c) TABS 200 MG 40	
REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	15	RETISERT	87	riboflavin TABS	102
REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	15	RETROVIR CAPS (Use zidovudine) . 39		RID ESSENTIAL LICE ELIMINATION KIT KIT EX	55
REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	15	RETROVIR SYRP (Use zidovudine) . 39		rifabutin	28
REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	74	rifampin CAPS	28
REMERON TABS 15 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	74	RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP ..	57
REMERON TABS 30 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	74	RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP ..	58
REMICADE	63	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	74	RILUTEK TABS (Use riluzole)	84
REMIFEMIN MENOPAUSE RELIEF TABS	2	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) ..	43	riluzole TABS	84
				RINVOQ 30 MG, 45 MG	3
				risedronate sodium TABS 35 MG ..	59

risedronate sodium TABS 5 MG, 30 MG	59	61	SALAGEN 5 MG (Use pilocarpine hcl (oral))	80	
risedronate sodium TBEC	59	roflumilast	10	salicylic acid GEL 6 %	53
RISPERDAL CONSTA 12.5 MG, 25 MG, 37.5 MG, 50 MG (Use risperidone microspheres)	36	ROMIDEPSIN SOLN	33	SALINE NASAL SPRAY 0.65% ..	83
RISPERDAL SOLN (Use risperidone)	36	romidepsin SOLR	33	salsalate	6
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 36		ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	35	SAMI THE SEAL	
risperidone microspheres 12.5 MG, 25 MG, 37.5 MG, 50 MG	36	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	35	REPLACEMENTFILTERS MISC ..	74
risperidone SOLN	36	rosuvastatin calcium TABS	24	SAMSCA TABS (Use tolvaptan) ...	61
risperidone TABS	36	ROTARIX SUSP	99	SANDIMMUNE CAPS (Use cyclosporine)	78
risperidone TBDP	36	ROTARIX SUSR	99	SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	78
RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	2	ROTATEQ SOLN	99	SANDIMMUNE SOLN OR	78
RITALIN TABS 5 MG (Use methylphenidate hcl)	2	ROXICODONE TABS 30 MG (Use oxycodone hcl)	7	SANDOSTATIN LAR DEPOT KIT .61	
ritonavir TABS	39	ROXICODONE TABS 5 MG, 15 MG (Use oxycodone hcl)	7	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	61
RITUXAN	30	ROZLYTREK CAPS	33	SANOFI COVID-19	
RITUXAN HYCELA	32	RUBRACA	33	VACCINE/ANTIGEN COMPONENT .	100
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	92	RUCONEST	65	SAPHNELO	79
rivastigmine tartrate CAPS	92	rufinamide SUSP	13	sapropterin dihydrochloride PACK .61	
RIXUBIS SOLR	64	rufinamide TABS	13	sapropterin dihydrochloride TABS .61	
rizatriptan benzoate TABS	76	RUKOBIA	39	SARNA LOTN (Use camphor & menthol)	50
rizatriptan benzoate TBDP	76	RUXIENCE	30	SAVELLA TABS	92
ROBINUL FORTE TABS (Use glycopyrrolate)	95	RUZURGI	28	SAVELLA TITRATION PACK MISC	92
ROBINUL TABS (Use glycopyrrolate)	95	RYDAPT	33	SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN .	54
ROCALTROL CAPS (Use calcitriol)		RYLAZE	34	SCSEMBLIX	33
		RYPLAZIM	65	SCHOOLTIME SHAMPOO SHAM	55
		SABRIL PACK (Use vigabatrin) ...	14	SCOT-TUSSIN DM LIQD	48
		SABRIL TABS (Use vigabatrin) ...	14	SCOT-TUSSIN SENIOR LIQD	48
		SAIZEN IJ	59		
		SAIZENPREP			
		RECONSTITUTIONKIT IJ	59		

SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	44	SENSIPAR (Use cinacalcet hcl)	61	sildenafil citrate (pulmonary hypertension) SUSR	43
SEGLUROMET	17	SEREVENT DISKUS	11	sildenafil citrate (pulmonary hypertension) TABS	43
selegiline hcl CAPS	35	SEROQUEL TABS 100 MG, 200 MG (Use quetiapine fumarate)	36	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	75
selegiline hcl TABS	35	SEROQUEL TABS 25 MG, 50 MG (Use quetiapine fumarate)	36	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	75
selenium sulfide LOTN 1 %	51	SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	36	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	75
selenium sulfide LOTN 2.5 %	51	SEROSTIM SC 4 MG, 5 MG, 6 MG	59	SILIQ	51
selenium sulfide SHAM 1 %	51	sertraline hcl CONC	16	SILVADENE (Use silver sulfadiazine)	51
SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (Use selenium sulfide)	51	sertraline hcl TABS 100 MG	16	silver sulfadiazine	51
SELSUN BLUE DAILY LOTN (Use selenium sulfide)	51	sertraline hcl TABS 25 MG, 50 MG	16	simethicone CHEW 80 MG	62
SELSUN BLUE LOTN (Use selenium sulfide)	51	SEVENFACT	64	simethicone LIQD OR 20 MG/0.3ML	62
SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	51	SFROWASA ENEM	63	simethicone SUSP	62
SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	51	SHINGRIX	100	SIMPLYTHICK	90
SELZENTRY SOLN	39	SIDESTREAM ADULT FACE MASK MISC	74	SIMPLYTHICK EASY MIX	90
SELZENTRY TABS 150 MG (Use maraviroc)	39	SIDESTREAM PEDIATRIC FACEMASK MISC	74	SIMPLYTHICK EASYMIX	90
SELZENTRY TABS 25 MG, 75 MG	39	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	74	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	24
SELZENTRY TABS 300 MG (Use maraviroc)	39	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	74	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	35
SEMGLEE SOPN	20	SIDESTREAM PLUS ADULT FACE MASK MISC	74	SINGULAIR CHEW (Use montelukast sodium)	10
sennosides TABS 8.6 MG	68	SIGNIFOR	61	SINGULAIR PACK (Use montelukast sodium)	10
sennosides-docusate sodium TABS	68	SIGNIFOR LAR	61		
SENOKOT S TABS (Use sennosides-docusate sodium)	68	SIKLOS TABS	65		
SENOKOT TABS (Use sennosides)	68	sildenafil citrate (pulmonary hypertension) SOLN	43		

SINGULAIR TABS (Use montelukast sodium)	10	sodium phenylbutyrate POWD	61	CHAMBERS	75
sirolimus SOLN	78	sodium phenylbutyrate TABS	61	SPACERS AND BREATHING CHAMBERS-MISC	75
sirolimus TABS	78	sodium phosphates ENEM	68	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	58
SIVEXTRO TABS	28	sodium polystyrene sulfonate POWD 79		SPIKEVAX COVID-19 VACCINE SUSP	100
SKYRIZI PEN SOAJ	51	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	79	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	100
SKYRIZI PSKT	51	SODIUM SULFACETAMIDE/SULFUR SUSP 10 %-5 %	49	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	100
SKYRIZI SOSY	51	SOFOSBUVIR/VELPATASVIR TABS	40	spinosad	55
SKYTROFA	60	SOLESTA	78	SPINRAZA	84
SLO-NIACIN TBCR (Use niacin) .	102	SOLIQUA 100/33	17	spironolactone & hydrochlorothiazide	58
SM GLUCOSE	18	SOMAVERT	59	spironolactone TABS	58
SM GLUCOSE CHEW	18	SOOTHENE NBL 100 CHILD MASK MISC	75	SPORANOX CAPS (Use itraconazole)	22
SM IPECAC SYRUP	21	SOOTHENE NBL 100 MEDICATION CUP MISC	75	SPORANOX PULSEPAK CAPS (Use itraconazole)	22
SMART SENSE GLUCOSE	18	SOOTHENE NBL 100 MESH CAP MISC	75	SPRAVATO 56MG DOSE	15
SMART SENSE GLUCOSE TABLETS	18	SOOTHENE NBL100 ADULT MASK MISC	75	SPRAVATO 84MG DOSE	15
SOAAZ TABS 20 MG	58	sorafenib tosylate	33	SPRYCEL	33
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	8	SORBITOL OR 70 %	68	STAMARIL SUSR	100
sodium chloride (gu irrigant) 0.9 %	63	SOSWEET SYRP	90	stavudine CAPS	39
sodium chloride (inhalant) AERS ..	48	sotalol hcl (afib/afI)	41	STEGLATRO	20
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	48	sotalol hcl TABS 240 MG	41	STELARA 130 MG/26ML	63
sodium citrate & citric acid	63	sotalol hcl TABS 80 MG, 120 MG, 160 MG	41	STELARA SOSY	51
sodium fluoride (dental) CREA	79	SOVALDI TABS	40	STERILE DILUENT FOR REMODULIN (Use glycine diluent) 90	
sodium fluoride (dental) GEL	79	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	75	STIMATE SOLN NA	61
sodium fluoride (dental) PSTE DT .	79	SPACER/AEROSOL-HOLDING		STIVARGA	33
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	77				
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	77				
SODIUM OXYBATE SOLN	91				

STRATTERA (Use atomoxetine hcl) 2	SOLN .....87	SUSPENSION VEHICLE SUSP ...91
STRENSIQ .....61	sulfamethoxazole-trimethoprim SUSP.....27	SUSTIVA CAPS 200 MG (Use efavirenz) .....39
STRIBILD .....39	sulfamethoxazole-trimethoprim TABS.....27	SUSTIVA CAPS 50 MG (Use efavirenz) .....39
STRIVE DUAL ZONE PEAK FLOW METER .....75	sulfasalazine TABS .....63	SUSTIVA TABS (Use efavirenz) ..39
SUBLOCADE SOSY .....8	sulfasalazine TBEC .....63	SUSVIMO OCULAR IMPLANT ...70
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....8	sulindac TABS .....5	SUSVIMO SOLN .....86
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....8	sumatriptan .....76	SUTENT (Use sunitinib malate) ..33
sucralfate SUSP .....96	sumatriptan succinate SOAJ 6 MG/0.5ML .....76	SYLVANT .....79
sucralfate TABS .....96	sumatriptan succinate SOCT 6 MG/0.5ML .....76	SYMBICORT (Use budesonide- formoterol fumarate dihydrate) ....11
SUDAFED CHILDRENS LIQD ....84	sumatriptan succinate SOLN 6 MG/0.5ML .....76	SYMDEKO .....93
SUDAFED CONGESTION TABS (Use pseudoephedrine hcl) .....84	sumatriptan succinate TABS .....76	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate) .....39
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN .....84	sunitinib malate .....33	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate) .....39
SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral)) .....84	SUPARTZ FX SOSY .....83	SYMLINPEN 120 SOPN .....17
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl) .84	SUPER BI-MIX SOLR .....42	SYMLINPEN 60 SOPN .....17
sulfacetamide sodium (acne) .....49	SUPER TRI-MIX SOLR .....42	SYNAGIS SOLN .....89
sulfacetamide sodium (ophth) OINT 86	SUPPRELIN LA .....60	SYNAREL .....60
sulfacetamide sodium (ophth) SOLN . 86	SUPRAX CAPS (Use cefixime) ....43	SYNOJOYNT SOSY .....83
sulfacetamide sodium LIQD .....51	SURE COMFORT PEN NEEDLES31GX3/16" (5MM) .....71	SYNRIBO .....34
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %49	SURE COMFORT PEN NEEDLES31GX5/16" (8MM) .....71	SYNTHROID TABS (Use levothyroxine sodium) .....94
sulfacetamide sod-prednisolone	SURE COMFORT PEN NEEDLES32GX5/32" (4MM) .....71	SYNVISC ONE SOSY .....83
	SUSPENDIT ANHYDROUS SUSP 91	SYNVISC SOSY .....83
	SUSPENDRX WITH BITTER- BLOC/SWEETENED SUSP .....91	SYPRINE (Use trientine hcl) .....78
	SUSPENDRX WITH BITTER- BLOC/UNSWEETENED SUSP ....91	SYRPALTA SYRP 83 %91
		SYRSPEND SF LIQD .....91
		SYRUP VEHICLE SF SYRP .....91

SYRUP VEHICLE SYRP	91	TARPEYO CPDR	45	propionate)	52
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	80	TASIGNA	33	TEMOVATE OINT (Use clobetasol propionate)	52
TABLOID	29	TAVNEOS	65	temozolomide CAPS	29
TABRECTA	33	tazarotene CREA	51	TEMPO WELCOME KIT	70
tacrolimus (topical) OINT 0.03 % ..	53	tazarotene GEL	51	temsirolimus	33
tacrolimus (topical) OINT 0.1 % ...	53	TAZORAC CREA (Use tazarotene) 51		TENIVAC INJ	95
tacrolimus CAPS	78	TAZORAC CREA	51	tenofovir disoproxil fumarate TABS 39	
tadalafil (pulmonary hypertension) TABS	43	TAZORAC GEL (Use tazarotene) .	51	TENORETIC 100 (Use atenolol & chlorthalidone)	26
TAFINLAR CAPS	33	TAZVERIK	33	TENORETIC 50 (Use atenolol & chlorthalidone)	26
TAGAMET HB 200 TABS (Use cimetidine)	96	TDVAX SUSP	95	TENORMIN TABS (Use atenolol) .	41
TAGAMET HB TABS (Use cimetidine)	96	TECARTUS	31	TEPADINA (Use thiotepa)	29
TAGRISSE	31	TECENTRIQ	30	TEPEZZA	60
TAKHZYRO SOLN	65	TECFIDERA CPDR (Use dimethyl fumarate)	92	terazosin hcl	25
TAKHZYRO SOSY	65	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	92	terbinafine hcl (topical) CREA	50
TALTZ SOAJ	51	TEGRETOL SUSP (Use carbamazepine)	13	terbinafine hcl TABS	22
TALTZ SOSY	51	TEGRETOL TABS (Use carbamazepine)	13	terbutaline sulfate TABS	11
TALZENNA	33	TEGRETOL-XR TB12 (Use carbamazepine)	13	terconazole vaginal CREA	100
TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	40	TEGSEDI	93	terconazole vaginal SUPP	100
TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	40	telmisartan	25	teriflunomide	92
TAMIFLU SUSR (Use oseltamivir phosphate)	40	telmisartan-amlodipine	26	teriparatide (recombinant) SOPN ..	59
tamoxifen citrate TABS	31	telmisartan-hydrochlorothiazide ..	26	TERIPARATIDE SOPN	59
tamsulosin hcl	63	temazepam 15 MG, 30 MG	67	TESTOPEL PLLT	8
TARCEVA (Use erlotinib hcl)	31	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (Use temozolomide)	29	testosterone cypionate SOLN IM 100 MG/ML	8
TARGRETIN (Use bexarotene (topical))	50	TEMODAR SOLR	29	testosterone cypionate SOLN IM 200 MG/ML	8
TARGRETIN (Use bexarotene) ...	34	TEMOVATE CREA (Use clobetasol		testosterone enanthate SOLN IM ...	8

ADSORBED ADULT SUSP	95	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	94	tobramycin sulfate SOLN IJ	3
tetrabenazine	92	tiagabine hcl	14	tobramycin sulfate SOLR	3
tetracaine hcl (ophth)	87	TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl extended release beads)	42	tobramycin-dexamethasone SUSP 87	
tetracycline hcl CAPS 500 MG	93	TIAZAC 240 MG (Use diltiazem hcl extended release beads)	42	TOBEX OINT	86
tetrahydrozoline hcl (ophth) 0.05 % 87		TIBSOVO	33	TOBEX SOLN (Use tobramycin (ophth))	86
TEZSPIRE SOSY	10	TIGLUTIK SUSP	84	tolnaftate CREA	50
TGT GLUCOSE	18	TIKOSYN (Use dofetilide)	10	tolterodine tartrate CP24	96
THALOMID	78	timolol maleate (ophth) SOLN	85	tolterodine tartrate TABS	96
THEO-24 CP24	11	timolol maleate TABS	41	tolvaptan TABS	61
theophylline ELIX	11	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	85	TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	13
theophylline SOLN	11	TIMOPTIC SOLN (Use timolol maleate (ophth))	85	TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	13
theophylline TB12	11	TINACTIN CREA (Use tolnaftate) .	50	TOPAMAX TABS 100 MG (Use topiramate)	13
theophylline TB24	11	tioconazole vaginal 6.5 %	100	TOPAMAX TABS 200 MG (Use topiramate)	13
THERA TABS	81	tiopronin TABS	63	TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	13
THEREMS MULTIVITAMIN TABS	81	TIVDAK	30	TOPICORT CREA 0.05 % (Use desoximetasone)	52
thiamine hcl TABS	102	TIVICAY TABS 50 MG	39	TOPICORT CREA 0.25 % (Use desoximetasone)	52
thiamine mononitrate TABS	102	TIVORBEX CAPS (Use indomethacin)	5	TOPICORT GEL (Use desoximetasone)	52
THIOLA EC TBEC	63	tizanidine hcl TABS	82	TOPICORT OINT 0.25 % (Use desoximetasone)	52
THIOLA TABS (Use tiopronin)	63	TM-DAILY VITE TABS	81	topiramate CPSP 15 MG	13
thioridazine hcl	37	TOBI NEBU (Use tobramycin)	3	topiramate CPSP 25 MG	13
thiotepa	29	TOBI PODHALER CAPS	3	topiramate TABS 100 MG	13
thiothixene	37	TOBRADEX OINT	87	topiramate TABS 200 MG	13
THRESHOLD IMT MISC	75	TOBRADEX SUSP (Use tobramycin- dexamethasone)	87	topiramate TABS 25 MG, 50 MG ..	13
THROMBATE III	65	tobramycin (ophth) SOLN	86		
THROMBATE III W/10 ML STERILE WATER	65	tobramycin NEBU	3		
THROMBATE III W/20 ML STERILE WATER	65				
THYMOGLOBULIN	78				
THYROGEN 0.9 MG	56				

TOPOTECAN HCL SOLN (Use topotecan hcl)	35	TRELSTAR MIXJECT	31	medoxomil-amlodipine-hydrochlorothiazide)	26
topotecan hcl SOLN	35	TREMFYA SOPN	51	TRIDESILON CREA 0.05 % (Use desonide)	53
TOPOTECAN HCL SOLN	35	TREMFYA SOSY	51	trientine hcl 250 MG	78
topotecan hcl SOLR	35	TRESIBA FLEXTOUCH SOPN ...	20	TRIESENCE	87
TOPROL XL TB24 200 MG (Use metoprolol succinate)	41	TRESIBA SOLN	20	trifluoperazine hcl TABS	37
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 41		tretinoin (chemotherapy)	34	trifluridine	86
toremifene citrate	31	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	49	trihexyphenidyl hcl TABS	35
TORISEL (Use temsirolimus)	33	tretinoin GEL 0.01 %	49	TRIKAFTA TBPB	93
toremide TABS	58	tretinoin GEL 0.025 %	49	TRILEPTAL SUSP (Use oxcarbazepine)	13
TOTECT	34	TRETEN	64	TRILEPTAL TABS (Use oxcarbazepine)	13
TRACLEER TABS (Use bosentan) 43		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	30	TRILURON SOSY	83
TRACLEER TBSO	43	triamcinolone acetonide (mouth) ..	79	trimethoprim TABS	27
tramadol hcl TABS 50 MG	7	triamcinolone acetonide (nasal) AERO	83	TRI-MIX SOLR	42
tramadol-acetaminophen	7	triamcinolone acetonide (topical) CREA	53	TRINTELLIX	16
trandolapril 1 MG, 2 MG	24	triamcinolone acetonide (topical) LOTN	53	TRIPTODUR	60
trandolapril 4 MG	25	triamcinolone acetonide (topical) OINT 0.025 %	53	TRISENOX (Use arsenic trioxide) 34	
trandolapril-verapamil hcl	26	triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %	53	TRIUMEQ TABS	39
tranexamic acid TABS	66	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	48	TRIVISC SOSY	83
TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	9	TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr) 46		TRIZIVIR	39
tranylcypromine sulfate	15	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	58	TROGARZO	39
TRAZIMERA	30	triamterene & hydrochlorothiazide TABS	58	tropicamide SOLN	86
trazodone hcl TABS 300 MG	16	triazolam	67	trospium chloride TABS	96
trazodone hcl TABS 50 MG, 100 MG, 150 MG	16	TRIBENZOR (Use olmesartan		TRUELYTE SOLN	77
TREANDA SOLR (Use bendamustine hcl)	29			TRUEPLUS GLUCOSE CHEW ...	18
TRECTOR	28			TRUEPLUS GLUCOSE ON THE GO CHEW	18

TRUSOPT (Use dorzolamide hcl) .88	TYMLOS .....59	citrate (alkalinizer)) .....63
TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate) .....39	TYPHIM VI SOLN .....97	URSO 250 TABS (Use ursodiol) ...62
TRUXIMA .....30	TYPHIM VI SOSY .....97	ursodiol CAPS .....62
TRUZONE PEAK FLOW METER .75	TYVASO REFILL SOLN IN .....42	ursodiol TABS 250 MG .....62
TUBING/WING TIP MISC .....75	TYVASO SOLN IN .....42	VABYSMO .....86
TUDORZA PRESSAIR .....10	TYVASO STARTER SOLN IN ....42	VAGIFEM TABS (Use estradiol vaginal) .....101
TUKYSA .....30	UKONIQ .....33	valacyclovir hcl 1 GM, 1000 MG ...40
TUMS CHEW (Use calcium carbonate (antacid)) .....9	ULTRACET (Use tramadol-acetaminophen) .....7	valacyclovir hcl 500 MG .....40
TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) ..8	ULTRAM TABS (Use tramadol hcl) .7	VALCHLOR .....50
TURALIO .....33	ULTRATHON INSECT REPELLENT 8 AERO .....54	VALCYTE TABS (Use valganciclovir hcl) .....39
TWINRIX SUSY .....100	ULTRATHON INSECT REPELLENT LOTN .....54	valganciclovir hcl TABS .....39
TYBLUME CHEW .....44	UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep)) .....67	VALIUM TABS (Use diazepam) ....9
TYBOST .....39	UNISOM SLEEPTABS (Use doxylamine succinate (sleep)) .....67	valproate sodium SOLN OR 250 MG/5ML .....14
TYKERB (Use lapatinib ditosylate) 33	UNISPEND ANHYDROUS SWEETENED SUSP .....91	valproic acid CAPS .....14
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen) .....5	UNISPEND ANHYDROUS UNSWEETENED SUSP .....91	valrubicin .....32
TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen) .....5	UNITUXIN .....30	valsartan TABS .....25
TYLENOL CHILDRENS SUSP (Use acetaminophen) .....5	UP & UP GLUCOSE .....18	valsartan-hydrochlorothiazide ....26
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen) .....5	UPTRAVI SOLR .....43	VALSTAR (Use valrubicin) .....32
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen) .....5	UPTRAVI TABS .....43	VALTOCO 10 MG DOSE LIQD ....12
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen) .....5	UPTRAVI TITRATION PACK TBPK 43	VALTOCO 15 MG DOSE LQPK ...12
TYLENOL TABS (Use acetaminophen) .....5	urea CREA 40 %53	VALTOCO 20 MG DOSE LQPK ...12
	urea LOTN 40 %53	VALTOCO 5 MG DOSE LIQD .....12
	UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer)) .....63	VALTRESX 1 GM (Use valacyclovir hcl) .....40
	UROCIT-K 5 TBCR (Use potassium	VALTRESX 500 MG (Use valacyclovir hcl) .....40
		VALUE PLUS GLUCOSE .....18
		VANCOGIN CAPS 125 MG (Use vancomycin hcl) .....27

VANOCIN CAPS 250 MG (Use vancomycin hcl)	27	TBPK	30	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	71
vancomycin hcl CAPS 125 MG	27	VENCLEXTA TABS	30	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	71
vancomycin hcl CAPS 250 MG	27	venlafaxine hcl CP24 150 MG	17	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	71
vancomycin hcl SOLR IV 1 GM, 1000 MG	27	venlafaxine hcl CP24 37.5 MG	17	VERSAFREE SYRP	91
vancomycin hcl SOLR IV 500 MG	27	venlafaxine hcl CP24 75 MG	17	VERSAPLUS SYRP	91
vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	27	venlafaxine hcl TABS	17	VERZENIO	33
VANDAZOLE	100	venlafaxine hcl TB24 150 MG	17	VIBRAMYCIN CAPS (Use doxycycline hyclate)	94
VAQTA 25 UNIT/0.5ML	100	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	17	VIDAZA SUSR (Use azacitidine) ..	30
VAQTA 50 UNIT/ML	100	VENTAVIS	42	vigabatrin PACK	14
varenicline tartrate TABS	93	VENTOLIN HFA AERS (Use albuterol sulfate)	11	vigabatrin TABS	14
varenicline tartrate TBPK	93	verapamil hcl CP24 100 MG, 200 MG	42	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	87
VARIVAX INJ	100	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ...	42	VIIBRYD TABS (Use vilazodone hcl) 16	
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	27	verapamil hcl TABS	42	VIJOICE	79
VASOTEC TABS (Use enalapril maleate)	25	verapamil hcl TBCR	42	vilazodone hcl TABS	16
VAXCHORA	97	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	42	VILTEPSO	84
VAXELIS SUSP	95	VERELAN CP24 (Use verapamil hcl) 42		VIMIZIM	61
VAXELIS SUSY	95	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	42	vincristine sulfate	34
VAXNEUVANCE	97	VERELAN PM CP24 300 MG (Use verapamil hcl)	42	VIRACEPT TABS 250 MG	39
VECAMYL	27	VERIFINE INSULIN PEN NEEDLE 31G X 5MM	71	VIRACEPT TABS 625 MG	39
VECTIBIX 100 MG/5ML, 400 MG/20ML	31	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	71	VIRAMUNE XR TB24 400 MG (Use nevirapine)	39
VELCADE SOLR IJ (Use bortezomib)	33	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	71	VIREAD POWD	39
VELETRI (Use epoprostenol sodium)	42	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	71	VIREAD TABS (Use tenofovir disoproxil fumarate)	39
VEMLIDY	40			VIREAD TABS 150 MG, 200 MG, 250 MG	39
VENCLEXTA STARTING PACK				VIRTUSSIN DAC SOLN	48

VISCO-3 SOSY	83	VONVENDI	64	WINDMILL TRAINER MISC	75
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	87	VORAXAZE	34	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	89
VISTARIL CAPS (Use hydroxyzine pamoate)	9	VOTRIENT (Use pazopanib hcl) ..	33	XALATAN SOLN (Use latanoprost)	88
VISTOGARD	21	VOTRIENT	33		
VISUDYNE	87	VOXZOGO	61	XALKORI CAPS	33
VITAMIN B-2 TABS	102	VYNDAMAX	43	XANAX TABS (Use alprazolam)	9
VITAMIN D3 LIQD OR 5000 UNIT/ML	101	VYNDALCEL	43	XELJANZ SOLN	3
vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT	101	VYONDYS 53	84	XELJANZ TABS	3
VITAMIN E CAPS 200 UNIT	101	VYTORIN (Use ezetimibe-simvastatin)	23	XELJANZ XR TB24	3
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT .	101	VYVANSE CAPS	1	XELODA (Use capecitabine)	30
VITAMIN E CHEW	101	VYVGART	78	XEMBIFY	89
vitamins w/ lipotropics CAPS	82	VYXEOS	32	XENAZINE (Use tetrabenazine) ..	92
VITAZYME TABS	81	WAKIX	2	XENLETA TABS	28
VITRAKVI CAPS	33	WALGREENS GLUCOSE	18	XERMELO	63
VITRAKVI SOLN	33	WALGREENS GLUCOSE CHEW .	19	XEROSTOMIA RELIEF SPRAY SOLN	80
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..	58	WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD	48	XGEVA SOLN	59
VIVELLE-DOT PTTW (Use estradiol)	62	warfarin sodium TABS	11	XIAFLEX	78
VIVIMUSTA SOLN	29	WELIREG	32	XIPERE	87
VIVITROL	21	WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)	15	XOLAIR SOLR	10
VIVOTIF	97	WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)	15	XOLAIR SOSY	10
VIZIMPRO	31	WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	15	XOPENEX HFA (Use levalbuterol tartrate)	11
VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) .	50	WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)	15	XOSPATA	33
VONJO	33	WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	15	XPOVIO	32
		white petrolatum-mineral oil	85	XPOVIO 60 MG TWICE WEEKLY	32
		WILATE KIT	64	XPOVIO 80 MG TWICE WEEKLY	32
				XTANDI CAPS	31

XTANDI TABS	31	ZELBORAF	33	ZITHROMAX PACK (Use azithromycin)	68
XURIDEN	61	ZEMAIRA SOLR 1000 MG	93	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	69
XYNTHA	64	ZEMPLAR SOLN (Use paricalcitol) 61		ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	69
XYNTHA SOLOFUSE	64	ZEPZELCA	29	ZITHROMAX TABS 250 MG (Use azithromycin)	69
XYREM SOLN	91	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	27	ZITHROMAX TABS 500 MG (Use azithromycin)	69
XYWAV	91	ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide) ...	27	ZITHROMAX TRI-PAK TABS (Use azithromycin)	68
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	23	ZESTRIL TABS 2.5 MG (Use lisinopril)	25	ZITHROMAX Z-PAK TABS (Use azithromycin)	68
YASMIN 28 (Use drospirenone- ethinyl estradiol)	44	ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril) 25		ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	24
YAZ (Use drospirenone-ethinyl estradiol)	44	ZETIA (Use ezetimibe)	24	ZOCOR TABS 80 MG (Use simvastatin)	24
YERVOY	30	ZEVALIN Y-90	30	ZOKINVY	79
YF-VAX INJ	100	ZIAC (Use bisoprolol & hydrochlorothiazide)	27	ZOLADEX	31
YONDELIS	29	ZIAGEN SOLN (Use abacavir sulfate)	39	zoledronic acid CONC	59
YONSA	31	ZIAGEN TABS (Use abacavir sulfate)	39	zoledronic acid SOLN	59
YUSIMRY	3	zidovudine CAPS	39	ZOLEDRONIC ACID SOLN	59
YUTIQ	88	zidovudine SYRP	39	ZOLGENSMA 10.1-10.5 KG	84
ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	88	zidovudine TABS	39	ZOLGENSMA 10.6-11.0 KG	84
zaleplon 10 MG	67	ZILRETTA SRER	45	ZOLGENSMA 11.1-11.5 KG	84
zaleplon 5 MG	67	zinc oxide (topical) OINT 20 %	54	ZOLGENSMA 11.6-12.0 KG	84
ZALTRAP	30	zinc sulfate CAPS	77	ZOLGENSMA 12.1-12.5 KG	84
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	83	ZINC SULFATE CAPS	78	ZOLGENSMA 12.6-13.0 KG	84
ZARONTIN CAPS (Use ethosuximide)	14	ZINPLAVA	89	ZOLGENSMA 13.1-13.5 KG	84
ZARONTIN SOLN (Use ethosuximide)	14	ZINPLAVA	89	ZOLGENSMA 13.6-14.0 KG	84
ZARXIO	66	ziprasidone hcl	36	ZOLGENSMA 14.1-14.5 KG	84
ZAVESCA (Use miglustat)	65	ZIRABEV	30	ZOLGENSMA 14.6-15.0 KG	84
ZEJULA CAPS	33				

ZOLGENSMA 15.1-15.5 KG	..... 84	zolmitriptan TBDP	.....76	ZYRTEC ALLERGY TABS (Use cetirizine hcl)	.....23
ZOLGENSMA 15.6-16.0 KG	..... 84	ZOLOFT CONC (Use sertraline hcl)	16	ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	..... 23
ZOLGENSMA 16.1-16.5 KG	..... 84	ZOLOFT TABS 100 MG (Use sertraline hcl)	.....16	ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine)	..... 48
ZOLGENSMA 16.6-17.0 KG	..... 84	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	.....16	ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	..... 48
ZOLGENSMA 17.1-17.5 KG	..... 84	zolpidem tartrate TABS	..... 67	ZYTIGA (Use abiraterone acetate)	31
ZOLGENSMA 17.6-18.0 KG	..... 84	ZOMIG SOLN (Use zolmitriptan)	.. 76		
ZOLGENSMA 18.1-18.5 KG	..... 84	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	.....76		
ZOLGENSMA 18.6-19.0 KG	..... 84	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	..... 13		
ZOLGENSMA 19.1-19.5 KG	..... 84	zonisamide CAPS	.....13		
ZOLGENSMA 19.6-20.0 KG	..... 85	ZORBTIVE SC	.....60		
ZOLGENSMA 2.6-3.0 KG	.....85	ZOVIRAX CREA (Use acyclovir topical)	..... 51		
ZOLGENSMA 20.1-20.5 KG	..... 85	ZOVIRAX OINT (Use acyclovir topical)	..... 51		
ZOLGENSMA 20.6-21.0 KG	..... 85	ZOVIRAX SUSP (Use acyclovir)	..40		
ZOLGENSMA 3.1-3.5 KG	.....85	ZUBSOLV SUBL	..... 8		
ZOLGENSMA 3.6-4.0 KG	.....85	ZULRESSO	.....15		
ZOLGENSMA 4.1-4.5 KG	.....85	ZYDELIG	..... 33		
ZOLGENSMA 4.6-5.0 KG	.....85	ZYKADIA TABS	.....34		
ZOLGENSMA 5.1-5.5 KG	.....85	ZYLOPRIM (Use allopurinol)	.....64		
ZOLGENSMA 5.6-6.0 KG	.....85	ZYNLONTA	.....30		
ZOLGENSMA 6.1-6.5 KG	.....85	ZYPREXA RELPREVV	.....36		
ZOLGENSMA 6.6-7.0 KG	.....85	ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	.....36		
ZOLGENSMA 7.1-7.5 KG	.....85	ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	.....36		
ZOLGENSMA 7.6-8.0 KG	.....85	ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	.....36		
ZOLGENSMA 8.1-8.5 KG	.....85				
ZOLGENSMA 8.6-9.0 KG	.....85				
ZOLGENSMA 9.1-9.5 KG	.....85				
ZOLGENSMA 9.6-10.0 KG	.....85				
ZOLINZA	..... 33				
zolmitriptan SOLN 5 MG	.....76				
zolmitriptan TABS	.....76				