

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

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

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

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

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

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

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

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

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

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

## 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 on the Peach State Health Plan website at [www.pshp.com](http://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](http://www.pshp.com). Please call Member Services if you have any questions about the PDL.

## Dispensing Limits

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

## Appropriate Use and Safety Edits

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

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

## Prior Authorizations (PA)

Some medicines on the IPC-PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Pharmacy Services on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at [www.pshp.com](http://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](http://www.covermymeds.com).

Peach State Health Plan will cover the medicine if:

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

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 IPC-PDL may require another drug to be used first. This is called Step Therapy. If you filled that required drug with Peach State Health Plan already, the step therapy

medicine will be covered. If you have not tried the IPC-PDL medicine, your doctor will need to send in a PA form with other medicine you have tried. If Pharmacy Services does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

## Quantity Limits

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

## Medical Necessity Requests

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

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

All reviews are done by a Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the 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 assistance to send the 72 hour supply for payment.

## Exclusions

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

## Drugs Covered Under the Medical Benefit

Peach State Health Plan covers some vaccines and medicines under the medical benefit for Planning for Healthy Babies® Inter-Pregnancy Care women. These medicines cannot be filled at a local pharmacy. The doctor can bill Peach State Health Plan for them. For questions about

which vaccines and injectable drugs are covered, call Peach State Health Plan's Member Services Department.

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

## Over-the-Counter Medications

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

## Tobacco Cessation Medications

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

## Generic Drugs

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

## 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®.

# Peach State Health Plan: Planning for Healthy Babies® Inter-Pregnancy Care (IPC) - Preferred Drug List (PDL)



## Copayments

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

## Contact Information

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

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

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

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

## Language Assistance

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

## Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
<b>REQUIREMENT or LIMITS</b>	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	<b>Age Limit:</b> Drug is limited to a specific age
<i>PA</i>	<b>Prior Authorization:</b> Review required before prescription can be filled
<i>QL</i>	<b>Quantity Limit:</b> There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both <b>prescription and over the counter</b> coverage
<i>SP</i>	<b>Specialty Drug:</b> 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>	<b>Step Therapy:</b> Requires trial and failure of one or more preferred products prior to coverage.

# Peach State Health Plan: Planning for Healthy Babies® Inter-Pregnancy Care (IPC) - Preferred Drug List (PDL)



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"> <li>• Daily Dose Max = 50 MME**</li> <li>• Day Supply Max = 7 days</li> <li>• Must use Short-acting opioids before Long-acting opioids</li> </ul> <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"> <li>• Members who are less than 18 years old</li> <li>• Members with a Gestational Diabetes or Diabetes in Pregnancy</li> </ul>

## STANDARD ABBREVIATIONS

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

Dose Form	Dose Form Description
<i>LPOP</i>	Lollipop
<i>MISC</i>	Miscellaneous
<i>NA</i>	Nasal
<i>NEBU</i>	Nebulization solution
<i>OINT</i>	Ointment
<i>OP</i>	Ophthalmic
<i>OPHT</i>	Ophthalmic
<i>OR</i>	Oral
<i>PACK</i>	Packet
<i>PEN</i>	Pen-injector
<i>PNKT</i>	Pen-injector Kit
<i>POT</i>	Potassium
<i>POWD</i>	Powder
<i>PRSY</i>	Prefilled Syringe
<i>PSKT</i>	Prefilled Syringe Kit
<i>PSTE</i>	Paste
<i>PT24</i>	Patch 24 Hour
<i>PT72</i>	Patch 72 Hour
<i>PTCH</i>	Patch
<i>PTTW</i>	Patch Biweekly
<i>PTWK</i>	Patch Weekly
<i>RE</i>	Rectal
<i>S.O.P.</i>	Sterile Ophthalmic Preparation
<i>SHAM</i>	Shampoo
<i>SOAJ</i>	Solution Auto-injector
<i>SOCT</i>	Solution Cartridge
<i>SOLN</i>	Solution
<i>SOLR</i>	Solution Reconstituted
<i>SOPN</i>	Solution Pen-injector
<i>SOSY</i>	Solution Prefilled Syringe
<i>SRER</i>	Suspension Reconstituted ER

**Peach State Health Plan: Planning for Healthy Babies®  
Inter-Pregnancy Care (IPC) - Preferred Drug List (PDL)**



<b>Dose Form</b>	<b>Dose Form Description</b>
<i>STRP</i>	Strip
<i>SUBL</i>	Tablet Sublingual
<i>SUER</i>	Suspension Extended Release
<i>SUPN</i>	Suspension Pen-injector
<i>SUPP</i>	Suppository
<i>SUSP</i>	Suspension
<i>SUSR</i>	Suspension Reconstituted
<i>SUSY</i>	Suspension Prefilled Syringe
<i>SYRP</i>	Syrup
<i>T12A</i>	Tablet ER 12 Hour Abuse-Deterrent
<i>TABS</i>	Tablets
<i>TB12</i>	Tablet ER 12 Hour
<i>TB24</i>	Tablet ER 24 Hour

<b>Dose Form</b>	<b>Dose Form Description</b>
<i>TBCR</i>	Tablet ER
<i>TBDP</i>	Tablet Dispersible
<i>TBEC</i>	Tablet Enteric Coated
<i>TBEF</i>	Tablet Effervescent
<i>TBPK</i>	Tablet Therapy Pack
<i>TBSO</i>	Tablet Soluble
<i>TEST</i>	Diagnostic Test
<i>TINC</i>	Tincture
<i>TROC</i>	Troche
<i>VA</i>	Vaginal
<i>VI</i>	Visual Indicator
<i>WAFR</i>	Wafer
<i>XR</i>	Extended Release

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
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
<b>Analeptics</b>		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
<i>caffeine citrate SOLN OR</i>	P	QL(45 ml per fill retail)
<b>Anti-Obesity Agents</b>		
IMCIVREE	P	SP; PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<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 36 MG	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
Stimulants - Misc.			methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	P	Clinical Edit: ADHD; QL(1 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)
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)
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 10 MG/5ML (Use methylphenidate hcl)	NP	QL(900 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 5 MG/5ML (Use methylphenidate hcl)	NP	QL(1800 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)	<b>ALTERNATIVE MEDICINES</b>		
methylphenidate hcl SOLN 10 MG/5ML	P	QL(900 ml per 30 days retail); AL(At least 3 yrs old)	Alternative Medicine - B's		
methylphenidate hcl SOLN 5 MG/5ML	P	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)	REMIFEMIN MENOPAUSE RELIEF TABS	NP	
			Alternative Medicine - G's		

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)
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
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
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
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 220 MG</i>	P	OTC; QL(2 ea daily)
<i>ibuprofen lysine</i>	P		<i>naproxen sodium TABS 275 MG, 550 MG</i>	P	
<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			

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
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>			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			

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 2 MG, 4 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>aspirin CHEW</i>	P	OTC	<i>hydromorphone hcl TABS 8 MG</i>	P	Clinical Edit: Opioids; QL(4 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 10 MG</i>	P	QL(10 ea daily); PA
BUFFERIN ( <i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i> )	NP	OTC	<i>methadone hcl TABS 5 MG</i>	P	QL(6 ea daily); PA
<i>diflunisal TABS</i>	P		<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 ARTHRITIS PAIN TBEC ( <i>Use aspirin</i> )	NP	OTC	<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids; QL(21.4 ml daily)
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)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			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 2 MG, 4 MG ( <i>Use hydromorphone hcl</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily)			
DILAUDID TABS 8 MG ( <i>Use hydromorphone hcl</i> )	NP	Clinical Edit: Opioids; QL(4 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)	<b>Opioid Partial Agonists</b>		
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
<b>Opioid Combinations</b>			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)			

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TUMS CHEW (Use calcium carbonate (antacid))	NP	OTC	<i>bupirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily)
Antacids - Magnesium Salts			<i>bupirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily)
<i>magnesium oxide TABS 400 MG</i>	P	OTC	<i>hydroxyzine hcl SYRP</i>	P	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>			<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 (Use <i>hydroxyzine pamoate</i> )	NP	
<i>pyrantel pamoate SUSP 144 MG/ML</i>	P	OTC; QL(60 ml per fill retail)	<b>Benzodiazepines</b>		
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>			<i>alprazolam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
Nitrates			ATIVAN TABS (Use <i>lorazepam</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
ISORDIL TITRADOSE TABS 5 MG (Use <i>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 (Use <i>nitroglycerin</i> )	NP		<i>oxazepam CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>nitroglycerin CPR</i>	P		TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>nitroglycerin PT24</i>	P		VALIUM TABS (Use <i>diazepam</i> )	NP	QL(4 ea daily); AL(At least 18 yrs old)
<i>nitroglycerin SUBL</i>	P		XANAX TABS (Use <i>alprazolam</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
NITROSTAT SUBL (Use <i>nitroglycerin</i> )	NP		<b>ANTIARRHYTHMICS - Drugs to treat abnormal</b>		
<b>ANTIANSIETY AGENTS - Drugs to Treat Anxiety</b>					
Antianxiety Agents - Misc.					
<i>bupirone hcl 15 MG</i>	P	QL(4 ea daily)			



Drug Name	Drug Tier	Requirements/Limits
<b>heart rhythms</b>		
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	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
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	P	QL(18 gm per fill retail; 36 gm per 30 days retail)
albuterol sulfate AERS	NP	
albuterol sulfate AERS	P	QL(6.7 gm per fill retail; 13.4 gm per 30 days retail)
albuterol sulfate AERS	P	QL(8.5 gm per fill retail; 17 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	
<b>ANTICOAGULANTS - Blood Thinners</b>		
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

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

Drug Name	Drug Tier	Requirements/Limits	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	<b>Anticonvulsants - Misc.</b>		
<b>Thrombin Inhibitors</b>			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	NP		BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA
PRADAXA CAPS ( <i>Use dabigatran etexilate mesylate</i> )	NP		<i>carbamazepine CHEW</i>	P	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			<i>carbamazepine SUSP</i>	P	
<b>Anticonvulsants - Benzodiazepines</b>			<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 250 MG	P	QL(12 ea daily); SP; PA
<i>diazepam (anticonvulsant) GEL 10 MG</i>	NP		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)	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)

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 250 MG, 750 MG ( <i>Use levetiracetam</i> )	NP	QL(4 ea daily)	<i>oxcarbazepine TABS</i>	P	
KEPPRA TABS 500 MG ( <i>Use levetiracetam</i> )	NP	QL(6 ea daily)	<i>primidone</i>	P	
KEPPRA TABS 1000 MG ( <i>Use levetiracetam</i> )	NP		<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 100 MG ( <i>Use topiramate</i> )	NP	QL(4 ea daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 ea daily)	TOPAMAX TABS 200 MG ( <i>Use topiramate</i> )	NP	QL(3 ea daily)
<i>levetiracetam TABS 1000 MG</i>	P		TOPAMAX TABS 25 MG, 50 MG ( <i>Use topiramate</i> )	NP	QL(6 ea daily)
<i>levetiracetam TABS 500 MG</i>	P	QL(6 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 100 MG</i>	P	QL(4 ea daily)
NEURONTIN CAPS ( <i>Use gabapentin</i> )	NP	QL(9 ea daily)	<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>felbamate TABS</i>	P		DEPAKOTE ER TB24 500 MG ( <i>Use divalproex sodium</i> )	NP	QL(7 ea daily)
FELBATOL SUSP ( <i>Use felbamate</i> )	NP		DEPAKOTE ER TB24 250 MG ( <i>Use divalproex sodium</i> )	NP	QL(3 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 250 MG ( <i>Use divalproex sodium</i> )	NP	QL(3 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 125 MG ( <i>Use divalproex sodium</i> )	NP	QL(2 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 500 MG</i>	P	QL(7 ea daily)
<i>vigabatrin PACK</i>	P	SP; PA	<i>divalproex sodium TB24 250 MG</i>	P	QL(3 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 250 MG</i>	P	QL(3 ea daily)
DILANTIN	P		<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 ea daily)
DILANTIN ( <i>Use phenytoin sodium extended</i> )	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		<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<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 30 MG</i>	P	QL(1.5 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					

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<i>mirtazapine TBDP 15 MG</i>	P	QL(3 ea daily)	ZULRESSO	P	SP; PA
REMERON SOLTAB TBDP 15 MG ( <i>Use mirtazapine</i> )	NP	QL(3 ea daily)	Monoamine Oxidase Inhibitors (MAOIs)		
REMERON SOLTAB TBDP 45 MG ( <i>Use mirtazapine</i> )	NP	QL(1 ea daily)	NARDIL ( <i>Use phenelzine sulfate</i> )	NP	
REMERON SOLTAB TBDP 30 MG ( <i>Use mirtazapine</i> )	NP	QL(1.5 ea daily)	PARNATE ( <i>Use tranylcypromine sulfate</i> )	NP	
REMERON TABS 15 MG ( <i>Use mirtazapine</i> )	NP	QL(3 ea daily)	<i>phenelzine sulfate</i>	P	
REMERON TABS 30 MG ( <i>Use mirtazapine</i> )	NP	QL(1.5 ea daily)	<i>tranylcypromine sulfate</i>	P	
Antidepressants - Misc.			N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>bupropion hcl TABS</i>	P	QL(3 ea daily)	SPRAVATO 56MG DOSE	P	SP; PA
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 ea daily)	SPRAVATO 84MG DOSE	P	SP; PA
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 ea daily)	Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 ea daily)	CELEXA TABS 10 MG ( <i>Use citalopram hydrobromide</i> )	NP	QL(4 ea daily)
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 ea daily)	CELEXA TABS 40 MG ( <i>Use citalopram hydrobromide</i> )	NP	QL(1 ea daily)
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 ea daily)	CELEXA TABS 20 MG ( <i>Use citalopram hydrobromide</i> )	NP	QL(2 ea daily)
WELLBUTRIN SR TB12 150 MG ( <i>Use bupropion hcl</i> )	NP	QL(3 ea daily)	<i>citalopram hydrobromide SOLN</i>	P	
WELLBUTRIN SR TB12 100 MG ( <i>Use bupropion hcl</i> )	NP	QL(4 ea daily)	<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 ea daily)
WELLBUTRIN SR TB12 200 MG ( <i>Use bupropion hcl</i> )	NP	QL(2 ea daily)	<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG ( <i>Use bupropion hcl</i> )	NP	QL(3 ea daily)	<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 ea daily)
WELLBUTRIN XL TB24 300 MG ( <i>Use bupropion hcl</i> )	NP	QL(1 ea daily)	<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
			<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 ea daily); AL(At least 12 yrs old)
			<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	P	QL(4 ea daily)

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

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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)
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 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 150 MG	P	QL(2 ea daily)
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	P	QL(1 ea daily)
<b>Tricyclic Agents</b>		
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	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	P	QL(11 ml per 30 days retail); PA
SYMLINPEN 60 SOPN	P	QL(6 ml per 30 days retail); PA
<b>Antidiabetic Combinations</b>		
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
<b>Biguanides</b>		
metformin hcl TABS 500 MG	P	QL(4 ea daily)
metformin hcl TABS 850 MG, 1000 MG	P	
metformin hcl TB24 500 MG	P	QL(4 ea daily)
metformin hcl TB24 750 MG	P	QL(3 ea daily)
<b>Diabetic Other</b>		

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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)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 ( <i>Use 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 5 MCG/0.02ML	P	QL(1.2 ml per 30 days retail); AL(At least 18 yrs old); PA	INSULIN GLARGINE-YFGN SOLN	P	Viatis Brand Only; QL(1 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	NP	
TRULICITY	P	QL(2 ml per 28 days retail); PA	INSULIN GLARGINE-YFGN SOPN	NP	
Insulin			INSULIN GLARGINE-YFGN SOPN	P	Viatis 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)			

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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	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
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

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Drug Name	Drug Tier	Requirements/Limits
<b>Antiperistaltic Agents</b>		
<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)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
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
<b>Antidotes and Specific Antagonists</b>		
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	
<b>Opioid Antagonists</b>		
<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
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<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)
<b>Antiemetics - Anticholinergic</b>		
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
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		

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)
<b>Imidazole-Related Antifungals</b>		
<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 100 MG, 200 MG (Use fluconazole)</i>	NP	
<i>DIFLUCAN TABS 150 MG (Use fluconazole)</i>	NP	QL(2 ea per fill retail)
<i>fluconazole SUSR</i>	P	QL(70 ml per fill retail)
<i>fluconazole TABS 50 MG</i>	P	QL(3 ea per 14 days retail)
<i>fluconazole TABS 150 MG</i>	P	QL(2 ea per fill 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
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
<i>chlorpheniramine maleate SYRP</i>	P	OTC
<i>chlorpheniramine maleate TABS</i>	P	OTC; QL(120 ea per fill retail)
<b>Antihistamines - Ethanolamines</b>		

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)
<b>Antihistamines - Non-Sedating</b>		
ALLEGRA ALLERGY TABS 180 MG ( <i>Use fexofenadine hcl</i> )	NP	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG ( <i>Use fexofenadine hcl</i> )	NP	QL(2 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)	<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
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 67 MG	P	QL(2 ea daily)
			fenofibrate micronized 134 MG, 200 MG	P	QL(1 ea daily)

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<i>fenofibrate TABS 160 MG</i>	P	QL(1 ea daily)
<i>fenofibrate TABS 54 MG</i>	P	QL(3 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 40 MG</i>	P	QL(2 ea daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 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 10 MG, 20 MG, 40 MG ( <i>Use simvastatin</i> )	NP	QL(1 ea daily)
ZOCOR TABS 80 MG ( <i>Use simvastatin</i> )	NF	
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
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
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 40 MG</i>	P	QL(2 ea daily)
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 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 4 MG</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril 1 MG, 2 MG</i>	P	QL(1 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)
<b>Agents for Pheochromocytoma</b>		
DEMSEK ( <i>Use metyrosine</i> )	NP	SP; PA
<i>metyrosine</i>	P	SP; PA
<b>Angiotensin II Receptor Antagonists</b>		
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)
<b>Antiadrenergic Antihypertensives</b>		
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	
<b>Antihypertensive Combinations</b>		
ACCURETIC 25 MG-20 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NP	QL(2 ea daily)
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)
<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 &amp; 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 &amp; 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 &amp; hydrochlorothiazide</i>	P	QL(1 ea daily)

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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 &amp; hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	P	QL(2 ea daily)	<i>metoprolol &amp; hydrochlorothiazide TABS 50 MG-100 MG</i>	P	QL(1 ea daily)
<i>captopril &amp; hydrochlorothiazide 25 MG-50 MG</i>	P	QL(3 ea daily)	<i>metoprolol &amp; 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 &amp; 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 12.5 MG-20 MG</i>	P	QL(4 ea daily)
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i> )	NP	Use losartan or irbesartan; ST	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 ea daily)
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 ea daily)
HYZAAR (Use <i>losartan potassium &amp; 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 &amp; hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	P	QL(2 ea daily)	TENORETIC 100 (Use <i>atenolol &amp; chlorthalidone</i> )	NP	QL(2 ea daily)
<i>lisinopril &amp; hydrochlorothiazide 25 MG-20 MG</i>	P	QL(1 ea daily)	TENORETIC 50 (Use <i>atenolol &amp; chlorthalidone</i> )	NP	QL(2 ea daily)
<i>losartan potassium &amp; 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 &amp; 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)

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

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Drug Name	Drug Tier	Requirements/Limits
<b>Oxazolidinones</b>		
SIVEXTRO TABS	P	QL(6 ea per fill retail); PA
<b>Pleuromutilins</b>		
XENLETA TABS	P	SP; PA
<b>Urinary Anti-infectives</b>		
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	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
COARTEM	P	QL(24 ea per fill retail)
<b>Antimalarials</b>		
chloroquine phosphate TABS 250 MG	P	
chloroquine phosphate TABS 500 MG	P	QL(1 ea daily)
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
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
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
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Antimycobacterial Agents</b>		
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	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN (Use melphalan)	NP	

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

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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
<b>Antineoplastic - Angiogenesis Inhibitors</b>			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
<b>Antineoplastic - Antibodies</b>			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	<b>Antineoplastic - Anti-HER2 Agents</b>		
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
<b>Antineoplastic - BCL-2 Inhibitors</b>			PERJETA	P	SP; PA
			TRAZIMERA	P	SP; PA
			TUKYSA	P	SP; PA
			<b>Antineoplastic - Cellular Immunotherapy</b>		
			VENCLEXTA STARTING PACK TBPK	P	SP; PA
			VENCLEXTA TABS	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
TAGRISSO	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 22.5 MG, 30 MG, 45 MG	P	SP; PA	Antineoplastic - Hypoxia-Inducible Factor		
ELIGARD KIT SC 7.5 MG	P	SP; PA			
EMCYT	P	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Inhibitors			PHESGO	P	SP; PA
WELIREG	P	SP; PA	RITUXAN HYCELA	P	SP; PA
Antineoplastic - Immunomodulators			VYXEOS	P	SP; PA
POMALYST	P	SP; PA	Antineoplastic Enzyme Inhibitors		
Antineoplastic - PDGFR-alpha Inhibitors			AFINITOR DISPERZ TBSO (Use everolimus)	NP	SP; PA
AYVAKIT	P	QL(1 ea daily); SP; PA	AFINITOR TABS (Use everolimus)	NP	SP; PA
Antineoplastic - XPO1 Inhibitors			ALECENSA	P	SP; PA
XPOVIO	P	SP; PA	ALIQOPA	P	SP; PA
XPOVIO 60 MG TWICE WEEKLY	P	SP; PA	ALUNBRIG TABS	P	SP; PA
XPOVIO 80 MG TWICE WEEKLY	P	SP; PA	ALUNBRIG TBPK	P	SP; PA
Antineoplastic Antibiotics			BALVERSA	P	SP; PA
<i>daunorubicin hcl SOLN</i>	P	SP; PA	BELEODAQ	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	P	SP; PA	<i>bortezomib SOLR IJ</i>	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN (Use <i>daunorubicin hcl</i> )	NP	SP; PA	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP; PA
ELLENCES SOLN	P	SP; PA	BOSULIF	P	SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	P	SP; PA	BRAFTOVI 75 MG	P	SP; PA
<i>valrubicin</i>	P	SP; PA	BRUKINSA	P	SP; PA
VALSTAR (Use <i>valrubicin</i> )	NP	SP; PA	CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily); SP; PA
Antineoplastic Combinations			CABOMETYX TABS 40 MG	P	QL(2 ea daily); SP; PA
DARZALEX FASPRO	P	SP; PA	CALQUENCE	P	SP; PA
HERCEPTIN HYLECTA	P	SP; PA	CAPRELSA	P	SP; PA
INQOVI	P	SP; PA	COMETRIQ KIT	P	SP; PA
KISQALI FEMARA 200 DOSE	P	SP; PA	COPIKTRA	P	SP; PA
KISQALI FEMARA 400 DOSE	P	SP; PA	COTELLIC	P	SP; PA
KISQALI FEMARA 600 DOSE	P	SP; PA	<i>everolimus TABS</i>	P	SP; PA
LONSURF	P	SP; PA	<i>everolimus TBSO</i>	P	SP; PA
OPDUALAG	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

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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	P	SP; PA
PIQRAY 300MG DAILY DOSE	P	SP; PA	VOTRIENT ( <i>Use pazopanib hcl</i> )	NP	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



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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 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP; PA
DOCETAXEL SOLN ( <i>Use docetaxel</i> )	NP	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

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Drug Name	Drug Tier	Requirements/Limits
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR (Use irinotecan hcl)	NP	SP; PA
HYCAMTIN CAPS	P	SP; PA
HYCAMTIN SOLR (Use topotecan hcl)	NP	SP; PA
irinotecan hcl	P	SP; PA
topotecan hcl SOLN	P	SP; PA
TOPOTECAN HCL SOLN	P	SP; PA
TOPOTECAN HCL SOLN (Use topotecan hcl)	NP	SP; PA
topotecan hcl SOLR	P	SP; PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
carbidopa	P	
LODOSYN (Use carbidopa)	NP	
<b>Antiparkinson Anticholinergics</b>		
benztropine mesylate TABS	P	
trihexyphenidyl hcl TABS	P	
<b>Antiparkinson Dopaminergics</b>		
amantadine hcl CAPS	P	
amantadine hcl SOLN	P	
APOKYN SOCT	P	SP; PA
apomorphine hydrochloride SOCT	P	SP; PA
bromocriptine mesylate CAPS	P	
bromocriptine mesylate TABS 2.5 MG	P	
carbidopa-levodopa TABS	P	
carbidopa-levodopa TBCR	P	
DHIVY TABS	P	
GOCOVRI CP24	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
PARLODEL CAPS (Use bromocriptine mesylate)	NP	
PARLODEL TABS (Use bromocriptine mesylate)	NP	
pramipexole dihydrochloride TABS	P	QL(3 ea daily); AL(At least 18 yrs old)
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	P	QL(6 ea daily)
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 ea daily)
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	NP	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
selegiline hcl CAPS	P	
selegiline hcl TABS	P	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
LITHIUM	P	
lithium carbonate CAPS	P	
lithium carbonate TABS	P	
lithium carbonate TBCR	P	
LITHOBID TBCR (Use lithium carbonate)	P	
<b>Antipsychotics - Misc.</b>		
GEODON (Use ziprasidone hcl)	NP	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA (Use lurasidone hcl)	NP	
lurasidone hcl	P	
NUPLAZID CAPS	P	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	P	QL(1 ea daily); PA

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<i>ziprasidone hcl</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	<b>Dibenzapines</b>		
<b>Benzisoxazoles</b>			<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 15 MG, 20 MG</i>	P	QL(1 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 7.5 MG, 10 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
RISPERDAL SOLN ( <i>Use risperidone</i> )	NP	QL(4 ml daily); AL(At least 5 yrs old)	<i>quetiapine fumarate TABS 100 MG, 200 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>Use risperidone</i> )	NP	QL(4 ea 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)
<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 100 MG, 200 MG ( <i>Use quetiapine fumarate</i> )	NP	QL(4 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 25 MG, 50 MG ( <i>Use quetiapine fumarate</i> )	NP	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
<i>risperidone TBDP</i>	P	QL(2 ea daily); AL(At least 5 yrs old)	SEROQUEL TABS 300 MG, 400 MG ( <i>Use quetiapine fumarate</i> )	NP	QL(2 ea daily); AL(At least 10 yrs old)
<b>Butyrophenones</b>			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 7.5 MG, 10 MG ( <i>Use olanzapine</i> )	NP	QL(2 ea daily); AL(At least 10 yrs old)
<i>haloperidol decanoate</i>	P		ZYPREXA TABS 15 MG, 20 MG ( <i>Use olanzapine</i> )	NP	QL(1 ea daily); AL(At least 10 yrs old)
<i>haloperidol lactate CONC</i>	P				
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 ea daily)			
<i>haloperidol TABS 20 MG</i>	P				

Drug Name	Drug Tier	Requirements/Limits
<b>Dihydroindolones</b>		
<i>molindone hcl</i>	P	QL(4 ea daily)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 ea daily)
<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 ea daily)
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl TABS</i>	P	
<i>perphenazine TABS</i>	P	QL(4 ea daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	P	QL(3 ea daily)
<i>trifluoperazine hcl TABS</i>	P	QL(2 ea daily)
<b>Quinolinone Derivatives</b>		
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
<b>Thioxanthenes</b>		
<i>thiothixene</i>	P	QL(3 ea daily)
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>Antiseptics &amp; Disinfectants</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ml per fill retail)
<b>Chlorine Antiseptics</b>		
<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)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ml daily)
<i>abacavir sulfate TABS</i>	P	QL(2 ea daily)
APTIVUS CAPS	P	QL(4 ea daily); ST
<i>atazanavir sulfate CAPS 300 MG</i>	P	
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 ea daily)
BIKTARVY	P	QL(1 ea daily)
CIMDUO	P	QL(1 ea daily); ST
COMBIVIR (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 50 MG</i>	P	QL(2 ea daily)
<i>efavirenz CAPS 200 MG</i>	P	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)

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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 300 MG ( <i>Use lamivudine</i> )	NP	QL(1 ea daily)	LEXIVA SUSP	P	QL(56 ml daily)
EPIVIR TABS 150 MG ( <i>Use lamivudine</i> )	NP	QL(2 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 100 MG</i>	P	QL(4 ea daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 ea daily)
<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>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 200 MG ( <i>Use etravirine</i> )	NP	QL(2 ea daily)	<i>nevirapine TABS</i>	P	QL(2 ea daily)
INTELENCE 25 MG	P	QL(4 ea daily)	<i>nevirapine TB24 100 MG</i>	P	QL(3 ea daily)
INTELENCE 100 MG ( <i>Use etravirine</i> )	NP	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 75 MG	P	QL(2 ea daily); ST
			PREZISTA TABS 150 MG	P	QL(3 ea daily); ST
			PREZISTA TABS 800 MG ( <i>Use darunavir</i> )	NP	QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 600 MG (Use darunavir)	NP	QL(2 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 150 MG, 200 MG (Use atazanavir sulfate)	NP	QL(2 ea daily)	TYBOST	P	QL(1 ea daily); AL(At least 18 yrs old)
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	NP		VIRACEPT TABS 625 MG	P	QL(4 ea daily)
REYATAZ PACK	P	QL(6 ea daily)	VIRACEPT TABS 250 MG	P	QL(9 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 (Use tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
SELZENTRY TABS 25 MG, 75 MG	P	QL(2 ea 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)	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

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

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 50 MG ( <i>Use metoprolol tartrate</i> )	NP	QL(4 ea daily)
LOPRESSOR TABS 100 MG ( <i>Use metoprolol tartrate</i> )	NP	QL(4.5 ea daily)
<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 ea daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 ea daily)
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 ea daily)
<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 ea daily)
TENORMIN TABS ( <i>Use atenolol</i> )	NP	QL(2 ea daily)
TOPROL XL TB24 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)
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF ( <i>Use sotalol hcl (afib/af)</i> )	NP	QL(2 ea daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>Use sotalol hcl</i> )	NP	QL(2 ea daily)
CORGARD TABS 20 MG, 40 MG, 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/af)</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	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<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 240 MG ( <i>Use diltiazem hcl coated beads</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 TABS 30 MG, 60 MG, 120 MG ( <i>Use diltiazem hcl</i> )	NP	QL(3 ea daily)
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 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)

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Drug Name	Drug Tier	Requirements/Limits
<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 60 MG ( <i>Use nifedipine</i> )	NP	QL(2 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG ( <i>Use nifedipine</i> )	NP	QL(1 ea daily)
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG ( <i>Use diltiazem hcl extended release beads</i> )	NP	QL(1 ea daily)
TIAZAC 240 MG ( <i>Use diltiazem hcl extended release beads</i> )	NP	QL(2 ea daily)
<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)
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
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	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
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

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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
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
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	
<b>CHEMICALS</b>		
Bulk Chemicals - O's		
OMEPRAZOLE	P	PA
Bulk Chemicals - P's		

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PROMETHAZINE HCL POWD	P	PA	norethindrone acetate-ethinyl estradiol-fe	P	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>					
<b>Combination Contraceptives - Oral</b>					
desogestrel & ethinyl estradiol	P		norgestimate-ethinyl estradiol	P	
desogestrel-ethinyl estradiol (biphasic)	P		norgestimate-ethinyl estradiol (triphasic)	P	
desogestrel-ethinyl estradiol (triphasic)	P		norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	QL(2 ea daily)
drospirenone-ethinyl estradiol	P	QL(1 ea daily)	QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
ESTROSTEP FE (Use norethindrone acetate-ethinyl estradiol-fe)	NP		SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	NP	QL(91 ea per fill retail)
ethynodiol diacet & eth estrad	P	QL(1 ea daily)	TYBLUME CHEW	P	
GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	NP		YASMIN 28 (Use drospirenone-ethinyl estradiol)	NP	QL(1 ea daily)
levonorgestrel & eth estradiol TABS	P		YAZ (Use drospirenone-ethinyl estradiol)	NP	QL(1 ea daily)
levonorgestrel-eth estradiol (triphasic)	P		<b>Combination Contraceptives - Transdermal</b>		
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	QL(91 ea per fill retail)	norelgestromin-ethinyl estradiol	P	QL(3 ea per 28 days retail)
LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	NF		<b>Combination Contraceptives - Vaginal</b>		
MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	NP		etonogestrel-ethinyl estradiol	P	QL(1 ea per fill retail)
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P		NUVARING (Use etonogestrel-ethinyl estradiol)	NP	QL(1 ea per fill retail)
norethindrone & eth estradiol	P		<b>Emergency Contraceptives</b>		
norethindrone & ethinyl estradiol-fe	P		ELLA	P	QL(4 ea per 365 days retail)
norethindrone acet & eth estra	P		levonorgestrel (emergency oc) 1.5 MG	P	QL(1 ea per 21 days retail)
			PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	NP	QL(1 ea per 21 days retail)
			<b>Progestin Contraceptives - Injectable</b>		

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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 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	P	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>			prednisolone sodium phosphate SOLN 20 MG/5ML	P	QL(150 ml per fill retail)
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		<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
			Antitussives		
			benzonatate 100 MG	P	AL(At least 10 yrs old - Up to 21 yrs old)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate 200 MG</i>	P	QL(30 ea per 30 days retail); AL(At least 10 yrs old - Up to 21 yrs old)	<i>brompheniramine &amp; pseudoeph ELIX</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>brompheniramine &amp; 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 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)
<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 12 HOUR TB12 ( <i>Use loratadine &amp; pseudoephedrine</i> )	NP	OTC; QL(2 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)	CLARITIN-D 24 HOUR TB24 ( <i>Use loratadine &amp; pseudoephedrine</i> )	NP	OTC; QL(1 ea daily); 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)	COLD & FLU RELIEF NIGHTTIME D LIQD	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-doxylamine-acetaminophen LIQD</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 200 MG/5ML-10 MG/5ML</i>	P	OTC; 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 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)
Cough/Cold/Allergy Combinations			<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)
ADVIL COLD & SINUS TABS ( <i>Use pseudoephedrine-ibuprofen</i> )	NP	OTC; AL(Up to 21 yrs old)	<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)
<i>brompheniramine &amp; phenyleph ELIX</i>	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	QL(2 ea daily); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
DIABETIC TUSSIN COLD/FLU CAPS	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm SOLN</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
ED BRON GP LIQD	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	<i>promethazine &amp; 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 &amp; 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 &amp; 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 <i>dextromethorphan-guaifenesin</i> )	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 <i>pseudoephedrine-guaifenesin</i> )	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old)			
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PX DAYTIME MULTI-SYMPTOM CAPS	P	OTC; AL(Up to 21 yrs old)	<i>guaifenesin TB12 1200 MG</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
PX NITETIME MULTI-SYMPTOM CAPS	P	OTC; QL(240 ea per fill retail); AL(Up to 21 yrs old)	<i>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 ( <i>Use 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 ( <i>Use 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 ( <i>Use cetirizine-pseudoephedrine</i> )	NP	AL(Up to 21 yrs old)	<i>acetylcysteine SOLN</i>	P	
ZYRTEC-D ALLERGY/SINUS ( <i>Use cetirizine-pseudoephedrine</i> )	NP	AL(Up to 21 yrs old)	<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
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 ( <i>Use 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
			BENZAC AC WASH LIQD 5 % ( <i>Use 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 ( <i>Use clindamycin phosphate (topical)</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NP	QL(60 ml per fill retail)	<i>tretinoin GEL 0.01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	P	QL(60 gm per fill retail)	<i>tretinoin GEL 0.025 %</i>	P	AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) LOTN</i>	P		Antibiotics - Topical		
<i>clindamycin phosphate (topical) SOLN</i>	P		<i>bacitracin (topical) OINT</i>	P	OTC; QL(30 gm per fill retail)
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	NP	RX/OTC	<i>bacitracin zinc OINT</i>	P	OTC; QL(30 ea per fill retail)
ERYGEL GEL (Use erythromycin (acne aid))	NP	QL(60 gm per fill retail)	CENTANY OINT	P	
<i>erythromycin (acne aid) GEL</i>	P	QL(60 gm per fill retail)	<i>gentamicin sulfate (topical) CREA</i>	P	QL(60 gm per fill retail)
<i>erythromycin (acne aid) SOLN</i>	P		<i>gentamicin sulfate (topical) OINT</i>	P	QL(60 gm per fill retail)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old); PA	<i>mupirocin calcium (topical)</i>	P	QL(30 gm per fill retail)
KLARON (Use sulfacetamide sodium (acne))	NP		<i>mupirocin OINT</i>	P	
RETIN-A CREA (Use tretinoin)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	P	OTC; QL(454 gm per fill retail)
RETIN-A GEL 0.025 % (Use tretinoin)	NP	AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	P	OTC; QL(30 gm per fill retail)
RETIN-A GEL 0.01 % (Use tretinoin)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	NP	OTC; QL(454 ea per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP 10 %-5 %	P		NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)	NP	OTC; QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne)</i>	P		Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 gm per fill retail)	<i>clotrimazole (topical) CREA</i>	P	QL(90 gm per fill retail); RX/OTC
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>clotrimazole (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)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate CREA</i>	P	QL(30 gm per fill retail)	Anti-inflammatory Agents - Topical		
<i>ketoconazole (topical) CREA</i>	P	QL(60 gm per fill retail)	<i>diclofenac sodium (topical) GEL EX</i>	P	2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC
<i>ketoconazole (topical) SHAM 2 %</i>	P		VOLTAREN ARTHRITIS PAIN GEL EX ( <i>Use diclofenac sodium (topical)</i> )		
LAMISIL AT JOCK ITCH CREA ( <i>Use terbinafine hcl (topical)</i> )	NP	OTC; QL(30 gm per fill retail)	2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC		
LAMISIL AT CREA ( <i>Use terbinafine hcl (topical)</i> )	NP	OTC; QL(30 gm per fill retail)	Antineoplastic or Premalignant Lesion Agents - Topical		
LOTRIMIN AF JOCK ITCH CREA ( <i>Use clotrimazole (topical)</i> )	NP	QL(90 gm per fill retail); RX/OTC	<i>bexarotene (topical)</i>	P	SP; PA
LOTRIMIN AF CREA ( <i>Use clotrimazole (topical)</i> )	NP	QL(90 gm per fill retail); RX/OTC	CARAC CREA ( <i>Use fluorouracil (topical)</i> )	NP	
MICATIN CREA ( <i>Use miconazole nitrate (topical)</i> )	NP	QL(60 gm per fill retail)	EFUDEX CREA ( <i>Use fluorouracil (topical)</i> )	NP	QL(40 gm per 30 days retail)
<i>miconazole nitrate (topical) CREA</i>	P	QL(60 gm per fill retail)	<i>fluorouracil (topical) CREA 0.5 %</i>	P	
NIZORAL SHAM	P	OTC	<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 gm per 30 days retail)
<i>nystatin (topical) CREA</i>	P	QL(30 gm per fill retail)	<i>fluorouracil (topical) SOLN</i>	P	QL(10 ml per 30 days retail)
<i>nystatin (topical) OINT</i>	P	QL(30 gm per fill retail)	LEVULAN KERASTICK SOLR	P	SP; PA
<i>nystatin (topical) POWD EX</i>	P	QL(60 gm per fill retail)	TARGRETIN ( <i>Use bexarotene (topical)</i> )	NP	SP; PA
<i>nystatin-triamcinolone CREA</i>	P	QL(60 gm per fill retail)	VALCHLOR	P	SP; PA
<i>nystatin-triamcinolone OINT</i>	P	QL(60 gm per fill retail)	Antipruritics - Topical		
<i>terbinafine hcl (topical) CREA</i>	P	OTC; QL(30 gm per fill retail)	<i>camphor &amp; menthol LOTN</i>	P	OTC; QL(222 ml per fill retail)
TINACTIN CREA ( <i>Use tolnaftate</i> )	NP	OTC; QL(30 gm per fill retail)	SARNA LOTN ( <i>Use camphor &amp; menthol</i> )	NP	OTC; QL(222 ml per fill retail)
<i>tolnaftate CREA</i>	P	OTC; QL(30 gm per fill retail)	Antipsoriatics		
Antihistamines-Topical			<i>calcipotriene CREA</i>	P	
ITCH RELIEF CREA	P	OTC	<i>calcipotriene SOLN</i>	P	QL(60 ml per fill retail)
			COSENTYX SENSOREADY PEN SOAJ	P	SP; PA
			COSENTYX SOSY	P	SP; PA

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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	<b>Antivirals - Topical</b>		
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	P	QL(2 gm daily); AL(Up to 20 yrs old)	<b>Burn Products</b>		
TAZORAC CREA ( <i>Use tazarotene</i> )	NP	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	<b>Corticosteroids - Topical</b>		
TREMFYA SOSY	P	SP; PA	<i>betamethasone dipropionate (topical) CREA</i>	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
<b>Antiseborrheic Products</b>			<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 2.5 %</i>	P				
<i>selenium sulfide LOTN 1 %</i>	P	OTC; QL(420 ml per fill retail)			
<i>selenium sulfide SHAM 1 %</i>	P	OTC; QL(420 ml per fill retail)			

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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 2.5 %</i>	P	
<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone (topical) CREA 0.5 %</i>	P	OTC
<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ml per fill retail)	<i>hydrocortisone (topical) CREA 1 %</i>	P	QL(454 gm per fill retail); RX/OTC
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 0.05 %</i>	P		<i>mometasone furoate CREA</i>	P	QL(50 gm per fill retail)
<i>desoximetasone CREA 0.25 %</i>	P	QL(2 gm daily)	<i>mometasone furoate OINT</i>	P	QL(45 gm per fill retail)
<i>desoximetasone 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 0.05 % (Use <i>desoximetasone</i> )	NP	
<i>fluocinonide emulsified base</i>	P	QL(60 gm per fill retail)	TOPICORT CREA 0.25 % (Use <i>desoximetasone</i> )	NP	QL(2 gm daily)
<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)			

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<i>triamcinolone acetonide (topical) CREA</i>	P		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) LOTN</i>	P	QL(60 ml per fill retail)	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) OINT 0.025 %</i>	P	QL(454 gm per fill retail)	<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA
<i>triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %</i>	P		<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
TRIDESILON CREA 0.05 % (Use <i>desonide</i> )	NP		<b>Keratolytic/Antimitotic Agents</b>		
<b>Eczema Agents</b>			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
<b>Emollient/Keratolytic Agents</b>			<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		<b>Local Anesthetics - Topical</b>		
<b>Emollients</b>			<i>capsaicin CREA 0.025 %, 0.075 %</i>	P	OTC; QL(60 gm per fill retail)
EMOLLIENT LOTION-MISC	P	RX/OTC	<i>capsaicin CREA 0.1 %</i>	P	OTC; QL(43 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)
<b>Immunomodulating Agents - Topical</b>			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 3 %</i>	P	QL(453.6 gm per fill retail); RX/OTC
<b>Immunosuppressive Agents - Topical</b>					
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			

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl CREA 4 %</i>	P	OTC; QL(2 gm daily)
<i>lidocaine hcl GEL 2 %</i>	P	AL(At least 21 yrs old)
<i>lidocaine 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 (Use <i>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 (Use <i>metronidazole (topical)</i> )	NP	
METROLOTION LOTN (Use <i>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 (Use <i>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 (Use <i>permethrin</i> )	NP	OTC
OVIDE (Use <i>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 (Use coal tar extract)	NP	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	P	SP; PA
DHS TAR SHAM (Use coal tar extract)	NP	OTC	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P	SP; PA
NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	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			

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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	P	QL(2 ea per fill retail)
PURAPLY 5CM X 5 CM	P	SP; PA	COVID-19 AT-HOME TEST KIT KIT	NP	
PURAPLY 6CM X 9CM	P	SP; PA	CVS COVID-19 AT HOME TESTKIT KIT	NP	
<b>DIAGNOSTIC PRODUCTS</b>			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 <i>cosyntropin</i> )	NP	SP; PA	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
<i>cosyntropin</i> 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)			

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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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	<i>triamterene &amp; hydrochlorothiazide TABS</i>	P	
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP		Loop Diuretics		
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	<i>bumetanide TABS</i>	P	
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>			BUMEX TABS 0.5 MG (Use <i>bumetanide</i> )	NP	
Digestive Enzymes			<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P	
CREON CPEP	P	Smart PA	<i>furosemide TABS</i>	P	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>			LASIX TABS (Use <i>furosemide</i> )	NP	
Carbonic Anhydrase Inhibitors			SOAANZ TABS 20 MG	NP	QL(1 ea daily)
<i>acetazolamide CP12</i>	P		<i>torseamide TABS</i>	P	QL(1 ea daily)
<i>acetazolamide TABS</i>	P		Potassium Sparing Diuretics		
<i>dichlorphenamide</i>	P	SP; PA	ALDACTONE TABS (Use <i>spironolactone</i> )	NP	
KEVEYIS (Use <i>dichlorphenamide</i> )	NP	SP; PA	<i>amiloride hcl TABS</i>	P	QL(4 ea daily)
<i>methazolamide TABS</i>	P		<i>spironolactone TABS</i>	P	
Diuretic Combinations			Thiazides and Thiazide-Like Diuretics		
ALDACTAZIDE (Use <i>spironolactone &amp; hydrochlorothiazide</i> )	NP		<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>amiloride &amp; hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>hydrochlorothiazide CAPS</i>	P	
MAXZIDE-25 TABS (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NP		<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	P	
MAXZIDE TABS (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NP		<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>spironolactone &amp; hydrochlorothiazide</i>	P		<i>metolazone</i>	P	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P		<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
			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 5 MG, 30 MG</i>	P	QL(1 ea daily); PA	CETROTIDE 0.25 MG	P	PA
<i>risedronate sodium TABS 35 MG</i>	P	QL(4 ea per fill retail); 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

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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)	CYSTADANE (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 20 MG	P	SP; PA
BUPHENYL TABS (Use sodium phenylbutyrate)	NP	SP; PA	ORFADIN CAPS (Use nitisinone)	NP	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
<b>Natriuretic Peptides</b>		
VOXZOGO	P	SP; PA
<b>Posterior Pituitary Hormones</b>		
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
<b>Somatostatic Agents</b>		
<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
<b>Vasopressin Receptor Antagonists</b>		
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
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVEVELLA TABS 1 MG-0.5 MG ( <i>Use estradiol &amp; norethindrone acetate</i> )	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 days retail)
<i>estradiol &amp; 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	
<b>Estrogens</b>		
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
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)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
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)

Drug Name	Drug Tier	Requirements/Limits
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
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	P	
<i>sodium citrate &amp; citric acid</i>	P	QL(500 ml per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sodium citrate &amp; 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
<b>Vesicoureteral Reflux (VUR) Agents</b>		
DEFLUX	P	SP; PA
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid</i>	P	
<b>Gout Agents</b>		
<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	
<b>Uricosurics</b>		
<i>probenecid</i>	P	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
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 1501 - 2000 UNIT	P	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
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
<b>Bradykinin B2 Receptor Antagonists</b>		
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
<b>Complement Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
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
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
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 1 MG</i>	P	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	OTC; QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP; PA
ARANESP ALBUMIN FREE SOSY	P	SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	<b>Stem Cell Mobilizers</b>		
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	<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
NYVEPRIA	P	SP; PA	<b>Hemostatics - Systemic</b>		
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 500 MG</i>	P	QL(24 ea per fill retail); SP
ZARXIO	P	SP; PA	<i>aminocaproic acid TABS 1000 MG</i>	P	SP; PA
<b>Hematopoietic Mixtures</b>			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)
<b>Iron</b>			<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER</b>		
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 220 MG/5ML, 300 MG/6.8ML</i>	P	OTC; AL(Up to 50 yrs old)			
<i>ferrous sulfate SOLN 15 MG/ML</i>	P	OTC; QL(3.4 ml daily)			

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Drug Name	Drug Tier	Requirements/Limits
<b>AGENTS</b>		
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 5 MG</i>	P	QL(1 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon 10 MG</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	P	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
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 100 MG, 250 MG</i>	P	OTC; QL(3 ea daily)
PEDIA-LAX SUPP ( <i>Use glycerin (laxative)</i> )	NF		<i>docusate sodium CAPS 50 MG</i>	P	OTC
<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	<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<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 600 MG</i>	P	QL(8 ea per 28 days retail)
<i>bisacodyl TBEC</i>	P	OTC; QL(1 ea daily)	<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)
DULCOLAX PINK LAXATIVE TBEC ( <i>Use bisacodyl</i> )	NP	OTC; QL(1 ea daily)	<i>azithromycin TABS 500 MG</i>	P	QL(4 ea daily)
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 200 MG/5ML ( <i>Use azithromycin</i> )	NP	QL(30 ml per fill retail)
ZITHROMAX SUSR 100 MG/5ML ( <i>Use azithromycin</i> )	NP	QL(15 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)
<b>Clarithromycin</b>		
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>clarithromycin TABS</i>	P	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	P	QL(14 ea per fill retail)
<b>Erythromycins</b>		
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	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
GAUZE SPONGES	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<b>Contraceptives</b>		
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
<b>Diabetic Supplies</b>		
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA	ONETOUCH VERIO REFLECT KIT	NP	RX/OTC
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA	ONETOUCH VERIO REFLECT KIT	P	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	NP	RX/OTC	AUM PEN NEEDLE/32GX6MM	NP	
ONETOUCH ULTRA 2 KIT	P	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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	INNOSPIRE 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 EXPIRATORYMOUTHPIECE/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 KITSIZE 1 MISC	P	QL(1 ea per 360 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	RX/OTC	PARI BABY CONVERSION KITSIZE 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 KITSIZE 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 DEVI	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			



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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			

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
<b>Headaches</b>		
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>Use ergotamine w/ caffeine</i> )	NP	AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	P	AL(At least 18 yrs old)
<b>Migraine Products</b>		
D.H.E. 45 SOLN IJ ( <i>Use dihydroergotamine mesylate</i> )	NP	AL(At least 18 yrs old)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	P	AL(At least 18 yrs old)
MIGRANAL SOLN NA ( <i>Use dihydroergotamine mesylate</i> )	NP	AL(At least 18 yrs old)
<b>Serotonin Agonists</b>		
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)

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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)	<b>MINERALS &amp; ELECTROLYTES</b>		
<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 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 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 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 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

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 &amp; 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 &amp; 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					

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ZINC SULFATE CAPS	P	QL(100 ea per fill retail)	<i>cyclosporine CAPS</i>	P	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			<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 OR	P	
ATGAM	P	SP; PA	SANDIMMUNE SOLN IV 50 MG/ML ( <i>Use cyclosporine</i> )	NP	
<i>azathioprine TABS 50 MG</i>	P		<i>sirolimus SOLN</i>	P	
<i>azathioprine TABS 75 MG, 100 MG</i>	P	PA	<i>sirolimus TABS</i>	P	
CELLCEPT CAPS ( <i>Use mycophenolate mofetil</i> )	NP		<i>tacrolimus CAPS</i>	P	
CELLCEPT SUSR ( <i>Use mycophenolate mofetil</i> )	NP		THYMOGLOBULIN	P	SP; PA
CELLCEPT TABS ( <i>Use mycophenolate mofetil</i> )	NP				
<i>cyclosporine modified (for microemulsion) CAPS</i>	P				
<i>cyclosporine modified (for microemulsion) SOLN</i>	P				

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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
<b>MOUTH/THROAT/DENTAL AGENTS</b>			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				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC
MOUTH KOTE SOLN	P	QL(900 ea per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC	<b>Multivitamins</b>		
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC	AMLADEX TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)	DAILY MULTIPLE VITAMINS TABS	P	OTC; QL(1 ea daily); RX/OTC
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC	ESTROFACTORS TABS	P	OTC; QL(1 ea daily); RX/OTC
SALAGEN 5 MG ( <i>Use pilocarpine hcl (oral)</i> )	NP	QL(6 ea daily)	FOLCYTEINE TABS	P	OTC; QL(1 ea daily); RX/OTC
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC	GENICIN VITA-Q TABS	P	OTC; QL(1 ea daily); RX/OTC
<b>MULTIVITAMINS</b>			HIGH POTENCY MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
<b>B-Complex Vitamins</b>			MULTI VITAMIN/D-3 TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex vitamins CAPS</i>	P	OTC; QL(1 ea daily)	MULTI VITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex vitamins TABS</i>	P	QL(1 ea daily)	<i>multiple vitamin TABS</i>	P	OTC; QL(1 ea daily); RX/OTC
<b>B-Complex w/ C</b>			MULTIVITAMIN ADULT TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b complex w/ c CAPS</i>	P	OTC; QL(1 ea daily)	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
<b>B-Complex w/ Folic Acid</b>			NEOMULTIVITE TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex w/ c &amp; folic acid CAPS</i>	P	QL(1 ea daily); RX/OTC	OMNICAP TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex w/ c &amp; folic acid TABS</i>	P	QL(1 ea daily); RX/OTC	ONE DAILY ESSENTIAL TABS	P	OTC; QL(1 ea daily); RX/OTC
<b>Multiple Vitamins w/ Iron</b>			ONE VITE DAILY MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ iron TABS</i>	P	OTC; QL(1 ea daily)	ONE-A-DAY ESSENTIAL TABS ( <i>Use multiple vitamin</i> )	NP	OTC; QL(1 ea daily); RX/OTC
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	OTC; QL(1 ea daily)	ONE-A-DAY MENS TABS ( <i>Use multiple vitamin</i> )	NP	OTC; QL(1 ea daily); RX/OTC
<b>Multiple Vitamins w/ Minerals</b>			QUINTABS TABS	P	OTC; QL(1 ea daily); RX/OTC

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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	MULTIVITAMIN WITH FLUORIDE CHEW	P	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	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
Ped Multi Vitamins w/Fl & FE			<i>pediatric multivitamins w/fl CHEW</i>	P	RX/OTC
<i>ped multivitamins w/fl &amp; iron SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals			<i>pediatric multivitamins w/fl 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	<i>pediatric vitamins acid w/ fluoride SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
Ped MV w/ Fluoride			POLY-VI-FLOR CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
FLORIVA PLUS SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VI-FLOR CHEW	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 + 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			



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-0.5 MG-15 UNIT-1 MG-108 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	OTC; QL(50 ml per fill retail)
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 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-VI-SOL SOLN OR	P	OTC; QL(50 ml per fill retail)
QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VITA SOLN OR	P	OTC; QL(50 ml per fill retail)
Ped MV w/ Iron			POLY-VITE PEDIATRIC SOLN OR	P	OTC; QL(50 ml per fill retail)
BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Prenatal Vitamins		
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	OTC; QL(60 ml per fill retail)	PRENATAL VITAMINS-MISC	P	RX/OTC
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Vitamins w/ Lipotropics		
POLY-VI-SOL/IRON SOLN	P	OTC; QL(60 ml per fill retail)	<i>vitamins w/ lipotropics CAPS</i>	P	OTC; QL(1 ea daily)
POLY-VITA/IRON SOLN	P	OTC; QL(60 ml per fill retail)	<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Articular Cartilage Repair Therapy		
Pediatric Multiple Vitamins			MACI	P	SP; PA
BPROTECTED PEDIA POLY-VITE SOLN OR	P	OTC; QL(50 ml per fill retail)	Central Muscle Relaxants		
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)	<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML</i>	P	SP; PA
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)	<i>baclofen TABS 10 MG, 20 MG</i>	P	
			<i>chlorzoxazone TABS 500 MG</i>	P	
			<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 ea daily)
			<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 ea daily)
			GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	P	SP; PA
			GABLOFEN SOLN IT ( <i>Use baclofen</i> )	NP	SP; PA
			LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
LIORESAL INTRATHECAL SOLN IT (Use baclofen)	NP	SP; PA
methocarbamol TABS	P	
orphenadrine citrate TB12	P	
tizanidine hcl TABS	P	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	
Viscosupplements		
DUROLANE PRSY	P	SP; PA
EUFLEXXA SOSY	P	SP; PA
GEL-ONE	P	SP; PA
GELSYN-3 SOSY	P	SP; PA
GENVISC 850 SOSY	P	SP; PA
HYALGAN SOLN	P	SP; PA
HYALGAN SOSY	P	SP; PA
HYMOVIS	P	SP; PA
HYRONAN KIT	P	SP; PA
MONOVISC	P	SP; PA
ORTHOVISC	P	SP; PA
SUPARTZ FX SOSY	P	SP; PA
SYNOJOYNT SOSY	P	SP; PA
SYNVISC ONE SOSY	P	SP; PA
SYNVISC SOSY	P	SP; PA
TRILURON SOSY	P	SP; PA
TRIVISC SOSY	P	SP; PA
VISCO-3 SOSY	P	SP; PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
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)

Drug Name	Drug Tier	Requirements/Limits
Nasal Antiallergy		
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	P	QL(30 ml per fill retail); RX/OTC
cromolyn sodium (nasal) 5.2 MG/ACT	P	OTC; QL(26 ml per 30 days retail)
NASALCROM (Use cromolyn sodium (nasal))	NP	OTC; QL(26 ml per 30 days retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.06 %	P	QL(15 ml per 30 days retail)
ipratropium bromide (nasal) 0.03 %	P	QL(31 ml per 30 days retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
flunisolide (nasal) 0.025 %	P	QL(25 ml per 30 days retail)
fluticasone propionate (nasal) SUSP	P	QL(16 ml per fill retail); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
triamcinolone acetonide (nasal) AERO	P	AL(At least 2 yrs old)
Sympathomimetic Decongestants		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADRENALIN 0.1 % (Use epinephrine hcl (nasal))	NP	QL(120 ml per fill retail); AL(Up to 21 yrs old)	TIGLUTIK SUSP	P	SP; PA
epinephrine hcl (nasal)	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)	Muscular Dystrophy Agents		
phenylephrine hcl (oral) TABS	P	OTC; QL(24 ea per fill retail)	AMONDYS 45	P	SP; PA
pseudoephedrine hcl TABS	P	OTC; AL(Up to 21 yrs old)	EXONDYS 51	P	SP; PA
pseudoephedrine hcl TB12	P	OTC; QL(62 ea per 30 days retail); AL(Up to 21 yrs old)	VILTEPSO	P	SP; PA
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)	VYONDYS 53	P	SP; PA
SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	NP	OTC; AL(Up to 21 yrs old)	Spinal Muscular Atrophy Agents (SMA)		
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC; QL(120 ml per fill retail)	EVRYSDI	P	SP; PA
SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	NP	OTC; QL(24 ea per fill retail)	SPINRAZA	P	SP; PA
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	NP	OTC; AL(Up to 21 yrs old)	ZOLGENSMA 10.1-10.5 KG	P	SP; PA
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>			ZOLGENSMA 10.6-11.0 KG	P	SP; PA
<b>ALS Agents</b>			ZOLGENSMA 11.1-11.5 KG	P	SP; PA
EXSERVAN FILM	P	SP; PA	ZOLGENSMA 11.6-12.0 KG	P	SP; PA
RADICAVA ORS STARTER KIT SUSP	P	SP; PA	ZOLGENSMA 12.1-12.5 KG	P	SP; PA
RADICAVA ORS SUSP	P	SP; PA	ZOLGENSMA 12.6-13.0 KG	P	SP; PA
RADICAVA SOLN	P	SP; PA	ZOLGENSMA 13.1-13.5 KG	P	SP; PA
RILUTEK TABS (Use riluzole)	NP	PA	ZOLGENSMA 13.6-14.0 KG	P	SP; PA
riluzole TABS	P	PA	ZOLGENSMA 14.1-14.5 KG	P	SP; PA
			ZOLGENSMA 14.6-15.0 KG	P	SP; PA
			ZOLGENSMA 15.1-15.5 KG	P	SP; PA
			ZOLGENSMA 15.6-16.0 KG	P	SP; PA
			ZOLGENSMA 16.1-16.5 KG	P	SP; PA
			ZOLGENSMA 16.6-17.0 KG	P	SP; PA
			ZOLGENSMA 17.1-17.5 KG	P	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 17.6-18.0 KG	P	SP; PA
ZOLGENSMA 18.1-18.5 KG	P	SP; PA
ZOLGENSMA 18.6-19.0 KG	P	SP; PA
ZOLGENSMA 19.1-19.5 KG	P	SP; PA
ZOLGENSMA 19.6-20.0 KG	P	SP; PA
ZOLGENSMA 2.6-3.0 KG	P	SP; PA
ZOLGENSMA 20.1-20.5 KG	P	SP; PA
ZOLGENSMA 20.6-21.0 KG	P	SP; PA
ZOLGENSMA 3.1-3.5 KG	P	SP; PA
ZOLGENSMA 3.6-4.0 KG	P	SP; PA
ZOLGENSMA 4.1-4.5 KG	P	SP; PA
ZOLGENSMA 4.6-5.0 KG	P	SP; PA
ZOLGENSMA 5.1-5.5 KG	P	SP; PA
ZOLGENSMA 5.6-6.0 KG	P	SP; PA
ZOLGENSMA 6.1-6.5 KG	P	SP; PA
ZOLGENSMA 6.6-7.0 KG	P	SP; PA
ZOLGENSMA 7.1-7.5 KG	P	SP; PA
ZOLGENSMA 7.6-8.0 KG	P	SP; PA
ZOLGENSMA 8.1-8.5 KG	P	SP; PA
ZOLGENSMA 8.6-9.0 KG	P	SP; PA
ZOLGENSMA 9.1-9.5 KG	P	SP; PA
ZOLGENSMA 9.6-10.0 KG	P	SP; PA
<b>NUTRIENTS</b>		
Carbohydrates		
POLYCOSE LIQD	P	OTC; QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC; QL(350 gm per fill retail)
Lipids		
DOJOLVI	P	SP; PA
Misc. Nutritional Substances		

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 fatty acids CAPS</i>	P	OTC; QL(6 ea daily)
<i>omega-3 fatty acids CPDR</i>	P	QL(6 ea daily)
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Artificial Tears and Lubricants		
<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 (Use <i>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 (Use <i>timolol maleate (ophth)</i> )	NP	QL(15 ea per 30 days retail)
TIMOPTIC SOLN (Use <i>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 % (Use <i>atropine sulfate (ophthalmic)</i> )	NP	
ATROPINE SULFATE SOLN 1 %	P	

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Drug Name	Drug Tier	Requirements/Limits
CYCLOGYL 0.5 %	P	QL(15 ml per 30 days retail)
CYCLOGYL 2 %	P	
CYCLOGYL (Use cyclopentolate hcl)	NP	
cyclopentolate hcl 0.5 %	P	QL(15 ml per 30 days retail)
cyclopentolate hcl 1 %, 2 %	P	
homatropine hbr	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (Use tropicamide)	NP	
phenylephrine hcl (mydriatic) SOLN 2.5 %	P	QL(5 ml per 30 days retail)
tropicamide SOLN	P	
<b>Miotics</b>		
ISOPTO CARPINE SOLN 1 %, 2 % (Use pilocarpine hcl)	NP	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	P	
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
BEOVU SOLN	P	SP; PA
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
EYLEA HD SOLN	P	SP; PA
EYLEA SOLN	P	SP; PA
EYLEA SOSY	P	SP; PA
LUCENTIS SOLN	P	SP; PA
LUCENTIS SOSY	P	SP; PA
SUSVIMO SOLN	P	SP; PA
VABYSMO	P	SP; PA
<b>Ophthalmic Adrenergic Agents</b>		
apraclonidine hcl	P	

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

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

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Drug Name	Drug Tier	Requirements/Limits
TOBRADEX SUSP ( <i>Use tobramycin-dexamethasone</i> )	NP	QL(10 ml per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ml per fill retail)
TRIESENCE	P	SP; PA
XIPERE	P	SP; PA
YUTIQ	P	SP; PA
Ophthalmics - Misc.		
ACULAR ( <i>Use ketorolac tromethamine (ophth)</i> )	NP	QL(10 ml per fill retail)
ACULAR LS ( <i>Use ketorolac tromethamine (ophth)</i> )	NP	QL(5 ml per 30 days retail)
ALOCRIAL	P	QL(5 ml per 30 days retail); PA
ALOMIDE	P	QL(10 ml per 30 days retail); PA
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 30 days retail)
AZOPT ( <i>Use brinzolamide</i> )	NP	
<i>brinzolamide</i>	P	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per fill retail)
CYSTADROPS	P	SP; PA
CYSTARAN	P	SP; PA
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 30 days retail)
<i>dorzolamide hcl</i>	P	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 30 days retail)
<i>flurbiprofen sodium</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	QL(10 ml per fill retail)
<i>ketotifen fumarate (ophth) 0.035 %</i>	P	
TRUSOPT ( <i>Use dorzolamide hcl</i> )	NP	QL(10 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
ZADITOR 0.035 % ( <i>Use ketotifen fumarate (ophth)</i> )	NP	
Prostaglandins - Ophthalmic		
<i>latanoprost SOLN</i>	P	QL(5 ml per 30 days retail)
LATANOPROST SOLN	P	QL(5 ml per 30 days retail)
XALATAN SOLN ( <i>Use latanoprost</i> )	NP	QL(5 ml per 30 days retail)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	QL(15 ml per 30 days retail)
<i>carbamide peroxide (otic) 6.5 %</i>	P	OTC; QL(15 ml per 30 days retail)
DEBROX 6.5 % ( <i>Use carbamide peroxide (otic)</i> )	NP	OTC; QL(15 ml per 30 days retail)
Otic Anti-infectives		
<i>ofloxacin (otic)</i>	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX ( <i>Use ciprofloxacin-dexamethasone</i> )	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(20 ml per 30 days retail)
Otic Steroids		
DERMOTIC ( <i>Use fluocinolone acetonide (otic)</i> )	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)
<i>fluocinolone acetonide (otic)</i>	P	QL(20 ml per fill retail); AL(At least 5 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone w/acetic acid</i>	P	QL(20 ml per 30 days retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Oxytocics		
<i>methylergonovine maleate TABS</i>	P	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
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

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ml per fill retail)	FLAVOR BLEND SUSP	P	RX/OTC
<i>amoxicillin &amp; pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ml per fill retail)	FLAVOR PLUS LIQD	P	RX/OTC
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 ea per fill retail)	FLAVOR SWEET-SF SYRP	P	RX/OTC
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 ea per fill retail)	FLAVOR SWEET SYRP	P	RX/OTC
<i>amoxicillin &amp; pot clavulanate TB12</i>	P	QL(40 ea per 30 days retail)	<i>glycine diluent</i>	P	SP; PA
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin &amp; pot clavulanate</i> )	NP	QL(200 ml per fill retail)	GRAPE SYRUP SYRP	P	RX/OTC
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	QL(150 ml per fill retail)	MX-SOL BLEND SF SUSP	P	RX/OTC
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin &amp; pot clavulanate</i> )	NP	QL(30 ea per fill retail)	MX-SOL BLEND SUSP	P	RX/OTC
Penicillinase-Resistant Penicillins			MX-SOL SF SYRP	P	RX/OTC
<i>dicloxacillin sodium</i>	P		MX-SOL SUSPEND SUSP	P	RX/OTC
<b>PHARMACEUTICAL ADJUVANTS</b>			MX-SOL SYRP	P	RX/OTC
Internal Vehicle Ingredients/Agents			ORA-BLEND SF SUSP	P	RX/OTC
SIMPLYTHICK	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA	ORA-BLEND SUSP	P	RX/OTC
SIMPLYTHICK EASY MIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC
SIMPLYTHICK EASYMIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA	ORAL MIX SF SUSP	P	RX/OTC
Liquid Vehicles			ORAL SUSPEND LIQD	P	RX/OTC
			ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
			ORAL SYRUP SF SYRP	P	RX/OTC
			ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC
			ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC
			ORA-PLUS LIQD	P	RX/OTC
			ORA-SWEET 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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PH 12 STERILE DILUENT FORFLOLAN	P	SP; PA	MAKENA OIL ( <i>Use hydroxyprogesterone caproate</i> )	NP	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA
SOSWEET SYRP	P	RX/OTC	MAKENA SOAJ	P	SP; PA
STERILE DILUENT FOR REMODULIN ( <i>Use glycine diluent</i> )	NP	SP; PA	<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC	<i>norethindrone acetate TABS</i>	P	
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC	<i>progesterone CAPS 100 MG</i>	P	QL(30 ea per 30 days retail)
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC	<i>progesterone CAPS 200 MG</i>	P	QL(20 ea per 30 days retail)
SUSPENSION VEHICLE SUSP	P	RX/OTC	PROMETRIUM CAPS 200 MG ( <i>Use progesterone</i> )	NP	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	PROVERA ( <i>Use medroxyprogesterone acetate</i> )	NP	
SYRUP VEHICLE SF SYRP	P	RX/OTC	<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
SYRUP VEHICLE SYRP	P	RX/OTC	Agents for Chemical Dependency		
UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC	<i>disulfiram 250 MG</i>	P	
UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC	Anti-Cataplectic Agents		
VERSAFREE SYRP	P	RX/OTC	SODIUM OXYBATE SOLN	P	SP; PA
VERSAPLUS SYRP	P	RX/OTC	XYREM SOLN	P	SP; PA
Semi Solid Vehicles			XYWAV	P	SP; PA
<i>Ianolin XX</i>	P		Antidementia Agents		
LANOLIN XX	P		ARICEPT TABS 5 MG, 10 MG ( <i>Use donepezil hydrochloride</i> )	NP	QL(1 ea daily)
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>			<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)
Progestins			EXELON 4.6 MG/24HR, 9.5 MG/24HR ( <i>Use rivastigmine</i> )	NP	QL(1 ea daily); PA
AYGESTIN TABS ( <i>Use norethindrone acetate</i> )	NP				
<i>hydroxyprogesterone caproate OIL</i>	P	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA			

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<i>galantamine hydrobromide CP24</i>	P	QL(1 ea daily)	AVONEX PEN AJKT	P	SP; PA
<i>galantamine hydrobromide SOLN</i>	P	QL(6 ml daily)	AVONEX PSKT	P	SP; PA
<i>galantamine hydrobromide TABS</i>	P	QL(2 ea daily)	BAFIERTAM	P	SP; PA
<i>memantine hcl SOLN</i>	P	QL(2 ml daily); PA	COPAXONE SOSY ( <i>Use glatiramer acetate</i> )	NP	SP
<i>memantine hcl TABS</i>	P	QL(2 ea daily); PA	<i>dalfampridine</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 CDPK</i>	P	SP; PA
NAMENDA TITRATION PAK TABS ( <i>Use memantine hcl</i> )	NP	1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA	<i>dimethyl fumarate CPDR</i>	P	SP
NAMENDA TABS ( <i>Use memantine hcl</i> )	NP	QL(2 ea daily); PA	EXTAVIA KIT	P	SP; PA
RAZADYNE ER CP24 ( <i>Use galantamine hydrobromide</i> )	NP	QL(1 ea daily)	<i> fingolimod hcl</i>	P	QL(1 ea daily); SP
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	P	QL(1 ea daily); PA	GILENYA 0.5 MG	P	QL(1 ea daily); SP
<i>rivastigmine tartrate CAPS</i>	P	QL(2 ea daily); PA	GILENYA ( <i>Use fingolimod hcl</i> )	NP	QL(1 ea daily); SP
Combination Psychotherapeutics			<i>glatiramer acetate SOSY</i>	P	SP
<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)	KESIMPTA	P	SP; PA
Fibromyalgia Agents			PLEGRIDY STARTER PACK SOPN	P	SP; PA
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail); PA	PLEGRIDY STARTER PACK SOSY SC	P	SP; PA
SAVELLA TABS	P	QL(2 ea daily); PA	PLEGRIDY SOPN	P	SP; PA
Movement Disorder Drug Therapy			PLEGRIDY SOSY IM	P	SP; PA
<i>tetrabenazine</i>	P	SP; PA	REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA
XENAZINE ( <i>Use tetrabenazine</i> )	NP	SP; PA	REBIF REBIDOSE SOAJ	P	SP; PA
Multiple Sclerosis Agents			REBIF TITRATION PACK SOSY	P	SP; PA
AMPYRA ( <i>Use dalfampridine</i> )	NP	SP; PA	REBIF SOSY	P	SP; PA
AUBAGIO ( <i>Use teriflunomide</i> )	NP	QL(1 ea daily); SP	TECFIDERA STARTER PACK CDPK ( <i>Use dimethyl fumarate</i> )	NP	SP; PA
			TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )	NP	SP
			<i>teriflunomide</i>	P	QL(1 ea daily); SP
			Smoking Deterrents		
			APO-VARENICLINE TABS	P	QL(2 ea daily); AL(At least 18 yrs old)

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<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	PROLASTIN-C SOLN	P	SP; PA
NICODERM CQ PT24 TD (Use nicotine)	NP	QL(1 ea daily)	PROLASTIN-C SOLR	P	SP; PA
NICORETTE MINI LOZG (Use nicotine polacrilex)	NP	QL(20 ea daily)	ZEMAIRA SOLR 1000 MG	P	SP; PA
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	NP	QL(24 ea daily)	Cystic Fibrosis Agents		
NICORETTE GUM (Use nicotine polacrilex)	NP	QL(24 ea daily)	BRONCHITOL	P	SP; PA
NICORETTE LOZG (Use nicotine polacrilex)	NP	QL(20 ea daily)	BRONCHITOL TOLERANCE TEST	P	SP; PA
<i>nicotine polacrilex GUM</i>	P	QL(24 ea daily)	KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	P	SP; PA
<i>nicotine polacrilex LOZG</i>	P	QL(20 ea daily)	KALYDECO TABS	P	SP; PA
NICOTINE TRANSDERMAL SYSTEM KIT	P		ORKAMBI PACK	P	SP; PA
<i>nicotine MISC XX</i>	P	QL(1 ea daily)	ORKAMBI TABS	P	SP; PA
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 ea daily)	PULMOZYME	P	SP; PA
NICOTROL INHALER INHA	P	QL(16.8 ea daily)	SYMDEKO	P	SP; PA
NICOTROL NS SOLN	P	QL(4 ml daily)	TRIKAFTA TBPK	P	QL(3 ea daily); SP; PA
<i>varenicline tartrate TABS</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	Pulmonary Fibrosis Agents		
<i>varenicline tartrate TBPK</i>	P	QL(53 ea per fill retail); AL(At least 18 yrs old)	ESBRIET CAPS (Use <i>pirfenidone</i> )	NP	SP; PA
Transthyretin Amyloidosis Agents			ESBRIET TABS (Use <i>pirfenidone</i> )	NP	SP; PA
ONPATTRO	P	SP; PA	OFEV	P	SP; PA
TEGSEDI	P	SP; PA	<i>pirfenidone CAPS</i>	P	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>pirfenidone TABS</i>	P	SP; PA
Alpha-Proteinase Inhibitor (Human)			TETRACYCLINES - Drugs to Treat Bacterial Infections		
ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA	Tetracyclines		
GLASSIA SOLN	P	SP; PA	ACTICLATE TABS (Use <i>doxycycline hyclate</i> )	NF	
			<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P	
			<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	P	
			<i>doxycycline hyclate CAPS</i>	P	
			<i>doxycycline hyclate TABS 100 MG</i>	P	

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<i>minocycline hcl CAPS</i>	P		BOOSTRIX SUSY	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
<i>tetracycline hcl CAPS 500 MG</i>	P		DAPTACEL	P	5 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(Up to 7 yrs old)
VIBRAMYCIN CAPS ( <i>Use doxycycline hyclate</i> )	NP		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)
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>			INFANRIX	P	5 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail)
<b>Antithyroid Agents</b>			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)
<i>methimazole TABS</i>	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)
<i>propylthiouracil</i>	P		PENTACEL	P	4 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(Up to 5 yrs old)
<b>Thyroid Hormones</b>			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)
ARMOUR THYROID 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)
CYTOMEL TABS ( <i>Use liothyronine sodium</i> )	NP				
<i>levothyroxine sodium TABS</i>	P				
<i>liothyronine sodium TABS</i>	P				
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				
<b>TOXOIDS</b>					
<b>Toxoid Combinations</b>					
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)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
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>	P				
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>	NP				
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>	P				
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>	NP	QL(4 ea daily)			
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>			<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 ea daily)			
			<i>hyoscyamine sulfate TBDP 0.125 MG</i>	NP				
			<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P				
			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)			
			<b>H-2 Antagonists</b>					
						<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	P	
			<b>Antispasmodics</b>			<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 cimetidine)	NP	RX/OTC	PREVACID 24HR CPDR (Use lansoprazole)	NP	QL(4 ea daily); RX/OTC
TAGAMET HB TABS (Use cimetidine)	NP	RX/OTC	PREVACID CPDR 30 MG (Use lansoprazole)	NP	
Misc. Anti-Ulcer			PRILOSEC OTC TBEC (Use omeprazole magnesium)	NP	OTC; QL(1 ea daily)
CARAFATE SUSP (Use sucralfate)	NP	QL(420 ml per fill retail)	PROTONIX TBEC 40 MG (Use pantoprazole sodium)	NP	QL(2 ea daily)
CARAFATE TABS (Use sucralfate)	NP		PROTONIX TBEC 20 MG (Use pantoprazole sodium)	NP	QL(1 ea daily)
sucralfate SUSP	P	QL(420 ml per fill retail)	Ulcer Drugs - Prostaglandins		
sucralfate TABS	P		CYTOTEC (Use misoprostol)	NP	
Proton Pump Inhibitors			misoprostol	P	
DEXILANT (Use dexlansoprazole)	NP	ST	Ulcer Therapy Combinations		
dexlansoprazole	P	ST	amoxicillin-clarithromycin w/ lansoprazole THPK	P	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
esomeprazole magnesium CPDR 20 MG	P	QL(2 ea daily); RX/OTC	URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
lansoprazole CPDR 30 MG	P		Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
lansoprazole CPDR 15 MG	P	QL(4 ea daily); RX/OTC	DETROL LA CP24 (Use tolterodine tartrate)	NP	QL(1 ea daily)
NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC	DETROL TABS (Use tolterodine tartrate)	NP	QL(2 ea daily)
NEXIUM 24HR CPDR (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC	DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride)	NP	QL(2 ea daily)
NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC	oxybutynin chloride TABS	P	QL(3 ea daily)
OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC	oxybutynin chloride TB24	P	QL(2 ea daily)
omeprazole magnesium TBEC	P	OTC; QL(1 ea daily)	tolterodine tartrate CP24	P	QL(1 ea daily)
omeprazole CPDR	P	QL(2 ea daily)	tolterodine tartrate TABS	P	QL(2 ea daily)
pantoprazole sodium TBEC 40 MG	P	QL(2 ea daily)	tropium chloride TABS	P	QL(2 ea daily)
pantoprazole sodium TBEC 20 MG	P	QL(1 ea daily)	Urinary Antispasmodics - Cholinergic Agonists		

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	
<b>VACCINES</b>		
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 Inter-Pregnancy Care

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
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 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 SUSP	P		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 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 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)
MODERNA COVID-19 VACCINE SUSP	P		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)
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				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal TABS</i>	P		<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	P	OTC; QL(2 ea daily)
PREMARIN	P	QL(43 gm per fill retail)	<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	P	OTC; QL(8 ea per 30 days retail)
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)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>			<i>cholecalciferol LIQD OR 400 UT/0.028ML</i>	P	Age limit = less than 6 months
Anaphylaxis Therapy Agents			<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	P	
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</i>	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill 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 0.15 MG/0.15ML</i>	P	QL(2 ea per fill retail); 4 ea per 365 days 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 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT</i>	P	QL(2 ea daily)
NORTHERA ( <i>Use droxidopa</i> )	NP	SP; PA	<i>vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT</i>	P	OTC; 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)
<b>VITAMINS</b>			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 Inter-Pregnancy Care 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)

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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 .....90		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 .....90		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 .....	45	bexarotene .....	34
BD GLUCOSE CHEW .....	18	benzonatate 200 MG .....	46	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) ..	93
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-600 MG, 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	captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG- 25 MG .....	26
butalbital-aspirin-caffeine w/cod ....	7	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	captopril & hydrochlorothiazide 25 MG-50 MG .....	26
BYDUREON BCISE AUIJ .....	19	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	captopril .....	24
BYETTA SOPN 10 MCG/0.04ML ..	19	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	CAPZASIN-HP CREA (Use capsaicin) .....	53
BYETTA SOPN 5 MCG/0.02ML ...	19	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	CAPZASIN-P CREA .....	53
BYLVAY (PELLETS) CPSP .....	62	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	CARAC CREA (Use fluorouracil (topical)) .....	50
BYLVAY CAPS .....	62	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	CARAFATE SUSP (Use sucralfate) 96	
CABLIVI .....	65	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	CARAFATE TABS (Use sucralfate) 96	
CABOMETYX TABS 20 MG, 60 MG . 32		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	CARBAGLU (Use carglumic acid) 60	
CABOMETYX TABS 40 MG .....	32	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	carbamazepine CHEW .....	12
CAFECIT SOLN IV 60 MG/3ML (Use caffeine citrate) .....	1	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	carbamazepine SUSP .....	12
CAFERGOT TABS (Use ergotamine w/ caffeine) .....	75	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	carbamazepine TABS .....	12
caffeine citrate SOLN OR .....	1	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	carbamazepine TB12 .....	12
CAFFEINE CITRATED POWD .....	1	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	carbamide peroxide (otic) 6.5 % ...	88
CALAN SR TBCR (Use verapamil hcl) .....	41	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	carbidopa .....	35
calcipotriene CREA .....	50	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	carbidopa-levodopa TABS .....	35
calcipotriene SOLN .....	50	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	carbidopa-levodopa TBCR .....	35
calcitonin (salmon) IJ .....	59	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	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML .....	29
calcitonin (salmon) NA .....	59	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		

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)) .....	49
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) .....	86	D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate) .....	75	deferoxamine mesylate .....	21
CYCLOGYL 0.5 % .....	86	dabigatran etexilate mesylate CAPS . 12		DEFITELIO .....	65
CYCLOGYL 2 % .....	86	DACOGEN (Use decitabine) .....	29	DEFLUX .....	64
cyclopentolate hcl 0.5 % .....	86	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 .....	50	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) .....84	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	
FLOLASE 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
FLOLASE 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 ..	92	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT .....	57
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	70	galantamine hydrobromide SOLN ..	92	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 .....	89
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	hydrocortisone (topical) LOTN 2.5 % 52	52	hyoscyamine sulfate TB12 0.375 MG 95	
HUMULIN N SUSP .....	19	hydrocortisone (topical) LOTN 2.5 % 52	52	hyoscyamine sulfate TBDP 0.125 MG .....	95
HUMULIN R SOLN IJ .....	19			HYPERHEP B SOLN IM .....	89
HYALGAN SOLN .....	83				
HYALGAN SOSY .....	83				

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	IPOL 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 % .....	53	LMX 4 CREA (Use lidocaine) .....	54	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day)) .....	44
lidocaine hcl CREA 4 % .....	54	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) .....	83	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 ..... 83	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 PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH .....	56
miconazole nitrate vaginal KIT ... ..	100	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM .....	55	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH .....	56
miconazole nitrate vaginal SUPP .....	100	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM .....	55	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED .....	56
MG .....	100	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM .....	55	mirtazapine TABS 15 MG .....	14
miconazole nitrate vaginal SUPP .....	200	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM .....	55	mirtazapine TABS 30 MG .....	14
MG .....	100	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM .....	55	mirtazapine TABS 7.5 MG, 45 MG .....	14
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM .....	89	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM .....	55	mirtazapine TBDP 15 MG .....	15
MICROLIFE DIGITAL PEAK FLOW METER .....	73	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM .....	55	mirtazapine TBDP 30 MG .....	14
midazolam hcl SOLN IJ .....	67	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM .....	55	mirtazapine TBDP 45 MG .....	14
midodrine hcl .....	101	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX .....	55	misoprostol .....	96
miglustat .....	65	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX .....	55	mitoxantrone hcl 2 MG/ML .....	32
MIGRANAL SOLN NA (Use dihydroergotamine mesylate) .....	75	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX .....	55	M-M-R II SOLR .....	99
MILLIPRED TABS .....	45	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX .....	55	MOBIC TABS (Use meloxicam) .....	4
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE .....	73	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX .....	55	MODERNA COVID-19 VACCINE SUSP .....	99
MINI WRIGHT PEAK FLOW METER .....	73	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX .....	55	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .....	99
MINI WRIGHT PEAK FLOW METER STANDARD RANGE .....	73	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED .....	55	MOI-STIR SOLN .....	79
MINIELITE FILTER REPLACEMENTS MISC .....	73	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX .....	55	molindone hcl .....	37
MINIPRESS CAPS (Use prazosin hcl) .....	25	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX .....	55	mometasone furoate CREA .....	52
MINIVELLE PTTW (Use estradiol) .....	62	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX .....	55		
minocycline hcl CAPS .....	94				
minoxidil 10 MG .....	27				

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	MUPIROCIIN CALCIUM (topical) .....	49
MONOVISC .....	83	MULPLETA .....	66	MUPIROCIIN OINT .....	49
montelukast sodium CHEW .....	10	MULTI VITAMIN TABS .....	80	MVASI .....	30
montelukast sodium PACK .....	10	MULTI VITAMIN/D-3 TABS .....	80	MX-SOL BLEND SF SUSP .....	90
montelukast sodium TABS .....	10	multiple vitamin TABS .....	80	MX-SOL BLEND 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 SF SYRP .....	90
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML .....	6	MULTIPLE VITAMINS W/ MINERALS TABS .....	80	MX-SOL SUSPEND SUSP .....	90
morphine sulfate SUPP .....	6	MULTIPLE VITAMINS W/ MINERALS-VARIOUS .....	80	MX-SOL SYRP .....	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	MYALEPT .....	60
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	MYAMBUTOL TABS 400 MG (Use	
MOTRIN CHILDRENS CHEW (Use ibuprofen) .....	4	MULTIVITAMIN ADULT TABS ....	80		
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) .....	93	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 .....	83
ONE FLOW TESTER TUBE MOUTHPIECE MISC .....	73	ORAL RELIEF SPRAY FOR DRYMOUTH & 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		OSTEOCONDUCTIVE MATRIX PLUS .....	56	OSENI (Use alogliptin-pioglitazone) .	17
ONETOUCH SOLUTIONS RX STARTER KIT KIT .....	70			OSENI .....	17
				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				
XYCONTIN 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 .....	91	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) ..... 39
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) ..... 38
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
probenecid .....	64	.....	47
PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine) .....	42	PROMETRIUM CAPS 100 MG (Use progesterone) .....	91
PROCARDIA XL TB24 60 MG (Use nifedipine) .....	42	PROMETRIUM CAPS 200 MG (Use progesterone) .....	91
prochlorperazine .....	37	PRONEB ULTRA FILTER SET MISC .....	74
prochlorperazine maleate TABS ...	37	propafenone hcl TABS .....	10
PROCRIT .....	66	propranolol hcl CP24 .....	41
PROCYSBI CPDR .....	63	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	41
PROCYSBI PACK .....	63	propranolol hcl TABS .....	41
PROFILNINE .....	64	propylthiouracil .....	94
progesterone CAPS 100 MG .....	91	PROQUAD SUSR .....	99
progesterone CAPS 200 MG .....	91	PROSCAR (Use finasteride) .....	63
PROGRAF CAPS (Use tacrolimus) 78		PROTEXT SUSP .....	56
PROGRAF PACK .....	78	PROTONIX TBEC 20 MG (Use pantoprazole sodium) .....	96
PROLASTIN-C SOLN .....	93	PROTONIX TBEC 40 MG (Use pantoprazole sodium) .....	96
PROLASTIN-C SOLR .....	93	PROTOPIC OINT 0.03 % (Use tacrolimus (topical)) .....	53
PROLEUKIN .....	34	PROTOPIC OINT 0.1 % (Use tacrolimus (topical)) .....	53
PROLIA SOSY .....	59	PROVENTIL HFA AERS (Use albuterol sulfate) .....	11
promethazine & phenylephrine SYRP .....	47	PROVERA (Use medroxyprogesterone acetate) ....	91
PROMETHAZINE HCL POWD ....	44	PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl) .....	16
promethazine hcl SOLN 6.25 MG/5ML .....	23	PROZAC CAPS 40 MG (Use fluoxetine hcl) .....	16
promethazine hcl SUPP .....	23	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	
promethazine hcl SYRP .....	23		
promethazine hcl TABS .....	23		
promethazine w/codeine SOLN ....	47		
promethazine w/codeine SYRP ....	47		
promethazine-dm SYRP .....	47		
		pseudoephedrine hcl TABS .....	84
		pseudoephedrine hcl TB12 .....	84
		pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML .	47
		pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML .....	47
		pseudoephedrine-guaifenesin TB12 600 MG-60 MG .....	47
		pseudoephedrine-ibuprofen TABS	47
		psyllium CAPS 0.52 GM .....	67
		psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 100 %	.67
		PTS PANELS EGLU STRP .....	57
		PTS PANELS KETONE TEST ....	57
		PULMICORT SUSP (Use budesonide (inhalation)) .....	10
		PULMOZYME .....	93
		PURAPLY 2CM X 4CM .....	56
		PURAPLY 5CM X 5 CM .....	56
		PURAPLY 6CM X 9CM .....	56
		PURE COMFORT PEAK FLOW METER ADULT .....	74
		PURE COMFORT PEAK FLOW METER CHILD .....	74
		PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM .....	71
		PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM .....	71
		PURIXAN SUSP .....	29
		PX DAYTIME MULTI-SYMPTOM CAPS .....	48
		PX GLUCOSE .....	18

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 .....	82		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				RECOMBINATE SOLR .....	64
QUESTRAN PACK (Use cholestyramine) .....	23				RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML .....	99

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 .....	91	stavudine CAPS .....	39
sodium chloride (inhalant) AERS ..	48	sotalol hcl (afib/af) .....	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) 91	
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 . 87	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 88	
tetracycline hcl CAPS 500 MG ....	94	TIAZAC 240 MG (Use diltiazem hcl extended release beads) .....	42	TOBEX OINT .....	87
tetrahydrozoline hcl (ophth) 0.05 % 87		TIBSOVO .....	33	TOBEX SOLN (Use tobramycin (ophth)) .....	87
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 .....	83	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) .....	88	topiramate TABS 25 MG, 50 MG ..	13
THROMBATE III .....	65	tobramycin (ophth) SOLN .....	87		
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 .....	88
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 .....	87
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 .....	25	triamcinolone acetonide (topical) LOTN .....	53	TRIPTODUR .....	60
trandolapril 4 MG .....	24	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
				TRULICITY .....	19
				TRUMENBA .....	97

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 .....	88
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	..... 85	ZOMIG SOLN (Use zolmitriptan)	.. 76		
ZOLGENSMA 18.1-18.5 KG	..... 85	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	.....76		
ZOLGENSMA 18.6-19.0 KG	..... 85	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	..... 13		
ZOLGENSMA 19.1-19.5 KG	..... 85	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				