

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

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

## Pharmacy Program

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

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

## Preferred Drug List (PDL)

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

## Pharmacy Benefit Manager (PBM)

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

## Specialty Drugs

Some drugs are only paid for when you get them from a Peach State Health Plan specialty pharmacy. Specialty pharmacies can be found using the Find A Provider tool in the Peach State Health Plan website at [www.pshp.com](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 contact Member Services if you have any questions about the PDL.

## Dispensing Limits

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

## Appropriate Use and Safety Edits

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

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

## Prior Authorizations (PA)

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

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

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

## Step Therapy

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

## Quantity Limits

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

## Age Limits

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

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

## Medical Necessity Requests

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

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

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

## 72 Hour Emergency Supply Policy

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

## Exclusions

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

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

## Newly Approved Products

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

## Over-the-Counter Medications

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

## Tobacco Cessation Medications

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

## Generic Drugs

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

## Drug Efficacy Study and Implementation Drugs

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

## Filling a Prescription

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

## Ordering, Prescribing and Referring (OPR) Provider Requirements

Georgia Medicaid and the Center for Medicaid and Medicare Services (CMS) want your doctor to be listed with Georgia Medicaid. Peach State Health Plan and Pharmacy Services check pharmacy claims to be sure the pharmacy and doctor on your prescription are enrolled with Georgia Families<sup>®</sup>. 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<sup>®</sup>.

## Copayments

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

# Peach State Health Plan: Preferred Drug List (PDL)



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

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

## Contact Information

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

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

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

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

## Language Assistance

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

## Preferred Drug List ABBREVIATIONS

# Peach State Health Plan: Preferred Drug List (PDL)



PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
<i>NP</i>	Non-Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	<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.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: <ul style="list-style-type: none"> <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 style="text-align: right;">*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
<i>Test Strips</i>	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days EXCEPTIONS: The below members may get up to 200 strips per 30 days <ul style="list-style-type: none"> <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	Dose Form	Dose Form Description
<i>AEPB</i>	Aerosol Powder Breath Activated	<i>DEVI</i>	Device
<i>AERB</i>	Aerosol, breath activated	<i>ELIX</i>	Elixir
<i>AERO</i>	Aerosol	<i>EMUL</i>	Emulsion
<i>AJKT</i>	Auto-injector Kit	<i>ENEM</i>	Enema
<i>AUIJ</i>	Auto-injector	<i>EX</i>	External
<i>CAPS</i>	Capsule	<i>GRAN</i>	Granules
<i>CHEW</i>	Tablet Chewable	<i>IJ</i>	Injection
<i>CONC</i>	Concentrate	<i>IMPL</i>	Implant
<i>CP12</i>	Capsule ER 12 HR	<i>INHA</i>	Inhaler
<i>CP24</i>	Capsule ER 24 HR	<i>INJ</i>	Injectable
<i>CPCR</i>	Capsule ER	<i>IUD</i>	Intrauterine Device
<i>CPDR</i>	Capsule Delayed Release	<i>IV</i>	Intravenous
<i>CPEP</i>	Capsule Enteric Coated Particles	<i>LIQD</i>	Liquid
<i>CPSP</i>	Capsule Sprinkle	<i>LOTN</i>	Lotion
<i>CREA</i>	Cream	<i>LOZG</i>	Lozenge
<i>CSDR</i>	Capsule Delayed Release Sprinkle	<i>LPOP</i>	Lollipop

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<b>Dose Form</b>	<b>Dose Form Description</b>	<b>Dose Form</b>	<b>Dose Form Description</b>
<i>MISC</i>	Miscellaneous	<i>SOSY</i>	Solution Prefilled Syringe
<i>NA</i>	Nasal	<i>SRER</i>	Suspension Reconstituted ER
<i>NEBU</i>	Nebulization solution	<i>STRP</i>	Strip
<i>OINT</i>	Ointment	<i>SUBL</i>	Tablet Sublingual
<i>OP</i>	Ophthalmic	<i>SUER</i>	Suspension Extended Release
<i>OPHT</i>	Ophthalmic	<i>SUPN</i>	Suspension Pen-injector
<i>OR</i>	Oral	<i>SUPP</i>	Suppository
<i>PACK</i>	Packet	<i>SUSP</i>	Suspension
<i>PEN</i>	Pen-injector	<i>SUSR</i>	Suspension Reconstituted
<i>PNKT</i>	Pen-injector Kit	<i>SUSY</i>	Suspension Prefilled Syringe
<i>POT</i>	Potassium	<i>SYRP</i>	Syrup
<i>POWD</i>	Powder	<i>T12A</i>	Tablet ER 12 Hour Abuse-Deterrent
<i>PRSY</i>	Prefilled Syringe	<i>TABS</i>	Tablets
<i>PSKT</i>	Prefilled Syringe Kit	<i>TB12</i>	Tablet ER 12 Hour
<i>PSTE</i>	Paste	<i>TB24</i>	Tablet ER 24 Hour
<i>PT24</i>	Patch 24 Hour	<i>TBCR</i>	Tablet ER
<i>PT72</i>	Patch 72 Hour	<i>TBDP</i>	Tablet Dispersible
<i>PTCH</i>	Patch	<i>TBEC</i>	Tablet Enteric Coated
<i>PTTW</i>	Patch Biweekly	<i>TBEF</i>	Tablet Effervescent
<i>PTWK</i>	Patch Weekly	<i>TBPK</i>	Tablet Therapy Pack
<i>RE</i>	Rectal	<i>TBSO</i>	Tablet Soluble
<i>S.O.P.</i>	Sterile Ophthalmic Preparation	<i>TEST</i>	Diagnostic Test
<i>SHAM</i>	Shampoo	<i>TINC</i>	Tincture
<i>SOAJ</i>	Solution Auto-injector	<i>TROC</i>	Troche
<i>SOCT</i>	Solution Cartridge	<i>VA</i>	Vaginal
<i>SOLN</i>	Solution	<i>VI</i>	Visual Indicator
<i>SOLR</i>	Solution Reconstituted	<i>WAFR</i>	Wafer
<i>SOPN</i>	Solution Pen-injector	<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	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	QL(2 ea daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	P	QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	P	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(2 ea daily); AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	P	QL(1 ea daily); PA
VYVANSE CAPS	P	QL(1 ea daily); PA
<b>Analeptics</b>		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
caffeine citrate SOLN OR	P	QL(45 ml per fill retail)
<b>Anorexiants Non-Amphetamine</b>		
PLENITY	NP	
PLENITY WELCOME KIT	NP	
<b>Anti-Obesity Agents</b>		
IMCIVREE	P	SP; PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
atomoxetine hcl	P	QL(1 ea daily); AL(At least 6 yrs old); ST
clonidine hcl (adhd) TB12	P	
guanfacine hcl (adhd)	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use clonidine hcl (adhd))	NP	
STRATTERA (Use atomoxetine hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old); ST
<b>Histamine H3-Receptor Antagonist/Inverse Agonists</b>		
WAKIX	P	SP; PA
<b>Stimulants - Misc.</b>		
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl TABS	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use dexmethylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
METADATE CD CPR (Use methylphenidate hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old)
METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl)	NP	QL(1800 ml per 30 day(s) retail); AL(At least 3 yrs old)
METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl)	NP	QL(900 ml per 30 day(s) retail); AL(At least 3 yrs old)
<i>methylphenidate hcl CPR</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN 5 MG/5ML</i>	P	QL(1800 ml per 30 day(s) retail); AL(At least 3 yrs old)
<i>methylphenidate hcl SOLN 10 MG/5ML</i>	P	QL(900 ml per 30 day(s) retail); AL(At least 3 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	P	QL(3 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	P	QL(6 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG</i>	P	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG</i>	P	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	NP	QL(3 ea daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
RITALIN TABS 5 MG (Use methylphenidate hcl)	NP	QL(6 ea daily); AL(At least 3 yrs old)
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		
DOCK-SORREL POLLEN MIX EXTRACT IJ	NP	
ROUGH REDROOT PIGWEED POLLEN EXTRACT	NP	
SORREL/DOCK MIX EXTRACT IJ	NP	
<b>ALTERNATIVE MEDICINES</b>		
Alternative Medicine - B's		
REMIFEMIN MENOPAUSE RELIEF TABS	NP	
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) CAPS 250 MG</i>	P	OTC; QL(4 ea daily)
Alternative Medicine - M's		
MELATONIN SUBL	P	QL(1 ea daily)
<i>melatonin TABS 3 MG, 5 MG</i>	P	OTC; QL(1 ea daily)
<i>melatonin TBDP 3 MG</i>	P	QL(1 ea daily)
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU (Use tobramycin)	NP	SP; PA
KITABIS PAK NEBU (Use tobramycin)	NP	SP; PA
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	P	SP; PA
TOBI NEBU (Use tobramycin)	NP	SP; PA

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<i>tobramycin sulfate SOLN IJ</i>	P	PA	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	P	SP; PA
<i>tobramycin sulfate SOLR</i>	P	PA	ADALIMUMAB-ADBM PSORIASIS/UEVEITIS STARTER AJKT	P	SP; PA
<i>tobramycin NEBU</i>	P	SP; PA	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	P	SP; PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>			ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVEITIS AJKT	P	SP; PA
<b>Antirheumatic - Enzyme Inhibitors</b>			ADALIMUMAB-ADBM AJKT	P	SP; PA
RINVOQ TB24 30 MG, 45 MG	P	SP; PA	ADALIMUMAB-ADBM AJKT	NP	SP
XELJANZ XR TB24	P	SP; PA	ADALIMUMAB-ADBM PSKT	P	SP; PA
XELJANZ SOLN	P	SP; PA	ADALIMUMAB-ADBM PSKT 40 MG/0.8ML	NP	SP
XELJANZ TABS	P	SP; PA	ADALIMUMAB-FKJP AJKT	P	SP; PA
<b>Antirheumatic Antimetabolites</b>			ADALIMUMAB-FKJP AJKT	NP	SP
METHOTREXATE	P		ADALIMUMAB-FKJP PSKT	P	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP; PA	ADALIMUMAB-FKJP PSKT	NP	SP
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	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP
REDITREX SOSY	P	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEVEITIS AJKT	NP	SP
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>			CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP
ADALIMUMAB-AATY 1-PEN KIT AJKT	P	SP; PA	CYLTEZO AJKT	NP	SP
ADALIMUMAB-AATY 2-PEN KIT AJKT	P	SP; PA	CYLTEZO PSKT	NP	SP
ADALIMUMAB-AATY 2-SYRINGE KIT PSKT	P	SP; PA	HADLIMA PUSHTOUCH SOAJ	P	SP; PA
ADALIMUMAB-ADAZ SOAJ	P	SP; PA			
ADALIMUMAB-ADAZ SOSY	P	SP; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HADLIMA SOSY	P	SP; PA	ALEVE TABS ( <i>Use naproxen sodium</i> )	NP	OTC; QL(2 ea daily)
HULIO AJKT	NP	SP	ANAPROX DS TABS ( <i>Use naproxen sodium</i> )	NP	
HULIO PSKT	NP	SP	CHILDRENS ADVIL SUSP 100 MG/5ML ( <i>Use ibuprofen</i> )	NP	RX/OTC
HYRIMOZ SOAJ 40 MG/0.4ML	NP	SP	CHILDRENS MOTRIN SUSP 100 MG/5ML ( <i>Use ibuprofen</i> )	NP	RX/OTC
HYRIMOZ SOSY 40 MG/0.4ML	NP	SP	<i>diclofenac potassium TABS 50 MG</i>	P	
SIMLANDI 1-PEN KIT AJKT	P	SP; PA	<i>diclofenac sodium TBEC</i>	P	
SIMLANDI 2-PEN KIT AJKT	P	SP; PA	<i>etodolac CAPS</i>	P	
YUFLYMA 1-PEN KIT AJKT	NP	SP	<i>etodolac TABS</i>	P	
YUFLYMA 2-PEN KIT AJKT	NP	SP	FELDENE CAPS ( <i>Use piroxicam</i> )	NP	
YUFLYMA 2-SYRINGE KIT PSKT	NP	SP	<i>fenoprofen calcium CAPS 400 MG</i>	P	
YUFLYMA CD/UC/HS STARTER AJKT	NP	SP	<i>flurbiprofen TABS</i>	P	
YUSIMRY SC 40 MG/0.8ML	P	SP; PA	<i>ibuprofen lysine</i>	P	
Interleukin-1 Blockers			<i>ibuprofen CHEW</i>	P	OTC
ARCALYST	P	SP; PA	<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	P	OTC
Interleukin-1 Receptor Antagonist (IL-1Ra)			<i>ibuprofen SUSP 100 MG/5ML</i>	P	RX/OTC
KINERET SOSY	P	SP; PA	<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P	
Interleukin-1beta Blockers			<i>ibuprofen TABS 200 MG</i>	P	OTC
ILARIS SOLN	P	SP; PA	INDOCIN SUSP ( <i>Use indomethacin</i> )	NP	
Interleukin-6 Receptor Inhibitors			INDOMETHACIN	P	
ACTEMRA ACTPEN SOAJ	P	SP; PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
ACTEMRA SOLN	P	SP; PA	<i>indomethacin SUPP</i>	P	
ACTEMRA SOSY	P	SP; PA	<i>indomethacin SUSP</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			INFANTS ADVIL SUSP ( <i>Use ibuprofen</i> )	NP	OTC
ADVIL TABS ( <i>Use ibuprofen</i> )	NP	OTC	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	P	
ALEVE ARTHRITIS TABS ( <i>Use naproxen sodium</i> )	NP	OTC; QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
<i>ketorolac tromethamine TABS</i>	P	QL(20 ea per 30 day(s) retail); AL(At least 17 yrs old)
LODINE TABS ( <i>Use etodolac</i> )	NP	
<i>meloxicam TABS</i>	P	
MOTRIN CHILDRENS CHEW ( <i>Use ibuprofen</i> )	NP	OTC
MOTRIN INFANTS DROPS SUSP ( <i>Use ibuprofen</i> )	NP	OTC
<i>nabumetone</i>	P	
NALFON CAPS ( <i>Use fenoprofen calcium</i> )	NP	
NAPROSYN SUSP ( <i>Use naproxen</i> )	NP	
NAPROSYN TABS 500 MG ( <i>Use naproxen</i> )	NP	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	P	
<i>naproxen sodium TABS 220 MG</i>	P	OTC; QL(2 ea daily)
<i>naproxen SUSP</i>	P	
<i>naproxen TABS</i>	P	
NEOPROFEN ( <i>Use ibuprofen lysine</i> )	NP	
<i>piroxicam CAPS</i>	P	
<i>sulindac TABS</i>	P	
TIVORBEX CAPS ( <i>Use indomethacin</i> )	NF	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	P	SP; PA
OTEZLA TBPK	P	SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA ( <i>Use leflunomide</i> )	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide</i>	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	P	SP; PA
ORENCIA SOLR	P	SP; PA
ORENCIA SOSY	P	SP; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<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
<i>acetaminophen ELIX</i>	P	OTC
<i>acetaminophen LIQD 160 MG/5ML</i>	P	OTC
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	OTC
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	OTC; QL(12 ea per 30 day(s) retail)
ACETAMINOPHEN SUPP 650 MG	P	OTC; QL(12 ea per 30 day(s) retail)
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P	OTC

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<i>acetaminophen TABS 325 MG, 500 MG</i>	P	OTC	BUFFERIN ( <i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i> )	NP	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC; QL(12 ea per 30 day(s) retail)	<i>diflunisal TABS</i>	P	
INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)	ECOTRIN ARTHRITIS PAIN TBEC ( <i>Use aspirin</i> )	NP	OTC
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW ( <i>Use acetaminophen</i> )	NP	OTC	ECOTRIN REGULAR STRENGTH TBEC ( <i>Use aspirin</i> )	NP	OTC
TYLENOL CHILDRENS PAIN +FEVER SUSP ( <i>Use acetaminophen</i> )	NP	OTC	ECOTRIN TBEC ( <i>Use aspirin</i> )	NP	OTC
TYLENOL CHILDRENS SUSP ( <i>Use acetaminophen</i> )	NP	OTC	<i>salsalate</i>	P	
TYLENOL EXTRA STRENGTH TABS ( <i>Use acetaminophen</i> )	NP	OTC	<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
TYLENOL FOR CHILDREN/ADULTS SUSP ( <i>Use acetaminophen</i> )	NP	OTC	<b>Opioid Agonists</b>		
TYLENOL INFANTS PAIN+FEVER SUSP ( <i>Use acetaminophen</i> )	NP	OTC	<i>codeine sulfate TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
TYLENOL TABS ( <i>Use acetaminophen</i> )	NP	OTC	CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
<b>Analgesics-Peptide Channel Blockers</b>			DILAUDID TABS 8 MG ( <i>Use hydromorphone hcl</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily)
PRIALT	P	SP; PA	DILAUDID TABS 2 MG, 4 MG ( <i>Use hydromorphone hcl</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily)
<b>Salicylates</b>			<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)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	OTC	HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids; QL(2 ea daily)
<i>aspirin CHEW</i>	P	OTC	<i>hydromorphone hcl TABS 2 MG, 4 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
ASPIRIN SUPP 300 MG	P	OTC; QL(12 ea per 30 day(s) retail)	<i>hydromorphone hcl TABS 8 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily)
<i>aspirin TABS 325 MG</i>	P	OTC			
<i>aspirin TBEC 81 MG, 325 MG</i>	P	OTC			

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<i>meperidine hcl SOLN OR 50 MG/5ML</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	OXYCONTIN T12A	P	QL(2 ea daily); PA
<i>meperidine hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	ROXICODONE TABS 30 MG ( <i>Use oxycodone hcl</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily)
<i>methadone hcl TABS 5 MG</i>	P	QL(6 ea daily); PA	ROXICODONE TABS 15 MG ( <i>Use oxycodone hcl</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily)
<i>methadone hcl TABS 10 MG</i>	P	QL(10 ea daily); PA	<i>tramadol hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<i>morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(240 ml per fill retail)	<b>Opioid Combinations</b>		
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids; QL(21.4 ml daily)	<i>acetaminophen w/ codeine SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily); AL(At least 12 yrs old)
<i>morphine sulfate SUPP</i>	P	Clinical Edit: Opioids; QL(18 ea per fill retail)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)
<i>morphine sulfate TABS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	P	QL(6 ea daily); AL(At least 12 yrs old)
<i>morphine sulfate TBCR</i>	P	QL(3 ea daily)	<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)
MS CONTIN TBCR ( <i>Use morphine sulfate</i> )	NP	QL(3 ea daily)	<i>butalbital-aspirin-caffeine w/cod</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
OXAYDO TABS 5 MG	P	Clinical Edit: Opioids; QL(6 ea 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 CAPS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(90 ml per fill retail)			
<i>oxycodone hcl SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)			
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	P	QL(2 ea daily); PA			
<i>oxycodone hcl TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily)			
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)			

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<i>oxycodone w/ acetaminophen SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	SUBOXONE FILM SL 3 MG-12 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	QL(2 ea daily); PA
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	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)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG ( <i>Use oxycodone w/ acetaminophen</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily)	ZUBSOLV SUBL	P	PA
<i>tramadol-acetaminophen</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
ULTRACET ( <i>Use tramadol-acetaminophen</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	Androgens		
<b>Opioid Partial Agonists</b>			AVEED SOLN	P	SP; PA
BELBUCA FILM	P	PA	METHITEST TABS	P	
BUPRENEX SOLN ( <i>Use buprenorphine hcl</i> )	NP	PA	TESTOPEL PLLT	P	SP; PA
<i>buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG</i>	P	PA	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(4 ml per 30 day(s) retail)
<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>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ml daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	P	QL(2 ea daily); PA	<i>testosterone enanthate SOLN IM</i>	P	QL(4 ml per 30 day(s) retail)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 ea daily)	<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<i>buprenorphine hcl SOLN</i>	P	PA	Intrarectal Steroids		
<i>buprenorphine hcl SUBL</i>	P	PA	CORTENEMA ( <i>Use hydrocortisone (intrarectal)</i> )	NP	
SUBLOCADE SOSY	P	2 max fill(s) per 30 day(s) retail; SP; PA	<i>hydrocortisone (intrarectal)</i>	P	
			Rectal Combinations		
			ANALPRAM-HC LOTN EX	P	QL(62 ml per 30 day(s) retail)
			<i>phenylephrine-shark liver oil-cocoa butter</i>	P	OTC; QL(12 ea per 30 day(s) retail)
			<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	P	OTC; QL(31 gm per 30 day(s) retail)
			Rectal Steroids		

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ANUSOL-HC EX ( <i>Use hydrocortisone (rectal)</i> )	NP	
<i>hydrocortisone (rectal) EX 1 %</i>	P	QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (rectal) EX 1 %</i>	NP	RX/OTC
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	
<b>ANTACIDS</b>		
Antacid Combinations		
<i>alum &amp; mag hydrox-simethicone LIQD</i>	P	QL(744 ml per 30 day(s) retail)
<i>alum &amp; mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 200 MG/5ML-200 MG/5ML-200 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	P	QL(744 ml per 30 day(s) retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	OTC
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	OTC; QL(100 ea per 30 day(s) retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	OTC
TUMS LASTING EFFECTS CHEW ( <i>Use calcium carbonate (antacid)</i> )	NP	OTC
TUMS ULTRA 1000 CHEW ( <i>Use calcium carbonate (antacid)</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
TUMS CHEW ( <i>Use calcium carbonate (antacid)</i> )	NP	OTC
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	OTC
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
Anthelmintics		
BENZNIDAZOLE	P	SP; PA
EMVERM CHEW	P	QL(1 ea per 14 day(s) retail)
<i>pyrantel pamoate SUSP 144 MG/ML</i>	P	OTC; QL(60 ml per fill retail)
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG ( <i>Use isosorbide dinitrate</i> )	NP	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate TABS</i>	P	QL(2 ea daily)
<i>isosorbide mononitrate TB24</i>	P	QL(1 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 ( <i>Use nitroglycerin</i> )	NP	
<i>nitroglycerin CPCR</i>	P	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SUBL</i>	P	
NITROSTAT SUBL ( <i>Use nitroglycerin</i> )	NP	
<b>ANTIANSIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>bupirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily)
<i>buspirone hcl 15 MG</i>	P	QL(4 ea daily)
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS (Use <i>hydroxyzine pamoate</i> )	NP	
<b>Benzodiazepines</b>		
<i>alprazolam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
ATIVAN TABS (Use <i>lorazepam</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>clorazepate dipotassium TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>diazepam SOLN OR 5 MG/5ML</i>	P	AL (6 months to 12 years old)
<i>diazepam TABS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>lorazepam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>oxazepam CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
VALIUM TABS (Use <i>diazepam</i> )	NP	QL(4 ea daily); AL(At least 18 yrs old)
XANAX TABS (Use <i>alprazolam</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Antiarrhythmics Type I-A</b>		
<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	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl</i>	P	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate</i>	P	
<i>propafenone hcl TABS</i>	P	
<b>Antiarrhythmics Type III</b>		
<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>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
CINQAIR	P	SP; PA
TEZSPIRE SOSY	P	SP; PA
XOLAIR SOAJ	P	SP; PA
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium NEBU</i>	P	QL(8 ml daily)
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA	P	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ml per 20 day(s) retail)

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SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate)	NP		fluticasone propionate hfa 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
tiotropium bromide monohydrate CAPS	P		fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old)
TUDORZA PRESSAIR	P	QL(1 ea per 30 day(s) retail)	PULMICORT SUSP (Use budesonide (inhalation))	NP	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
Leukotriene Modulators			QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
montelukast sodium CHEW	P	QL(1 ea daily)	QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)
montelukast sodium PACK	P	QL(1 ea daily)	Sympathomimetics		
montelukast sodium TABS	P	QL(1 ea daily)	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NP	QL(2 ea daily; 60 ea per 30 day(s) retail)
SINGULAIR CHEW (Use montelukast sodium)	NP	QL(1 ea daily)	albuterol sulfate AERS	P	QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
SINGULAIR PACK (Use montelukast sodium)	NP	QL(1 ea daily)	albuterol sulfate AERS	P	QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)
SINGULAIR TABS (Use montelukast sodium)	NP	QL(1 ea daily)	albuterol sulfate AERS	NP	
Selective Phosphodiesterase 4 (PDE4) Inhibitors			albuterol sulfate AERS	P	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)
DALIRESP (Use roflumilast)	NP	QL(1 ea daily)	albuterol sulfate AERS	NP	
roflumilast	P	QL(1 ea daily)	albuterol sulfate NEBU 0.083 %	P	QL(12.5 ml daily)
Steroid Inhalants			albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	P	QL(375 ml per 30 day(s) retail)
ARNUITY ELLIPTA	P	QL(1 ea daily)	albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	P	
ASMANEX HFA AERO	P	QL(0.44 gm daily)	ALBUTEROL SULFATE NEBU	P	
budesonide (inhalation) SUSP	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)	albuterol sulfate SYRP	P	
FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation))	NP		albuterol sulfate TABS	P	
FLOVENT HFA (Use fluticasone propionate hfa)	NP				
fluticasone propionate (inhalation) AEPB	P				

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT</i>	P	QL(11 gm per fill retail)
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(0.367 gm daily)
<i>budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT</i>	P	QL(10.2 gm per fill retail)
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 30 day(s) retail)
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	P	QL(2 ea daily; 60 ea per 30 day(s) retail)
<i>ipratropium-albuterol SOLN</i>	P	QL(12 ml daily)
<i>levalbuterol tartrate</i>	P	QL(0.5 gm daily)
PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail; 2 ea per 30 day(s) retail); AL(At least 4 yrs old - Up to 18 yrs old)
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i> )	NP	
SEREVENT DISKUS	P	QL(60 ea per fill retail)
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i> )	NP	
<i>terbutaline sulfate TABS</i>	P	
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i> )	NP	
XOPENEX HFA (Use <i>levalbuterol tartrate</i> )	NP	QL(0.5 gm daily)
<b>Xanthines</b>		
THEO-24 CP24	P	
<i>theophylline ELIX</i>	P	
<i>theophylline SOLN</i>	P	QL(475 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline TB12</i>	P	
<i>theophylline TB24</i>	P	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium TABS</i>	P	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
ELIQUIS TABS	P	QL(2 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA (Use <i>fondaparinux sodium</i> )	NP	SP; PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	SP
<i>enoxaparin sodium SOSY</i>	P	SP; PA
<i>fondaparinux sodium</i>	P	SP; PA
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP; PA
FRAGMIN SOSY	P	SP; PA
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML</i>	NP	
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
LOVENOX SOLN IJ 300 MG/3ML (Use <i>enoxaparin sodium</i> )	NP	SP
LOVENOX SOSY (Use <i>enoxaparin sodium</i> )	NP	SP; PA
<b>Thrombin Inhibitors</b>		
<i>dabigatran etexilate mesylate CAPS</i>	P	
PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i> )	NP	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		

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

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

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DILANTIN-125 SUSP (Use phenytoin)	P		<i>divalproex sodium TBEC 250 MG</i>	P	QL(3 ea daily)
<i>phenytoin sodium extended 100 MG</i>	P		<i>divalproex sodium TBEC 125 MG</i>	P	QL(2 ea daily)
<i>phenytoin sodium SOLN</i>	P		<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	P	
<i>phenytoin CHEW</i>	P		<i>valproic acid CAPS</i>	P	
<i>phenytoin SUSP</i>	P		<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Succinimides</b>			<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>ethosuximide CAPS</i>	P		<i>mirtazapine TABS 15 MG</i>	P	QL(3 ea daily)
<i>ethosuximide SOLN</i>	P		<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 ea daily)
ZARONTIN CAPS (Use <i>ethosuximide</i> )	NP		<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 ea daily)
ZARONTIN SOLN (Use <i>ethosuximide</i> )	NP		<i>mirtazapine TBDP 15 MG</i>	P	QL(3 ea daily)
<b>Valproic Acid</b>			<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 ea daily)
DEPAKOTE ER TB24 500 MG (Use <i>divalproex sodium</i> )	NP	QL(7 ea daily)	<i>mirtazapine TBDP 45 MG</i>	P	QL(1 ea daily)
DEPAKOTE ER TB24 250 MG (Use <i>divalproex sodium</i> )	NP	QL(3 ea daily)	REMERON SOLTAB TBDP 45 MG (Use <i>mirtazapine</i> )	NP	QL(1 ea daily)
DEPAKOTE SPRINKLES CSDR (Use <i>divalproex sodium</i> )	NP	QL(8 ea daily)	REMERON SOLTAB TBDP 15 MG (Use <i>mirtazapine</i> )	NP	QL(3 ea daily)
DEPAKOTE TBEC 250 MG (Use <i>divalproex sodium</i> )	NP	QL(3 ea daily)	REMERON SOLTAB TBDP 30 MG (Use <i>mirtazapine</i> )	NP	QL(1.5 ea daily)
DEPAKOTE TBEC 500 MG (Use <i>divalproex sodium</i> )	NP	QL(7 ea daily)	REMERON TABS 30 MG (Use <i>mirtazapine</i> )	NP	QL(1.5 ea daily)
DEPAKOTE TBEC 125 MG (Use <i>divalproex sodium</i> )	NP	QL(2 ea daily)	REMERON TABS 15 MG (Use <i>mirtazapine</i> )	NP	QL(3 ea daily)
<i>divalproex sodium CSDR</i>	P	QL(8 ea daily)	<b>Antidepressants - Misc.</b>		
<i>divalproex sodium TB24 500 MG</i>	P	QL(7 ea daily)	<i>bupropion hcl TABS</i>	P	QL(3 ea daily)
<i>divalproex sodium TB24 250 MG</i>	P	QL(3 ea daily)	<i>bupropion hcl TB12 100 MG</i>	P	QL(4 ea daily)
<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 ea daily)	<i>bupropion hcl TB12 150 MG</i>	P	QL(3 ea daily)
			<i>bupropion hcl TB12 200 MG</i>	P	QL(2 ea daily)

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<i>bupropion hcl TB24 150 MG</i>	P	QL(3 ea daily)	CELEXA TABS 20 MG (Use <i>citalopram hydrobromide</i> )	NP	QL(2 ea daily)
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 ea daily)	<i>citalopram hydrobromide SOLN</i>	P	
WELLBUTRIN SR TB12 200 MG (Use <i>bupropion hcl</i> )	NP	QL(2 ea daily)	<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 ea daily)
WELLBUTRIN SR TB12 100 MG (Use <i>bupropion hcl</i> )	NP	QL(4 ea daily)	<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (Use <i>bupropion hcl</i> )	NP	QL(3 ea daily)	<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG (Use <i>bupropion hcl</i> )	NP	QL(3 ea daily)	<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old)
WELLBUTRIN XL TB24 300 MG (Use <i>bupropion hcl</i> )	NP	QL(1 ea daily)	<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 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)
ZULRESSO	P	SP; PA	<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	P	QL(4 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl CAPS 40 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
NARDIL (Use <i>phenelzine sulfate</i> )	NP		<i>fluoxetine hcl SOLN</i>	P	QL(600 ml per 30 day(s) retail); AL(Up to 6 yrs old)
PARNATE (Use <i>tranylcypromine sulfate</i> )	NP		<i>fluoxetine hcl TABS 20 MG</i>	P	QL(4 ea daily)
<i>phenelzine sulfate</i>	P		<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>tranylcypromine sulfate</i>	P		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 ea daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 ea daily)
SPRAVATO 56MG DOSE	P	SP; PA	LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i> )	NP	QL(4 ea daily); AL(At least 12 yrs old)
SPRAVATO 84MG DOSE	P	SP; PA	LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i> )	NP	QL(1 ea daily); AL(At least 12 yrs old)
Selective Serotonin Reuptake Inhibitors (SSRIs)					
CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i> )	NP	QL(1 ea daily)			
CELEXA TABS 10 MG (Use <i>citalopram hydrobromide</i> )	NP	QL(4 ea daily)			

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

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<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	P	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl TABS</i>	P	
<i>amoxapine</i>	P	
<i>ANAFRANIL 75 MG (Use clomipramine hcl)</i>	NP	
<i>clomipramine hcl 75 MG</i>	P	
<i>desipramine hcl TABS 25 MG</i>	P	QL(2 ea daily)
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	P	
<i>doxepin hcl CAPS</i>	P	
<i>doxepin hcl CONC</i>	P	
<i>imipramine hcl TABS</i>	P	
<i>NORPRAMIN TABS 25 MG (Use desipramine hcl)</i>	NP	QL(2 ea daily)
<i>NORPRAMIN TABS 10 MG (Use desipramine hcl)</i>	NP	
<i>nortriptyline hcl CAPS</i>	P	
<i>nortriptyline hcl SOLN</i>	P	QL(20 ml daily)
<i>PAMELOR CAPS (Use nortriptyline hcl)</i>	NP	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Antidiabetic - Amylin Analogs</b>		
<i>SYMLINPEN 120 SOPN</i>	P	QL(11 ml per 30 day(s) retail); PA
<i>SYMLINPEN 60 SOPN</i>	P	QL(6 ml per 30 day(s) retail); PA
<b>Antidiabetic Combinations</b>		
<i>ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)</i>	NP	QL(2 ea daily)
<i>alogliptin-metformin hcl</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	P	
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	P	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	P	QL(2 ea daily)
<i>glipizide-metformin hcl</i>	P	
<i>glyburide-metformin</i>	P	
<i>KAZANO (Use alogliptin-metformin hcl)</i>	NP	
<i>KOMBIGLYZE XR (Use saxagliptin-metformin hcl)</i>	NP	QL(1 ea daily)
<i>OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)</i>	NP	
<i>pioglitazone hcl-metformin hcl TABS</i>	P	QL(2 ea daily)
<i>saxagliptin-metformin hcl</i>	P	QL(1 ea daily)
<i>SOLQUA 100/33</i>	P	QL(0.6 ml daily); PA
<i>XIGDUO XR (Use dapagliflozin propanediol-metformin hcl)</i>	NP	
<b>Biguanides</b>		
<i>metformin hcl TABS 850 MG, 1000 MG</i>	P	
<i>metformin hcl TABS 500 MG</i>	P	QL(4 ea daily)
<i>metformin hcl TB24 750 MG</i>	P	QL(3 ea daily)
<i>metformin hcl TB24 500 MG</i>	P	QL(4 ea daily)
<b>Diabetic Other</b>		
<i>BD GLUCOSE CHEW</i>	P	OTC; QL(50 ea per 30 day(s) retail)
<i>CVS GLUCOSE</i>	P	QL(50 ea per 30 day(s) retail)

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

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Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMULIN N SUSP	P	QL(40 ml per 30 day(s) retail)
<i>alogliptin benzoate</i>	P		HUMULIN R SOLN IJ	P	OTC; QL(40 ml per 30 day(s) retail)
NESINA (Use <i>alogliptin benzoate</i> )	NP		INSULIN ASPART FLEXPEN SOPN	P	QL(1.34 ml daily)
ONGLYZA (Use <i>saxagliptin hcl</i> )	NP	QL(1 ea daily)	INSULIN ASPART PENFILL SOCT	P	QL(1.34 ml daily)
<i>saxagliptin hcl</i>	P	QL(1 ea daily)	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(1 ml daily)
Incretin Mimetic Agents			INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 30 day(s) retail)
BYDUREON BCISE AUJ	P	QL(3.4 ml per 28 day(s) retail); PA	INSULIN ASPART SOLN IJ	P	QL(1.34 ml daily)
BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 30 day(s) retail); AL(At least 18 yrs old); PA	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	P	QL(0.9 ml daily)
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 30 day(s) retail); AL(At least 18 yrs old); PA	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	P	QL(1.5 ml daily)
<i>liraglutide</i>	P	QL(0.3 ml daily); PA	INSULIN DEGLUDEC SOLN	P	QL(1.5 ml daily)
TRULICITY SC 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	P	QL(2 ml per 28 day(s) retail); PA	INSULIN GLARGINE-YFGN SOLN	P	QL(1 ml daily)
VICTOZA (Use <i>liraglutide</i> )	NP	QL(0.3 ml daily); PA	INSULIN GLARGINE-YFGN SOPN	P	QL(1 ml daily)
Insulin			INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	
ADMELOG SOLOSTAR SOPN	NP		INSULIN LISPRO KWIKPEN SOPN	P	QL(1.34 ml daily)
ADMELOG SOLN IJ	NP		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(1 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP		INSULIN LISPRO SOLN IJ	P	QL(40 ml per 30 day(s) retail)
HUMALOG SOLN IJ	NP		NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	
HUMULIN 70/30 KWIKPEN SUPN	P	OTC; QL(1 ml daily)	NOVOLIN 70/30 FLEXPEN SUPN	P	OTC; QL(1 ml daily)
HUMULIN 70/30 SUSP	P	OTC; QL(40 ml per 30 day(s) retail)	NOVOLIN 70/30 RELION SUSP	NP	
HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ml daily)			

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 SUSP	P	OTC; QL(40 ml per 30 day(s) retail)
NOVOLIN N FLEXPEN RELION SUPN	NP	
NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ml daily)
NOVOLIN N RELION SUSP	NP	
NOVOLIN N SUSP	P	QL(40 ml per 30 day(s) retail)
NOVOLIN R RELION SOLN IJ	NP	
NOVOLIN R SOLN IJ	P	OTC; QL(40 ml per 30 day(s) 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 SOLN	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)
Meglitinide Analogues		

Drug Name	Drug Tier	Requirements/Limits
nateglinide	P	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	P	QL(1 ea daily)
FARXIGA	NP	
FARXIGA (Use dapagliflozin propanediol)	NP	
Sulfonylureas		
AMARYL 1 MG, 2 MG (Use glimepiride)	NP	QL(4 ea daily)
AMARYL 4 MG (Use glimepiride)	NP	QL(2 ea daily)
glimepiride 4 MG	P	QL(2 ea daily)
glimepiride 1 MG, 2 MG	P	QL(4 ea daily)
glipizide TABS	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

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Drug Name	Drug Tier	Requirements/Limits
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NP	OTC
<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 SOLN	P	SP; PA
<i>deferoxamine mesylate</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
DEFERAL 500 MG (Use deferoxamine mesylate)	NP	SP; PA
SM IPECAC SYRUP	P	
VISTOGARD	P	
<b>Opioid Antagonists</b>		
<i>naloxone hcl LIQD</i>	P	QL(4 ea per 90 day(s) retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ml per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ml per 90 day(s) retail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ml per 90 day(s) retail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD (Use naloxone hcl)	NP	QL(4 ea per 90 day(s) 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 day(s) retail)
<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 ea per 14 day(s) retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(2 ea daily)
<i>ondansetron TBDP 16 MG</i>	P	
<i>ondansetron TBDP 4 MG, 8 MG</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)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl CHEW</i>	P	OTC; RX/OTC	BENADRYL ALLERGY CHILDRENS LIQD ( <i>Use diphenhydramine hcl</i> )	NP	OTC; QL(240 ml per fill retail)
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC	BENADRYL ALLERGY EXTRA STRENGTH TABS	P	QL(4 ea daily)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>			BENADRYL ALLERGY ULTRATABS TABS ( <i>Use diphenhydramine hcl</i> )	NP	OTC; QL(4 ea daily)
Antifungals			BENADRYL ALLERGY CAPS ( <i>Use diphenhydramine hcl</i> )	NP	QL(4 ea daily)
<i>griseofulvin microsize SUSP</i>	P		BENADRYL ALLERGY TABS ( <i>Use diphenhydramine hcl</i> )	NP	OTC; QL(4 ea daily)
<i>griseofulvin microsize TABS</i>	P		<i>clemastine fumarate TABS 1.34 MG</i>	P	OTC; QL(2 ea daily)
<i>griseofulvin ultramicrosize</i>	P		DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	OTC; QL(2 ea daily)
<i>nystatin TABS</i>	P	QL(6 ea daily)	<i>diphenhydramine hcl CAPS</i>	P	QL(4 ea daily)
<i>terbinafine hcl TABS</i>	P	QL(90 ea per 120 day(s) retail)	<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)
Imidazole-Related Antifungals			<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	OTC; QL(240 ml per fill retail)
DIFLUCAN SUSR ( <i>Use fluconazole</i> )	NP	QL(70 ml per fill retail)	<i>diphenhydramine hcl TABS 25 MG</i>	P	OTC; QL(4 ea daily)
DIFLUCAN TABS 100 MG, 200 MG ( <i>Use fluconazole</i> )	NP		<b>Antihistamines - Non-Sedating</b>		
DIFLUCAN TABS 150 MG ( <i>Use fluconazole</i> )	NP	QL(2 ea per fill retail)	ALLEGRA ALLERGY TABS 180 MG ( <i>Use fexofenadine hcl</i> )	NP	QL(1 ea daily)
<i>fluconazole SUSR</i>	P	QL(70 ml per fill retail)	ALLEGRA ALLERGY TABS 60 MG ( <i>Use fexofenadine hcl</i> )	NP	QL(2 ea daily)
<i>fluconazole TABS 50 MG</i>	P	QL(3 ea per 14 day(s) retail)	<i>cetirizine hcl CHEW</i>	P	QL(1 ea daily)
<i>fluconazole TABS 150 MG</i>	P	QL(2 ea per fill retail)	<i>cetirizine hcl SOLN OR</i>	P	QL(240 ml per fill retail); RX/OTC
<i>fluconazole TABS 100 MG, 200 MG</i>	P		<i>cetirizine hcl SYRP OR</i>	P	QL(240 ml per fill retail); RX/OTC
<i>itraconazole CAPS</i>	P	QL(1 ea daily); PA	<i>cetirizine hcl TABS</i>	P	QL(1 ea daily)
SPORANOX CAPS ( <i>Use itraconazole</i> )	NP	QL(1 ea daily); PA	<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>			Antihistamines - Alkylamines		
Antihistamines - Alkylamines			<i>chlorpheniramine maleate SYRP</i>		
<i>chlorpheniramine maleate SYRP</i>	P	OTC	<i>chlorpheniramine maleate TABS</i>		
<i>chlorpheniramine maleate TABS</i>	P	OTC; QL(120 ea per fill retail)	Antihistamines - Ethanolamines		

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CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	NP	OTC; QL(240 ml per fill retail)
CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	NP	OTC; QL(1 ea daily)
CLARITIN REDITABS TBDP 10 MG (Use loratadine)	NP	OTC; QL(1 ea daily)
CLARITIN SOLN (Use loratadine)	NP	OTC; QL(240 ml per fill retail)
CLARITIN TABS (Use loratadine)	NP	OTC; QL(1 ea daily)
fexofenadine hcl TABS 60 MG	P	QL(2 ea daily)
fexofenadine hcl TABS 180 MG	P	QL(1 ea daily)
levocetirizine dihydrochloride TABS	P	RX/OTC
loratadine SOLN	P	OTC; QL(240 ml per fill retail)
loratadine TABS	P	OTC; QL(1 ea daily)
loratadine TBDP 10 MG	P	OTC; QL(1 ea daily)
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	NP	RX/OTC
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	NP	QL(240 ml per fill retail); RX/OTC
ZYRTEC CHEW 10 MG (Use cetirizine hcl)	NP	QL(1 ea daily)
Antihistamines - Phenothiazines		
promethazine hcl SOLN OR 6.25 MG/5ML	P	AL(At least 2 yrs old)
promethazine hcl SUPP	P	QL(12 ea per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl TABS	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	P	
cyproheptadine hcl TABS	P	
ANTIHYPERSLIPIDEMICS - Drugs to Treat High Cholesterol		
Angiotensin-like Protein Inhibitors		
EVKEEZA	P	SP; PA
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	P	QL(1 ea daily); ST
VYTORIN (Use ezetimibe-simvastatin)	NP	QL(1 ea daily); ST
Bile Acid Sequestrants		
cholestyramine light PACK	P	
cholestyramine light POWD	P	
cholestyramine PACK	P	
cholestyramine POWD	P	
COLESTID FLAVORED GRAN (Use colestipol hcl)	NP	
COLESTID GRAN (Use colestipol hcl)	NP	
COLESTID TABS (Use colestipol hcl)	NP	
colestipol hcl GRAN	P	
colestipol hcl TABS	P	
QUESTRAN LIGHT POWD (Use cholestyramine light)	NP	
QUESTRAN PACK (Use cholestyramine)	NP	
QUESTRAN POWD (Use cholestyramine)	NP	
Fibric Acid Derivatives		

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<i>fenofibrate micronized 134 MG, 200 MG</i>	P	QL(1 ea daily)	<i>niacin (antihyperlipidemic) TABS</i>	P	
<i>fenofibrate micronized 67 MG</i>	P	QL(2 ea daily)	<i>niacin (antihyperlipidemic) TBCR</i>	P	
<i>fenofibrate TABS 54 MG</i>	P	QL(3 ea daily)	NIASPAN TBCR 1000 MG (Use <i>niacin (antihyperlipidemic)</i> )	NP	
<i>fenofibrate TABS 160 MG</i>	P	QL(1 ea daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
FENOFIBRATE TABS	P	QL(1 ea daily)	LEQVIO	P	SP; PA
<i>gemfibrozil TABS</i>	P	QL(2 ea daily)	PRALUENT SOAJ	P	SP; PA
LOPID TABS (Use <i>gemfibrozil</i> )	NP	QL(2 ea daily)	REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
HMG CoA Reductase Inhibitors			REPATHA SURECLICK SOAJ	P	SP; PA
<i>atorvastatin calcium TABS</i>	P	QL(1 ea daily)	REPATHA SOSY	P	SP; PA
CRESTOR TABS (Use <i>rosuvastatin calcium</i> )	NP	Try simvastatin or atorvastatin; QL(1 ea daily); ST	<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
LIPITOR TABS (Use <i>atorvastatin calcium</i> )	NP	QL(1 ea daily)	ACE Inhibitors		
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 ea daily)	ACCUPRIL (Use <i>quinapril hcl</i> )	NP	
<i>lovastatin TABS 40 MG</i>	P	QL(2 ea daily)	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use <i>ramipril</i> )	NP	QL(2 ea daily)
<i>pravastatin sodium</i>	P	QL(1 ea daily)	<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	P	Try simvastatin or atorvastatin; QL(1 ea daily); ST	<i>benazepril hcl 40 MG</i>	P	QL(2 ea daily)
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 ea daily)	<i>captopril</i>	P	QL(3 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use <i>simvastatin</i> )	NP	QL(1 ea daily)	<i>enalapril maleate TABS</i>	P	QL(2 ea daily)
Intestinal Cholesterol Absorption Inhibitors			<i>fosinopril sodium</i>	P	QL(1 ea daily)
<i>ezetimibe</i>	P	ST	<i>lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 ea daily)
ZETIA (Use <i>ezetimibe</i> )	NP	ST	<i>lisinopril TABS 2.5 MG</i>	P	QL(1 ea daily)
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			LOTENSIN 10 MG, 20 MG (Use <i>benazepril hcl</i> )	NP	QL(1 ea daily)
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP; PA	LOTENSIN 40 MG (Use <i>benazepril hcl</i> )	NP	QL(2 ea daily)
Nicotinic Acid Derivatives			<i>quinapril hcl</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril CAPS</i>	P	QL(2 ea daily)
<i>trandolapril 4 MG</i>	P	QL(2 ea daily)
<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)
Agents for Pheochromocytoma		
DEMSEER ( <i>Use metyrosine</i> )	NP	SP; PA
<i>metyrosine</i>	P	SP; PA
Angiotensin II Receptor Antagonists		
ATACAND ( <i>Use candesartan cilexetil</i> )	NP	
AVAPRO ( <i>Use irbesartan</i> )	NP	QL(1 ea daily)
BENICAR ( <i>Use olmesartan medoxomil</i> )	NP	Use losartan or irbesartan; QL(1 ea daily); ST
<i>candesartan cilexetil</i>	P	
COZAAR ( <i>Use losartan potassium</i> )	NP	QL(1 ea daily)
DIOVAN TABS ( <i>Use valsartan</i> )	NP	QL(1 ea daily)
<i>irbesartan</i>	P	QL(1 ea daily)
<i>losartan potassium</i>	P	QL(1 ea daily)
MICARDIS ( <i>Use telmisartan</i> )	NP	QL(1 ea daily)
<i>olmesartan medoxomil</i>	P	Use losartan or irbesartan; QL(1 ea daily); ST
<i>telmisartan</i>	P	QL(1 ea daily)
<i>valsartan TABS</i>	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA ( <i>Use doxazosin mesylate</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl TABS</i>	P	
<i>doxazosin mesylate</i>	P	
<i>guanfacine hcl</i>	P	
<i>methyldopa TABS</i>	P	
MINIPRESS CAPS ( <i>Use prazosin hcl</i> )	NP	
<i>prazosin hcl CAPS</i>	P	
<i>terazosin hcl</i>	P	
Antihypertensive Combinations		
ACCURETIC 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

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<i>bisoprolol &amp; hydrochlorothiazide</i>	P	QL(1 ea daily)	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>candesartan cilexetil-hydrochlorothiazide</i>	P		<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)
<i>captopril &amp; hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	P	QL(2 ea daily)	MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i> )	NP	QL(1 ea daily)
DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i> )	NP	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 12.5 MG-10 MG</i>	P	QL(3 ea daily)
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 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 25 MG-20 MG</i>	P	QL(1 ea daily)	TENORETIC 100 (Use <i>atenolol &amp; chlorthalidone</i> )	NP	QL(2 ea daily)
<i>lisinopril &amp; hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	P	QL(2 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
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(1 ea daily)
ZIAC (Use bisoprolol & hydrochlorothiazide)	NP	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	P	SP; PA
Vasodilators		
hydralazine hcl TABS	P	
minoxidil 10 MG	P	QL(10 ea daily)
minoxidil 2.5 MG	P	QL(3 ea daily)
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
metronidazole TABS	P	
trimethoprim TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	NP	
BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	NP	
methenamine-hyosc-methylene blue-sod phospheryl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	P	
sulfamethoxazole-trimethoprim SUSP	P	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim TABS	P	
Carbapenems		
ertapenem sodium IJ	P	SP; PA
INVANZ IJ (Use ertapenem sodium)	NP	SP; PA
Glycopeptides		
FIRVANQ SOLR OR (Use vancomycin hcl)	NP	QL(300 ml per fill retail)
VANCOCIN CAPS 250 MG (Use vancomycin hcl)	NP	QL(8 ea daily)
VANCOCIN CAPS 125 MG (Use vancomycin hcl)	NP	QL(4 ea daily)
vancomycin hcl CAPS 250 MG	P	QL(8 ea daily)
vancomycin hcl CAPS 125 MG	P	QL(4 ea daily)
vancomycin hcl SOLR IV 1 GM, 1000 MG	P	QL(14 ea per fill retail)
vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ml per fill retail)
vancomycin hcl SOLR IV 500 MG	P	QL(14 ea per 30 day(s) retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	P	QL(14 ea per 30 day(s) retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	P	QL(14 ea per fill retail)
Leprostatics		
dapsone	P	
Lincosamides		
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	NP	
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	NP	QL(300 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)
<b>Monobactams</b>		
CAYSTON	P	SP; PA
<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 ( <i>Use nitrofurantoin monohyd macro</i> )	NP	
MACRODANTIN 50 MG, 100 MG ( <i>Use nitrofurantoin macrocrystal</i> )	NP	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	P	
<i>nitrofurantoin</i>	P	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>nitrofurantoin monohyd macro</i>	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>		
<i>chloroquine phosphate TABS 250 MG</i>	P	
<i>chloroquine phosphate TABS 500 MG</i>	P	QL(1 ea daily)
DARAPRIM ( <i>Use pyrimethamine</i> )	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate 200 MG</i>	P	
KRINTAFEL	P	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	P	
PLAQUENIL ( <i>Use hydroxychloroquine sulfate</i> )	NP	
<i>primaquine phosphate TABS</i>	P	
PRIMAQUINE PHOSPHATE TABS ( <i>Use primaquine phosphate</i> )	NP	
<i>pyrimethamine</i>	P	SP; PA
SOVUNA 200 MG	P	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
MESTINON TIMESPAN TBCR ( <i>Use pyridostigmine bromide</i> )	NP	
MESTINON TABS ( <i>Use pyridostigmine bromide</i> )	NP	
<i>pyridostigmine bromide TABS 60 MG</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Antimycobacterial Agents</b>		
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	
<i>isoniazid TABS</i>	P	
MYAMBUTOL TABS 400 MG ( <i>Use ethambutol hcl</i> )	NP	
MYCOBUTIN ( <i>Use rifabutin</i> )	NP	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
TRECTOR	P	

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

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<i>pralatrexate</i>	P	SP; PA	EMPLICITI	P	SP; PA
PURIXAN SUSP	P		ENHERTU	P	SP; PA
TABLOID	P	SP; PA	GAZYVA	P	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P		IMFINZI	P	SP; PA
VIDAZA SUSR ( <i>Use azacitidine</i> )	NP	SP; PA	JEMPERLI	P	SP; PA
XELODA ( <i>Use capecitabine</i> )	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
BESPARSA	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
			KANJINTI 420 MG	P	SP; PA
			MARGENZA	P	SP; PA
			OGIVRI	P	SP; PA
			PERJETA	P	SP; PA
			TRAZIMERA	P	SP; PA
			TUKYSA	P	SP; PA
			<b>Antineoplastic - BCL-2 Inhibitors</b>		

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VENCLEXTA STARTING PACK TBPK	P	SP; PA	ELIGARD SC 22.5 MG, 30 MG, 45 MG	P	SP; PA
VENCLEXTA TABS	P	SP; PA	ELIGARD KIT SC 7.5 MG	P	SP; PA
Antineoplastic - Cellular Immunotherapy			EMCYT	P	SP; PA
ABECMA	P	SP; PA	ERLEADA 60 MG	P	SP; PA
BREYANZI	P	SP; PA	EULEXIN	P	
CARVYKTI	P	SP; PA	<i>exemestane</i>	P	
TECARTUS	P	SP; PA	FARESTON ( <i>Use toremifene citrate</i> )	NP	PA
Antineoplastic - EGFR Inhibitors			FEMARA ( <i>Use letrozole</i> )	NP	
ERBITUX	P	SP; PA	FIRMAGON 80 MG	P	SP; PA
<i>erlotinib hcl</i>	P	SP; PA	<i>flutamide</i>	P	
EXKIVITY	P	SP; PA	<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	SP; PA
<i>gefitinib</i>	P	SP; PA	<i>letrozole</i>	P	
GILOTRIF	P	SP; PA	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	P	SP; PA
IRESSA ( <i>Use gefitinib</i> )	NP	SP; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	P	SP; PA
PORTRAZZA	P	SP; PA	LUPRON DEPOT (1-MONTH) KIT IM	P	SP; PA
TAGRISO	P	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	P	SP; PA
TARCEVA 100 MG, 150 MG ( <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			
CASODEX ( <i>Use bicalutamide</i> )	NP	QL(1 ea daily)			

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 400 DOSE	P	SP; PA
KISQALI FEMARA 600 DOSE	P	SP; PA
LONSURF	P	SP; PA
OPDUALAG	P	SP; PA
PHESGO	P	SP; PA
RITUXAN HYCELA	P	SP; PA
VYXEOS	P	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (Use <i>everolimus</i> )	NP	SP; PA
AFINITOR TABS (Use <i>everolimus</i> )	NP	SP; PA
ALECENSA	P	SP; PA
ALIQOPA	P	SP; PA
ALUNBRIG TABS	P	SP; PA
ALUNBRIG TBPk	P	SP; PA
BALVERSA	P	SP; PA
BELEODAQ	P	SP; PA
<i>bortezomib SOLR IJ</i>	P	SP; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP; PA
BOSULIF TABS	P	SP; PA
BRAFTOVI 75 MG	P	SP; PA
BRUKINSA	P	SP; PA
CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily); SP; PA
CABOMETYX TABS 40 MG	P	QL(2 ea daily); SP; PA
CALQUENCE	P	SP; PA
CAPRELSA	P	SP; PA
COMETRIQ KIT	P	SP; PA
COPIKTRA	P	SP; PA
COTELLIC	P	SP; PA
<i>dasatinib</i>	P	SP; PA
<i>everolimus TABS</i>	P	SP; PA
<i>everolimus TBSO</i>	P	SP; PA

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FOTIVDA	P	SP; PA	PIQRAY 300MG DAILY DOSE	P	SP; PA
FYARRO	P	SP; PA	QINLOCK	P	SP; PA
GAVRETO	P	SP; PA	RETEVMO CAPS	P	SP; PA
GLEEVEC ( <i>Use imatinib mesylate</i> )	NP	SP; PA	<i>romidepsin SOLR</i>	P	SP; PA
IBRANCE CAPS	P	SP; PA	ROZLYTREK CAPS	P	SP; PA
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 100 MG	P	SP
<i>imatinib mesylate</i>	P	SP; PA	SCEMBLIX 20 MG, 40 MG	P	SP; PA
IMBRUVICA CAPS	P	SP; PA	<i>sorafenib tosylate</i>	P	SP; PA
IMBRUVICA TABS	P	QL(1 ea daily); SP; PA	SPRYCEL ( <i>Use dasatinib</i> )	NP	SP; PA
INREBIC	P	SP; PA	STIVARGA	P	SP; PA
ISTODAX SOLR ( <i>Use romidepsin</i> )	NP	SP; PA	<i>sunitinib malate</i>	P	SP; PA
JAKAFI	P	QL(2 ea daily); SP; PA	SUTENT ( <i>Use sunitinib malate</i> )	NP	SP; PA
KISQALI	P	SP; PA	TABRECTA	P	SP; PA
KOSELUGO	P	SP; PA	TAFINLAR CAPS	P	SP; PA
KYPROLIS	P	SP; PA	TALZENNA	P	SP; PA
<i>lapatinib ditosylate</i>	P	SP; PA	TASIGNA	P	SP; PA
LORBRENA	P	SP; PA	TAZVERIK	P	SP; PA
LUMAKRAS	P	SP; PA	<i>temsirolimus</i>	P	SP; PA
LYNPARZA TABS	P	QL(4 ea daily); SP; PA	TIBSOVO	P	SP; PA
MEKINIST TABS	P	SP; PA	TORISEL ( <i>Use temsirolimus</i> )	NP	SP; PA
MEKTOVI	P	SP; PA	TURALIO	P	SP; PA
NERLYNX	P	SP; PA	TYKERB ( <i>Use lapatinib ditosylate</i> )	NP	SP; PA
NEXAVAR ( <i>Use sorafenib tosylate</i> )	NP	SP; PA	VELCADE SOLR IJ ( <i>Use bortezomib</i> )	NP	SP; PA
NINLARO	P	SP; PA	VERZENIO	P	QL(2 ea daily); SP; PA
<i>pazopanib hcl</i>	P	SP; PA	VITRAKVI CAPS	P	SP; PA
PEMAZYRE	P	SP; PA	VITRAKVI SOLN	P	SP; PA
PIQRAY 200MG DAILY DOSE	P	SP; PA	VONJO	P	SP; PA
PIQRAY 250MG DAILY DOSE	P	SP; PA	VOTRIENT ( <i>Use pazopanib hcl</i> )	NP	SP; PA
			XALKORI CAPS	P	SP; PA

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XOSPATA	P	SP; PA
ZEJULA CAPS	P	SP; PA
ZELBORAF	P	SP; PA
ZOLINZA	P	SP; PA
ZYDELIG	P	SP; PA
ZYKADIA TABS	P	SP; PA
Antineoplastic Enzymes		
ASPARLAS	P	SP; PA
ONCASPAR	P	SP; PA
RYLAZE	P	SP; PA
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	P	SP; PA
AZEDRA THERAPEUTIC	P	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	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 10000000 UNIT	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

Drug Name	Drug Tier	Requirements/Limits
KEPIVANCE 5.16 MG	P	SP
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
<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	P	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML ( <i>Use docetaxel</i> )	NP	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
DOCIVYX SOLN	P	SP; PA
<i>eribulin mesylate</i>	P	SP; PA
<i>etoposide CAPS</i>	P	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP; PA
HALAVEN ( <i>Use eribulin mesylate</i> )	NP	SP; PA

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IXEMPRA KIT	P	SP; PA
JEVTANA	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
<b>Oncolytic Viral Agents</b>		
IMLYGIC	P	SP; PA
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR (Use <i>irinotecan hcl</i> )	NP	SP; PA
HYCAMTIN CAPS	P	SP; PA
HYCAMTIN SOLR (Use <i>topotecan hcl</i> )	NP	SP; PA
<i>irinotecan hcl</i>	P	SP; PA
<i>topotecan hcl SOLN</i>	P	SP; PA
TOPOTECAN HCL SOLN	P	SP; PA
TOPOTECAN HCL SOLN (Use <i>topotecan hcl</i> )	NP	SP; PA
<i>topotecan hcl SOLR</i>	P	SP; PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa</i>	P	
LODOSYN (Use <i>carbidopa</i> )	NP	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate TABS</i>	P	
<i>trihexyphenidyl hcl TABS</i>	P	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl CAPS</i>	P	
<i>amantadine hcl SOLN</i>	P	
APOKYN SOCT	P	SP; PA
<i>apomorphine hydrochloride SOCT</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate CAPS</i>	P	
<i>bromocriptine mesylate TABS 2.5 MG</i>	P	
<i>carbidopa-levodopa TABS</i>	P	
<i>carbidopa-levodopa TBCR</i>	P	
DHIVY TABS	P	
GOCOVRI CP24	P	SP; PA
PARLODEL CAPS (Use <i>bromocriptine mesylate</i> )	NP	
PARLODEL TABS (Use <i>bromocriptine mesylate</i> )	NP	
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 ea daily)
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 ea daily)
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i> )	NP	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>selegiline hcl CAPS</i>	P	
<i>selegiline hcl TABS</i>	P	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium</i>	P	
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
LITHOBID TBCR (Use <i>lithium carbonate</i> )	P	
<b>Antipsychotics - Misc.</b>		

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

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ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	NP	QL(4 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	NP	QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	NP	QL(2 ea daily); AL(At least 10 yrs old)
<b>Dihydroindolones</b>		
<i>molindone hcl</i>	P	QL(4 ea daily)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 ea daily)
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 ea daily)
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl TABS</i>	P	
<i>perphenazine TABS</i>	P	QL(4 ea daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	P	QL(3 ea daily)
<i>trifluoperazine hcl TABS</i>	P	QL(2 ea daily)
<b>Quinolinone Derivatives</b>		
ABILIFY MAINTENA PRSY	P	SP; PA
ABILIFY MAINTENA SRER	P	SP; 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

Drug Name	Drug Tier	Requirements/Limits
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>		
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ml per fill retail)
<b>Chlorine Antiseptics</b>		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	NP	
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	OTC; QL(946 ml per fill retail)
HIBICLENS SOLN EX (Use <i>chlorhexidine gluconate</i> )	NP	
<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 150 MG, 200 MG</i>	P	QL(2 ea daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P	
BIKTARVY	P	QL(1 ea daily)
CIMDUO	P	QL(1 ea daily); ST
COMBIVIR (Use <i>lamivudine-zidovudine</i> )	NP	QL(2 ea daily)
COMPLERA	P	QL(1 ea daily)
<i>darunavir TABS 600 MG</i>	P	QL(2 ea daily); ST
<i>darunavir TABS 800 MG</i>	P	QL(1 ea daily); ST
DELSTRIGO	P	QL(1 ea daily)
DESCOVY 120 MG-15 MG	P	QL(1 ea daily); PA

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DESCOVY 200 MG-25 MG	P	QL(1 ea daily); PA	ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
DOVATO	P		ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
EDURANT	P	QL(1 ea daily)	ISENTRESS PACK	P	QL(2 ea daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 ea daily)	ISENTRESS TABS	P	QL(2 ea daily)
<i>efavirenz CAPS 200 MG</i>	P	QL(1 ea daily)	JULUCA	P	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	KALETRA SOLN (Use lopinavir-ritonavir)	NP	QL(480 ml per 30 day(s) retail)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	NP	QL(6 ea daily)
<i>efavirenz TABS</i>	P	QL(1 ea daily)	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	NP	QL(4 ea daily)
<i>emtricitabine CAPS</i>	P	QL(1 ea daily)	<i>lamivudine SOLN</i>	P	QL(30 ml daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 ea daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 ea daily)
EMTRIVA CAPS (Use emtricitabine)	NP	QL(1 ea daily)	<i>lamivudine TABS 300 MG</i>	P	QL(1 ea daily)
EMTRIVA SOLN	P	QL(24 ml daily)	<i>lamivudine-zidovudine</i>	P	QL(2 ea daily)
EPIVIR SOLN (Use lamivudine)	NP	QL(30 ml daily)	LEXIVA SUSP	P	QL(56 ml daily)
EPIVIR TABS 300 MG (Use lamivudine)	NP	QL(1 ea daily)	LEXIVA TABS (Use fosamprenavir calcium)	NP	QL(4 ea daily)
EPIVIR TABS 150 MG (Use lamivudine)	NP	QL(2 ea daily)	<i>lopinavir-ritonavir SOLN</i>	P	QL(480 ml per 30 day(s) retail)
EPZICOM (Use abacavir sulfate-lamivudine)	NP	QL(1 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>etravirine 100 MG</i>	P	QL(4 ea daily)	<i>maraviroc TABS 150 MG</i>	P	QL(2 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>nevirapine SUSP</i>	P	QL(40 ml daily)
GENVOYA	P	QL(1 ea daily)	<i>nevirapine TABS</i>	P	QL(2 ea daily)
INTELENCE 25 MG	P	QL(4 ea daily)	<i>nevirapine TB24 400 MG</i>	P	QL(1 ea daily)
INTELENCE 100 MG (Use etravirine)	NP	QL(4 ea daily)	<i>nevirapine TB24 100 MG</i>	P	QL(3 ea daily)
INTELENCE 200 MG (Use etravirine)	NP	QL(2 ea daily)	NORVIR CAPS	P	QL(12 ea daily)
ISENTRESS HD TABS	P	QL(2 ea daily)	NORVIR SOLN	P	QL(15 ml daily)
			NORVIR TABS (Use ritonavir)	NP	QL(12 ea daily)
			ODEFSEY	P	
			PIFELTRO	P	QL(1 ea daily)

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PREZCOBIX	P	QL(1 ea daily)	<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 ea daily)
PREZISTA SUSP	P	QL(12 ml daily); ST	TIVICAY TABS 50 MG	P	QL(2 ea daily)
PREZISTA TABS 150 MG	P	QL(3 ea daily); ST	TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
PREZISTA TABS 75 MG	P	QL(2 ea daily); ST	TRIZIVIR	P	QL(2 ea daily)
PREZISTA TABS 800 MG (Use <i>darunavir</i> )	NP	QL(1 ea daily); ST	TROGARZO	P	SP; PA
PREZISTA TABS 600 MG (Use <i>darunavir</i> )	NP	QL(2 ea daily); ST	TRUVADA 200 MG-300 MG (Use <i>emtricitabine-tenofovir disoproxil fumarate</i> )	P	QL(1 ea daily)
RETROVIR CAPS (Use <i>zidovudine</i> )	NP	QL(6 ea daily)	TYBOST	P	QL(1 ea daily); AL(At least 18 yrs old)
RETROVIR SYRP (Use <i>zidovudine</i> )	NP	QL(60 ml daily)	VIRACEPT TABS 625 MG	P	QL(4 ea daily)
REYATAZ CAPS 300 MG (Use <i>atazanavir sulfate</i> )	NP		VIRACEPT TABS 250 MG	P	QL(9 ea daily)
REYATAZ CAPS 200 MG (Use <i>atazanavir sulfate</i> )	NP	QL(2 ea daily)	VIREAD POWD	P	QL(240 gm per 30 day(s) retail)
REYATAZ PACK	P	QL(6 ea daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)
<i>ritonavir TABS</i>	P	QL(12 ea daily)	VIREAD TABS (Use <i>tenofovir disoproxil fumarate</i> )	NP	QL(1 ea daily)
RUKOBIA	P	PA	ZIAGEN SOLN (Use <i>abacavir sulfate</i> )	NP	QL(30 ml daily)
SELZENTRY SOLN	P	QL(35 ml daily)	ZIAGEN TABS (Use <i>abacavir sulfate</i> )	NP	QL(2 ea daily)
SELZENTRY TABS 300 MG (Use <i>maraviroc</i> )	NP	QL(4 ea daily)	<i>zidovudine CAPS</i>	P	QL(6 ea daily)
SELZENTRY TABS 25 MG, 75 MG	P	QL(2 ea daily)	<i>zidovudine SYRP</i>	P	QL(60 ml daily)
SELZENTRY TABS 150 MG (Use <i>maraviroc</i> )	NP	QL(2 ea daily)	<i>zidovudine TABS</i>	P	QL(2 ea daily)
<i>stavudine CAPS</i>	P	QL(2 ea daily)	Antiviral Combinations		
STRIBILD	P	QL(1 ea daily)	PAXLOVID 100 MG-150 MG	P	
SUSTIVA CAPS 50 MG (Use <i>efavirenz</i> )	NP	QL(2 ea daily)	CMV Agents		
SUSTIVA CAPS 200 MG (Use <i>efavirenz</i> )	NP	QL(1 ea daily)	LIVTENCITY	P	SP; PA
SYMFI (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NP	QL(1 ea daily)	PREVYMIS SOLN	P	SP; PA
SYMFI LO (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NP	QL(1 ea daily)	PREVYMIS TABS	P	QL(1 ea daily); SP; PA
			VALCYTE TABS (Use <i>valganciclovir hcl</i> )	NP	QL(2 ea daily)

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



Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 ea daily)
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 ea daily)
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	P	
<i>atenolol TABS</i>	P	QL(2 ea daily)
<i>bisoprolol fumarate</i>	P	QL(1 ea daily)
<i>LOPRESSOR TABS 100 MG (Use metoprolol tartrate)</i>	NP	QL(4.5 ea daily)
<i>LOPRESSOR TABS 50 MG (Use metoprolol tartrate)</i>	NP	QL(4 ea daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 ea daily)
<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 ea daily)
<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 ea daily)
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 ea daily)
<i>TENORMIN TABS (Use atenolol)</i>	NP	QL(2 ea daily)
<i>TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate)</i>	NP	QL(4 ea daily)
<i>TOPROL XL TB24 200 MG (Use metoprolol succinate)</i>	NP	QL(2 ea daily)
<b>Beta Blockers Non-Selective</b>		
<i>BETAPACE AF (Use sotalol hcl (afib/af))</i>	NP	QL(2 ea daily)
<i>BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)</i>	NP	QL(2 ea daily)
<i>CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)</i>	NP	QL(2 ea daily)
<i>INDERAL LA CP24 (Use propranolol hcl)</i>	NP	QL(2 ea daily)

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

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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)
<i>NORVASC TABS (Use amlodipine besylate)</i>	NP	QL(1 ea daily)
<i>PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)</i>	NP	QL(1 ea daily)
<i>PROCARDIA XL TB24 60 MG (Use nifedipine)</i>	NP	QL(2 ea daily)
<i>TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl extended release beads)</i>	NP	QL(1 ea daily)
<i>TIAZAC 240 MG (Use diltiazem hcl extended release beads)</i>	NP	QL(2 ea daily)
<i>verapamil hcl 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)
<i>VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)</i>	NP	QL(2 ea daily)
<i>VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)</i>	NP	QL(2 ea daily)
<i>VERELAN PM CP24 300 MG (Use verapamil hcl)</i>	NP	QL(1 ea daily)
<i>VERELAN CP24 (Use verapamil hcl)</i>	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
Cardiac Glycosides		
<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	
<i>LANOXIN SOLN IJ (Use digoxin)</i>	P	
<i>LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)</i>	P	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
Cardiac Myosin Inhibitors		
<i>CAMZYOS</i>	P	SP; PA
Impotence Agents		
<i>BI-MIX SOLR</i>	P	PA
<i>IFE-BIMIX 30/1 SOLN</i>	P	PA
<i>SUPER BI-MIX SOLR</i>	P	PA
<i>SUPER TRI-MIX SOLR</i>	P	SP; PA
<i>TRI-MIX SOLR</i>	P	SP; PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	P	SP; PA
<i>FLOLAN (Use epoprostenol sodium)</i>	NP	SP; PA
<i>ORENITRAM TBCR</i>	P	SP; PA
<i>TYVASO REFILL KIT SOLN IN</i>	P	SP; PA
<i>TYVASO STARTER KIT SOLN IN</i>	P	SP; PA
<i>TYVASO SOLN IN</i>	P	SP; PA
<i>VELETRI (Use epoprostenol sodium)</i>	NP	SP; PA
<i>VENTAVIS</i>	P	SP; PA
Pulmonary Hypertension - Endothelin Receptor		

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Drug Name	Drug Tier	Requirements/Limits
<b>Antagonists</b>		
<i>ambrisentan</i>	P	QL(1 ea daily); SP; PA
<i>bosentan TABS</i>	P	SP; PA
LETAIRIS (Use <i>ambrisentan</i> )	NP	QL(1 ea daily); SP; PA
TRACLEER TABS (Use <i>bosentan</i> )	NP	SP; PA
TRACLEER TBSO	P	SP; PA
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
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
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI TITRATION PACK TBPK	P	SP; PA
UPTRAVI SOLR	P	SP; PA
UPTRAVI TABS	P	SP; PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Stimulator</b>		
ADEMPAS	P	SP; PA
<b>Transthyretin Stabilizers</b>		
VYNDAMAX	P	QL(1 ea daily); SP; PA
VYNDAQEL	P	QL(4 ea daily); SP; PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<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	
<b>Cephalosporins - 2nd Generation</b>		
<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)
<b>Cephalosporins - 3rd Generation</b>		
<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)
<b>CHEMICALS</b>		
<b>Bulk Chemicals - O's</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	
<i>norgestimate-ethinyl estradiol</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 ea daily)
QUARTETTE ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	
SEASONIQUE ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NP	QL(91 ea per fill retail)
TYBLUME CHEW	P	
YASMIN 28 ( <i>Use drospirenone-ethinyl estradiol</i> )	NP	QL(1 ea daily)
YAZ ( <i>Use drospirenone-ethinyl estradiol</i> )	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 ea per 28 day(s) retail)
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 ea per fill retail)
NUVARING ( <i>Use etonogestrel-ethinyl estradiol</i> )	NP	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA	P	QL(4 ea per 365 day(s) retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(1 ea per 21 day(s) retail)
PLAN B ONE-STEP ( <i>Use levonorgestrel (emergency oc)</i> )	NP	QL(1 ea per 21 day(s) retail)
Progestin Contraceptives - Injectable		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antitussives			<i>brompheniramine &amp; phenyleph ELIX</i>	P	OTC; QL(120 ml per 30 day(s) retail); AL(Up to 21 yrs old)
<i>benzonatate 200 MG</i>	P	QL(30 ea per 30 day(s) retail); AL(At least 10 yrs old - Up to 21 yrs old)	<i>brompheniramine &amp; pseudoeph ELIX</i>	P	OTC; QL(120 ml per 30 day(s) retail); AL(Up to 21 yrs old)
<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old - Up to 21 yrs old)	<i>brompheniramine &amp; pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	OTC; QL(120 ml per 30 day(s) retail); AL(Up to 21 yrs old)
DELSYM COUGH CHILDRENS SUER (Use <i>dextromethorphan polistirex</i> )	NP	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	<i>cetirizine-pseudoephedrine</i>	P	AL(Up to 21 yrs old)
DELSYM SUER (Use <i>dextromethorphan polistirex</i> )	NP	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	CLARITIN-D 12 HOUR TB12 (Use <i>loratadine &amp; pseudoephedrine</i> )	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
<i>dextromethorphan hbr LIQD 7.5 MG/5ML</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	CLARITIN-D 24 HOUR TB24 (Use <i>loratadine &amp; pseudoephedrine</i> )	NP	OTC; QL(1 ea daily); AL(Up to 21 yrs old)
<i>dextromethorphan polistirex LQCR</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	COLD & FLU RELIEF NIGHTTIME D LIQD	P	OTC; AL(Up to 21 yrs old)
<i>dextromethorphan polistirex SUER</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	OTC; AL(Up to 21 yrs old)
HYCODAN SOLN (Use <i>hydrocodone bitartrate-homatropine methylbromide</i> )	NP	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)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-200 MG/5ML-30 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	OTC; AL(Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD (Use <i>dextromethorphan hbr</i> )	NP	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations					
ADVIL COLD & SINUS TABS (Use <i>pseudoephedrine-ibuprofen</i> )	NP	OTC; AL(Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	MUCINEX D TB12 ( <i>Use pseudoephedrine-guaifenesin</i> )	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	QL(2 ea daily); AL(Up to 21 yrs old)	<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
DIABETIC TUSSIN COLD/FLU CAPS	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm SOLN</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
ED BRON GP LIQD	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	<i>promethazine &amp; phenylephrine SYRP</i>	P	QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>guaifenesin-codeine SOLN</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE SYRP ( <i>Use promethazine-dm</i> )	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>guaifenesin-codeine SYRP</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)
LOHIST-D LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	<i>promethazine w/codeine SYRP</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>loratadine &amp; pseudoephedrine TB12</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	<i>promethazine-dm SYRP</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>loratadine &amp; pseudoephedrine TB24</i>	P	OTC; QL(1 ea daily); 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)
MAXI-TUSS PE MAX LIQD	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
MAXI-TUSS PE LIQD	P	AL(Up to 21 yrs old)			
MUCINEX D MAXIMUM STRENGTH TB12 ( <i>Use pseudoephedrine-guaifenesin</i> )	NF				
MUCINEX DM TB12 ( <i>Use dextromethorphan-guaifenesin</i> )	NP	QL(2 ea daily); AL(Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	GERI-TUSSIN SYRP	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	<i>guaifenesin LIQD</i>	P	QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	P	QL(210 ea per fill retail); AL(Up to 21 yrs old)	<i>guaifenesin SYRP</i>	P	QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>pseudoephedrine-ibuprofen TABS</i>	P	OTC; AL(Up to 21 yrs old)	<i>guaifenesin TB12 600 MG</i>	P	QL(40 ea per 30 day(s) retail); AL(Up to 21 yrs old)
PX DAYTIME MULTI-SYMP TOM 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-SYMP TOM CAPS	P	OTC; QL(240 ea 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)
QC TRIACTING DAYTIME CHILDRENS SYRP	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 day(s) retail); AL(Up to 21 yrs old)
SCOT-TUSSIN DM LIQD	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	Misc. Respiratory Inhalants		
SCOT-TUSSIN SENIOR LIQD	P	OTC; AL(Up to 21 yrs old)	<i>sodium chloride (inhalant) AERS</i>	P	OTC; QL(240 ml per fill retail)
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) 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		
			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
			ACNE MEDICATION 10 LOTN	P	OTC
			ACNE MEDICATION 5 LOTN	P	OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	NP	RX/OTC	<i>sulfacetamide sodium (acne)</i>	P	
<i>benzoyl peroxide BAR</i>	P		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 gm per fill retail)
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P		<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P	
<i>benzoyl peroxide LIQD 4 %, 5 %, 10 %</i>	P		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP		<i>tretinoin GEL 0.01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NP	QL(60 ml per fill retail)	<i>tretinoin GEL 0.025 %</i>	P	AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	P	QL(60 gm per fill retail)	Antibiotics - Topical		
<i>clindamycin phosphate (topical) LOTN</i>	P		<i>bacitracin (topical) OINT</i>	P	OTC; QL(30 ea per fill retail)
<i>clindamycin phosphate (topical) SOLN</i>	P		<i>bacitracin zinc OINT</i>	P	OTC; QL(30 gm per fill retail)
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	NP	RX/OTC	CENTANY OINT	P	
ERYGEL GEL (Use erythromycin (acne aid))	NP	QL(60 gm per fill retail)	<i>gentamicin sulfate (topical) CREA</i>	P	QL(60 gm per fill retail)
<i>erythromycin (acne aid) GEL</i>	P	QL(60 gm per fill retail)	<i>gentamicin sulfate (topical) OINT</i>	P	QL(60 gm per fill retail)
<i>erythromycin (acne aid) SOLN</i>	P		<i>mupirocin calcium (topical)</i>	P	QL(30 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 OINT</i>	P	
KLARON (Use sulfacetamide sodium (acne))	NP		<i>neomycin-bacitracin-polymyxin OINT</i>	P	OTC; QL(454 gm per fill retail)
RETIN-A CREA (Use tretinoin)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	P	OTC; QL(30 gm per fill retail)
RETIN-A GEL 0.025 % (Use tretinoin)	NP	AL(Up to 35 yrs old)	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	NP	OTC; QL(454 ea per fill retail)
RETIN-A GEL 0.01 % (Use tretinoin)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)	NP	OTC; QL(30 gm per fill retail)
			Antifungals - Topical		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole (topical) CREA</i>	P	QL(90 gm per fill retail); RX/OTC	<i>terbinafine hcl (topical) CREA</i>	P	OTC; QL(30 gm per fill retail)
<i>clotrimazole (topical) SOLN</i>	P	QL(60 ml per fill retail); RX/OTC	TINACTIN CREA ( <i>Use tolnaftate</i> )	NP	OTC; QL(30 gm per fill retail)
<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 gm per 30 day(s) retail)	<i>tolnaftate CREA</i>	P	OTC; QL(30 ml per fill retail)
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ml per 30 day(s) retail)	Antihistamines-Topical		
<i>econazole nitrate CREA</i>	P	QL(30 gm per fill retail)	ITCH RELIEF CREA	P	OTC
<i>ketoconazole (topical) CREA</i>	P	QL(60 gm per fill retail)	Anti-inflammatory Agents - Topical		
<i>ketoconazole (topical) SHAM 2 %</i>	P		<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 gm daily); 2 max fill(s) per 30 day(s) retail; RX/OTC
LAMISIL AT JOCK ITCH CREA ( <i>Use terbinafine hcl (topical)</i> )	NP	OTC; QL(30 gm per fill retail)	VOLTAREN ARTHRITIS PAIN GEL EX ( <i>Use diclofenac sodium (topical)</i> )	NP	QL(6.68 gm daily); 2 max fill(s) per 30 day(s) retail; RX/OTC
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	P	
MICATIN CREA ( <i>Use miconazole nitrate (topical)</i> )	NP	QL(60 gm per fill retail)	EFUDEX CREA ( <i>Use fluorouracil (topical)</i> )	NP	QL(40 gm per 30 day(s) retail)
<i>miconazole nitrate (topical) 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 day(s) retail)
<i>nystatin (topical) CREA</i>	P	QL(30 gm per fill retail)	<i>fluorouracil (topical) SOLN</i>	P	QL(10 ml per 30 day(s) 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>camphor &amp; menthol LOTN</i>	P	OTC; QL(222 ml per fill retail)

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SARNA LOTN ( <i>Use camphor &amp; menthol</i> )	NP	OTC; QL(222 ml per fill retail)	SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN ( <i>Use selenium sulfide</i> )	NP	OTC; QL(420 ml per fill retail)
<b>Antipsoriatics</b>			SELSUN BLUE DAILY LOTN ( <i>Use selenium sulfide</i> )	NP	OTC; QL(420 ml per fill retail)
<i>calcipotriene CREA</i>	P		SELSUN BLUE MEDICATED LOTN ( <i>Use selenium sulfide</i> )	NP	OTC; QL(420 ml per fill retail)
<i>calcipotriene SOLN</i>	P	QL(60 ml per fill retail)	SELSUN BLUE MOISTURIZING LOTN ( <i>Use selenium sulfide</i> )	NP	OTC; QL(420 ml per fill retail)
ILUMYA	P	SP; PA	SELSUN BLUE LOTN ( <i>Use selenium sulfide</i> )	NP	OTC; QL(420 ml per fill retail)
SKYRIZI PEN SOAJ	P	SP; ST; PA	<i>sulfacetamide sodium LIQD</i>	P	QL(120 ml per fill retail)
SKYRIZI PSKT	P	SP; PA	<b>Antivirals - Topical</b>		
SKYRIZI SOSY	P	SP; PA	<i>acyclovir topical CREA</i>	P	QL(5 gm per fill retail)
STELARA SOSY	P	SP; PA	<i>acyclovir topical OINT</i>	P	QL(30 gm per 30 day(s) retail)
TALTZ SOAJ	P	SP; PA	ZOVIRAX CREA ( <i>Use acyclovir topical</i> )	NP	QL(5 gm per fill retail)
TALTZ SOSY 80 MG/ML	P	SP; PA	ZOVIRAX OINT ( <i>Use acyclovir topical</i> )	NP	QL(30 gm per 30 day(s) retail)
<i>tazarotene CREA</i>	P	QL(2 gm daily); AL(Up to 20 yrs old)	<b>Burn Products</b>		
<i>tazarotene GEL</i>	P	QL(6.67 gm daily); AL(Up to 20 yrs old)	SILVADENE ( <i>Use silver sulfadiazine</i> )	NP	
TAZORAC CREA ( <i>Use tazarotene</i> )	NP	QL(2 gm daily); AL(Up to 20 yrs old)	<i>silver sulfadiazine</i>	P	
TAZORAC GEL ( <i>Use tazarotene</i> )	NP	QL(6.67 gm daily); AL(Up to 20 yrs old)	<b>Corticosteroids - Topical</b>		
TREMFYA SOAJ	P	SP; PA	<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail
TREMFYA SOSY 100 MG/ML	P	SP; PA	<i>betamethasone dipropionate augmented CREA</i>	P	QL(50 gm per fill retail)
<b>Antiseborrheic Products</b>			<i>betamethasone valerate CREA</i>	P	
OVACE PLUS WASH LIQD ( <i>Use sulfacetamide sodium</i> )	NP	QL(120 ml per fill retail)	<i>betamethasone valerate LOTN</i>	P	
OVACE WASH LIQD ( <i>Use sulfacetamide sodium</i> )	NP	QL(120 ml per fill retail)			
<i>selenium sulfide LOTN 1 %</i>	P	OTC; QL(420 ml per fill retail)			
<i>selenium sulfide LOTN 2.5 %</i>	P				
<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>fluticasone propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate emollient base 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 CREA 0.05 %</i>	P	QL(60 gm per fill retail)	HYDROCORT LOTION COMPLETEKIT THPK	NP	
<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone (topical) CREA 1 %</i>	P	QL(454 ea per fill retail); RX/OTC
<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 2.5 %</i>	P	
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i> )	NP	QL(118.28 ml per fill retail)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(120 ml per fill retail)
<i>desonide CREA</i>	P		<i>hydrocortisone (topical) LOTN 1 %</i>	P	QL(453.6 gm 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		HYDROCORTISONE COMPLETE KIT THPK	NP	
<i>desoximetasone CREA 0.25 %</i>	P	QL(2 gm daily)	<i>mometasone furoate CREA</i>	P	QL(50 gm per fill retail)
<i>desoximetasone GEL</i>	P	QL(2 gm daily)	<i>mometasone furoate OINT</i>	P	QL(45 gm per fill retail)
<i>desoximetasone OINT 0.25 %</i>	P	QL(2 gm daily)	<i>mometasone furoate SOLN</i>	P	QL(60 ml per fill retail)
EPIFOAM FOAM	P	QL(15 gm per fill retail)	TOPICORT CREA 0.25 % (Use <i>desoximetasone</i> )	NP	QL(2 gm daily)
<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 GEL (Use <i>desoximetasone</i> )	NP	QL(2 gm daily)
<i>fluocinonide CREA 0.05 %</i>	P	QL(150 gm per 30 day(s) retail); 1 package(s) per fill retail	TOPICORT OINT 0.25 % (Use <i>desoximetasone</i> )	NP	QL(2 gm daily)
<i>fluocinonide GEL</i>	P	QL(60 gm per fill retail)	<i>triamcinolone acetonide (topical) CREA</i>	P	
<i>fluocinonide OINT</i>	P	QL(60 gm per fill retail)	<i>triamcinolone acetonide (topical) LOTN</i>	P	QL(60 ml per fill retail)
<i>fluocinonide SOLN</i>	P	QL(60 ml per fill retail)	<i>triamcinolone acetonide (topical) OINT 0.025 %</i>	P	QL(454 gm per fill retail)

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<i>triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %</i>	P	
TRIDESILON CREA 0.05 % (Use desonide)	NP	
<b>Eczema Agents</b>		
ADBRY SOSY	P	SP; PA
CIBINQO	P	SP; PA
<b>Emollient/Keratolytic Agents</b>		
<i>urea CREA 40 %</i>	P	RX/OTC
<i>urea LOTN 40 %</i>	P	
<b>Emollients</b>		
EMOLLIENT LOTION-MISC	P	RX/OTC
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(385 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 gm per fill retail); RX/OTC
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 day(s) retail)
<b>Immunosuppressive Agents - Topical</b>		
<i>ELIDEL (Use pimecrolimus)</i>	NP	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
<i>pimecrolimus</i>	P	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 gm per 30 day(s) retail); AL(At least 16 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
DERMAREST PSORIASIS GEL	P	OTC
KERALYT GEL	P	OTC
<i>KERALYT GEL (Use salicylic acid)</i>	NP	
<i>podofilox SOLN</i>	P	
<i>salicylic acid GEL 6 %</i>	P	
<b>Local Anesthetics - Topical</b>		
<i>capsaicin CREA 0.025 %, 0.075 %</i>	P	OTC; QL(60 gm per fill retail)
<i>capsaicin CREA 0.1 %</i>	P	OTC; QL(43 gm per fill retail)
<i>CAPZASIN-HP CREA (Use capsaicin)</i>	NP	OTC; QL(43 gm per fill retail)
<i>CAPZASIN-P CREA</i>	P	OTC; QL(42.5 gm per fill retail)
<i>CASTIVA WARMING LOTN</i>	P	OTC; QL(30 gm per fill retail)
<i>dibucaine</i>	P	OTC; QL(56.7 gm per fill retail)
<i>lidocaine hcl CREA 3 %</i>	P	QL(453.6 gm per fill retail)
<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	QL(100 gm per 30 day(s) retail); 1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine CREA</i>	P	QL(30 gm per fill retail)	METROLOTION LOTN (Use metronidazole (topical))	NP	
LMX 4 CREA (Use <i>lidocaine</i> )	NP	OTC; QL(2 gm daily)	<i>metronidazole (topical) CREA</i>	P	
RA ARTHRITIS PAIN RELIEF CREA	P	OTC; QL(60 gm per fill retail)	<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 gm per fill retail)
Misc. Topical			<i>metronidazole (topical) LOTN</i>	P	
DRYSOL SOLN	P		Scabicides & Pediculicides		
<i>lanolin (topical) CREA</i>	P	OTC	<i>crotamiton LOTN</i>	P	QL(454 gm per fill retail)
<i>lanolin (topical) OINT</i>	P	OTC	LICEMD GEL	P	OTC
LANOLOR CREA	P	OTC	<i>malathion</i>	P	QL(59 ml per fill retail)
OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)	NATROBA (Use <i>spinosad</i> )	NP	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 day(s) retail)
OFF DEEP WOODS DRY AERO	P	OTC;QL(113 gm per fill retail,226 gm per 30 days retail)	NIX CREME RINSE LIQD EX (Use <i>permethrin</i> )	NP	OTC
REPEL SPORTSMEN MAX LOTN	NP		OVIDE (Use <i>malathion</i> )	NP	QL(59 ml per fill retail)
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP		<i>permethrin CREA</i>	P	QL(360 gm per fill retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)	<i>permethrin LIQD EX</i>	P	OTC
ULTRATHON INSECT REPELLENT LOTN	P	OTC; QL(57 gm per fill retail; 114 gm per 30 day(s) retail)	<i>pyrethrins-piperonyl butoxide LIQD</i>	P	OTC
<i>zinc oxide (topical) OINT 20 %</i>	P	OTC; QL(500 gm per fill retail)	<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	OTC
Rosacea Agents			<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	OTC
METROCREAM CREA (Use <i>metronidazole (topical)</i> )	NP		RID ESSENTIAL LICE ELIMINATION KIT KIT EX	P	OTC
			SCHOOLTIME SHAMPOO SHAM	P	OTC; QL(1 ml per 14 day(s) retail)

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<i>spinosad</i>	P	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 day(s) retail)	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	P	PA
Tar Products			MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	P	PA
<i>coal tar extract SHAM 0.5 %</i>	P	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	P	PA
DHS TAR GEL SHAM ( <i>Use coal tar extract</i> )	NP	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	P	PA
DHS TAR SHAM ( <i>Use coal tar extract</i> )	NP	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	P	PA
NEUTROGENA T/GEL SHAM 0.5 % ( <i>Use coal tar extract</i> )	NP	OTC	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P	PA
Wound Care Products			MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	P	PA
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	P	PA
APLIGRAF DISK	P	PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	P	PA
CORETEXT SUSP 1 ML, 2 ML	P	PA	NOVACHOR	P	PA
EPICORD/ 1CM X 2CM SHEE	P	PA	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P	PA	OASIS WOUND MATRIX	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P	PA	OSTEOCONDUCTIVE MATRIX PLUS	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P	PA	PROTEXT SUSP	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P	PA	PURAPLY 2CM X 4CM	P	PA

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PURAPLY 5CM X 5 CM	P	PA	COVID-19 AT-HOME TEST KIT KIT	P	QL(2 ea per fill retail)
PURAPLY 6CM X 9CM	P	PA	COVID-19 AT-HOME TEST KIT KIT	NP	
<b>DIAGNOSTIC PRODUCTS</b>			CVS COVID-19 AT HOME TESTKIT KIT	NP	
Diagnostic Drugs			CVS TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CORTROSYN SOLR (Use cosyntropin)	NP	SP; PA	EASY MAX BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
cosyntropin SOLR	P	SP; PA	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
THYROGEN 0.9 MG	P	SP; PA	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
Diagnostic Tests			EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ACCU-CHEK GUIDE TEST STRIPS STRP	NP	RX/OTC	ELLUME COVID-19 HOME TEST KIT	P	QL(2 ea per fill retail)
ADVIN COVID-19 ANTIGEN HOME TEST KIT	NP		EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	QL(2 ea per fill retail)	EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC	FASTEP COVID-19 ANTIGEN HOME TEST KIT	NP	
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)	FORA GTEL BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	P	OTC; QL(1 ea daily)
CHEMSTRIP-K STRP	P	OTC; QL(6.67 ea daily)			
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)			
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP				
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC			
COVID-19 AG TEST KIT	NP				

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FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	QL(2 ea per fill retail)
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	NP	
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	NP		ONETOUCH ULTRA BLUE TESTSTRIP STRP	P	Clinical Edit: Test Strips; RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	NP		ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips; RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ONETOUCH ULTRA STRP	P	RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)	ONETOUCH ULTRA STRP	NP	RX/OTC
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	NP		ONETOUCH VERIO TEST STRIPS STRP	P	Clinical Edit: Test Strips; RX/OTC
IHEALTH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	QL(2 ea per fill retail)	PILOT COVID-19 AT-HOME TEST KIT	NP	
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	NP		PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 ea per fill retail)	PRECISION XTRA	P	OTC; QL(1 ea daily)
KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)	PTS PANELS EGLU STRP	NP	RX/OTC
KETONE STRP	P	OTC; QL(6.67 ea daily)	QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
KETOSTIX STRP	P	OTC; QL(6.67 ea daily)	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	NP	
MM BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC	RELION KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
NOVA MAX PLUS KETONE TESTSTRIPS	P	OTC; QL(1 ea daily)	RELION PLATINUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
OHC COVID-19 ANTIGEN SELF TEST KIT	NP		RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
			RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene &amp; hydrochlorothiazide TABS</i>	P	
Loop Diuretics		
<i>bumetanide TABS</i>	P	
BUMEX TABS 0.5 MG (Use <i>bumetanide</i> )	NP	
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P	
<i>furosemide TABS</i>	P	
LASIX TABS (Use <i>furosemide</i> )	NP	
SOANZ TABS 20 MG	NP	QL(1 ea daily)
<i>torseamide TABS</i>	P	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use <i>spironolactone</i> )	NP	
<i>amiloride hcl TABS</i>	P	QL(4 ea daily)
<i>spironolactone TABS</i>	P	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>hydrochlorothiazide CAPS</i>	P	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	P	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>metolazone</i>	P	
<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
<i>alendronate sodium SOLN</i>	P	QL(10.8 ml daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)
ATELVIA TBEC ( <i>Use risedronate sodium</i> )	NP	QL(4 ea per 28 day(s) retail); PA
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail
<i>calcitonin (salmon) IJ</i>	P	QL(2 ml per fill retail)
EVENITY	P	SP; PA
FORTEO SOPN ( <i>Use teriparatide</i> )	NP	SP; PA
FOSAMAX TABS 70 MG ( <i>Use alendronate sodium</i> )	NP	QL(0.15 ea daily)
<i>ibandronate sodium SOLN</i>	P	SP; PA
MIACALCIN IJ ( <i>Use calcitonin (salmon)</i> )	NP	QL(2 ml per fill retail)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	P	SP; PA
PAMIDRONATE DISODIUM SOLN	P	SP; PA
PROLIA SOSY	P	SP; PA
RECLAST SOLN ( <i>Use zoledronic acid</i> )	NP	SP; PA
<i>risedronate sodium TABS 35 MG</i>	P	QL(4 ea per fill retail); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	P	QL(1 ea daily); PA
<i>risedronate sodium TBEC</i>	P	QL(4 ea per 28 day(s) retail); PA
<i>teriparatide SOPN</i>	P	SP; PA
TERIPARATIDE SOPN	P	SP; PA
TYMLOS	P	SP; PA
XGEVA SOLN	P	SP; PA
<i>zoledronic acid CONC</i>	P	SP; PA
<i>zoledronic acid SOLN</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZOLEDRONIC ACID SOLN	P	SP; PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	P	PA
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA
GONAL-F RFF REDIJECT SOPN	P	PA
GONAL-F RFF SOLR SC	P	PA
GONAL-F SOLR IJ	P	PA
MENOPUR SC	P	PA
NOVAREL IM 5000 UNIT	P	PA
OVIDREL SOSY SC 250 MCG/0.5ML	P	PA
PREGNYL IM	P	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NAACL IM	P	PA
GnRH/LHRH Antagonists		
<i>cetorelix acetate</i>	P	PA
CETROTIDE ( <i>Use cetorelix acetate</i> )	NP	PA
<i>ganirelix acetate</i>	P	PA
GANIRELIX ACETATE ( <i>Use ganirelix acetate</i> )	NP	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	P	SP; PA
Growth Hormones		
HUMATROPE CART IJ	P	SP; PA
NORDITROPIN FLEXPRO SOPN	P	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	P	SP; PA
ZORBTIVE SC	P	SP; PA
Hormone Receptor Modulators		

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EVISTA (Use raloxifene hcl)	NP	QL(1 ea daily)	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NP	QL(3 ea daily)
raloxifene hcl	P	QL(1 ea daily)	cinacalcet hcl	P	SP; PA
Insulin-Like Growth Factor Receptor Inhibitors			CRYSVITA	P	SP; PA
TEPEZZA	P	SP; PA	CYSTADANE (Use betaine)	NP	SP; PA
Insulin-Like Growth Factors (Somatomedins)			ELAPRASE	P	SP; PA
INCRELEX	P	SP; PA	GALAFOLD	P	QL(0.5 ea daily); SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			KANUMA	P	SP; PA
FENSOLVI SC	P	SP; PA	KUVAN PACK (Use sapropterin dihydrochloride)	NP	SP; PA
LUPRON DEPOT-PED (1-MONTH)	P	SP; PA	KUVAN TABS (Use sapropterin dihydrochloride)	NP	SP; PA
LUPRON DEPOT-PED (3-MONTH)	P	SP; PA	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	P	QL(30 ml daily)
SUPPRELIN LA	P	SP; PA	levocarnitine (metabolic modifiers) TABS	P	QL(3 ea daily)
SYNAREL	P	SP; PA	LUMIZYME	P	SP; PA
TRIPTODUR	P	SP; PA	MEPSEVII	P	SP; PA
Metabolic Modifiers			MYALEPT	P	SP; PA
ALDURAZYME	P	SP; PA	NAGLAZYME	P	SP; PA
betaine	P	SP; PA	NEXVIAZYME	P	SP; PA
BRINEURA	P	SP; PA	nitisinone CAPS	P	SP; PA
BUPHENYL POWD (Use sodium phenylbutyrate)	NP	SP; PA	NITYR TABS	P	SP; PA
BUPHENYL TABS (Use sodium phenylbutyrate)	NP	SP; PA	NULIBRY	P	SP; PA
calcitriol CAPS	P		ORFADIN CAPS (Use nitisinone)	NP	SP; PA
CARBAGLU (Use carglumic acid)	NP	SP; PA	ORFADIN SUSP	P	SP; PA
carglumic acid	P	SP; PA	PALYNZIQ	P	SP; PA
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)	paricalcitol SOLN	P	SP; PA
CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)	PARSABIV	P	SP; PA
			REVCOVI	P	SP; PA
			ROCALTROL CAPS (Use calcitriol)	NP	
			sapropterin dihydrochloride PACK	P	SP; PA

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<i>sapropterin dihydrochloride TABS</i>	P	SP; PA
SENSIPAR (Use <i>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 (Use <i>paricalcitol</i> )	NP	SP; PA
<b>Natriuretic Peptides</b>		
VOXZOGO	P	SP; PA
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN IJ 4 MCG/ML (Use <i>desmopressin acetate</i> )	NP	SP; PA
DDAVP TABS (Use <i>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)
<b>Somatostatic Agents</b>		
<i>octreotide acetate KIT 20 MG, 30 MG</i>	P	SP; PA
<i>octreotide acetate SOLN</i>	P	SP; PA
SANDOSTATIN LAR DEPOT KIT 10 MG	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT KIT 20 MG, 30 MG (Use <i>octreotide acetate</i> )	NP	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use <i>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 TBPB	P	SP; PA
SAMSCA TABS (Use <i>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 (Use <i>estradiol &amp; norethindrone acetate</i> )	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 day(s) retail)
<i>estradiol &amp; norethindrone acetate TABS</i>	P	QL(1 ea daily)
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPHASE	P	
PREMPRO	P	
<b>Estrogens</b>		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(8 ea per fill retail)
CLIMARA PTWK (Use <i>estradiol</i> )	NP	QL(4 ea per fill retail)
ESTRACE TABS (Use <i>estradiol</i> )	NP	
<i>estradiol PTTW</i>	P	QL(8 ea per fill retail)

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<i>estradiol PTWK</i>	P	QL(4 ea per fill retail)
<i>estradiol TABS</i>	P	
MINIVELLE PTTW ( <i>Use estradiol</i> )	NP	QL(8 ea per fill retail)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW ( <i>Use estradiol</i> )	NP	QL(8 ea per fill retail)
<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 day(s) retail)
MYLICON INFANTS GAS RELIEF SUSP ( <i>Use simethicone</i> )	NP	OTC; QL(31 ml per 30 day(s) retail)
<i>simethicone CHEW 80 MG</i>	P	OTC
<i>simethicone LIQD OR 20 MG/0.3ML</i>	P	OTC; QL(31 ml per 30 day(s) retail)
<i>simethicone SUSP</i>	P	OTC; QL(31 ml per 30 day(s) retail)
Bile Acid Synthesis Disorder Agents		

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)

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Drug Name	Drug Tier	Requirements/Limits
DELZICOL CPDR ( <i>Use mesalamine</i> )	NP	
ENTYVIO SOLR	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	
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 -</b>		
<b>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 day(s) retail); RX/OTC
<i>sodium citrate &amp; citric acid</i>	NP	RX/OTC
UROCIT-K 10 TBCR ( <i>Use potassium citrate (alkalinizer)</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
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	
PYRIDIUM TABS ( <i>Use phenazopyridine hcl</i> )	NP	
Urinary Stone Agents		
THIOLA EC TBEC ( <i>Use tiopronin</i> )	NP	SP; PA
THIOLA TABS ( <i>Use tiopronin</i> )	NP	SP; PA
<i>tiopronin TABS</i>	P	SP; PA
<i>tiopronin TBEC</i>	P	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	P	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>colchicine TABS</i>	P	QL(6 ea per fill retail)
COLCRYS TABS ( <i>Use colchicine</i> )	NP	QL(6 ea per fill retail)
KRYSTEXXA	P	SP; PA
ZYLOPRIM ( <i>Use allopurinol</i> )	NP	
Uricosurics		
<i>probenecid</i>	P	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
FIBRYGA	P	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
HEMOFIL M SOLR 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
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIASTAP	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY ( <i>Use icatibant acetate</i> )	NP	SP; PA
<i>icatibant acetate SOLN</i>	P	SP; PA
<i>icatibant acetate SOSY</i>	P	SP; PA
Complement Inhibitors		
BERINERT KIT	P	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
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
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 ( <i>Use prasugrel hcl</i> )	NP	QL(1 ea daily)
PLAVIX 75 MG ( <i>Use clopidogrel bisulfate</i> )	NP	
<i>prasugrel hcl</i>	P	QL(1 ea daily)
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	P	SP; PA
PYRUKYND TABS	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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 ( <i>Use miglustat</i> )	NP	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
ENDARI ( <i>Use glutamine (sickle cell)</i> )	NP	SP; PA
<i>glutamine (sickle cell)</i>	P	SP; PA
OXBRYTA TABS 500 MG	P	SP; PA
OXBRYTA TBSO	P	SP; PA
SIKLOS TABS	P	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	QL(10 ml per 270 day(s) retail)
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	P	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	OTC; QL(1 ea daily)
Hematopoietic Growth Factors		
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
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
GRANIX SOLN	P	SP; PA
GRANIX SOSY	P	SP; PA
LEUKINE SOLR IJ	P	SP; PA
MIRCERA	P	SP; PA
MULPLETA	P	SP; PA
NEUPOGEN SOLN	P	SP; PA
NEUPOGEN SOSY	P	SP; PA
NIVESTYM SOLN	P	SP; PA
NIVESTYM SOSY	P	SP; PA
NYVEPRIA	P	SP; PA
PROCRIT	P	SP; PA
PROCRIT	P	SP; PA
RELEUKO SOLN	P	SP; PA
RELEUKO SOSY	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 ea daily)
Iron		
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 day(s) retail); AL(Up to 50 yrs old)
<i>ferrous sulfate SOLN 15 MG/ML</i>	P	OTC; QL(3.4 ml daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate TBEC</i>	P	OTC; AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FERROUS SULFATE TBEC ( <i>Use ferrous sulfate</i> )	NP	OTC; AL(Up to 50 yrs old)
IRON CHEWS PEDIATRIC CHEW	P	OTC
IRON TABS 28 MG	P	OTC
<i>polysaccharide iron complex CAPS 150 MG</i>	P	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL ( <i>Use plerixafor</i> )	NP	SP; PA
<i>plerixafor</i>	P	SP; PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
Hemostatics - Systemic		
AMICAR SOLN OR ( <i>Use aminocaproic acid</i> )	NP	QL(236.5 ml per 30 day(s) retail); SP
AMICAR TABS 1000 MG ( <i>Use aminocaproic acid</i> )	NP	SP; PA
AMICAR TABS 500 MG ( <i>Use aminocaproic acid</i> )	NP	QL(24 ea per fill retail); SP
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	P	QL(236.5 ml per 30 day(s) retail); SP
<i>aminocaproic acid SOLN IV 250 MG/ML</i>	P	SP; PA
<i>aminocaproic acid TABS 1000 MG</i>	P	SP; PA
<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 ea per fill retail); SP
LYSTEDA TABS ( <i>Use tranexamic acid</i> )	NP	QL(30 ea per 7 day(s) retail); AL(At least 12 yrs old)
<i>tranexamic acid TABS</i>	P	QL(30 ea per 7 day(s) retail); AL(At least 12 yrs old)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Antihistamine Hypnotics		

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	OTC
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P	OTC
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	OTC; QL(1 ea daily)
<i>doxylamine succinate (sleep)</i>	P	OTC
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i> )	NP	OTC
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 day(s) retail); AL(At least 21 yrs old)
<i>flurazepam hcl</i>	P	AL(At least 18 yrs old - Up to 65 yrs old)
HALCION 0.25 MG (Use <i>triazolam</i> )	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>midazolam hcl SOLN IJ</i>	P	
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)
<i>zaleplon 10 MG</i>	P	QL(2 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate TABS</i>	P	QL(14 ea per 31 day(s) 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
METAMUCIL FREE & NATURAL POWD (Use <i>psyllium</i> )	NP	
METAMUCIL ORIGINAL TEXTURE POWD (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 43 %</i>	P	
<i>psyllium POWD 43 %</i>	NP	
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 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)
<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	
<i>sennosides-docusate sodium TABS</i>	P	OTC; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SENOKOT S TABS ( <i>Use sennosides-docusate sodium</i> )	NP	OTC; QL(4 ea daily)	DULCOLAX PINK LAXATIVE TBEC ( <i>Use bisacodyl</i> )	NP	OTC; QL(1 ea daily)
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P		DULCOLAX SUPP ( <i>Use bisacodyl</i> )	NP	OTC; QL(12 ea per fill retail)
SUPREP BOWEL PREP KIT ( <i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i> )	NP		DULCOLAX TBEC ( <i>Use bisacodyl</i> )	NP	OTC; QL(1 ea daily)
Laxatives - Miscellaneous			<i>sennosides TABS 8.6 MG</i>	P	OTC; QL(12 ea per fill retail)
<i>glycerin (laxative) SUPP 2 GM</i>	P	OTC	SENOKOT TABS ( <i>Use sennosides</i> )	NP	OTC; QL(12 ea per fill retail)
GLYCERIN ADULT SUPP ( <i>Use glycerin (laxative)</i> )	NP	OTC	Surfactant Laxatives		
<i>lactulose SOLN</i>	P		COLACE CLEAR CAPS ( <i>Use docusate sodium</i> )	NP	OTC
MIRALAX POWD ( <i>Use polyethylene glycol 3350</i> )	NP	QL(34 gm daily)	COLACE CAPS 100 MG ( <i>Use docusate sodium</i> )	NP	OTC; QL(3 ea daily)
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 gm daily)	<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	OTC; QL(3 ea daily)
SORBITOL OR 70 %	P	OTC	<i>docusate sodium CAPS 50 MG</i>	P	OTC
Saline Laxatives			<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	OTC
FLEET ENEMA ENEM ( <i>Use sodium phosphates</i> )	NP	OTC	DOCUSATE SODIUM SYRP	P	OTC
FLEET PEDIATRIC ENEM ( <i>Use sodium phosphates</i> )	NP	OTC	<i>docusate sodium TABS</i>	P	OTC
FLEET SALINE ENEMA EXTRAVOLUME 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 day(s) 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 day(s) retail)
<i>bisacodyl TBEC</i>	P	OTC; QL(1 ea daily)	<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)
			<i>azithromycin TABS 500 MG</i>	P	QL(4 ea daily)
			ZITHROMAX TRI-PAK TABS ( <i>Use azithromycin</i> )	NP	QL(4 ea daily)

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ZITHROMAX Z-PAK TABS (Use azithromycin)	NP	QL(6 ea per fill retail)
ZITHROMAX PACK (Use azithromycin)	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	NP	QL(30 ml per fill retail)
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	NP	QL(15 ml per fill retail)
ZITHROMAX TABS 500 MG (Use azithromycin)	NP	QL(4 ea daily)
ZITHROMAX TABS 250 MG (Use azithromycin)	NP	QL(6 ea per fill retail)
Clarithromycin		
clarithromycin SUSR 125 MG/5ML	P	QL(100 ml per fill retail)
clarithromycin SUSR 250 MG/5ML	P	QL(200 ml per fill retail)
clarithromycin TABS	P	QL(28 ea per fill retail)
clarithromycin TB24	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	NP	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	NP	
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	NP	
erythromycin base CPEP	P	
erythromycin base TABS	P	
erythromycin base TBEC	P	
erythromycin ethylsuccinate SUSR	P	
erythromycin ethylsuccinate TABS	P	
erythromycin stearate TABS 250 MG	P	

Drug Name	Drug Tier	Requirements/Limits
<b>MEDICAL DEVICES AND SUPPLIES</b>		
Bandages-Dressings-Tape		
GAUZE SPONGES	P	RX/OTC
Contraceptives		
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
Diabetic Supplies		
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DEXCOM G6 RECEIVER	NP	
DEXCOM G7 RECEIVER	NP	
DEXCOM G7 SENSOR	NP	
EASY MAX T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EVERSENSE 365 SENSOR/HOLDER	NP	
EVERSENSE E3 SENSOR/HOLDER	NP	
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA

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FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail); PA	ONETOUCH ULTRA 2 KIT	P	RX/OTC
FREESTYLE LIBRE 2 PLUS/SENOSR/FLASH GLUCOSE MONITOR SYSTEM	NP		ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail); PA	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	NP		ONETOUCH VERIO REFLECT KIT	P	RX/OTC
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	ONETOUCH VERIO REFLECT KIT	P	RX/OTC
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail); PA	SOF-SENSOR	NP	
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	TEMPO WELCOME KIT	NP	RX/OTC
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	Misc. Devices		
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	ALCOHOL PREP PADS-MISC	P	OTC
GUARDIAN 4 GLUCOSE SENSOR	NP		Optical and Ophthalmic Supplies		
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP		SUSVIMO OCULAR IMPLANT	P	SP; PA
LANCETS-MISC	P	QL (6.67 ea daily); OTC	Parenteral Therapy Supplies		
LANCING DEVICE-MISC	P	OTC	ADVOCATE INSULIN PEN NEEDLE/32GX4MM	NP	RX/OTC
MM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	AQINJECT PEN NEEDLE/31G X 3/16"	NP	RX/OTC
ONETOUCH SOLUTIONS FIT KIT	NP		AQINJECT PEN NEEDLE/32G X 5/32"	NP	RX/OTC
ONETOUCH ULTRA 2 KIT	P	RX/OTC	ASSURE ID DUO PRO SAFETYPEN NEEDLES 31G X 5MM	NP	RX/OTC
			ASSURE ID PRO SAFETY PENNEEDLES 30G X 5MM	NP	RX/OTC
			AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	RX/OTC

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AUM PEN NEEDLE/32GX4MM	NP	RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	RX/OTC
AUM PEN NEEDLE/32GX6MM	NP		PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	NP	RX/OTC
BD PEN NEEDLES	P	QL (5 ea daily); OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	NP	RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	NP	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	NP	RX/OTC
EMBRACE PEN NEEDLES/30G X 5MM	NP	RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC
EMBRACE PEN NEEDLES/31G X 5MM	NP	RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NP	RX/OTC
EMBRACE PEN NEEDLES/31G X 8MM	NP	RX/OTC	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAINE	NP	RX/OTC
EMBRACE PEN NEEDLES/32G X 4MM	NP	RX/OTC	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAINE	NP	
INSULIN SYRINGES	P	QL (5 ea daily); OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	NP	RX/OTC
INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	NP	RX/OTC
INSUPEN 31G X 5MM	NP	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM	NP	RX/OTC
INSUPEN 31G X 8MM	NP	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM	NP	RX/OTC
INSUPEN 32G X 4MM	NP	RX/OTC			
PEN NEEDLES 30GX5MM	NP	RX/OTC			
PEN NEEDLES 31G X 8MM	NP	RX/OTC			
PEN NEEDLES 31GX5MM	NP	RX/OTC			
PEN NEEDLES 31GX8MM	NP	RX/OTC			
PEN NEEDLES 32G X 4MM	NP	RX/OTC			
PEN NEEDLES 32GX4MM	NP	RX/OTC			

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VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC	AEROECLIPSE MASK SMALL MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC	AEROTRACH PLUS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP		AIRZONE PEAK FLOW METER	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC	ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	NP	RX/OTC	ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC
VERIFINE PLUS PEN NEEDLE/32G X 4MM	NP	RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE PEAK FLOW METER	P	RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 day(s) retail); RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK LARGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			
AEROECLIPSE MASK MEDIUM MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			

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CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 ea per 360 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	LITETOUGH MASK LARGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	LITETOUGH MASK MEDIUM MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	LITETOUGH MASK SMALL MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	LUNG PERFORMANCE PEAK FLOW METER	P	RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	P	QL(1 ea per 360 day(s) retail); RX/OTC
EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	P	QL(1 ea per 360 day(s) retail); RX/OTC
EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	MICROLIFE DIGITAL PEAK FLOW METER	P	RX/OTC
FILTER AIR PP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	RX/OTC
			MINI WRIGHT PEAK FLOW METER	P	RX/OTC

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MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BUBBLES PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 day(s) retail); RX/OTC
NOSE CLIP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI MASK SET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	PARI VORTEX ADULT MASK	P	QL(1 ea per 360 day(s) retail); RX/OTC
PANDA MASK LARGE	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEAK A-I-R FLOW METER	P	RX/OTC
PANDA MASK MEDIUM	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	RX/OTC
PANDA MASK SMALL	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC PANDA MASK	P	QL(1 ea per 360 day(s) retail); RX/OTC
			PERSONAL BEST FULL RANGE	P	RX/OTC

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PFLEX MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PIKO 1 ELECTRONIC	P	RX/OTC	SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
POCKET PEAK FLOW METER	P	RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	P	RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT PEAK FLOW METER ADULT	P	RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	P	RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			

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SOOTHENE NBL100 ADULT MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	<i>eletriptan hydrobromide</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)	IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i> )	NP	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>sumatriptan succinate</i> )	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i> )	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)
STRIVE DUAL ZONE PEAK FLOW METER	P	RX/OTC	IMITREX TABS (Use <i>sumatriptan succinate</i> )	NP	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old)
THRESHOLD IMT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i> )	NP	QL(0.4 ea daily)
TRUZONE PEAK FLOW METER	P	RX/OTC	MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i> )	NP	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
TUBING/WING TIP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	<i>naratriptan hcl</i>	P	QL(9 ea per 30 day(s) retail); AL(At least 18 yrs old)
ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	RELPAK (Use <i>eletriptan hydrobromide</i> )	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
WINDMILL TRAINER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	<i>rizatriptan benzoate TABS</i>	P	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>			<i>rizatriptan benzoate TBDP</i>	P	QL(0.4 ea daily)
Migraine Combinations			<i>sumatriptan</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)
CAFERGOT TABS (Use <i>ergotamine w/ caffeine</i> )	NP	AL(At least 18 yrs old)	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)
<i>ergotamine w/ caffeine TABS</i>	P	AL(At least 18 yrs old)			
Migraine Products					
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	P	AL(At least 18 yrs old)			
MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i> )	NP	AL(At least 18 yrs old)			
Serotonin Agonists					

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<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)	<i>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 SOLN 6 MG/0.5ML</i>	P	QL(2.5 ml per 30 day(s) retail); AL(At least 12 yrs old)	<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	OTC; QL(2 ea daily)
<i>sumatriptan succinate TABS</i>	P	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old)	<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	OTC
<i>zolmitriptan SOLN 5 MG</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)	CALTRATE 600+D3 TABS (Use <i>calcium carbonate-cholecalciferol</i> )	NP	QL(2 ea daily)
<i>zolmitriptan TABS</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	CALTRATE BONE HEALTH TABS (Use <i>calcium carbonate-cholecalciferol</i> )	NP	QL(2 ea daily)
<i>zolmitriptan TBDP</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	<i>oyster shell</i>	P	OTC
ZOMIG SOLN (Use <i>zolmitriptan</i> )	NP	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)	OYSTER SHELL CALCIUM/D TABS	P	OTC
ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i> )	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	PARVA-CAL	P	OTC
			QC CALCIUM 500MG/D3 TABS	P	OTC
<b>Electrolyte Mixtures</b>					
			BIOLYTE SOLN	P	QL(1000 ml per fill retail)
			CERALYTE 70 SOLN	P	QL(1000 ml per fill retail)
			CERASPORT EX1 SOLN	P	QL(1000 ml per fill retail)
			CERASPORT SOLN	P	QL(1000 ml per fill retail)
			ENFAMIL ENFALYTE SOLN	P	QL(1000 ml per fill retail)
			EQUALYTE SOLN (Use <i>oral electrolytes</i> )	NP	QL(1000 ml per fill retail)
			FT ELECTROLYTE SOLUTION SOLN	P	QL(1000 ml per fill retail)
			GOODSENSE ELECTROLYTE ADVANTAGE CARE SOLN	P	QL(1000 ml per fill retail)
<b>MINERALS &amp; ELECTROLYTES</b>					
<b>Calcium</b>					
CALCIUM 600+D HIGH POTENCY TABS	P	OTC; QL(2 ea daily)			
<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)			

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HYDRALYTE FREEZER POPS SOLN	P	QL(1000 ml per fill retail)	MAGNESIUM CAPS 400 MG	P	OTC
HYDRALYTE SOLN	P	QL(1000 ml per fill retail)	MAGOX 400 TABS ( <i>Use magnesium oxide (mg supplement)</i> )	NP	OTC
KINDERLYTE PREMAX SOLN	P	QL(1000 ml per fill retail)	Phosphate		
KINDERLYTE SOLN	P	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)
<i>oral electrolytes SOLN</i>	P	QL(1000 ml per fill retail)	<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	P	QL(8 ea daily)
ORALYTE SOLN	P	QL(1000 ml per fill retail)	Potassium		
PEDIALYTE ADVANCED CARE SOLN ( <i>Use oral electrolytes</i> )	NP	QL(1000 ml per fill retail)	K-TAB TBCR 10 MEQ ( <i>Use potassium chloride</i> )	NP	
PEDIALYTE FREEZER POPS SOLN ( <i>Use oral electrolytes</i> )	NP	QL(1000 ml per fill retail)	<i>potassium bicarbonate TBEF</i>	P	
PEDIALYTE IMMUNE SUPPORT SOLN	P	QL(1000 ml per fill retail)	<i>potassium chloride microencapsulated crystals er</i>	P	
PEDIALYTE SINGLES SOLN ( <i>Use oral electrolytes</i> )	NP	QL(1000 ml per fill retail)	<i>potassium chloride CPCR 10 MEQ</i>	P	
PEDIALYTE 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)
TRUELYTE SOLN	P	QL(1000 ml per fill retail)	<i>potassium chloride PACK OR 20 MEQ</i>	P	
Fluoride			<i>potassium chloride SOLN OR 10 %, 20 %</i>	P	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	P	AL(Up to 15 yrs old)	<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P	
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC	Zinc		
SOLUVITA SOLN	P	AL(Up to 15 yrs old); RX/OTC	<i>zinc sulfate CAPS</i>	P	QL(100 ea per fill retail)
Magnesium			<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
MAGNESIUM EXTRA STRENGTH CAPS	P	OTC	Allogeneic Tissue		
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG</i>	P	OTC	RETHYMIC	P	SP; PA
MAGNESIUM OXIDE CAPS	P	OTC	Chelating Agents		
			DEPEN TITRATABS TABS ( <i>Use penicillamine</i> )	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine TABS</i>	P	
SYPRINE ( <i>Use trientine hcl</i> )	NP	SP; PA
<i>trientine hcl 500 MG</i>	P	SP
<i>trientine hcl 250 MG</i>	P	SP; PA
Enzymes		
XIAFLEX	P	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	P	SP; PA
Immunomodulators		
<i>lenalidomide</i>	P	SP; PA
REVLIMID	P	SP; PA
REZUROCK	P	SP; PA
THALOMID	P	SP; PA
VYVGART	P	SP; PA
Immunosuppressive Agents		
ATGAM IV 50 MG/ML	P	SP; PA
<i>azathioprine TABS 50 MG</i>	P	
<i>azathioprine TABS 75 MG, 100 MG</i>	P	PA
CELLCEPT CAPS ( <i>Use mycophenolate mofetil</i> )	NP	
CELLCEPT SUSR ( <i>Use mycophenolate mofetil</i> )	NP	
CELLCEPT TABS ( <i>Use mycophenolate mofetil</i> )	NP	
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	
<i>cyclosporine CAPS</i>	P	
<i>cyclosporine SOLN IV 50 MG/ML</i>	P	
ENSPRYNG	P	SP; PA
GAMIFANT	P	SP; PA
IMURAN TABS ( <i>Use azathioprine</i> )	NP	
LUPKYNIS	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil CAPS</i>	P	
<i>mycophenolate mofetil SUSR</i>	P	
<i>mycophenolate mofetil TABS</i>	P	
<i>mycophenolate sodium</i>	P	
MYFORTIC ( <i>Use mycophenolate sodium</i> )	NP	
NEORAL CAPS ( <i>Use cyclosporine modified (for microemulsion)</i> )	NP	
NEORAL SOLN ( <i>Use cyclosporine modified (for microemulsion)</i> )	NP	
NULOJIX	P	SP; PA
PROGRAF CAPS ( <i>Use tacrolimus</i> )	NP	
PROGRAF PACK	P	PA
RAPAMUNE SOLN ( <i>Use sirolimus</i> )	NP	
RAPAMUNE TABS ( <i>Use sirolimus</i> )	NP	
SANDIMMUNE CAPS ( <i>Use cyclosporine</i> )	NP	
SANDIMMUNE SOLN IV 50 MG/ML	P	
<i>sirolimus SOLN</i>	P	
<i>sirolimus TABS</i>	P	
<i>tacrolimus CAPS</i>	P	
THYMOGLOBULIN	P	SP; PA
Lymphatic Agents		
SYLVANT	P	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPK	P	SP; PA
Potassium Removing Agents		
<i>sodium polystyrene sulfonate POWD</i>	P	

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<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
Progeria Treatment Agents		
ZOKINVY	P	SP; PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	P	SP; PA
BENLYSTA SOLR	P	SP; PA
BENLYSTA SOSY	P	SP; PA
SAPHNELO	P	SP; PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
NYSTATIN ( <i>Use nystatin (mouth-throat)</i> )	NP	QL(120 ml per fill retail)
<i>nystatin (mouth-throat)</i>	P	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
PERIDEX ( <i>Use chlorhexidine gluconate (mouth-throat)</i> )	NP	
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE DT ( <i>Use sodium fluoride (dental)</i> )	NP	
PREVIDENT 5000 DRY MOUTH GEL ( <i>Use sodium fluoride (dental)</i> )	NP	
PREVIDENT 5000 KIDS PSTE DT ( <i>Use sodium fluoride (dental)</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 ORTHO DEFENSE PSTE DT ( <i>Use sodium fluoride (dental)</i> )	NP	
PREVIDENT 5000 PLUS CREA ( <i>Use sodium fluoride (dental)</i> )	NP	PA
PREVIDENT FLUORIDE GEL ( <i>Use sodium fluoride (dental)</i> )	NP	
<i>sodium fluoride (dental) CREA</i>	P	PA
<i>sodium fluoride (dental) GEL</i>	P	
<i>sodium fluoride (dental) PSTE DT</i>	P	
Periodontal Products		
ARESTIN	P	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC

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MOUTH KOTE SOLN	P	QL(900 ea per fill retail); RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC
SALAGEN 5 MG ( <i>Use pilocarpine hcl (oral)</i> )	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
<b>MULTIVITAMINS</b>		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	P	OTC; QL(1 ea daily)
<i>b-complex vitamins TABS</i>	P	QL(1 ea daily)
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	P	OTC; QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c &amp; folic acid CAPS</i>	P	QL(1 ea daily); RX/OTC
<i>b-complex w/ c &amp; folic acid TABS</i>	P	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	P	OTC; QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	OTC; QL(1 ea daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC

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

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STRESS FORMULA W/ZINC FOREENERGY TABS	P	OTC; QL(1 ea daily); 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
THERA TABS	P	OTC; QL(1 ea daily); 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
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	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
TRUE MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN WITH FLUORIDE SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); 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-0.25 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
Ped Multi Vitamins w/Fl & FE			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	P	QL(1 ea daily); AL(Up to 21 yrs old); 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			
Ped Multiple Vitamins w/ Minerals					
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC			
Ped MV w/ Fluoride					
FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-0.5 MG-250 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC			
FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-1 MG-250 MCG	P	RX/OTC			
FLORIVA PLUS SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pediatric multivitamins w/fl CHEW</i>	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)
<i>pediatric multivitamins w/fl CHEW</i>	P	RX/OTC	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	OTC; QL(60 ml per fill retail)
<i>pediatric multivitamins w/fl SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	OTC; QL(60 ml per fill retail)
<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VI-SOL/IRON SOLN	P	OTC; QL(60 ml per fill retail)
POLY-VI-FLOR CHEW	P	RX/OTC	POLY-VITA/IRON SOLN	P	OTC; QL(60 ml per fill retail)
POLY-VI-FLOR CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)
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	<b>Pediatric Multiple Vitamins</b>		
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	BPROTECTED PEDIA POLY-VITE 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	MULTIVITAMIN INFANT & TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)
SOLUVITA SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	MULTIVITAMIN INFANT/TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)
VITAMINS A/C/D/FLUORIDE SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	OTC; QL(50 ml per fill retail)
Ped MV w/ Iron			POLY-VI-SOL SOLN OR	P	OTC; QL(50 ml per fill retail)
			POLY-VITA SOLN OR	P	OTC; QL(50 ml per fill retail)
			POLY-VITE PEDIATRIC SOLN OR	P	OTC; QL(50 ml per fill retail)
			<b>Prenatal Vitamins</b>		
			PRENATAL VITAMINS-MISC	P	RX/OTC
			<b>Vitamins w/ Lipotropics</b>		
			<i>vitamins w/ lipotropics CAPS</i>	P	OTC; QL(1 ea daily)
			<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
			<b>Articular Cartilage Repair Therapy</b>		
			MACI	P	SP; PA

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<b>Central Muscle Relaxants</b>		
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	P	SP; PA
<i>baclofen TABS 10 MG, 20 MG</i>	P	
<i>chlorzoxazone TABS 500 MG</i>	P	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 ea daily)
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	P	SP; PA
GABLOFEN SOLN IT (Use baclofen)	NP	SP; PA
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	P	SP; PA
LIORESAL INTRATHECAL SOLN IT (Use baclofen)	NP	SP; PA
<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
<i>orphenadrine citrate TB12</i>	P	
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	
<b>Viscosupplements</b>		
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

Drug Name	Drug Tier	Requirements/Limits
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>		
<b>Nasal Agents - Misc.</b>		
FT SALINE NASAL SPRAY SOLN	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)
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)
<b>Nasal Antiallergy</b>		
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	P	QL(30 ml per fill retail); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	OTC; QL(26 ml per 30 day(s) retail)
NASALCROM (Use cromolyn sodium (nasal))	NP	OTC; QL(26 ml per 30 day(s) retail)
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ml per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ml per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Nasal Steroids			SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	NP	OTC; QL(24 ea per fill retail)
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC	SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	NP	OTC; AL(Up to 21 yrs old)
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC	<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
flunisolide (nasal) 0.025 %	P	QL(25 ml per 30 day(s) retail)	<b>ALS Agents</b>		
fluticasone propionate (nasal) SUSP	P	QL(16 ml per fill retail); RX/OTC	edaravone SOLN	P	SP; PA
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)	EXSERVAN FILM	P	SP; PA
triamcinolone acetonide (nasal) AERO	P	AL(At least 2 yrs old)	RADICAVA ORS STARTER KIT SUSP	P	SP; PA
Sympathomimetic Decongestants			RADICAVA ORS SUSP	P	SP; PA
ADRENALIN 0.1 % (Use epinephrine hcl (nasal))	NP	QL(120 ml per fill retail); AL(Up to 21 yrs old)	RADICAVA SOLN (Use edaravone)	NP	SP; PA
epinephrine hcl (nasal)	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)	RILUTEK TABS (Use riluzole)	NP	PA
phenylephrine hcl (oral) TABS	P	OTC; QL(24 ea per fill retail)	riluzole TABS	P	PA
pseudoephedrine hcl TABS	P	OTC; AL(Up to 21 yrs old)	TEGLUTIK SUSP	P	SP; PA
pseudoephedrine hcl TB12	P	OTC; QL(62 ea per 30 day(s) retail); AL(Up to 21 yrs old)	TIGLUTIK SUSP	P	SP; PA
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)	<b>Muscular Dystrophy Agents</b>		
SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	NP	OTC; AL(Up to 21 yrs old)	AMONDYS 45	P	SP; PA
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC; QL(120 ml per fill retail)	EXONDYS 51	P	SP; PA
			VILTEPSO	P	SP; PA
			VYONDYS 53	P	SP; PA
			<b>Spinal Muscular Atrophy Agents (SMA)</b>		
			EVRYSDI	P	SP; PA
			SPINRAZA	P	SP; PA
			ZOLGENSMA 10.1-10.5 KG	P	SP; PA
			ZOLGENSMA 10.6-11.0 KG	P	SP; PA
			ZOLGENSMA 11.1-11.5 KG	P	SP; PA
			ZOLGENSMA 11.6-12.0 KG	P	SP; PA

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ZOLGENSMA 12.1-12.5 KG	P	SP; PA	ZOLGENSMA 5.1-5.5 KG	P	SP; PA
ZOLGENSMA 12.6-13.0 KG	P	SP; PA	ZOLGENSMA 5.6-6.0 KG	P	SP; PA
ZOLGENSMA 13.1-13.5 KG	P	SP; PA	ZOLGENSMA 6.1-6.5 KG	P	SP; PA
ZOLGENSMA 13.6-14.0 KG	P	SP; PA	ZOLGENSMA 6.6-7.0 KG	P	SP; PA
ZOLGENSMA 14.1-14.5 KG	P	SP; PA	ZOLGENSMA 7.1-7.5 KG	P	SP; PA
ZOLGENSMA 14.6-15.0 KG	P	SP; PA	ZOLGENSMA 7.6-8.0 KG	P	SP; PA
ZOLGENSMA 15.1-15.5 KG	P	SP; PA	ZOLGENSMA 8.1-8.5 KG	P	SP; PA
ZOLGENSMA 15.6-16.0 KG	P	SP; PA	ZOLGENSMA 8.6-9.0 KG	P	SP; PA
ZOLGENSMA 16.1-16.5 KG	P	SP; PA	ZOLGENSMA 9.1-9.5 KG	P	SP; PA
ZOLGENSMA 16.6-17.0 KG	P	SP; PA	ZOLGENSMA 9.6-10.0 KG	P	SP; PA
ZOLGENSMA 17.1-17.5 KG	P	SP; PA	<b>NUTRIENTS</b>		
ZOLGENSMA 17.6-18.0 KG	P	SP; PA	Carbohydrates		
ZOLGENSMA 18.1-18.5 KG	P	SP; PA	POLYCOSE LIQD	P	OTC; QL(124 ml per fill retail)
ZOLGENSMA 18.6-19.0 KG	P	SP; PA	POLYCOSE POWD	P	OTC; QL(350 gm per fill retail)
ZOLGENSMA 19.1-19.5 KG	P	SP; PA	Lipids		
ZOLGENSMA 19.6-20.0 KG	P	SP; PA	DOJOLVI	P	SP; PA
ZOLGENSMA 2.6-3.0 KG	P	SP; PA	Misc. Nutritional Substances		
ZOLGENSMA 20.1-20.5 KG	P	SP; PA	<i>omega-3 fatty acids CAPS</i>	P	OTC; QL(6 ea daily)
ZOLGENSMA 20.6-21.0 KG	P	SP; PA	<i>omega-3 fatty acids CPDR</i>	P	QL(6 ea daily)
ZOLGENSMA 3.1-3.5 KG	P	SP; PA	<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
ZOLGENSMA 3.6-4.0 KG	P	SP; PA	Artificial Tears and Lubricants		
ZOLGENSMA 4.1-4.5 KG	P	SP; PA	<i>polyvinyl alcohol 1.4 %</i>	P	OTC; QL(31 ml per 30 day(s) retail)
ZOLGENSMA 4.6-5.0 KG	P	SP; PA	<i>white petrolatum-mineral oil</i>	P	OTC; QL(30 gm per fill retail)
			Beta-blockers - Ophthalmic		
			<i>betaxolol hcl (ophth) SOLN</i>	P	
			<i>carteolol hcl (ophth)</i>	P	
			COSOPT ( <i>Use dorzolamide hcl-timolol maleate</i> )	NP	QL(10 ml per 30 day(s) retail)

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DORZOLAMIDE HCL/TIMOLOL MALEATE	P	QL(10 ml per 30 day(s) retail)
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 30 day(s) retail)
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ml per 30 day(s) retail)
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ml per 30 day(s) retail)
TIMOPTIC OCUDOSE SOLN (Use <i>timolol maleate (ophth)</i> )	NP	QL(15 ea per 30 day(s) retail)
TIMOPTIC SOLN (Use <i>timolol maleate (ophth)</i> )	NP	QL(15 ml per 30 day(s) retail)
<b>Cycloplegic Mydriatics</b>		
<i>atropine sulfate (ophthalmic) OINT</i>	P	
<i>atropine sulfate (ophthalmic) SOLN</i>	P	
ATROPINE SULFATE SOLN 1 %	P	
ATROPINE SULFATE SOLN 1 % (Use <i>atropine sulfate (ophthalmic)</i> )	NP	
CYCLOGYL (Use <i>cyclopentolate hcl</i> )	NP	
CYCLOGYL 2 %	P	
CYCLOGYL 0.5 %	P	QL(15 ml per 30 day(s) retail)
<i>cyclopentolate hcl 0.5 %</i>	P	QL(15 ml per 30 day(s) retail)
<i>cyclopentolate hcl 1 %, 2 %</i>	P	
<i>homatropine hbr</i>	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (Use <i>tropicamide</i> )	NP	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(5 ml per 30 day(s) retail)
<i>tropicamide SOLN</i>	P	
<b>Miotics</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
BEOVU SOLN	P	SP; PA
BEVACIZUMAB IZ 2.75 MG/0.11ML	P	PA
BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 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 0.3 MG/0.05ML	P	SP; PA
LUCENTIS SOSY	P	SP; PA
SUSVIMO SOLN	P	SP; PA
VABYSMO SOLN	P	SP; PA
<b>Ophthalmic Adrenergic Agents</b>		
<i>apraclonidine hcl</i>	P	
<i>brimonidine tartrate 0.2 %</i>	P	
IOPIDINE	P	
<b>Ophthalmic Anti-infectives</b>		
BACIGUENT	P	QL(4 gm per 30 day(s) retail)
<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per 30 day(s) retail)
<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 gm per 30 day(s) retail)
CILOXAN OINT	P	
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	
ERYTHROMYCIN	P	
<i>erythromycin (ophth)</i>	P	
<i>gentamicin sulfate (ophth) OINT</i>	P	QL(4 gm per 30 day(s) retail)
<i>gentamicin sulfate (ophth) SOLN</i>	P	

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<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 gm per 30 day(s) retail)
<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ml per 30 day(s) retail)
OCUFLOX ( <i>Use ofloxacin (ophth)</i> )	NP	QL(10 ml per 30 day(s) retail)
<i>ofloxacin (ophth)</i>	P	QL(10 ml per 30 day(s) retail)
<i>polymyxin b-trimethoprim</i>	P	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 gm per 30 day(s) retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ml per 30 day(s) retail)
<i>tobramycin (ophth) SOLN</i>	P	QL(5 ml per 30 day(s) retail)
TOBREX OINT	P	
<i>trifluridine</i>	P	QL(8 ml per 30 day(s) retail)
VIGAMOX SOLN OP ( <i>Use moxifloxacin hcl (ophth)</i> )	NP	QL(3 ml per fill retail)
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	P	OTC; QL(15 ml per 30 day(s) retail)
OPCON-A ( <i>Use naphazoline w/ pheniramine</i> )	NP	OTC; QL(15 ml per 30 day(s) retail)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	OTC
VISINE RED EYE COMFORT ( <i>Use tetrahydrozoline hcl (ophth)</i> )	NP	OTC
Ophthalmic Gene Therapy		
LUXTURNA	P	SP; PA
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth)</i>	P	
Ophthalmic Photodynamic Therapy Agents		

Drug Name	Drug Tier	Requirements/Limits
VISUDYNE	P	SP; PA
Ophthalmic Photoenhancers		
PHOTREXA/PHOTREXA VISCOUS KIT	P	SP; PA
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	P	
<i>dexamethasone sodium phosphate (ophth)</i>	P	
DEXTENZA INST	P	SP; PA
DEXYCU SUSP IO	P	SP; PA
<i>fluorometholone (ophth) SUSP</i>	P	
FML LIQUIFILM SUSP ( <i>Use fluorometholone (ophth)</i> )	NP	
FML OINT	P	QL(4 gm per 30 day(s) retail)
ILUVIEN	P	SP; PA
MAXITROL OINT ( <i>Use neomycin-polymy-dexameth</i> )	NP	QL(4 gm per 30 day(s) retail)
MAXITROL SUSP ( <i>Use neomycin-polymy-dexameth</i> )	NP	QL(10 ml per 30 day(s) retail)
<i>neomycin-polymy-dexameth OINT</i>	P	QL(4 gm per 30 day(s) retail)
<i>neomycin-polymy-dexameth SUSP</i>	P	QL(10 ml per 30 day(s) retail)
<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ml per 30 day(s) retail)
OZURDEX IMPL	P	SP; PA
PRED FORTE ( <i>Use prednisolone acetate (ophth)</i> )	NP	
PRED MILD	P	QL(10 ml per 30 day(s) retail)
PRED-G SUSP	P	QL(5 ml per fill retail)
<i>prednisolone acetate (ophth)</i>	P	

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<i>prednisolone acetate (ophth)</i>	NP		<i>dorzolamide hcl</i>	P	QL(10 ml per 30 day(s) retail)
PREDNISOLONE ACETATE P-F	P		DORZOLAMIDE HCL	P	QL(10 ml per 30 day(s) retail)
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 day(s) retail)	<i>flurbiprofen sodium</i>	P	QL(5 ml per 30 day(s) retail)
RETISERT	P	SP; PA	<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	QL(5 ml per 30 day(s) retail)
<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ml per 30 day(s) retail)	<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	QL(10 ml per fill retail)
TOBRADEX OINT	P	QL(4 gm per 30 day(s) retail)	<i>ketotifen fumarate (ophth) 0.035 %</i>	P	
TOBRADEX SUSP ( <i>Use tobramycin-dexamethasone</i> )	NP	QL(10 ml per fill retail)	TRUSOPT ( <i>Use dorzolamide hcl</i> )	NP	QL(10 ml per 30 day(s) retail)
<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ml per fill retail)	ZADITOR 0.035 % ( <i>Use ketotifen fumarate (ophth)</i> )	NP	
TRIESENCE	P	SP; PA	<b>Prostaglandins - Ophthalmic</b>		
XIPERE	P	SP; PA	<i>latanoprost SOLN</i>	P	QL(5 ml per 30 day(s) retail)
YUTIQ	P	SP; PA	LATANOPROST SOLN	P	QL(5 ml per 30 day(s) retail)
<b>Ophthalmics - Misc.</b>			XALATAN SOLN ( <i>Use latanoprost</i> )	NP	QL(5 ml per 30 day(s) retail)
ACULAR ( <i>Use ketorolac tromethamine (ophth)</i> )	NP	QL(10 ml per fill retail)	<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
ACULAR LS ( <i>Use ketorolac tromethamine (ophth)</i> )	NP	QL(5 ml per 30 day(s) retail)	<b>Otic Agents - Miscellaneous</b>		
ALOCRIAL	P	QL(5 ml per 30 day(s) retail); PA	<i>acetic acid (otic)</i>	P	QL(15 ml per 30 day(s) retail)
ALOMIDE	P	QL(10 ml per 30 day(s) retail); PA	<i>carbamide peroxide (otic) 6.5 %</i>	P	OTC; QL(15 ml per 30 day(s) retail)
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 30 day(s) retail)	DEBROX 6.5 % ( <i>Use carbamide peroxide (otic)</i> )	NP	OTC; QL(15 ml per 30 day(s) retail)
AZOPT ( <i>Use brinzolamide</i> )	NP		<b>Otic Anti-infectives</b>		
<i>brinzolamide</i>	P		<i>ofloxacin (otic)</i>	P	QL(10 ml per fill retail)
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per fill retail)	<b>Otic Combinations</b>		
CYSTADROPS	P	SP; PA	CIPRODEX ( <i>Use ciprofloxacin-dexamethasone</i> )	NP	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail
CYSTARAN	P	SP; PA			
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone</i>	P	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP; PA
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ml per fill retail)	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(20 ml per 30 day(s) retail)	GAMMAPLEX SOLN	P	SP; PA
<b>Otic Steroids</b>			GAMMAPLEX SOLN 5 GM/50ML	P	PA
<i>DERMOTIC (Use fluocinolone acetonide (otic))</i>	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)	GAMUNEX-C	P	SP; PA
<i>fluocinolone acetonide (otic)</i>	P	QL(20 ml per fill retail); AL(At least 5 yrs old)	HEPAGAM B SOLN IJ	P	SP; PA
<i>hydrocortisone w/acetic acid</i>	P	QL(20 ml per 30 day(s) retail)	HIZENTRA SOLN	P	SP; PA
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>			HIZENTRA SOSY	P	SP; PA
<b>Oxytocics</b>			HYPERHEP B SOLN IM	P	SP; PA
<i>methylergonovine maleate TABS</i>	P		HYPERRHO S/D MINI-DOSE SOSY IM	P	SP; PA
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>			HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
<b>Immune Serums</b>			MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	SP; PA
BIVIGAM SOLN 10 %	P	SP; PA	NABI-HB SOLN IM	P	SP; PA
BIVIGAM SOLN 5 GM/50ML	P	PA	OCTAGAM SOLN 5 GM/50ML	P	PA
CUTAQUIG	P	SP; PA	OCTAGAM SOLN	P	SP; PA
CUVITRU SOLN	P	SP; PA	PANZYGA	P	SP; PA
CYTOGAM IV 50 MG/ML	P	SP; PA	PRIVIGEN SOLN 5 GM/50ML	P	PA
FLEBOGAMMA DIF SOLN	P	SP; PA	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	SP; PA
FLEBOGAMMA DIF SOLN 5 GM/50ML	P	PA	RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
GAMASTAN	P	SP; PA	RHOPHYLAC SOSY IJ	P	SP; PA
GAMMAGARD LIQUID	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
			<b>Monoclonal Antibodies</b>		

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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	
AMOXICILLIN SUSR (Use <i>amoxicillin</i> )	NP	
<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 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ml 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)
<i>amoxicillin &amp; pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 ea per fill retail)

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

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MX-SOL SUSPEND SUSP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
ORA-BLEND SF SUSP	P	RX/OTC
ORA-BLEND SUSP	P	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC
ORAL MIX SF SUSP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC
PCCA SWEET-SF SYRP	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC
PCCA-PLUS SUSP	P	RX/OTC
PH 12 STERILE DILUENT FORFLOLAN	P	SP; PA
SOSWEET SYRP	P	RX/OTC
STERILE DILUENT FOR REMODULIN (Use glycine diluent)	NP	SP; PA
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC
SUSPENSION VEHICLE SUSP	P	RX/OTC
SYRPALTA SYRP 83 %	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SF SYRP	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC
UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC
VERSAFREE SYRP	P	RX/OTC
VERSAPLUS SYRP	P	RX/OTC
Semi Solid Vehicles		
<i>Ilanolin XX</i>	P	
LANOLIN XX	P	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
AYGESTIN TABS (Use norethindrone acetate)	NP	
<i>hydroxyprogesterone caproate OIL</i>	P	QL(2 ml per fill retail; 2 ml per 11 day(s) retail); SP; PA
MAKENA OIL (Use hydroxyprogesterone caproate)	NP	QL(2 ml per fill retail; 2 ml per 11 day(s) retail); SP; PA
MAKENA SOAJ	P	SP; PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS 100 MG</i>	P	QL(30 ea per 30 day(s) retail)

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<i>progesterone CAPS 200 MG</i>	P	QL(20 ea per 30 day(s) retail)
PROMETRIUM CAPS 100 MG ( <i>Use progesterone</i> )	NP	QL(30 ea per 30 day(s) retail)
PROMETRIUM CAPS 200 MG ( <i>Use progesterone</i> )	NP	QL(20 ea per 30 day(s) retail)
PROVERA ( <i>Use medroxyprogesterone acetate</i> )	NP	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	P	
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	P	SP; PA
XYREM SOLN	P	SP; PA
XYWAV	P	SP; PA
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG ( <i>Use donepezil hydrochloride</i> )	NP	QL(1 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)
EXELON 4.6 MG/24HR, 9.5 MG/24HR ( <i>Use rivastigmine</i> )	NP	QL(1 ea daily); PA
<i>galantamine hydrobromide CP24</i>	P	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	P	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	P	QL(2 ea daily)
<i>memantine hcl SOLN</i>	P	QL(2 ml daily); PA
<i>memantine hcl TABS</i>	P	QL(2 ea daily); PA
<i>memantine hcl TABS</i>	P	1 package(s) per 28 day(s) retail; PA

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TITRATION PAK TABS ( <i>Use memantine hcl</i> )	NP	1 package(s) per 28 day(s) retail; PA
NAMENDA TABS ( <i>Use memantine hcl</i> )	NP	QL(2 ea daily); PA
RAZADYNE ER CP24 ( <i>Use galantamine hydrobromide</i> )	NP	QL(1 ea daily)
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	P	QL(1 ea daily); PA
<i>rivastigmine tartrate CAPS</i>	P	QL(2 ea daily); PA
Combination Psychotherapeutics		
<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 day(s) retail); PA
SAVELLA TABS	P	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
<i>tetrabenazine</i>	P	SP; PA
XENAZINE ( <i>Use tetrabenazine</i> )	NP	SP; PA
Multiple Sclerosis Agents		
AMPYRA ( <i>Use dalfampridine</i> )	NP	SP; PA
AUBAGIO ( <i>Use teriflunomide</i> )	NP	QL(1 ea daily); SP
AVONEX PEN AJKT	P	SP; PA
AVONEX PSKT	P	SP; PA
BAFIERTAM	P	SP; PA
COPAXONE SOSY ( <i>Use glatiramer acetate</i> )	NP	SP
<i>dalfampridine</i>	P	SP; PA
<i>dimethyl fumarate CDPK</i>	P	SP
<i>dimethyl fumarate CPDR</i>	P	SP
EXTAVIA KIT	P	SP; PA
<i> fingolimod hcl</i>	P	QL(1 ea daily); SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GILENYA ( <i>Use fingolimod hcl</i> )	NP	QL(1 ea daily); SP	NICORETTE LOZG ( <i>Use nicotine polacrilex</i> )	NP	QL(20 ea daily)
GILENYA 0.5 MG	P	QL(1 ea daily); SP	<i>nicotine polacrilex GUM</i>	P	QL(24 ea daily)
<i>glatiramer acetate SOSY</i>	P	SP	<i>nicotine polacrilex LOZG</i>	P	QL(20 ea daily)
KESIMPTA	P	SP; PA	NICOTINE TRANSDERMAL SYSTEM KIT	P	
PLEGRIDY STARTER PACK SOAJ SC	P	SP; PA	<i>nicotine MISC XX</i>	P	QL(1 ea daily)
PLEGRIDY STARTER PACK SOSY SC	P	SP; PA	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 ea daily)
PLEGRIDY SOAJ SC 125 MCG/0.5ML	P	SP; PA	NICOTROL INHALER INHA	P	QL(16.8 ea daily)
PLEGRIDY SOSY IM	P	SP; PA	NICOTROL NS SOLN	P	QL(4 ml daily)
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA	<i>varenicline tartrate TABS</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
REBIF REBIDOSE SOAJ	P	SP; PA	<i>varenicline tartrate TBPk</i>	P	QL(53 ea per fill retail); AL(At least 18 yrs old)
REBIF TITRATION PACK SOSY	P	SP; PA			
REBIF SOSY	P	SP; PA			
TECFIDERA STARTER PACK CDPK ( <i>Use dimethyl fumarate</i> )	NP	SP	<b>Transthyretin Amyloidosis Agents</b>		
TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )	NP	SP	ONPATTRO	P	SP; PA
<i>teriflunomide</i>	P	QL(1 ea daily); SP	TEGSEDI	P	SP; PA
<b>Smoking Deterrents</b>			<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
APO-VARENICLINE TABS	P	QL(2 ea daily); AL(At least 18 yrs old)	<b>Alpha-Proteinase Inhibitor (Human)</b>		
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA
NICODERM CQ PT24 TD ( <i>Use nicotine</i> )	NP	QL(1 ea daily)	GLASSIA SOLN	P	SP; PA
NICORETTE MINI LOZG ( <i>Use nicotine polacrilex</i> )	NP	QL(20 ea daily)	PROLASTIN-C SOLN	P	SP; PA
NICORETTE STARTER KIT GUM ( <i>Use nicotine polacrilex</i> )	NP	QL(24 ea daily)	ZEMAIRA SOLR 1000 MG	P	SP; PA
NICORETTE GUM ( <i>Use nicotine polacrilex</i> )	NP	QL(24 ea daily)	ZEMAIRA SOLR 4000 MG	P	PA
			<b>Cystic Fibrosis Agents</b>		
			BRONCHITOL	P	SP; PA
			BRONCHITOL TOLERANCE TEST	P	SP; PA
			KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	P	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACK 5.8 MG	P	SP
KALYDECO TABS	P	SP; PA
ORKAMBI PACK	P	SP; PA
ORKAMBI TABS	P	SP; PA
PULMOZYME	P	SP; PA
SYMDEKO	P	SP; PA
TRIKAFTA TBPK	P	QL(3 ea daily); SP; PA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS (Use <i>pirfenidone</i> )	NP	SP; PA
ESBRIET TABS (Use <i>pirfenidone</i> )	NP	SP; PA
OFEV	P	SP; PA
<i>pirfenidone</i> CAPS	P	SP; PA
<i>pirfenidone</i> TABS	P	SP; PA
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
ACTICLATE TABS (Use <i>doxycycline hyclate</i> )	NF	
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	P	
<i>doxycycline (monohydrate)</i> TABS 50 MG, 100 MG	P	
<i>doxycycline hyclate</i> CAPS	P	
<i>doxycycline hyclate</i> TABS 100 MG	P	
<i>minocycline hcl</i> CAPS	P	
<i>tetracycline hcl</i> CAPS 500 MG	P	
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i> )	NP	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>methimazole</i> TABS	P	
<i>propylthiouracil</i>	P	
<b>Thyroid Hormones</b>		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
ARMOUR THYROID TABS	P	
CYTOMEL TABS (Use <i>liothyronine sodium</i> )	NP	
<i>levothyroxine sodium</i> TABS	P	
<i>liothyronine sodium</i> TABS	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 (Use <i>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	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	

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QUADRACEL SUSY	P		LEVBIID TB12 ( <i>Use hyoscyamine sulfate</i> )	NP	QL(4 ea daily)
TDVAX SUSP	P		LEVSIN SOLN IJ 0.5 MG/ML ( <i>Use hyoscyamine sulfate</i> )	NP	
TENIVAC INJ	P		ROBINUL FORTE TABS ( <i>Use glycopyrrolate</i> )	NP	QL(4 ea daily)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P		ROBINUL TABS ( <i>Use glycopyrrolate</i> )	NP	QL(4 ea daily)
VAXELIS SUSP	P		<b>H-2 Antagonists</b>		
VAXELIS SUSY	P		<i>cimetidine hcl OR 300 MG/5ML</i>	P	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>			<i>cimetidine TABS</i>	P	RX/OTC
<b>Antispasmodics</b>			<i>famotidine SUSR</i>	P	
<i>dicyclomine hcl CAPS</i>	P		<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC
<i>dicyclomine hcl SOLN OR</i>	P	QL(496 ml per 30 day(s) retail)	<i>famotidine TABS 10 MG</i>	P	OTC
<i>dicyclomine hcl TABS</i>	P		PEPCID AC MAXIMUM STRENGTH TABS ( <i>Use famotidine</i> )	NP	RX/OTC
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 ea daily)	PEPCID AC TABS 20 MG ( <i>Use famotidine</i> )	NP	RX/OTC
<i>hyoscyamine sulfate ELIX</i>	NP		PEPCID AC TABS 10 MG ( <i>Use famotidine</i> )	NP	OTC
<i>hyoscyamine sulfate ELIX</i>	P		PEPCID TABS ( <i>Use famotidine</i> )	NP	RX/OTC
HYOSCYAMINE SULFATE POWD	P		TAGAMET HB 200 TABS ( <i>Use cimetidine</i> )	NP	RX/OTC
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	NP		TAGAMET HB TABS ( <i>Use cimetidine</i> )	NP	RX/OTC
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	P		<b>Misc. Anti-Ulcer</b>		
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	NP		CARAFATE SUSP ( <i>Use sucralfate</i> )	NP	QL(420 ml per fill retail)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P		CARAFATE TABS ( <i>Use sucralfate</i> )	NP	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	NP		<i>sucralfate SUSP</i>	P	QL(420 ml per fill retail)
<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 ea daily)	<i>sucralfate TABS</i>	P	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	NP		<b>Proton Pump Inhibitors</b>		
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P		DEXILANT ( <i>Use dexlansoprazole</i> )	NP	ST



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

Drug Name	Drug Tier	Requirements/Limits
CYTOTEC (Use <i>misoprostol</i> )	NP	
<i>misoprostol</i>	P	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 day(s) max supply per 365 day(s) retail
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL LA CP24 (Use <i>tolterodine tartrate</i> )	NP	QL(1 ea daily)
DETROL TABS (Use <i>tolterodine tartrate</i> )	NP	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (Use <i>oxybutynin chloride</i> )	NP	QL(2 ea daily)
<i>oxybutynin chloride TABS</i>	P	QL(3 ea daily)
<i>oxybutynin chloride TB24</i>	P	QL(2 ea daily)
<i>tolterodine tartrate CP24</i>	P	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	P	QL(2 ea daily)
<i>tropium chloride TABS</i>	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	
<b>VACCINES</b>		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO	P	
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MENVEO SOLN	P		ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
MENVEO SOLR	P		ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
PEDVAX HIB SUSP	P		FLUAD 2024-2025	P	
PENBRAYA	P		FLUARIX 2024-2025 SUSY	P	
PNEUMOVAX 23 IJ 25 MCG/0.5ML	P		FLUBLOK 2024-2025 SOSY	P	
PNEUMOVAX 23/1 DOSE IJ 25 MCG/0.5ML	P		FLUCELVAX 2024-2025 SUSP	P	
PREVNAR 13	P		FLUCELVAX 2024-2025 SUSY	P	
PREVNAR 20	P		FLULAVAL 2024-2025 SUSY	P	
TRUMENBA	P		FLUMIST NASAL VACCINE 2024-2025	P	
TYPHIM VI SOLN	P		FLUZONE 2024-2025 SUSP	P	
TYPHIM VI SOSY	P		FLUZONE 2024-2025 SUSY	P	
VAXCHORA	P		FLUZONE HIGH-DOSE 2024-2025 SUSY	P	
VAXNEUVANCE	P		GARDASIL 9 SUSP	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
VIVOTIF	P		GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
Viral Vaccines			HAVRIX	P	
ABRYSVO	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)	HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail
ACAM2000	P		IMOVAX RABIES (H.D.C.V.) SUSR	P	
AFLURIA 2024-2025 SUSP	P		IPOL INACTIVATED IPV	P	
AFLURIA 2024-2025 SUSY	P		IXIARO	P	
AREXVY	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)	JANSSEN COVID-19 VACCINE	P	
COMIRNATY 2023-24 SUSP	P		JYNNEOS	P	
COMIRNATY 2023-24 SUSY	P				
COMIRNATY 2024-25 SUSY	P				
COMIRNATY SUSP	P				
DENGVAXIA	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
M-M-R II SOLR	P		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	P	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M O-5Y	P	
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	P	
MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	P	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	P		PFIZER-BIONTECH COVID-19VACCINE SUSP	P	
MODERNA COVID-19 VACCINE SUSP	P		PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	P		PRIORIX SUSR	P	
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	P		PROQUAD SUSR	P	
NOVAVAX COVID-19 VACCINE SUSP	P		RABAVERT	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	P		RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P		ROTARIX SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P		ROTARIX SUSR	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	P		ROTATEQ SOLN	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P		SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
			SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P	
			SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P	
			SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	P	

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SPIKEVAX COVID-19 VACCINE SUSP	P	
STAMARIL SUSR	P	
TICOVAC	P	
TWINRIX SUSY	P	
VAQTA	P	
VARIVAX SUSR IJ 1350 PFU/0.5ML	P	2 max fill(s) per 999 day(s) retail
YF-VAX INJ	P	
<b>VAGINAL AND RELATED PRODUCTS</b>		
Vaginal Anti-infectives		
CLEOCIN CREA (Use clindamycin phosphate vaginal)	NP	
clindamycin phosphate vaginal CREA	P	
clotrimazole vaginal CREA 1 %	P	OTC; QL(45 gm per 30 day(s) retail)
clotrimazole vaginal CREA 2 %	P	OTC; QL(31 gm per 30 day(s) retail)
GYNAZOLE-1	P	
metronidazole vaginal	P	QL(70 gm per fill retail)
miconazole nitrate vaginal CREA	P	OTC; QL(45 gm per 30 day(s) retail)
miconazole nitrate vaginal KIT	P	
miconazole nitrate vaginal SUPP 100 MG	P	OTC; QL(7 ea per 30 day(s) retail)
miconazole nitrate vaginal SUPP 200 MG	P	QL(3 ea per 30 day(s) retail)
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	NP	
MONISTAT 3 CREA (Use miconazole nitrate vaginal)	NP	OTC; QL(45 gm per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NP	OTC; QL(45 gm per 30 day(s) retail)
terconazole vaginal CREA	P	
terconazole vaginal SUPP	P	
tioconazole vaginal 6.5 %	P	OTC
VANDAZOLE	P	QL(70 gm per fill retail)
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	P	QL(454 gm per fill retail)
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (Use hydrocortisone vaginal)	NP	QL(454 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA (Use estradiol vaginal)	NP	QL(43 gm per 30 day(s) retail)
estradiol vaginal CREA	P	QL(43 gm per 30 day(s) retail)
estradiol vaginal TABS	P	
PREMARIN	P	QL(43 gm per fill retail)
VAGIFEM TABS (Use estradiol vaginal)	NP	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail
AUVI-Q SOAJ 0.15 MG/0.15ML	NP	
epinephrine (anaphylaxis) SOAJ	P	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail

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<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	P	QL(2 ea per fill retail; 4 ea per 365 day(s) retail)	<i>ergocalciferol CAPS</i>	P	
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP		<i>ergocalciferol SOLN OR</i>	P	
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	NP	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail	KEY-E CHEW	P	QL(2 ea daily)
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	NP	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail	MEPHYTON TABS (Use <i>phytonadione</i> )	NP	
Neurogenic Orthostatic Hypotension (NOH) - Agents			<i>phytonadione TABS 5 MG</i>	P	
<i>droxidopa</i>	P	SP; PA	VITAMIN D3 LIQD OR 5000 UNIT/ML	P	Age limit = 6 months to 1 year
NORTHERA (Use <i>droxidopa</i> )	NP	SP; PA	<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT</i>	P	QL(2 ea daily)
Vasopressors			<i>vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT</i>	P	OTC; QL(2 ea daily)
<i>midodrine hcl</i>	P		VITAMIN E CAPS 200 UNIT	P	OTC; QL(2 ea daily)
<b>VITAMINS</b>			VITAMIN E CHEW	P	OTC; QL(2 ea daily)
Oil Soluble Vitamins			Water Soluble Vitamins		
BABY DDROPS LIQD OR (Use <i>cholecalciferol</i> )	NP	Age limit = less than 6 months	<i>ascorbic acid TABS</i>	P	OTC; QL(100 ea per 30 day(s) retail)
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	P	OTC; QL(2 ea daily)	NIACIN TR CPCR	P	OTC
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	P	OTC; QL(8 ea per 30 day(s) retail)	NIACIN TR TBCR	P	OTC
<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	P	OTC; QL(100 ea per fill retail)	<i>niacin CPCR 250 MG, 500 MG</i>	P	OTC
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	P		<i>niacin TABS 500 MG</i>	P	OTC
<i>cholecalciferol LIQD OR 400 UT/0.028ML</i>	P	Age limit = less than 6 months	<i>niacin TBCR</i>	P	OTC
DRISDOL CAPS (Use <i>ergocalciferol</i> )	NP		<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	P	OTC
D-VI-SOL LIQD OR (Use <i>cholecalciferol</i> )	NP		<i>riboflavin TABS</i>	P	OTC; QL(100 ea per 30 day(s) retail)
			SLO-NIACIN TBCR (Use <i>niacin</i> )	NP	OTC
			<i>thiamine hcl TABS</i>	P	OTC; QL(100 ea per 30 day(s) retail)
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BUMEX TABS 0.5 MG (Use bumetanide) .....	59	buspirone hcl 7.5 MG, 30 MG .....	9	calcitriol CAPS .....	61
BUPHENYL POWD (Use sodium phenylbutyrate) .....	61	butalbital-acetaminophen TABS 50 MG-325 MG .....	5	CALCIUM 600+D HIGH POTENCY TABS .....	78
BUPHENYL TABS (Use sodium phenylbutyrate) .....	61	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....	5	calcium acetate (phosphate binder) CAPS .....	64
BUPRENEX SOLN (Use buprenorphine hcl) .....	8	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....	5	calcium carbonate (antacid) CHEW 500 MG .....	9
buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG .....	8	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 .....	78
buprenorphine hcl SOLN .....	8	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 .....	78
buprenorphine hcl SUBL .....	8	butalbital-aspirin-caffeine w/cod .....	7	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT .....	78
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....	8	BYDUREON BCISE AUIJ .....	20	calcium carbonate-vitamin d TABS 600 MG-200 UNIT .....	78
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG .....	8	BYETTA SOPN 10 MCG/0.04ML .....	20	calcium polycarbophil TABS .....	68
buprenorphine hcl-naloxone hcl dihydrate SUBL .....	8	BYETTA SOPN 5 MCG/0.02ML .....	20	CALQUENCE .....	33
bupropion hcl (smoking deterrent) .....	95	BYLVAY (PELLETS) CPSP .....	63	CALTRATE 600+D3 TABS (Use calcium carbonate-cholecalciferol) .....	78
bupropion hcl TABS .....	15	BYLVAY CAPS .....	63	CALTRATE BONE HEALTH TABS (Use calcium carbonate-cholecalciferol) .....	78
bupropion hcl TB12 100 MG .....	15	CABLIVI .....	66	CAMCEVI .....	32
bupropion hcl TB12 150 MG .....	15	CABOMETYX TABS 20 MG, 60 MG . 33 .....	33	camphor & menthol LOTN .....	51
		CABOMETYX TABS 40 MG .....	33		
		CAFECIT SOLN IV 60 MG/3ML (Use caffeine citrate) .....	1		
		CAFERGOT TABS (Use ergotamine w/ caffeine) .....	77		
		caffeine citrate SOLN OR .....	1		
		CAFFEINE CITRATED POWD .....	1		
		CALAN SR TBCR 120 MG, 180 MG .....			

CAMPTOSAR (Use irinotecan hcl) 36	carbido­pa-levodopa TABS .....36	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers)) .....61
CAMZYOS .....43	carbido­pa-levodopa TBCR .....36	CARNITOR TABS (Use levocarnitine (metabolic modifiers)) .....61
candesartan cilexetil .....26	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML .....30	carteolol hcl (ophth) .....87
candesartan cilexetil- hydrochlorothiazide .....27	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads) .....42	carvedilol 25 MG .....41
capecitabine .....30	CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads) .....42	carvedilol 3.125 MG, 6.25 MG, 12.5 MG .....41
CAPHOSOL SOLN .....81	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl) .....42	carvedilol phosphate .....41
CAPRELSA .....33	CARDURA (Use doxazosin mesylate) .....26	CARVYKTI .....32
capsaicin CREA 0.025 %, 0.075 % 54	CARESENS N BLOOD	CASODEX (Use bicalutamide) ....32
capsaicin CREA 0.1 % .....54	GLUCOSETEST STRIPS STRP ..57	CASTIVA WARMING LOTN .....54
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG- 25 MG .....27	CARESTART COVID-19 ANTIGEN HOME TEST KIT .....57	CAYSTON .....29
captopril & hydrochlorothiazide 25 MG-50 MG .....27	CARETOUCH 2 CPAP HOSE HANGER MISC .....73	cefaclor CAPS .....44
captopril .....25	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP .....57	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....44
CAPZASIN-HP CREA (Use capsaicin) .....54	CARETOUCH CPAP & BIPAP HOSE/6FT MISC .....73	cefadroxil CAPS .....44
CAPZASIN-P CREA .....54	CARETOUCH CPAP MASK WIPES MISC .....73	cefadroxil SUSR .....44
CARAC CREA .....51	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 73	cefadroxil TABS .....44
CARAFATE SUSP (Use sucralfate) 97	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	cefdinir CAPS .....44
CARAFATE TABS (Use sucralfate) 97	CARETOUCH UNIVERSAL CPAPFILTERS MISC .....74	cefdinir SUSR .....44
CARBAGLU (Use carglumic acid) 61	carglumic acid .....61	cefixime CAPS .....44
carbamazepine CHEW .....13	CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers)) 61	cefprozil SUSR .....44
carbamazepine SUSP .....13		cefprozil TABS .....44
carbamazepine TABS .....13		ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG .....44
carbamazepine TB12 .....13		cefuroxime axetil TABS .....44
carbamide peroxide (otic) 6.5 % ...90		CELEXA TABS 10 MG (Use citalopram hydrobromide) .....16
carbidopa .....36		CELEXA TABS 20 MG (Use citalopram hydrobromide) .....16
		CELEXA TABS 40 MG (Use

citalopram hydrobromide) .....16	chlordiazepoxide hcl CAPS .....10	cilostazol .....66
CELLCEPT CAPS (Use mycophenolate mofetil) .....80	chlorhexidine gluconate (mouth- throat) .....81	CILOXAN OINT .....88
CELLCEPT SUSR (Use mycophenolate mofetil) .....80	chlorhexidine gluconate SOLN EX 4 % .....38	CIMDUO .....38
CELLCEPT TABS (Use mycophenolate mofetil) .....80	chloroquine phosphate TABS 250 MG .....29	cimetidine hcl OR 300 MG/5ML ... 97
CENTANY OINT .....50	chloroquine phosphate TABS 500 MG .....29	cimetidine TABS .....97
cephalexin CAPS 250 MG, 500 MG 44	chlorpheniramine maleate SYRP ..23	cinacalcet hcl .....61
cephalexin SUSR .....44	chlorpheniramine maleate TABS ..23	CINQAIR .....10
CEPROTIN .....66	chlorpromazine hcl TABS 10 MG ..38	CINRYZE SOLR IV .....66
CERALYTE 70 SOLN .....78	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG .....38	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl) .....63
CERASPORT EX1 SOLN .....78	chlorthalidone 25 MG, 50 MG ....59	CIPRODEX (Use ciprofloxacin- dexamethasone) .....90
CERASPORT SOLN .....78	chlorzoxazone TABS 500 MG ....85	ciprofloxacin hcl (ophth) SOLN ....88
CERDELGA .....66	CHOLBAM .....63	ciprofloxacin hcl TABS 100 MG ...63
CEREZYME 400 UNIT .....66	cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT .....102	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....63
cetirizine hcl CHEW .....23	cholecalciferol CAPS 125 MCG, 5000 UNIT .....102	ciprofloxacin-dexamethasone ....91
cetirizine hcl SOLN OR .....23	cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT ....102	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML .....30
cetirizine hcl SYRP OR .....23	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML .....102	CISPLATIN SOLR .....30
cetirizine hcl TABS .....23	cholecalciferol LIQD OR 400 UT/0.028ML .....102	citalopram hydrobromide SOLN ...16
cetirizine-pseudoephedrine .....47	cholestyramine light PACK .....24	citalopram hydrobromide TABS 10 MG .....16
cetorelix acetate .....60	cholestyramine light POWD .....24	citalopram hydrobromide TABS 20 MG .....16
CETROTIDE (Use cetorelix acetate) .....60	cholestyramine PACK .....24	citalopram hydrobromide TABS 40 MG .....16
CHEMET .....22	cholestyramine POWD .....24	cladribine 10 MG/10ML .....30
CHEMSTRIP-K STRP .....57	CHORIONIC GONADOTROPIN IM 60	clarithromycin SUSR 125 MG/5ML 70
CHENODAL .....63	CIBINQO .....54	clarithromycin SUSR 250 MG/5ML 70
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) .....4		clarithromycin TABS .....70
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) .....4		clarithromycin TB24 .....70

CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine) . . . . .	24	clindamycin phosphate (topical) LOTN . . . . .	50	CO MONITOR REPLACEMENT TPIECES MISC . . . . .	74
CLARITIN REDITABS JUNIORS TBDP (Use loratadine) . . . . .	24	clindamycin phosphate (topical) SOLN . . . . .	50	COAGADDEX . . . . .	65
CLARITIN REDITABS TBDP 10 MG (Use loratadine) . . . . .	24	clindamycin phosphate vaginal CREA . . . . .	101	coal tar extract SHAM 0.5 % . . . . .	56
CLARITIN SOLN (Use loratadine) .	24	CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST KIT . . . . .	57	COARTEM . . . . .	29
CLARITIN TABS (Use loratadine) .	24	clobetasol propionate CREA 0.05 % .	53	codeine sulfate TABS 30 MG . . . . .	6
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine) . . . . .	47	clobetasol propionate emollient base 0.05 % . . . . .	53	CODEINE SULFATE TABS . . . . .	6
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine) . . . . .	47	clobetasol propionate GEL 0.05 % .	53	COLACE CAPS 100 MG (Use docusate sodium) . . . . .	69
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT . . . . .	57	clobetasol propionate OINT 0.05 % .	53	COLACE CLEAR CAPS (Use docusate sodium) . . . . .	69
clemastine fumarate TABS 1.34 MG .	23	clobetasol propionate SOLN 0.05 % .	53	COLAZAL CAPS (Use balsalazide disodium) . . . . .	63
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl) . . . . .	28	clomipramine hcl 75 MG . . . . .	18	colchicine TABS . . . . .	65
CLEOCIN CREA (Use clindamycin phosphate vaginal) . . . . .	101	clonazepam TABS . . . . .	13	colchicine w/ probenecid . . . . .	65
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride) . . . . .	28	clonidine hcl (adhd) TB12 . . . . .	1	COLCRYSTABS (Use colchicine) .	65
CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) . . . . .	50	clonidine hcl TABS . . . . .	26	COLD & FLU RELIEF NIGHTTIME D LIQD . . . . .	47
CLEVER CHOICE PEAK FLOW METER . . . . .	74	clopidogrel bisulfate 75 MG . . . . .	66	COLESTID FLAVORED GRAN (Use colestipol hcl) . . . . .	24
CLIMARA PTWK (Use estradiol) . .	62	clorazepate dipotassium TABS . . . . .	10	COLESTID GRAN (Use colestipol hcl) . . . . .	24
CLINDAGEL GEL (Use clindamycin phosphate (topical)) . . . . .	50	clotrimazole (topical) CREA . . . . .	51	COLESTID TABS (Use colestipol hcl) . . . . .	24
clindamycin hcl 150 MG, 300 MG .	29	clotrimazole (topical) SOLN . . . . .	51	colestipol hcl GRAN . . . . .	24
clindamycin palmitate hydrochloride .	29	clotrimazole vaginal CREA 1 % . .	101	colestipol hcl TABS . . . . .	24
clindamycin phosphate (topical) GEL .	50	clotrimazole vaginal CREA 2 % . .	101	COMBIPATCH PTTW . . . . .	62
		clotrimazole w/ betamethasone CREA . . . . .	51	COMBIVENT RESPIMAT AERS . .	12
		clotrimazole w/ betamethasone LOTN . . . . .	51	COMBIVIR (Use lamivudine-zidovudine) . . . . .	38
		clozapine TABS . . . . .	37	COMETRIQ KIT . . . . .	33
		CLOZARIL TABS (Use clozapine) .	37	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM . . . . .	72

COMIRNATY 2023-24 SUSP . . . . .	99	CORTENEMA (Use hydrocortisone (intrarectal)) . . . . .	8	cyanocobalamin SOLN IJ 1000 MCG/ML . . . . .	66
COMIRNATY 2023-24 SUSY . . . . .	99	CORTISONE ACETATE TABS . . . . .	46	cyclobenzaprine hcl TABS 5 MG, 10 MG . . . . .	85
COMIRNATY 2024-25 SUSY . . . . .	99	CORTROSYN SOLR (Use cosyntropin) . . . . .	57	cyclobenzaprine hcl TABS 7.5 MG	85
COMIRNATY SUSP . . . . .	99	COSOPT (Use dorzolamide hcl- timolol maleate) . . . . .	87	CYCLOGYL (Use cyclopentolate hcl) . . . . .	88
COMPLERA . . . . .	38	cosyntropin SOLR . . . . .	57	CYCLOGYL 0.5 % . . . . .	88
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) . .	1	COTELLIC . . . . .	33	CYCLOGYL 2 % . . . . .	88
CONCERTA TBCR 36 MG (Use methylphenidate hcl) . . . . .	1	COVID-19 AG TEST KIT . . . . .	57	cyclopentolate hcl 0.5 % . . . . .	88
CONDOMS-MISC . . . . .	70	COVID-19 AT-HOME TEST KIT KIT . 57		cyclopentolate hcl 1 %, 2 % . . . . .	88
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT . . . . .	70	COZAAR (Use losartan potassium) 26		CYCLOPHOSPHAMIDE MONOHYDRATE SOLN (Use cyclophosphamide) . . . . .	30
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT . . . . .	70	CREON CPEP . . . . .	59	CYCLOPHOSPHAMIDE SOLN (Use cyclophosphamide) . . . . .	30
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS STRP . . . . .	57	CRESTOR TABS (Use rosuvastatin calcium) . . . . .	25	CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML . . . . .	30
CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM KIT . . . . .	70	cromolyn sodium (nasal) 5.2 MG/ACT . . . . .	85	cyclophosphamide SOLN . . . . .	30
COPAXONE SOSY (Use glatiramer acetate) . . . . .	94	cromolyn sodium (ophth) . . . . .	90	cyclophosphamide SOLR IJ . . . . .	30
COPIKTRA . . . . .	33	cromolyn sodium NEBU . . . . .	10	cyclosporine CAPS . . . . .	80
COREG 25 MG (Use carvedilol) . . . . .	41	crotamiton LOTN . . . . .	55	cyclosporine modified (for microemulsion) CAPS . . . . .	80
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol) . . . . .	41	CRYSVITA . . . . .	61	cyclosporine modified (for microemulsion) SOLN . . . . .	80
COREG CR (Use carvedilol phosphate) . . . . .	41	CUTAQUIG . . . . .	91	cyclosporine SOLN IV 50 MG/ML . .	80
CORETEXT SUSP 1 ML, 2 ML . . . . .	56	CUVITRU SOLN . . . . .	91	CYLTEZO AJKT . . . . .	3
CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol) . . . . .	42	CVS COVID-19 AT HOME TESTKIT KIT . . . . .	57	CYLTEZO PSKT . . . . .	3
CORIFACT . . . . .	65	CVS DRY MOUTH SPRAY SOLN . . . . .	81	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT . . . . .	3
CORTEF TABS (Use hydrocortisone) . . . . .	46	CVS GLUCOSE . . . . .	18	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT . . . . .	3
		CVS GLUCOSE CHEW . . . . .	19		
		CVS SOFT GLUCOSE CHEW . . . . .	19		
		CVS TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP . . . . .	57		



CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...3	dasatinib .....33	64
CYMBALTA CPEP (Use duloxetine hcl) .....17	daunorubicin hcl SOLN .....33	DEMSEER (Use metyrosine) .....26
cyproheptadine hcl SYRP .....24	DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl) .....33	DENGVAXIA .....99
cyproheptadine hcl TABS .....24	DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML .....33	DEPAKOTE ER TB24 250 MG (Use divalproex sodium) .....15
CYRAMZA .....31	DAURISMO .....32	DEPAKOTE ER TB24 500 MG (Use divalproex sodium) .....15
CYSTADANE (Use betaine) .....61	DAYHIST ALLERGY 12 HOUR RELIEF TABS .....23	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium) .....15
CYSTADROPS .....90	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate) .....62	DEPAKOTE TBEC 125 MG (Use divalproex sodium) .....15
CYSTAGON CAPS .....64	DDAVP TABS (Use desmopressin acetate) .....62	DEPAKOTE TBEC 250 MG (Use divalproex sodium) .....15
CYSTARAN .....90	DEBROX 6.5 % (Use carbamide peroxide (otic)) .....90	DEPAKOTE TBEC 500 MG (Use divalproex sodium) .....15
cytarabine SOLN .....30	decitabine .....30	DEPEN TITRATABS TABS (Use penicillamine) .....79
CYTOGAM IV 50 MG/ML .....91	deferasirox PACK .....22	DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive)) .....46
CYTOMEL TABS (Use liothyronine sodium) .....96	deferasirox TABS .....22	DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive)) .....46
CYTOTEC (Use misoprostol) .....98	deferasirox TBSO .....22	DEPO-SUBQ PROVERA 104 SUSY SC .....46
dabigatran etexilate mesylate CAPS .12	deferiprone TABS .....22	DERMAREST PSORIASIS GEL ...54
dalfampridine .....94	deferoxamine mesylate .....22	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) .....53
DALIRESP (Use roflumilast) .....11	DEFITELIO .....66	DERMOTIC (Use fluocinolone acetonide (otic)) .....91
dapagliflozin propanediol .....21	deflazacort SUSP .....46	DESCOVY 120 MG-15 MG .....38
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....18	deflazacort TABS .....46	DESCOVY 200 MG-25 MG .....39
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....18	DEFLUX .....64	DESFERAL 500 MG (Use deferoxamine mesylate) .....22
dapsone .....28	DELSTRIGO .....38	
DAPTACEL .....96	DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex) .....47	
DARAPRIM (Use pyrimethamine) 29	DELSYM SUER (Use dextromethorphan polistirex) .....47	
darunavir TABS 600 MG .....38	DELZICOL CPDR (Use mesalamine)	
darunavir TABS 800 MG .....38		
DARZALEX .....31		
DARZALEX FASPRO .....33		

desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG .....18	DEX4 QUICK DISSOLVE GLUCOSE CHEW .....19	dextromethorphan-doxylamine-acetaminophen LIQD ..... 47
desipramine hcl TABS 25 MG ..... 18	dexamethasone ELIX .....46	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML ..... 47
desmopressin acetate SOLN IJ ...62	dexamethasone sodium phosphate (ophth) .....89	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 ..... 47
DESMOPRESSIN ACETATE SOLN NA .....62	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....46	dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML ..... 47
desmopressin acetate spray .....62	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML .46	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML ..... 48
desmopressin acetate spray refrigerated .....62	dexamethasone sodium phosphate SOSY IJ 4 MG/ML ..... 46	dextromethorphan-guaifenesin TB12 600 MG-30 MG ..... 48
desmopressin acetate TABS ..... 62	dexamethasone SOLN .....46	dextromethorphan-phenylephrine-acetaminophen CAPS ..... 48
desogestrel & ethinyl estradiol ....45	dexamethasone TABS .....46	DEXYCU SUSP IO ..... 89
desogestrel-ethinyl estradiol (biphasic) .....45	DEXCOM G6 RECEIVER .....70	DHIVY TABS .....36
desogestrel-ethinyl estradiol (triphasic) .....45	DEXCOM G7 RECEIVER .....70	DHS TAR GEL SHAM (Use coal tar extract) .....56
desonide CREA .....53	DEXCOM G7 SENSOR .....70	DHS TAR SHAM (Use coal tar extract) .....56
desonide OINT .....53	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) ...1	DIABETIC TUSSIN COLD/FLU CAPS ..... 48
DESOWEN CREA (Use desonide) 53	DEXILANT (Use dexlansoprazole) 97	DIACOMIT CAPS 250 MG .....13
desoximetasone CREA 0.05 % ....53	dexlansoprazole .....98	DIACOMIT CAPS 500 MG .....13
desoximetasone CREA 0.25 % ....53	dexmethylphenidate hcl TABS .....1	DIACOMIT PACK 250 MG .....13
desoximetasone GEL .....53	dextrazoxane hcl .....35	DIACOMIT PACK 500 MG .....13
desoximetasone OINT 0.25 % ....53	DEXTENZA INST .....89	DIASTAT ACUDIAL GEL 10 MG (Use diazepam (anticonvulsant)) .. 13
desvenlafaxine succinate 100 MG .17	dextroamphetamine sulfate CP24 ...1	
desvenlafaxine succinate 25 MG, 50 MG ..... 17	dextroamphetamine sulfate TABS 5 MG, 10 MG .....1	
DETROL LA CP24 (Use tolterodine tartrate) .....98	dextromethorphan hbr LIQD 7.5 MG/5ML .....47	
DETROL TABS (Use tolterodine tartrate) .....98	dextromethorphan polistirex LQCR 47	
DEX4 ..... 19	dextromethorphan polistirex SUER 47	
DEX4 FAST ACTING GLUCOSE .19		
DEX4 NATURALS .....19		
DEX4 POUCH PACK .....19		

DIASTAT ACUDIAL GEL 20 MG (Use diazepam (anticonvulsant)) .. 13	NA 4 MG/ML ..... 77	diphenhydramine hcl (sleep) TABS 25 MG ..... 68
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant)) ..... 13	DILANTIN (Use phenytoin sodium extended) ..... 14	diphenhydramine hcl (sleep) TABS 50 MG ..... 68
diazepam (anticonvulsant) GEL 10 MG ..... 13	DILANTIN ..... 14	diphenhydramine hcl CAPS ..... 23
diazepam (anticonvulsant) GEL ... 13	DILANTIN INFATABS CHEW (Use phenytoin) ..... 14	diphenhydramine hcl ELIX 12.5 MG/5ML ..... 23
diazepam SOLN OR 5 MG/5ML ... 10	DILANTIN-125 SUSP (Use phenytoin) ..... 15	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML ..... 23
diazepam TABS ..... 10	DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl) ..... 6	diphenhydramine hcl TABS 25 MG 23
dibucaine ..... 54	DILAUDID TABS 8 MG (Use hydromorphone hcl) ..... 6	diphenoxylate w/ atropine LIQD ... 22
dichlorphenamide ..... 59	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG ..... 42	diphenoxylate w/ atropine TABS ... 22
diclofenac potassium TABS 50 MG .4	diltiazem hcl coated beads CP24 240 MG ..... 42	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ... 96
diclofenac sodium (ophth) ..... 90	diltiazem hcl CP12 ..... 42	dipyridamole ..... 66
diclofenac sodium (topical) GEL EX 51	diltiazem hcl CP24 120 MG, 180 MG 43	disopyramide phosphate CAPS ... 10
diclofenac sodium TBEC ..... 4	diltiazem hcl CP24 240 MG ..... 43	DISPOSABLE MOUTHPIECE FULL RANGE MISC ..... 74
dicloxacillin sodium ..... 92	diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG ..... 42	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC ... 74
dicyclomine hcl CAPS ..... 97	diltiazem hcl extended release beads 240 MG ..... 42	DISPOSABLE MOUTHPIECE/LOW RANGE MISC ..... 74
dicyclomine hcl SOLN OR ..... 97	diltiazem hcl TABS ..... 43	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC ..... 74
dicyclomine hcl TABS ..... 97	dimenhydrinate TABS ..... 22	DISPOSABLE PAPER MOUTHPIECE MISC ..... 74
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide) ..... 50	dimethyl fumarate CDPK ..... 94	disulfiram 250 MG ..... 94
DIFLUCAN SUSP (Use fluconazole) . 23	dimethyl fumarate CPDR ..... 94	DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride) ..... 98
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole) ..... 23	DIOVAN HCT (Use valsartan- hydrochlorothiazide) ..... 27	divalproex sodium CSDR ..... 15
DIFLUCAN TABS 150 MG (Use fluconazole) ..... 23	DIOVAN TABS (Use valsartan) ... 26	divalproex sodium TB24 250 MG .. 15
diflunisal TABS ..... 6	diphenhydramine hcl (sleep) CAPS 50 MG ..... 68	divalproex sodium TB24 500 MG .. 15
digoxin SOLN OR 0.05 MG/ML ... 43		
digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG ..... 43		
dihydroergotamine mesylate SOLN		

divalproex sodium TBEC 125 MG . 15	DOVATO ..... 39	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM .....72
divalproex sodium TBEC 250 MG . 15	doxazosin mesylate ..... 26	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM .....72
divalproex sodium TBEC 500 MG . 15	doxepin hcl CAPS .....18	EASY FLOW 300 MM HOSE MISC 74
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel) .....35	doxepin hcl CONC ..... 18	EASY FLOW 400 MM HOSE MISC 74
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML .....35	doxycycline (monohydrate) CAPS 50 MG, 100 MG ..... 96	EASY FLOW AIR NOZZLE MISC . 74
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML .....35	doxycycline (monohydrate) TABS 50 MG, 100 MG ..... 96	EASY FLOW HEPA FILTER MISC 74
DOCETAXEL SOLN (Use docetaxel) 35	doxycycline hyclate CAPS .....96	EASY MAX BLOOD GLUCOSE TEST STRIP STRP .....57
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML .....35	doxycycline hyclate TABS 100 MG 96	EASY MAX T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT .70
docetaxel SOLN .....35	doxylamine succinate (sleep) .....68	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP ..57
DOCIVYX SOLN .....35	DRAMAMINE CHEW ..... 22	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT .....70
DOCK-SORREL POLLEN MIX EXTRACT IJ .....2	DRAMAMINE TABS (Use dimenhydrinate) .....22	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP ..57
docusate sodium CAPS 100 MG, 250 MG ..... 69	DRISDOL CAPS (Use ergocalciferol) 102	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP ..... 57
docusate sodium CAPS 50 MG ...69	drospirenone-ethinyl estradiol ....45	EBASE CONTROLLER KIT MISC .74
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML .....69	DROXIA CAPS .....66	econazole nitrate CREA ..... 51
DOCUSATE SODIUM SYRP .....69	droxidopa .....102	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin) .....6
docusate sodium TABS .....69	DRYSOL SOLN .....55	ECOTRIN REGULAR STRENGTH TBEC (Use aspirin) .....6
dofetilide .....10	DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl) .....69	ECOTRIN TBEC (Use aspirin) .....6
DOJOLVI .....87	DULCOLAX SUPP (Use bisacodyl) 69	ED BRON GP LIQD ..... 48
donepezil hydrochloride TABS 5 MG, 10 MG .....94	DULCOLAX TBEC (Use bisacodyl) 69	edaravone SOLN ..... 86
dorzolamide hcl .....90	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....17	EDURANT .....39
DORZOLAMIDE HCL .....90	DUROLANE PRSY ..... 85	efavirenz CAPS 200 MG .....39
DORZOLAMIDE HCL/TIMOLOL MALEATE .....88	D-VI-SOL LIQD OR (Use cholecalciferol) .....102	
dorzolamide hcl-timolol maleate .. 88	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) ..... 70	

efavirenz CAPS 50 MG	39	EMBRACE PEN NEEDLES/32G X 4MM	72	ENSPRYNG	80
efavirenz TABS	39	EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	57	ENTYVIO SOLR	64
efavirenz-emtricitabine-tenofovir disoproxil fumarate	39	EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	57	EPICORD/ 1CM X 2CM SHEE	56
efavirenz-lamivudine-tenofovir disoproxil fumarate	39	EMCYT	32	EPIDIOLEX	13
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	17	EMFLAZA SUSP (Use deflazacort)	46	EPIFOAM FOAM	53
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	17	EMFLAZA TABS (Use deflazacort)	46	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	102
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	17	EMOLLIENT LOTION-MISC	54	epinephrine (anaphylaxis) SOAJ	101
EFFIENT (Use prasugrel hcl)	66	EMPLICITI	31	epinephrine hcl (nasal)	86
EFUDEX CREA (Use fluorouracil (topical))	51	emtricitabine CAPS	39	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	102
ELAPRASE	61	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	39	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	102
eletriptan hydrobromide	77	EMTRIVA CAPS (Use emtricitabine)	39	EPIVIR SOLN (Use lamivudine)	39
ELIDEL (Use pimecrolimus)	54	EMTRIVA SOLN	39	EPIVIR TABS 150 MG (Use lamivudine)	39
ELIGARD KIT SC 7.5 MG	32	EMTRIVA SOLN	39	EPIVIR TABS 300 MG (Use lamivudine)	39
ELIGARD SC 22.5 MG, 30 MG, 45 MG	32	EMVERM CHEW	9	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	66
ELIQUIS STARTER PACK TBPK	12	enalapril maleate & hydrochlorothiazide	27	epoprostenol sodium	43
ELIQUIS TABS	12	enalapril maleate TABS	25	EPZICOM (Use abacavir sulfate- lamivudine)	39
ELLA	45	ENDARI (Use glutamine (sickle cell))	66	EQL DRY MOUTH ORAL RINSE SOLN	81
ELLEENCE SOLN	33	ENFAMIL ENFALYTE SOLN	78	EQUALYTE SOLN (Use oral electrolytes)	78
ELLUME COVID-19 HOME TEST KIT	57	ENGERIX-B SUSP 20 MCG/ML	99	ERBITUX	32
ELOCTATE	65	ENGERIX-B SUSY	99	ergocalciferol CAPS	102
EMBRACE PEN NEEDLES/30G X 5MM	72	ENHERTU	31	ergocalciferol SOLN OR	102
EMBRACE PEN NEEDLES/31G X 5MM	72	ENJAYMO	66	ergotamine w/ caffeine TABS	77
EMBRACE PEN NEEDLES/31G X 8MM	72	enoxaparin sodium SOLN IJ 300 MG/3ML	12	eribulin mesylate	35
		enoxaparin sodium SOSY	12		

ERIVEDGE .....	32	ESPEROCT .....	65	SENSOR/HOLDER .....	70
ERLEADA 60 MG .....	32	ESTRACE CREA (Use estradiol vaginal) .....	101	EVERSENSE E3 SENSOR/HOLDER .....	70
erlotinib hcl .....	32	ESTRACE TABS (Use estradiol) ..	62	EVISTA (Use raloxifene hcl) .....	61
ertapenem sodium IJ .....	28	estradiol & norethindrone acetate TABS .....	62	EVKEEZA .....	24
ERYGEL GEL (Use erythromycin (acne aid)) .....	50	estradiol PTTW .....	62	EVOMELA IV .....	30
ERYPED 200 SUSR (Use erythromycin ethylsuccinate) .....	70	estradiol PTWK .....	63	EVRYSDI .....	86
ERYPED 400 SUSR (Use erythromycin ethylsuccinate) .....	70	estradiol TABS .....	63	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine) .....	94
erythromycin (acne aid) GEL .....	50	estradiol vaginal CREA .....	101	exemestane .....	32
erythromycin (acne aid) SOLN .....	50	estradiol vaginal TABS .....	101	EXFORGE (Use amlodipine besylate-valsartan) .....	27
erythromycin (ophth) .....	88	ESTROFACTORS TABS .....	82	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide) .....	27
ERYTHROMYCIN .....	88	ethambutol hcl TABS .....	29	EXJADE TBSO (Use deferasirox) ..	22
erythromycin base CPEP .....	70	ethosuximide CAPS .....	15	EXKIVITY .....	32
erythromycin base TABS .....	70	ethosuximide SOLN .....	15	EXONDYS 51 .....	86
erythromycin base TBEC .....	70	ethynodiol diacet & eth estrad .....	45	EXPIRATORY MOUTHPIECE MISC ..	74
erythromycin ethylsuccinate SUSR 70		etodolac CAPS .....	4	EXSERVAN FILM .....	86
erythromycin ethylsuccinate TABS 70		etodolac TABS .....	4	EXTAVIA KIT .....	94
erythromycin stearate TABS 250 MG 70		etonogestrel-ethinyl estradiol .....	45	EYLEA HD SOLN .....	88
ESBRIET CAPS (Use pirfenidone) 96		etoposide CAPS .....	35	EYLEA SOLN .....	88
ESBRIET TABS (Use pirfenidone) 96		etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	35	EYLEA SOSY .....	88
escitalopram oxalate TABS 10 MG 16		etravirine 100 MG .....	39	ezetimibe .....	25
escitalopram oxalate TABS 20 MG 16		etravirine 200 MG .....	39	ezetimibe-simvastatin .....	24
escitalopram oxalate TABS 5 MG . 16		EUFLEXXA SOSY .....	85	famciclovir .....	41
ESGIC TABS (Use butalbital-acetaminophen-caffeine) .....	5	EULEXIN .....	32	famotidine SUSR .....	97
esomeprazole magnesium CPDR 20 MG .....	98	EVAC POWD (Use psyllium) .....	68	famotidine TABS 10 MG .....	97
		EVENITY .....	60	famotidine TABS 20 MG, 40 MG ..	97
		everolimus TABS .....	33	FARESTON (Use toremifene citrate) .....	32
		everolimus TBSO .....	33		
		EVERSENSE 365			

FARXIGA (Use dapagliflozin propanediol) .....	21	FLEBOGAMMA DIF SOLN 5 GM/50ML .....	91
FARXIGA .....	21	FLEBOGAMMA DIF SOLN .....	91
FASTEP COVID-19 ANTIGEN HOME TEST KIT .....	57	flecainide acetate .....	10
FEIBA .....	65	FLEET ENEMA ENEM (Use sodium phosphates) .....	69
felbamate SUSP .....	14	FLEET PEDIATRIC ENEM (Use sodium phosphates) .....	69
felbamate TABS .....	14	FLEET SALINE ENEMA	
FELBATOL SUSP (Use felbamate) 14		EXTRAVOLUME ENEM (Use sodium phosphates) .....	69
FELBATOL TABS (Use felbamate) 14		FLEXICHAMBER ADULT MASK/SMALL .....	74
FELDENE CAPS (Use piroxicam) ..	4	FLEXICHAMBER CHILD MASK/LARGE .....	74
felodipine .....	43	FLEXICHAMBER CHILD MASK/SMALL .....	74
FEMARA (Use letrozole) .....	32	FLOLAN (Use epoprostenol sodium) .....	43
fenofibrate micronized 134 MG, 200 MG .....	25	FLOMAX (Use tamsulosin hcl) ....	64
fenofibrate micronized 67 MG .....	25	FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal)) .....	86
fenofibrate TABS 160 MG .....	25	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal)) 86	
fenofibrate TABS 54 MG .....	25	FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-0.5 MG-250 MCG .....	83
FENOFIBRATE TABS .....	25	FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-1 MG-250 MCG .....	83
fenoprofen calcium CAPS 400 MG .	4	FLORIVA PLUS SOLN .....	83
FENSOLVI SC .....	61	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation))	
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	6		
FER-IN-SOL SOLN (Use ferrous sulfate) .....	67		
FERRETTS TABS .....	67		
FERRIPROX SOLN .....	22		
FERRIPROX TABS (Use deferiprone) .....	22		
FERRIPROX TWICE-A-DAY TABS			
22			
ferrous fumarate TABS 324 MG ...	67		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS .....	67		
FERROUS GLUCONATE TABS 324 MG .....	67		
ferrous sulfate SOLN 15 MG/ML ...	67		
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML .....	67		
ferrous sulfate TABS 65 MG, 325 MG .....	67		
FERROUS SULFATE TBEC (Use ferrous sulfate) .....	67		
ferrous sulfate TBEC .....	67		
FEVERALL JUNIOR STRENGTH SUPP .....	6		
fexofenadine hcl TABS 180 MG ...	24		
fexofenadine hcl TABS 60 MG ....	24		
FIBRYGA .....	65		
FILTER AIR PP MISC .....	74		
finasteride .....	64		
fingolimod hcl .....	94		
FINTEPLA .....	13		
FIRAZYR SOSY (Use icatibant acetate) .....	65		
FIRMAGON 80 MG .....	32		
FIRVANQ SOLR OR (Use vancomycin hcl) .....	28		
FLAVOR BLEND SUSP .....	92		
FLAVOR PLUS LIQD .....	92		
FLAVOR SWEET SYRP .....	92		
FLAVOR SWEET-SF SYRP .....	92		
flavoxate hcl .....	98		

11	fluorouracil (topical) CREA 0.5 % .51	FLUZONE 2024-2025 SUSP ..... 99
FLOVENT HFA (Use fluticasone propionate hfa) .....11	fluorouracil (topical) CREA 5 % ...51	FLUZONE 2024-2025 SUSY ..... 99
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT .....57	fluorouracil (topical) SOLN .....51	FLUZONE HIGH-DOSE 2024-2025 SUSY .....99
FLUAD 2024-2025 ..... 99	fluoxetine hcl CAPS 10 MG, 20 MG 16	FLYP HYPERSONIQ CARTRIDGE MISC ..... 74
FLUARIX 2024-2025 SUSY ..... 99	fluoxetine hcl CAPS 40 MG .....16	FML LIQUIFILM SUSP (Use fluorometholone (ophth)) .....89
FLUBLOK 2024-2025 SOSY ..... 99	fluoxetine hcl SOLN .....16	FML OINT .....89
FLUCELVAX 2024-2025 SUSP ... 99	fluoxetine hcl TABS 10 MG .....16	FOCALIN TABS (Use dexmethylphenidate hcl) ..... 1
FLUCELVAX 2024-2025 SUSY ... 99	fluoxetine hcl TABS 20 MG .....16	FOLCYTEINE TABS .....82
fluconazole SUSR .....23	fluphenazine decanoate .....38	folic acid TABS 1 MG .....66
fluconazole TABS 100 MG, 200 MG . 23	fluphenazine hcl TABS .....38	folic acid TABS 400 MCG, 800 MCG . 66
fluconazole TABS 150 MG .....23	flurazepam hcl .....68	FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ..... 60
fluconazole TABS 50 MG .....23	flurbiprofen sodium .....90	FOLOTYN .....30
fludarabine phosphate SOLN .....30	flurbiprofen TABS ..... 4	fondaparinux sodium .....12
FLUDARABINE PHOSPHATE SOLN .....30	flutamide .....32	FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP ..57
fludarabine phosphate SOLR .....30	fluticasone propionate (inhalation) AEPB .....11	FORA GTEL BLOOD KETONE TEST STRIPS .....57
fludrocortisone acetate TABS .....46	fluticasone propionate (nasal) SUSP . 86	FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..57
FLULAVAL 2024-2025 SUSY ..... 99	fluticasone propionate CREA 0.05 % 53	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP ..58
FLUMIST NASAL VACCINE 2024-2025 .....99	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....11	formaldehyde SOLN 10 % .....38
flunisolide (nasal) 0.025 % .....86	fluticasone propionate hfa 44 MCG/ACT .....11	FORTEO SOPN (Use teriparatide) 60
fluocinolone acetonide (otic) ..... 91	fluticasone propionate OINT .....53	FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP ... 58
fluocinolone acetonide OIL ..... 53	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....12	FOSAMAX TABS 70 MG (Use alendronate sodium) .....60
fluocinonide CREA 0.05 % .....53	fluvoxamine maleate TABS 100 MG . 16	
fluocinonide emulsified base .....53	fluvoxamine maleate TABS 25 MG, 50 MG .....16	
fluocinonide GEL .....53		
fluocinonide OINT .....53		
fluocinonide SOLN .....53		
fluorometholone (ophth) SUSP ....89		



fosamprenavir calcium TABS .....	39	FT ELECTROLYTE SOLUTION SOLN .....	78	GAMUNEX-C .....	91
fosinopril sodium & hydrochlorothiazide .....	27	FT SALINE NASAL SPRAY SOLN	85	GANIRELIX ACETATE (Use ganirelix acetate) .....	60
fosinopril sodium .....	25	FULL KIT NEBULIZER SET MISC	74	ganirelix acetate .....	60
FOTIVDA .....	34	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	59	GARDASIL 9 SUSP .....	99
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML .....	12	furosemide TABS .....	59	GARDASIL 9 SUSY .....	99
FRAGMIN SOSY .....	12	FUZEON SOLR .....	39	GATTEX .....	64
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	70	FYARRO .....	34	GAUZE SPONGES .....	70
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....	71	gabapentin CAPS .....	13	GAVRETO .....	34
FREESTYLE LIBRE 2 PLUS/SENOSR/FLASH GLUCOSE MONITOR SYSTEM .....	71	gabapentin SOLN .....	13	GAZYVA .....	31
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	71	gabapentin TABS 600 MG .....	13	gefitinib .....	32
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	71	gabapentin TABS 800 MG .....	13	GEL-ONE .....	85
FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM .....	71	GABITRIL (Use tiagabine hcl) .....	14	GELSYN-3 SOSY .....	85
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....	71	GABLOFEN SOLN IT (Use baclofen) 85		gemfibrozil TABS .....	25
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	71	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML .....	85	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT .....	58
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	71	GALAFOLD .....	61	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT .....	58
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT .....	71	galantamine hydrobromide CP24 .....	94	GENERESS FE (Use norethindrone & ethinyl estradiol-fe) .....	45
		galantamine hydrobromide SOLN .....	94	GENICIN VITA-Q TABS .....	82
		galantamine hydrobromide TABS .....	94	gentamicin sulfate (ophth) OINT .....	88
		GAMASTAN .....	91	gentamicin sulfate (ophth) SOLN .....	88
		GAMIFANT .....	80	gentamicin sulfate (topical) CREA .....	50
		GAMMAGARD LIQUID .....	91	gentamicin sulfate (topical) OINT .....	50
		GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....	91	GENVISC 850 SOSY .....	85
		GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	91	GENVOYA .....	39
		GAMMAPLEX SOLN 5 GM/50ML .....	91	GEODON (Use ziprasidone hcl) .....	37
		GAMMAPLEX SOLN .....	91	GERI-TUSSIN SYRP .....	49
				GILENYA (Use fingolimod hcl) .....	95
				GILENYA 0.5 MG .....	95

GILOTRIF .....	32	GLYNASE (Use glyburide micronized) .....	21	guaifenesin-codeine SYRP .....	48
GIMOTI SOLN NA .....	63	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP .....	58	guanfacine hcl (adhd) .....	1
ginger (zingiber officinalis) CAPS 250 MG .....	2	GNP GLUCOSE 6 MG-4 GM .....	19	guanfacine hcl .....	26
GLASSIA SOLN .....	95	GNP GLUCOSE CHEW .....	19	GUARDIAN 4 GLUCOSE SENSOR . 71	
glatiramer acetate SOSY .....	95	GNP QUICK DISSOLVE GLUCOSE CHEW .....	19	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC .....	71
GLEEVEC (Use imatinib mesylate) 34		GOCOVRI CP24 .....	36	GYNAZOLE-1 .....	101
glimepiride 1 MG, 2 MG .....	21	GOJJI BLOOD KETONE TEST STRIPS .....	58	HADLIMA PUSHTOUCH SOAJ ....	3
glimepiride 4 MG .....	21	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate) .....	68	HADLIMA SOSY .....	4
glipizide TABS .....	21	GONAL-F RFF REDIJECT SOPN .	60	HAEGARDA SOLR SC .....	66
glipizide TB24 .....	21	GONAL-F RFF SOLR SC .....	60	HALAVEN (Use eribulin mesylate) 35	
glipizide-metformin hcl .....	18	GONAL-F SOLR IJ .....	60	HALCION 0.25 MG (Use triazolam) 68	
glucagon (rdna) .....	19	GOODSENSE ELECTROLYTE ADVANTAGE CARE SOLN .....	78	HALDOL DECANOATE 100 (Use haloperidol decanoate) .....	37
GLUCAGON EMERGENCY KIT (Use glucagon (rdna)) .....	19	GOODSENSE GLUCOSE .....	19	HALDOL DECANOATE 50 (Use haloperidol decanoate) .....	37
GLUCO TO GO CHEW .....	19	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT .....	58	haloperidol decanoate .....	37
GLUCOSE .....	19	GRANIX SOLN .....	67	haloperidol lactate CONC .....	37
GLUCOSE CHEW .....	19	GRANIX SOSY .....	67	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG .....	37
GLUCOSE INSTANT ENERGY ...	19	GRAPE SYRUP SYRP .....	92	haloperidol TABS 20 MG .....	37
GLUCOTROL XL TB24 (Use glipizide) .....	21	griseofulvin microsize SUSP .....	23	HAVRIX .....	99
glutamine (sickle cell) .....	66	griseofulvin microsize TABS .....	23	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML .....	65
glyburide micronized 1.5 MG, 3 MG, 6 MG .....	21	griseofulvin ultramicrosize .....	23	HEMOFIL M SOLR 1501 -2000 UNIT .....	65
glyburide TABS .....	21	guaifenesin LIQD .....	49	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT .....	65
glyburide-metformin .....	18	guaifenesin SYRP .....	49	HEPAGAM B SOLN IJ .....	91
glycerin (laxative) SUPP 2 GM ....	69	guaifenesin TB12 1200 MG .....	49		
GLYCERIN ADULT SUPP (Use glycerin (laxative)) .....	69	guaifenesin TB12 600 MG .....	49		
glycine diluent .....	92	guaifenesin-codeine SOLN .....	48		
glycopyrrolate TABS 1 MG, 2 MG .	97				

heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	12	HYCAMTIN SOLR (Use topotecan hcl) .....	36	hydrocortisone (topical) LOTN 2.5 % .	53
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML .....	12	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide) .....	47	hydrocortisone (topical) OINT 1 %, 2.5 % .....	53
HEPLISAV-B SOSY .....	99	hydralazine hcl TABS .....	28	hydrocortisone butyrate SOLN ....	53
HERCEPTIN 150 MG .....	31	HYDRALYTE FREEZER POPS SOLN .....	79	HYDROCORTISONE COMPLETE KIT THPK .....	53
HERCEPTIN HYLECTA .....	33	HYDRALYTE SOLN .....	79	hydrocortisone TABS .....	46
HIBERIX SOLR IJ .....	98	HYDREA (Use hydroxyurea) .....	35	hydrocortisone vaginal .....	101
HIBICLENS SOLN EX (Use chlorhexidine gluconate) .....	38	hydrochlorothiazide CAPS .....	59	hydrocortisone w/acetic acid .....	91
HIGH POTENCY MULTIVITAMIN TABS .....	82	hydrochlorothiazide TABS 25 MG, 50 MG .....	59	HYDROMORPHONE HCL SUPP ...	6
HIZENTRA SOLN .....	91	hydrocodone bitartrate-homatropine methylbromide SOLN .....	47	hydromorphone hcl TABS 2 MG, 4 MG .....	6
HIZENTRA SOSY .....	91	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	7	hydromorphone hcl TABS 8 MG ....	6
homatropine hbr .....	88	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	7	hydroxychloroquine sulfate 200 MG 29	
HULIO AJKT .....	4	HYDROCORT LOTION COMPLETEKIT THPK .....	53	hydroxyprogesterone caproate (antineoplastic) .....	32
HULIO PSKT .....	4	hydrocortisone (intrarectal) .....	8	hydroxyprogesterone caproate OIL 93	
HUMALOG KWIKPEN SOPN 100 UNIT/ML .....	20	hydrocortisone (rectal) EX 1 % .....	9	hydroxyurea .....	35
HUMALOG SOLN IJ .....	20	hydrocortisone (rectal) EX 2.5 % ...	9	hydroxyzine hcl SYRP .....	10
HUMATE-P SOLR .....	65	hydrocortisone (topical) CREA 0.5 % 53		hydroxyzine hcl TABS .....	10
HUMATROPE CART IJ .....	60	hydrocortisone (topical) CREA 1 % 53		hydroxyzine pamoate CAPS .....	10
HUMULIN 70/30 KWIKPEN SUPN 20		hydrocortisone (topical) CREA 2.5 % 53		HYMOVIS .....	85
HUMULIN 70/30 SUSP .....	20	hydrocortisone (topical) LOTN 1 % 53		hyoscyamine sulfate ELIX .....	97
HUMULIN N KWIKPEN SUPN ....	20	HYOSCYAMINE SULFATE POWD 97		HYOSCYAMINE SULFATE SOLN OR 0.125 MG/ML .....	97
HUMULIN N SUSP .....	20	hyoscyamine sulfate SOLN OR 0.125 MG/ML .....		hyoscyamine sulfate SUBL 0.125 MG .....	97
HUMULIN R SOLN IJ .....	20	hyoscyamine sulfate TABS 0.125 MG .....			
HYALGAN SOLN .....	85				
HYALGAN SOSY .....	85				
HYCAMTIN CAPS .....	36				

hyoscyamine sulfate TB12 0.375 MG 97	IFE-BIMIX 30/1 SOLN ..... 43	INCRUSE ELLIPTA ..... 10
hyoscyamine sulfate TBDP 0.125 MG .....97	IHEALTH BLOOD GLUCOSE TEST STRIPS STRP ..... 58	indapamide TABS 1.25 MG, 2.5 MG . 59
HYPERHEP B SOLN IM .....91	IHEALTH COVID-19 ANTIGENRAPID TEST KIT .....58	INDERAL LA CP24 (Use propranolol hcl) ..... 42
HYPERRHO S/D MINI-DOSE SOSY IM .....91	ILARIS SOLN ..... 4	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ... 58
HYPERRHO S/D SOSY IM 1500 UNIT .....91	ILUMYA .....52	INDOCIN SUSP (Use indomethacin) . 4
HYQVIA ..... 92	ILUVIEN .....89	INDOMETHACIN ..... 4
HYRIMOZ SOAJ 40 MG/0.4ML ....4	imatinib mesylate .....34	indomethacin CAPS 25 MG, 50 MG 4
HYRIMOZ SOSY 40 MG/0.4ML ....4	IMBRUVICA CAPS ..... 34	indomethacin SUPP ..... 4
HYRONAN KIT .....85	IMBRUVICA TABS .....34	indomethacin SUSP .....4
HY-VEE GLUCOSE ..... 19	IMCIVREE ..... 1	INFANRIX ..... 96
HYZAAR (Use losartan potassium & hydrochlorothiazide) ..... 27	IMFINZI .....31	INFANTS ADVIL SUSP (Use ibuprofen) ..... 4
ibandronate sodium SOLN .....60	imipramine hcl TABS .....18	INFANTS SILAPAP SOLN OR .....6
IBRANCE CAPS .....34	imiquimod 5 % ..... 54	INLYTA .....31
IBRANCE TABS ..... 34	IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan) .....77	INNOSPIRE REPLACEMENT FILTER MISC ..... 74
ibuprofen CHEW ..... 4	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate) .....77	INQOVI .....33
ibuprofen lysine .....4	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate) .....77	INREBIC .....34
ibuprofen SUSP 100 MG/5ML ....4	IMITREX TABS (Use sumatriptan succinate) .....77	INSULIN ASPART FLEXPEN SOPN . 20
ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML .....4	IMLYGIC .....36	INSULIN ASPART PENFILL SOCT 20
ibuprofen TABS 200 MG .....4	IMODIUM A-D CAPS (Use loperamide hcl) .....22	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....20
ibuprofen TABS 400 MG, 600 MG, 800 MG .....4	IMODIUM A-D TABS (Use loperamide hcl) .....22	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....20
icatibant acetate SOLN .....65	IMOVAX RABIES (H.D.C.V.) SUSR 99	INSULIN ASPART SOLN IJ ..... 20
icatibant acetate SOSY .....65	IMURAN TABS (Use azathioprine) 80	INSULIN DEGLUDEC FLEXTOUCH
ICLUSIG .....34	INCRELEX ..... 61	
IDELVION .....65		
IDHIFA .....34		

SOPN 100 UNIT/ML .....	20	INVEGA SUSTENNA .....	37	40 MG .....	50
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML .....	20	INVEGA TRINZA .....	37	ISTODAX SOLR (Use romidepsin)	34
INSULIN DEGLUDEC SOLN .....	20	IOPIDINE .....	88	ISTURISA .....	59
INSULIN GLARGINE-YFGN SOLN 20		IPOL INACTIVATED IPV .....	99	ITCH RELIEF CREA .....	51
INSULIN GLARGINE-YFGN SOPN 20		ipratropium bromide (nasal) 0.03 % 85		itraconazole CAPS .....	23
INSULIN LISPRO JUNIOR KWIKPEN SOPN .....	20	ipratropium bromide (nasal) 0.06 % 85		IXEMPRA KIT .....	36
INSULIN LISPRO KWIKPEN SOPN . 20		ipratropium bromide SOLN 0.02 % 10		IXIARO .....	99
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....	20	ipratropium-albuterol SOLN .....	12	IXINITY SOLR .....	65
INSULIN LISPRO SOLN IJ .....	20	irbesartan .....	26	JADENU SPRINKLE PACK (Use deferasirox) .....	22
INSULIN SYRINGES .....	72	irbesartan-hydrochlorothiazide ...	27	JADENU TABS (Use deferasirox) .	22
INSULIN SYRINGES-MISC .....	72	IRESSA (Use gefitinib) .....	32	JAKAFI .....	34
INSUPEN 31G X 5MM .....	72	irinotecan hcl .....	36	JANSSEN COVID-19 VACCINE ..	99
INSUPEN 31G X 8MM .....	72	IRON CHEWS PEDIATRIC CHEW 67		JEMPERLI .....	31
INSUPEN 32G X 4MM .....	72	IRON TABS 28 MG .....	67	JEVTANA .....	36
INTELENCE 100 MG (Use etravirine) .....	39	ISENTRESS CHEW 100 MG .....	39	JIVI .....	65
INTELENCE 200 MG (Use etravirine) .....	39	ISENTRESS CHEW 25 MG .....	39	JULUCA .....	39
INTELENCE 25 MG .....	39	ISENTRESS HD TABS .....	39	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG .....	25
INTELISWAB COVID-19 RAPID TEST KIT .....	58	ISENTRESS PACK .....	39	JYNARQUE TABS .....	62
INTRON A SOLR 10000000 UNIT	35	ISENTRESS TABS .....	39	JYNARQUE TBPK .....	62
INTUNIV (Use guanfacine hcl (adhd)) .....	1	isoniazid SYRP .....	29	JYNNEOS .....	99
INVANZ IJ (Use ertapenem sodium) . 28		isoniazid TABS .....	29	KADCYLA .....	31
INVEGA HAFYERA .....	37	ISOPTO ATROPINE SOLN .....	88	KALBITOR .....	66
		ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate) .....	9	KALETRA SOLN (Use lopinavir- ritonavir) .....	39
		isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	9	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir) .....	39
		isosorbide mononitrate TABS .....	9	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir) .....	39
		isosorbide mononitrate TB24 .....	9	KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG .....	95
		isotretinoin 10 MG, 20 MG, 30 MG,			

KALYDECO PACK 5.8 MG	96	%	90	KOKO PEAK PRO REPLACEMENT PLASTIC MOUTHPIECE MISC	74
KALYDECO TABS	96	ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	4	KOMBIGLYZE XR (Use saxagliptin- metformin hcl)	18
KANJINTI 420 MG	31	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	5	KORLYM (Use mifepristone (hyperglycemia))	19
KANUMA	61	ketorolac tromethamine TABS	5	KOSELUGO	34
KAPVAY TB12 (Use clonidine hcl (adhd))	1	KETOSTIX STRP	58	KOVALTRY	65
KAZANO (Use alogliptin-metformin hcl)	18	ketotifen fumarate (ophth) 0.035 % 90		K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	79
KCENTRA	65	KEVEYIS (Use dichlorphenamide)	59	KRINTAFEL	29
KEMOPLAT SOLN	30	KEY-E CHEW	102	KROGER GLUCOSE	19
KEPIVANCE 5.16 MG	35	KEYTRUDA	31	KRYSTEXXA	65
KEPIVANCE 6.25 MG	35	KHAPZORY	35	K-TAB TBCR 10 MEQ (Use potassium chloride)	79
KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	13	KIMMTRAK	31	KUVAN PACK (Use sapropterin dihydrochloride)	61
KEPPRA TABS 1000 MG (Use levetiracetam)	13	KINDERLYTE PREMAX SOLN	79	KUVAN TABS (Use sapropterin dihydrochloride)	61
KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	13	KINDERLYTE SOLN	79	KYPROLIS	34
KEPPRA TABS 500 MG (Use levetiracetam)	13	KINERET SOSY	4	labetalol hcl TABS 100 MG	42
KEPPRA XR TB24 (Use levetiracetam)	13	KINRIX SUSY	96	labetalol hcl TABS 200 MG	42
KERALYT GEL (Use salicylic acid)	54	KISQALI	34	labetalol hcl TABS 300 MG	41
KERALYT GEL	54	KISQALI FEMARA 200 DOSE	33	lactic acid (ammonium lactate) CREA	54
KESIMPTA	95	KISQALI FEMARA 400 DOSE	33	lactic acid (ammonium lactate) LOTN 12 %	54
ketoconazole (topical) CREA	51	KISQALI FEMARA 600 DOSE	33	lactulose (encephalopathy)	64
ketoconazole (topical) SHAM 2 %	51	KITABIS PAK NEBU (Use tobramycin)	2	lactulose SOLN	69
KETONE STRP	58	KLARON (Use sulfacetamide sodium (acne))	50	LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)	13
KETONE TEST STRIPS STRP	58	KLONOPIN TABS (Use clonazepam)	13		
ketorolac tromethamine (ophth) 0.4 %	90	KOATE SOLR	65		
ketorolac tromethamine (ophth) 0.5 %	90	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	65		
		KOGENATE FS KIT	65		

LAMICTAL TABS (Use lamotrigine) 13	LEADER GLUCOSE 6 MG-4 GM ..19	levetiracetam TABS 500 MG ..... 14
LAMICTAL XR TB24 (Use lamotrigine) .....13	LEADER QUICK DISSOLVE GLUCOSE CHEW ..... 19	levetiracetam TB24 ..... 14
LAMISIL AT CREA (Use terbinafine hcl (topical)) .....51	leflunomide .....5	levobunolol hcl 0.5 % ..... 88
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical)) .....51	lenalidomide .....80	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML .....61
lamivudine SOLN ..... 39	LENVIMA 10 MG DAILY DOSE ...31	levocarnitine (metabolic modifiers) TABs .....61
lamivudine TABS 150 MG ..... 39	LENVIMA 12MG DAILY DOSE ...31	levocetirizine dihydrochloride TABS 24
lamivudine TABS 300 MG ..... 39	LENVIMA 14 MG DAILY DOSE ...31	levofloxacin TABS ..... 63
lamivudine-zidovudine .....39	LENVIMA 18 MG DAILY DOSE ...31	levoleucovorin calcium SOLN 250 MG/25ML ..... 35
lamotrigine CHEW ..... 13	LENVIMA 20 MG DAILY DOSE ...31	levoleucovorin calcium SOLR ..... 35
lamotrigine TABS ..... 13	LENVIMA 24 MG DAILY DOSE ...31	levonorgestrel & eth estradiol TABS 45
lamotrigine TB24 .....13	LENVIMA 4 MG DAILY DOSE ...31	levonorgestrel (emergency oc) 1.5 MG ..... 45
LANCETS-MISC .....71	LENVIMA 8 MG DAILY DOSE ...31	levonorgestrel-eth estradiol (triphasic) .....45
LANCING DEVICE-MISC .....71	LEQVIO .....25	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG ..... 45
lanolin (topical) CREA ..... 55	LETAIRIS (Use ambrisentan) .....44	levothyroxine sodium TABS ..... 96
lanolin (topical) OINT ..... 55	letrozole ..... 32	LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate) ..... 97
lanolin XX .....93	leucovorin calcium TABS ..... 35	LEVULAN KERASTICK SOLR .... 51
LANOLIN XX .....93	LEUKERAN .....30	LEXAPRO TABS 10 MG (Use escitalopram oxalate) ..... 17
LANOLOR CREA .....55	LEUKINE SOLR IJ .....67	LEXAPRO TABS 20 MG (Use escitalopram oxalate) ..... 16
LANOXIN SOLN IJ (Use digoxin) ..43	leuprolide acetate KIT IJ 1 MG/0.2ML .....32	LEXAPRO TABS 5 MG (Use escitalopram oxalate) ..... 16
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin) .....43	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE ..... 32	LEXIVA SUSP ..... 39
lansoprazole CPDR 15 MG .....98	levalbuterol tartrate .....12	LEXIVA TABS (Use fosamprenavir calcium) .....39
lansoprazole CPDR 30 MG .....98	LEVBID TB12 (Use hyoscyamine sulfate) ..... 97	
lapatinib ditosylate .....34	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML ..... 13	
LASIX TABS (Use furosemide) ....59	levetiracetam TABS 1000 MG ..... 14	
latanoprost SOLN .....90	levetiracetam TABS 250 MG, 750 MG ..... 14	
LATANOPROST SOLN .....90		
LATUDA (Use lurasidone hcl) ....37		

LIALDA TBEC (Use mesalamine) . 64	lithium carbonate TABS .....36	loratadine TABS ..... 24
LIBTAYO ..... 31	lithium carbonate TBCR ..... 36	loratadine TBDP 10 MG ..... 24
LICEMD GEL .....55	LITHOBID TBCR (Use lithium carbonate) .....36	lorazepam TABS .....10
lidocaine CREA 4 % ..... 54	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN ..... 85	LORBRENA ..... 34
lidocaine hcl (mouth-throat) 2 % ...81	LIVMARLI .....63	losartan potassium & hydrochlorothiazide ..... 27
lidocaine hcl CREA 3 % ..... 54	LIVTENCITY .....40	losartan potassium .....26
lidocaine hcl CREA 4 % ..... 54	LMX 4 CREA (Use lidocaine) .....55	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day)) ..... 45
lidocaine hcl GEL 2 % ..... 54	LODINE TABS (Use etodolac) ..... 5	LOTENSIN 10 MG, 20 MG (Use benazepril hcl) ..... 25
lidocaine OINT .....54	LODOSYN (Use carbidopa) .....36	LOTENSIN 40 MG (Use benazepril hcl) ..... 25
lidocaine-prilocaine CREA .....55	LOHIST-D LIQD ..... 48	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .27
LIORESAL INTRATHECAL SOLN IT (Use baclofen) ..... 85	LOMOTIL TABS (Use diphenoxylate w/ atropine) .....22	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl) ..... 27
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML .....85	LONGS GLUCOSE .....19	LOTRIMIN AF CREA (Use clotrimazole (topical)) ..... 51
liothyronine sodium TABS ..... 96	LONSURF .....33	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical)) ..... 51
LIPITOR TABS (Use atorvastatin calcium) ..... 25	loperamide hcl CAPS .....22	lovastatin TABS 10 MG, 20 MG ... 25
liraglutide ..... 20	loperamide hcl TABS ..... 22	lovastatin TABS 40 MG .....25
lisdexamphetamine dimesylate CAPS 1	LOPID TABS (Use gemfibrozil) ...25	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium) ..... 12
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG ..... 27	lopinavir-ritonavir SOLN ..... 39	LOVENOX SOSY (Use enoxaparin sodium) .....12
lisinopril & hydrochlorothiazide 25 MG-20 MG ..... 27	lopinavir-ritonavir TABS 25 MG-100 MG ..... 39	loxapine succinate ..... 37
lisinopril TABS 2.5 MG .....25	lopinavir-ritonavir TABS 50 MG-200 MG ..... 39	LUCENTIS SOLN 0.3 MG/0.05ML 88
lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG ..... 25	LOPRESSOR TABS 100 MG (Use metoprolol tartrate) .....42	LUCENTIS SOSY .....88
LITETOUCH MASK LARGE MISC 74	LOPRESSOR TABS 50 MG (Use metoprolol tartrate) .....42	LUMAKRAS ..... 34
LITETOUCH MASK MEDIUM MISC . 74	loratadine & pseudoephedrine TB12 . 48	
LITETOUCH MASK SMALL MISC .74	loratadine & pseudoephedrine TB24 . 48	
lithium .....36	loratadine SOLN ..... 24	
lithium carbonate CAPS ..... 36		



LUMIZYME .....	61	TABS 241.5 MG, 400 MG .....	79	meclizine hcl TABS 12.5 MG, 25 MG	23
LUMOXITI .....	31	MAGNESIUM OXIDE CAPS .....	79	MEDROL DOSEPAK TBPK (Use	
LUNG PERFORMANCE PEAK		magnesium oxide TABS 400 MG ...	9	methylprednisolone) .....	46
FLOW METER .....	74	MAGOX 400 TABS (Use magnesium		MEDROL TABS 4 MG, 8 MG (Use	
LUPKYNIS .....	80	oxide (mg supplement)) .....	79	methylprednisolone) .....	46
LUPRON DEPOT (1-MONTH) KIT IM		MAKENA OIL (Use		medroxyprogesterone acetate	
.....	32	hydroxyprogesterone caproate) ...	93	(contraceptive) SUSP IM .....	46
LUPRON DEPOT (3-MONTH) KIT IM		MAKENA SOAJ .....	93	medroxyprogesterone acetate	
.....	32	malathion .....	55	(contraceptive) SUSY IM .....	46
LUPRON DEPOT (4-MONTH) IM .	32	maraviroc TABS 150 MG .....	39	medroxyprogesterone acetate 2.5	
LUPRON DEPOT (6-MONTH) IM .	32	maraviroc TABS 300 MG .....	39	MG, 5 MG, 10 MG .....	93
LUPRON DEPOT-PED (1-MONTH) .	61	MARGENZA .....	31	mefloquine hcl .....	29
LUPRON DEPOT-PED (3-MONTH) .	61	MASK VORTEX/CHILD/FROG ...	74	megestrol acetate SUSP .....	32
lurasidone hcl .....	37	MASK		megestrol acetate TABS .....	32
LUXTURNA .....	89	VORTEX/TODDLER/LADYBUG ..	74	MEIJER GLUCOSE .....	19
LYNPARZA TABS .....	34	MATULANE .....	35	MEKINIST TABS .....	34
LYSODREN .....	32	MAVYRET PACK .....	41	MEKTOVI .....	34
LYSTEDA TABS (Use tranexamic		MAVYRET TABS .....	41	MELATONIN SUBL .....	2
acid) .....	67	MAXALT TABS 10 MG (Use		melatonin TABS 3 MG, 5 MG .....	2
MACI .....	84	rizatriptan benzoate) .....	77	melatonin TBDP 3 MG .....	2
MACROBID (Use nitrofurantoin		MAXALT-MLT TBDP 10 MG (Use		meloxicam TABS .....	5
monohyd macro) .....	29	rizatriptan benzoate) .....	77	melphalan .....	30
MACRODANTIN 50 MG, 100 MG		MAXITROL OINT (Use neomycin-		melphalan hcl IV .....	30
(Use nitrofurantoin macrocrystal) ..	29	polymy-dexameth) .....	89	memantine hcl SOLN .....	94
MAGNESIUM CAPS 400 MG .....	79	MAXITROL SUSP (Use neomycin-		memantine hcl TABS .....	94
magnesium citrate .....	69	polymy-dexameth) .....	89	MENACTRA .....	98
MAGNESIUM EXTRA STRENGTH		MAXI-TUSS PE LIQD .....	48	MENOPUR SC .....	60
CAPS .....	79	MAXI-TUSS PE MAX LIQD .....	48	MENQUADFI .....	98
magnesium hydroxide SUSP 7.75 %,		MAXZIDE TABS (Use triamterene &		MENVEO SOLN .....	99
400 MG/5ML, 1200 MG/15ML, 2400		hydrochlorothiazide) .....	59	MENVEO SOLR .....	99
MG/30ML .....	69	MAXZIDE-25 TABS (Use triamterene		meperidine hcl SOLN OR 50	
magnesium oxide (mg supplement)		& hydrochlorothiazide) .....	59		
		meclizine hcl CHEW .....	23		

MG/5ML .....	7	methazolamide TABS .....	59	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG .....	2
meperidine hcl TABS 50 MG .....	7	methenamine mandelate 0.5 GM, 1 GM .....	29	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG .....	2
MEPHYTON TABS (Use phytonadione) .....	102	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 .....	28	methylprednisolone TABS 4 MG, 8 MG .....	46
meprobamate .....	10	methimazole TABS .....	96	methylprednisolone TBPK .....	46
MEPSEVII .....	61	METHITEST TABS .....	8	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	63
mercaptapurine TABS .....	30	methocarbamol TABS 500 MG, 750 MG .....	85	metoclopramide hcl TABS .....	63
mesalamine CP24 .....	64	METHOTREXATE .....	3	metolazone .....	59
mesalamine CPDR .....	64	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	30	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG .....	27
mesalamine ENEM .....	64	methotrexate sodium TABS 2.5 MG 30		metoprolol & hydrochlorothiazide TABS 50 MG-100 MG .....	27
mesalamine TBEC .....	64	methyl dopa TABS .....	26	metoprolol succinate TB24 200 MG 42	
mesna SOLN .....	35	methylergonovine maleate TABS ..	91	metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	42
MESNEX SOLN (Use mesna) .....	35	METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl) .....	2	metoprolol tartrate TABS 100 MG .	42
MESNEX TABS .....	35	METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl) .....	2	metoprolol tartrate TABS 25 MG, 50 MG .....	42
MESTINON TABS (Use pyridostigmine bromide) .....	29	methylphenidate hcl CPCR .....	2	METROCREAM CREA (Use metronidazole (topical)) .....	55
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide) .....	29	methylphenidate hcl SOLN 10 MG/5ML .....	2	METROLOTION LOTN (Use metronidazole (topical)) .....	55
METADATE CD CPCR (Use methylphenidate hcl) .....	2	methylphenidate hcl SOLN 5 MG/5ML .....	2	metronidazole (topical) CREA .....	55
METAMUCIL FREE & NATURAL POWD (Use psyllium) .....	68	methylphenidate hcl TABS 10 MG, 20 MG .....	2	metronidazole (topical) GEL 0.75 % 55	
METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium) .....	68	methylphenidate hcl TABS 5 MG ...	2	metronidazole (topical) LOTN .....	55
METAMUCIL POWD (Use psyllium) . 68		methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....	2	metronidazole TABS .....	28
metformin hcl TABS 500 MG .....	18	methylphenidate hcl TB24 36 MG ..	2	metrosine .....	26
metformin hcl TABS 850 MG, 1000 MG .....	18				
metformin hcl TB24 500 MG .....	18				
metformin hcl TB24 750 MG .....	18				
methadone hcl TABS 10 MG .....	7				
methadone hcl TABS 5 MG .....	7				

mexiletine hcl .....	10	hcl) .....	26	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED .....	56
MIACALCIN IJ (Use calcitonin (salmon)) .....	60	MINIVELLE PTTW (Use estradiol)	63	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED .....	56
MICARDIS (Use telmisartan) .....	26	minocycline hcl CAPS .....	96	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH .....	56
MICARDIS HCT (Use telmisartan-hydrochlorothiazide) .....	27	minoxidil 10 MG .....	28	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED .....	56
MICATIN CREA (Use miconazole nitrate (topical)) .....	51	minoxidil 2.5 MG .....	28	mirtazapine TABS 15 MG .....	15
miconazole nitrate (topical) CREA	51	MIRALAX POWD (Use polyethylene glycol 3350) .....	69	mirtazapine TABS 30 MG .....	15
miconazole nitrate vaginal CREA	101	MIRCERA .....	67	mirtazapine TABS 7.5 MG, 45 MG	15
miconazole nitrate vaginal KIT ...	101	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) .....	45	mirtazapine TBDP 15 MG .....	15
miconazole nitrate vaginal SUPP MG .....	101	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM .....	56	mirtazapine TBDP 30 MG .....	15
miconazole nitrate vaginal SUPP MG .....	101	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM .....	56	mirtazapine TBDP 45 MG .....	15
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM .....	91	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM .....	56	misoprostol .....	98
MICROLIFE DIGITAL PEAK FLOW METER .....	74	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM .....	56	mitoxantrone hcl 2 MG/ML .....	33
midazolam hcl SOLN IJ .....	68	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM .....	56	MM BLOOD GLUCOSE MONITORING SYSTEM KIT .....	71
midodrine hcl .....	102	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM .....	56	MM BLULINK GLUCOSE TEST STRIPS STRP .....	58
mifepristone (hyperglycemia) .....	19	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM .....	56	M-M-R II SOLR .....	100
miglustat .....	66	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM .....	56	MODERNA COVID-19 VACCINE SUSP .....	100
MIGRANAL SOLN NA (Use dihydroergotamine mesylate) .....	77	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM .....	56	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	100
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE .....	74	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM .....	56	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	100
MINI WRIGHT PEAK FLOW METER .....	74	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM .....	56	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..	100
MINI WRIGHT PEAK FLOW METER STANDARD RANGE .....	75	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX .....	56		
MINIELITE FILTER REPLACEMENTS MISC .....	75				
MINIPRESS CAPS (Use prazosin					

MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	100	(Use ibuprofen) .....	5	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 ..	83
MODERNA COVID-19 VACCINE6MO-5Y SUSP	100	MOUTH KOTE REMINT SOLN	81	MOUTH KOTE SOLN	82
MOI-STIR SOLN	81	moxifloxacin hcl (ophth) SOLN OP	89	MULTIVITAMIN ADULT TABS	82
molindone hcl	38	MOZOBIL (Use plerixafor)	67	MULTIVITAMIN INFANT & TODDLER SOLN OR	84
mometasone furoate CREA	53	MS CONTIN TBCR (Use morphine sulfate)	7	MULTIVITAMIN INFANT/TODDLER SOLN OR	84
mometasone furoate OINT	53	MUCINEX D MAXIMUM STRENGTH TB12 (Use pseudoephedrine-guaifenesin)	48	MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	82
mometasone furoate SOLN	53	MUCINEX D TB12 (Use pseudoephedrine-guaifenesin)	48	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	84
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	101	MUCINEX DM TB12 (Use dextromethorphan-guaifenesin)	48	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	83
MONISTAT 3 CREA (Use miconazole nitrate vaginal)	101	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	49	MULTIVITAMIN WITH FLUORIDE CHEW	83
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	101	MUCINEX TB12 (Use guaifenesin)	49	MULTIVITAMIN WITH FLUORIDE SOLN	83
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (Use hydrocortisone vaginal)	101	MULPLETA	67	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	83
MONJUVI	31	MULTI VITAMIN TABS	82	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	83
MONOVISC	85	MULTI VITAMIN/D-3 TABS	82	mupirocin calcium (topical)	50
montelukast sodium CHEW	11	multiple vitamin TABS	82	mupirocin OINT	50
montelukast sodium PACK	11	multiple vitamins w/ iron TABS	82	MVASI	31
montelukast sodium TABS	11	MULTIPLE VITAMINS W/ MINERALS TABS	82		
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	7	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	82		
morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML	7	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	83		
morphine sulfate SUPP	7	MULTIVITAMIN + FLUORIDE CHEW			
morphine sulfate TABS	7				
morphine sulfate TBCR	7				
MOTRIN CHILDRENS CHEW (Use ibuprofen)	5				
MOTRIN INFANTS DROPS SUSP					

MX-SOL BLEND SF SUSP	92	naloxone hcl SOCT	22	MISC	75
MX-SOL BLEND SUSP	92	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	22	NEBULIZER MASK ADULT MISC	.75
MX-SOL SF SYRP	92	naloxone hcl SOSY 2 MG/2ML	22	NEBULIZER MASK CHILD MISC	.75
MX-SOL SUSPEND SUSP	93	naltrexone hcl	22	nefazodone hcl	17
MX-SOL SYRP	93	NAMENDA TABS (Use memantine hcl)	94	NEOMULTIVITE TABS	82
MYALEPT	61	NAMENDA TITRATION PAK TABS (Use memantine hcl)	94	neomycin sulfate TABS	2
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	29	naphazoline w/ pheniramine 0.315 %-0.027 %	89	neomycin-bacitracin zn-polymyxin	89
MYCOBUTIN (Use rifabutin)	29	NAPROSYN SUSP (Use naproxen)	5	neomycin-bacitracin-polymyxin OINT	50
mycophenolate mofetil CAPS	80	NAPROSYN TABS 500 MG (Use naproxen)	5	neomycin-polymy-dexameth OINT	89
mycophenolate mofetil SUSR	80	naproxen sodium TABS 220 MG	5	neomycin-polymy-dexameth SUSP	89
mycophenolate mofetil TABS	80	naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polymyxin w/ pramoxine	50
mycophenolate sodium	80	naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polymyxin-gramicidin	.89
MYDRIACYL SOLN (Use tropicamide)	88	naproxen SUSP	5	neomycin-polymyxin-hc (ophth)	.89
MYFORTIC (Use mycophenolate sodium)	80	naproxen TABS	5	neomycin-polymyxin-hc (otic) SOLN	.91
MYLERAN TABS	30	naratriptan hcl	77	neomycin-polymyxin-hc (otic) SUSP	.91
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone)	63	NARCAN LIQD (Use naloxone hcl)	22	NEOPROFEN (Use ibuprofen lysine)	5
MYLICON INFANTS GAS RELIEF SUSP (Use simethicone)	63	NARDIL (Use phenelzine sulfate)	16	NEORAL CAPS (Use cyclosporine modified (for microemulsion))	80
MYLOTARG	31	NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	86	NEORAL SOLN (Use cyclosporine modified (for microemulsion))	80
MYSOLINE (Use primidone)	14	NASALCROM (Use cromolyn sodium (nasal))	85	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	50
NABI-HB SOLN IM	91	nateglinide	21	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)	50
nabumetone	5	NATROBA (Use spinosad)	55	NERLYNX	34
nadolol TABS 20 MG, 40 MG, 80 MG	42	NATURAL FIBER LAXATIVE POWD	68	NESINA (Use alogliptin benzoate)	
NAGLAZYME	61	NAYZILAM	13		
NALFON CAPS (Use fenoprofen calcium)	5	NEBULIZER AIR TUBE/PLUGS			
naloxone hcl LIQD	22				

20	NIASPAN TBCR 1000 MG (Use	nitrofurantoin monohyd macro	29
NEUPOGEN SOLN	niacin (antihyperlipidemic))	nitroglycerin CPCR	9
NEUPOGEN SOSY	nicardipine hcl CAPS	nitroglycerin PT24	9
NEURONTIN CAPS (Use	NICODERM CQ PT24 TD (Use	nitroglycerin SUBL	9
gabapentin)	nicotine)	NITROSTAT SUBL (Use	
NEURONTIN SOLN (Use	NICORETTE GUM (Use nicotine	nitroglycerin)	9
gabapentin)	polacrilex)	NITYR TABS	61
NEURONTIN TABS 600 MG (Use	NICORETTE LOZG (Use nicotine	NIVA THYROID TABS	96
gabapentin)	polacrilex)	NIVESTYM SOLN	67
NEURONTIN TABS 800 MG (Use	NICORETTE MINI LOZG (Use	NIVESTYM SOSY	67
gabapentin)	nicotine polacrilex)	NIX CREME RINSE LIQD EX (Use	
NEUTROGENA T/GEL SHAM 0.5 %	NICORETTE STARTER KIT GUM	permethrin)	55
(Use coal tar extract)	(Use nicotine polacrilex)	NIZORAL SHAM	51
nevirapine SUSP	nicotine MISC XX	NORDITROPIN FLEXPPO SOPN	60
nevirapine TABS	nicotine polacrilex GUM	norelgestromin-ethinyl estradiol	45
nevirapine TB24 100 MG	nicotine polacrilex LOZG	norethin acet & estrad-fe TABS 1	
nevirapine TB24 400 MG	nicotine PT24 TD 7 MG/24HR, 14	MG-20 MCG-75 MG, 1.5 MG-30	
NEXAVAR (Use sorafenib tosylate)	MG/24HR, 21 MG/24HR	MCG-75 MG	45
34	NICOTINE TRANSDERMAL	norethindrone & eth estradiol	45
NEXIUM 24HR CLEAR MINIS CPDR	SYSTEM KIT	norethindrone & ethinyl estradiol-fe	
(Use esomeprazole magnesium)	NICOTROL INHALER INHA	45	
NEXIUM 24HR CPDR (Use	NICOTROL NS SOLN	norethindrone (contraceptive)	46
esomeprazole magnesium)	nifedipine CAPS	norethindrone acet & eth estra TABS	
NEXIUM CPDR 20 MG (Use	nifedipine TB24 30 MG, 90 MG	45	
esomeprazole magnesium)	nifedipine TB24 60 MG	norethindrone acetate TABS	93
NEXVIAZYME	NINLARO	norethindrone acetate-ethinyl	
niacin (antihyperlipidemic) TABS	nitisinone CAPS	estradiol	62
niacin (antihyperlipidemic) TBCR	NITRO-BID OINT	norethindrone acetate-ethinyl	
niacin CPCR 250 MG, 500 MG	NITRO-DUR PT24 (Use nitroglycerin)	estradiol-fe	45
niacin TABS 500 MG		norethindrone-eth estradiol (triphasic)	
niacin TBCR	nitrofurantoin	45	
NIACIN TR CPCR	nitrofurantoin macrocrystal 50 MG,	norgestimate-ethinyl estradiol	
NIACIN TR TBCR	100 MG	(triphasic)	45

norgestimate-ethinyl estradiol	45	NOVOLIN 70/30 SUSP	21	NUVARING (Use etonogestrel-ethinyl estradiol)	45
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	45	NOVOLIN N FLEXPEN RELION SUPN	21	NUWIQ KIT	65
NORPACE CAPS (Use disopyramide phosphate)	10	NOVOLIN N FLEXPEN SUPN	21	NUWIQ SOLR	65
NORPACE CR CP12 150 MG	10	NOVOLIN N RELION SUSP	21	NYSTATIN (Use nystatin (mouth-throat))	81
NORPRAMIN TABS 10 MG (Use desipramine hcl)	18	NOVOLIN N SUSP	21	nystatin (mouth-throat)	81
NORPRAMIN TABS 25 MG (Use desipramine hcl)	18	NOVOLIN R RELION SOLN IJ	21	nystatin (topical) CREA	51
NORTHERA (Use droxidopa)	102	NOVOLIN R SOLN IJ	21	nystatin (topical) OINT	51
nortriptyline hcl CAPS	18	NOVOLOG FLEXPEN RELION SOPN	21	nystatin (topical) POWD EX	51
nortriptyline hcl SOLN	18	NOVOLOG FLEXPEN SOPN	21	nystatin TABS	23
NORVASC TABS (Use amlodipine besylate)	43	NOVOLOG FLEXPEN MIX 70/30 PREFILLED FLEXPEN RELION SUPN	21	nystatin-triamcinolone CREA	51
NORVIR CAPS	39	NOVOLOG MIX 70/30 RELION SUSP	21	nystatin-triamcinolone OINT	51
NORVIR SOLN	39	NOVOLOG MIX 70/30 SUSP	21	NYVEPRIA	67
NORVIR TABS (Use ritonavir)	39	NOVOLOG MIX 70/30 SUSP	21	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	56
NOSE CLIP MISC	75	NOVOLOG PENFILL SOCT	21	OASIS WOUND MATRIX	56
NOVA MAX PLUS KETONE TESTSTRIPS	58	NOVOLOG RELION SOLN IJ	21	OBIZUR	65
NOVACHOR	56	NOVOLOG SOLN IJ	21	OCALIVA	63
NOVAREL IM 5000 UNIT	60	NOVOLOG SOLN IJ	21	OCTAGAM SOLN 5 GM/50ML	91
NOVAVAX COVID-19 VACCINE SUSP	100	NOVOSEVEN RT	65	OCTAGAM SOLN	91
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	100	NP THYROID 120 TABS	96	octreotide acetate KIT 20 MG, 30 MG	62
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	100	NP THYROID 15 TABS	96	octreotide acetate SOLN	62
NOVOLIN 70/30 FLEXPEN RELION SUPN	20	NP THYROID 30 TABS	96	OCUFLOX (Use ofloxacin (ophth))	89
NOVOLIN 70/30 FLEXPEN SUPN	20	NP THYROID 60 TABS	96	ODEFSEY	39
NOVOLIN 70/30 RELION SUSP	20	NP THYROID 90 TABS	96	ODOMZO	32
		NUBEQA	32	OFEV	96
		NULIBRY	61	OFF DEEP WOODS AERO	55
		NULOJIX	80	OFF DEEP WOODS DRY AERO	55
		NUMOISYN LIQD	82	ofloxacin (ophth)	89
		NUPLAZID CAPS	37		
		NUPLAZID TABS 10 MG	37		

ofloxacin (otic) .....	90	ondansetron TBDP 4 MG, 8 MG ...	22	OPDIVO .....	31
ofloxacin 400 MG .....	63	ONE DAILY ESSENTIAL TABS ...	82	OPDUALAG .....	33
OGIVRI .....	31	ONE DAILY ESSENTIALS TABS .	82	OPILL .....	46
OHC COVID-19 ANTIGEN SELF TEST KIT .....	58	ONE FLOW TESTER TUBE		ORA-BLEND SF SUSP .....	93
olanzapine TABS 15 MG, 20 MG .	37	MOUTHPIECE MISC .....	75	ORA-BLEND SUSP .....	93
olanzapine TABS 2.5 MG, 5 MG .	37	ONE VITE DAILY MULTIVITAMIN TABs .....	82	oral electrolytes SOLN .....	79
olanzapine TABS 7.5 MG, 10 MG .	37	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin) .....	82	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP ...	93
olmesartan medoxomil .....	26	ONE-A-DAY MENS TABS (Use multiple vitamin) .....	82	ORAL MIX SF SUSP .....	93
olmesartan medoxomil-amlodipine- hydrochlorothiazide .....	27	ONETOUCH SOLUTIONS FIT KIT 71		ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT SOLN .....	82
olmesartan medoxomil- hydrochlorothiazide .....	27	ONETOUCH ULTRA 2 KIT .....	71	ORAL SUSPEND LIQD .....	93
OMBRA COMPRESSOR AIR FILTERS MISC .....	75	ONETOUCH ULTRA BLUE TESTSTRIP STRP .....	58	ORAL SYRUP FLAVORED VEHICLE SYRP .....	93
omega-3 fatty acids CAPS .....	87	ONETOUCH ULTRA STRP .....	58	ORAL SYRUP SF SYRP .....	93
omega-3 fatty acids CPDR .....	87	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT .....	71	ORALYTE SOLN .....	79
OMEPRAZOLE .....	45	ONETOUCH VERIO REFLECT KIT 71		ORAPENN SD ANHYDROUS SWEETENED LIQD .....	93
OMEPRAZOLE 20MG TABLET ...	98	ONETOUCH VERIO TEST STRIPS STRP .....	58	ORAPENN SD ANHYDROUS UNSWEETENED LIQD .....	93
omeprazole CPDR .....	98	ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPO SABLE MISC .....	75	ORA-PLUS LIQD .....	93
omeprazole magnesium TBEC ....	98	ONGLYZA (Use saxagliptin hcl) ..	20	ORA-SWEET SF SYRP 10 %-9 %	93
OMNICAP TABS .....	82	ONPATTRO .....	95	ORA-SWEET SYRP 4 %-5 %-54 %	93
ON/GO COVID-19 ANTIGEN SELF- TEST KIT .....	58	ONUREG TABS .....	30	ORENCIA CLICKJECT SOAJ .....	5
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT .....	58	OPCON-A (Use naphazoline w/ pheniramine) .....	89	ORENCIA SOLR .....	5
ONCASPAR .....	35			ORENCIA SOSY .....	5
ondansetron hcl SOLN OR 4 MG/5ML .....	22			ORENITRAM TBCR .....	43
ondansetron hcl TABS 24 MG .....	22			ORFADIN CAPS (Use nitisinone) .	61
ondansetron hcl TABS 4 MG, 8 MG 22				ORFADIN SUSP .....	61
ondansetron TBDP 16 MG .....	22			ORGOVYX .....	32



ORKAMBI PACK .....	96	OXLUMO .....	64	PANDA MASK MEDIUM .....	75
ORKAMBI TABS .....	96	oxybutynin chloride TABS .....	98	PANDA MASK SMALL .....	75
ORLADEYO .....	66	oxybutynin chloride TB24 .....	98	PANHEMATIN 350 MG .....	66
orphenadrine citrate TB12 .....	85	oxycodone hcl CAPS .....	7	pantoprazole sodium TBEC 20 MG	98
ORTHOVISC .....	85	oxycodone hcl CONC 100 MG/5ML	7	pantoprazole sodium TBEC 40 MG	98
oseltamivir phosphate CAPS 30 MG	41	oxycodone hcl SOLN .....	7	PANZYGA .....	91
oseltamivir phosphate CAPS 45 MG,	41	oxycodone hcl T12A 10 MG, 20 MG,	7	PARI ALTERA NEBULIZER	
75 MG .....	41	40 MG, 80 MG .....	7	HANDSET MISC .....	75
oseltamivir phosphate SUSR .....	41	oxycodone hcl TABS 30 MG .....	7	PARI BABY CONVERSION KITSIZE	
OSENI 15 MG-25 MG, 30 MG-12.5		oxycodone hcl TABS 5 MG, 10 MG,	7	1 MISC .....	75
MG, 30 MG-25 MG, 45 MG-25 MG		15 MG, 20 MG .....	7	PARI BABY CONVERSION KITSIZE	
(Use alogliptin-pioglitazone) .....	18	oxycodone w/ acetaminophen SOLN	8	2 MISC .....	75
OSTEOCONDUCTIVE MATRIX		8		PARI BABY CONVERSION KITSIZE	
PLUS .....	56	oxycodone w/ acetaminophen TABS		3 MISC .....	75
OTEZLA TABS .....	5	325 MG-10 MG, 325 MG-5 MG, 325		PARI BUBBLES PEDIATRIC	
OTEZLA TBPK .....	5	MG-7.5 MG .....	8	AEROSOL MASK MISC .....	75
OTREXUP SOAJ 10 MG/0.4ML, 12.5		OXYCONTIN T12A .....	7	PARI ERAPID NEBULIZER	
MG/0.4ML, 15 MG/0.4ML, 17.5		oyster shell .....	78	HANDSET MISC .....	75
MG/0.4ML, 20 MG/0.4ML, 22.5		OYSTER SHELL CALCIUM/D TABS		PARI EXPIRATORY FILTER VALVE	
MG/0.4ML, 25 MG/0.4ML .....	3	78		SET DEVI .....	75
OVACE PLUS WASH LIQD (Use		OZURDEX IMPL .....	89	PARI MASK SET MISC .....	75
sulfacetamide sodium) .....	52	paclitaxel protein-bound particles	36	PARI SMARTMASK BABY/ELBOW	
OVACE WASH LIQD (Use		PACLITAXEL PROTEIN-		MISC .....	75
sulfacetamide sodium) .....	52	BOUNDPARTICLES .....	36	PARI SOFT PLASTIC ADULT MASK	
OVIDE (Use malathion) .....	55	PADCEV .....	31	MISC .....	75
OVIDREL SOSY SC 250		PALYNZIQ .....	61	PARI SOFT PLASTIC PEDIATRIC	
MCG/0.5ML .....	60	PAMELOR CAPS (Use nortriptyline		MASK MISC .....	75
OXAYDO TABS 5 MG .....	7	hcl) .....	18	PARI VORTEX ADULT MASK	75
oxazepam CAPS .....	10	pamidronate disodium SOLN 30			
OXBRYTA TABS 500 MG .....	66	MG/10ML, 90 MG/10ML .....	60	paricalcitol SOLN .....	61
OXBRYTA TBSO .....	66	PAMIDRONATE DISODIUM SOLN		PARLODEL CAPS (Use	
oxcarbazepine SUSP .....	14	60		bromocriptine mesylate) .....	36
oxcarbazepine TABS .....	14	PANDA MASK LARGE .....	75	PARLODEL TABS (Use	
				bromocriptine mesylate) .....	36

PARNATE (Use tranlycypromine sulfate) .....	16	PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes) .....	79	pemetrexed disodium SOLR 100 MG, 500 MG .....	30
paroxetine hcl SUSP .....	17	PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes) .....	79	PEMFEXY .....	30
paroxetine hcl TABS 10 MG .....	17	PEDIALYTE IMMUNE SUPPORT SOLN .....	79	PEN NEEDLES 30GX5MM .....	72
paroxetine hcl TABS 20 MG .....	17	PEDIALYTE SINGLES SOLN (Use oral electrolytes) .....	79	PEN NEEDLES 31G X 8MM .....	72
paroxetine hcl TABS 30 MG, 40 MG . 17		PEDIALYTE SOLN (Use oral electrolytes) .....	79	PEN NEEDLES 31GX5MM .....	72
paroxetine hcl TB24 .....	17	PEDIAPRED SOLN (Use prednisolone sodium phosphate) .	46	PEN NEEDLES 31GX8MM .....	72
PARSABIV .....	61	PEDIARIX SUSY .....	96	PEN NEEDLES 32G X 4MM .....	72
PARVA-CAL .....	78	PEDIATRIC DISPOSABLE MOUTPIECE MISC .....	75	PEN NEEDLES 32GX4MM .....	72
PAXIL CR TB24 (Use paroxetine hcl) .....	17	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC .	75	PENBRAYA .....	99
PAXIL SUSP (Use paroxetine hcl) .	17	PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS .....	83	penicillamine TABS .....	80
PAXIL TABS 10 MG (Use paroxetine hcl) .....	17	pediatric multivitamins w/fl CHEW .	84	penicillin v potassium SOLR .....	92
PAXIL TABS 20 MG (Use paroxetine hcl) .....	17	pediatric multivitamins w/fl SOLN .	84	penicillin v potassium TABS .....	92
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl) .....	17	PEDIATRIC PANDA MASK .....	75	PENTACEL .....	96
PAXLOVID 100 MG-150 MG .....	40	pediatric vitamins acd w/ fluoride SOLN .....	84	pentoxifylline .....	66
pazopanib hcl .....	34	PEDVAX HIB SUSP .....	99	PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine) .....	97
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR .....	84	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR .....	68	PEPCID AC TABS 10 MG (Use famotidine) .....	97
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN .....	84	peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	68	PEPCID AC TABS 20 MG (Use famotidine) .....	97
PCCA SWEET-SF SYRP .....	93	PEGASYS SOLN .....	41	PEPCID TABS (Use famotidine) .	97
PCCA SYRUP VEHICLE SYRP ...	93	PEG-PREP .....	68	PEPTO-BISMOL CHEW (Use bismuth subsalicylate) .....	22
PCCA-PLUS SUSP .....	93	PEMAZYRE .....	34	PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate) 21	
PEAK A-I-R FLOW METER .....	75	PEMETREXED 500 MG/20ML ....	30	PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate) .....	21
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC .....	75			PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen) .....	8
ped multivitamins w/fl & iron SOLN	83			PERIDEX (Use chlorhexidine gluconate (mouth-throat)) .....	81

PERJETA .....	31	PH 12 STERILE DILUENT FORFLOLAN .....	93	PIKO 1 ELECTRONIC .....	76
permethrin CREA .....	55	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC ..	76	PILLOW MASK/ADULT MISC .....	76
permethrin LIQD EX .....	55	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....	64	PILLOW MASK/CHILD MISC .....	76
perphenazine TABS .....	38	phenelzine sulfate .....	16	PILLOW MASK/PEDIATRIC MISC	76
perphenazine-amitriptyline .....	94	phenobarbital ELIX .....	68	pilocarpine hcl (oral) 5 MG .....	82
PERSERIS PRSY .....	37	phenobarbital TABS .....	68	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	88
PERSONAL BEST FULL RANGE	75	phenylephrine hcl (mydriatic) SOLN 2.5 % .....	88	PILOT COVID-19 AT-HOME TEST KIT .....	58
PFIZER-BIONTECH COVID- 19VACCINE SUSP .....	100	phenylephrine hcl (oral) TABS ....	86	pimecrolimus .....	54
PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP .....	100	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 48		pindolol TABS .....	42
PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 100		phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML .....	48	pioglitazone hcl .....	21
PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2024-25 SUSP 100		phenylephrine-dm SOLN .....	48	pioglitazone hcl-metformin hcl TABS .	18
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP .....	100	phenylephrine-shark liver oil-cocoa butter .....	8	PIP BLOOD GLUCOSE TEST STRIP STRP .....	58
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP .....	100	phenylephrine-shark liver oil-mineral oil-petrolatum .....	8	PIQRAY 200MG DAILY DOSE ...	34
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP .....	100	phenytoin CHEW .....	15	PIQRAY 250MG DAILY DOSE ...	34
PFIZER-BIONTECH COVID- 19VACCINE/ADULT RTU SUSP .	100	phenytoin sodium extended 100 MG .	15	PIQRAY 300MG DAILY DOSE ...	34
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/5-11Y ..	100	phenytoin sodium SOLN .....	15	pirfenidone CAPS .....	96
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/6M-4Y .	100	phenytoin SUSP .....	15	pirfenidone TABS .....	96
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/BA.4/BA.5 100		PHESGO .....	33	piroxicam CAPS .....	5
PFLEX MISC .....	76	PHOTOFRIN .....	35	PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) ...	45
		PHOTREXA/PHOTREXA VISCOUS KIT .....	89	PLAQUENIL (Use hydroxychloroquine sulfate) .....	29
		phytonadione TABS 5 MG .....	102	PLAVIX 75 MG (Use clopidogrel bisulfate) .....	66
		PIFELTRO .....	39	PLEGRIDY SOAJ SC 125 MCG/0.5ML .....	95
				PLEGRIDY SOSY IM .....	95
				PLEGRIDY STARTER PACK SOAJ SC .....	95

PLEGRIDY STARTER PACK SOSY SC .....	95	PORTRAZZA .....	32	prednisolone acetate (ophth) .....	90
PLENITY .....	1	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	79	PREDNISOLONE ACETATE P-F ..	90
PLENITY WELCOME KIT .....	1	potassium bicarbonate TBEF .....	79	PREDNISOLONE SODIUM PHOSPHATE .....	90
plerixafor .....	67	potassium chloride CPCR 10 MEQ 79		prednisolone sodium phosphate SOLN 20 MG/5ML .....	46
PNEUMOVAX 23 IJ 25 MCG/0.5ML . 99		potassium chloride CPCR 8 MEQ . 79		prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML .....	46
PNEUMOVAX 23/1 DOSE IJ 25 MCG/0.5ML .....	99	potassium chloride microencapsulated crystals er .....	79	prednisolone SOLN .....	46
POCKET PEAK FLOW METER ..	76	potassium chloride PACK OR 20 MEQ .....	79	prednisolone TABS .....	46
POCKETPEAK PEAK FLOW METER LOW RANGE .....	76	potassium chloride SOLN OR 10 %, 20 % .....	79	PREDNISONE INTENSOL CONC ..	46
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM .....	76	potassium chloride TBCR 8 MEQ, 10 MEQ .....	79	prednisone SOLN .....	46
podofilox SOLN .....	54	potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG .....	64	prednisone TABS .....	46
POLIVY .....	31	POTELIGEO .....	31	prednisone TBPK .....	46
POLYCOSE LIQD .....	87	PRADAXA CAPS (Use dabigatran etexilate mesylate) .....	12	PREFERRED PLUS GLUCOSE ..	19
POLYCOSE POWD .....	87	pralatrexate .....	31	PREGNYL IM .....	60
polyethylene glycol 3350 POWD ..	69	PRALUENT SOAJ .....	25	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM .....	60
polymyxin b-trimethoprim .....	89	pramipexole dihydrochloride TABS 36		PREHEVBRIO .....	100
polysaccharide iron complex CAPS 150 MG .....	67	prasugrel hcl .....	66	PREMARIN .....	101
POLY-VI-FLOR CHEW .....	84	pravastatin sodium .....	25	PREMARIN TABS .....	63
polyvinyl alcohol 1.4 % .....	87	prazosin hcl CAPS .....	26	PREMPHASE .....	62
POLY-VI-SOL SOLN OR .....	84	PRECISION XTRA .....	58	PREMPRO .....	62
POLY-VI-SOL/IRON SOLN .....	84	PRED FORTE (Use prednisolone acetate (ophth)) .....	89	PRENATAL VITAMINS-MISC .....	84
POLY-VITA SOLN OR .....	84	PRED MILD .....	89	PREVACID 24HR CPDR (Use lansoprazole) .....	98
POLY-VITA/IRON SOLN .....	84	PRED-G SUSP .....	89	PREVACID CPDR 30 MG (Use lansoprazole) .....	98
POLY-VITE PEDIATRIC SOLN OR 84		prednisolone acetate (ophth) .....	89	PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental)) .....	81
POLY-VITE/IRON SOLN .....	84			PREVIDENT 5000 DRY MOUTH	
POMALYST .....	33				

GEL (Use sodium fluoride (dental)) 81	desvenlafaxine succinate) ..... 17	HYDROCHLORIDE/DEXTROMETH ORPHAN HYDROBROMIDE SYRP (Use promethazine-dm) ..... 48
PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental)) ..... 81	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML ..... 91	promethazine w/codeine SOLN ... 48
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental)) ..... 81	PRIVIGEN SOLN 5 GM/50ML ..... 91	promethazine w/codeine SYRP ... 48
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental)) ..... 81	PROAIR RESPICLICK AEPB ..... 12	promethazine-dm SYRP ..... 48
PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental)) ..... 81	probenecid ..... 65	promethazine-phenylephrine-codeine ..... 48
PREVNAR 13 ..... 99	PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine) ..... 43	PROMETRIUM CAPS 100 MG (Use progesterone) ..... 94
PREVNAR 20 ..... 99	PROCARDIA XL TB24 60 MG (Use nifedipine) ..... 43	PROMETRIUM CAPS 200 MG (Use progesterone) ..... 94
PREVYMIS SOLN ..... 40	prochlorperazine ..... 38	PRONEB ULTRA FILTER SET MISC ..... 76
PREVYMIS TABS ..... 40	prochlorperazine maleate TABS ... 38	propafenone hcl TABS ..... 10
PREZCOBIX ..... 40	PROCRIT ..... 67	propranolol hcl CP24 ..... 42
PREZISTA SUSP ..... 40	PROCYSBI CPDR ..... 64	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML ..... 42
PREZISTA TABS 150 MG ..... 40	PROCYSBI PACK ..... 64	propranolol hcl TABS ..... 42
PREZISTA TABS 600 MG (Use darunavir) ..... 40	PROFILNINE ..... 65	propylthiouracil ..... 96
PREZISTA TABS 75 MG ..... 40	progesterone CAPS 100 MG ..... 93	PROQUAD SUSR ..... 100
PREZISTA TABS 800 MG (Use darunavir) ..... 40	progesterone CAPS 200 MG ..... 94	PROSCAR (Use finasteride) ..... 64
PRIALT ..... 6	PROGRAF CAPS (Use tacrolimus) 80	PROTEXT SUSP ..... 56
PRILOSEC OTC TBEC (Use omeprazole magnesium) ..... 98	PROGRAF PACK ..... 80	PROTONIX TBEC 20 MG (Use pantoprazole sodium) ..... 98
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) ..... 29	PROLASTIN-C SOLN ..... 95	PROTONIX TBEC 40 MG (Use pantoprazole sodium) ..... 98
primaquine phosphate TABS ..... 29	PROLEUKIN ..... 35	PROVENTIL HFA AERS (Use albuterol sulfate) ..... 12
primidone ..... 14	PROLIA SOSY ..... 60	PROVERA (Use medroxyprogesterone acetate) .... 94
PRIORIX SUSR ..... 100	promethazine & phenylephrine SYRP ..... 48	PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl) ..... 17
PRISTIQ 100 MG (Use desvenlafaxine succinate) ..... 17	PROMETHAZINE HCL POWD .... 45	PROZAC CAPS 40 MG (Use
PRISTIQ 25 MG, 50 MG (Use	promethazine hcl SOLN OR 6.25 MG/5ML ..... 24	
	promethazine hcl SUPP ..... 24	
	promethazine hcl TABS ..... 24	
	PROMETHAZINE	

fluoxetine hcl) ..... 17	CAPS ..... 49	QUESTRAN PACK (Use cholestyramine) ..... 24
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 48	PX GLUCOSE ..... 19	QUESTRAN POWD (Use cholestyramine) ..... 24
pseudoephedrine hcl TABS ..... 86	PX NITETIME MULTI-SYMPTOM CAPS ..... 49	quetiapine fumarate TABS 100 MG, 200 MG ..... 37
pseudoephedrine hcl TB12 ..... 86	pyrantel pamoate SUSP 144 MG/ML 9	quetiapine fumarate TABS 25 MG, 50 MG ..... 37
pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML .49	pyrazinamide ..... 29	quetiapine fumarate TABS 300 MG, 400 MG ..... 37
pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML ..... 49	pyrethrins-piperonyl butoxide LIQD 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 ..... 84
pseudoephedrine-guaifenesin TB12 600 MG-60 MG ..... 49	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 ..... 84
pseudoephedrine-ibuprofen TABS 49	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 ..... 84
psyllium CAPS 0.52 GM ..... 68	PYRIDIDIUM TABS (Use phenazopyridine hcl) ..... 64	QUFLORA PEDIATRIC SOLN .... 84
psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 58.6 %, 100 % ..... 68	pyridostigmine bromide TABS 60 MG ..... 29	QUICKVUE AT-HOME COVID-19 TEST KIT ..... 58
psyllium POWD 43 % ..... 68	pyridostigmine bromide TBCR .... 29	quinapril hcl ..... 25
PTS PANELS EGLU STRP ..... 58	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG ..... 102	quinapril-hydrochlorothiazide 12.5 MG-10 MG ..... 27
PULMICORT SUSP (Use budesonide (inhalation)) ..... 11	pyrimethamine ..... 29	quinapril-hydrochlorothiazide 12.5 MG-20 MG ..... 27
PULMOZYME ..... 96	PYRUKYND TABS ..... 66	quinapril-hydrochlorothiazide 25 MG- 20 MG ..... 27
PURAPLY 2CM X 4CM ..... 56	PYRUKYND TAPER PACK TBPk .66	quinidine gluconate TBCR ..... 10
PURAPLY 5CM X 5 CM ..... 57	QC CALCIUM 500MG/D3 TABS .. 78	quinidine sulfate TABS ..... 10
PURAPLY 6CM X 9CM ..... 57	QC TRIACTING DAYTIME CHILDRENS SYRP ..... 49	QUINTABS TABS ..... 82
PURE COMFORT PEAK FLOW METER ADULT ..... 76	QINLOCK ..... 34	QVAR REDHALER 40 MCG/ACT .11
PURE COMFORT PEAK FLOW METER CHILD ..... 76	QUADRACEL SUSP ..... 96	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM ..... 72	QUADRACEL SUSY ..... 97	
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM ..... 72	QUARTETTE (Use levonorgestrel- ethinyl estradiol (91-day)) ..... 45	
PURIXAN SUSP ..... 31	QUESTRAN LIGHT POWD (Use cholestyramine light) ..... 24	
PX DAYTIME MULTI-SYMPTOM		

QVAR REDHALER 80 MCG/ACT .11	RECOMBINATE SOLR .....	65	REPATHA SOSY .....	25
RA ARTHRITIS PAIN RELIEF CREA 55	RECOMBIVAX HB SUSP .....	100	REPATHA SURECLICK SOAJ .....	25
RA DRY MOUTH SOLN .....	RECOMBIVAX HB SUSY .....	100	REPEL SPORTSMEN MAX LOTN	55
RA GLUCOSE .....	RECORLEV .....	59	REPLACEMENT AIR FILTER MISC .	76
RABAVERT .....	REDITREX SOSY .....	3	REPLACEMENT FILTERS MISC .	76
RADICAVA ORS STARTER KIT SUSP .....	REGLAN TABS (Use metoclopramide hcl) .....	63	RESTORIL 15 MG, 30 MG (Use temazepam) .....	68
RADICAVA ORS SUSP .....	RELENZA DISKHALER .....	41	RETACRIT .....	67
RADICAVA SOLN (Use edaravone) 86	RELEUKO SOLN .....	67	RETEVMO CAPS .....	34
raloxifene hcl .....	RELEUKO SOSY .....	67	RETHYMIC .....	79
ramipril CAPS .....	RELEXXII TBCR 18 MG, 27 MG, 54 MG .....	2	RETIN-A CREA (Use tretinoin) ....	50
RAPAMUNE SOLN (Use sirolimus) 80	RELEXXII TBCR 36 MG .....	2	RETIN-A GEL 0.01 % (Use tretinoin) 50	
RAPAMUNE TABS (Use sirolimus) 80	RELION GLUCOSE .....	19	RETIN-A GEL 0.025 % (Use tretinoin) .....	50
RAPID SARS-COV-2 ANTIGENTEST CARD KIT .....	RELION KETONE TEST STRIPS STRP .....	58	RETISERT .....	90
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 .....	RELION PLATINUM BLOOD GLUCOSE TEST STRIPS STRP ..	58	RETROVIR CAPS (Use zidovudine) .	40
RAZADYNE ER CP24 (Use galantamine hydrobromide) .....	RELPAX (Use eletriptan hydrobromide) .....	77	RETROVIR SYRP (Use zidovudine) .	40
REBIF REBIDOSE SOAJ .....	REMERON SOLTAB TBDP 15 MG (Use mirtazapine) .....	15	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC .....	76
REBIF REBIDOSE TITRATIONPACK SOAJ .....	REMERON SOLTAB TBDP 30 MG (Use mirtazapine) .....	15	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC .....	76
REBIF SOSY .....	REMERON SOLTAB TBDP 45 MG (Use mirtazapine) .....	15	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC .....	76
REBIF TITRATION PACK SOSY ..	REMERON TABS 15 MG (Use mirtazapine) .....	15	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	44
REBINYN .....	REMERON TABS 30 MG (Use mirtazapine) .....	15	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	44
RECLAST SOLN (Use zoledronic acid) .....	REMIFEMIN MENOPAUSE RELIEF TABS .....	2	REVATIO TABS (Use sildenafil	
	REPATHA PUSHTRONEX SYSTEM SOCT .....	25		

citrate (pulmonary hypertension)) . 44	RISPERDAL CONSTA (Use risperidone microspheres) ..... 37	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG ..... 36
REVCOVI ..... 61	RISPERDAL SOLN (Use risperidone) ..... 37	rosuvastatin calcium TABS ..... 25
REVLIMID ..... 80	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 37	ROTARIX SUSP ..... 100
REYATAZ CAPS 200 MG (Use atazanavir sulfate) ..... 40	risperidone microspheres ..... 37	ROTARIX SUSR ..... 100
REYATAZ CAPS 300 MG (Use atazanavir sulfate) ..... 40	risperidone SOLN ..... 37	ROTATEQ SOLN ..... 100
REYATAZ PACK ..... 40	risperidone TABS ..... 37	ROUGH REDROOT PIGWEED POLLEN EXTRACT ..... 2
REZUROCK ..... 80	risperidone TBDP ..... 37	ROXICODONE TABS 15 MG (Use oxycodone hcl) ..... 7
RHOGAM ULTRA-FILTERED PLUS SOSY IM ..... 91	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl) ..... 2	ROXICODONE TABS 30 MG (Use oxycodone hcl) ..... 7
RHOPHYLAC SOSY IJ ..... 91	RITALIN TABS 5 MG (Use methylphenidate hcl) ..... 2	ROZLYTREK CAPS ..... 34
RIABNI ..... 31	ritonavir TABS ..... 40	RUBRACA ..... 34
RIASTAP ..... 65	RITUXAN ..... 31	RUCONEST ..... 66
ribavirin (hepatitis c) CAPS ..... 41	RITUXAN HYCELA ..... 33	rufinamide SUSP ..... 14
ribavirin (hepatitis c) TABS 200 MG 41	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR ..... 94	rufinamide TABS ..... 14
riboflavin TABS ..... 102	rivastigmine tartrate CAPS ..... 94	RUKOBIA ..... 40
RID ESSENTIAL LICE ELIMINATION KIT KIT EX ..... 55	RIXUBIS SOLR ..... 65	RUXIENCE ..... 31
rifabutin ..... 29	rizatriptan benzoate TABS ..... 77	RYDAPT ..... 34
rifampin CAPS ..... 29	rizatriptan benzoate TBDP ..... 77	RYLAZE ..... 35
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP .. 58	ROBINUL FORTE TABS (Use glycopyrrolate) ..... 97	RYPLAZIM ..... 66
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP .. 58	ROBINUL TABS (Use glycopyrrolate) ..... 97	SABRIL PACK (Use vigabatrin) ... 14
RILUTEK TABS (Use riluzole) .... 86	ROCALTROL CAPS (Use calcitriol) 61	SABRIL TABS (Use vigabatrin) .... 14
riluzole TABS ..... 86	roflumilast ..... 11	SALAGEN 5 MG (Use pilocarpine hcl (oral)) ..... 82
RINVOQ TB24 30 MG, 45 MG ..... 3	romidepsin SOLR ..... 34	salicylic acid GEL 6 % ..... 54
risedronate sodium TABS 35 MG . 60	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG ..... 36	SALINE NASAL SPRAY 0.65% .. 85
risedronate sodium TABS 5 MG, 30 MG ..... 60		salsalate ..... 6
risedronate sodium TBEC ..... 60		SAMI THE SEAL REPLACEMENTFILTERS MISC .. 76
		SAMSCA TABS (Use tolvaptan) ... 62



SANDIMMUNE CAPS (Use cyclosporine) .....	80	selenium sulfide LOTN 2.5 % .....	52	SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate) .....	37
SANDIMMUNE SOLN IV 50 MG/ML .	80	selenium sulfide SHAM 1 % .....	52	SEROSTIM SC 4 MG, 5 MG, 6 MG	60
SANDOSTATIN LAR DEPOT KIT 10 MG .....	62	SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (Use selenium sulfide) .....	52	sertraline hcl CONC .....	17
SANDOSTATIN LAR DEPOT KIT 20 MG, 30 MG (Use octreotide acetate) .	62	SELSUN BLUE DAILY LOTN (Use selenium sulfide) .....	52	sertraline hcl TABS 100 MG .....	17
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate) .....	62	SELSUN BLUE LOTN (Use selenium sulfide) .....	52	sertraline hcl TABS 25 MG, 50 MG	17
SAPHNELO .....	81	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide) .....	52	SEVENFACT .....	65
sapropterin dihydrochloride PACK .	61	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide) .....	52	SFROWASA ENEM .....	64
sapropterin dihydrochloride TABS .	62	SELZENTRY SOLN .....	40	SHINGRIX .....	100
SARNA LOTN (Use camphor & menthol) .....	52	SELZENTRY TABS 150 MG (Use maraviroc) .....	40	SIDESTREAM ADULT FACE MASK MISC .....	76
SAVELLA TABS .....	94	SELZENTRY TABS 25 MG, 75 MG	40	SIDESTREAM PEDIATRIC FACEMASK MISC .....	76
SAVELLA TITRATION PACK MISC	94	SELZENTRY TABS 300 MG (Use maraviroc) .....	40	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC .	76
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN .	55	SEMGLEE SOLN .....	21	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC .....	76
saxagliptin hcl .....	20	SEMGLEE SOPN .....	21	SIDESTREAM PLUS ADULT FACE MASK MISC .....	76
saxagliptin-metformin hcl .....	18	sennosides TABS 8.6 MG .....	69	SIGNIFOR .....	62
SCSEMBLIX 100 MG .....	34	sennosides-docusate sodium TABS	68	SIGNIFOR LAR .....	62
SCSEMBLIX 20 MG, 40 MG .....	34	SENOKOT S TABS (Use sennosides-docusate sodium) .....	69	SIKLOS TABS .....	66
SCHOOLTIME SHAMPOO SHAM	55	SENOKOT TABS (Use sennosides)	69	sildenafil citrate (pulmonary hypertension) SOLN .....	44
SCOT-TUSSIN DM LIQD .....	49	SENSIPAR (Use cinacalcet hcl) .	62	sildenafil citrate (pulmonary hypertension) SUSR .....	44
SCOT-TUSSIN SENIOR LIQD ....	49	SEREVENT DISKUS .....	12	sildenafil citrate (pulmonary hypertension) TABS .....	44
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day)) .....	45	SEROQUEL TABS 100 MG, 200 MG (Use quetiapine fumarate) .....	37	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC .....	76
selegiline hcl CAPS .....	36	SEROQUEL TABS 25 MG, 50 MG (Use quetiapine fumarate) .....	37		
selegiline hcl TABS .....	36				
selenium sulfide LOTN 1 % .....	52				

SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC .....	76	SKYRIZI PEN SOAJ .....	52	CO 15 GM/60ML .....	81
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC .....	76	SKYRIZI PSKT .....	52	sodium sulfate-potassium sulfate-magnesium sulfate .....	69
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC .....	76	SKYRIZI SOSY .....	52	SOFOSBUVIR/VELPATASVIR TABS .....	41
SILVADENE (Use silver sulfadiazine) .....	52	SLO-NIACIN TBCR (Use niacin) .	102	SOF-SENSOR .....	71
silver sulfadiazine .....	52	SM GLUCOSE .....	19	SOLESTA .....	80
simethicone CHEW 80 MG .....	63	SM GLUCOSE CHEW .....	19	SOLQUA 100/33 .....	18
simethicone LIQD OR 20 MG/0.3ML .	63	SM IPECAC SYRUP .....	22	SOLUVITA SOLN .....	79
simethicone SUSP .....	63	SMART SENSE GLUCOSE .....	19	SOLUVITA SOLN .....	84
SIMLANDI 1-PEN KIT AJKT .....	4	SMART SENSE GLUCOSE TABLETS .....	19	SOMAVERT .....	60
SIMLANDI 2-PEN KIT AJKT .....	4	SOAAZ TABS 20 MG .....	59	SOOTHENEB NBL 100 CHILD MASK MISC .....	76
SIMPLYTHICK .....	92	sodium bicarbonate (antacid) TABS 325 MG, 650 MG .....	9	SOOTHENEB NBL 100 MEDICATION CUP MISC .....	76
SIMPLYTHICK EASY MIX .....	92	sodium chloride (gu irrigant) 0.9 %	64	SOOTHENEB NBL 100 MESH CAP MISC .....	76
SIMPLYTHICK EASYMIX .....	92	sodium chloride (inhalant) AERS ..	49	SOOTHENEB NBL100 ADULT MASK MISC .....	77
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG .....	25	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 % .....	49	sorafenib tosylate .....	34
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa) .....	36	sodium citrate & citric acid .....	64	SORBITOL OR 70 % .....	69
SINGULAIR CHEW (Use montelukast sodium) .....	11	sodium fluoride (dental) CREA ....	81	SORREL/DOCK MIX EXTRACT IJ .	2
SINGULAIR PACK (Use montelukast sodium) .....	11	sodium fluoride (dental) GEL .....	81	SOSWEET SYRP .....	93
SINGULAIR TABS (Use montelukast sodium) .....	11	sodium fluoride (dental) PSTE DT .	81	sotalol hcl (afib/afI) .....	42
sirolimus SOLN .....	80	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....	79	sotalol hcl TABS 240 MG .....	42
sirolimus TABS .....	80	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML .....	79	sotalol hcl TABS 80 MG, 120 MG, 160 MG .....	42
SIVEXTRO TABS .....	29	SODIUM OXYBATE SOLN .....	94	SOVALDI TABS .....	41
		sodium phenylbutyrate POWD ....	62	SOVUNA 200 MG .....	29
		sodium phenylbutyrate TABS .....	62	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES .....	77
		sodium phosphates ENEM .....	69	SPACER/AEROSOL-HOLDING CHAMBERS .....	77
		sodium polystyrene sulfonate POWD 80			
		sodium polystyrene sulfonate SUSP			

SPACERS AND BREATHING CHAMBERS-MISC .....	77	STRENSIQ .....	62	10 %-5 % .....	50
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT .....	59	STRESS FORMULA W/ZINC FORENERGY TABS .....	83	sulfacetamide sod-prednisolone SOLN .....	90
SPIKEVAX COVID-19 VACCINE SUSP .....	101	STRIBILD .....	40	sulfamethoxazole-trimethoprim SUSP .....	28
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP .....	100	STRIVE DUAL ZONE PEAK FLOW METER .....	77	sulfamethoxazole-trimethoprim TABS .....	28
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY .....	100	SUBLOCADE SOSY .....	8	sulfasalazine TABS .....	64
SPIKEVAX COVID-19 VACCINE/2024-25 SUSY .....	100	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	8	sulfasalazine TBEC .....	64
spinosad .....	56	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	8	sulindac TABS .....	5
SPINRAZA .....	86	SUCRALFATE SUSP .....	97	sumatriptan .....	77
SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .	11	sucralfate TABS .....	97	sumatriptan succinate SOAJ 6 MG/0.5ML .....	77
spironolactone & hydrochlorothiazide .....	59	SUDAFED CHILDRENS LIQD ....	86	sumatriptan succinate SOCT 6 MG/0.5ML .....	78
spironolactone TABS .....	59	SUDAFED CONGESTION TABS (Use pseudoephedrine hcl) .....	86	sumatriptan succinate SOLN 6 MG/0.5ML .....	78
SPORANOX CAPS (Use itraconazole) .....	23	SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN .....	86	sumatriptan succinate TABS .....	78
SPRAVATO 56MG DOSE .....	16	SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral)) .....	86	sunitinib malate .....	34
SPRAVATO 84MG DOSE .....	16	SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl) .	86	SUPARTZ FX SOSY .....	85
SPRYCEL (Use dasatinib) .....	34	sulfacetamide sodium (acne) .....	50	SUPER BI-MIX SOLR .....	43
STAMARIL SUSR .....	101	sulfacetamide sodium (ophth) OINT 89		SUPER TRI-MIX SOLR .....	43
stavudine CAPS .....	40	sulfacetamide sodium (ophth) SOLN . 89		SUPPRELIN LA .....	61
STELARA 130 MG/26ML .....	64	sulfacetamide sodium LIQD .....	52	SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate) .....	69
STELARA SOSY .....	52	sulfacetamide sodium w/ sulfur LOTN 10 %-5 % .....	50	SURE COMFORT PEN NEEDLES31GX3/16" (5MM) .....	72
STERILE DILUENT FOR REMODULIN (Use glycine diluent) 93		sulfacetamide sodium w/ sulfur SUSP		SURE COMFORT PEN NEEDLES31GX5/16" (8MM) .....	72
STIVARGA .....	34			SURE COMFORT PEN NEEDLES32GX5/32" (4MM) .....	72
STRATTERA (Use atomoxetine hcl) 1				SUSPENDIT ANHYDROUS SUSP 93	

SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	93	SYRSPEND SF LIQD	93	TARGRETIN (Use bexarotene (topical))	51
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	93	SYRUP VEHICLE SF SYRP	93	TARGRETIN (Use bexarotene)	35
SUSPENSION VEHICLE SUSP	93	SYRUP VEHICLE SYRP	93	TARPEYO CPDR	46
SUSTIVA CAPS 200 MG (Use efavirenz)	40	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	82	TASIGNA	34
SUSTIVA CAPS 50 MG (Use efavirenz)	40	TABLOID	31	TAVNEOS	66
SUSVIMO OCULAR IMPLANT	71	TABRECTA	34	tazarotene CREA	52
SUSVIMO SOLN	88	tacrolimus (topical) OINT 0.03 %	54	tazarotene GEL	52
SUTENT (Use sunitinib malate)	34	tacrolimus (topical) OINT 0.1 %	54	TAZORAC CREA (Use tazarotene)	52
SYLVANT	80	tacrolimus CAPS	80	TAZORAC GEL (Use tazarotene)	52
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	12	tadalafil (pulmonary hypertension) TABS	44	TAZVERIK	34
SYMDEKO	96	TAFINLAR CAPS	34	TDVAX SUSP	97
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	40	TAGAMET HB 200 TABS (Use cimetidine)	97	TECARTUS	32
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	40	TAGAMET HB TABS (Use cimetidine)	97	TECENTRIQ	31
SYMLINPEN 120 SOPN	18	TAGRISSE	32	TECFIDERA CPDR (Use dimethyl fumarate)	95
SYMLINPEN 60 SOPN	18	TAKHZYRO SOLN	66	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	95
SYNAGIS SOLN	92	TAKHZYRO SOSY	66	TEGLUTIK SUSP	86
SYNAREL	61	TALTZ SOAJ	52	TEGRETOL SUSP (Use carbamazepine)	14
SYNOJOYNT SOSY	85	TALTZ SOSY 80 MG/ML	52	TEGRETOL TABS (Use carbamazepine)	14
SYNRIBO	35	TALZENNA	34	TEGRETOL-XR TB12 (Use carbamazepine)	14
SYNTHROID TABS (Use levothyroxine sodium)	96	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	41	TEGSEDI	95
SYNVISC ONE SOSY	85	TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	41	telmisartan	26
SYNVISC SOSY	85	TAMIFLU SUSR (Use oseltamivir phosphate)	41	telmisartan-amlodipine	27
SYPRINE (Use trientine hcl)	80	tamoxifen citrate TABS	32	telmisartan-hydrochlorothiazide	27
SYRPALTA SYRP 83 %	93	tamsulosin hcl	64	temazepam 15 MG, 30 MG	68
		TARCEVA 100 MG, 150 MG (Use erlotinib hcl)	32	TEMODAR CAPS 250 MG (Use temozolomide)	30

TEMODAR SOLR .....	30	tetracaine hcl (ophth) .....	89	TIAZAC 240 MG (Use diltiazem hcl extended release beads) .....	43
temozolomide CAPS .....	30	tetracycline hcl CAPS 500 MG .....	96	TIBSOVO .....	34
TEMPO WELCOME KIT .....	71	tetrahydrozoline hcl (ophth) 0.05 % 89		TICOVAC .....	101
temsirolimus .....	34	TEZSPIRE SOSY .....	10	TIGLUTIK SUSP .....	86
TENIVAC INJ .....	97	TGT GLUCOSE .....	19	TIKOSYN (Use dofetilide) .....	10
tenofovir disoproxil fumarate TABS 40		THALOMID .....	80	timolol maleate (ophth) SOLN .....	88
TENORETIC 100 (Use atenolol & chlorthalidone) .....	27	THEO-24 CP24 .....	12	timolol maleate TABS .....	42
TENORETIC 50 (Use atenolol & chlorthalidone) .....	27	theophylline ELIX .....	12	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth)) .....	88
TENORMIN TABS (Use atenolol) .	42	theophylline SOLN .....	12	TIMOPTIC SOLN (Use timolol maleate (ophth)) .....	88
TEPADINA (Use thiotepa) .....	30	theophylline TB12 .....	12	TINACTIN CREA (Use tolnaftate) .	51
TEPEZZA .....	61	theophylline TB24 .....	12	tioconazole vaginal 6.5 % .....	101
terazosin hcl .....	26	THERA TABS .....	83	tiopronin TABS .....	64
terbinafine hcl (topical) CREA .....	51	THEREMS MULTIVITAMIN TABS	83	tiopronin TBEC .....	64
terbinafine hcl TABS .....	23	thiamine hcl TABS .....	102	tiotropium bromide monohydrate CAPS .....	11
terbutaline sulfate TABS .....	12	thiamine mononitrate TABS 100 MG . 102		TIVDAK .....	31
terconazole vaginal CREA .....	101	THIOLA EC TBEC (Use tiopronin) .	64	TIVICAY TABS 50 MG .....	40
terconazole vaginal SUPP .....	101	THIOLA TABS (Use tiopronin) .....	64	TIVORBEX CAPS (Use indomethacin) .....	5
teriflunomide .....	95	thioridazine hcl .....	38	tizanidine hcl TABS .....	85
teriparatide SOPN .....	60	thiotepa .....	30	TM-DAILY VITE TABS .....	83
TERIPARATIDE SOPN .....	60	thiothixene .....	38	TOBI NEBU (Use tobramycin) .....	2
TESTOPEL PLLT .....	8	THRESHOLD IMT MISC .....	77	TOBI PODHALER CAPS .....	2
testosterone cypionate SOLN IM 100 MG/ML .....	8	THROMBATE III .....	66	TOBRADEX OINT .....	90
testosterone cypionate SOLN IM 200 MG/ML .....	8	THYMOGLOBULIN .....	80	TOBRADEX SUSP (Use tobramycin- dexamethasone) .....	90
testosterone enanthate SOLN IM ...	8	THYROGEN 0.9 MG .....	57	tobramycin (ophth) SOLN .....	89
TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP .....	97	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	96	tobramycin NEBU .....	3
tetrabenazine .....	94	tiagabine hcl .....	14	tobramycin sulfate SOLN IJ .....	3
		TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl extended release beads) .....	43		

tobramycin sulfate SOLR .....	3	TOPOTECAN HCL SOLN .....	36	TREMFYA SOSY 100 MG/ML .....	52
tobramycin-dexamethasone SUSP 90		topotecan hcl SOLR .....	36	TRESIBA FLEXTOUCH SOPN ....	21
TOBEX OINT .....	89	TOPROL XL TB24 200 MG (Use metoprolol succinate) .....	42	TRESIBA SOLN .....	21
tolnaftate CREA .....	51	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 42		tretinoin (chemotherapy) .....	35
tolterodine tartrate CP24 .....	98	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 42		tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	50
tolterodine tartrate TABS .....	98	toremifene citrate .....	32	tretinoin GEL 0.01 % .....	50
tolvaptan TABS .....	62	TORISEL (Use temsirolimus) .....	34	tretinoin GEL 0.025 % .....	50
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate) .....	14	torsemide TABS .....	59	TRETEN .....	65
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate) .....	14	TOTECT .....	35	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	31
TOPAMAX TABS 100 MG (Use topiramate) .....	14	TRACLEER TABS (Use bosentan) 44		triamcinolone acetonide (mouth) ..	81
TOPAMAX TABS 200 MG (Use topiramate) .....	14	TRACLEER TBSO .....	44	triamcinolone acetonide (nasal) AERO .....	86
TOPAMAX TABS 25 MG, 50 MG (Use topiramate) .....	14	tramadol hcl TABS 50 MG .....	7	triamcinolone acetonide (topical) CREA .....	53
TOPICORT CREA 0.05 % (Use desoximetasone) .....	53	tramadol-acetaminophen .....	8	triamcinolone acetonide (topical) LOTN .....	53
TOPICORT CREA 0.25 % (Use desoximetasone) .....	53	trandolapril 1 MG, 2 MG .....	26	triamcinolone acetonide (topical) OINT 0.025 % .....	53
TOPICORT GEL (Use desoximetasone) .....	53	trandolapril 4 MG .....	26	triamcinolone acetonide (topical) OINT 0.1 %, 0.5 % .....	54
TOPICORT OINT 0.25 % (Use desoximetasone) .....	53	trandolapril-verapamil hcl .....	27	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP .....	49
topiramate CPSP 15 MG .....	14	tranexamic acid TABS .....	67	TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr)	47
topiramate CPSP 25 MG .....	14	TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium) .....	10	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	59
topiramate TABS 100 MG .....	14	tranylcypromine sulfate .....	16	triamterene & hydrochlorothiazide TABS .....	59
topiramate TABS 200 MG .....	14	TRAZIMERA .....	31	triazolam .....	68
topiramate TABS 25 MG, 50 MG ..	14	trazodone hcl TABS 300 MG .....	17	TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide) .....	27
TOPOTECAN HCL SOLN (Use topotecan hcl) .....	36	trazodone hcl TABS 50 MG, 100 MG, 150 MG .....	17		
topotecan hcl SOLN .....	36	TREANDA SOLR (Use bendamustine hcl) .....	30		
		TRECTOR .....	29		
		TRELSTAR MIXJECT .....	32		
		TREMFYA SOAJ .....	52		

TRIDESILON CREA 0.05 % (Use desonide) .....	54	BLOOD GLUCOSE STRIPS STRP 59	(Use acetaminophen) .....	6
trientine hcl 250 MG .....	80	TRUE MULTIVITAMIN TABS .....	83	TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen) .....
trientine hcl 500 MG .....	80	TRUELYTE SOLN .....	79	6
TRIESENCE .....	90	TRUEPLUS GLUCOSE CHEW .....	19	TYLENOL CHILDRENS SUSP (Use acetaminophen) .....
trifluoperazine hcl TABS .....	38	TRUEPLUS GLUCOSE ON THE GO CHEW .....	19	6
trifluridine .....	89	TRULICITY SC 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML .....	20	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen) .....
trihexyphenidyl hcl TABS .....	36	TRUMENBA .....	99	6
TRIKAFTA TBPK .....	96	TRUSOPT (Use dorzolamide hcl) .....	90	TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen) .....
TRILEPTAL SUSP (Use oxcarbazepine) .....	14	TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate) .....	40	6
TRILEPTAL TABS (Use oxcarbazepine) .....	14	TRUXIMA .....	31	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen) .....
TRILURON SOSY .....	85	TRUZONE PEAK FLOW METER .....	77	6
trimethoprim TABS .....	28	TUBING/WING TIP MISC .....	77	TYMLOS .....
TRI-MIX SOLR .....	43	TUDORZA PRESSAIR .....	11	60
TRINTELLIX .....	17	TUKYSA .....	31	TYPHIM VI SOLN .....
TRIPTODUR .....	61	TUMS CHEW (Use calcium carbonate (antacid)) .....	9	99
TRISENOX (Use arsenic trioxide) .....	35	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) .....	9	99
TRIUMEQ TABS .....	40	TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid)) .....	9	TYVASO REFILL KIT SOLN IN .....
TRIVISC SOSY .....	85	TURALIO .....	34	43
TRIZIVIR .....	40	TWINRIX SUSY .....	101	TYVASO SOLN IN .....
TROGARZO .....	40	TYBLUME CHEW .....	45	43
tropicamide SOLN .....	88	TYBOST .....	40	TYVASO STARTER KIT SOLN IN .....
tropium chloride TABS .....	98	TYKERB (Use lapatinib ditosylate) .....	34	43
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM .....	72	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW		ULTIGUARD SAFEPAK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAINERS .....
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM .....	72			72
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM .....	72			ULTIGUARD SAFEPAK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAINERS .....
TRUE METRIX SELF MONITORING				72
				72
				ULTRA NEB NEBULIZER ACCESSORIES KIT MISC .....
				77
				ULTRACET (Use tramadol-acetaminophen) .....
				8
				ULTRATHON INSECT REPELLENT 8 AERO .....
				55
				ULTRATHON INSECT REPELLENT LOTN .....
				55
				UNIFINE PROTECT SAFETY PEN

NEEDLE 30G X 5MM .....	72	valacyclovir hcl 500 MG .....	41	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM .....	28
UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM .....	72	VALCHLOR .....	51	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG .....	28
UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM .....	72	VALCYTE TABS (Use valganciclovir hcl) .....	40	VANDA ZOLE .....	101
UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM .....	72	valganciclovir hcl TABS .....	41	VAQTA .....	101
UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep)) .....	68	VALIUM TABS (Use diazepam) ...	10	varenicline tartrate TABS .....	95
UNISOM SLEEPTABS (Use doxylamine succinate (sleep)) .....	68	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML .....	15	varenicline tartrate TBPK .....	95
UNISPEND ANHYDROUS SWEETENED SUSP .....	93	valproic acid CAPS .....	15	VARIVAX SUSR IJ 1350 PFU/0.5ML 101	
UNISPEND ANHYDROUS UNSWEETENED SUSP .....	93	valrubicin .....	33	VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide) .....	28
UNITUXIN .....	31	valsartan TABS .....	26	VASOTEC TABS (Use enalapril maleate) .....	26
UP & UP GLUCOSE .....	19	valsartan-hydrochlorothiazide ...	27	VAXCHORA .....	99
UPTRAVI SOLR .....	44	VALSTAR (Use valrubicin) .....	33	VAXELIS SUSP .....	97
UPTRAVI TABS .....	44	VALTOCO 10 MG DOSE LIQD ...	13	VAXELIS SUSY .....	97
UPTRAVI TITRATION PACK TBPK 44		VALTOCO 15 MG DOSE LQPK ...	13	VAXNEUVANCE .....	99
urea CREA 40 % .....	54	VALTOCO 20 MG DOSE LQPK ...	13	VECAMEYL .....	28
urea LOTN 40 % .....	54	VALTOCO 5 MG DOSE LIQD .....	13	VECTIBIX 100 MG/5ML, 400 MG/20ML .....	32
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer)) .....	64	VALTrex 1 GM (Use valacyclovir hcl) .....	41	VELCADE SOLR IJ (Use bortezomib) .....	34
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer)) .....	64	VALTrex 500 MG (Use valacyclovir hcl) .....	41	VELETRI (Use epoprostenol sodium) .....	43
URSO 250 TABS (Use ursodiol) ...	63	VALUE PLUS GLUCOSE .....	19	VEMLIDY .....	41
ursodiol CAPS .....	63	VANCOCIN CAPS 125 MG (Use vancomycin hcl) .....	28	VENCLEXTA STARTING PACK TBPK .....	32
ursodiol TABS 250 MG .....	63	VANCOCIN CAPS 250 MG (Use vancomycin hcl) .....	28	VENCLEXTA TABS .....	32
VABYSMO SOLN .....	88	vancomycin hcl CAPS 125 MG ...	28	venlafaxine hcl CP24 150 MG .....	17
VAGIFEM TABS (Use estradiol vaginal) .....	101	vancomycin hcl CAPS 250 MG ...	28	venlafaxine hcl CP24 37.5 MG ....	17
valacyclovir hcl 1 GM, 1000 MG ...	41	vancomycin hcl SOLR IV 1 GM, 1000 MG .....	28	venlafaxine hcl CP24 75 MG .....	17
		vancomycin hcl SOLR IV 500 MG .	28		
		vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .	28		



venlafaxine hcl TABS .....	17	VERIFINE PLUS PEN NEEDLE/32G X 4MM .....	73	VISUDYNE .....	89
venlafaxine hcl TB24 150 MG .....	17	VERSAFREE SYRP .....	93	VITAMIN D3 LIQD OR 5000 UNIT/ML .....	102
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG .....	18	VERSAPLUS SYRP .....	93	vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT .....	102
VENTAVIS .....	43	VERZENIO .....	34	VITAMIN E CAPS 200 UNIT .....	102
VENTOLIN HFA AERS (Use albuterol sulfate) .....	12	VIBRAMYCIN CAPS (Use doxycycline hyclate) .....	96	vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT ..	102
verapamil hcl CP24 100 MG, 200 MG .....	43	VICTOZA (Use liraglutide) .....	20	VITAMIN E CHEW .....	102
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ...	43	VIDAZA SUSR (Use azacitidine) ..	31	VITAMINS A/C/D/FLUORIDE SOLN .	84
verapamil hcl TABS .....	43	vigabatrin PACK .....	14	vitamins w/ lipotropics CAPS .....	84
verapamil hcl TBCR .....	43	vigabatrin TABS .....	14	VITAZYME TABS .....	83
VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl) .....	43	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth)) .....	89	VITRAKVI CAPS .....	34
VERELAN CP24 (Use verapamil hcl) 43		VIIBRYD TABS (Use vilazodone hcl) 17		VITRAKVI SOLN .....	34
VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl) .....	43	VIJOICE TBPB .....	80	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..	59
VERELAN PM CP24 300 MG (Use verapamil hcl) .....	43	vilazodone hcl TABS .....	17	VIVELLE-DOT PTTW (Use estradiol) 63	
VERIFINE INSULIN PEN NEEDLE 31G X 5MM .....	73	VILTEPSO .....	86	VIVIMUSTA SOLN .....	30
VERIFINE INSULIN PEN NEEDLE 31G X 8MM .....	73	VIMIZIM .....	62	VIVITROL .....	22
VERIFINE INSULIN PEN NEEDLE 32G X 4MM .....	73	vincristine sulfate .....	36	VIVOTIF .....	99
VERIFINE INSULIN PEN NEEDLE 32G X 6MM .....	73	VIRACEPT TABS 250 MG .....	40	VIZIMPRO .....	32
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM .....	73	VIRACEPT TABS 625 MG .....	40	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) .	51
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM .....	73	VIREAD POWD .....	40	VONJO .....	34
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM .....	73	VIREAD TABS (Use tenofovir disoproxil fumarate) .....	40	VONVENDI .....	65
		VIREAD TABS 150 MG, 200 MG, 250 MG .....	40	VOQUEZNA .....	98
		VISCO-3 SOSY .....	85	VORAXAZE .....	35
		VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth)) .....	89	VOTRIENT (Use pazopanib hcl) ..	34
		VISTARIL CAPS (Use hydroxyzine pamoate) .....	10	VOXZOGO .....	62
		VISTOGARD .....	22		

VYNDAMAX .....	44	XALKORI CAPS .....	34	XYNTHA SOLOFUSE .....	65
VYNDAQEL .....	44	XANAX TABS (Use alprazolam) ...	10	XYREM SOLN .....	94
VYONDYS 53 .....	86	XELJANZ SOLN .....	3	XYWAV .....	94
VYTORIN (Use ezetimibe-simvastatin) .....	24	XELJANZ TABS .....	3	XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride) .....	24
VYVANSE CAPS .....	1	XELJANZ XR TB24 .....	3	YASMIN 28 (Use drospirenone-ethinyl estradiol) .....	45
VYVGART .....	80	XELODA (Use capecitabine) .....	31	YAZ (Use drospirenone-ethinyl estradiol) .....	45
VYXEOS .....	33	XEMBIFY .....	91	YERVOY .....	31
WAKIX .....	1	XENAZINE (Use tetrabenazine) ..	94	YF-VAX INJ .....	101
WALGREENS GLUCOSE .....	19	XENLETA TABS .....	29	YONDELIS .....	30
WALGREENS GLUCOSE CHEW ..	19	XERMELO .....	64	YONSA .....	32
WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD .....	49	XEROSTOMIA RELIEF SPRAY SOLN .....	82	YUFLYMA 1-PEN KIT AJKT .....	4
warfarin sodium TABS .....	12	XGEVA SOLN .....	60	YUFLYMA 2-PEN KIT AJKT .....	4
WELIREG .....	33	XIAFLEX .....	80	YUFLYMA 2-SYRINGE KIT PSKT ..	4
WELLBUTRIN SR TB12 100 MG (Use bupropion hcl) .....	16	XIGDUO XR (Use dapagliflozin propanediol-metformin hcl) .....	18	YUFLYMA CD/UC/HS STARTER AJKT .....	4
WELLBUTRIN SR TB12 150 MG (Use bupropion hcl) .....	16	XIPERE .....	90	YUSIMRY SC 40 MG/0.8ML .....	4
WELLBUTRIN SR TB12 200 MG (Use bupropion hcl) .....	16	XOLAIR SOAJ .....	10	YUTIQ .....	90
WELLBUTRIN SR TB12 300 MG (Use bupropion hcl) .....	16	XOLAIR SOLR .....	10	ZADITOR 0.035 % (Use ketotifen fumarate (ophth)) .....	90
WELLBUTRIN XL TB24 150 MG (Use bupropion hcl) .....	16	XOLAIR SOSY .....	10	zaleplon 10 MG .....	68
WELLBUTRIN XL TB24 300 MG (Use bupropion hcl) .....	16	XOPENEX HFA (Use levalbuterol tartrate) .....	12	zaleplon 5 MG .....	68
white petrolatum-mineral oil .....	87	XOSPATA .....	35	ZALTRAP .....	31
WILATE KIT .....	65	XPOVIO .....	33	ZANAFLEX TABS 4 MG (Use tizanidine hcl) .....	85
WINDMILL TRAINER MISC .....	77	XPOVIO 60 MG TWICE WEEKLY ..	33	ZARONTIN CAPS (Use ethosuximide) .....	15
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	91	XPOVIO 80 MG TWICE WEEKLY ..	33	ZARONTIN SOLN (Use ethosuximide) .....	15
XALATAN SOLN (Use latanoprost)	90	XTANDI CAPS .....	32	ZARXIO .....	67
		XTANDI TABS .....	32	ZAVESCA (Use miglustat) .....	66
		XURIDEN .....	62		
		XYNTHA .....	65		

ZEJULA CAPS .....	35	ZIRABEV .....	31	ZOLGENSMA 15.6-16.0 KG .....	87
ZELBORAF .....	35	ZITHROMAX PACK (Use azithromycin) .....	70	ZOLGENSMA 16.1-16.5 KG .....	87
ZEMAIRA SOLR 1000 MG .....	95	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin) .....	70	ZOLGENSMA 16.6-17.0 KG .....	87
ZEMAIRA SOLR 4000 MG .....	95	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin) .....	70	ZOLGENSMA 17.1-17.5 KG .....	87
ZEMPLAR SOLN (Use paricalcitol) 62		ZITHROMAX TABS 250 MG (Use azithromycin) .....	70	ZOLGENSMA 17.6-18.0 KG .....	87
ZEPZELCA .....	30	ZITHROMAX TABS 500 MG (Use azithromycin) .....	70	ZOLGENSMA 18.1-18.5 KG .....	87
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide) .....	28	ZITHROMAX TRI-PAK TABS (Use azithromycin) .....	69	ZOLGENSMA 18.6-19.0 KG .....	87
ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide) ...	28	ZITHROMAX Z-PAK TABS (Use azithromycin) .....	70	ZOLGENSMA 19.1-19.5 KG .....	87
ZESTRIL TABS 2.5 MG (Use lisinopril) .....	26	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin) .....	25	ZOLGENSMA 19.6-20.0 KG .....	87
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril) 26		ZOKINVY .....	81	ZOLGENSMA 2.6-3.0 KG .....	87
ZETIA (Use ezetimibe) .....	25	ZOLADEX .....	33	ZOLGENSMA 20.1-20.5 KG .....	87
ZEVALIN Y-90 .....	31	zoledronic acid CONC .....	60	ZOLGENSMA 20.6-21.0 KG .....	87
ZIAC (Use bisoprolol & hydrochlorothiazide) .....	28	zoledronic acid SOLN .....	60	ZOLGENSMA 3.1-3.5 KG .....	87
ZIAGEN SOLN (Use abacavir sulfate) .....	40	ZOLEDRONIC ACID SOLN .....	60	ZOLGENSMA 3.6-4.0 KG .....	87
ZIAGEN TABS (Use abacavir sulfate) .....	40	ZOLGENSMA 10.1-10.5 KG .....	86	ZOLGENSMA 4.1-4.5 KG .....	87
zidovudine CAPS .....	40	ZOLGENSMA 10.6-11.0 KG .....	86	ZOLGENSMA 4.6-5.0 KG .....	87
zidovudine SYRP .....	40	ZOLGENSMA 11.1-11.5 KG .....	86	ZOLGENSMA 5.1-5.5 KG .....	87
zidovudine TABS .....	40	ZOLGENSMA 11.6-12.0 KG .....	86	ZOLGENSMA 5.6-6.0 KG .....	87
ZILRETTA SRER .....	46	ZOLGENSMA 12.1-12.5 KG .....	87	ZOLGENSMA 6.1-6.5 KG .....	87
zinc oxide (topical) OINT 20 % .....	55	ZOLGENSMA 12.6-13.0 KG .....	87	ZOLGENSMA 6.6-7.0 KG .....	87
zinc sulfate CAPS .....	79	ZOLGENSMA 13.1-13.5 KG .....	87	ZOLGENSMA 7.1-7.5 KG .....	87
ZINPLAVA .....	92	ZOLGENSMA 13.6-14.0 KG .....	87	ZOLGENSMA 7.6-8.0 KG .....	87
ziprasidone hcl .....	37	ZOLGENSMA 14.1-14.5 KG .....	87	ZOLGENSMA 8.1-8.5 KG .....	87
		ZOLGENSMA 14.6-15.0 KG .....	87	ZOLGENSMA 8.6-9.0 KG .....	87
		ZOLGENSMA 15.1-15.5 KG .....	87	ZOLGENSMA 9.1-9.5 KG .....	87
				ZOLGENSMA 9.6-10.0 KG .....	87
				ZOLINZA .....	35
				zolmitriptan SOLN 5 MG .....	78
				zolmitriptan TABS .....	78
				zolmitriptan TBDP .....	78

ZOLOFT CONC (Use sertraline hcl) 17	ZYRTEC CHEW 10 MG (Use cetirizine hcl) .....24
ZOLOFT TABS 100 MG (Use sertraline hcl) .....17	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl) .24
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl) .....17	ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl) .....24
zolpidem tartrate TABS .....68	ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine) ..... 49
ZOMIG SOLN (Use zolmitriptan) .. 78	ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine) ..... 49
ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan) .....78	ZYTIGA (Use abiraterone acetate) 33
ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide) ..... 14	
zonisamide CAPS .....14	
ZORBTIVE SC .....60	
ZOVIRAX CREA (Use acyclovir topical) ..... 52	
ZOVIRAX OINT (Use acyclovir topical) ..... 52	
ZOVIRAX SUSP (Use acyclovir) .. 41	
ZUBSOLV SUBL ..... 8	
ZULRESSO .....16	
ZYDELIG ..... 35	
ZYKADIA TABS .....35	
ZYLOPRIM (Use allopurinol) .....65	
ZYNLONTA .....31	
ZYPREXA RELPREVV .....37	
ZYPREXA TABS 15 MG, 20 MG (Use olanzapine) .....38	
ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine) .....38	
ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine) .....38	
ZYRTEC ALLERGY TABS (Use cetirizine hcl) .....24	