

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

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

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

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

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

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

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

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

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

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

Pharmacy Benefit Manager (PBM)

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

Specialty Drugs

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

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

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

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

Prior Authorizations (PA)

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

Peach State Health Plan will cover the medicine if:

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

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

Step Therapy

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

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

Quantity Limits

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

Medical Necessity Requests

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

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

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

72 Hour Emergency Supply Policy

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

Exclusions

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

Drugs Covered Under the Medical Benefit

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

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

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

Over-the-Counter Medications

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

Tobacco Cessation Medications

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

Generic Drugs

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

Filling a Prescription

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

Ordering, Prescribing and Referring (OPR) Provider Requirements

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

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



Copayments

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

Contact Information

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

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

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

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

Language Assistance

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

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	Age Limit: Drug is limited to a specific age
<i>PA</i>	Prior Authorization: Review required before prescription can be filled
<i>QL</i>	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both prescription and over the counter coverage
<i>SP</i>	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
<i>ST</i>	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.

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



CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	<p>Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records.</p> <p>Treatment-Naïve* Limits:</p> <ul style="list-style-type: none"> • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids <p>*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
<i>Test Strips</i>	<p>Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days EXCEPTIONS: The below members may get up to 200 strips per 30 days</p> <ul style="list-style-type: none"> • Members who are less than 18 years old • Members with a Gestational Diabetes or Diabetes in Pregnancy

STANDARD ABBREVIATIONS

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

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

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



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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	QL(2 ea daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 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 (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
Analeptics		
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)
Anorexiants Non-Amphetamine		
PLENITY	NP	
PLENITY WELCOME KIT	NP	
Anti-Obesity Agents		
IMCIVREE	P	SP; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	P	QL(1 ea daily); AL(At least 6 yrs old); ST
clonidine hcl (adhd) TB12	P	
guanfacine hcl (adhd)	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use clonidine hcl (adhd))	NP	
STRATTERA (Use atomoxetine hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old); ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP; PA
Stimulants - Misc.		
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dexamethylphenidate hcl TABS	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use dexamethylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)

Georgia Inter-Pregnancy Care Updated May 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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

Drug Name	Drug Tier	Requirements/Limits
RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	NP	QL(3 ea daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
DOCK-SORREL POLLEN MIX EXTRACT IJ	NP	
ROUGH REDROOT PIGWEED POLLEN EXTRACT	NP	
SORREL/DOCK MIX EXTRACT IJ	NP	
ALTERNATIVE MEDICINES		
Alternative Medicine - B's		
REMIFEMIN MENOPAUSE RELIEF TABS	NP	
Alternative Medicine - G's		
ginger (zingiber officinalis) CAPS 250 MG	P	OTC; QL(4 ea daily)
Alternative Medicine - M's		
MELATONIN SUBL	P	QL(1 ea daily)
melatonin TABS 3 MG, 5 MG	P	OTC; QL(1 ea daily)
melatonin TBDP 3 MG	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU (Use tobramycin)	NP	SP; PA
KITABIS PAK NEBU (Use tobramycin)	NP	SP; PA
neomycin sulfate TABS	P	
TOBI PODHALER CAPS	P	SP; PA
TOBI NEBU (Use tobramycin)	NP	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate SOLN IJ</i>	P	PA
<i>tobramycin sulfate SOLR</i>	P	PA
<i>tobramycin NEBU</i>	P	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ 30 MG, 45 MG	P	SP; PA
XELJANZ XR TB24	P	SP; PA
XELJANZ SOLN	P	SP; PA
XELJANZ TABS	P	SP; PA
Antirheumatic Antimetabolites		
METHOTREXATE	P	
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP; PA
REDITREX SOSY	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	P	SP; PA
ADALIMUMAB-ADAZ SOSY	P	SP; PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	P	SP; PA
ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM AJKT	P	SP; PA
ADALIMUMAB-ADBM PSKT	P	SP; PA
ADALIMUMAB-FKJP AJKT	P	SP; PA
ADALIMUMAB-FKJP PSKT	P	SP; PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP
CYLTEZO AJKT	NP	SP
CYLTEZO PSKT	NP	SP
HADLIMA PUSHTOUCH SOAJ	P	SP; PA
HADLIMA SOSY	P	SP; PA
HULIO AJKT	NP	SP
HULIO PSKT	NP	SP
HYRIMOZ SOAJ 40 MG/0.4ML	NP	
HYRIMOZ SOSY 40 MG/0.4ML	NP	SP
YUSIMRY	P	SP; PA
Interleukin-1 Blockers		
ARCALYST	P	SP; PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	P	SP; PA
Interleukin-1beta Blockers		
ILARIS SOLN	P	SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	P	SP; PA
ACTEMRA SOLN	P	SP; PA
ACTEMRA SOSY	P	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVIL TABS (Use <i>ibuprofen</i>)	NP	OTC	INFANTS ADVIL SUSP (Use <i>ibuprofen</i>)	NP	OTC
ALEVE ARTHRITIS TABS (Use <i>naproxen sodium</i>)	NP	OTC; QL(2 ea daily)	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	P	
ALEVE TABS (Use <i>naproxen sodium</i>)	NP	OTC; QL(2 ea daily)	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
ANAPROX DS TABS (Use <i>naproxen sodium</i>)	NP		<i>ketorolac tromethamine TABS</i>	P	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
CHILDRENS ADVIL SUSP 100 MG/5ML (Use <i>ibuprofen</i>)	NP	RX/OTC	LODINE TABS (Use <i>etodolac</i>)	NP	
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use <i>ibuprofen</i>)	NP	RX/OTC	<i>meloxicam TABS</i>	P	
<i>diclofenac potassium TABS 50 MG</i>	P		MOTRIN CHILDRENS CHEW (Use <i>ibuprofen</i>)	NP	OTC
<i>diclofenac sodium TBEC</i>	P		MOTRIN INFANTS DROPS SUSP (Use <i>ibuprofen</i>)	NP	OTC
<i>etodolac CAPS</i>	P		<i>nabumetone</i>	P	
<i>etodolac TABS</i>	P		NALFON CAPS (Use <i>fenoprofen calcium</i>)	NP	
FELDENE CAPS (Use <i>piroxicam</i>)	NP		NAPROSYN SUSP (Use <i>naproxen</i>)	NP	
<i>fenoprofen calcium CAPS 400 MG</i>	P		NAPROSYN TABS 500 MG (Use <i>naproxen</i>)	NP	
<i>flurbiprofen TABS</i>	P		<i>naproxen sodium TABS 220 MG</i>	P	OTC; QL(2 ea daily)
<i>ibuprofen lysine</i>	P		<i>naproxen sodium TABS 275 MG, 550 MG</i>	P	
<i>ibuprofen CHEW</i>	P	OTC	<i>naproxen SUSP</i>	P	
<i>ibuprofen SUSP 100 MG/5ML</i>	P	RX/OTC	<i>naproxen TABS</i>	P	
<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	P	OTC	NEOPROFEN (Use <i>ibuprofen lysine</i>)	NP	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P		<i>piroxicam CAPS</i>	P	
<i>ibuprofen TABS 200 MG</i>	P	OTC	<i>sulindac TABS</i>	P	
INDOCIN SUSP (Use <i>indomethacin</i>)	NP		TIVORBEX CAPS (Use <i>indomethacin</i>)	NF	
INDOMETHACIN	P		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>indomethacin sodium</i>	P		OTEZLA TABS	P	SP; PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	P		OTEZLA TBPK	P	SP; PA
<i>indomethacin SUPP</i>	P				
<i>indomethacin SUSP</i>	P				

Georgia Inter-Pregnancy Care

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
Pyrimidine Synthesis Inhibitors		
ARAVA (Use leflunomide)	NP	QL(1 ea daily)
leflunomide	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	P	SP; PA
ORENCIA SOLR	P	SP; PA
ORENCIA SOSY	P	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	P	QL(4 ea daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	P	QL(4 ea daily); AL(At least 12 yrs old)
butalbital-acetaminophen TABS 50 MG-325 MG	P	QL(4 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine CAPS	P	QL(4 ea daily); AL(At least 18 yrs old)
ESGIC TABS (Use butalbital-acetaminophen-caffeine)	NP	QL(4 ea daily); AL(At least 12 yrs old)
Analgesics Other		
acetaminophen CHEW	P	OTC
acetaminophen ELIX	P	OTC
acetaminophen LIQD 160 MG/5ML	P	OTC
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	OTC
acetaminophen SUPP 120 MG, 650 MG	P	OTC; QL(12 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	P	OTC
acetaminophen TABS 325 MG, 500 MG	P	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC; QL(12 ea per 30 days retail)
INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)
OFIRMEV SOLN IV (Use acetaminophen)	NF	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	NP	OTC
TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NP	OTC
TYLENOL CHILDRENS SUSP (Use acetaminophen)	NP	OTC
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NP	OTC
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NP	OTC
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NP	OTC
TYLENOL TABS (Use acetaminophen)	NP	OTC
Analgesics-Peptide Channel Blockers		
PRIALT	P	SP; PA
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	P	OTC
aspirin CHEW	P	OTC
ASPIRIN SUPP 300 MG	P	OTC; QL(12 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aspirin TABS 325 MG</i>	P	OTC	<i>hydromorphone hcl TABS 2 MG, 4 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>aspirin TBEC 81 MG, 325 MG</i>	P	OTC	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	P	Clinical Edit: Opioids; QL(30 ml daily)
<i>BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))</i>	NP	OTC	<i>meperidine hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>diflunisal TABS</i>	P		<i>methadone hcl TABS 5 MG</i>	P	QL(6 ea daily); PA
<i>ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)</i>	NP	OTC	<i>methadone hcl TABS 10 MG</i>	P	QL(10 ea daily); PA
<i>ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)</i>	NP	OTC	<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(240 ml per fill retail)
<i>ECOTRIN TBEC (Use aspirin)</i>	NP	OTC	<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids; QL(21.4 ml daily)
<i>salsalate</i>	P		<i>morphine sulfate SUPP</i>	P	Clinical Edit: Opioids; QL(18 ea per fill retail)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate TABS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
Opioid Agonists			<i>morphine sulfate TBCR</i>	P	QL(3 ea daily)
<i>codeine sulfate TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)	<i>MS CONTIN TBCR (Use morphine sulfate)</i>	NP	QL(3 ea daily)
CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)	<i>OXAYDO TABS 5 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)</i>	NP	Clinical Edit: Opioids; QL(6 ea daily)	<i>oxycodone hcl CAPS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>DILAUDID TABS 8 MG (Use hydromorphone hcl)</i>	NP	Clinical Edit: Opioids; QL(4 ea daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(90 ml per fill retail)
<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>oxycodone hcl SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)
HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids; QL(2 ea daily)	<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	P	QL(2 ea daily); PA
<i>hydromorphone hcl TABS 8 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)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(4 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)
OXYCONTIN T12A	P	QL(2 ea daily); PA	<i>oxycodone w/acetaminophen SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)
ROXICODONE TABS 5 MG, 15 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)	<i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
ROXICODONE TABS 30 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 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)
<i>tramadol hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	<i>tramadol-acetaminophen</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
ULTRAM TABS (<i>Use tramadol hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	ULTRACET (<i>Use tramadol-acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
Opioid Combinations			Opioid Partial Agonists		
<i>acetaminophen w/codeine SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily); AL(At least 12 yrs old)	BELBUCA FILM	P	PA
<i>acetaminophen w/codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)	BUPRENEX SOLN (<i>Use buprenorphine hcl</i>)	NP	PA
<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)	<i>buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG</i>	P	PA
<i>butalbital-aspirin-caffeine w/cod</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	P	QL(2 ea daily); PA
<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>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	P	QL(3 ea daily)
			<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 ea daily)
			<i>buprenorphine hcl SOLN</i>	P	PA

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl</i> SUBL	P	PA
SUBLOCADE SOSY	P	2 rtl MAX fill; 30 rtl day(s) supply; SP; PA
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 ea daily)
SUBOXONE FILM SL 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily); PA
ZUBSOLV SUBL	P	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
AVEED SOLN	P	SP; PA
METHITEST TABS	P	
TESTOPEL PLLT	P	SP; PA
<i>testosterone cypionate</i> SOLN IM 100 MG/ML	P	QL(0.2858 ml daily)
<i>testosterone cypionate</i> SOLN IM 200 MG/ML	P	QL(4 ml per 30 days retail)
<i>testosterone enanthate</i> SOLN IM	P	QL(4 ml per 30 days retail)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (Use <i>hydrocortisone (intrarectal)</i>)	NP	
<i>hydrocortisone (intrarectal)</i>	P	
Rectal Combinations		
ANALPRAM-HC LOTN EX	P	QL(62 ml per 30 days retail)
<i>phenylephrine-shark liver oil-cocoa butter</i>	P	OTC; QL(12 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	P	OTC; QL(31 gm per 30 days retail)
Rectal Steroids		
ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i>)	NP	
<i>hydrocortisone (rectal) EX 1 %</i>	P	QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone</i> LIQD	P	QL(744 ml per 30 days retail)
<i>alum & mag hydrox-simethicone</i> SUSP	P	QL(744 ml per 30 days retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	OTC
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid)</i> TABS 325 MG, 650 MG	P	OTC; QL(100 ea per 30 days retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid)</i> CHEW 500 MG	P	OTC
TUMS LASTING EFFECTS CHEW (Use <i>calcium carbonate (antacid)</i>)	NP	OTC
TUMS ULTRA 1000 CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
TUMS CHEW (Use <i>calcium carbonate (antacid)</i>)	NP	OTC
Antacids - Magnesium Salts		
<i>magnesium oxide</i> TABS 400 MG	P	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	P	SP; PA
EMVERM CHEW	P	QL(1 ea per 14 days retail)
<i>pyrantel pamoate SUSP 144 MG/ML</i>	P	OTC; QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
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 CPR</i>	P	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SUBL</i>	P	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<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>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily)
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS (<i>Use hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
<i>alprazolam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
ATIVAN TABS (<i>Use lorazepam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>clorazepate dipotassium TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>diazepam SOLN OR 5 MG/5ML</i>	P	AL (6 months to 12 years old)
<i>diazepam TABS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>lorazepam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>oxazepam CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
TRANXENE T TABS 7.5 MG (<i>Use clorazepate dipotassium</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
VALIUM TABS (<i>Use diazepam</i>)	NP	QL(4 ea daily); AL(At least 18 yrs old)
XANAX TABS (<i>Use alprazolam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	
NORPACE CR CP12 150 MG	P	

Drug Name	Drug Tier	Requirements/Limits
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	P	
quinidine gluconate TBCR	P	
quinidine sulfate TABS	P	
Antiarrhythmics Type I-B		
mexiletine hcl	P	
Antiarrhythmics Type I-C		
flecainide acetate	P	
propafenone hcl TABS	P	
Antiarrhythmics Type III		
amiodarone hcl TABS 200 MG	P	
dofetilide	P	
TIKOSYN (<i>Use dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	P	SP; PA
TEZSPIRE SOSY	P	SP; PA
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA	P	QL(1 ea daily)
ipratropium bromide SOLN 0.02 %	P	QL(375 ml per 20 days retail)
SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	NP	
tiotropium bromide monohydrate CAPS	P	
TUDORZA PRESSAIR	P	QL(1 ea per 30 days retail)
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/Limits
montelukast sodium CHEW	P	QL(1 ea daily)
montelukast sodium PACK	P	QL(1 ea daily)
montelukast sodium TABS	P	QL(1 ea daily)
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>Use roflumilast</i>)	NP	QL(1 ea daily)
roflumilast	P	QL(1 ea daily)
Steroid Inhalants		
ARNUIITY ELLIPTA	P	QL(1 ea daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily)
budesonide (<i>inhalation</i>) SUSP	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT HFA	NP	
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old)
fluticasone propionate hfa 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
Sympathomimetics		

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NP	QL(2 ea daily; 60 ea per 30 days retail)
<i>albuterol sulfate AERS</i>	NP	
<i>albuterol sulfate AERS</i>	P	QL(18 gm per fill retail; 36 gm per 30 days retail)
<i>albuterol sulfate AERS</i>	P	QL(6.7 gm per fill retail; 13.4 gm per 30 days retail)
<i>albuterol sulfate AERS</i>	P	QL(8.5 gm per fill retail; 17 gm per 30 days retail)
<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ml daily)
<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	P	
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ml per 30 days retail)
ALBUTEROL SULFATE NEBU	P	
<i>albuterol sulfate SYRP</i>	P	
<i>albuterol sulfate TABS</i>	P	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(11 gm per fill retail)
<i>budesonide-formoterol fumarate dihydrate</i>	NP	
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 30 days 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 days retail)
<i>ipratropium-albuterol SOLN</i>	P	QL(12 ml daily)
<i>levalbuterol tartrate</i>	P	QL(0.5 gm daily)
PROAIR HFA AERS (Use <i>albuterol sulfate</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail; 2 ea per 30 days retail); AL(At least 4 yrs old - Up to 18 yrs old)
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NP	
SEREVENT DISKUS	P	QL(60 ea per fill retail)
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	NP	
<i>terbutaline sulfate TABS</i>	P	
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	NP	
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	NP	QL(0.5 gm daily)
Xanthines		
THEO-24 CP24	P	
<i>theophylline ELIX</i>	P	
<i>theophylline SOLN</i>	P	QL(475 ml per fill retail)
<i>theophylline TB12</i>	P	
<i>theophylline TB24</i>	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	P	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
ELIQUIS TABS	P	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA (Use <i>fondaparinux sodium</i>)	NP	SP; PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	SP
<i>enoxaparin sodium SOSY</i>	P	SP; PA
<i>fondaparinux sodium</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP; PA	NAYZILAM	P	QL(10 ea per 30 days retail); PA
FRAGMIN SOSY	P	SP; PA	VALTOCO 10 MG DOSE LIQD	P	QL(10 ea per 30 days retail); PA
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P		VALTOCO 15 MG DOSE LQPK	P	QL(10 ea per 30 days retail); PA
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NP	SP	VALTOCO 20 MG DOSE LQPK	P	QL(10 ea per 30 days retail); PA
LOVENOX SOSY (Use enoxaparin sodium)	NP	SP; PA	VALTOCO 5 MG DOSE LIQD	P	QL(10 ea per 30 days retail); PA
Thrombin Inhibitors			Anticonvulsants - Misc.		
<i>dabigatran etexilate mesylate CAPS</i>	P		BANZEL SUSP (Use rufinamide)	NP	SP; PA
PRADAXA CAPS (Use dabigatran etexilate mesylate)	NP		BANZEL TABS (Use rufinamide)	NP	SP; PA
PRADAXA CAPS	NP		BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA
ANTICONVULSANTS - Drugs to Treat Seizures			<i>carbamazepine CHEW</i>	P	
Anticonvulsants - Benzodiazepines			<i>carbamazepine SUSP</i>	P	
<i>clonazepam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)	<i>carbamazepine TABS</i>	P	
DIASTAT ACUDIAL GEL 20 MG (Use diazepam (anticonvulsant))	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	<i>carbamazepine TB12</i>	P	
DIASTAT ACUDIAL GEL 10 MG (Use diazepam (anticonvulsant))	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 (Use diazepam (anticonvulsant))	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT CAPS 250 MG	P	QL(12 ea daily); SP; PA
<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT PACK 250 MG	P	QL(12 ea daily); SP; PA
<i>diazepam (anticonvulsant) GEL 10 MG</i>	NP		DIACOMIT PACK 500 MG	P	QL(6 ea daily); SP; PA
KLONOPIN TABS (Use clonazepam)	NP	QL(3 ea daily); AL(At least 18 yrs old)	EPIDIOLEX	P	SP; PA
			FINTEPLA	P	SP; PA
			<i>gabapentin CAPS</i>	P	QL(9 ea daily)
			<i>gabapentin SOLN</i>	P	
			<i>gabapentin TABS 800 MG</i>	P	QL(4 ea daily)
			<i>gabapentin TABS 600 MG</i>	P	QL(6 ea daily)
			KEPPRA XR TB24 (Use levetiracetam)	NP	Use levetiracetam IR; ST

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

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

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

Drug Name	Drug Tier	Requirements/Limits
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL (<i>Use phenelzine sulfate</i>)	NP	
PARNATE (<i>Use tranylcypromine sulfate</i>)	NP	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	P	SP; PA
SPRAVATO 84MG DOSE	P	SP; PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(1 ea daily)
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(4 ea daily)
CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(2 ea daily)
<i>citalopram hydrobromide SOLN</i>	P	
<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 ea daily)
<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 ea daily)
<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 ea daily); AL(At least 12 yrs old)
<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	P	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NP	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 ea daily)
PRISTIQ 100 MG (Use desvenlafaxine succinate)	NP	QL(4 ea daily); ST
PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	QL(1 ea daily); ST
venlafaxine hcl CP24 150 MG	P	QL(2 ea daily)
venlafaxine hcl CP24 75 MG	P	QL(5 ea daily)
venlafaxine hcl CP24 37.5 MG	P	QL(4 ea daily)
venlafaxine hcl TABS	P	
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	P	QL(1 ea daily)
venlafaxine hcl TB24 150 MG	P	QL(2 ea daily)
Tricyclic Agents		
amitriptyline hcl TABS	P	
amoxapine	P	
ANAFRANIL 75 MG (Use clomipramine hcl)	NP	
clomipramine hcl 75 MG	P	
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
desipramine hcl TABS 25 MG	P	QL(2 ea daily)
doxepin hcl CAPS	P	
doxepin hcl CONC	P	
imipramine hcl TABS	P	
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NP	
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NP	QL(2 ea daily)
nortriptyline hcl CAPS	P	

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl SOLN	P	QL(20 ml daily)
PAMELOR CAPS (Use nortriptyline hcl)	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ml per 30 days retail); PA
SYMLINPEN 60 SOPN	P	QL(6 ml per 30 days retail); PA
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NP	QL(2 ea daily)
alogliptin-metformin hcl	P	QL(2 ea daily)
alogliptin-pioglitazone	P	
glipizide-metformin hcl	P	
glyburide-metformin	P	
KAZANO (Use alogliptin-metformin hcl)	NP	
KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	NP	QL(1 ea daily)
OSENI	NP	
OSENI (Use alogliptin-pioglitazone)	NP	
pioglitazone hcl-metformin hcl TABS	P	QL(2 ea daily)
saxagliptin-metformin hcl	P	QL(1 ea daily)
SEGLUROMET	P	QL(2 ea daily)
SOLIQUA 100/33	P	QL(0.6 ml daily); PA
Biguanides		
metformin hcl TABS 850 MG, 1000 MG	P	
metformin hcl TABS 500 MG	P	QL(4 ea daily)
metformin hcl TB24 500 MG	P	QL(4 ea daily)

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<i>metformin hcl TB24 750 MG</i>	P	QL(3 ea daily)	GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
Diabetic Other			GOODSENSE GLUCOSE	P	QL(50 ea per 30 days retail)
BD GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	HY-VEE GLUCOSE	P	QL(50 ea per 30 days retail)
CVS GLUCOSE	P	QL(50 ea per 30 days retail)	KORLYM (<i>Use mifepristone (hyperglycemia)</i>)	NP	SP; PA
CVS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	KROGER GLUCOSE	P	QL(50 ea per 30 days retail)
CVS SOFT GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	LEADER GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)
DEX4	P	QL(50 ea per 30 days retail)	LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
DEX4 FAST ACTING GLUCOSE	P	QL(50 ea per 30 days retail)	LONGS GLUCOSE	P	QL(50 ea per 30 days retail)
DEX4 NATURALS	P	QL(50 ea per 30 days retail)	MEIJER GLUCOSE	P	QL(50 ea per 30 days retail)
DEX4 POUCH PACK	P	QL(50 ea per 30 days retail)	<i>mifepristone (hyperglycemia)</i>	P	SP; PA
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	PREFERRED PLUS GLUCOSE	P	QL(50 ea per 30 days retail)
<i>glucagon (rdna)</i>	P	QL(1 ea per fill retail)	PX GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NP	QL(1 ea per fill retail)	RA GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCO TO GO CHEW	P	OTC; QL(50 ea per 30 days retail)	RELION GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCOSE	P	QL(50 ea per 30 days retail)	SM GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCOSE INSTANT ENERGY	P	QL(50 ea per 30 days retail)	SM GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	SMART SENSE GLUCOSE	P	QL(50 ea per 30 days retail)
GNP GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)	SMART SENSE GLUCOSE TABLETS	P	QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	TGT GLUCOSE	P	QL(50 ea per 30 days retail)
			TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC; QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	HUMULIN 70/30 SUSP	P	OTC; QL(40 ml per 30 days retail)
UP & UP GLUCOSE	P	QL(50 ea per 30 days retail)	HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ml daily)
VALUE PLUS GLUCOSE	P	QL(50 ea per 30 days retail)	HUMULIN N SUSP	P	QL(40 ml per 30 days retail)
WALGREENS GLUCOSE	P	QL(50 ea per 30 days retail)	HUMULIN R SOLN IJ	P	OTC; QL(40 ml per 30 days retail)
WALGREENS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)	INSULIN ASPART FLEXPEN SOPN	P	QL(1.34 ml daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			INSULIN ASPART PENFILL SOCT	P	QL(1.34 ml daily)
<i>alogliptin benzoate</i>	P		INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(1 ml daily)
NESINA (<i>Use alogliptin benzoate</i>)	NP		INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 30 days retail)
ONGLYZA (<i>Use saxagliptin hcl</i>)	NP	QL(1 ea daily)	INSULIN ASPART SOLN IJ	P	QL(1.34 ml daily)
<i>saxagliptin hcl</i>	P	QL(1 ea daily)	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	P	QL(0.9 ml daily)
Incretin Mimetic Agents			INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	P	QL(1.5 ml daily)
BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail); PA	INSULIN DEGLUDEC SOLN	P	QL(1.5 ml daily)
BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 30 days retail); AL(At least 18 yrs old); PA	INSULIN GLARGINE-YFGN SOLN	P	QL(1 ml daily)
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 30 days retail); AL(At least 18 yrs old); PA	INSULIN GLARGINE-YFGN SOPN	P	QL(1 ml daily)
TRULICITY	P	QL(2 ml per 28 days retail); PA	INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	
Insulin			INSULIN LISPRO KWIKPEN SOPN	P	QL(1.34 ml daily)
ADMELOG SOLOSTAR SOPN	NP		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(1 ml daily)
ADMELOG SOLN IJ	NP		INSULIN LISPRO SOLN IJ	P	QL(40 ml per 30 days retail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP		NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	
HUMALOG SOLN IJ	NP				
HUMULIN 70/30 KWIKPEN SUPN	P	OTC; QL(1 ml daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUPN	P	OTC; QL(1 ml daily)	ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily)
NOVOLIN 70/30 RELION SUSP	NP		pioglitazone hcl	P	QL(1 ea daily)
NOVOLIN 70/30 SUSP	P	OTC; QL(40 ml per 30 days retail)	Meglitinide Analogues		
NOVOLIN N FLEXPEN RELION SUPN	NP		nateglinide	P	QL(3 ea daily)
NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ml daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
NOVOLIN N RELION SUSP	NP		STEGLATRO	P	QL(1 ea daily)
NOVOLIN N SUSP	P	QL(40 ml per 30 days retail)	Sulfonylureas		
NOVOLIN R RELION SOLN IJ	NP		AMARYL 4 MG (Use glimepiride)	NP	QL(2 ea daily)
NOVOLIN R SOLN IJ	P	OTC; QL(40 ml per 30 days retail)	AMARYL 1 MG, 2 MG (Use glimepiride)	NP	QL(4 ea daily)
NOVOLOG FLEXPEN RELION SOPN	NP		glimepiride 1 MG, 2 MG	P	QL(4 ea daily)
NOVOLOG FLEXPEN SOPN	NP		glimepiride 4 MG	P	QL(2 ea daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP		glipizide TABS	P	
NOVOLOG MIX 70/30 RELION SUSP	NP		glipizide TB24	P	
NOVOLOG MIX 70/30 SUSP	NP		GLUCOTROL XL TB24 (Use glipizide)	NP	
NOVOLOG PENFILL SOCT	NP		glyburide micronized 1.5 MG, 3 MG, 6 MG	P	
NOVOLOG RELION SOLN IJ	NP		glyburide TABS	P	
NOVOLOG SOLN IJ	NP		GLYNASE (Use glyburide micronized)	NP	
SEMGLEE SOLN	NP		ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
SEMGLEE SOPN	NP		Antidiarrheal/Probiotic Agents - Misc.		
TRESIBA FLEXTOUCH SOPN	NP		bismuth subsalicylate CHEW 262 MG	P	OTC
TRESIBA SOLN	NP		bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	P	OTC
Insulin Sensitizing Agents			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
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
IMODIUM A-D CAPS (Use loperamide hcl)	NP	OTC; QL(8 ea daily); RX/OTC
IMODIUM A-D TABS (Use loperamide hcl)	NP	OTC; QL(8 ea daily)
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NP	
<i>loperamide hcl CAPS</i>	P	OTC; QL(8 ea daily); RX/OTC
<i>loperamide hcl TABS</i>	P	OTC; QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox PACK</i>	P	SP; PA
<i>deferasirox TABS</i>	P	SP; PA
<i>deferasirox TBSO</i>	P	SP; PA
<i>deferiprone TABS</i>	P	SP; PA
EXJADE TBSO (Use deferasirox)	NP	SP; PA
FERRIPROX TWICE-A-DAY TABS	P	SP; PA
FERRIPROX SOLN	P	SP; PA
FERRIPROX TABS (Use deferiprone)	NP	SP; PA
JADENU SPRINKLE PACK (Use deferasirox)	NP	SP; PA
JADENU TABS (Use deferasirox)	NP	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	P	SP; PA
BRIDION	P	SP; PA
<i>deferoxamine mesylate</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
DEFERAL 500 MG (Use deferoxamine mesylate)	NP	SP; PA
SM IPECAC SYRUP	P	
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	P	QL(4 ea per 90 days retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl SOSY</i>	P	QL(4 ml per 90 days retail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD (Use naloxone hcl)	NP	QL(4 ea per 90 days retail); RX/OTC
VIVITROL	P	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	P	QL(50 ml per 30 days retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(2 ea daily)
<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 ea per 14 days retail)
<i>ondansetron TBDP</i>	P	QL(2 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (Use meclizine hcl)	NP	OTC; RX/OTC
<i>dimenhydrinate TABS</i>	P	OTC; QL(24 ea per fill retail)
DRAMAMINE CHEW	P	OTC; QL(24 ea per fill retail)
DRAMAMINE TABS (Use dimenhydrinate)	NP	OTC; QL(24 ea per fill retail)
<i>meclizine hcl CHEW</i>	P	OTC; RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl)</i>	NP	OTC; QL(240 ml per fill retail)
<i>BENADRYL ALLERGY EXTRA STRENGTH TABS</i>	P	QL(4 ea daily)
<i>BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl)</i>	NP	OTC; QL(4 ea daily)
<i>BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)</i>	NP	QL(4 ea daily)
<i>BENADRYL ALLERGY TABS (Use diphenhydramine hcl)</i>	NP	OTC; QL(4 ea daily)
<i>clemastine fumarate TABS 1.34 MG</i>	P	OTC; QL(2 ea daily)
<i>DAYHIST ALLERGY 12 HOUR RELIEF TABS</i>	P	OTC; QL(2 ea daily)
<i>diphenhydramine hcl CAPS</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	OTC; QL(240 ml per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	P	OTC; QL(4 ea daily)
Antihistamines - Non-Sedating		
<i>ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl)</i>	NP	QL(2 ea daily)
<i>ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)</i>	NP	QL(1 ea daily)
<i>cetirizine hcl CHEW</i>	P	QL(1 ea daily)
<i>cetirizine hcl SOLN OR</i>	P	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl SYRP OR</i>	P	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl TABS</i>	P	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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 180 MG	P	QL(1 ea daily)
fexofenadine hcl TABS 60 MG	P	QL(2 ea daily)
levocetirizine dihydrochloride TABS	P	RX/OTC
loratadine SOLN	P	OTC; QL(240 ml per fill retail)
loratadine 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	
ANTIHYPERTENSIVES - 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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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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 160 MG</i>	P	QL(1 ea daily)	NIASPAN TBCR (Use <i>niacin (antihyperlipidemic)</i>)	NP	
<i>fenofibrate TABS 54 MG</i>	P	QL(3 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	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
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 2.5 MG</i>	P	QL(1 ea daily)
ZETIA (Use <i>ezetimibe</i>)	NP	ST	<i>lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 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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<i>ramipril CAPS</i>	P	QL(2 ea daily)	<i>clonidine hcl TABS</i>	P	
<i>trandolapril 1 MG, 2 MG</i>	P	QL(1 ea daily)	<i>doxazosin mesylate</i>	P	
<i>trandolapril 4 MG</i>	P	QL(2 ea daily)	<i>guanfacine hcl</i>	P	
VASOTEC TABS (<i>Use enalapril maleate</i>)	NP	QL(2 ea daily)	<i>methyldopa TABS</i>	P	
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>)	NP	QL(2 ea daily)	MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NP	
ZESTRIL TABS 2.5 MG (<i>Use lisinopril</i>)	NP	QL(1 ea daily)	<i>prazosin hcl CAPS</i>	P	
Agents for Pheochromocytoma			<i>terazosin hcl</i>	P	
DEMSER (<i>Use metyrosine</i>)	NP	SP; PA	Antihypertensive Combinations		
<i>metyrosine</i>	P	SP; PA	ACCURETIC 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily)
Angiotensin II Receptor Antagonists			ACCURETIC 12.5 MG-10 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily)
ATACAND (<i>Use candesartan cilexetil</i>)	NP		ACCURETIC 25 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily)
AVAPRO (<i>Use irbesartan</i>)	NP	QL(1 ea daily)	<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 ea daily)
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	Use losartan or irbesartan; QL(1 ea daily); ST	<i>amlodipine besylate-olmesartan medoxomil</i>	P	Use losartan or irbesartan; ST
<i>candesartan cilexetil</i>	P		<i>amlodipine besylate-valsartan</i>	P	Use losartan or irbesartan; ST
COZAAR (<i>Use losartan potassium</i>)	NP	QL(1 ea daily)	<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	Use losartan or irbesartan; ST
DIOVAN TABS (<i>Use valsartan</i>)	NP	QL(1 ea daily)	ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NP	
<i>irbesartan</i>	P	QL(1 ea daily)	<i>atenolol & chlorthalidone</i>	P	QL(2 ea daily)
<i>losartan potassium</i>	P	QL(1 ea daily)	AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
MICARDIS (<i>Use telmisartan</i>)	NP	QL(1 ea daily)	AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NP	Use losartan or irbesartan; ST
<i>olmesartan medoxomil</i>	P	Use losartan or irbesartan; QL(1 ea daily); ST	<i>benazepril & hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>telmisartan</i>	P	QL(1 ea daily)	BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan; QL(1 ea daily); ST
<i>valsartan TABS</i>	P	QL(1 ea daily)			
Antiadrenergic Antihypertensives					
CARDURA (<i>Use doxazosin mesylate</i>)	NP				

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

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	Use losartan or irbesartan; ST
valsartan-hydrochlorothiazide	P	QL(1 ea daily)
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(1 ea daily)
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)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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 125 MG	P	QL(4 ea daily)
vancomycin hcl CAPS 250 MG	P	QL(8 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 days retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	P	QL(14 ea per fill retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	P	QL(14 ea per 30 days retail)
Leprostatics		
dapsone	P	

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Drug Name	Drug Tier	Requirements/Limits
Lincosamides		
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	NP	
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	NP	QL(300 ml per fill retail)
clindamycin hcl 150 MG, 300 MG	P	
clindamycin palmitate hydrochloride	P	QL(300 ml per fill retail)
Monobactams		
CAYSTON	P	SP; PA
Oxazolidinones		
SIVEXTRO TABS	P	QL(6 ea per fill retail); PA
Pleuromutilins		
XENLETA TABS	P	SP; PA
Urinary Anti-infectives		
MACROBID (Use nitrofurantoin monohyd macro)	NP	
MACRODANTIN 50 MG, 100 MG (Use nitrofurantoin macrocrystal)	NP	
methenamine mandelate	P	
nitrofurantoin	P	QL(40 ml daily)
nitrofurantoin macrocrystal 50 MG, 100 MG	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	P	QL(24 ea per fill retail)
Antimalarials		

Drug Name	Drug Tier	Requirements/Limits
chloroquine phosphate TABS 250 MG	P	
chloroquine phosphate TABS 500 MG	P	QL(1 ea daily)
DARAPRIM (Use pyrimethamine)	NP	SP; PA
hydroxychloroquine sulfate 200 MG	P	
KRINTAFEL	P	QL(2 ea per 30 days retail)
mefloquine hcl	P	
PLAQUENIL (Use hydroxychloroquine sulfate)	NP	
primaquine phosphate TABS	P	
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	NP	
pyrimethamine	P	SP; PA
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	NP	
MESTINON TABS (Use pyridostigmine bromide)	NP	
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MYCOBUTIN (Use rifabutin)	NP		<i>melfalan hcl</i>	P	SP; PA
<i>pyrazinamide</i>	P		MYLERAN TABS	P	
<i>rifabutin</i>	P		TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (Use <i>temozolomide</i>)	NP	SP; PA
<i>rifampin CAPS</i>	P		TEMODAR SOLR	P	SP; PA
TRECTOR	P		<i>temozolomide CAPS</i>	P	SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			TEPADINA (Use <i>thiotepa</i>)	NP	SP; PA
Alkylating Agents			<i>thiotepa</i>	P	SP; PA
ALKERAN (Use <i>melfalan hcl</i>)	NP	SP; PA	TREANDA SOLR (Use <i>bendamustine hcl</i>)	NP	SP; PA
ALKERAN (Use <i>melfalan</i>)	NP		VIVIMUSTA SOLN	P	SP; PA
BELRAPZO SOLN	P	SP; PA	YONDELIS	P	SP; PA
<i>bendamustine hcl SOLR</i>	P	SP; PA	ZEPZELCA	P	SP; PA
BENDAMUSTINE HYDROCHLORIDE SOLN	P	SP; PA	Antimetabolites		
BENDEKA SOLN	P	SP; PA	ALIMTA SOLR (Use <i>pemetrexed disodium</i>)	NP	SP; PA
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i>	P	SP; PA	<i>azacitidine SUSR</i>	P	SP; PA
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP; PA	<i>capecitabine</i>	P	SP; PA
CISPLATIN SOLR	P	SP; PA	<i>cladribine 10 MG/10ML</i>	P	SP; PA
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	P	SP; PA	<i>cytarabine SOLN</i>	P	SP; PA
<i>cyclophosphamide SOLN</i>	P	SP; PA	DACOGEN (Use <i>decitabine</i>)	NP	SP; PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	P	SP; PA	<i>decitabine</i>	P	SP; PA
<i>cyclophosphamide SOLR IJ</i>	P	SP; PA	<i>fludarabine phosphate SOLN</i>	P	SP; PA
EVOMELA	P	SP; PA	FLUDARABINE PHOSPHATE SOLN	P	SP; PA
KEMOPLAT SOLN	P	SP; PA	<i>fludarabine phosphate SOLR</i>	P	SP; PA
LEUKERAN	P		FOLOTYN	P	SP; PA
<i>melfalan</i>	P		FOLOTYN (Use <i>pralatrexate</i>)	NP	SP; PA
			<i>mercaptopurine TABS</i>	P	
			<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium</i> TABS 2.5 MG	P	
ONUREG TABS	P	SP; PA
PEMETREXED 500 MG/20ML	P	SP; PA
<i>pemetrexed disodium</i> SOLR 100 MG, 500 MG	P	SP; PA
PEMFEXY	P	SP; PA
<i>pralatrexate</i>	P	SP; PA
PURIXAN SUSP	P	
TABLOID	P	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
VIDAZA SUSR (<i>Use azacitidine</i>)	NP	SP; PA
XELODA (<i>Use capecitabine</i>)	NP	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
CYRAMZA	P	SP; PA
INLYTA	P	SP; PA
LENVIMA 10 MG DAILY DOSE	P	QL(1 ea daily); SP; PA
LENVIMA 12MG DAILY DOSE	P	QL(3 ea daily); SP; PA
LENVIMA 14 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
LENVIMA 18 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
LENVIMA 20 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
LENVIMA 24 MG DAILY DOSE	P	QL(3 ea daily); SP; PA
LENVIMA 4 MG DAILY DOSE	P	QL(1 ea daily); SP; PA
LENVIMA 8 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
MVASI	P	SP; PA
ZALTRAP	P	SP; PA
ZIRABEV	P	SP; PA
Antineoplastic - Antibodies		

Drug Name	Drug Tier	Requirements/Limits
ADCETRIS	P	SP; PA
ARZERRA	P	SP; PA
BAVENCIO	P	SP; PA
BESPONSA	P	SP; PA
BLENREP	P	SP; PA
BLINCYTO	P	SP; PA
DARZALEX	P	SP; PA
EMPLICITI	P	SP; PA
ENHERTU	P	SP; PA
GAZYVA	P	SP; PA
IMFINZI	P	SP; PA
JEMPERLI	P	SP; PA
KADCYLA	P	SP; PA
KEYTRUDA	P	SP; PA
KIMMTRAK	P	SP; PA
LIBTAYO	P	SP; PA
LUMOXITI	P	SP; PA
MONJUVI	P	SP; PA
MYLOTARG	P	SP; PA
OPDIVO	P	SP; PA
PADCEV	P	SP; PA
POLIVY	P	SP; PA
POTELIGEO	P	SP; PA
RIABNI	P	SP; PA
RITUXAN	P	SP; PA
RUXIENCE	P	SP; PA
TECENTRIQ	P	SP; PA
TIVDAK	P	SP; PA
TRUXIMA	P	SP; PA
UNITUXIN	P	SP; PA
YERVOY	P	SP; PA
ZEVALIN Y-90	P	SP; PA
ZYNLONTA	P	SP; PA
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	P	SP; PA
KANJINTI 420 MG	P	SP; PA

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MARGENZA	P	SP; PA	ARIMIDEX (<i>Use anastrozole</i>)	NP	
OGIVRI	P	SP; PA	AROMASIN (<i>Use exemestane</i>)	NP	
PERJETA	P	SP; PA	<i>bicalutamide</i>	P	QL(1 ea daily)
TRAZIMERA	P	SP; PA	CAMCEVI	P	SP; PA
TUKYSA	P	SP; PA	CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 ea daily)
Antineoplastic - BCL-2 Inhibitors			ELIGARD SC 22.5 MG, 30 MG, 45 MG	P	SP; PA
VENCLEXTA STARTING PACK TBPK	P	SP; PA	ELIGARD KIT SC 7.5 MG	P	SP; PA
VENCLEXTA TABS	P	SP; PA	EMCYT	P	SP; PA
Antineoplastic - Cellular Immunotherapy			ERLEADA 60 MG	P	SP; PA
ABECMA	P	SP; PA	EULEXIN	P	
BREYANZI	P	SP; PA	<i>exemestane</i>	P	
CARVYKTI	P	SP; PA	FARESTON (<i>Use toremifene citrate</i>)	NP	PA
TECARTUS	P	SP; PA	FEMARA (<i>Use letrozole</i>)	NP	
Antineoplastic - EGFR Inhibitors			FIRMAGON 80 MG	P	SP; PA
ERBITUX	P	SP; PA	<i>flutamide</i>	P	
<i>erlotinib hcl</i>	P	SP; PA	<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	SP; PA
EXKIVITY	P	SP; PA	<i>letrozole</i>	P	
<i>gefitinib</i>	P	SP; PA	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	P	SP; PA
GILOTRIF	P	SP; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	P	SP; PA
IRESSA (<i>Use gefitinib</i>)	NP	SP; PA	LUPRON DEPOT (1-MONTH) KIT IM	P	SP; PA
PORTRAZZA	P	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	P	SP; PA
TAGRISO	P	SP; PA	LUPRON DEPOT (4-MONTH) IM	P	SP; PA
TARCEVA (<i>Use erlotinib hcl</i>)	NP	SP; PA	LUPRON DEPOT (6-MONTH) IM	P	SP; PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP; PA	LYSODREN	P	SP; PA
VIZIMPRO	P	SP; PA	<i>megestrol acetate SUSP</i>	P	
Antineoplastic - Hedgehog Pathway Inhibitors			<i>megestrol acetate TABS</i>	P	
DAURISMO	P	SP; PA	NUBEQA	P	SP; PA
ERIVEDGE	P	SP; PA			
ODOMZO	P	SP; PA			
Antineoplastic - Hormonal and Related Agents					
<i>abiraterone acetate</i>	P	SP; PA			
<i>anastrozole</i>	P				

Drug Name	Drug Tier	Requirements/Limits
ORGOVYX	P	SP; PA
<i>tamoxifen citrate TABS</i>	P	
<i>toremifene citrate</i>	P	PA
TRELSTAR MIXJECT	P	SP; PA
XTANDI CAPS	P	SP; PA
XTANDI TABS	P	SP; PA
YONSA	P	SP; PA
ZOLADEX	P	SP; PA
ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	P	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	P	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	P	QL(1 ea daily); SP; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	P	SP; PA
XPOVIO 60 MG TWICE WEEKLY	P	SP; PA
XPOVIO 80 MG TWICE WEEKLY	P	SP; PA
Antineoplastic Antibiotics		
<i>daunorubicin hcl SOLN</i>	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN (<i>Use daunorubicin hcl</i>)	NP	SP; PA
ELLEENCE SOLN	P	SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	P	SP; PA
<i>valrubicin</i>	P	SP; PA
VALSTAR (<i>Use valrubicin</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic Combinations		
DARZALEX FASPRO	P	SP; PA
HERCEPTIN HYLECTA	P	SP; PA
INQOVI	P	SP; PA
KISQALI FEMARA 200 DOSE	P	SP; PA
KISQALI FEMARA 400 DOSE	P	SP; PA
KISQALI FEMARA 600 DOSE	P	SP; PA
LONSURF	P	SP; PA
OPDUALAG	P	SP; PA
PHESGO	P	SP; PA
RITUXAN HYCELA	P	SP; PA
VYXEOS	P	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP; PA
AFINITOR TABS (<i>Use 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 40 MG	P	QL(2 ea daily); SP; PA
CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily); SP; PA
CALQUENCE	P	SP; PA
CAPRELSA	P	SP; PA

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

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VITRAKVI SOLN	P	SP; PA	TRISENOX (Use arsenic trioxide)	NP	SP; PA
VONJO	P	SP; PA	Chemotherapy Adjuncts		
VOTRIENT (Use pazopanib hcl)	NP	SP; PA	KEPIVANCE 5.16 MG	P	SP
VOTRIENT	P	SP; PA	KEPIVANCE 6.25 MG	P	SP; PA
XALKORI CAPS	P	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
XOSPATA	P	SP; PA	dexrazoxane hcl	P	SP; PA
ZEJULA CAPS	P	SP; PA	KHAPZORY	P	SP; PA
ZELBORAF	P	SP; PA	leucovorin calcium TABS	P	
ZOLINZA	P	SP; PA	levoleucovorin calcium SOLN 250 MG/25ML	P	SP; PA
ZYDELIG	P	SP; PA	levoleucovorin calcium SOLR	P	SP; PA
ZYKADIA TABS	P	SP; PA	mesna SOLN	P	SP; PA
Antineoplastic Enzymes			MESNEX SOLN (Use mesna)	NP	SP; PA
ASPARLAS	P	SP; PA	MESNEX TABS	P	SP; PA
ONCASPAR	P	SP; PA	TOTECT	P	SP; PA
RYLAZE	P	SP; PA	VORAXAZE	P	SP; PA
Antineoplastic Radiopharmaceuticals			Mitotic Inhibitors		
AZEDRA DOSIMETRIC	P	SP; PA	ABRAXANE	P	SP; PA
AZEDRA THERAPEUTIC	P	SP; PA	docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA
Antineoplastics Misc.			DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA
ACTIMMUNE	P	SP; PA	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel)	NP	SP; PA
ALFERON N	P	SP; PA	docetaxel SOLN	P	SP; PA
arsenic trioxide	P	SP; PA	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP; PA
BESREMI	P	SP; PA	DOCETAXEL SOLN (Use docetaxel)	NP	SP; PA
bexarotene	P	SP; PA	etoposide CAPS	P	SP; PA
HYDREA (Use hydroxyurea)	NP		etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	P	SP; PA
hydroxyurea	P				
INTRON A SOLR	P	SP; PA			
MATULANE	P	SP; PA			
PHOTOFRIN	P	SP; PA			
PROLEUKIN	P	SP; PA			
SYNRIBO	P	SP; PA			
TARGRETIN (Use bexarotene)	NP	SP; PA			
tretinoin (chemotherapy)	P	SP; PA			

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole TBDP</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
ARISTADA	P	SP; PA
ARISTADA INITIO	P	SP; PA
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	OTC; QL(946 ml per fill retail)
HIBICLENS SOLN EX (Use chlorhexidine gluconate)	NP	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ml daily)
<i>abacavir sulfate TABS</i>	P	QL(2 ea daily)
APTIVUS CAPS	P	QL(4 ea daily); ST
<i>atazanavir sulfate CAPS 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 lamivudine-zidovudine)	NP	QL(2 ea daily)
COMPLERA	P	QL(1 ea daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 ea daily); ST
<i>darunavir TABS 600 MG</i>	P	QL(2 ea daily); ST
DELSTRIGO	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DESCOVY 200 MG-25 MG	P	QL(1 ea daily); PA	ISENTRESS HD TABS	P	QL(2 ea daily)
DESCOVY 120 MG-15 MG	P	QL(1 ea daily); PA	ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
DOVATO	P		ISENTRESS CHEW 25 MG	P	QL(12 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 (<i>Use lopinavir-ritonavir</i>)	NP	QL(480 ml per 30 days retail)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(4 ea daily)
<i>efavirenz TABS</i>	P	QL(1 ea daily)	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(6 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 300 MG</i>	P	QL(1 ea daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NP	QL(1 ea daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 ea daily)
EMTRIVA SOLN	P	QL(24 ml daily)	<i>lamivudine-zidovudine</i>	P	QL(2 ea daily)
EPIVIR SOLN (<i>Use lamivudine</i>)	NP	QL(30 ml daily)	LEXIVA SUSP	P	QL(56 ml daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NP	QL(2 ea daily)	LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	NP	QL(4 ea daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NP	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	P	QL(480 ml per 30 days retail)
EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NP	QL(1 ea daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 ea daily)
<i>etravirine 100 MG</i>	P	QL(4 ea daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 ea daily)
<i>etravirine 200 MG</i>	P	QL(2 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 100 MG</i>	P	QL(3 ea daily)
INTELENCE 200 MG (<i>Use etravirine</i>)	NP	QL(2 ea daily)	<i>nevirapine TB24 400 MG</i>	P	QL(1 ea daily)
INTELENCE 100 MG (<i>Use etravirine</i>)	NP	QL(4 ea daily)	NORVIR SOLN	P	QL(15 ml daily)
			NORVIR TABS (<i>Use ritonavir</i>)	NP	QL(12 ea daily)
			ODEFSEY	P	
			PIFELTRO	P	QL(1 ea daily)

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

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Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABS	P	QL(1 ea daily); SP; PA
VALCYTE TABS (Use valganciclovir hcl)	NP	QL(2 ea daily)
valganciclovir hcl TABS	P	QL(2 ea daily)
Hepatitis Agents		
EPCLUSA PACK 50 MG-200 MG	P	SP; PA
MAVYRET PACK	P	QL(6 ea daily); SP; PA
MAVYRET TABS	P	QL(3 ea daily); SP; PA
PEGASYS SOLN	P	SP; PA
ribavirin (hepatitis c) CAPS	P	SP; PA
ribavirin (hepatitis c) TABS 200 MG	P	SP; PA
SOFOSBUVIR/VELPATA SVIR TABS	P	QL(1 ea daily); SP; PA
SOVALDI TABS	P	SP; PA
VEMLIDY	P	SP; PA
Herpes Agents		
acyclovir CAPS	P	QL(50 ea per 30 days retail)
acyclovir SUSP	P	QL(400 ml per 30 days retail)
acyclovir TABS OR 800 MG	P	QL(50 ea per 30 days retail)
acyclovir TABS OR 400 MG	P	QL(3 ea daily)
famciclovir	P	
valacyclovir hcl 1 GM, 1000 MG	P	QL(42 ea per 21 days retail)
valacyclovir hcl 500 MG	P	QL(2 ea daily)
VALTREX 500 MG (Use valacyclovir hcl)	NP	QL(2 ea daily)
VALTREX 1 GM (Use valacyclovir hcl)	NP	QL(42 ea per 21 days retail)
ZOVIRAX SUSP (Use acyclovir)	NP	QL(400 ml per 30 days retail)
Influenza Agents		

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate CAPS 30 MG	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)
oseltamivir phosphate CAPS 45 MG, 75 MG	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)
oseltamivir phosphate SUSR	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
RELENZA DISKHALER	P	QL(20 ea per fill retail); AL(At least 5 yrs old)
TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)
TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)
TAMIFLU SUSR (Use oseltamivir phosphate)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 25 MG	P	QL(4 ea daily)
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	P	QL(3 ea daily)
carvedilol phosphate	P	QL(1 ea daily)
COREG 25 MG (Use carvedilol)	NP	QL(4 ea daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	NP	QL(3 ea daily)

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

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<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 ea daily)	VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily)
<i>diltiazem hcl CP12</i>	P	QL(2 ea daily)	VERELAN CP24 (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily)
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 ea daily)	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 ea daily)	Cardiac Glycosides		
<i>diltiazem hcl TABS</i>	P	QL(3 ea daily)	<i>digoxin SOLN OR 0.05 MG/ML</i>	P	
<i>felodipine</i>	P	QL(1 ea daily)	<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	P	
<i>nicardipine hcl CAPS</i>	P		LANOXIN SOLN IJ (<i>Use digoxin</i>)	P	
<i>nifedipine CAPS</i>	P	QL(4 ea daily)	LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	P	
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 ea daily)	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
<i>nifedipine TB24 60 MG</i>	P	QL(2 ea daily)	Cardiac Myosin Inhibitors		
NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	QL(1 ea daily)	CAMZYOS	P	SP; PA
PROCARDIA XL TB24 30 MG, 90 MG (<i>Use nifedipine</i>)	NP	QL(1 ea daily)	Impotence Agents		
PROCARDIA XL TB24 60 MG (<i>Use nifedipine</i>)	NP	QL(2 ea daily)	BI-MIX SOLR	P	PA
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily)	IFE-BIMIX 30/1 SOLN	P	PA
TIAZAC 240 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(2 ea daily)	SUPER BI-MIX SOLR	P	PA
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	P	QL(1 ea daily)	SUPER TRI-MIX SOLR	P	SP; PA
<i>verapamil hcl CP24 100 MG, 200 MG</i>	P	QL(2 ea daily)	TRI-MIX SOLR	P	SP; PA
<i>verapamil hcl TABS</i>	P	QL(3 ea daily)	Prostaglandin Vasodilators		
<i>verapamil hcl TBCR</i>	P	QL(2 ea daily)	<i>epoprostenol sodium</i>	P	SP; PA
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily)	FLOLAN (<i>Use epoprostenol sodium</i>)	NP	SP; PA
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily)	ORENITRAM TBCR	P	SP; PA
			TYVASO REFILL SOLN IN	P	SP; PA
			TYVASO STARTER SOLN IN	P	SP; PA
			TYVASO SOLN IN	P	SP; PA

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VELETRI (<i>Use epoprostenol sodium</i>)	NP	SP; PA
VENTAVIS	P	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	QL(1 ea daily); SP; PA
<i>bosentan TABS</i>	P	SP; PA
LETAIRIS (<i>Use ambrisentan</i>)	NP	QL(1 ea daily); SP; PA
TRACLEER TABS (<i>Use bosentan</i>)	NP	SP; PA
TRACLEER TBSO	P	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SOLN (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	P	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TITRATION PACK TBPK	P	SP; PA
UPTRAVI SOLR	P	SP; PA
UPTRAVI TABS	P	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	P	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 ea daily); SP; PA
VYNDAQEL	P	QL(4 ea daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	P	
<i>cephalexin CAPS 250 MG, 500 MG</i>	P	
<i>cephalexin SUSR</i>	P	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	P	
<i>cefprozil SUSR</i>	P	QL(200 ml per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	P	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 ea per fill retail)
<i>cefdinir SUSR</i>	P	QL(100 ml per fill retail)
<i>cefixime CAPS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	P	QL(3 ea per fill retail)
SUPRAX CAPS (Use <i>cefixime</i>)	NP	
CHEMICALS		
Bulk Chemicals - O's		
OMEPRAZOLE	P	PA
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 ea daily)
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 ea daily)
GENERESS FE (Use <i>norethindrone & ethinyl estradiol-fe</i>)	NP	
<i>levonorgestrel & eth estradiol TABS</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(91 ea per fill retail)
LOSEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	
<i>norethindrone & eth estradiol</i>	P	
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	
<i>norgestimate-ethinyl estradiol</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 ea daily)
QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 ea per fill retail)
TYBLUME CHEW	P	
YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 ea per fill retail)
NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	NP	QL(1 ea per fill retail)
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELLA	P	QL(4 ea per 365 days retail)	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	P	QL(150 ml per 30 days retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(1 ea per 21 days retail)	<i>dexamethasone ELIX</i>	P	
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>)	NP	QL(1 ea per 21 days retail)	<i>dexamethasone SOLN</i>	P	
Progestin Contraceptives - Injectable			<i>dexamethasone TABS</i>	P	
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)	EMFLAZA SUSP	P	SP; PA
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)	EMFLAZA TABS (Use <i>deflazacort</i>)	NP	SP; PA
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)	<i>hydrocortisone TABS</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ml per fill retail)	MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i>)	NP	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ml per fill retail)	MEDROL TABS 4 MG, 8 MG (Use <i>methylprednisolone</i>)	NP	
Progestin Contraceptives - Oral			<i>methylprednisolone TABS 4 MG, 8 MG</i>	P	
<i>norethindrone (contraceptive)</i>	P		<i>methylprednisolone TBPK</i>	P	
OPILL	P		PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i>)	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ml per fill retail)
Glucocorticosteroids			<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML</i>	P	
CORTEF TABS (Use <i>hydrocortisone</i>)	NP		<i>prednisolone SOLN</i>	P	
CORTISONE ACETATE TABS	P		<i>prednisolone TABS</i>	P	
<i>deflazacort TABS</i>	P	SP; PA	PREDNISON INTENSOL CONC	P	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(150 ml per 30 days retail)	<i>prednisone SOLN</i>	P	
			<i>prednisone TABS</i>	P	
			<i>prednisone TBPK</i>	P	
			TARPEYO CPDR	P	SP; PA
			ZILRETTA SRER	P	SP; PA
			Mineralocorticoids		
			<i>fludrocortisone acetate TABS</i>	P	

Georgia Inter-Pregnancy Care Updated May 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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

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 days retail); AL(Up to 21 yrs old)	<i>promethazine & phenylephrine SYRP</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
<i>guaifenesin-codeine SOLN</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>promethazine w/codeine SOLN</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>guaifenesin-codeine SYRP</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>promethazine w/codeine SYRP</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-dm SYRP</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>loratadine & pseudoephedrine TB12</i>	P	OTC; QL(2 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)
<i>loratadine & pseudoephedrine TB24</i>	P	OTC; QL(1 ea daily); AL(Up to 21 yrs old)	<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
MAXI-TUSS PE MAX LIQD	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	<i>pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
MAXI-TUSS PE LIQD	P	AL(Up to 21 yrs old)			
MUCINEX DM MAXIMUM STRENGTH TB12 (<i>Use dextromethorphan-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-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 100 MG/5ML, 200 MG/10ML, 400 MG/20ML</i>	P	QL(240 ml per 7 days 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 days 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 days retail); AL(Up to 21 yrs old)
PX DAYTIME MULTI-SYMPTOM CAPS	P	OTC; AL(Up to 21 yrs old)	<i>guaifenesin TB12 1200 MG</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
PX NITETIME MULTI-SYMPTOM CAPS	P	OTC; QL(240 ea per fill retail); AL(Up to 21 yrs old)	MUCINEX MAXIMUM STRENGTH TB12 (Use <i>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 (Use <i>guaifenesin</i>)	NP	QL(40 ea per 30 days 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 (Use <i>cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)	<i>acetylcysteine SOLN</i>	P	
ZYRTEC-D ALLERGY/SINUS (Use <i>cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Expectorants			Acne Products		
GERI-TUSSIN SYRP	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)	ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use <i>isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old); PA
			ACNE MEDICATION 10 LOTN	P	OTC
			ACNE MEDICATION 5 LOTN	P	OTC
			BENZAC AC WASH LIQD 5 % (Use <i>benzoyl peroxide</i>)	NP	RX/OTC
			<i>benzoyl peroxide BAR</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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)
<i>CLEOCIN-T LOTN (Use clindamycin phosphate (topical))</i>	NP		<i>tretinoin GEL 0.025 %</i>	P	AL(Up to 35 yrs old)
<i>CLINDAGEL GEL (Use clindamycin phosphate (topical))</i>	NP	QL(60 ml per fill retail)	<i>tretinoin GEL 0.01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	P	QL(60 gm per fill retail)	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 ea per fill retail)
<i>DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)</i>	NP	RX/OTC	<i>CENTANY OINT</i>	P	
<i>ERYGEL GEL (Use erythromycin (acne aid))</i>	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	
<i>KLARON (Use sulfacetamide sodium (acne))</i>	NP		<i>neomycin-bacitracin-polymyxin OINT</i>	P	OTC; QL(454 ea per fill retail)
<i>RETIN-A CREA (Use tretinoin)</i>	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)
<i>RETIN-A GEL 0.025 % (Use tretinoin)</i>	NP	AL(Up to 35 yrs old)	<i>NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)</i>	NP	OTC; QL(454 ea per fill retail)
<i>RETIN-A GEL 0.01 % (Use tretinoin)</i>	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)	<i>NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)</i>	NP	OTC; QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne)</i>	P		Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 gm per fill retail)	<i>clotrimazole (topical) CREA</i>	P	QL(90 gm per fill retail); RX/OTC
			<i>clotrimazole (topical) SOLN</i>	P	QL(60 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 gm per 30 days retail)
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ml per 30 days retail)
<i>econazole nitrate CREA</i>	P	QL(30 gm per fill retail)
<i>ketoconazole (topical) CREA</i>	P	QL(60 gm per fill retail)
<i>ketoconazole (topical) SHAM 2 %</i>	P	
LAMISIL AT JOCK ITCH CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC; QL(30 gm per fill retail)
LAMISIL AT CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC; QL(30 gm per fill retail)
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC
MICATIN CREA (<i>Use miconazole nitrate (topical)</i>)	NP	QL(60 gm per fill retail)
<i>miconazole nitrate (topical) CREA</i>	P	QL(60 gm per fill retail)
NIZORAL SHAM	P	OTC
<i>nystatin (topical) CREA</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) OINT</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) POWD EX</i>	P	QL(60 gm per fill retail)
<i>nystatin-triamcinolone CREA</i>	P	QL(60 gm per fill retail)
<i>nystatin-triamcinolone OINT</i>	P	QL(60 gm per fill retail)
<i>terbinafine hcl (topical) CREA</i>	P	OTC; QL(30 gm per fill retail)
TINACTIN CREA (<i>Use tolnaftate</i>)	NP	OTC; QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>tolnaftate CREA</i>	P	OTC; QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	OTC
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	P	2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX (<i>Use diclofenac sodium (topical)</i>)	NP	2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	P	SP; PA
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NP	
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NP	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	P	
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ml per 30 days retail)
LEVULAN KERASTICK SOLR	P	SP; PA
TARGRETIN (<i>Use bexarotene (topical)</i>)	NP	SP; PA
VALCHLOR	P	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	P	OTC; QL(222 ml per fill retail)
SARNA LOTN (<i>Use camphor & menthol</i>)	NP	OTC; QL(222 ml per fill retail)
Antipsoriatics		
<i>calcipotriene CREA</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene SOLN</i>	P	QL(60 ml per fill retail)	<i>selenium sulfide LOTN 2.5 %</i>	P	
COSENTYX SENSOREADY PEN SOAJ	P	SP; PA	<i>selenium sulfide SHAM 1 %</i>	P	OTC; QL(420 ml per fill retail)
COSENTYX SOSY	P	SP; PA	SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
DOVONEX CREA (<i>Use calcipotriene</i>)	NP		SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
ILUMYA	P	SP; PA	SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SILIQ	P	SP; PA	SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SKYRIZI PEN SOAJ	P	SP; ST; PA	SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SKYRIZI PSKT	P	SP; PA	<i>sulfacetamide sodium LIQD</i>	P	QL(120 gm per fill retail)
SKYRIZI SOSY	P	SP; PA	Antivirals - Topical		
STELARA SOSY	P	SP; PA	<i>acyclovir topical CREA</i>	P	QL(5 gm per fill retail)
TALTZ SOAJ	P	SP; PA	<i>acyclovir topical OINT</i>	P	QL(30 gm per 30 days retail)
TALTZ SOSY	P	SP; PA	ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	QL(5 gm per fill retail)
<i>tazarotene CREA</i>	P	QL(2 gm daily); AL(Up to 20 yrs old)	ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	QL(30 gm per 30 days retail)
<i>tazarotene GEL</i>	P	QL(6.67 gm daily); AL(Up to 20 yrs old)	Burn Products		
TAZORAC CREA	P	QL(2 gm daily); AL(Up to 20 yrs old)	SILVADENE (<i>Use silver sulfadiazine</i>)	NP	
TAZORAC 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)	Corticosteroids - Topical		
TREMFYA SOPN	P	SP; PA	<i>betamethasone dipropionate (topical) CREA</i>	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
TREMFYA SOSY	P	SP; PA	<i>betamethasone dipropionate augmented CREA</i>	P	QL(50 gm per fill retail)
Antiseborrheic Products					
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)			
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)			
<i>selenium sulfide LOTN 1 %</i>	P	OTC; QL(420 ml per fill retail)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate CREA</i>	P		<i>fluocinonide OINT</i>	P	QL(60 gm per fill retail)
<i>betamethasone valerate LOTN</i>	P		<i>fluocinonide SOLN</i>	P	QL(60 ml per fill retail)
<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 gm 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 1 %</i>	P	QL(453.6 gm per fill retail)
<i>desonide CREA</i>	P		<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(120 ml per fill retail)
<i>desonide OINT</i>	P	QL(2 gm daily)	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC
DESOWEN CREA (Use <i>desonide</i>)	NP		<i>hydrocortisone butyrate SOLN</i>	P	
<i>desoximetasone CREA 0.05 %</i>	P		<i>mometasone furoate CREA</i>	P	QL(50 gm per fill retail)
<i>desoximetasone CREA 0.25 %</i>	P	QL(2 gm daily)	<i>mometasone furoate OINT</i>	P	QL(45 gm per fill retail)
<i>desoximetasone GEL</i>	P	QL(2 gm daily)	<i>mometasone furoate SOLN</i>	P	QL(60 ml per fill retail)
<i>desoximetasone OINT 0.25 %</i>	P	QL(2 gm daily)	TEMOVATE CREA (Use <i>clobetasol propionate</i>)	NP	QL(60 gm per fill retail)
EPIFOAM FOAM	P	QL(15 gm per fill retail)	TEMOVATE OINT (Use <i>clobetasol propionate</i>)	NP	QL(60 gm per fill retail)
<i>fluocinolone acetonide OIL</i>	P	QL(118.28 ml per fill retail)	TOPICORT CREA 0.05 % (Use <i>desoximetasone</i>)	NP	
<i>fluocinonide emulsified base</i>	P	QL(60 gm per fill retail)	TOPICORT CREA 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
<i>fluocinonide CREA 0.05 %</i>	P	1 rtl pack lmt per fill; QL(150 gm per 30 days retail)	TOPICORT GEL (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
<i>fluocinonide GEL</i>	P	QL(60 gm per fill retail)	TOPICORT OINT 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) CREA</i>	P		<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA
<i>triamcinolone acetonide (topical) LOTN</i>	P	QL(60 ml per fill retail)	Keratolytic/Antimitotic/Vesicant Agents		
<i>triamcinolone acetonide (topical) OINT 0.025 %</i>	P	QL(454 gm per fill retail)	DERMAREST PSORIASIS GEL	P	OTC
<i>triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %</i>	P		KERALYT GEL (<i>Use salicylic acid</i>)	NP	
TRIDESILON CREA 0.05 % (<i>Use desonide</i>)	NP		KERALYT GEL	P	OTC
Eczema Agents			<i>podofilox SOLN</i>	P	
ADBRY	P	SP; PA	<i>salicylic acid GEL 6 %</i>	P	
CIBINQO	P	SP; PA	Local Anesthetics - Topical		
Emollient/Keratolytic Agents			<i>capsaicin CREA 0.025 %, 0.075 %</i>	P	OTC; QL(60 gm per fill retail)
<i>urea CREA 40 %</i>	P	RX/OTC	<i>capsaicin CREA 0.1 %</i>	P	OTC; QL(43 gm per fill retail)
<i>urea LOTN 40 %</i>	P		CAPZASIN-HP CREA (<i>Use capsaicin</i>)	NP	OTC; QL(43 gm per fill retail)
Emollients			CAPZASIN-P CREA	P	OTC; QL(42.5 gm per fill retail)
EMOLLIENT LOTION-MISC	P	RX/OTC	CASTIVA WARMING LOTN	P	OTC; QL(30 gm per fill retail)
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(385 gm per fill retail); RX/OTC	<i>dibucaine</i>	P	OTC; QL(56.7 gm per fill retail)
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 gm per fill retail); RX/OTC	<i>lidocaine hcl CREA 4 %</i>	P	OTC; QL(2 gm daily)
Immunomodulating Agents - Topical			<i>lidocaine hcl CREA 3 %</i>	P	QL(453.6 gm per fill retail)
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)	<i>lidocaine hcl GEL 2 %</i>	P	AL(At least 21 yrs old)
Immunosuppressive Agents - Topical			<i>lidocaine CREA 4 %</i>	P	OTC; QL(2 gm daily)
ELIDEL (<i>Use pimecrolimus</i>)	NP	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA	<i>lidocaine OINT</i>	P	1 rtl pack lmt per fill; QL(100 gm per 30 days retail)
<i>pimecrolimus</i>	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA	<i>lidocaine-prilocaine CREA</i>	P	QL(30 gm per fill retail)
<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>spinosad</i>	P	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail)	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 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 2 ML	P	SP; PA	NOVACHOR	P	PA
CORETEXT SUSP 1 ML	P	PA	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	P	PA
EPICORD/ 1CM X 2CM SHEE	P	PA	OASIS WOUND MATRIX	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P	PA	OSTEOCONDUCTIVE MATRIX PLUS	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P	PA	PROTEXT SUSP 2 ML	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P	PA			
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROTEXT SUSP 0.25 ML, 0.5 ML, 1 ML	P	PA	CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	NP	
PURAPLY 2CM X 4CM	P	PA	COVID-19 AG TEST KIT	NP	
PURAPLY 5CM X 5 CM	P	PA	COVID-19 AT-HOME TEST KIT KIT	NP	
PURAPLY 6CM X 9CM	P	PA	COVID-19 AT-HOME TEST KIT KIT	P	QL(2 ea per fill retail)
DIAGNOSTIC PRODUCTS			CVS COVID-19 AT HOME TESTKIT KIT	NP	
Diagnostic Drugs			EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CORTROSYN SOLR (Use <i>cosyntropin</i>)	NP	SP; PA	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
<i>cosyntropin</i> SOLR	P	SP; PA	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
THYROGEN 0.9 MG	P	SP; PA	ELLUME COVID-19 HOME TEST KIT	P	QL(2 ea per fill retail)
Diagnostic Tests			EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
ACCU-CHEK GUIDE TEST STRIPS STRP	NP	RX/OTC	EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ADVIN COVID-19 ANTIGEN HOME TEST KIT	NP		FASTEP COVID-19 ANTIGEN HOME TEST KIT	NP	
BD VERITOR AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	QL(2 ea per fill retail)	FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC	FORA GTEL BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	P	OTC; QL(1 ea daily)
CARESENS N BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)			
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC			
CHEMSTRIP-K STRP	P	OTC; QL(6.67 ea daily)			
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC	ONETOUCH VERIO TEST STRIPS STRP	NP	RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	NP		ONETOUCH VERIO TEST STRIPS STRP	P	Clinical Edit: Test Strips; RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	NP		PILOT COVID-19 AT-HOME TEST KIT	NP	
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC	PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)	PRECISION XTRA	P	OTC; QL(1 ea daily)
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	NP		PTS PANELS EGLU STRP	NP	RX/OTC
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	QL(2 ea per fill retail)	PTS PANELS KETONE TEST	P	OTC; QL(1 ea daily)
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	NP		QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 ea per fill retail)	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	NP	
KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)	RELION KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
KETONE STRP	P	OTC; QL(6.67 ea daily)	RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
KETOSTIX STRP	P	OTC; QL(6.67 ea daily)	RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MM BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP	
NOVA MAX PLUS KETONE TESTSTRIPS	P	OTC; QL(1 ea daily)	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	QL(2 ea per fill retail)	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	NP		Digestive Enzymes		
ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips; RX/OTC	CREON CPEP	P	Smart PA
ONETOUCH ULTRA STRP	NP	RX/OTC	DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
			Carbonic Anhydrase Inhibitors		
			acetazolamide CP12	P	

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<i>acetazolamide TABS</i>	P	
<i>dichlorphenamide</i>	P	SP; PA
KEVEYIS (Use <i>dichlorphenamide</i>)	NP	SP; PA
<i>methazolamide TABS</i>	P	
Diuretic Combinations		
ALDACTAZIDE (Use <i>spironolactone & hydrochlorothiazide</i>)	NP	
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 ea daily)
MAXZIDE-25 TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NP	
MAXZIDE TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NP	
<i>spironolactone & hydrochlorothiazide</i>	P	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	
<i>triamterene & hydrochlorothiazide TABS</i>	P	
Loop Diuretics		
<i>bumetanide TABS</i>	P	
BUMEX TABS 0.5 MG (Use <i>bumetanide</i>)	NP	
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P	
<i>furosemide TABS</i>	P	
LASIX TABS (Use <i>furosemide</i>)	NP	
SOANZ TABS 20 MG	NP	QL(1 ea daily)
<i>toremide 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	

Drug Name	Drug Tier	Requirements/Limits
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>hydrochlorothiazide CAPS</i>	P	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	P	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>metolazone</i>	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	P	SP; PA
RECORLEV	P	SP; PA
Bone Density Regulators		
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NP	QL(4 ea per fill retail); PA
<i>alendronate sodium SOLN</i>	P	QL(10.8 ml daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 ea daily)
AELVIA TBEC (Use <i>risedronate sodium</i>)	NP	QL(4 ea per 28 days retail); PA
<i>calcitonin (salmon) IJ</i>	P	QL(2 ml per fill retail)
<i>calcitonin (salmon) NA</i>	P	1 rtl pack lmt per fill
EVENITY	P	SP; PA
FORTEO SOPN (Use <i>teriparatide (recombinant)</i>)	NP	SP; PA
FOSAMAX TABS 70 MG (Use <i>alendronate sodium</i>)	NP	QL(0.15 ea daily)
<i>ibandronate sodium SOLN</i>	P	SP; PA
MIACALCIN IJ (Use <i>calcitonin (salmon)</i>)	NP	QL(2 ml per fill retail)

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NATPARA	P	SP; PA
<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 5 MG, 30 MG</i>	P	QL(1 ea daily); PA
<i>risedronate sodium TABS 35 MG</i>	P	QL(4 ea per fill retail); PA
<i>risedronate sodium TBEC</i>	P	QL(4 ea per 28 days retail); PA
<i>teriparatide (recombinant) 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
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 INJ	P	PA
PREGNYL IM	P	PA

Drug Name	Drug Tier	Requirements/Limits
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	P	PA
GnRH/LHRH Antagonists		
<i>cetorelix acetate</i>	P	PA
CETROTIDE 0.25 MG	P	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		
NORDITROPIN FLEXPRO SOPN	P	SP; PA
SAIZEN IJ	P	SP; PA
SAIZENPREP RECONSTITUTIONKIT IJ	P	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	P	SP; PA
SKYTROFA	P	SP; PA
ZORBTIVE SC	P	SP; PA
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NP	QL(1 ea daily)
<i>raloxifene hcl</i>	P	QL(1 ea daily)
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA	P	SP; PA
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	P	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	P	SP; PA
LUPRON DEPOT-PED (1-MONTH)	P	SP; PA
LUPRON DEPOT-PED (3-MONTH)	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUPPRELIN LA	P	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	P	QL(30 ml daily)
SYNAREL	P	SP; PA	<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 ea daily)
TRIPTODUR	P	SP; PA	LUMIZYME	P	SP; PA
Metabolic Modifiers			MEPSEVII	P	SP; PA
ALDURAZYME	P	SP; PA	MYALEPT	P	SP; PA
<i>betaine</i>	P	SP; PA	NAGLAZYME	P	SP; PA
BRINEURA	P	SP; PA	NEXVIAZYME	P	SP; PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NP	SP; PA	<i>nitisinone CAPS</i>	P	SP; PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NP	SP; PA	NITYR TABS	P	SP; PA
<i>calcitriol CAPS</i>	P		NULIBRY	P	SP; PA
CARBAGLU (<i>Use carglumic acid</i>)	NP	SP; PA	ORFADIN CAPS (<i>Use nitisinone</i>)	NP	SP; PA
<i>carglumic acid</i>	P	SP; PA	ORFADIN SUSP	P	SP; PA
CARNITOR SF SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)	PALYNZIQ	P	SP; PA
CARNITOR SOLN OR 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)	<i>paricalcitol SOLN</i>	P	SP; PA
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(3 ea daily)	PARSABIV	P	SP; PA
<i>cinacalcet hcl</i>	P	SP; PA	REVCOVI	P	SP; PA
CRYSVITA	P	SP; PA	ROCALTROL CAPS (<i>Use calcitriol</i>)	NP	
CYSTADANE (<i>Use betaine</i>)	NP	SP; PA	<i>sapropterin dihydrochloride PACK</i>	P	SP; PA
ELAPRASE	P	SP; PA	<i>sapropterin dihydrochloride TABS</i>	P	SP; PA
GALAFOLD	P	QL(0.5 ea daily); SP; PA	SENSIPAR (<i>Use cinacalcet hcl</i>)	NP	SP; PA
KANUMA	P	SP; PA	<i>sodium phenylbutyrate POWD</i>	P	SP; PA
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA	<i>sodium phenylbutyrate TABS</i>	P	SP; PA
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA	STRENSIQ	P	SP; PA
			VIMIZIM	P	SP; PA
			XURIDEN	P	SP; PA
			ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NP	SP; PA
			Natriuretic Peptides		
			VOXZOGO	P	SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Posterior Pituitary Hormones			COMBIPATCH PTTW	P	QL(8 ea per 28 days retail)
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NP	SP; PA	estradiol & norethindrone acetate TABS	P	QL(1 ea daily)
DDAVP TABS (Use desmopressin acetate)	NP	QL(6 ea daily)	FEMHRT (Use norethindrone acetate-ethinyl estradiol)	NP	
desmopressin acetate spray	P	QL(5 ml per fill retail)	norethindrone acetate-ethinyl estradiol	P	
desmopressin acetate spray refrigerated	P	QL(5 ml per fill retail)	PREMPHASE	P	
desmopressin acetate SOLN IJ	P	SP; PA	PREMPRO	P	
DESMOPRESSIN ACETATE SOLN NA	P	SP; PA	Estrogens		
desmopressin acetate TABS	P	QL(6 ea daily)	ALORA PTTW	P	QL(8 ea per fill retail)
STIMATE SOLN NA	P	SP; PA	CLIMARA PTWK (Use estradiol)	NP	QL(4 ea per fill retail)
Somatostatic Agents			ESTRACE TABS (Use estradiol)	NP	
octreotide acetate SOLN	P	SP; PA	estradiol PTTW	P	QL(8 ea per fill retail)
SANDOSTATIN LAR DEPOT KIT	P	SP; PA	estradiol PTWK	P	QL(4 ea per fill retail)
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	NP	SP; PA	estradiol TABS	P	
SIGNIFOR	P	SP; PA	MINIVELLE PTTW (Use estradiol)	NP	QL(8 ea per fill retail)
SIGNIFOR LAR	P	SP; PA	PREMARIN TABS	P	QL(1 ea daily)
Vasopressin Receptor Antagonists			VIVELLE-DOT PTTW (Use estradiol)	NP	QL(8 ea per fill retail)
JYNARQUE TABS	P	SP; PA	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
JYNARQUE TBPk	P	SP; PA	Fluoroquinolones		
SAMSCA TABS (Use tolvaptan)	NP	SP; PA	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	P	
tolvaptan TABS	P	SP; PA	ciprofloxacin hcl TABS 100 MG	P	QL(6 ea per fill retail)
ESTROGENS - Hormone Replacement/Modifying Drugs			CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	NP	
Estrogen Combinations			levofloxacin TABS	P	QL(1 ea daily; 14 ea per fill retail)
ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	NP	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 400 MG</i>	P	QL(56 ea per fill retail)	BYLVAY (PELLETS) CPSP	P	SP; PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			BYLVAY CAPS	P	SP; PA
Antiflatulents			LIVMARLI	P	SP; PA
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ml per 30 days retail)	Inflammatory Bowel Agents		
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ml per 30 days retail)	APRISO CP24 (<i>Use mesalamine</i>)	NP	
<i>simethicone CHEW 80 MG</i>	P	OTC	ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	P	OTC; QL(31 ml per 30 days retail)	AVSOLA	P	SP; PA
<i>simethicone SUSP</i>	P	OTC; QL(31 ml per 30 days retail)	AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP	
Bile Acid Synthesis Disorder Agents			AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP	
CHOLBAM	P	SP; PA	<i>balsalazide disodium CAPS</i>	P	QL(9 ea daily)
Farnesoid X Receptor (FXR) Agonists			COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	QL(9 ea daily)
OCALIVA	P	QL(1 ea daily); SP; PA	DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
Gallstone Solubilizing Agents			ENTYVIO SOLR	P	SP; PA
CHENODAL	P	SP; PA	INFLECTRA SOLR	P	SP; PA
URSO 250 TABS (<i>Use ursodiol</i>)	NP	QL(7 ea daily)	INFLIXIMAB	P	SP; PA
<i>ursodiol CAPS</i>	P		LIALDA TBEC (<i>Use mesalamine</i>)	NP	
<i>ursodiol TABS 250 MG</i>	P	QL(7 ea daily)	<i>mesalamine CP24</i>	P	
Gastrointestinal Stimulants			<i>mesalamine CPDR</i>	P	
GIMOTI SOLN NA	P	SP; PA	<i>mesalamine ENEM</i>	P	QL(60 ml daily)
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	P		<i>mesalamine TBEC</i>	P	
<i>metoclopramide hcl TABS</i>	P		REMICADE	P	SP; PA
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NP		RENFLEXIS	P	SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors			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	

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Drug Name	Drug Tier	Requirements/Limits
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	P	
Short Bowel Syndrome (SBS) Agents		
GATTEX	P	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	P	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS -		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	P	
<i>sodium citrate & citric acid</i>	NP	RX/OTC
<i>sodium citrate & citric acid</i>	P	QL(500 ml per 30 days retail); RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP; PA
PROCYSBI CPDR	P	SP; PA
PROCYSBI PACK	P	SP; PA
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
Hyperoxaluria Agents		
OXLUMO	P	SP; PA
Prostatic Hypertrophy Agents		
<i>finasteride</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FLOMAX (<i>Use tamsulosin hcl</i>)	NP	QL(2 ea daily)
PROSCAR (<i>Use finasteride</i>)	NP	QL(1 ea daily)
<i>tamsulosin hcl</i>	P	QL(2 ea daily)
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (<i>Use phenazopyridine hcl</i>)	NF	
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	P	
PYRIDIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		
THIOLA EC TBEC (<i>Use tiopronin</i>)	NP	SP; PA
THIOLA TABS (<i>Use tiopronin</i>)	NP	SP; PA
<i>tiopronin TABS</i>	P	SP; PA
<i>tiopronin TBEC</i>	P	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	P	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol</i>	P	
<i>colchicine TABS</i>	P	QL(6 ea per fill retail)
COLCRYS TABS (<i>Use colchicine</i>)	NP	QL(6 ea per fill retail)
KRYSTEXXA	P	SP; PA
ZYLOPRIM (<i>Use allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
FIBRYGA	P	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	P	SP; PA
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO SOSY	P	SP; PA	SIKLOS TABS	P	PA
Plasma Proteins			Cobalamins		
RYPLAZIM	P	SP; PA	<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	QL(10 ml per 270 days retail)
THROMBATE III	P	SP; PA	Folic Acid/Folates		
Platelet Aggregation Inhibitors			<i>folic acid TABS 1 MG</i>	P	RX/OTC
BRILINTA	P	QL(2 ea daily)	<i>folic acid TABS 400 MCG, 800 MCG</i>	P	OTC; QL(1 ea daily)
CABLIVI	P	SP; PA	Hematopoietic Growth Factors		
<i>cilostazol</i>	P	QL(2 ea daily)	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP; PA
<i>clopidogrel bisulfate 75 MG</i>	P		ARANESP ALBUMIN FREE SOSY	P	SP; PA
<i>dipyridamole</i>	P		EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA
EFFIENT (<i>Use prasugrel hcl</i>)	NP	QL(1 ea daily)	GRANIX SOLN	P	SP; PA
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NP		GRANIX SOSY	P	SP; PA
<i>prasugrel hcl</i>	P	QL(1 ea daily)	LEUKINE SOLR IJ	P	SP; PA
Pyruvate Kinase Activators			MIRCERA	P	SP; PA
PYRUKYND TAPER PACK TBPB	P	SP; PA	MULPLETA	P	SP; PA
PYRUKYND TABS	P	SP; PA	NEUPOGEN SOLN	P	SP; PA
Thrombolytic Agent - Misc			NEUPOGEN SOSY	P	SP; PA
DEFITELIO	P	SP; PA	NIVESTYM SOLN	P	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat			NIVESTYM SOSY	P	SP; PA
Blood Disorders			NYVEPRIA	P	SP; PA
Agents for Gaucher Disease			PROCRIT	P	SP; PA
CERDELGA	P	SP; PA	PROCRIT	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA	RELEUKO SOLN	P	SP; PA
<i>miglustat</i>	P	SP; PA	RELEUKO SOSY	P	SP; PA
ZAVESCA (<i>Use miglustat</i>)	NP	SP; PA	RETACRIT	P	SP; PA
Agents for Sickle Cell Disease			ZARXIO	P	SP; PA
DROXIA CAPS	P		Hematopoietic Mixtures		
ENDARI	P	SP; PA			
OXBRYTA TABS 500 MG	P	SP; PA			
OXBRYTA TBSO	P	SP; PA			

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<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 days retail); AL(Up to 50 yrs old)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate SOLN 15 MG/ML</i>	P	OTC; QL(3.4 ml daily)
<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)
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
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR (<i>Use aminocaproic acid</i>)	NP	QL(236.5 ml per 30 days retail); SP
AMICAR TABS 1000 MG (<i>Use aminocaproic acid</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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 days 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 days retail); AL(At least 12 yrs old)
<i>tranexamic acid TABS</i>	P	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<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 (<i>Use diphenhydramine hcl (sleep)</i>)	NP	OTC
UNISOM SLEEPTABS (<i>Use doxylamine succinate (sleep)</i>)	NP	OTC
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Non-Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NP	QL(14 ea per 31 days retail); AL(At least 21 yrs old)	<i>psyllium POWD 43 %</i>	P	
<i>flurazepam hcl</i>	P	AL(At least 18 yrs old - Up to 65 yrs old)	Laxative Combinations		
HALCION 0.25 MG (<i>Use triazolam</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old)	GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	QL(4000 ml per fill retail)
<i>midazolam hcl SOLN IJ</i>	P		NULYTELY (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NP	QL(4000 ml per fill retail)
RESTORIL 15 MG, 30 MG (<i>Use temazepam</i>)	NP	AL(At least 18 yrs old)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ml per fill retail)
<i>temazepam 15 MG, 30 MG</i>	P	AL(At least 18 yrs old)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ml per fill retail)
<i>triazolam</i>	P	QL(1 ea daily); AL(At least 18 yrs old)	PEG-PREP	P	
<i>zaleplon 10 MG</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	<i>sennosides-docusate sodium TABS</i>	P	OTC; QL(4 ea daily)
<i>zaleplon 5 MG</i>	P	QL(1 ea daily); AL(At least 18 yrs old)	SENOKOT S TABS (<i>Use sennosides-docusate sodium</i>)	NP	OTC; QL(4 ea daily)
<i>zolpidem tartrate TABS</i>	P	QL(14 ea per 31 days retail); AL(At least 21 yrs old)	Laxatives - Miscellaneous		
LAXATIVES - Bowel Treatment Drugs			<i>glycerin (laxative) SUPP 2 GM</i>	P	OTC
Bulk Laxatives			GLYCERIN ADULT SUPP (<i>Use glycerin (laxative)</i>)	NP	OTC
<i>calcium polycarbophil TABS</i>	P	OTC; QL(10 ea daily)	<i>lactulose SOLN</i>	P	
EVAC POWD (<i>Use psyllium</i>)	NP	OTC	MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NP	QL(34 gm daily)
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use psyllium</i>)	NP	OTC	PEDIA-LAX SUPP (<i>Use glycerin (laxative)</i>)	NF	
METAMUCIL POWD (<i>Use psyllium</i>)	NP	OTC	<i>polyethylene glycol 3350 POWD</i>	P	QL(34 gm daily)
NATURAL FIBER LAXATIVE POWD	P	OTC	SORBITOL OR 70 %	P	OTC
<i>psyllium CAPS 0.52 GM</i>	P	OTC	Saline Laxatives		
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 58.6 %, 100 %</i>	P	OTC	FLEET ENEMA ENEM (<i>Use sodium phosphates</i>)	NP	OTC
			FLEET PEDIATRIC ENEM (<i>Use sodium phosphates</i>)	NP	OTC
			<i>magnesium citrate</i>	P	OTC

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<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	OTC; QL(992 ml per 30 days retail)	<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(30 ml per fill retail)
<i>sodium phosphates ENEM</i>	P	OTC	<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 ml per fill retail)
Stimulant Laxatives			<i>azithromycin TABS 600 MG</i>	P	QL(8 ea per 28 days retail)
<i>bisacodyl SUPP</i>	P	OTC; QL(12 ea per fill retail)	<i>azithromycin TABS 500 MG</i>	P	QL(4 ea daily)
<i>bisacodyl TBEC</i>	P	OTC; QL(1 ea daily)	<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)
<i>DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)</i>	NP	OTC; QL(1 ea daily)	<i>ZITHROMAX TRI-PAK TABS (Use azithromycin)</i>	NP	QL(4 ea daily)
<i>DULCOLAX SUPP (Use bisacodyl)</i>	NP	OTC; QL(12 ea per fill retail)	<i>ZITHROMAX Z-PAK TABS (Use azithromycin)</i>	NP	QL(6 ea per fill retail)
<i>DULCOLAX TBEC (Use bisacodyl)</i>	NP	OTC; QL(1 ea daily)	<i>ZITHROMAX PACK (Use azithromycin)</i>	NP	QL(2 ea per fill retail)
<i>sennosides TABS 8.6 MG</i>	P	OTC; QL(12 ea per fill retail)	<i>ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)</i>	NP	QL(15 ml per fill retail)
<i>SENOKOT TABS (Use sennosides)</i>	NP	OTC; QL(12 ea per fill retail)	<i>ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)</i>	NP	QL(30 ml per fill retail)
Surfactant Laxatives			<i>ZITHROMAX TABS 250 MG (Use azithromycin)</i>	NP	QL(6 ea per fill retail)
<i>COLACE CLEAR CAPS (Use docusate sodium)</i>	NP	OTC	<i>ZITHROMAX TABS 500 MG (Use azithromycin)</i>	NP	QL(4 ea daily)
<i>COLACE CAPS 100 MG (Use docusate sodium)</i>	NP	OTC; QL(3 ea daily)	Clarithromycin		
<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	OTC; QL(3 ea daily)	<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>docusate sodium CAPS 50 MG</i>	P	OTC	<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>docusate sodium LIQD</i>	P	OTC	<i>clarithromycin TABS</i>	P	QL(28 ea per fill retail)
<i>docusate sodium SYRP</i>	P	OTC	<i>clarithromycin TB24</i>	P	QL(14 ea per fill retail)
<i>DOCUSATE SODIUM SYRP</i>	P	OTC	Erythromycins		
<i>docusate sodium TABS</i>	P	OTC	<i>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</i>	NP	
MACROLIDES - Drugs to Treat Bacterial Infections			<i>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</i>	NP	
Azithromycin					
<i>azithromycin PACK</i>	P	QL(2 ea per fill retail)			

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ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
<i>erythromycin base CPEP</i>	P		FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
<i>erythromycin base TABS</i>	P		FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
<i>erythromycin base TBEC</i>	P		FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	NP	
<i>erythromycin ethylsuccinate SUSR</i>	P		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
<i>erythromycin ethylsuccinate TABS</i>	P		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
<i>erythromycin stearate TABS 250 MG</i>	P		FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MEDICAL DEVICES AND SUPPLIES					
Bandages-Dressings-Tape					
GAUZE SPONGES	P	RX/OTC	GUARDIAN 4 GLUCOSE SENSOR	NP	
Contraceptives					
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	
Diabetic Supplies					
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	LANCETS-MISC	P	QL (6.67 ea daily); OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	LANCING DEVICE-MISC	P	OTC
DEXCOM G6 RECEIVER	NP		MM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DEXCOM G7 RECEIVER	NP		ONETOUCH SOLUTIONS FIT KIT	NP	
DEXCOM G7 SENSOR	NP		ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	ONETOUCH ULTRA 2 KIT	P	RX/OTC
EVERSENSE E3 SENSOR/HOLDER	NP		ONETOUCH ULTRA 2 KIT	NP	RX/OTC
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUGH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC
ONETOUGH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	NP	RX/OTC
ONETOUGH VERIO REFLECT KIT	NP	RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	NP	RX/OTC
ONETOUGH VERIO REFLECT KIT	P	RX/OTC	EMBRACE PEN NEEDLES/30G X 5MM	NP	RX/OTC
SOF-SENSOR	NP		EMBRACE PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily); RX/OTC
TEMPO WELCOME KIT	NP	RX/OTC	EMBRACE PEN NEEDLES/31G X 8MM	NP	RX/OTC
Misc. Devices			EMBRACE PEN NEEDLES/32G X 4MM	NP	RX/OTC
ALCOHOL PREP PADS-MISC	P	OTC	INSULIN SYRINGES	P	QL (5 ea daily); OTC
Optical and Ophthalmic Supplies			INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
SUSVIMO OCULAR IMPLANT	P	SP; PA	INSUPEN 31G X 5MM	NP	RX/OTC
Parenteral Therapy Supplies			INSUPEN 31G X 8MM	NP	RX/OTC
ADVOCATE INSULIN PEN NEEDLE/32GX4MM	NP	RX/OTC	INSUPEN 32G X 4MM	NP	RX/OTC
AQINJECT PEN NEEDLE/31G X 3/16"	NP	RX/OTC	PEN NEEDLES 30GX5MM	NP	RX/OTC
AQINJECT PEN NEEDLE/32G X 5/32"	NP	RX/OTC	PEN NEEDLES 31G X 8MM	NP	RX/OTC
ASSURE ID DUO PRO SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC	PEN NEEDLES 31GX5MM	NP	RX/OTC
ASSURE ID PRO SAFETY PENNEEDLES 30G X 5MM	NP	RX/OTC	PEN NEEDLES 31GX8MM	NP	RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	RX/OTC	PEN NEEDLES 32G X 4MM	NP	RX/OTC
AUM PEN NEEDLE/32GX4MM	NP	RX/OTC	PEN NEEDLES 32GX4MM	NP	RX/OTC
AUM PEN NEEDLE/32GX6MM	NP		PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	RX/OTC
BD PEN NEEDLES	P	QL (5 ea daily); OTC	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	NP	RX/OTC

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SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 days retail); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	RX/OTC	ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	RX/OTC	ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
TECHLITE PLUS PEN NEEDLES 32G X 4MM	NP	RX/OTC	ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC	ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NP	RX/OTC	ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	NP	RX/OTC	AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 ea per 360 days retail); RX/OTC
UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	NP	RX/OTC	AEROECLIPSE MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC	AEROECLIPSE MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC	AEROECLIPSE MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	RX/OTC	AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP		AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC	AIRZONE PEAK FLOW METER	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	NP	RX/OTC	ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC
VERIFINE PLUS PEN NEEDLE/32G X 4MM	NP	RX/OTC	ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC
Respiratory Therapy Supplies			BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC	DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
BREATHE EASE PEAK FLOW METER	P	RX/OTC	EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC	EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC	EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC	FILTER AIR PP MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 ea per 360 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC	FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	INNOPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
			LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC

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

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PARI VORTEX ADULT MASK	P	QL(1 ea per 360 days retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEAK A-I-R FLOW METER	P	RX/OTC	PURE COMFORT PEAK FLOW METER ADULT	P	RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	RX/OTC	PURE COMFORT PEAK FLOW METER CHILD	P	RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail); RX/OTC	REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC PANDA MASK	P	QL(1 ea per 360 days retail); RX/OTC	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PERSONAL BEST FULL RANGE	P	RX/OTC	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PFLEX MISC	P	QL(1 ea per 360 days retail); RX/OTC	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
PIKO 1 ELECTRONIC	P	RX/OTC	SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
POCKET PEAK FLOW METER	P	RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	P	RX/OTC			
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC	Migraine Combinations		
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	<i>ergotamine w/ caffeine</i> TABS	P	AL(At least 18 yrs old)
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail); RX/OTC	Migraine Products		
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail); RX/OTC	D.H.E. 45 SOLN IJ (<i>Use dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	<i>dihydroergotamine mesylate</i> SOLN NA 4 MG/ML	P	AL(At least 18 yrs old)
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)	MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)	Serotonin Agonists		
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC	AMERGE (<i>Use naratriptan hcl</i>)	NP	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
STRIVE DUAL ZONE PEAK FLOW METER	P	RX/OTC	<i>eletriptan hydrobromide</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
THRESHOLD IMT MISC	P	QL(1 ea per 360 days retail); RX/OTC	IMITREX 5 MG/ACT, 20 MG/ACT (<i>Use sumatriptan</i>)	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
TRUZONE PEAK FLOW METER	P	RX/OTC	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
TUBING/WING TIP MISC	P	QL(1 ea per 360 days retail); RX/OTC	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oyster shell</i>	P	OTC	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	P	AL(Up to 15 yrs old)
OYSTER SHELL CALCIUM/D TABS	P	OTC	<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC
PARVA-CAL	P	OTC	Magnesium		
QC CALCIUM 500MG/D3 TABS	P	OTC	MAGNESIUM EXTRA STRENGTH CAPS	P	OTC
Electrolyte Mixtures			<i>magnesium oxide (mg supplement) TABS 400 MG</i>	P	OTC
BIOLYTE SOLN	P	QL(1000 ml per fill retail)	MAGNESIUM OXIDE CAPS	P	OTC
CERALYTE 70 SOLN	P	QL(1000 ml per fill retail)	MAGNESIUM CAPS 400 MG	P	OTC
CERASPORT EX1 SOLN	P	QL(1000 ml per fill retail)	MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NP	OTC
CERASPORT SOLN	P	QL(1000 ml per fill retail)	Phosphate		
ENFAMIL ENFALYTE SOLN	P	QL(1000 ml per fill retail)	K-PHOS NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily)
EQUALYTE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 ea daily)
HYDRALYTE FREEZER POPS SOLN	P	QL(1000 ml per fill retail)	Potassium		
HYDRALYTE SOLN	P	QL(1000 ml per fill retail)	K-TAB TBCR 8 MEQ, 10 MEQ (<i>Use potassium chloride</i>)	NP	
KINDERLYTE PREMAX SOLN	P	QL(1000 ml per fill retail)	<i>potassium bicarbonate TBEF</i>	P	
KINDERLYTE SOLN	P	QL(1000 ml per fill retail)	<i>potassium chloride microencapsulated crystals er</i>	P	
<i>oral electrolytes SOLN</i>	P	QL(1000 ml per fill retail)	<i>potassium chloride CPCR 10 MEQ</i>	P	
PEDIALYTE ADVANCED CARE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 ea daily)
PEDIALYTE FREEZER POPS SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	<i>potassium chloride PACK OR 20 MEQ</i>	P	
PEDIALYTE SINGLES SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)	Fluoride		
PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)			
TRUELYTE SOLN	P	QL(1000 ml per fill retail)			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE SOLN OR	P		PERIDEX (Use chlorhexidine gluconate (mouth-throat))	NP	
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	NP		Dental Products		
sirolimus SOLN	P		PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))	NP	
sirolimus TABS	P		PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	NP	
tacrolimus CAPS	P		PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental))	NP	
THYMOGLOBULIN	P	SP; PA	PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))	NP	
Lymphatic Agents			PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	NP	PA
SYLVANT	P	SP; PA	PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))	NP	
PIK3CA-Related Overgrowth Spectrum (PROS) Agents			sodium fluoride (dental) CREA	P	PA
VIJOICE	P	SP; PA	sodium fluoride (dental) GEL	P	
Potassium Removing Agents			sodium fluoride (dental) PSTE DT	P	
sodium polystyrene sulfonate POWD	P		Periodontal Products		
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	P		ARESTIN	P	SP; PA
Progeria Treatment Agents			Steroids - Mouth/Throat/Dental		
ZOKINVY	P	SP; PA	triamcinolone acetonide (mouth)	P	QL(5 gm per fill retail)
Systemic Lupus Erythematosus Agents			Throat Products - Misc.		
BENLYSTA SOAJ	P	SP; PA	AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
BENLYSTA SOLR	P	SP; PA	BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
BENLYSTA SOSY	P	SP; PA			
SAPHNELO	P	SP; PA			
MOUTH/THROAT/DENTAL AGENTS					
Anesthetics Topical Oral					
lidocaine hcl (mouth-throat) 2 %	P	QL(100 ml per fill retail)			
Anti-infectives - Throat					
nystatin (mouth-throat)	P	QL(120 ml per fill retail)			
Antiseptics - Mouth/Throat					
chlorhexidine gluconate (mouth-throat)	P				

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

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OMNICAP 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
ONE DAILY ESSENTIAL 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
ONE VITE DAILY MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC
ONE-A-DAY ESSENTIAL TABS <i>(Use multiple vitamin)</i>	NP	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
ONE-A-DAY MENS TABS <i>(Use multiple vitamin)</i>	NP	OTC; QL(1 ea daily); RX/OTC	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
QUINTABS TABS	P	OTC; QL(1 ea daily); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	RX/OTC
THERA TABS	P	OTC; QL(1 ea daily); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
THEREMS MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC	<i>pediatric multivitamins w/fl SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
TM-DAILY VITE TABS	P	OTC; QL(1 ea daily); RX/OTC			
TRUE MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC			
VITAZYME TABS	P	OTC; QL(1 ea daily); RX/OTC			
Ped Multi Vitamins w/Fl & FE					
<i>ped multivitamins w/fl & iron SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC			
Ped Multiple Vitamins w/ Minerals					
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC			
Ped MV w/ Fluoride					
FLORIVA PLUS SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC			
MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pediatric vitamins acid w/ fluoride SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN OR	P	OTC; QL(50 ml per fill retail)
POLY-VI-FLOR CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)
POLY-VI-FLOR CHEW	P	RX/OTC	MULTIVITAMIN INFANT/TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.5 MG-15 UNIT-1 MG-108 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	OTC; QL(50 ml per fill retail)
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG-15 UNIT-1 MG-108 MCG	P	RX/OTC	POLY-VI-SOL SOLN OR	P	OTC; QL(50 ml per fill retail)
QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VITA SOLN OR	P	OTC; QL(50 ml per fill retail)
Ped MV w/ Iron			POLY-VITE PEDIATRIC SOLN OR	P	OTC; QL(50 ml per fill retail)
BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Prenatal Vitamins		
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	OTC; QL(60 ml per fill retail)	PRENATAL VITAMINS-MISC	P	RX/OTC
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Vitamins w/ Lipotropics		
POLY-VI-SOL/IRON SOLN	P	OTC; QL(60 ml per fill retail)	<i>vitamins w/ lipotropics CAPS</i>	P	OTC; QL(1 ea daily)
POLY-VITA/IRON SOLN	P	OTC; QL(60 ml per fill retail)	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)	Articular Cartilage Repair Therapy		
Pediatric Multiple Vitamins			MACI	P	SP; PA
			Central Muscle Relaxants		
			<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 5 MG, 10 MG</i>	P	QL(3 ea daily)
			<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	P	SP; PA	Nasal Agents - Misc.		
GABLOFEN SOLN IT (Use baclofen)	NP	SP; PA	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	P	SP; PA	SALINE NASAL SPRAY 0.65%	P	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old)
LIORESAL INTRATHECAL SOLN IT (Use baclofen)	NP	SP; PA	Nasal Antiallergy		
methocarbamol TABS 500 MG, 750 MG	P		azelastine hcl 0.15 %, 205.5 MCG/SPRAY	P	QL(30 ml per fill retail); RX/OTC
orphenadrine citrate TB12	P		azelastine hcl 0.1 %, 137 MCG/SPRAY	P	
tizanidine hcl TABS	P		cromolyn sodium (nasal) 5.2 MG/ACT	P	OTC; QL(26 ml per 30 days retail)
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP		NASALCROM (Use cromolyn sodium (nasal))	NP	OTC; QL(26 ml per 30 days retail)
Viscosupplements			Nasal Anticholinergics		
DUROLANE PRSY	P	SP; PA	ipratropium bromide (nasal) 0.03 %	P	QL(31 ml per 30 days retail)
EUFLEXXA SOSY	P	SP; PA	ipratropium bromide (nasal) 0.06 %	P	QL(15 ml per 30 days retail)
GEL-ONE	P	SP; PA	Nasal Steroids		
GELSYN-3 SOSY	P	SP; PA	FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
GENVISC 850 SOSY	P	SP; PA	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC
HYALGAN SOLN	P	SP; PA	flunisolide (nasal) 0.025 %	P	QL(25 ml per 30 days retail)
HYALGAN SOSY	P	SP; PA	fluticasone propionate (nasal) SUSP	P	QL(16 ml per fill retail); RX/OTC
HYMOVIS	P	SP; PA	NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)
HYRONAN KIT	P	SP; PA	NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)	RADICAVA ORS STARTER KIT SUSP	P	SP; PA
triamcinolone acetonide (nasal) AERO	P	AL(At least 2 yrs old)	RADICAVA ORS SUSP	P	SP; PA
Sympathomimetic Decongestants			RADICAVA SOLN	P	SP; PA
ADRENALIN 0.1 % (Use epinephrine hcl (nasal))	NP	QL(120 ml per fill retail); AL(Up to 21 yrs old)	RILUTEK TABS (Use riluzole)	NP	PA
epinephrine hcl (nasal)	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)	riluzole TABS	P	PA
phenylephrine hcl (oral) TABS	P	OTC; QL(24 ea per fill retail)	TEGLUTIK SUSP	P	SP; PA
pseudoephedrine hcl TABS	P	OTC; AL(Up to 21 yrs old)	TIGLUTIK SUSP	P	SP; PA
pseudoephedrine hcl TB12	P	OTC; QL(62 ea per 30 days retail); AL(Up to 21 yrs old)	Muscular Dystrophy Agents		
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)	AMONDYS 45	P	SP; PA
SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	NP	OTC; AL(Up to 21 yrs old)	EXONDYS 51	P	SP; PA
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC; QL(120 ml per fill retail)	VILTEPSO	P	SP; PA
SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	NP	OTC; QL(24 ea per fill retail)	VYONDYS 53	P	SP; PA
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	NP	OTC; AL(Up to 21 yrs old)	Spinal Muscular Atrophy Agents (SMA)		
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			EVRYSDI	P	SP; PA
ALS Agents			SPINRAZA	P	SP; PA
EXSERVAN FILM	P	SP; PA	ZOLGENSMA 10.1-10.5 KG	P	SP; PA
			ZOLGENSMA 10.6-11.0 KG	P	SP; PA
			ZOLGENSMA 11.1-11.5 KG	P	SP; PA
			ZOLGENSMA 11.6-12.0 KG	P	SP; PA
			ZOLGENSMA 12.1-12.5 KG	P	SP; PA
			ZOLGENSMA 12.6-13.0 KG	P	SP; PA
			ZOLGENSMA 13.1-13.5 KG	P	SP; PA
			ZOLGENSMA 13.6-14.0 KG	P	SP; PA
			ZOLGENSMA 14.1-14.5 KG	P	SP; PA
			ZOLGENSMA 14.6-15.0 KG	P	SP; PA
			ZOLGENSMA 15.1-15.5 KG	P	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 15.6-16.0 KG	P	SP; PA
ZOLGENSMA 16.1-16.5 KG	P	SP; PA
ZOLGENSMA 16.6-17.0 KG	P	SP; PA
ZOLGENSMA 17.1-17.5 KG	P	SP; PA
ZOLGENSMA 17.6-18.0 KG	P	SP; PA
ZOLGENSMA 18.1-18.5 KG	P	SP; PA
ZOLGENSMA 18.6-19.0 KG	P	SP; PA
ZOLGENSMA 19.1-19.5 KG	P	SP; PA
ZOLGENSMA 19.6-20.0 KG	P	SP; PA
ZOLGENSMA 2.6-3.0 KG	P	SP; PA
ZOLGENSMA 20.1-20.5 KG	P	SP; PA
ZOLGENSMA 20.6-21.0 KG	P	SP; PA
ZOLGENSMA 3.1-3.5 KG	P	SP; PA
ZOLGENSMA 3.6-4.0 KG	P	SP; PA
ZOLGENSMA 4.1-4.5 KG	P	SP; PA
ZOLGENSMA 4.6-5.0 KG	P	SP; PA
ZOLGENSMA 5.1-5.5 KG	P	SP; PA
ZOLGENSMA 5.6-6.0 KG	P	SP; PA
ZOLGENSMA 6.1-6.5 KG	P	SP; PA
ZOLGENSMA 6.6-7.0 KG	P	SP; PA
ZOLGENSMA 7.1-7.5 KG	P	SP; PA
ZOLGENSMA 7.6-8.0 KG	P	SP; PA
ZOLGENSMA 8.1-8.5 KG	P	SP; PA
ZOLGENSMA 8.6-9.0 KG	P	SP; PA
ZOLGENSMA 9.1-9.5 KG	P	SP; PA
ZOLGENSMA 9.6-10.0 KG	P	SP; PA
NUTRIENTS		
Carbohydrates		

Drug Name	Drug Tier	Requirements/Limits
POLYCOSE LIQD	P	OTC; QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC; QL(350 gm per fill retail)
Lipids		
DOJOLVI	P	SP; PA
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS</i>	P	OTC; QL(6 ea daily)
<i>omega-3 fatty acids CPDR</i>	P	QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	P	OTC; QL(31 ml per 30 days retail)
<i>white petrolatum-mineral oil</i>	P	OTC; QL(30 gm per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	
<i>carteolol hcl (ophth)</i>	P	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE	P	QL(10 ml per 30 days retail)
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 30 days retail)
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ml per 30 days retail)
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ml per 30 days retail)
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ea per 30 days retail)
TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ml per 30 days retail)
Cycloplegic Mydriatics		

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Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate (ophthalmic) OINT</i>	P	
<i>atropine sulfate (ophthalmic) SOLN</i>	P	
ATROPINE SULFATE SOLN 1 % (<i>Use atropine sulfate (ophthalmic)</i>)	NP	
ATROPINE SULFATE SOLN 1 %	P	
CYCLOGYL 0.5 %	P	QL(15 ml per 30 days retail)
CYCLOGYL 2 %	P	
CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NP	
<i>cyclopentolate hcl 0.5 %</i>	P	QL(15 ml per 30 days retail)
<i>cyclopentolate hcl 1 %, 2 %</i>	P	
<i>homatropine hbr</i>	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(5 ml per 30 days retail)
<i>tropicamide SOLN</i>	P	
Miotics		
ISOPTO CARPINE SOLN 1 % (<i>Use pilocarpine hcl</i>)	NP	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	P	SP; PA
BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	P	SP; PA
BEVACIZUMAB IO 2.75 MG/0.11ML	P	PA

Drug Name	Drug Tier	Requirements/Limits
EYLEA HD SOLN	P	SP; PA
EYLEA SOLN	P	SP; PA
EYLEA SOSY	P	SP; PA
LUCENTIS SOLN	P	SP; PA
LUCENTIS SOSY	P	SP; PA
SUSVIMO SOLN	P	SP; PA
VABYSMO	P	SP; PA
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	P	
<i>brimonidine tartrate 0.2 %</i>	P	
IOPIDINE	P	
Ophthalmic Anti-infectives		
BACIGUENT	P	QL(4 gm per 30 days retail)
<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per 30 days retail)
<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 gm per 30 days retail)
BLEPH-10 SOLN (<i>Use sulfacetamide sodium (ophth)</i>)	NP	QL(15 ml per 30 days 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 days retail)
<i>gentamicin sulfate (ophth) SOLN</i>	P	
<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 days retail)
<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ml per 30 days retail)
OCUFLOX (<i>Use ofloxacin (ophth)</i>)	NP	QL(10 ml per 30 days retail)
<i>ofloxacin (ophth)</i>	P	QL(10 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim</i>	P	QL(10 ml per fill retail)
POLYTRIM (Use <i>polymyxin b-trimethoprim</i>)	NP	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 gm per 30 days retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ml per 30 days retail)
<i>tobramycin (ophth) SOLN</i>	P	QL(5 ml per 30 days retail)
TOBEX OINT	P	
<i>trifluridine</i>	P	QL(8 ml per 30 days retail)
VIGAMOX SOLN OP (Use <i>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 days retail)
OPCON-A (Use <i>naphazoline w/ pheniramine</i>)	NP	OTC; QL(15 ml per 30 days retail)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	OTC
VISINE RED EYE COMFORT (Use <i>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		
VISUDYNE	P	SP; PA
Ophthalmic Photoenhancers		
PHOTREXA/PHOTREXA VISCOUS KIT	P	SP; PA
Ophthalmic Steroids		

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE S.O.P. OINT	P	
BLEPHAMIDE SUSP	P	QL(10 ml per fill retail)
<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 (Use <i>fluorometholone (ophth)</i>)	NP	
FML OINT	P	QL(4 gm per 30 days retail)
ILUVIEN	P	SP; PA
MAXITROL OINT (Use <i>neomycin-polymyxin-dexameth</i>)	NP	QL(4 gm per 30 days retail)
MAXITROL SUSP (Use <i>neomycin-polymyxin-dexameth</i>)	NP	QL(10 ml per 30 days retail)
<i>neomycin-polymyxin-dexameth OINT</i>	P	QL(4 gm per 30 days retail)
<i>neomycin-polymyxin-dexameth SUSP</i>	P	QL(10 ml per 30 days retail)
<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ml per 30 days retail)
OZURDEX IMPL	P	SP; PA
PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	NP	
PRED MILD	P	QL(10 ml per 30 days retail)
PRED-G SUSP	P	QL(5 ml per fill retail)
<i>prednisolone acetate (ophth)</i>	P	
PREDNISOLONE ACETATE P-F	P	
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 days retail)
RETISERT	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ml per 30 days retail)
TOBRADEX OINT	P	QL(4 gm per 30 days retail)
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NP	QL(10 ml per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ml per fill retail)
TRIESENCE	P	SP; PA
XIPERE	P	SP; PA
YUTIQ	P	SP; PA
Ophthalmics - Misc.		
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(10 ml per fill retail)
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(5 ml per 30 days retail)
ALOCRIL	P	QL(5 ml per 30 days retail); PA
ALOMIDE	P	QL(10 ml per 30 days retail); PA
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 30 days retail)
AZOPT (<i>Use brinzolamide</i>)	NP	
<i>brinzolamide</i>	P	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per fill retail)
CYSTADROPS	P	SP; PA
CYSTARAN	P	SP; PA
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 30 days retail)
<i>dorzolamide hcl</i>	P	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 30 days retail)
<i>flurbiprofen sodium</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	QL(10 ml per fill retail)

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

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DERMOTIC (Use fluocinolone acetonide (otic))	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)	GAMMAPLEX SOLN 5 GM/50ML	P	PA
fluocinolone acetonide (otic)	P	QL(20 ml per fill retail); AL(At least 5 yrs old)	GAMUNEX-C	P	SP; PA
hydrocortisone w/acetic acid	P	QL(20 ml per 30 days retail)	HEPAGAM B SOLN IJ	P	SP; PA
HYDROCORTISONE/ACETIC ACID (Use hydrocortisone w/acetic acid)	NP	QL(20 ml per 30 days retail)	HIZENTRA SOLN	P	SP; PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			HIZENTRA SOSY	P	SP; PA
Oxytocics			HYPERHEP B SOLN IM	P	SP; PA
methylergonovine maleate TABS	P		HYPERRHO S/D MINI-DOSE SOSY IM	P	SP; PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
Immune Serums			MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	SP; PA
BIVIGAM SOLN 5 GM/50ML	P	PA	NABI-HB SOLN IM	P	SP; PA
BIVIGAM SOLN 10 %	P	SP; 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	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	PRIVIGEN SOLN 5 GM/50ML	P	PA
FLEBOGAMMA DIF SOLN	P	SP; 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
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP; PA	XEMBIFY	P	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA	Monoclonal Antibodies		
GAMMAPLEX SOLN	P	SP; PA	SYNAGIS SOLN	P	SP; PA
			ZINPLAVA	P	SP; PA
			Passive Immunizing Agents - Combinations		
			HYQVIA	P	SP; PA
			PENICILLINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Aminopenicillins			AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)		
amoxicillin CAPS	P		Penicillinase-Resistant Penicillins		
amoxicillin CHEW 125 MG, 250 MG	P		dicloxacillin sodium	P	
amoxicillin SUSR	P		PHARMACEUTICAL ADJUVANTS		
AMOXICILLIN SUSR (Use amoxicillin)	NP		Internal Vehicle Ingredients/Agents		
amoxicillin TABS 875 MG	P		SIMPLYTHICK	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
ampicillin CAPS 500 MG	P		SIMPLYTHICK EASY MIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
Natural Penicillins			SIMPLYTHICK EASYMIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
penicillin v potassium SOLR	P		Liquid Vehicles		
penicillin v potassium TABS	P		FLAVOR BLEND SUSP	P	RX/OTC
Penicillin Combinations			FLAVOR PLUS LIQD	P	RX/OTC
amoxicillin & pot clavulanate CHEW	P	QL(20 ea per fill retail)	FLAVOR SWEET-SF SYRP	P	RX/OTC
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	P	QL(100 ml per fill retail)	FLAVOR SWEET SYRP	P	RX/OTC
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	P	QL(200 ml per fill retail)	glycine diluent	P	SP; PA
amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	P	QL(150 ml per fill retail)	GRAPE SYRUP SYRP	P	RX/OTC
amoxicillin & pot clavulanate TABS 125 MG-875 MG	P	QL(20 ea per fill retail)	MX-SOL BLEND SF SUSP	P	RX/OTC
amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG	P	QL(30 ea per fill retail)	MX-SOL BLEND SUSP	P	RX/OTC
amoxicillin & pot clavulanate TB12	P	QL(40 ea per 30 days retail)	MX-SOL SF SYRP	P	RX/OTC
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NP	QL(200 ml per fill retail)	MX-SOL SUSPEND SUSP	P	RX/OTC
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	QL(150 ml per fill retail)	MX-SOL SYRP	P	RX/OTC
			ORA-BLEND SF SUSP	P	RX/OTC
			ORA-BLEND SUSP	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC	SYRSPEND SF LIQD	P	RX/OTC
ORAL MIX SF SUSP	P	RX/OTC	SYRUP VEHICLE SF SYRP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC	SYRUP VEHICLE SYRP	P	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC	UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC	UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC	VERSAFREE SYRP	P	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC	VERSAPLUS SYRP	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC	Semi Solid Vehicles		
ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC	<i>Ilanolin XX</i>	P	
ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC	LANOLIN XX	P	
PCCA SWEET-SF SYRP	P	RX/OTC	PROGESTINS - Hormone Replacement/Modifying Drugs		
PCCA SYRUP VEHICLE SYRP	P	RX/OTC	Progestins		
PCCA-PLUS SUSP	P	RX/OTC	AYGESTIN TABS (<i>Use norethindrone acetate</i>)	NP	
PH 12 STERILE DILUENT FORFLOLAN	P	SP; PA	<i>hydroxyprogesterone caproate OIL</i>	P	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA
SOSWEET SYRP	P	RX/OTC	MAKENA OIL (<i>Use hydroxyprogesterone caproate</i>)	NP	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA
STERILE DILUENT FOR REMODULIN (<i>Use glycine diluent</i>)	NP	SP; PA	MAKENA SOAJ	P	SP; PA
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC	<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC	<i>norethindrone acetate TABS</i>	P	
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC	<i>progesterone CAPS 100 MG</i>	P	QL(30 ea per 30 days retail)
SUSPENSION VEHICLE SUSP	P	RX/OTC	<i>progesterone CAPS 200 MG</i>	P	QL(20 ea per 30 days retail)
SYRPALTA SYRP 83 %	P	RX/OTC	PROMETRIUM CAPS 200 MG (<i>Use progesterone</i>)	NP	QL(20 ea per 30 days retail)
			PROMETRIUM CAPS 100 MG (<i>Use progesterone</i>)	NP	QL(30 ea per 30 days retail)

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PROVERA (<i>Use medroxyprogesterone acetate</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	P	
Anti-Cataplectic Agents		
SODIUM OXYBATE 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 rtl pack lmt amt; 28 rtl pack lmt day(s); PA
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA
NAMENDA TABS (<i>Use memantine hcl</i>)	NP	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
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 days 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
GILENYA (<i>Use fingolimod hcl</i>)	NP	QL(1 ea daily); SP
GILENYA 0.5 MG	P	QL(1 ea daily); SP
<i>glatiramer acetate SOSY</i>	P	SP

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA	P	SP; PA
PLEGRIDY STARTER PACK SOPN	P	SP; PA
PLEGRIDY STARTER PACK SOSY SC	P	SP; PA
PLEGRIDY SOPN	P	SP; PA
PLEGRIDY SOSY IM	P	SP; PA
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA
REBIF REBIDOSE SOAJ	P	SP; PA
REBIF TITRATION PACK SOSY	P	SP; PA
REBIF SOSY	P	SP; PA
TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	NP	SP
TECFIDERA CPDR (Use dimethyl fumarate)	NP	SP
teriflunomide	P	QL(1 ea daily); SP
Smoking Deterrents		
APO-VARENICLINE TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
bupropion hcl (smoking deterrent)	P	QL(2 ea daily); AL(At least 18 yrs old)
NICODERM CQ PT24 TD (Use nicotine)	NP	QL(1 ea daily)
NICORETTE MINI LOZG (Use nicotine polacrilex)	NP	QL(20 ea daily)
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	NP	QL(24 ea daily)
NICORETTE GUM (Use nicotine polacrilex)	NP	QL(24 ea daily)
NICORETTE LOZG (Use nicotine polacrilex)	NP	QL(20 ea daily)
nicotine polacrilex GUM	P	QL(24 ea daily)
nicotine polacrilex LOZG	P	QL(20 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NICOTINE TRANSDERMAL SYSTEM KIT	P	
nicotine MISC XX	P	QL(1 ea daily)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	QL(1 ea daily)
NICOTROL INHALER INHA	P	QL(16.8 ea daily)
NICOTROL NS SOLN	P	QL(4 ml daily)
varenicline tartrate TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
varenicline tartrate TBPk	P	QL(53 ea per fill retail); AL(At least 18 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	P	SP; PA
TEGSEDI	P	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA
GLASSIA SOLN	P	SP; PA
PROLASTIN-C SOLN	P	SP; PA
ZEMAIRA SOLR 1000 MG	P	SP; PA
ZEMAIRA SOLR 4000 MG	P	PA
Cystic Fibrosis Agents		
BRONCHITOL	P	SP; PA
BRONCHITOL TOLERANCE TEST	P	SP; PA
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	P	SP; PA
KALYDECO PACK 5.8 MG	P	SP
KALYDECO TABS	P	SP; PA
ORKAMBI PACK	P	SP; PA

Georgia Inter-Pregnancy Care Updated May 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TABS	P	SP; PA	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
PULMOZYME	P	SP; PA	ARMOUR THYROID TABS	P	
SYMDEKO	P	SP; PA	CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP	
TRIKAFTA TBPK	P	QL(3 ea daily); SP; PA	<i>levothyroxine sodium</i> TABS	P	
Pulmonary Fibrosis Agents			<i>liothyronine sodium</i> TABS	P	
ESBRIET CAPS (<i>Use pirfenidone</i>)	NP	SP; PA	NIVA THYROID TABS	P	
ESBRIET TABS (<i>Use pirfenidone</i>)	NP	SP; PA	NP THYROID 120 TABS	P	
OFEV	P	SP; PA	NP THYROID 15 TABS	P	
<i>pirfenidone</i> CAPS	P	SP; PA	NP THYROID 30 TABS	P	
<i>pirfenidone</i> TABS	P	SP; PA	NP THYROID 60 TABS	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections			NP THYROID 90 TABS	P	
Tetracyclines			SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	P	
ACTICLATE TABS (<i>Use doxycycline hyclate</i>)	NF		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	P		TOXOIDS		
<i>doxycycline (monohydrate)</i> TABS 50 MG, 100 MG	P		Toxoid Combinations		
<i>doxycycline hyclate</i> CAPS	P		ADACEL SUSP	P	
<i>doxycycline hyclate</i> TABS 100 MG	P		BOOSTRIX SUSP	P	
<i>minocycline hcl</i> CAPS	P		BOOSTRIX SUSY	P	
<i>tetracycline hcl</i> CAPS 500 MG	P		DAPTACEL	P	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			INFANRIX	P	
Antithyroid Agents			KINRIX SUSY	P	
<i>methimazole</i> TABS	P		PEDIARIX SUSY	P	
<i>propylthiouracil</i>	P		PENTACEL	P	
Thyroid Hormones			QUADRACEL SUSP	P	
			QUADRACEL SUSY	P	
			TDVAX SUSP	P	
			TENIVAC INJ	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TETANUS/DIPHtheria TOXoids-ADSORBED ADULT SUSP	P		ROBINUL FORTE TABS (Use glycopyrrolate)	NP	QL(4 ea daily)
VAXELIS SUSP	P		ROBINUL TABS (Use glycopyrrolate)	NP	QL(4 ea daily)
VAXELIS SUSY	P		H-2 Antagonists		
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	P	
Antispasmodics			<i>cimetidine TABS</i>	P	RX/OTC
<i>dicyclomine hcl CAPS</i>	P		<i>famotidine SUSR</i>	P	
<i>dicyclomine hcl SOLN OR</i>	P	QL(496 ml per 30 days retail)	<i>famotidine TABS 20 MG, 40 MG</i>	P	
<i>dicyclomine hcl TABS</i>	P		<i>famotidine TABS 10 MG</i>	P	OTC
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 ea daily)	PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	NP	RX/OTC
<i>hyoscyamine sulfate ELIX</i>	NP		PEPCID AC TABS 10 MG (Use famotidine)	NP	OTC
<i>hyoscyamine sulfate ELIX</i>	P		PEPCID AC TABS 20 MG (Use famotidine)	NP	RX/OTC
HYOSCYAMINE SULFATE POWD	P		PEPCID TABS (Use famotidine)	NP	RX/OTC
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	P		TAGAMET HB 200 TABS (Use cimetidine)	NP	RX/OTC
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	NP		TAGAMET HB TABS (Use cimetidine)	NP	RX/OTC
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	NP		Misc. Anti-Ulcer		
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P		CARAFATE SUSP (Use sucralfate)	NP	QL(420 ml per fill retail)
<i>hyoscyamine sulfate TABS 0.125 MG</i>	NP		CARAFATE TABS (Use sucralfate)	NP	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	P		<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>	P		Proton Pump Inhibitors		
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	NP		DEXILANT (Use dexlansoprazole)	NP	ST
LEVbid TB12 (Use hyoscyamine sulfate)	NP	QL(4 ea daily)	<i>dexlansoprazole</i>	P	ST
LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate)	NP		<i>esomeprazole magnesium CPDR 20 MG</i>	P	QL(2 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NP	QL(1 ea daily)
DETROL TABS (<i>Use tolterodine tartrate</i>)	NP	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (<i>Use 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	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO	P	
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PENBRAYA	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PNEUMOVAX 23	P		HEPLISAV-B SOSY	P	3 rtl MAX fill; 999 rtl day(s) supply
PNEUMOVAX 23/1 DOSE	P		IMOVAX RABIES (H.D.C.V.) SUSR	P	
PREVNAR 13	P		IPOL INACTIVATED IPV	P	
PREVNAR 20	P		IXIARO	P	
TRUMENBA	P		JANSSEN COVID-19 VACCINE	P	
TYPHIM VI SOLN	P		JYNNEOS	P	
TYPHIM VI SOSY	P		M-M-R II SOLR	P	
VAXCHORA	P		MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	P	
VAXNEUVANCE	P		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P	
VIVOTIF	P		MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	P	
Viral Vaccines			MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	P	
ABRYSVO	P	1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 60 yrs old)	MODERNA COVID-19 VACCINE6-11Y SUSP	P	
ACAM2000	P		MODERNA COVID-19 VACCINE6MO-5Y SUSP	P	
AREXVY	P	1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 60 yrs old)	MODERNA COVID-19 VACCINE SUSP	P	
COMIRNATY 2023-24 SUSP	P		NOVAVAX COVID-19 VACCINE	P	
COMIRNATY 2023-24 SUSY	P		NOVAVAX COVID-19 VACCINE/2023-24	P	
COMIRNATY SUSP	P		PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P	
DENGVAXIA	P		PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P	
ENGERIX-B SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply			
GARDASIL 9 SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)			
GARDASIL 9 SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)			
HAVRIX	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P		SPIKEVAX COVID-19 VACCINE SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	P		STAMARIL SUSR	P	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	P		TICOVAC	P	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	P		TWINRIX SUSY	P	
PFIZER-BIONTECH COVID-19VACCINE SUSP	P		VAQTA	P	
PREHEVBRIO	P	3 rtl MAX fill; 999 rtl day(s) supply	VARIVAX INJ	P	2 rtl MAX fill; 999 rtl day(s) supply
PRIORIX SUSR	P		YF-VAX INJ	P	
PROQUAD SUSR	P		VAGINAL AND RELATED PRODUCTS		
RABAVERT	P		Vaginal Anti-infectives		
RECOMBIVAX HB SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply	CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	
RECOMBIVAX HB SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply	<i>clindamycin phosphate vaginal CREA</i>	P	
ROTARIX SUSP	P		<i>clotrimazole vaginal CREA 1 %</i>	P	OTC; QL(45 gm per 30 days retail)
ROTARIX SUSR	P		<i>clotrimazole vaginal CREA 2 %</i>	P	OTC; QL(31 gm per 30 days retail)
ROTATEQ SOLN	P		GYNAZOLE-1	P	
SHINGRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)	<i>metronidazole vaginal</i>	P	QL(70 gm per fill retail)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P		<i>miconazole nitrate vaginal CREA</i>	P	OTC; QL(45 gm per 30 days retail)
			<i>miconazole nitrate vaginal KIT</i>	P	
			<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	OTC; QL(7 ea per 30 days retail)
			<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 ea per 30 days retail)
			MONISTAT 3 COMBINATION PACK KIT (<i>Use miconazole nitrate vaginal</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONISTAT 3 CREA (Use miconazole nitrate vaginal)	NP	OTC; QL(45 gm per 30 days retail)	epinephrine (anaphylaxis) SOAJ	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NP	OTC; QL(45 gm per 30 days retail)	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	P	QL(2 ea per fill retail; 4 ea per 365 days retail)
terconazole vaginal CREA	P		EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
terconazole vaginal SUPP	P		EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
tioconazole vaginal 6.5 %	P	OTC	Vaginal Anti-inflammatory Agents		
VANDAZOLE	P	QL(70 gm per fill retail)	hydrocortisone vaginal	P	QL(454 gm per fill retail)
Vaginal Estrogens			Neurogenic Orthostatic Hypotension (NOH) - Agents		
ESTRACE CREA (Use estradiol vaginal)	NP	QL(43 gm per 30 days retail)	droxidopa	P	SP; PA
estradiol vaginal CREA	P	QL(43 gm per 30 days retail)	NORTHERA (Use droxidopa)	NP	SP; PA
estradiol vaginal TABS	P		Vasopressors		
PREMARIN	P	QL(43 gm per fill retail)	midodrine hcl	P	
VAGIFEM TABS (Use estradiol vaginal)	NP		VITAMINS		
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			Oil Soluble Vitamins		
Anaphylaxis Therapy Agents			BABY DDROPS LIQD OR (Use cholecalciferol)	NP	Age limit = less than 6 months
AUVI-Q SOAJ 0.15 MG/0.15ML	NP		cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	P	OTC; QL(8 ea per 30 days retail)
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)	cholecalciferol CAPS 125 MCG, 5000 UNIT	P	OTC; QL(2 ea daily)
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	NP		cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT	P	OTC; QL(100 ea per fill retail)
			cholecalciferol LIQD OR 400 UT/0.028ML	P	Age limit = less than 6 months
			cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	P	
			DRISDOL CAPS (Use ergocalciferol)	NP	

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

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

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abacavir sulfate SOLN	37	MG	5	ACULAR LS (Use ketorolac tromethamine (ophth))	88
abacavir sulfate TABS	37	acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	5	acyclovir CAPS	40
abacavir sulfate-lamivudine	37	acetaminophen TABS 325 MG, 500 MG	5	acyclovir SUSP	40
ABECMA	31	acetaminophen w/ codeine SOLN ..	7	acyclovir TABS OR 400 MG	40
ABILIFY MAINTENA PRSY	37	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7	acyclovir TABS OR 800 MG	40
ABILIFY MAINTENA SRER	37	acetazolamide CP12	57	acyclovir topical CREA	51
ABILIFY MYCITE	37	acetazolamide TABS	58	acyclovir topical OINT	51
ABILIFY TABS (Use aripiprazole) .	37	acetic acid (otic)	88	ADACEL SUSP	94
abiraterone acetate	31	acetylcysteine SOLN	48	ADALIMUMAB-ADAZ SOAJ	3
ABRAXANE	34	ACNE MEDICATION 10 LOTN ...	48	ADALIMUMAB-ADAZ SOSY	3
ABRYSVO	97	ACNE MEDICATION 5 LOTN	48	ADALIMUMAB-ADBM AJKT	3
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin)	48	ACTEMRA ACTPEN SOAJ	3	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT .	3
ACAM2000	97	ACTEMRA SOLN	3	ADALIMUMAB-ADBM PSKT	3
ACCU-CHEK GUIDE TEST STRIPS STRP	56	ACTEMRA SOLN	3	ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	3
ACCUPRIL (Use quinapril hcl)	24	ACTEMRA SOSY	3	ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	3
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	25	ACTHIB SOLR IM	96	ADALIMUMAB-FKJP AJKT	3
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	25	ACTICLATE TABS (Use doxycycline hyclate)	94	ADALIMUMAB-FKJP PSKT	3
ACCURETIC 25 MG-20 MG (Use quinapril-hydrochlorothiazide)	25	ACTIMMUNE	34	ADAPTER PED DISPOSABLE MOUTHPIECE MISC	71
ACE AEROSOL CLOUD ENHANCER MISC	71	ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	61	ADBRY	53
acebutolol hcl CAPS	41	ACTIVITY POUCH MISC	71	ADCETRIS	30
acetaminophen CHEW	5	ACTONEL TABS 35 MG (Use risedronate sodium)	58	ADCIRCA TABS (Use tadalafil (pulmonary hypertension))	43
acetaminophen ELIX	5	ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	17	ADDERALL TABS (Use amphetamine-dextroamphetamine) .	1
acetaminophen LIQD 160 MG/5ML .	5	ACTOS (Use pioglitazone hcl)	20	ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .	1
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	5	ACULAR (Use ketorolac tromethamine (ophth))	88	ADEMPAS	43
acetaminophen SUPP 120 MG, 650				ADMELOG SOLN IJ	19

ADRENALIN 0.1 % (Use epinephrine hcl (nasal))	84	AIRZONE PEAK FLOW METER ..71	FUNCTION FILTER MISC	71
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	94	albuterol sulfate AERS	ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)	22
ADULT AEROSOL MASK MISC ..71		albuterol sulfate NEBU 0.083 % ... 11	ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl)	22
ADULT DISPOSABLE MOUTHPIECE MISC	71	albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	allopurinol	63
ADULT MASK LARGE MISC	71	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	ALOCRIL	88
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	11	ALBUTEROL SULFATE NEBU ... 11	alogliptin benzoate	19
ADVATE	64	albuterol sulfate SYRP	alogliptin-metformin hcl	17
ADVIL COLD & SINUS TABS (Use pseudoephedrine-ibuprofen)	46	albuterol sulfate TABS	alogliptin-pioglitazone	17
ADVIL TABS (Use ibuprofen)	4	ALCOHOL PREP PADS-MISC ... 70	ALOMIDE	88
ADVIN COVID-19 ANTIGEN HOME TEST KIT	56	ALDACTAZIDE (Use spironolactone & hydrochlorothiazide)	ALORA PTTW	61
ADVOCATE INSULIN PEN NEEDLE/32GX4MM	70	ALDACTONE TABS (Use spironolactone)	ALPHANATE SOLR	64
ADYNOVATE	64	ALDURAZYME	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	64
AEROECLIPSE EZ TWIST TUBING MISC	71	ALECENSA	alprazolam TABS	9
AEROECLIPSE MASK LARGE MISC	71	alendronate sodium SOLN	ALPROLIX	64
AEROECLIPSE MASK MEDIUM MISC	71	alendronate sodium TABS 35 MG, 70 MG	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	24
AEROECLIPSE MASK SMALL MISC	71	alendronate sodium TABS 5 MG, 10 MG	ALTRIXA TABS	80
AEROTRACH PLUS MISC	71	ALEVE ARTHRITIS TABS (Use naproxen sodium)	alum & mag hydrox-simethicone LIQD	8
AFINITOR DISPERZ TBSO (Use everolimus)	32	ALEVE TABS (Use naproxen sodium)	alum & mag hydrox-simethicone SUSP	8
AFINITOR TABS (Use everolimus) 32		ALFERON N	ALUMINUM HYDROXIDE SUSP 320 MG/5ML	8
AFSTYLA	64	ALIMTA SOLR (Use pemetrexed disodium)	ALUNBRIG TABS	32
AIRS PEDIATRIC AEROSOL MASK MISC	71	ALIQOPA	ALUNBRIG TBPK	32
		ALKERAN (Use melphalan hcl) .. 29	amantadine hcl CAPS	35
		ALKERAN (Use melphalan)	amantadine hcl SOLN	35
		ALL FLOW 1000 PULMONARY	AMARYL 1 MG, 2 MG (Use glimepiride)	20
			AMARYL 4 MG (Use glimepiride) . 20	

AMBIEN TABS (Use zolpidem tartrate)	67	amoxicillin & pot clavulanate CHEW . 90	ANALPRAM-HC LOTN EX	8
ambrisentan	43	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	ANAPROX DS TABS (Use naproxen sodium)	4
AMERGE (Use naratriptan hcl) ...	75	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	anastrozole	31
AMICAR SOLN OR (Use aminocaproic acid)	66	amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	ANDEXXA 200 MG	21
AMICAR TABS 1000 MG (Use aminocaproic acid)	66	amoxicillin & pot clavulanate SUSR 125 MG-250 MG, 125 MG-500 MG 90	ANTIVERT CHEW (Use meclizine hcl)	21
AMICAR TABS 500 MG (Use aminocaproic acid)	66	amoxicillin & pot clavulanate TABS 125 MG-875 MG	ANUSOL-HC EX (Use hydrocortisone (rectal))	8
amiloride & hydrochlorothiazide ..	58	amoxicillin & pot clavulanate TB12 90	APLIGRAF DISK	55
amiloride hcl TABS	58	amoxicillin CAPS	APOKYN SOCT	35
aminocaproic acid SOLN IV 250 MG/ML	66	amoxicillin CHEW 125 MG, 250 MG . 90	apomorphine hydrochloride SOCT	35
aminocaproic acid SOLN OR 0.25 GM/ML	66	AMOXICILLIN SUSR (Use amoxicillin)	APO-VARENICLINE TABS	93
aminocaproic acid TABS 1000 MG 66		amoxicillin SUSR	apraclonidine hcl	86
aminocaproic acid TABS 500 MG .	66	amoxicillin TABS 875 MG	APRISO CP24 (Use mesalamine) .	62
amiodarone hcl TABS 200 MG	10	amoxicillin-clarithromycin w/ lansoprazole THPK	APTIVUS CAPS	37
amitriptyline hcl TABS	17	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG	AQINJECT PEN NEEDLE/31G X 3/16"	70
AMLADEX TABS	80	amphetamine-dextroamphetamine TABS	AQINJECT PEN NEEDLE/32G X 5/32"	70
amlodipine besylate TABS	41	ampicillin CAPS 500 MG	AQUORAL SOLN	79
amlodipine besylate-benazepril hcl 25		AMPYRA (Use dalfampridine)	ARALAST NP SOLR 500 MG, 1000 MG	93
amlodipine besylate-olmesartan medoxomil	25	ANAFRANIL 75 MG (Use clomipramine hcl)	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	65
amlodipine besylate-valsartan	25		ARANESP ALBUMIN FREE SOSY 65	
amlodipine-valsartan-hydrochlorothiazide	25		ARAVA (Use leflunomide)	5
AMNIOTIC MEMBRANE			ARCALYST	3
ALLOGRAFT (HUMAN) SHEET .	55		ARESTIN	79
AMONDYS 45	84		AREXVY	97
amoxapine	17			

ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	92	NEEDLES 31G X 5MM	70	NEEDLE/31GX5MM	70
ARIKAYCE	2	ASSURE ID PRO SAFETY PENNEEDLES 30G X 5MM	70	AUM PEN NEEDLE/32GX4MM	70
ARIMIDEX (Use anastrozole)	31	ATACAND (Use candesartan cilixelil)	25	AUM PEN NEEDLE/32GX6MM	70
aripiprazole SOLN OR	37	ATACAND HCT (Use candesartan cilixelil-hydrochlorothiazide)	25	AUVI-Q SOAJ 0.15 MG/0.15ML	99
aripiprazole TABS	37	atazanavir sulfate CAPS 150 MG, 200 MG	37	AUVI-Q SOAJ 0.3 MG/0.3ML	99
aripiprazole TBDP	37	atazanavir sulfate CAPS 300 MG	37	AVALIDE (Use irbesartan-hydrochlorothiazide)	25
ARISTADA	37	ATELVIA TBEC (Use risedronate sodium)	58	AVAPRO (Use irbesartan)	25
ARISTADA INITIO	37	atenolol & chlorthalidone	25	AVEED SOLN	8
ARIXTRA (Use fondaparinux sodium)	11	atenolol TABS	41	AVONEX PEN AJKT	92
ARMOUR THYROID TABS	94	ATGAM	78	AVONEX PSKT	92
ARNUITY ELLIPTA	10	ATIVAN TABS (Use lorazepam)	9	AVSOLA	62
AROMASIN (Use exemestane)	31	atomoxetine hcl	1	AYGESTIN TABS (Use norethindrone acetate)	91
arsenic trioxide	34	atorvastatin calcium TABS	24	AYVAKIT	32
ARZERRA	30	atropine sulfate (ophthalmic) OINT 86	86	azacitidine SUSR	29
ASACOL HD TBEC (Use mesalamine)	62	atropine sulfate (ophthalmic) SOLN 86	86	azathioprine TABS 50 MG	78
ascorbic acid TABS	100	ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 86	86	azathioprine TABS 75 MG, 100 MG 78	78
ASMANEX HFA AERO	10	ATROPINE SULFATE SOLN 1 % .86	86	AZEDRA DOSIMETRIC	34
ASPARLAS	34	ATROVENT HFA	10	AZEDRA THERAPEUTIC	34
aspirin buffered (cal carb-mag carb-mag oxide)	5	AUBAGIO (Use teriflunomide)	92	azelastine hcl (ophth)	88
aspirin CHEW	5	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	90	azelastine hcl 0.1 %, 137 MCG/SPRAY	83
ASPIRIN SUPP 300 MG	5	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	90	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	83
aspirin TABS 325 MG	6	AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 90	90	azithromycin PACK	68
aspirin TBEC 81 MG, 325 MG	6	AUM INSULIN SAFETY PEN		azithromycin SUSR 100 MG/5ML	68
ASSESS PEAK FLOW METER FULL RANGE	71			azithromycin SUSR 200 MG/5ML	68
ASSESS PEAK FLOW METER LOW RANGE	71			azithromycin TABS 250 MG	68
ASSURE ID DUO PRO SAFETY PEN				azithromycin TABS 500 MG	68
				azithromycin TABS 600 MG	68

AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (Use phenazopyridine hcl)	63	BCG VACCINE	96	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...	25
AZOPT (Use brinzolamide)	88	b-complex vitamins CAPS	80	BENLYSTA SOAJ	79
AZOR (Use amlodipine besylate- olmesartan medoxomil)	25	b-complex vitamins TABS	80	BENLYSTA SOLR	79
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	62	b-complex w/ c & folic acid CAPS .	80	BENLYSTA SOSY	79
AZULFIDINE TABS (Use sulfasalazine)	62	b-complex w/ c & folic acid TABS .	80	BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	48
b complex w/ c CAPS	80	BD GLUCOSE CHEW	18	BENZNIDAZOLE	9
B-1 TABS	100	BD PEN NEEDLES	70	benzonatate 100 MG	46
BABY DDROPS LIQD OR (Use cholecalciferol)	99	BD VERITOR AT-HOME COVID-19 TEST KIT	56	benzonatate 200 MG	46
BACIGUENT	86	BELBUCA FILM	7	benzoyl peroxide BAR	48
bacitracin (ophthalmic)	86	BELEODAQ	32	benzoyl peroxide GEL 2.5 %, 5 %, 10 %	49
bacitracin (topical) OINT	49	BELRAPZO SOLN	29	benzoyl peroxide LIQD 4 %, 5 %, 10 %	49
bacitracin zinc OINT	49	BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)	22	benztropine mesylate TABS	35
bacitracin-polymyxin b (ophth)	86	BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) ..	22	BEOVU SOLN	86
baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML	82	BENADRYL ALLERGY EXTRA STRENGTH TABS	22	BERINERT KIT	64
baclofen TABS 10 MG, 20 MG	82	BENADRYL ALLERGY TABS (Use diphenhydramine hcl)	22	BESPONSA	30
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	27	BENADRYL ALLERGY ULTRATABS TABs (Use diphenhydramine hcl) ..	22	BESREMI	34
BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	27	benazepril & hydrochlorothiazide .	25	betaine	60
BAFIERTAM	92	benazepril hcl 40 MG	24	betamethasone dipropionate (topical) CREA	51
balsalazide disodium CAPS	62	benazepril hcl 5 MG, 10 MG, 20 MG .	24	betamethasone dipropionate augmented CREA	51
BALVERSA	32	bendamustine hcl SOLR	29	betamethasone valerate CREA	52
BANZEL SUSP (Use rufinamide) ..	12	BENDAMUSTINE HYDROCHLORIDE SOLN	29	betamethasone valerate LOTN	52
BANZEL TABS (Use rufinamide) ..	12	BENDEKA SOLN	29	betamethasone valerate OINT	52
BAVENCIO	30	BENEFIX KIT	64	BETAPACE AF (Use sotalol hcl (afib/af))	41
		BENICAR (Use olmesartan medoxomil)	25	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	41
				betaxolol hcl (ophth) SOLN	85

bethanechol chloride	96	BLENREP	30	brinzolamide	88
BETHKIS NEBU (Use tobramycin)	2	BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	86	BRIVIACT SOLN IV 50 MG/5ML	12
BEVACIZUMAB IO 2.75 MG/0.11ML	86	BLEPHAMIDE S.O.P. OINT	87	bromocriptine mesylate CAPS	35
BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	86	BLEPHAMIDE SUSP	87	bromocriptine mesylate TABS 2.5 MG	35
bexarotene (topical)	50	BLINCYTO	30	brompheniramine & phenyleph ELIX	46
bexarotene	34	BLOOD GLUCOSE TEST STRIPS333 STRP	56	brompheniramine & pseudoeph ELIX	46
BEXSERO	96	BLULINK GLUCOSE TEST STRIPS STRP	56	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	46
bicalutamide	31	BOOSTRIX SUSP	94	BRONCHITOL	93
BIKTARVY	37	BOOSTRIX SUSY	94	BRONCHITOL TOLERANCE TEST	93
BI-MIX SOLR	42	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	32	BRUKINSA	32
BINAXNOW COVID-19 AG CARD HOME TEST KIT	56	bortezomib SOLR IJ	32	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	72
BIOLYTE SOLN	77	bosentan TABS	43	budesonide (inhalation) SUSP	10
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	69	BOSULIF TABS	32	budesonide-formoterol fumarate dihydrate	11
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	79	BPROTECTED PEDIA POLY-VITE SOLN OR	82	BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	6
BIOTHRAX	96	BPROTECTED PEDIA POLY-VITE/IRON SOLN	82	bumetanide TABS	58
bisacodyl SUPP	68	BRAFTOVI 75 MG	32	BUMEX TABS 0.5 MG (Use bumetanide)	58
bisacodyl TBEC	68	BREATHE EASE NEBULIZER MASK/CHILD MISC	71	BUPHENYL POWD (Use sodium phenylbutyrate)	60
bismuth subsalicylate CHEW 262 MG	20	BREATHE EASE NEBULIZER MASK/INFANT MISC	72	BUPHENYL TABS (Use sodium phenylbutyrate)	60
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	20	BREATHE EASE PEAK FLOW METER	72	BUPRENEX SOLN (Use buprenorphine hcl)	7
bisoprolol & hydrochlorothiazide	26	BREYANZI	31	buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	7
bisoprolol fumarate	41	BRIDION	21	buprenorphine hcl SOLN	7
BIVIGAM SOLN 10 %	89	BRILINTA	65		
BIVIGAM SOLN 5 GM/50ML	89	brimonidine tartrate 0.2 %	86		
		BRINEURA	60		

buprenorphine hcl SUBL	8	BYLVAY CAPS	62	UNIT	76
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7	CABLIVI	65	calcium carbonate-vitamin d TABS 600 MG-200 UNIT	76
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	CABOMETYX TABS 20 MG, 60 MG . 32		calcium polycarbophil TABS	67
buprenorphine hcl-naloxone hcl dihydrate SUBL	7	CABOMETYX TABS 40 MG	32	CALQUENCE	32
bupropion hcl (smoking deterrent) 93		CAFECIT SOLN IV 60 MG/3ML (Use caffeine citrate)	1	CALTRATE 600+D3 TABS (Use calcium carbonate-cholecalciferol)	76
bupropion hcl TABS	15	CAFERGOT TABS (Use ergotamine w/ caffeine)	75	CALTRATE BONE HEALTH TABS (Use calcium carbonate- cholecalciferol)	76
bupropion hcl TB12 100 MG	15	caffeine citrate SOLN OR	1	CAMCEVI	31
bupropion hcl TB12 150 MG	15	CAFFEINE CITRATED POWD	1	camphor & menthol LOTN	50
bupropion hcl TB12 200 MG	15	CALAN SR TBCR (Use verapamil hcl)	41	CAMPTOSAR (Use irinotecan hcl) 35	
bupropion hcl TB24 150 MG	15	calcipotriene CREA	50	CAMZYOS	42
bupropion hcl TB24 300 MG	15	calcipotriene SOLN	51	candesartan cilexetil	25
buspirone hcl 15 MG	9	calcitonin (salmon) IJ	58	candesartan cilexetil- hydrochlorothiazide	26
buspirone hcl 5 MG, 10 MG	9	calcitonin (salmon) NA	58	capecitabine	29
buspirone hcl 7.5 MG, 30 MG	9	calcitriol CAPS	60	CAPHOSOL SOLN	80
butalbital-acetaminophen TABS 50 MG-325 MG	5	CALCIUM 600+D HIGH POTENCY TABs	76	CAPRELSA	32
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	calcium acetate (phosphate binder) CAPS	63	capsaicin CREA 0.025 %, 0.075 % 53	
butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG	5	calcium carbonate (antacid) CHEW 500 MG	8	capsaicin CREA 0.1 %	53
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	calcium carbonate-cholecalciferol TABs 10 MCG-600 MG, 20 MCG- 600 MG, 400 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG-600 MG, 800 UNIT-600 MG	76	captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG- 25 MG	26
butalbital-aspirin-caffeine CAPS	5	calcium carbonate-cholecalciferol TABs 200 UNIT-200 UNIT-500 MG- 500 MG, 200 UNIT-500 MG, 5 MCG- 500 MG, 500 MG-5 MCG	76	captopril & hydrochlorothiazide 25 MG-50 MG	26
butalbital-aspirin-caffeine w/cod	7			captopril	24
BYDUREON BCISE AUIJ	19			CAPZASIN-HP CREA (Use capsaicin)	53
BYETTA SOPN 10 MCG/0.04ML ..	19			CAPZASIN-P CREA	53
BYETTA SOPN 5 MCG/0.02ML ...	19	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125		CARAC CREA (Use fluorouracil	

(topical))50	CARETOUCH CPAP & BIPAP HOSE/6FT MISC72	cefadroxil TABS43
CARAFATE SUSP (Use sucralfate) 95	CARETOUCH CPAP MASK WIPES MISC72	cefdinir CAPS43
CARAFATE TABS (Use sucralfate) 95	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 72	cefdinir SUSR43
CARBAGLU (Use carglumic acid) 60	CARETOUCH CPAP TUBE	cefixime CAPS43
carbamazepine CHEW12	CLEANING BRUSH MISC72	cefprozil SUSR43
carbamazepine SUSP12	CARETOUCH UNIVERSAL CPAPFILTERS MISC72	cefprozil TABS43
carbamazepine TABS12	carglumic acid60	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG44
carbamazepine TB1212	CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers)) 60	cefuroxime axetil TABS43
carbamide peroxide (otic) 6.5 % ...88	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))60	CELEXA TABS 10 MG (Use citalopram hydrobromide)15
carbidopa35	CARNITOR TABS (Use levocarnitine (metabolic modifiers))60	CELEXA TABS 20 MG (Use citalopram hydrobromide)15
carbidopa-levodopa TABS35	carteolol hcl (ophth)85	CELEXA TABS 40 MG (Use citalopram hydrobromide)15
carbidopa-levodopa TBCR35	carvedilol 25 MG40	CELLCEPT CAPS (Use mycophenolate mofetil)78
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML29	carvedilol 3.125 MG, 6.25 MG, 12.5 MG40	CELLCEPT SUSR (Use mycophenolate mofetil)78
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)41	carvedilol phosphate40	CELLCEPT TABS (Use mycophenolate mofetil)78
CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)41	CARVYKTI31	CENTANY OINT49
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)41	CASODEX (Use bicalutamide)31	cephalexin CAPS 250 MG, 500 MG 43
CARDURA (Use doxazosin mesylate)25	CASTIVA WARMING LOTN53	cephalexin SUSR43
CARESENS N BLOOD GLUCOSETEST STRIPS STRP ..56	CAYSTON28	CEPROTIN64
CARESTART COVID-19 ANTIGEN HOME TEST KIT56	cefaclor CAPS43	CERALYTE 70 SOLN77
CARETOUCH 2 CPAP HOSE HANGER MISC72	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML43	CERASPORT EX1 SOLN77
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP56	cefadroxil CAPS43	CERASPORT SOLN77
	cefadroxil SUSR43	CERDELGA65
		CEREZYME 400 UNIT65
		cetirizine hcl CHEW22
		cetirizine hcl SOLN OR22

cetirizine hcl SYRP OR	22	cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT	99	CISPLATIN SOLR	29
cetirizine hcl TABS	22	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	99	citalopram hydrobromide SOLN ...	15
cetirizine-pseudoephedrine	46	cholecalciferol LIQD OR 400 UT/0.028ML	99	citalopram hydrobromide TABS 10 MG	15
cetorelix acetate	59	cholestyramine light PACK	23	citalopram hydrobromide TABS 20 MG	15
CETROTIDE 0.25 MG	59	cholestyramine light POWD	23	citalopram hydrobromide TABS 40 MG	15
CHEMET	21	cholestyramine PACK	23	cladribine 10 MG/10ML	29
CHEMSTRIP-K STRP	56	cholestyramine POWD	23	clarithromycin SUSR 125 MG/5ML	68
CHENODAL	62	CHORIONIC GONADOTROPIN IM 59		clarithromycin SUSR 250 MG/5ML	68
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	4	CIBINQO	53	clarithromycin TABS	68
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	4	cilostazol	65	clarithromycin TB24	68
chlordiazepoxide hcl CAPS	9	CILOXAN OINT	86	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	23
chlorhexidine gluconate (mouth-throat)	79	CIMDUO	37	CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	23
chlorhexidine gluconate SOLN EX 4 %	37	cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	95	CLARITIN REDITABS TBDP 10 MG (Use loratadine)	23
chloroquine phosphate TABS 250 MG	28	cimetidine TABS	95	CLARITIN SOLN (Use loratadine) .	23
chloroquine phosphate TABS 500 MG	28	cinacalcet hcl	60	CLARITIN TABS (Use loratadine) .	23
chlorpheniramine maleate SYRP ..	22	CINQAIR	10	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	46
chlorpheniramine maleate TABS ..	22	CINRYZE SOLR IV	64	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	46
chlorpromazine hcl TABS 10 MG ..	37	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	61	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	56
chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	37	CIPRODEX (Use ciprofloxacin-dexamethasone)	88	clemastine fumarate TABS 1.34 MG .	22
chlorthalidone 25 MG, 50 MG	58	ciprofloxacin hcl (ophth) SOLN	86	CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	28
chlorzoxazone TABS 500 MG	82	ciprofloxacin hcl TABS 100 MG ...	61	CLEOCIN CREA (Use clindamycin phosphate vaginal)	98
CHOLBAM	62	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	61	CLEOCIN PEDIATRIC GRANULES	
cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	99	ciprofloxacin-dexamethasone	88		
cholecalciferol CAPS 125 MCG, 5000 UNIT	99	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	29		

(Use clindamycin palmitate hydrochloride)	28	clopidogrel bisulfate 75 MG	65	hcl)	23
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	49	clorazepate dipotassium TABS	9	COLESTID TABS (Use colestipol hcl)	23
CLEVER CHOICE PEAK FLOW METER	72	clotrimazole (topical) CREA	49	colestipol hcl GRAN	23
CLIMARA PTWK (Use estradiol) ..	61	clotrimazole (topical) SOLN	49	colestipol hcl TABS	23
CLINDAGEL GEL (Use clindamycin phosphate (topical))	49	clotrimazole vaginal CREA 1 %	98	COMBIPATCH PTTW	61
clindamycin hcl 150 MG, 300 MG .	28	clotrimazole vaginal CREA 2 %	98	COMBIVENT RESPIMAT AERS ..	11
clindamycin palmitate hydrochloride .	28	clotrimazole w/ betamethasone CREA	50	COMBIVIR (Use lamivudine-zidovudine)	37
clindamycin phosphate (topical) GEL	49	clotrimazole w/ betamethasone LOTN	50	COMETRIQ KIT	33
clindamycin phosphate (topical) LOTN	49	clozapine TABS	36	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	70
clindamycin phosphate (topical) SOLN	49	CLOZARIL TABS (Use clozapine) .	36	COMIRNATY 2023-24 SUSP	97
clindamycin phosphate vaginal CREA	98	CO MONITOR REPLACEMENT TPIECES MISC	72	COMIRNATY 2023-24 SUSY	97
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	56	COAGADDEX	64	COMIRNATY SUSP	97
clobetasol propionate CREA 0.05 % .	52	coal tar extract SHAM 0.5 %	55	COMPLERA	37
clobetasol propionate emollient base 0.05 %	52	COARTEM	28	CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) ..	1
clobetasol propionate GEL 0.05 %	52	codeine sulfate TABS 30 MG	6	CONCERTA TBCR 36 MG (Use methylphenidate hcl)	1
clobetasol propionate OINT 0.05 %	52	CODEINE SULFATE TABS	6	CONDOMS-MISC	69
clobetasol propionate SOLN 0.05 % .	52	COLACE CAPS 100 MG (Use docusate sodium)	68	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	69
clomipramine hcl 75 MG	17	COLACE CLEAR CAPS (Use docusate sodium)	68	COPAXONE SOSY (Use glatiramer acetate)	92
clonazepam TABS	12	COLAZAL CAPS (Use balsalazide disodium)	62	COPIKTRA	33
clonidine hcl (adhd) TB12	1	colchicine TABS	63	COREG 25 MG (Use carvedilol) ...	40
clonidine hcl TABS	25	colchicine w/ probenecid	63	COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	40
		COLCRYS TABS (Use colchicine)	63	COREG CR (Use carvedilol phosphate)	41
		COLD & FLU RELIEF NIGHTTIME D LIQD	46	CORETEXT SUSP 1 ML	55
		COLESTID FLAVORED GRAN (Use colestipol hcl)	23		
		COLESTID GRAN (Use colestipol			

CORETEXT SUSP 2 ML	55	CUVITRU SOLN	89	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3
CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	41	CVS COVID-19 AT HOME TESTKIT KIT	56	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3
CORIFACT	64	CVS DRY MOUTH SPRAY SOLN	80	CYMBALTA CPEP (Use duloxetine hcl)	16
CORTEF TABS (Use hydrocortisone)	45	CVS GLUCOSE	18	cyproheptadine hcl SYRP	23
CORTENEMA (Use hydrocortisone (intrarectal))	8	CVS GLUCOSE CHEW	18	cyproheptadine hcl TABS	23
CORTISONE ACETATE TABS	45	CVS SOFT GLUCOSE CHEW	18	CYRAMZA	30
CORTROSYN SOLR (Use cosyntropin)	56	cyanocobalamin SOLN IJ 1000 MCG/ML	65	CYSTADANE (Use betaine)	60
COSENTYX SENSOREADY PEN SOAJ	51	cyclobenzaprine hcl TABS 5 MG, 10 MG	82	CYSTADROPS	88
COSENTYX SOSY	51	cyclobenzaprine hcl TABS 7.5 MG	82	CYSTAGON CAPS	63
COSOPT (Use dorzolamide hcl-timolol maleate)	85	CYCLOGYL (Use cyclopentolate hcl)	86	CYSTARAN	88
cosyntropin SOLR	56	CYCLOGYL 0.5 %	86	cytarabine SOLN	29
COTELLIC	33	CYCLOGYL 2 %	86	CYTOGAM	89
COVID-19 AG TEST KIT	56	cyclopentolate hcl 0.5 %	86	CYTOMEL TABS (Use liothyronine sodium)	94
COVID-19 AT-HOME TEST KIT KIT	56	cyclopentolate hcl 1 %, 2 %	86	CYTOTEC (Use misoprostol)	96
COZAAR (Use losartan potassium) 25	25	CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	29	D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate)	75
CREON CPEP	57	CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	29	dabigatran etexilate mesylate CAPS	12
CRESTOR TABS (Use rosuvastatin calcium)	24	cyclophosphamide SOLN	29	DACOGEN (Use decitabine)	29
cromolyn sodium (nasal) 5.2 MG/ACT	83	cyclophosphamide SOLR IJ	29	DAILY MULTIPLE VITAMINS TABS	80
cromolyn sodium (ophth)	88	cyclosporine CAPS	78	dalfampridine	92
cromolyn sodium NEBU	10	cyclosporine modified (for microemulsion) CAPS	78	DALIRESP (Use roflumilast)	10
crotamiton LOTN	54	cyclosporine modified (for microemulsion) SOLN	78	dapsone	27
CRYSVITA	60	cyclosporine SOLN IV 50 MG/ML	78	DAPTACEL	94
CUTAQUIG	89	CYLTEZO AJKT	3	DARAPRIM (Use pyrimethamine)	28
		CYLTEZO PSKT	3	darunavir TABS 600 MG	37
				darunavir TABS 800 MG	37

DARZALEX	30	62	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	17
DARZALEX FASPRO	32	DEMSEER (Use metyrosine)	desipramine hcl TABS 25 MG	17
daunorubicin hcl SOLN	32	DENGVAIXA	desmopressin acetate SOLN IJ ...	61
DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl)	32	DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	DESMOPRESSIN ACETATE SOLN NA	61
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	32	DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	desmopressin acetate spray	61
DAURISMO	31	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	desmopressin acetate spray refrigerated	61
DAYHIST ALLERGY 12 HOUR RELIEF TABS	22	DEPAKOTE TBEC 125 MG (Use divalproex sodium)	desmopressin acetate TABS	61
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	61	DEPAKOTE TBEC 250 MG (Use divalproex sodium)	desogestrel & ethinyl estradiol	44
DDAVP TABS (Use desmopressin acetate)	61	DEPAKOTE TBEC 500 MG (Use divalproex sodium)	desogestrel-ethinyl estradiol (biphasic)	44
DEBROX 6.5 % (Use carbamide peroxide (otic))	88	DEPEN TITRATABS TABS (Use penicillamine)	desogestrel-ethinyl estradiol (triphasic)	44
decitabine	29	DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	desonide CREA	52
deferasirox PACK	21	DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	desonide OINT	52
deferasirox TABS	21	DEPO-SUBQ PROVERA 104 SUSY SC	DESOWEN CREA (Use desonide)	52
deferasirox TBSO	21	DERMAREST PSORIASIS GEL ...	desoximetasone CREA 0.05 % ...	52
deferiprone TABS	21	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	desoximetasone CREA 0.25 % ...	52
deferoxamine mesylate	21	DERMOTIC (Use fluocinolone acetonide (otic))	desoximetasone GEL	52
DEFITELIO	65	DESCOVY 120 MG-15 MG	desoximetasone OINT 0.25 %	52
deflazacort TABS	45	DESCOVY 200 MG-25 MG	desvenlafaxine succinate 100 MG .	16
DEFLUX	63	DESFERAL 500 MG (Use deferoxamine mesylate)	desvenlafaxine succinate 25 MG, 50 MG	16
DELSTRIGO	37		DETROL LA CP24 (Use tolterodine tartrate)	96
DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)	46		DETROL TABS (Use tolterodine tartrate)	96
DELSYM SUER (Use dextromethorphan polistirex)	46		DEX4	18
DELZICOL CPDR (Use mesalamine)			DEX4 FAST ACTING GLUCOSE .	18
			DEX4 NATURALS	18
			DEX4 POUCH PACK	18

DEX4 QUICK DISSOLVE GLUCOSE CHEW	18	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	46	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	12
dexamethasone ELIX	45	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	46	diazepam (anticonvulsant) GEL 10 MG	12
dexamethasone sodium phosphate (ophth)	87	dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML	46	diazepam (anticonvulsant) GEL ...	12
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	45	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	47	diazepam SOLN OR 5 MG/5ML	9
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	45	dextromethorphan-guaifenesin TB12 600 MG-30 MG	47	diazepam TABS	9
dexamethasone SOLN	45	DHIVY TABS	35	dibucaine	53
dexamethasone TABS	45	DHS TAR GEL SHAM (Use coal tar extract)	55	dichlorphenamide	58
DEXCOM G6 RECEIVER	69	DHS TAR SHAM (Use coal tar extract)	55	diclofenac potassium TABS 50 MG .	4
DEXCOM G7 RECEIVER	69	DIABETIC TUSSIN COLD/FLU CAPS	47	diclofenac sodium (ophth)	88
DEXCOM G7 SENSOR	69	DIACOMIT CAPS 250 MG	12	diclofenac sodium (topical) GEL EX 50	
DEXEDRINE CP24 (Use dextroamphetamine sulfate)	1	DIACOMIT CAPS 500 MG	12	diclofenac sodium TBEC	4
DEXILANT (Use dexlansoprazole) 95		DIACOMIT PACK 250 MG	12	dicloxacillin sodium	90
dexlansoprazole	95	DIACOMIT PACK 500 MG	12	dicyclomine hcl CAPS	95
dexmethylphenidate hcl TABS	1	DIASTAT ACUDIAL GEL 10 MG (Use diazepam (anticonvulsant)) ..	12	dicyclomine hcl SOLN OR	95
dexrazoxane hcl	34	DIASTAT ACUDIAL GEL 20 MG (Use diazepam (anticonvulsant)) ..	12	dicyclomine hcl TABS	95
DEXTENZA INST	87			DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	49
dextroamphetamine sulfate CP24 ...	1			DIFLUCAN SUSR (Use fluconazole) .	22
dextroamphetamine sulfate TABS 5 MG, 10 MG	1			DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	22
dextromethorphan hbr LIQD 7.5 MG/5ML	46			DIFLUCAN TABS 150 MG (Use fluconazole)	22
dextromethorphan polistirex LQCR 46				DIFLUCAN TABS 50 MG (Use fluconazole)	22
dextromethorphan polistirex SUER 46				diflunisal TABS	6
dextromethorphan-doxylamine-acetaminophen LIQD	46			digoxin SOLN OR 0.05 MG/ML	42
				digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	42
				dihydroergotamine mesylate SOLN	

NA 4 MG/ML	75	diphenhydramine hcl (sleep) TABS 25 MG	66	divalproex sodium TBEC 125 MG .	14
DILANTIN (Use phenytoin sodium extended)	14	diphenhydramine hcl (sleep) TABS 50 MG	66	divalproex sodium TBEC 250 MG .	14
DILANTIN	14	diphenhydramine hcl CAPS	22	divalproex sodium TBEC 500 MG .	14
DILANTIN INFATABS CHEW (Use phenytoin)	14	diphenhydramine hcl ELIX 12.5 MG/5ML	22	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel)	34
DILANTIN-125 SUSP (Use phenytoin)	14	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	22	docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	34
DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)	6	diphenhydramine hcl TABS 25 MG 22		DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	34
DILAUDID TABS 8 MG (Use hydromorphone hcl)	6	diphenoxylate w/ atropine LIQD ...	21	DOCETAXEL SOLN (Use docetaxel) 34	
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	41	diphenoxylate w/ atropine TABS ...	21	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	34
diltiazem hcl coated beads CP24 240 MG	41	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	94	docetaxel SOLN	34
diltiazem hcl CP12	42	dipyridamole	65	DOCK-SORREL POLLEN MIX EXTRACT IJ	2
diltiazem hcl CP24 120 MG, 180 MG 42		disopyramide phosphate CAPS	9	docusate sodium CAPS 100 MG, 250 MG	68
diltiazem hcl CP24 240 MG	42	DISPOSABLE MOUTHPIECE FULL RANGE MISC	72	docusate sodium CAPS 50 MG ...	68
diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	42	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC ...	72	docusate sodium LIQD	68
diltiazem hcl extended release beads 240 MG	41	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	72	docusate sodium SYRP	68
diltiazem hcl TABS	42	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	72	DOCUSATE SODIUM SYRP	68
dimenhydrinate TABS	21	DISPOSABLE PAPER MOUTHPIECE MISC	72	docusate sodium TABS	68
dimethyl fumarate CDPK	92	disulfiram 250 MG	92	dofetilide	10
dimethyl fumarate CPDR	92	DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride)	96	DOJOLVI	85
DIOVAN HCT (Use valsartan- hydrochlorothiazide)	26	divalproex sodium CSDR	14	donepezil hydrochloride TABS 5 MG, 10 MG	92
DIOVAN TABS (Use valsartan)	25	divalproex sodium TB24 250 MG ..	14	dorzolamide hcl	88
diphenhydramine hcl (sleep) CAPS 50 MG	66	divalproex sodium TB24 500 MG ..	14	DORZOLAMIDE HCL	88

DOVATO	38	D-VI-SOL LIQD OR (Use cholecalciferol)	100	efavirenz TABS	38
DOVONEX CREA (Use calcipotriene)	51	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	68	efavirenz-emtricitabine-tenofovir disoproxil fumarate	38
doxazosin mesylate	25	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	70	efavirenz-lamivudine-tenofovir disoproxil fumarate	38
doxepin hcl CAPS	17	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	70	EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	17
doxepin hcl CONC	17	EASY FLOW 300 MM HOSE MISC 72		EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	17
doxycycline (monohydrate) CAPS 50 MG, 100 MG	94	EASY FLOW 400 MM HOSE MISC 72		EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	17
doxycycline (monohydrate) TABS 50 MG, 100 MG	94	EASY FLOW AIR NOZZLE MISC .72		EFFIENT (Use prasugrel hcl)	65
doxycycline hyclate CAPS	94	EASY FLOW HEPA FILTER MISC 72		EFUDEX CREA (Use fluorouracil (topical))	50
doxycycline hyclate TABS 100 MG 94		EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP ..56		ELAPRASE	60
doxylamine succinate (sleep)	66	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	69	eletriptan hydrobromide	75
DRAMAMINE CHEW	21	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP ..56		ELIDEL (Use pimecrolimus)	53
DRAMAMINE TABS (Use dimenhydrinate)	21	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	56	ELIGARD KIT SC 7.5 MG	31
DRISDOL CAPS (Use ergocalciferol) 99		EBASE CONTROLLER KIT MISC .72		ELIGARD SC 22.5 MG, 30 MG, 45 MG	31
drospirenone-ethinyl estradiol	44	econazole nitrate CREA	50	ELIQUIS STARTER PACK TBPK .11	
DROXIA CAPS	65	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	6	ELIQUIS TABS	11
droxidopa	99	ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	6	ELLA	45
DRYSOL SOLN	54	ECOTRIN TBEC (Use aspirin)	6	ELLECE SOLN	32
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	68	ED BRON GP LIQD	47	ELLUME COVID-19 HOME TEST KIT	56
DULCOLAX SUPP (Use bisacodyl) 68		EDURANT	38	ELOCTATE	64
DULCOLAX TBEC (Use bisacodyl) 68		efavirenz CAPS 200 MG	38	EMBRACE PEN NEEDLES/30G X 5MM	70
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	16	efavirenz CAPS 50 MG	38	EMBRACE PEN NEEDLES/31G X 5MM	70
DUROLANE PRSY	83			EMBRACE PEN NEEDLES/31G X 8MM	70
DUTOPROL TB24 12.5 MG-100 MG, 12.5 MG-50 MG	26			EMBRACE PEN NEEDLES/32G X	

4MM	70	EPCLUSA PACK 50 MG-200 MG	40	erlotinib hcl	31
EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP ..	56	EPICORD/ 1CM X 2CM SHEE	55	ertapenem sodium IJ	27
EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP ..	56	EPIDIOLEX	12	ERYGEL GEL (Use erythromycin (acne aid))	49
EMCYT	31	EPIFOAM FOAM	52	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	68
EMFLAZA SUSP	45	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	99	ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	69
EMFLAZA TABS (Use deflazacort) 45		epinephrine (anaphylaxis) SOAJ ..	99	erythromycin (acne aid) GEL	49
EMOLLIENT LOTION-MISC	53	epinephrine hcl (nasal)	84	erythromycin (acne aid) SOLN	49
EMPLICITI	30	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	99	erythromycin (ophth)	86
emtricitabine CAPS	38	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	99	ERYTHROMYCIN	86
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	38	EPIVIR SOLN (Use lamivudine) ...	38	erythromycin base CPEP	69
EMTRIVA CAPS (Use emtricitabine) . 38		EPIVIR TABS 150 MG (Use lamivudine)	38	erythromycin base TABS	69
EMTRIVA SOLN	38	EPIVIR TABS 300 MG (Use lamivudine)	38	erythromycin base TBEC	69
EMVERM CHEW	9	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	65	erythromycin ethylsuccinate SUSR 69	
enalapril maleate & hydrochlorothiazide	26	epoprostenol sodium	42	erythromycin ethylsuccinate TABS 69	
enalapril maleate TABS	24	EPZICOM (Use abacavir sulfate- lamivudine)	38	erythromycin stearate TABS 250 MG 69	
ENDARI	65	EQL DRY MOUTH ORAL RINSE SOLN	80	ESBRIET CAPS (Use pirfenidone) 94	
ENFAMIL ENFALYTE SOLN	77	EQUALYTE SOLN (Use oral electrolytes)	77	ESBRIET TABS (Use pirfenidone) 94	
ENGERIX-B SUSP 20 MCG/ML ...	97	ERBITUX	31	escitalopram oxalate TABS 10 MG 15	
ENGERIX-B SUSY	97	ergocalciferol CAPS	100	escitalopram oxalate TABS 20 MG 15	
ENHERTU	30	ergocalciferol SOLN OR	100	escitalopram oxalate TABS 5 MG . 15	
ENJAYMO	64	ergotamine w/ caffeine TABS	75	ESGIC TABS (Use butalbital- acetaminophen-caffeine)	5
enoxaparin sodium SOLN IJ 300 MG/3ML	11	ERIVEDGE	31	esomeprazole magnesium CPDR 20 MG	95
enoxaparin sodium SOSY	11	ERLEADA 60 MG	31	ESPEROCT	64
ENSPRYNG	78			ESTRACE CREA (Use estradiol	

vaginal)	99	EVKEEZA	23	felbamate SUSP	13
ESTRACE TABS (Use estradiol) ..	61	EVOMELA	29	felbamate TABS	13
estradiol & norethindrone acetate TABs	61	EVRYSDI	84	FELBATOL SUSP (Use felbamate) 13	
estradiol PTTW	61	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	92	FELBATOL TABS (Use felbamate) 14	
estradiol PTWK	61	exemestane	31	FELDENE CAPS (Use piroxicam) ..	4
estradiol TABS	61	EXFORGE (Use amlodipine besylate-valsartan)	26	felodipine	42
estradiol vaginal CREA	99	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)	26	FEMARA (Use letrozole)	31
estradiol vaginal TABS	99	EXJADE TBSO (Use deferasirox) .	21	FEMHRT (Use norethindrone acetate-ethinyl estradiol)	61
ESTROFACTORS TABS	80	EXKIVITY	31	fenofibrate micronized 134 MG, 200 MG	24
ethambutol hcl TABS	28	EXONDYS 51	84	fenofibrate micronized 67 MG	24
ethosuximide CAPS	14	EXPIRATORY MOUTHPIECE MISC . 72		fenofibrate TABS 160 MG	24
ethosuximide SOLN	14	EXSERVAN FILM	84	fenofibrate TABS 54 MG	24
ethynodiol diacet & eth estrad .	44	EXTAVIA KIT	92	FENOFIBRATE TABS	24
etodolac CAPS	4	EYLEA HD SOLN	86	fenopropfen calcium CAPS 400 MG .	4
etodolac TABS	4	EYLEA SOLN	86	FENSOLVI SC	59
etonogestrel-ethinyl estradiol .	44	EYLEA SOSY	86	fantanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6
etoposide CAPS	34	ezetimibe	24	FER-IN-SOL SOLN (Use ferrous sulfate)	66
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	34	ezetimibe-simvastatin	23	FERRETTS TABS	66
etravirine 100 MG	38	famciclovir	40	FERRIPROX SOLN	21
etravirine 200 MG	38	famotidine SUSR	95	FERRIPROX TABS (Use deferiprone)	21
EUFLEXXA SOSY	83	famotidine TABS 10 MG	95	FERRIPROX TWICE-A-DAY TABS 21	
EULEXIN	31	famotidine TABS 20 MG, 40 MG ..	95	ferrous fumarate TABS 324 MG ...	66
EVAC POWD (Use psyllium)	67	FARESTON (Use toremifene citrate)	31	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	66
EVENITY	58	FARYDAK	33		
everolimus TABS	33	FASTEP COVID-19 ANTIGEN HOME TEST KIT	56		
everolimus TBSO	33	FEIBA	64		

FERROUS GLUCONATE TABS 324 MG	66	FLEET ENEMA ENEM (Use sodium phosphates)	67	fluocinolone acetonide (otic)	89
ferrous sulfate SOLN 15 MG/ML ..	66	FLEET PEDIATRIC ENEM (Use sodium phosphates)	67	fluocinolone acetonide OIL	52
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	66	FLEXICHAMBER ADULT MASK/SMALL	72	fluocinonide CREA 0.05 %	52
ferrous sulfate TABS 65 MG, 325 MG	66	FLEXICHAMBER CHILD MASK/LARGE	72	fluocinonide emulsified base	52
FERROUS SULFATE TBEC (Use ferrous sulfate)	66	FLEXICHAMBER CHILD MASK/SMALL	72	fluocinonide GEL	52
ferrous sulfate TBEC	66	FLOLAN (Use epoprostenol sodium)	42	fluocinonide OINT	52
FEVERALL JUNIOR STRENGTH SUPP	5	FLOMAX (Use tamsulosin hcl) ...	63	fluocinonide SOLN	52
fexofenadine hcl TABS 180 MG ...	23	FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	83	fluorometholone (ophth) SUSP	87
fexofenadine hcl TABS 60 MG	23	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	83	fluorouracil (topical) CREA 0.5 % ..	50
FIBRYGA	64	FLORIVA PLUS SOLN	81	fluorouracil (topical) CREA 5 % ...	50
FILTER AIR PP MISC	72	FLOVENT HFA	10	fluorouracil (topical) SOLN	50
finasteride	63	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	56	fluoxetine hcl CAPS 10 MG, 20 MG 15	
fingolimod hcl	92	fluconazole SUSP	22	fluoxetine hcl CAPS 40 MG	16
FINTEPLA	12	fluconazole TABS 100 MG, 200 MG .	22	fluoxetine hcl SOLN	16
FIRAZYR SOSY (Use icatibant acetate)	64	fluconazole TABS 150 MG	22	fluoxetine hcl TABS 10 MG	16
FIRMAGON 80 MG	31	fluconazole TABS 50 MG	22	fluoxetine hcl TABS 20 MG	16
FIRVANQ SOLR OR (Use vancomycin hcl)	27	fludarabine phosphate SOLN	29	fluphenazine decanoate	37
FLAVOR BLEND SUSP	90	FLUDARABINE PHOSPHATE SOLN	29	fluphenazine hcl TABS	37
FLAVOR PLUS LIQD	90	fludrocortisone acetate TABS	45	flurazepam hcl	67
FLAVOR SWEET SYRP	90	flunisolide (nasal) 0.025 %	83	flurbiprofen sodium	88
FLAVOR SWEET-SF SYRP	90			flurbiprofen TABS	4
flavoxate hcl	96			flutamide	31
FLEBOGAMMA DIF SOLN 5 GM/50ML	89			fluticasone propionate (nasal) SUSP .	83
FLEBOGAMMA DIF SOLN	89			fluticasone propionate CREA 0.05 %	52
flecainide acetate	10			fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	10
				fluticasone propionate hfa 44 MCG/ACT	10
				fluticasone propionate OINT	52

fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	11	(recombinant))	58	FULL KIT NEBULIZER SET MISC	72
fluvoxamine maleate TABS 100 MG . 16		FORTISCARE G1 BLOOD		furosemide SOLN OR 10 MG/ML, 40 MG/5ML	58
fluvoxamine maleate TABS 25 MG, 50 MG	16	FOSAMAX TABS 70 MG (Use alendronate sodium)	58	furosemide TABS	58
FLYP HYPERSONIQ CARTRIDGE MISC	72	fosamprenavir calcium TABS	38	FUZEON SOLR	38
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	87	fosinopril sodium & hydrochlorothiazide	26	FYARRO	33
FML OINT	87	fosinopril sodium	24	gabapentin CAPS	12
FOCALIN TABS (Use dexmethylphenidate hcl)	1	FOTIVDA	33	gabapentin SOLN	12
FOLCYTEINE TABS	80	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	12	gabapentin TABS 600 MG	12
folic acid TABS 1 MG	65	FRAGMIN SOSY	12	gabapentin TABS 800 MG	12
folic acid TABS 400 MCG, 800 MCG . 65		FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	69	GABITRIL (Use tiagabine hcl)	14
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	59	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	69	GABLOFEN SOLN IT (Use baclofen) 83	
FOLOTYN (Use pralatrexate)	29	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	69	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	83
FOLOTYN	29	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	69	GALAFOLD	60
fondaparinux sodium	11	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	69	galantamine hydrobromide CP24 .	92
FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP ..	56	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	69	galantamine hydrobromide SOLN .	92
FORA GTEL BLOOD KETONE TEST STRIPS	56	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	69	galantamine hydrobromide TABS .	92
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	56	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	69	GAMASTAN	89
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP ..	56			GAMIFANT	78
formaldehyde SOLN 10 %	37			GAMMAGARD LIQUID	89
FORTEO SOPN (Use teriparatide				GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	89

ganirelix acetate	59	MG	2	GNP GLUCOSE 6 MG-4 GM	18
GARDASIL 9 SUSP	97	GLASSIA SOLN	93	GNP GLUCOSE CHEW	18
GARDASIL 9 SUSY	97	glatiramer acetate SOSY	92	GNP QUICK DISSOLVE GLUCOSE CHEW	18
GATTEX	63	GLEEVEC (Use imatinib mesylate) 33		GOCOVRI CP24	35
GAUZE SPONGES	69	glimepiride 1 MG, 2 MG	20	GOJJI BLOOD KETONE TEST STRIPS	57
GAVRETO	33	glimepiride 4 MG	20	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate)	67
GAZYVA	30	glipizide TABS	20	GONAL-F RFF REDIJECT SOPN ..	59
gefitinib	31	glipizide TB24	20	GONAL-F RFF SOLR SC	59
GEL-ONE	83	glipizide-metformin hcl	17	GONAL-F SOLR IJ	59
GELSYN-3 SOSY	83	glucagon (rdna)	18	GOODSENSE GLUCOSE	18
gemfibrozil TABS	24	GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	18	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	57
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	57	GLUCO TO GO CHEW	18	GRANIX SOLN	65
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	57	GLUCOSE	18	GRANIX SOSY	65
GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	44	GLUCOSE CHEW	18	GRAPE SYRUP SYRP	90
GENICIN VITA-Q TABS	80	GLUCOSE INSTANT ENERGY ..	18	griseofulvin microsize SUSP	22
gentamicin sulfate (ophth) OINT ..	86	GLUCOTROL XL TB24 (Use glipizide)	20	griseofulvin microsize TABS	22
gentamicin sulfate (ophth) SOLN ..	86	glyburide micronized 1.5 MG, 3 MG, 6 MG	20	griseofulvin ultramicrosize	22
gentamicin sulfate (topical) CREA ..	49	glyburide TABS	20	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML	48
gentamicin sulfate (topical) OINT ..	49	glyburide-metformin	17	guaifenesin SYRP	48
GENVISC 850 SOSY	83	glycerin (laxative) SUPP 2 GM	67	guaifenesin TB12 1200 MG	48
GENVOYA	38	GLYCERIN ADULT SUPP (Use glycerin (laxative))	67	guaifenesin TB12 600 MG	48
GEODON (Use ziprasidone hcl) ..	36	glycine diluent	90	guaifenesin-codeine SOLN	47
GERI-TUSSIN SYRP	48	glycopyrrolate TABS 1 MG, 2 MG ..	95	guaifenesin-codeine SYRP	47
GILENYA (Use fingolimod hcl)	92	GLYNASE (Use glyburide micronized)	20	guanfacine hcl (adhd)	1
GILENYA 0.5 MG	92	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	57	guanfacine hcl	25
GILOTRIF	31			GUARDIAN 4 GLUCOSE SENSOR ..	
GIMOTI SOLN NA	62				
ginger (zingiber officinalis) CAPS	250				

69	HERCEPTIN 150 MG	30	HYDRALYTE SOLN	77		
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	HERCEPTIN HYLECTA	32	HYDREA (Use hydroxyurea)	34		
69	HIBERIX SOLR IJ	96	hydrochlorothiazide CAPS	58		
GYNAZOLE-1	HIBICLENS SOLN EX (Use chlorhexidine gluconate)	37	hydrochlorothiazide TABS 25 MG, 50 MG	58		
98	HIGH POTENCY MULTIVITAMIN TABS	80	hydrocodone bitartrate-homatropine methylbromide SOLN	46		
HADLIMA PUSHTOUCH SOAJ	3	HIZENTRA SOLN	89	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7	
HADLIMA SOSY	3	HIZENTRA SOSY	89	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	
HAEGARDA SOLR SC	64	homatropine hbr	86	HYDROCORT LOTION COMPLETEKIT THPK	52	
HALAVEN	35	HULIO AJKT	3	hydrocortisone (intrarectal)	8	
HALCION 0.25 MG (Use triazolam) 67	haloperidol decanoate)	36	HULIO PSKT	3	hydrocortisone (rectal) EX 1 %	8
HALDOL DECANOATE 100 (Use haloperidol decanoate)	36	HUMALOG KWIKPEN SOPN 100 UNIT/ML	19	hydrocortisone (rectal) EX 2.5 % ...	8	
HALDOL DECANOATE 50 (Use haloperidol decanoate)	36	HUMALOG SOLN IJ	19	hydrocortisone (topical) CREA 0.5 % 52		
haloperidol decanoate	36	HUMATE-P SOLR	64	hydrocortisone (topical) CREA 1 % 52		
haloperidol lactate CONC	36	HUMULIN 70/30 KWIKPEN SUPN	19	hydrocortisone (topical) CREA 2.5 % 52		
haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	36	HUMULIN 70/30 SUSP	19	hydrocortisone (topical) LOTN 1 % 52		
haloperidol TABS 20 MG	36	HUMULIN N KWIKPEN SUPN	19	hydrocortisone (topical) LOTN 2.5 % . 52		
HAVRIX	97	HUMULIN N SUSP	19	hydrocortisone (topical) OINT 1 %, 2.5 %	52	
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	64	HUMULIN R SOLN IJ	19	hydrocortisone butyrate SOLN	52	
HEMOFIL M SOLR 1501 -2000 UNIT	64	HYALGAN SOLN	83	hydrocortisone TABS	45	
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	64	HYALGAN SOSY	83	hydrocortisone vaginal	99	
HEPAGAM B SOLN IJ	89	HYCAMTIN CAPS	35	hydrocortisone w/acetic acid	89	
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)	35			
HEPLISAV-B SOSY	97	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	46			
		hydralazine hcl TABS	27			
		HYDRALYTE FREEZER POPS SOLN	77			

HYDROCORTISONE/ACETIC ACID UNIT	89	IMBRUVICA CAPS	33
(Use hydrocortisone w/ acetic acid)	89	IMBRUVICA TABS	33
HYDROMORPHONE HCL SUPP	6	IMCIVREE	1
hydromorphone hcl TABS 2 MG, 4 MG	6	IMFINZI	30
hydromorphone hcl TABS 8 MG	6	imipramine hcl TABS	17
hydroxychloroquine sulfate 200 MG 28		imiquimod 5 %	53
hydroxyprogesterone caproate (antineoplastic)	31	IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	75
hydroxyprogesterone caproate OIL 91		IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	75
hydroxyurea	34	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	75
hydroxyzine hcl SYRP	9	IMITREX TABS (Use sumatriptan succinate)	76
hydroxyzine hcl TABS	9	IMLYGIC	35
hydroxyzine pamoate CAPS	9	IMODIUM A-D CAPS (Use loperamide hcl)	21
HYMOVIS	83	IMODIUM A-D TABS (Use loperamide hcl)	21
hyoscyamine sulfate ELIX	95	IMOVAX RABIES (H.D.C.V.) SUSR	97
HYOSCYAMINE SULFATE POWD 95		IMURAN TABS (Use azathioprine)	78
hyoscyamine sulfate SOLN OR 0.125 MG/ML	95	INCRELEX	59
hyoscyamine sulfate SUBL 0.125 MG	95	INCRUSE ELLIPTA	10
hyoscyamine sulfate TABS 0.125 MG	95	indapamide TABS 1.25 MG, 2.5 MG	58
hyoscyamine sulfate TB12 0.375 MG 95		IHEALTH COVID-19 ANTIGENRAPID TEST KIT	57
hyoscyamine sulfate TBDP 0.125 MG	95	ILARIS SOLN	3
HYPERHEP B SOLN IM	89	ILUMYA	51
HYPERRHO S/D MINI-DOSE SOSY IM	89	ILUVIEN	87
HYPERRHO S/D SOSY IM 1500		imatinib mesylate	33
			4

INDOMETHACIN	4	INSULIN GLARGINE-YFGN SOPN 19	ipratropium bromide (nasal) 0.06 % 83
indomethacin CAPS 25 MG, 50 MG	4	INSULIN LISPRO JUNIOR KWIKPEN SOPN	ipratropium bromide SOLN 0.02 % 10 ipratropium-albuterol SOLN11
indomethacin sodium	4	INSULIN LISPRO KWIKPEN SOPN . 19	irbesartan
indomethacin SUPP	4	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	irbesartan-hydrochlorothiazide26 IRESSA (Use gefitinib)31
indomethacin SUSP	4	INSULIN LISPRO SOLN IJ	irinotecan hcl
INFANRIX	94	INSULIN SYRINGES	IRON CHEWS PEDIATRIC CHEW 66
INFANTS ADVIL SUSP (Use ibuprofen)	4	INSULIN SYRINGES-MISC	IRON TABS 28 MG
INFANTS SILAPAP SOLN OR	5	INSUPEN 31G X 5MM	ISENTRESS CHEW 100 MG
INFLECTRA SOLR	62	INSUPEN 31G X 8MM	ISENTRESS CHEW 25 MG
INFLIXIMAB	62	INSUPEN 32G X 4MM	ISENTRESS HD TABS
INLYTA	30	INTELENCE 100 MG (Use etravirine)	ISENTRESS PACK
INNOSPIRE REPLACEMENT FILTER MISC	72	INTELENCE 200 MG (Use etravirine)	ISENTRESS TABS
INQOVI	32	INTELENCE 25 MG	isoniazid SYRP
INREBIC	33	INTELISWAB COVID-19 RAPID TEST KIT	isoniazid TABS
INSULIN ASPART FLEXPEN SOPN . 19		INTRON A SOLR	ISOPTO ATROPINE SOLN
INSULIN ASPART PENFILL SOCT 19		INTUNIV (Use guanfacine hcl (adhd))	ISOPTO CARPINE SOLN 1 % (Use pilocarpine hcl)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	19	INVANZ IJ (Use ertapenem sodium) . 27	ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	19	INVEGA HAFYERA	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG
INSULIN ASPART SOLN IJ	19	INVEGA SUSTENNA	isosorbide mononitrate TABS
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	19	INVEGA TRINZA	isosorbide mononitrate TB24
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	19	IOPIDINE	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG
INSULIN DEGLUDEC SOLN	19	IPOL INACTIVATED IPV	ISTODAX SOLR (Use romidepsin) 33 ISTURISA
INSULIN GLARGINE-YFGN SOLN 19			ITCH RELIEF CREA

itraconazole CAPS	22	KAPVAY TB12 (Use clonidine hcl (adhd))	1	ketorolac tromethamine TABS	4
IXEMPRA KIT	35	KAZANO (Use alogliptin-metformin hcl)	17	KETOSTIX STRP	57
IXIARO	97	KCENTRA	64	ketotifen fumarate (ophth) 0.035 %	88
IXINITY SOLR	64	KEMOPLAT SOLN	29	KEVEYIS (Use dichlorphenamide)	58
JADENU SPRINKLE PACK (Use deferasirox)	21	KEPIVANCE 5.16 MG	34	KEY-E CHEW	100
JADENU TABS (Use deferasirox) ..	21	KEPIVANCE 6.25 MG	34	KEYTRUDA	30
JAKAFI	33	KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	13	KHAPZORY	34
JANSSEN COVID-19 VACCINE ..	97	KEPPRA TABS 1000 MG (Use levetiracetam)	13	KIMMTRAK	30
JEMPERLI	30	KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	13	KINDERLYTE PREMAX SOLN	77
JEVTANA	35	KEPPRA TABS 500 MG (Use levetiracetam)	13	KINDERLYTE SOLN	77
JIVI	64	KEPPRA XR TB24 (Use levetiracetam)	12	KINERET SOSY	3
JULUCA	38	KERALYT GEL (Use salicylic acid)	53	KINRIX SUSY	94
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	24	KERALYT GEL	53	KISQALI	33
JYNARQUE TABS	61	KESIMPTA	93	KISQALI FEMARA 200 DOSE	32
JYNARQUE TBPK	61	ketoconazole (topical) CREA	50	KISQALI FEMARA 400 DOSE	32
JYNNEOS	97	ketoconazole (topical) SHAM 2 %	50	KISQALI FEMARA 600 DOSE	32
KADCYLA	30	KETONE STRP	57	KITABIS PAK NEBU (Use tobramycin)	2
KALBITOR	64	KETONE TEST STRIPS STRP ...	57	KLARON (Use sulfacetamide sodium (acne))	49
KALETRA SOLN (Use lopinavir-ritonavir)	38	ketorolac tromethamine (ophth) 0.4 %	88	KLONOPIN TABS (Use clonazepam)	12
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	38	ketorolac tromethamine (ophth) 0.5 %	88	KOATE SOLR	64
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	38	ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	4	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	64
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	93	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	4	KOGENATE FS KIT	64
KALYDECO PACK 5.8 MG	93			KOKO PEAK PRO REPLACEMENT PLASTIC MOUTHPIECE MISC	72
KALYDECO TABS	93			KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	17
KANJINTI 420 MG	30				
KANUMA	60				

KORLYM (Use mifepristone (hyperglycemia))	18	hcl (topical))	50	lenalidomide	78
KOSELUGO	33	LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))	50	LENVIMA 10 MG DAILY DOSE	30
KOVALTRY	64	lamivudine SOLN	38	LENVIMA 12MG DAILY DOSE	30
K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	77	lamivudine TABS 150 MG	38	LENVIMA 14 MG DAILY DOSE	30
KRINTAFEL	28	lamivudine TABS 300 MG	38	LENVIMA 18 MG DAILY DOSE	30
KROGER GLUCOSE	18	lamivudine-zidovudine	38	LENVIMA 20 MG DAILY DOSE	30
KRYSTEXXA	63	lamotrigine CHEW	13	LENVIMA 24 MG DAILY DOSE	30
K-TAB TBCR 8 MEQ, 10 MEQ (Use potassium chloride)	77	lamotrigine TABS	13	LENVIMA 4 MG DAILY DOSE	30
KUVAN PACK (Use sapropterin dihydrochloride)	60	lamotrigine TB24	13	LENVIMA 8 MG DAILY DOSE	30
KUVAN TABS (Use sapropterin dihydrochloride)	60	LANCETS-MISC	69	LEQVIO	24
KYPROLIS	33	LANCING DEVICE-MISC	69	LETAIRIS (Use ambrisentan)	43
labetalol hcl TABS 100 MG	41	lanolin (topical) CREA	54	letrozole	31
labetalol hcl TABS 200 MG	41	lanolin (topical) OINT	54	leucovorin calcium TABS	34
labetalol hcl TABS 300 MG	41	lanolin XX	91	LEUKERAN	29
lactic acid (ammonium lactate) CREA	53	LANOLIN XX	91	LEUKINE SOLR IJ	65
lactic acid (ammonium lactate) LOTN 12 %	53	LANOLOR CREA	54	leuprolide acetate KIT IJ 1 MG/0.2ML	31
lactulose (encephalopathy)	62	LANOXIN SOLN IJ (Use digoxin)	42	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	31
lactulose SOLN	67	LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	42	levabuterol tartrate	11
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)	13	lansoprazole CPDR 15 MG	96	LEVIBID TB12 (Use hyoscyamine sulfate)	95
LAMICTAL TABS (Use lamotrigine)	13	lansoprazole CPDR 30 MG	96	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	13
LAMICTAL XR TB24 (Use lamotrigine)	13	lapatinib ditosylate	33	levetiracetam TABS 1000 MG	13
LAMISIL AT CREA (Use terbinafine		LASIX TABS (Use furosemide)	58	levetiracetam TABS 250 MG, 750 MG	13
		latanoprost SOLN	88	levetiracetam TABS 500 MG	13
		LATANOPROST SOLN	88	levetiracetam TB24	13
		LATUDA (Use lurasidone hcl)	36	levobunolol hcl 0.5 %	85
		LEADER GLUCOSE 6 MG-4 GM	18	levocarnitine (metabolic modifiers)	
		LEADER QUICK DISSOLVE GLUCOSE CHEW	18		
		leflunomide	5		

SOLN OR 1 GM/10ML	60	lidocaine hcl (mouth-throat) 2 % ...	79	LIVMARLI	62
levocarnitine (metabolic modifiers) TABS	60	lidocaine hcl CREA 3 %	53	LIVTENCITY	39
levocetirizine dihydrochloride TABS 23		lidocaine hcl CREA 4 %	53	LMX 4 CREA (Use lidocaine)	54
levofloxacin TABS	61	lidocaine hcl GEL 2 %	53	LODINE TABS (Use etodolac)	4
levoleucovorin calcium SOLN 250 MG/25ML	34	lidocaine OINT	53	LODOSYN (Use carbidopa)	35
levoleucovorin calcium SOLR	34	lidocaine-prilocaine CREA	53	LOHIST-D LIQD	47
levonorgestrel & eth estradiol TABS 44		LIORESAL INTRATHECAL SOLN IT (Use baclofen)	83	LOMOTIL TABS (Use diphenoxylate w/ atropine)	21
levonorgestrel (emergency oc) 1.5 MG	45	LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	83	LONGS GLUCOSE	18
levonorgestrel-eth estradiol (triphasic)	44	liothyronine sodium TABS	94	LONSURF	32
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	44	LIPITOR TABS (Use atorvastatin calcium)	24	loperamide hcl CAPS	21
levothyroxine sodium TABS	94	lisdexamphetamine dimesylate CAPS 1		loperamide hcl TABS	21
LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate)	95	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	26	LOPID TABS (Use gemfibrozil)	24
LEVULAN KERASTICK SOLR	50	lisinopril & hydrochlorothiazide 25 MG-20 MG	26	lopinavir-ritonavir SOLN	38
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	16	lisinopril TABS 2.5 MG	24	lopinavir-ritonavir TABS 25 MG-100 MG	38
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	16	lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	24	lopinavir-ritonavir TABS 50 MG-200 MG	38
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	16	LITETOUCH MASK LARGE MISC 72		LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	41
LEXIVA SUSP	38	LITETOUCH MASK MEDIUM MISC . 73		LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	41
LEXIVA TABS (Use fosamprenavir calcium)	38	LITETOUCH MASK SMALL MISC .73		loratadine & pseudoephedrine TB12 . 47	
LIALDA TBEC (Use mesalamine) .	62	lithium	35	loratadine & pseudoephedrine TB24 . 47	
LIBTAYO	30	lithium carbonate CAPS	35	loratadine SOLN	23
LICEMD GEL	54	lithium carbonate TABS	35	loratadine TABS	23
lidocaine CREA 4 %	53	lithium carbonate TBCR	35	loratadine TBDP 10 MG	23
		LITHOBID TBCR (Use lithium carbonate)	35	lorazepam TABS	9
		LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	83	LORBRENA	33
				losartan potassium & hydrochlorothiazide	26

losartan potassium	25	31	hydroxyprogesterone caproate) ...	91
LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91- day))	44	LUPRON DEPOT (3-MONTH) KIT IM	MAKENA SOAJ	91
LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	24	LUPRON DEPOT (4-MONTH) IM .	malathion	54
LOTENSIN 40 MG (Use benazepril hcl)	24	LUPRON DEPOT (6-MONTH) IM .	maraviroc TABS 150 MG	38
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .	26	LUPRON DEPOT-PED (1-MONTH) . 59	maraviroc TABS 300 MG	38
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	26	LUPRON DEPOT-PED (3-MONTH) . 59	MARGENZA	31
LOTRIMIN AF CREA (Use clotrimazole (topical))	50	lurasidone hcl	MARQIBO	35
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	50	LUXTURNA	MASK VORTEX/CHILD/FROG ...	73
lovastatin TABS 10 MG, 20 MG ...	24	LYNPARZA TABS	MASK VORTEX/TODDLER/LADYBUG ..	73
lovastatin TABS 40 MG	24	LYSODREN	MATULANE	34
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	12	LYSTEDA TABS (Use tranexamic acid)	MAVYRET PACK	40
LOVENOX SOSY (Use enoxaparin sodium)	12	MACI	MAVYRET TABS	40
loxapine succinate	36	MACROBID (Use nitrofurantoin monohyd macro)	MAXALT TABS 10 MG (Use rizatriptan benzoate)	76
LUCENTIS SOLN	86	MACRODANTIN 50 MG, 100 MG (Use nitrofurantoin macrocrystal) ..	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	76
LUCENTIS SOSY	86	MAGNESIUM CAPS 400 MG	MAXITROL OINT (Use neomycin- polymy-dexameth)	87
LUMAKRAS	33	magnesium citrate	MAXITROL SUSP (Use neomycin- polymy-dexameth)	87
LUMIZYME	60	MAGNESIUM EXTRA STRENGTH CAPS	MAXI-TUSS PE LIQD	47
LUMOXITI	30	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	MAXI-TUSS PE MAX LIQD	47
LUNG PERFORMANCE PEAK FLOW METER	73	magnesium oxide (mg supplement) TABS 400 MG	MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	58
LUPKYNIS	78	MAGNESIUM OXIDE CAPS	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	58
LUPRON DEPOT (1-MONTH) KIT IM		magnesium oxide TABS 400 MG ...	meclizine hcl CHEW	21
		MAGOX 400 TABS (Use magnesium oxide (mg supplement))	meclizine hcl TABS 12.5 MG, 25 MG 21	
		MAKENA OIL (Use	MEDROL DOSEPAK TBPK (Use methylprednisolone)	45
			MEDROL TABS 4 MG, 8 MG (Use	

methylprednisolone) 45	MEPSEVII 60	methimazole TABS 94
medroxyprogesterone acetate (contraceptive) SUSP IM 45	mercaptapurine TABS 29	METHITEST TABS 8
medroxyprogesterone acetate (contraceptive) SUSY IM 45	mesalamine CP24 62	methocarbamol TABS 500 MG, 750 MG 83
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG 91	mesalamine CPDR 62	METHOTREXATE 3
mefloquine hcl 28	mesalamine ENEM 62	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 29
megestrol acetate SUSP 31	mesalamine TBEC 62	methotrexate sodium TABS 2.5 MG 30
megestrol acetate TABS 31	mesna SOLN 34	methyl dopa TABS 25
MEIJER GLUCOSE 18	MESNEX SOLN (Use mesna) 34	methylergonovine maleate TABS .. 89
MEKINIST TABS 33	MESNEX TABS 34	METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl) 2
MEKTOVI 33	MESTINON TABS (Use pyridostigmine bromide) 28	METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl) 2
MELATONIN SUBL 2	MESTINON TIMESPAN TBCR (Use pyridostigmine bromide) 28	methylphenidate hcl 2
melatonin TABS 3 MG, 5 MG 2	METADATE CD CPCR (Use methylphenidate hcl) 2	methylphenidate hcl CPCR 2
melatonin TBDP 3 MG 2	METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium) 67	methylphenidate hcl SOLN 10 MG/5ML 2
meloxicam TABS 4	METAMUCIL POWD (Use psyllium) . 67	methylphenidate hcl SOLN 5 MG/5ML 2
melphalan 29	metformin hcl TABS 500 MG 17	methylphenidate hcl SOLN 5 MG/5ML 2
melphalan hcl 29	metformin hcl TABS 850 MG, 1000 MG 17	methylphenidate hcl TABS 10 MG, 20 MG 2
memantine hcl SOLN 92	metformin hcl TB24 500 MG 17	methylphenidate hcl TABS 5 MG ... 2
memantine hcl TABS 92	metformin hcl TB24 750 MG 18	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG 2
MENACTRA 96	methadone hcl TABS 10 MG 6	methylphenidate hcl TB24 36 MG .. 2
MENOPUR SC 59	methadone hcl TABS 5 MG 6	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG 2
MENQUADFI 96	methazolamide TABS 58	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG 2
MENVEO SOLN 96	methenamine mandelate 28	methylprednisolone TABS 4 MG, 8 MG 45
MENVEO SOLR 96	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 10.8 MG- 81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG- 40.8 MG 27	methyprednisolone TBPK 45
meperidine hcl SOLN OR 50 MG/5ML 6		
meperidine hcl TABS 50 MG 6		
MEPHYTON TABS (Use phytonadione) 100		
meprobamate 9		

metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	62	nitrate (topical))	50	MIRCERA	65
metoclopramide hcl TABS	62	miconazole nitrate (topical) CREA	50	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	44
metolazone	58	miconazole nitrate vaginal CREA	98	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	55
metoprolol & hydrochlorothiazide TABs 25 MG-100 MG, 25 MG-50 MG	26	miconazole nitrate vaginal KIT	98	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	55
metoprolol & hydrochlorothiazide TABs 50 MG-100 MG	26	miconazole nitrate vaginal SUPP 100 MG	98	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	55
metoprolol succinate TB24 200 MG 41		MICRHOGAM ULTRA- FILTEREDPLUS SOSY IM	89	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	55
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	41	MICROLIFE DIGITAL PEAK FLOW METER	73	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	55
metoprolol tartrate TABs 100 MG	41	midazolam hcl SOLN IJ	67	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	55
metoprolol tartrate TABs 25 MG, 50 MG	41	midodrine hcl	99	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	55
METROCREAM CREA (Use metronidazole (topical))	54	mifepristone (hyperglycemia)	18	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	55
METROLOTION LOTN (Use metronidazole (topical))	54	miglustat	65	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	55
metronidazole (topical) CREA	54	MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	75	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	55
metronidazole (topical) GEL 0.75 % 54		MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	73	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	55
metronidazole (topical) LOTN	54	MINI WRIGHT PEAK FLOW METER	73	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	55
metronidazole TABs	27	MINI WRIGHT PEAK FLOW METER STANDARD RANGE	73	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	55
metronidazole vaginal	98	MINIELITE FILTER REPLACEMENTS MISC	73	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	55
metyrosine	25	MINIPRESS CAPS (Use prazosin hcl)	25	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	55
mexiletine hcl	10	MINIVELLE PTTW (Use estradiol)	61	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	55
MIACALCIN IJ (Use calcitonin (salmon))	58	minocycline hcl CAPS	94		
MICARDIS (Use telmisartan)	25	minoxidil 10 MG	27		
MICARDIS HCT (Use telmisartan- hydrochlorothiazide)	26	minoxidil 2.5 MG	27		
MICATIN CREA (Use miconazole		MIRALAX POWD (Use polyethylene glycol 3350)	67		

MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	55	mometasone furoate CREA	52	MS CONTIN TBCR (Use morphine sulfate)	6
mirtazapine TABS 15 MG	14	mometasone furoate OINT	52	MUCINEX D TB12 (Use pseudoephedrine-guaifenesin)	47
mirtazapine TABS 30 MG	14	mometasone furoate SOLN	52	MUCINEX DM MAXIMUM STRENGTH TB12 (Use dextromethorphan-guaifenesin)	47
mirtazapine TABS 7.5 MG, 45 MG	14	MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	98	MUCINEX DM TB12 (Use dextromethorphan-guaifenesin)	47
mirtazapine TBDP 15 MG	14	MONISTAT 3 CREA (Use miconazole nitrate vaginal)	99	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	48
mirtazapine TBDP 30 MG	14	MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	99	MUCINEX TB12 (Use guaifenesin)	48
mirtazapine TBDP 45 MG	14	MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (Use hydrocortisone vaginal)	99	MULPLETA	65
misoprostol	96	MONJUVI	30	MULTI VITAMIN TABS	80
mitoxantrone hcl 2 MG/ML	32	MONOVISC	83	MULTI VITAMIN/D-3 TABS	80
MM BLOOD GLUCOSE MONITORING SYSTEM KIT	69	montelukast sodium CHEW	10	multiple vitamin TABS	80
MM BLULINK GLUCOSE TEST STRIPS STRP	57	montelukast sodium PACK	10	multiple vitamins w/ iron TABS	80
M-M-R II SOLR	97	montelukast sodium TABS	10	MULTIPLE VITAMINS W/ MINERALS TABS	80
MODERNA COVID-19 VACCINE SUSP	97	morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML	6	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	80
MODERNA COVID-19 VACCINE, BIVALENT ORIGINAL AND OMICRON	97	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	6	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1 MG-15 UNIT	81
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	97	morphine sulfate SUPP	6	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT	81
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y	97	morphine sulfate TABS	6	MULTIVITAMIN ADULT TABS	80
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	97	morphine sulfate TBCR	6	MULTIVITAMIN INFANT & TODDLER SOLN OR	82
MODERNA COVID-19 VACCINE/6MO-5Y SUSP	97	MOTRIN CHILDRENS CHEW (Use ibuprofen)	4	MULTIVITAMIN INFANT/TODDLER	
MODERNA COVID-19 VACCINE/6MO-5Y SUSP	97	MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	4		
MOI-STIR SOLN	80	MOUTH KOTE REMINT SOLN	80		
molindone hcl	37	MOUTH KOTE SOLN	80		
		moxifloxacin hcl (ophth) SOLN OP	86		
		MOZOBIL (Use plerixafor)	66		

SOLN OR	82	MYCOBUTIN (Use rifabutin)	29	(Use memantine hcl)	92
MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	80	mycophenolate mofetil CAPS	78	naphazoline w/ pheniramine 0.315 %-0.027 %	87
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 82		mycophenolate mofetil SUSR	78	NAPROSYN SUSP (Use naproxen) 4	
MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-0.5 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT-400 UNIT-15 UNIT-0.5 MG	81	mycophenolate mofetil TABS	78	NAPROSYN TABS 500 MG (Use naproxen)	4
MULTIVITAMIN WITH FLUORIDE CHEW	81	MYDRIACYL SOLN (Use tropicamide)	86	naproxen sodium TABS 220 MG ... 4	
MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	81	MYFORTIC (Use mycophenolate sodium)	78	naproxen sodium TABS 275 MG, 550 MG	4
MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	81	MYLERAN TABS	29	naproxen SUSP	4
mupirocin calcium (topical)	49	MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone) 62		naproxen TABS	4
mupirocin OINT	49	MYLICON INFANTS GAS RELIEF SUSP (Use simethicone)	62	naratriptan hcl	76
MVASI	30	MYLOTARG	30	NARCAN LIQD (Use naloxone hcl) 21	
MX-SOL BLEND SF SUSP	90	MYSOLINE (Use primidone)	13	NARDIL (Use phenelzine sulfate) .15	
MX-SOL BLEND SUSP	90	NABI-HB SOLN IM	89	NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	84
MX-SOL SF SYRP	90	nabumetone	4	NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal)) ...	83
MX-SOL SUSPEND SUSP	90	nadolol TABS 20 MG, 40 MG, 80 MG	41	NASALCROM (Use cromolyn sodium (nasal))	83
MX-SOL SYRP	90	NAGLAZYME	60	nateglinide	20
MYALEPT	60	NALFON CAPS (Use fenoprofen calcium)	4	NATPARA	59
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	28	naloxone hcl LIQD	21	NATROBA (Use spinosad)	54
		naloxone hcl SOCT	21	NATURAL FIBER LAXATIVE POWD 67	
		naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	21	NAYZILAM	12
		naloxone hcl SOSY	21	NEBULIZER AIR TUBE/PLUGS MISC	73
		naltrexone hcl	21	NEBULIZER MASK ADULT MISC .73	
		NAMENDA TABS (Use memantine hcl)	92	NEBULIZER MASK CHILD MISC .73	
		NAMENDA TITRATION PAK TABS		nefazodone hcl	16

NEOMULTIVITE TABS	80	NEURONTIN SOLN (Use gabapentin)	13	NICORETTE LOZG (Use nicotine polacrilex)	93
neomycin sulfate TABS	2	NEURONTIN TABS 600 MG (Use gabapentin)	13	NICORETTE MINI LOZG (Use nicotine polacrilex)	93
neomycin-bacitracin zn-polymyxin	86	NEURONTIN TABS 800 MG (Use gabapentin)	13	NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	93
neomycin-bacitracin-polymyxin OINT	49	NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	55	nicotine MISC XX	93
neomycin-polymy-dexameth OINT	87	nevirapine SUSP	38	nicotine polacrilex GUM	93
neomycin-polymy-dexameth SUSP	87	nevirapine TABS	38	nicotine polacrilex LOZG	93
neomycin-polymyxin w/ pramoxine	49	nevirapine TB24 100 MG	38	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	93
neomycin-polymyxin-gramicidin ..	86	nevirapine TB24 400 MG	38	NICOTINE TRANSDERMAL SYSTEM KIT	93
neomycin-polymyxin-hc (ophth) ..	87	NEXAVAR (Use sorafenib tosylate) .	33	NICOTROL INHALER INHA	93
neomycin-polymyxin-hc (otic) SOLN .	88	NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) ..	96	NICOTROL NS SOLN	93
neomycin-polymyxin-hc (otic) SUSP .	88	NEXIUM 24HR CPDR (Use esomeprazole magnesium)	96	nifedipine CAPS	42
NEOPROFEN (Use ibuprofen lysine)	4	NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	96	nifedipine TB24 30 MG, 90 MG ...	42
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	78	NEXVIAZYME	60	nifedipine TB24 60 MG	42
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	78	niacin (antihyperlipidemic) TABS ..	24	NINLARO	33
NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ...	49	niacin (antihyperlipidemic) TBCR ..	24	nitisinone CAPS	60
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)	49	niacin CPCR 250 MG, 500 MG ...	100	NITRO-BID OINT	9
NERLYNX	33	niacin TABS 500 MG	100	NITRO-DUR PT24 (Use nitroglycerin)	9
NESINA (Use alogliptin benzoate)	19	niacin TBCR	100	nitrofurantoin	28
NEUPOGEN SOLN	65	NIACIN TR TBCR	100	nitrofurantoin macrocrystal 50 MG, 100 MG	28
NEUPOGEN SOSY	65	NIASPAN TBCR (Use niacin (antihyperlipidemic))	24	nitrofurantoin monohyd macro	28
NEURONTIN CAPS (Use gabapentin)	13	nicardipine hcl CAPS	42	nitroglycerin CPCR	9
		NICODERM CQ PT24 TD (Use nicotine)	93	nitroglycerin PT24	9
		NICORETTE GUM (Use nicotine polacrilex)	93	nitroglycerin SUBL	9
				NITROSTAT SUBL (Use nitroglycerin)	9
				NITYR TABS	60

NIVA THYROID TABS	94	desipramine hcl)	17	FLEXPEN RELION SUPN	20
NIVESTYM SOLN	65	NORTHERA (Use droxidopa)	99	NOVOLOG MIX 70/30 RELION SUSP	20
NIVESTYM SOSY	65	nortriptyline hcl CAPS	17	NOVOLOG MIX 70/30 SUSP	20
NIX CREME RINSE LIQD EX (Use permethrin)	54	nortriptyline hcl SOLN	17	NOVOLOG PENFILL SOCT	20
NIZORAL SHAM	50	NORVASC TABS (Use amlodipine besylate)	42	NOVOLOG RELION SOLN IJ	20
NORDITROPIN FLEXPRO SOPN	59	NORVIR SOLN	38	NOVOLOG SOLN IJ	20
norelgestromin-ethinyl estradiol ..	44	NORVIR TABS (Use ritonavir)	38	NOVOSEVEN RT	64
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	44	NOSE CLIP MISC	73	NP THYROID 120 TABS	94
norethindrone & eth estradiol	44	NOVA MAX PLUS KETONE TESTSTRIPS	57	NP THYROID 15 TABS	94
norethindrone & ethinyl estradiol-fe 44	44	NOVACHOR	55	NP THYROID 30 TABS	94
norethindrone (contraceptive)	45	NOVAREL IM 5000 UNIT	59	NP THYROID 60 TABS	94
norethindrone acet & eth estra	44	NOVAVAX COVID-19 VACCINE ..	97	NP THYROID 90 TABS	94
norethindrone acetate TABS	91	NOVAVAX COVID-19 VACCINE/2023-24	97	NUBEQA	31
norethindrone acetate-ethinyl estradiol	61	NOVOLIN 70/30 FLEXPEN RELION SUPN	19	NULIBRY	60
norethindrone acetate-ethinyl estradiol-fe	44	NOVOLIN 70/30 FLEXPEN SUPN ..	20	NULOJIX	78
norethindrone-eth estradiol (triphasic)	44	NOVOLIN 70/30 RELION SUSP ..	20	NULYTELY (Use peg 3350- potassium chloride-sod bicarbonate- sod chloride)	67
norgestimate-ethinyl estradiol (triphasic)	44	NOVOLIN 70/30 SUSP	20	NUMOISYN LIQD	80
norgestimate-ethinyl estradiol	44	NOVOLIN N FLEXPEN RELION SUPN	20	NUPLAZID CAPS	36
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	44	NOVOLIN N FLEXPEN SUPN	20	NUPLAZID TABS 10 MG	36
NORPACE CAPS (Use disopyramide phosphate)	10	NOVOLIN N RELION SUSP	20	NUVARING (Use etonogestrel- ethinyl estradiol)	44
NORPACE CR CP12 150 MG	9	NOVOLIN N SUSP	20	NUWIQ KIT	64
NORPRAMIN TABS 10 MG (Use desipramine hcl)	17	NOVOLIN R RELION SOLN IJ	20	NUWIQ SOLR	64
NORPRAMIN TABS 25 MG (Use		NOVOLIN R SOLN IJ	20	nystatin (mouth-throat)	79
		NOVOLOG FLEXPEN RELION SOPN	20	nystatin (topical) CREA	50
		NOVOLOG FLEXPEN SOPN	20	nystatin (topical) OINT	50
		NOVOLOG MIX 70/30 PREFILLED		nystatin (topical) POWD EX	50
				nystatin TABS	22

nystatin-triamcinolone CREA	50	OMBRA COMPRESSOR AIR FILTERS MISC	73	ONETOUCH ULTRA STRP	57
nystatin-triamcinolone OINT	50	omega-3 fatty acids CAPS	85	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	70
NYVEPRIA	65	omega-3 fatty acids CPDR	85	ONETOUCH VERIO REFLECT KIT 70	
OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	55	OMEPRAZOLE	44	ONETOUCH VERIO TEST STRIPS STRP	57
OASIS WOUND MATRIX	55	OMEPRAZOLE 20MG TABLET ..	96		
OBIZUR	64	omeprazole CPDR	96	ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPO SABLE MISC	73
OCALIVA	62	omeprazole magnesium TBEC ...	96	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC .	73
OCTAGAM SOLN 5 GM/50ML	89	OMNICAP TABS	81	ONGLYZA (Use saxagliptin hcl) ..	19
OCTAGAM SOLN	89	ON/GO COVID-19 ANTIGEN SELF- TEST KIT	57	ONPATTRO	93
octreotide acetate SOLN	61	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	57	ONUREG TABS	30
OCUFLOX (Use ofloxacin (ophth)) 86		ONCASPAR	34	OPCON-A (Use naphazoline w/ pheniramine)	87
ODEFSEY	38	ondansetron hcl SOLN OR 4 MG/5ML	21	OPDIVO	30
ODOMZO	31	ondansetron hcl TABS 24 MG	21	OPDUALAG	32
OFEV	94	ondansetron hcl TABS 4 MG, 8 MG 21		OPILL	45
OFF DEEP WOODS AERO	54	ondansetron TBDP	21	ORA-BLEND SF SUSP	90
OFF DEEP WOODS DRY AERO 54		ONE DAILY ESSENTIAL TABS ...	81	ORA-BLEND SUSP	90
OFIRMEV SOLN IV (Use acetaminophen)	5	ONE FLOW TESTER TUBE MOUTHPIECE MISC	73	oral electrolytes SOLN	77
ofloxacin (ophth)	86	ONE VITE DAILY MULTIVITAMIN TABs	81	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP ...	91
ofloxacin (otic)	88	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)	81	ORAL MIX SF SUSP	91
ofloxacin 400 MG	62	ONE-A-DAY MENS TABS (Use multiple vitamin)	81	ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	80
OGIVRI	31	ONETOUCH SOLUTIONS FIT KIT 69		ORAL SUSPEND LIQD	91
olanzapine TABS 15 MG, 20 MG ..	36	ONETOUCH SOLUTIONS RX STARTER KIT KIT	69	ORAL SYRUP FLAVORED VEHICLE SYRP	91
olanzapine TABS 2.5 MG, 5 MG ..	36	ONETOUCH ULTRA 2 KIT	69		
olanzapine TABS 7.5 MG, 10 MG .	36				
olmesartan medoxomil	25				
olmesartan medoxomil-amlodipine- hydrochlorothiazide	26				
olmesartan medoxomil- hydrochlorothiazide	26				

ORAL SYRUP SF SYRP	91	OTEZLA TBPK	4	OXYCONTIN T12A	7
ORAPENN SD ANHYDROUS SWEETENED LIQD	91	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	oyster shell	77
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	91	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	51	OYSTER SHELL CALCIUM/D TABS . 77	
ORA-PLUS LIQD	91	OVACE WASH LIQD (Use sulfacetamide sodium)	51	OZURDEX IMPL	87
ORA-SWEET SF SYRP 10 %-9 %	91	OVIDE (Use malathion)	54	paclitaxel protein-bound particles .	35
ORA-SWEET SYRP 4 %-5 %-54 % 91		OVIDREL INJ	59	PACLITAXEL PROTEIN- BOUNDPARTICLES	35
ORENCIA CLICKJECT SOAJ	5	OXAYDO TABS 5 MG	6	PADCEV	30
ORENCIA SOLR	5	oxazepam CAPS	9	PALYNZIQ	60
ORENCIA SOSY	5	OXBRYTA TABS 500 MG	65	PAMELOR CAPS (Use nortriptyline hcl)	17
ORENITRAM TBCR	42	OXBRYTA TBSO	65	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	59
ORFADIN CAPS (Use nitisinone) .	60	oxcarbazepine SUSP	13	PAMIDRONATE DISODIUM SOLN 59	
ORFADIN SUSP	60	oxcarbazepine TABS	13	PANDA MASK LARGE	73
ORGOVYX	32	OXLUMO	63	PANDA MASK MEDIUM	73
ORKAMBI PACK	93	oxybutynin chloride TABS	96	PANDA MASK SMALL	73
ORKAMBI TABS	94	oxybutynin chloride TB24	96	PANHEMATIN 350 MG	64
ORLADEYO	64	oxycodone hcl CAPS	6	pantoprazole sodium TBEC 20 MG 96	
orphenadrine citrate TB12	83	oxycodone hcl CONC 100 MG/5ML	6	pantoprazole sodium TBEC 40 MG 96	
ORTHOVISC	83	oxycodone hcl SOLN	6	PANZYGA	89
oseltamivir phosphate CAPS 30 MG . 40		oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	6	PARI ALTERA NEBULIZER HANDSET MISC	73
oseltamivir phosphate CAPS 45 MG, 75 MG	40	oxycodone hcl TABS 30 MG	7	PARI BABY CONVERSION KITSIZE 1 MISC	73
oseltamivir phosphate SUSR	40	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	6	PARI BABY CONVERSION KITSIZE 2 MISC	73
OSENI (Use alogliptin-pioglitazone) . 17		oxycodone w/ acetaminophen SOLN 7		PARI BABY CONVERSION KITSIZE 3 MISC	73
OSENI	17	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	PARI ERAPID NEBULIZER	
OSTEOCONDUCTIVE MATRIX PLUS	55				
OTEZLA TABS	4				

HANDSET MISC	73	paroxetine hcl)	16	pediatric multivitamins w/fl CHEW .	81
PARI EXPIRATORY FILTER VALVE SET DEVI	73	PAXLOVID 100 MG-150 MG	39	pediatric multivitamins w/fl SOLN .	81
PARI MASK SET MISC	73	pazopanib hcl	33	PEDIATRIC PANDA MASK	74
PARI SMARTMASK BABY/ELBOW MISC	73	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	82	pediatric vitamins acid w/ fluoride SOLN	82
PARI SOFT PLASTIC ADULT MASK MISC	73	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	82	PEDVAX HIB SUSP	96
PARI SOFT PLASTIC PEDIATRIC MASK MISC	73	PCCA SWEET-SF SYRP	91	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	67
PARI VORTEX ADULT MASK	74	PCCA SYRUP VEHICLE SYRP ...	91	peg 3350-potassium chloride-sod bicarbonate-sod chloride	67
paricalcitol SOLN	60	PCCA-PLUS SUSP	91	PEGASYS SOLN	40
PARLODEL CAPS (Use bromocriptine mesylate)	35	PEAK A-I-R FLOW METER	74	PEG-PREP	67
PARLODEL TABS (Use bromocriptine mesylate)	35	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	74	PEMAZYRE	33
PARNATE (Use tranlycypromine sulfate)	15	ped multivitamins w/fl & iron SOLN 81		PEMETREXED 500 MG/20ML	30
paroxetine hcl SUSP	16	PEDIA-LAX SUPP (Use glycerin (laxative))	67	pemetrexed disodium SOLR 100 MG, 500 MG	30
paroxetine hcl TABS 10 MG	16	PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	77	PEMFEXY	30
paroxetine hcl TABS 20 MG	16	PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	77	PEN NEEDLES 30GX5MM	70
paroxetine hcl TABS 30 MG, 40 MG . 16		PEDIALYTE SINGLES SOLN (Use oral electrolytes)	77	PEN NEEDLES 31G X 8MM	70
paroxetine hcl TB24	16	PEDIALYTE SOLN (Use oral electrolytes)	77	PEN NEEDLES 31GX5MM	70
PARSABIV	60	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..	45	PEN NEEDLES 31GX8MM	70
PARVA-CAL	77	PEDIARIX SUSY	94	PEN NEEDLES 32G X 4MM	70
PAXIL CR TB24 (Use paroxetine hcl)	16	PEDIATRIC DISPOSABLE MOUTPIECE MISC	74	PENBRAYA	96
PAXIL SUSP (Use paroxetine hcl) .	16	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC .	74	penicillamine TABS	78
PAXIL TABS 10 MG (Use paroxetine hcl)	16	PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	81	penicillin v potassium SOLR	90
PAXIL TABS 20 MG (Use paroxetine hcl)	16			penicillin v potassium TABS	90
PAXIL TABS 30 MG, 40 MG (Use				PENTACEL	94
				pentoxifylline	64
				PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	95
				PEPCID AC TABS 10 MG (Use	

famotidine) 95	19VACCINE/ADULT RTU SUSP .. 98	phenytoin sodium SOLN 14
PEPCID AC TABS 20 MG (Use famotidine) 95	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ... 98	phenytoin SUSP 14
PEPCID TABS (Use famotidine) ... 95	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ... 98	PHESGO 32
PEPTO-BISMOL CHEW (Use bismuth subsalicylate) 21	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 98	PHOTOFRIN 34
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate) 20	PFLEX MISC 74	PHOTREXA/PHOTREXA VISCOUS KIT 87
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate) 20	PH 12 STERILE DILUENT FORFLOLAN 91	phytonadione TABS 5 MG 100
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen) 7	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC .. 74	PIFELTRO 38
PERIDEX (Use chlorhexidine gluconate (mouth-throat)) 79	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG 63	PIKO 1 ELECTRONIC 74
PERJETA 31	phenelzine sulfate 15	PILLOW MASK/ADULT MISC 74
permethrin CREA 54	phenobarbital ELIX 66	PILLOW MASK/CHILD MISC 74
permethrin LIQD EX 54	phenobarbital TABS 66	PILLOW MASK/PEDIATRIC MISC 74
perphenazine TABS 37	phenylephrine hcl (mydriatic) SOLN 2.5 % 86	pilocarpine hcl (oral) 5 MG 80
perphenazine-amitriptyline 92	phenylephrine hcl (oral) TABS 84	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 86
PERSERIS PRSY 36	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 47	PILOT COVID-19 AT-HOME TEST KIT 57
PERSONAL BEST FULL RANGE 74	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML 47	pimecrolimus 53
PFIZER-BIONTECH COVID-19VACCINE SUSP 98	phenylephrine-dm SOLN 47	pindolol TABS 41
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP 97	phenylephrine-shark liver oil-cocoa butter 8	pioglitazone hcl 20
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP 97	phenylephrine-shark liver oil-mineral oil-petrolatum 8	pioglitazone hcl-metformin hcl TABS . 17
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP 98	phenytoin CHEW 14	PIP BLOOD GLUCOSE TEST STRIP STRP 57
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP 97	phenytoin sodium extended 100 MG . 14	PIQRAY 200MG DAILY DOSE ... 33
PFIZER-BIONTECH COVID-		PIQRAY 250MG DAILY DOSE ... 33
		PIQRAY 300MG DAILY DOSE ... 33
		pirfenidone CAPS 94
		pirfenidone TABS 94
		piroxicam CAPS 4
		PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) ... 45

PLAQUENIL (Use hydroxychloroquine sulfate)	28	POLY-VI-SOL SOLN OR	82	prasugrel hcl	65
PLAVIX 75 MG (Use clopidogrel bisulfate)	65	POLY-VI-SOL/IRON SOLN	82	pravastatin sodium	24
PLEGRIDY SOPN	93	POLY-VITA SOLN OR	82	prazosin hcl CAPS	25
PLEGRIDY SOSY IM	93	POLY-VITA/IRON SOLN	82	PRECISION XTRA	57
PLEGRIDY STARTER PACK SOPN .	93	POLY-VITE PEDIATRIC SOLN OR	82	PRED FORTE (Use prednisolone	
PLEGRIDY STARTER PACK SOSY		POLY-VITE/IRON SOLN	82	acetate (ophth))	87
SC	93	POMALYST	32	PRED MILD	87
PLENITY	1	PORTRAZZA	31	PRED-G SUSP	87
PLENITY WELCOME KIT	1	pot phosphate monobasic w/ sod		prednisolone acetate (ophth)	87
plerixafor	66	phosphate dibasic & monobasic ..	77	PREDNISOLONE ACETATE P-F	87
PNEUMOVAX 23	97	potassium bicarbonate TBEF	77	PREDNISOLONE SODIUM	
PNEUMOVAX 23/1 DOSE	97	potassium chloride CPCR 10 MEQ	77	PHOSPHATE	87
POCKET PEAK FLOW METER ..	74	77		prednisolone sodium phosphate	
POCKETPEAK PEAK FLOW METER		potassium chloride CPCR 8 MEQ	77	SOLN 20 MG/5ML	45
LOW RANGE	74	potassium chloride		prednisolone sodium phosphate	
POCKETPEAK PEAK FLOW		microencapsulated crystals er	77	SOLN 5 MG/5ML, 6.7 MG/5ML, 15	
METER/UNIVERSAL RANGE 50-720		potassium chloride PACK OR 20	77	MG/5ML	45
LPM	74	MEQ	77	prednisolone SOLN	45
podofilox SOLN	53	potassium chloride SOLN OR 10 %,		prednisolone TABS	45
POLIVY	30	20 %	78	PREDNISONE INTENSOL CONC	45
POLYCOSE LIQD	85	potassium chloride TBCR 8 MEQ, 10		prednisone SOLN	45
POLYCOSE POWD	85	MEQ	78	prednisone TABS	45
polyethylene glycol 3350 POWD ..	67	potassium citrate (alkalinizer) TBCR		prednisone TBPK	45
polymyxin b-trimethoprim	87	10 MEQ, 540 MG, 1080 MG	63	PREFERRED PLUS GLUCOSE ..	18
polysaccharide iron complex CAPS		POTELIGEO	30	PREGNYL IM	59
150 MG	66	PRADAXA CAPS (Use dabigatran		PREGNYL W/DILUENT	
POLYTRIM (Use polymyxin b-		etexilate mesylate)	12	BENZYLALCOHOL/NACL IM	59
trimethoprim)	87	PRADAXA CAPS	12	PREHEVBRIO	98
POLY-VI-FLOR CHEW	82	pralatrexate	30	PREMARIN	99
polyvinyl alcohol 1.4 %	85	PRALUENT SOAJ	24	PREMARIN TABS	61
		pramipexole dihydrochloride TABS		PREMPHASE	61
		35		PREMPRO	61

PRENATAL VITAMINS-MISC82	PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) 28	PROLIA SOSY59
PREVACID 24HR CPDR (Use lansoprazole)96	primaquine phosphate TABS 28	promethazine & phenylephrine SYRP47
PREVACID CPDR 30 MG (Use lansoprazole)96	primidone 13	PROMETHAZINE HCL POWD 44
PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental)) 79	PRIORIX SUSR98	promethazine hcl SOLN OR 6.25 MG/5ML23
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental)) 79	PRISTIQ 100 MG (Use desvenlafaxine succinate) 17	promethazine hcl SUPP 23
PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental)) 79	PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate) 17	promethazine hcl TABS23
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))79	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML 89	promethazine w/codeine SOLN ... 47
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental)) 79	PRIVIGEN SOLN 5 GM/50ML 89	promethazine w/codeine SYRP ... 47
PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental)) 79	PROAIR HFA AERS (Use albuterol sulfate) 11	promethazine-dm SYRP47
PREVNAR 13 97	PROAIR RESPICLICK AEPB11	promethazine-phenylephrine-codeine47
PREVNAR 20 97	probenecid63	PROMETRIUM CAPS 100 MG (Use progesterone)91
PREVYMIS SOLN 39	PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)42	PROMETRIUM CAPS 200 MG (Use progesterone)91
PREVYMIS TABS40	PROCARDIA XL TB24 60 MG (Use nifedipine) 42	PRONEB ULTRA FILTER SET MISC74
PREZCOBIX39	prochlorperazine 37	propafenone hcl TABS10
PREZISTA SUSP39	prochlorperazine maleate TABS ...37	propranolol hcl CP24 41
PREZISTA TABS 150 MG39	PROCRIT65	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML41
PREZISTA TABS 600 MG (Use darunavir) 39	PROCYSBI CPDR 63	propranolol hcl TABS 41
PREZISTA TABS 75 MG 39	PROCYSBI PACK 63	propylthiouracil 94
PREZISTA TABS 800 MG (Use darunavir) 39	PROFILNINE 64	PROQUAD SUSR 98
PRIALT 5	progesterone CAPS 100 MG 91	PROSCAR (Use finasteride)63
PRILOSEC OTC TBEC (Use omeprazole magnesium) 96	progesterone CAPS 200 MG 91	PROTEXT SUSP 0.25 ML, 0.5 ML, 1 ML56
	PROGRAF CAPS (Use tacrolimus) 78	PROTEXT SUSP 2 ML 55
	PROGRAF PACK78	PROTONIX TBEC 20 MG (Use pantoprazole sodium)96
	PROLASTIN-C SOLN93	PROTONIX TBEC 40 MG (Use
	PROLEUKIN34	

pantoprazole sodium)96	METER ADULT 74	QC TRIACTING DAYTIME CHILDRENS SYRP48
PROVENTIL HFA AERS (Use albuterol sulfate) 11	PURE COMFORT PEAK FLOW METER CHILD 74	QINLOCK 33
PROVERA (Use medroxyprogesterone acetate) 92	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM 70	QUADRACEL SUSP94
PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl) 16	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM 70	QUADRACEL SUSY94
PROZAC CAPS 40 MG (Use fluoxetine hcl) 16	PURIXAN SUSP 30	QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day))44
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 47	PX DAYTIME MULTI-SYMPTOM CAPS48	QUESTRAN LIGHT POWD (Use cholestyramine light)23
pseudoephedrine hcl TABS84	PX GLUCOSE18	QUESTRAN PACK (Use cholestyramine)23
pseudoephedrine hcl TB1284	PX NITETIME MULTI-SYMPTOM CAPS48	QUESTRAN POWD (Use cholestyramine)23
pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML .47	pyrantel pamoate SUSP 144 MG/ML 9	quetiapine fumarate TABS 100 MG, 200 MG 36
pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML 48	pyrazinamide29	quetiapine fumarate TABS 25 MG, 50 MG 36
pseudoephedrine-guaifenesin TB12 600 MG-60 MG 48	pyrethrins-piperonyl butoxide LIQD 54	quetiapine fumarate TABS 300 MG, 400 MG 36
pseudoephedrine-ibuprofen TABS 48	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ... 54	QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG-15 UNIT-1 MG-108 MCG 82
psyllium CAPS 0.52 GM 67	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %54	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 MCG82
psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 58.6 %, 100 % 67	PYRIDIDIUM TABS (Use phenazopyridine hcl)63	QUFLORA PEDIATRIC SOLN 82
psyllium POWD 43 %67	pyridostigmine bromide TABS 60 MG28	QUICKVUE AT-HOME COVID-19 TEST KIT 57
PTS PANELS EGLU STRP57	pyridostigmine bromide TBCR28	quinapril hcl 24
PTS PANELS KETONE TEST57	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG 100	quinapril-hydrochlorothiazide 12.5
PULMICORT SUSP (Use budesonide (inhalation)) 10	pyrimethamine28	
PULMOZYME94	PYRUKYND TABS65	
PURAPLY 2CM X 4CM56	PYRUKYND TAPER PACK TBPK .65	
PURAPLY 5CM X 5 CM56	QC CALCIUM 500MG/D3 TABS ..77	
PURAPLY 6CM X 9CM56		
PURE COMFORT PEAK FLOW		

MG-10 MG	26	REBIF REBIDOSE SOAJ	93	mirtazapine)	15
quinapril-hydrochlorothiazide 12.5 MG-20 MG	26	REBIF REBIDOSE TITRATIONPACK SOAJ	93	REMERON TABS 30 MG (Use mirtazapine)	15
quinapril-hydrochlorothiazide 25 MG- 20 MG	26	REBIF SOSY	93	REMICADE	62
quinidine gluconate TBCR	10	REBIF TITRATION PACK SOSY ..	93	REMIFEMIN MENOPAUSE RELIEF TABS	2
quinidine sulfate TABS	10	REBINYN	64	RENFLEXIS	62
QUINTABS TABS	81	RECLAST SOLN (Use zoledronic acid)	59	REPATHA PUSHTRONEX SYSTEM SOCT	24
QVAR REDIHALER 40 MCG/ACT .	10	RECOMBINATE SOLR	64	REPATHA SOSY	24
QVAR REDIHALER 80 MCG/ACT .	10	RECOMBIVAX HB SUSP	98	REPATHA SURECLICK SOAJ	24
RA ARTHRITIS PAIN RELIEF CREA 54		RECOMBIVAX HB SUSY	98	REPEL SPORTSMEN MAX LOTN 54	
RA DRY MOUTH SOLN	80	RECORLEV	58	REPLACEMENT AIR FILTER MISC . 74	
RA GLUCOSE	18	REDITREX SOSY	3	REPLACEMENT FILTERS MISC .	74
RABAVERT	98	REGLAN TABS (Use metoclopramide hcl)	62	RESTORIL 15 MG, 30 MG (Use temazepam)	67
RADICAVA ORS STARTER KIT SUSP	84	RELENZA DISKHALER	40	RETACRIT	65
RADICAVA ORS SUSP	84	RELEUKO SOLN	65	RETEVMO	33
RADICAVA SOLN	84	RELEUKO SOSY	65	RETHYMIC	78
raloxifene hcl	59	RELEXXII TBCR 18 MG, 27 MG, 54 MG	2	RETIN-A CREA (Use tretinoin)	49
ramipril CAPS	25	RELEXXII TBCR 36 MG	2	RETIN-A GEL 0.01 % (Use tretinoin) 49	
RAPAMUNE SOLN (Use sirolimus) 78		RELION GLUCOSE	18	RETIN-A GEL 0.025 % (Use tretinoin)	49
RAPAMUNE TABS (Use sirolimus) 78		RELION KETONE TEST STRIPS STRP	57	RETISERT	87
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	57	RELPAK (Use eletriptan hydrobromide)	76	RETROVIR CAPS (Use zidovudine) . 39	
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	15	RETROVIR SYRP (Use zidovudine) . 39	
RAZADYNE ER CP24 (Use galantamine hydrobromide)	92	REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	74
		REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL	
		REMERON TABS 15 MG (Use			

MASK/MEDIUM/AEROECLIPSE MISC	74	RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP ..	57	ROBINUL FORTE TABS (Use glycopyrrolate)	95
REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	74	RILUTEK TABS (Use riluzole)	84	ROBINUL TABS (Use glycopyrrolate)	95
REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) ..	43	riluzole TABS	84	ROCALTROL CAPS (Use calcitriol) 60	
REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) ..	43	RINVOQ 30 MG, 45 MG	3	roflumilast	10
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) ..	43	risedronate sodium TABS 35 MG ..	59	ROMIDEPSIN SOLN	33
REVCOSI	60	risedronate sodium TABS 5 MG, 30 MG	59	romidepsin SOLR	33
REVLIMID	78	risedronate sodium TBEC	59	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	35
REYATAZ CAPS 200 MG (Use atazanavir sulfate)	39	RISPERDAL CONSTA (Use risperidone microspheres)	36	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	35
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	39	RISPERDAL SOLN (Use risperidone)	36	rosuvastatin calcium TABS	24
REYATAZ PACK	39	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 36		ROTARIX SUSP	98
REZUROCK	78	risperidone microspheres	36	ROTARIX SUSR	98
RHOGAM ULTRA-FILTERED PLUS SOSY IM	89	risperidone SOLN	36	ROTATEQ SOLN	98
RHOPHYLAC SOSY IJ	89	risperidone TABS	36	ROUGH REDROOT PIGWEED POLLEN EXTRACT	2
RIABNI	30	risperidone TDBP	36	ROXICODONE TABS 30 MG (Use oxycodone hcl)	7
RIASTAP	64	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	2	ROXICODONE TABS 5 MG, 15 MG (Use oxycodone hcl)	7
ribavirin (hepatitis c) CAPS	40	RITALIN TABS 5 MG (Use methylphenidate hcl)	2	ROZLYTREK CAPS	33
ribavirin (hepatitis c) TABS 200 MG 40		ritonavir TABS	39	RUBRACA	33
riboflavin TABS	100	RITUXAN	30	RUCONEST	64
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	54	RITUXAN HYCELA	32	rufinamide SUSP	13
rifabutin	29	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	92	rufinamide TABS	13
rifampin CAPS	29	rivastigmine tartrate CAPS	92	RUKOBIA	39
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP ..	57	RIXUBIS SOLR	64	RUXIENCE	30
		rizatriptan benzoate TABS	76	RYDAPT	33
		rizatriptan benzoate TDBP	76	RYLAZE	34
				RYPLAZIM	65

SABRIL PACK (Use vigabatrin) ... 14	saxagliptin-metformin hcl17	sennosides TABS 8.6 MG 68
SABRIL TABS (Use vigabatrin)14	SCEMBLIX 33	sennosides-docusate sodium TABS 67
SAIZEN IJ59	SCHOOLTIME SHAMPOO SHAM 54	SENOKOT S TABS (Use sennosides-docusate sodium)67
SAIZENPREP RECONSTITUTIONKIT IJ59	SCOT-TUSSIN DM LIQD48	SENOKOT TABS (Use sennosides) 68
SALAGEN 5 MG (Use pilocarpine hcl (oral))80	SCOT-TUSSIN SENIOR LIQD 48	SENSIPAR (Use cinacalcet hcl) .. 60
salicylic acid GEL 6 % 53	SEASONIQUE (Use levonorgestrel- ethinyl estradiol (91-day))44	SEREVENT DISKUS11
SALINE NASAL SPRAY 0.65% ..83	SEGLUROMET17	SEROQUEL TABS 100 MG, 200 MG (Use quetiapine fumarate)36
salsalate 6	selegiline hcl CAPS35	SEROQUEL TABS 25 MG, 50 MG (Use quetiapine fumarate)36
SAMI THE SEAL REPLACEMENTFILTERS MISC .. 74	selegiline hcl TABS 35	SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)36
SAMSCA TABS (Use tolvaptan) ...61	selenium sulfide LOTN 1 %51	SEROSTIM SC 4 MG, 5 MG, 6 MG 59
SANDIMMUNE CAPS (Use cyclosporine)78	selenium sulfide LOTN 2.5 %51	sertraline hcl CONC16
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)79	selenium sulfide SHAM 1 % 51	sertraline hcl TABS 100 MG 16
SANDIMMUNE SOLN OR79	SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (Use selenium sulfide)51	sertraline hcl TABS 25 MG, 50 MG 16
SANDOSTATIN LAR DEPOT KIT .61	SELSUN BLUE DAILY LOTN (Use selenium sulfide)51	SEVENFACT64
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)61	SELSUN BLUE LOTN (Use selenium sulfide) 51	SFROWASA ENEM62
SAPHNELO79	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)51	SHINGRIX98
sapropterin dihydrochloride PACK .60	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)51	SIDESTREAM ADULT FACE MASK MISC 74
sapropterin dihydrochloride TABS .60	SELZENTRY SOLN39	SIDESTREAM PEDIATRIC FACEMASK MISC 74
SARNA LOTN (Use camphor & menthol)50	SELZENTRY TABS 150 MG (Use maraviroc)39	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 74
SAVELLA TABS 92	SELZENTRY TABS 25 MG, 75 MG 39	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC 74
SAVELLA TITRATION PACK MISC 92	SELZENTRY TABS 300 MG (Use maraviroc)39	SIDESTREAM PLUS ADULT FACE
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN ..54	SEMGLEE SOLN20	
saxagliptin hcl 19	SEMGLEE SOPN20	

MASK MISC	74	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa)	35	sodium fluoride (dental) PSTE DT ..	79
SIGNIFOR	61	SINGULAIR CHEW (Use montelukast sodium)	10	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	77
SIGNIFOR LAR	61	SINGULAIR PACK (Use montelukast sodium)	10	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	77
SIKLOS TABS	65	SINGULAIR TABS (Use montelukast sodium)	10	SODIUM OXYBATE SOLN	92
sildenafil citrate (pulmonary hypertension) SOLN	43	sirolimus SOLN	79	sodium phenylbutyrate POWD	60
sildenafil citrate (pulmonary hypertension) SUSR	43	sirolimus TABS	79	sodium phenylbutyrate TABS	60
sildenafil citrate (pulmonary hypertension) TABS	43	SIVEXTRO TABS	28	sodium phosphates ENEM	68
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	75	SKYRIZI PEN SOAJ	51	sodium polystyrene sulfonate POWD 79	
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	75	SKYRIZI PSKT	51	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	79
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	75	SKYRIZI SOSY	51	SOFOSBUVIR/VELPATASVIR TABS	40
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	75	SKYTROFA	59	SOF-SENSOR	70
SILIQ	51	SLO-NIACIN TBCR (Use niacin) ..	100	SOLESTA	78
SILVADENE (Use silver sulfadiazine)	51	SM GLUCOSE	18	SOLQUA 100/33	17
silver sulfadiazine	51	SM GLUCOSE CHEW	18	SOMAVERT	59
simethicone CHEW 80 MG	62	SM IPECAC SYRUP	21	SOOTHENEB NBL 100 CHILD MASK MISC	75
simethicone LIQD OR 20 MG/0.3ML . 62		SMART SENSE GLUCOSE	18	SOOTHENEB NBL 100 MEDICATION CUP MISC	75
simethicone SUSP	62	SOAANZ TABS 20 MG	58	SOOTHENEB NBL 100 MESH CAP MISC	75
SIMPLYTHICK	90	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	8	SOOTHENEB NBL100 ADULT MASK MISC	75
SIMPLYTHICK EASY MIX	90	sodium chloride (gu irrigant) 0.9 %	63	sorafenib tosylate	33
SIMPLYTHICK EASYMIX	90	sodium chloride (inhalant) AERS ..	48	SORBITOL OR 70 %	67
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	24	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	48	SORREL/DOCK MIX EXTRACT IJ .	2
		sodium citrate & citric acid	63	SOSWEET SYRP	91
		sodium fluoride (dental) CREA	79	sotalol hcl (afib/afll)	41
		sodium fluoride (dental) GEL	79	sotalol hcl TABS 240 MG	41

sotalol hcl TABS 80 MG, 120 MG, 160 MG	41	STEGLATRO	20	sulfacetamide sodium (ophth) OINT 87
SOVALDI TABS	40	STELARA 130 MG/26ML	62	sulfacetamide sodium (ophth) SOLN . 87
SOVUNA 200 MG	28	STELARA SOSY	51	sulfacetamide sodium LIQD
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	75	STERILE DILUENT FOR REMODULIN (Use glycine diluent) 91		51
SPACER/AEROSOL-HOLDING CHAMBERS	75	STIMATE SOLN NA	61	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %
SPACERS AND BREATHING CHAMBERS-MISC	75	STIVARGA	33	49
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	57	STRATTERA (Use atomoxetine hcl) 1		sulfacetamide sodium w/ sulfur SUSP 10 %-5 %
SPIKEVAX COVID-19 VACCINE SUSP	98	STRENSIQ	60	49
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	98	STRIBILD	39	sulfacetamide sod-prednisolone SOLN
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	98	STRIVE DUAL ZONE PEAK FLOW METER	75	88
spinosad	55	SUBLOCADE SOSY	8	sulfamethoxazole-trimethoprim SUSP
SPINRAZA	84	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	27
SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .	10	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sulfamethoxazole-trimethoprim TABS
spironolactone & hydrochlorothiazide	58	sucralfate SUSP	95	27
spironolactone TABS	58	sucralfate TABS	95	sulfasalazine TABS
SPORANOX CAPS (Use itraconazole)	22	SUDAFED CHILDRENS LIQD	84	62
SPORANOX PULSEPAK CAPS (Use itraconazole)	22	SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	84	62
SPRAVATO 56MG DOSE	15	SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	84	sulfasalazine TBEC
SPRAVATO 84MG DOSE	15	SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	84	4
SPRYCEL	33	SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl) .	84	sulindac TABS
STAMARIL SUSR	98	sulfacetamide sodium (acne)	49	4
stavudine CAPS	39			sumatriptan
				76
				sumatriptan succinate SOAJ 6 MG/0.5ML
				76
				sumatriptan succinate SOCT 6 MG/0.5ML
				76
				sumatriptan succinate SOLN 6 MG/0.5ML
				76
				sumatriptan succinate TABS
				76
				sunitinib malate
				33
				SUPARTZ FX SOSY
				83
				SUPER BI-MIX SOLR
				42
				SUPER TRI-MIX SOLR
				42
				SUPPRELIN LA
				60
				SUPRAX CAPS (Use cefixime) ...
				44
				SURE COMFORT PEN NEEDLES31GX3/16" (5MM)
				71

SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	71	SYNTHROID TABS (Use levothyroxine sodium)	94	oseltamivir phosphate)	40
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	71	SYNVISC ONE SOSY	83	TAMIFLU SUSR (Use oseltamivir phosphate)	40
SUSPENDIT ANHYDROUS SUSP 91		SYNVISC SOSY	83	tamoxifen citrate TABS	32
SUSPENDRX WITH BITTER- BLOC/SWEETENED SUSP	91	SYPRINE (Use trientine hcl)	78	tamsulosin hcl	63
SUSPENDRX WITH BITTER- BLOC/UNSWEETENED SUSP	91	SYRPALTA SYRP 83 %	91	TARCEVA (Use erlotinib hcl)	31
SUSPENSION VEHICLE SUSP	91	SYRSPEND SF LIQD	91	TARGRETIN (Use bexarotene (topical))	50
SUSTIVA CAPS 200 MG (Use efavirenz)	39	SYRUP VEHICLE SF SYRP	91	TARGRETIN (Use bexarotene) ...	34
SUSTIVA CAPS 50 MG (Use efavirenz)	39	SYRUP VEHICLE SYRP	91	TARPEYO CPDR	45
SUSTIVA TABS (Use efavirenz) ...	39	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS ...	80	TASIGNA	33
SUSVIMO OCULAR IMPLANT ...	70	TABLOID	30	TAVNEOS	64
SUSVIMO SOLN	86	TABRECTA	33	tazarotene CREA	51
SUTENT (Use sunitinib malate) ...	33	tacrolimus (topical) OINT 0.03 % ...	53	tazarotene GEL	51
SYLVANT	79	tacrolimus (topical) OINT 0.1 % ...	53	TAZORAC CREA (Use tazarotene) 51	
SYMBICORT (Use budesonide- formoterol fumarate dihydrate)	11	tacrolimus CAPS	79	TAZORAC CREA	51
SYMDEKO	94	tadalafil (pulmonary hypertension) TABS	43	TAZORAC GEL (Use tazarotene) .	51
SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	39	TAFINLAR CAPS	33	TAZVERIK	33
SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	39	TAGAMET HB 200 TABS (Use cimetidine)	95	TDVAX SUSP	94
SYMLINPEN 120 SOPN	17	TAGAMET HB TABS (Use cimetidine)	95	TECARTUS	31
SYMLINPEN 60 SOPN	17	TAGRISO	31	TECENTRIQ	30
SYNAGIS SOLN	89	TAKHZYRO SOLN	64	TECFIDERA CPDR (Use dimethyl fumarate)	93
SYNAREL	60	TAKHZYRO SOSY	65	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	93
SYNOJOYNT SOSY	83	TALTZ SOAJ	51	TECHLITE PLUS PEN NEEDLES 32G X 4MM	71
SYNRIBO	34	TALTZ SOSY	51	TEGLUTIK SUSP	84
		TALZENNA	33	TEGRETOL SUSP (Use carbamazepine)	13
		TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	40	TEGRETOL TABS (Use carbamazepine)	13
		TAMIFLU CAPS 45 MG, 75 MG (Use			

TEGRETOL-XR TB12 (Use carbamazepine)	13	terconazole vaginal SUPP	99	thioridazine hcl	37			
TEGSEDI	93	teriflunomide	93	thiotepa	29			
telmisartan	25	teriparatide (recombinant) SOPN ..	59	thiothixene	37			
telmisartan-amlodipine	26	TERIPARATIDE SOPN	59	THRESHOLD IMT MISC	75			
telmisartan-hydrochlorothiazide ..	26	TESTOPEL PLLT	8	THROMBATE III	65			
temazepam 15 MG, 30 MG	67	testosterone cypionate SOLN IM 100	MG/ML	8	THYMOGLOBULIN	79		
TEMODAR CAPS 100 MG, 140 MG, 180	MG, 250 MG (Use	testosterone cypionate SOLN IM 200	MG/ML	8	THYROGEN 0.9 MG	56		
temozolomide)	29	testosterone enanthate SOLN IM ...	8	THYROID TABS 15 MG, 30 MG, 60	MG, 90 MG, 120 MG	94		
TEMODAR SOLR	29	TETANUS/DIPHTHERIA TOXOIDS-	ADSORBED ADULT SUSP	95	tiagabine hcl	14		
TEMOVATE CREA (Use clobetasol	propionate)	52	tetrabenazine	92	TIAZAC 120 MG, 180 MG, 300 MG,	360 MG, 420 MG (Use diltiazem hcl	extended release beads)	42
TEMOVATE OINT (Use clobetasol	propionate)	52	tetracaine hcl (ophth)	87	TIAZAC 240 MG (Use diltiazem hcl	extended release beads)	42	
temozolomide CAPS	29	tetracycline hcl CAPS 500 MG	94	TIBSOVO	33			
TEMPO WELCOME KIT	70	tetrahydrozoline hcl (ophth) 0.05 %	87	TICOVAC	98			
temsirolimus	33	TEZSPIRE SOSY	10	TIGLUTIK SUSP	84			
TENIVAC INJ	94	TGT GLUCOSE	18	TIKOSYN (Use dofetilide)	10			
tenofovir disoproxil fumarate TABS	39	THALOMID	78	timolol maleate (ophth) SOLN	85			
TENORETIC 100 (Use atenolol &	chlorthalidone)	26	THEO-24 CP24	11	timolol maleate TABS	41		
TENORETIC 50 (Use atenolol &	chlorthalidone)	26	theophylline ELIX	11	TIMOPTIC OCUDOSE SOLN (Use	timolol maleate (ophth))	85	
TENORMIN TABS (Use atenolol) .	41	theophylline SOLN	11	TIMOPTIC SOLN (Use timolol	maleate (ophth))	85		
TEPADINA (Use thiotepa)	29	theophylline TB12	11	TINACTIN CREA (Use tolnaftate) .	50			
TEPEZZA	59	theophylline TB24	11	tioconazole vaginal 6.5 %	99			
terazosin hcl	25	THERA TABS	81	tiopronin TABS	63			
terbinafine hcl (topical) CREA	50	THEREMS MULTIVITAMIN TABS .	81	tiopronin TBEC	63			
terbinafine hcl TABS	22	thiamine hcl TABS	100	tiotropium bromide monohydrate	CAPS	10		
terbutaline sulfate TABS	11	thiamine mononitrate TABS 100 MG .	100	TIVDAK	30			
terconazole vaginal CREA	99	THIOLA EC TBEC (Use tiopronin) .	63					
		THIOLA TABS (Use tiopronin)	63					

TIVICAY TABS 50 MG	39	TOPICORT CREA 0.25 % (Use desoximetasone)	52	tranexamic acid TABS	66
TIVORBEX CAPS (Use indomethacin)	4	TOPICORT GEL (Use desoximetasone)	52	TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	9
tizanidine hcl TABS	83	TOPICORT OINT 0.25 % (Use desoximetasone)	52	tranylcypromine sulfate	15
TM-DAILY VITE TABS	81	topiramate CPSP 15 MG	13	TRAZIMERA	31
TOBI NEBU (Use tobramycin)	2	topiramate CPSP 25 MG	13	trazodone hcl TABS 300 MG	16
TOBI PODHALER CAPS	2	topiramate TABS 100 MG	13	trazodone hcl TABS 50 MG, 100 MG, 150 MG	16
TOBRADEX OINT	88	topiramate TABS 200 MG	13	TREANDA SOLR (Use bendamustine hcl)	29
TOBRADEX SUSP (Use tobramycin-dexamethasone)	88	topiramate TABS 25 MG, 50 MG ..	13	TRECATOR	29
tobramycin (ophth) SOLN	87	TOPOTECAN HCL SOLN (Use topotecan hcl)	35	TRELSTAR MIXJECT	32
tobramycin NEBU	3	topotecan hcl SOLN	35	TREMFYA SOPN	51
tobramycin sulfate SOLN IJ	3	TOPOTECAN HCL SOLN	35	TREMFYA SOSY	51
tobramycin sulfate SOLR	3	topotecan hcl SOLR	35	TRESIBA FLEXTOUCH SOPN	20
tobramycin-dexamethasone SUSP 88		TOPROL XL TB24 200 MG (Use metoprolol succinate)	41	TRESIBA SOLN	20
TOBREX OINT	87	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 41		tretinoin (chemotherapy)	34
tolnaftate CREA	50	tothemifene citrate	32	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	49
tolterodine tartrate CP24	96	TORISEL (Use temsirolimus)	33	tretinoin GEL 0.01 %	49
tolterodine tartrate TABS	96	torsemide TABS	58	tretinoin GEL 0.025 %	49
tolvaptan TABS	61	TOTECT	34	TRETTEN	64
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	13	TRACLEER TABS (Use bosentan) 43		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	30
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	13	TRACLEER TBSO	43	triamcinolone acetonide (mouth) ..	79
TOPAMAX TABS 100 MG (Use topiramate)	13	tramadol hcl TABS 50 MG	7	triamcinolone acetonide (nasal) AERO	84
TOPAMAX TABS 200 MG (Use topiramate)	13	tramadol-acetaminophen	7	triamcinolone acetonide (topical) CREA	53
TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	13	trandolapril 1 MG, 2 MG	25	triamcinolone acetonide (topical) LOTN	53
TOPICORT CREA 0.05 % (Use desoximetasone)	52	trandolapril 4 MG	25	triamcinolone acetonide (topical) OINT 0.025 %	53
		trandolapril-verapamil hcl	26		

triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %	53	TRIUMEQ TABS	39	TWINRIX SUSY	98
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	48	TRIVISC SOSY	83	TYBLUME CHEW	44
TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr)	46	TRIZIVIR	39	TYBOST	39
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	58	TROGARZO	39	TYKERB (Use lapatinib ditosylate)	33
triamterene & hydrochlorothiazide TABS	58	tropicamide SOLN	86	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	5
triazolam	67	trospium chloride TABS	96	TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	5
TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	27	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	71	TYLENOL CHILDRENS SUSP (Use acetaminophen)	5
TRIDESILON CREA 0.05 % (Use desonide)	53	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	71	TYLENOL CHILDRENS SUSP (Use acetaminophen)	5
trientine hcl 250 MG	78	TRUE MULTIVITAMIN TABS	81	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	5
trientine hcl 500 MG	78	TRUELYTE SOLN	77	TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	5
TRIESENCE	88	TRUEPLUS GLUCOSE CHEW	19	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	5
trifluoperazine hcl TABS	37	TRUEPLUS GLUCOSE ON THE GO CHEW	18	TYLENOL TABS (Use acetaminophen)	5
trifluridine	87	TRULICITY	19	TYMLOS	59
trihexyphenidyl hcl TABS	35	TRUMENBA	97	TYPHIM VI SOLN	97
TRIKAFTA TBPK	94	TRUSOPT (Use dorzolamide hcl)	88	TYPHIM VI SOSY	97
TRILEPTAL SUSP (Use oxcarbazepine)	13	TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	39	TYVASO REFILL SOLN IN	42
TRILEPTAL TABS (Use oxcarbazepine)	13	TRUXIMA	30	TYVASO SOLN IN	42
TRILURON SOSY	83	TRUZONE PEAK FLOW METER	75	TYVASO STARTER SOLN IN	42
trimethoprim TABS	27	TUBING/WING TIP MISC	75	ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	75
TRI-MIX SOLR	42	TUDORZA PRESSAIR	10	ULTRACET (Use tramadol- acetaminophen)	7
TRINTELLIX	16	TUKYSA	31	ULTRAM TABS (Use tramadol hcl)	7
TRIPTODUR	60	TUMS CHEW (Use calcium carbonate (antacid))	8	ULTRATHON INSECT REPELLENT 8 AERO	54
TRISENOX (Use arsenic trioxide)	34	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid))	8		
		TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid))	8		
		TURALIO	33		

ULTRATHON INSECT REPELLENT LOTN	54	VALCHLOR	50	SOLR IV 1 GM	27
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	71	VALCYTE TABS (Use valganciclovir hcl)	40	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	27
UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	71	valganciclovir hcl TABS	40	VANDAIZOLE	99
UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	66	VALIUM TABS (Use diazepam)	9	VAQTA	98
UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	66	valproate sodium SOLN OR 250 MG/5ML	14	varenicline tartrate TABS	93
UNISPEND ANHYDROUS SWEETENED SUSP	91	valproic acid CAPS	14	varenicline tartrate TBPK	93
UNISPEND ANHYDROUS UNSWEETENED SUSP	91	valrubicin	32	VARIVAX INJ	98
UNITUXIN	30	valsartan TABS	25	VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	27
UP & UP GLUCOSE	19	valsartan-hydrochlorothiazide	27	VASOTEC TABS (Use enalapril maleate)	25
UPTRAVI SOLR	43	VALSTAR (Use valrubicin)	32	VAXCHORA	97
UPTRAVI TABS	43	VALTOCO 10 MG DOSE LIQD	12	VAXELIS SUSP	95
UPTRAVI TITRATION PACK TBPK 43		VALTOCO 15 MG DOSE LQPK	12	VAXELIS SUSY	95
urea CREA 40 %	53	VALTOCO 20 MG DOSE LQPK	12	VAXNEUVANCE	97
urea LOTN 40 %	53	VALTOCO 5 MG DOSE LIQD	12	VECAMYL	27
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	63	VALTrex 1 GM (Use valacyclovir hcl)	40	VECTIBIX 100 MG/5ML, 400 MG/20ML	31
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	63	VALTrex 500 MG (Use valacyclovir hcl)	40	VELCADE SOLR IJ (Use bortezomib)	33
URSO 250 TABS (Use ursodiol)	62	VALUE PLUS GLUCOSE	19	VELETRI (Use epoprostenol sodium)	43
ursodiol CAPS	62	VANCOCIN CAPS 125 MG (Use vancomycin hcl)	27	VEMLIDY	40
ursodiol TABS 250 MG	62	VANCOCIN CAPS 250 MG (Use vancomycin hcl)	27	VENCLEXTA STARTING PACK TBPK	31
VABYSMO	86	vancomycin hcl CAPS 125 MG	27	VENCLEXTA TABS	31
VAGIFEM TABS (Use estradiol vaginal)	99	vancomycin hcl CAPS 250 MG	27	venlafaxine hcl CP24 150 MG	17
valacyclovir hcl 1 GM, 1000 MG	40	vancomycin hcl SOLR IV 1 GM, 1000 MG	27	venlafaxine hcl CP24 37.5 MG	17
valacyclovir hcl 500 MG	40	vancomycin hcl SOLR IV 500 MG	27	venlafaxine hcl CP24 75 MG	17
		vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	27	venlafaxine hcl TABS	17
		VANCOMYCIN HYDROCHLORIDE		venlafaxine hcl TB24 150 MG	17

venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	17	VERSAFREE SYRP	91	vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT	100
VENTAVIS	43	VERSAPLUS SYRP	91	VITAMIN E CAPS 200 UNIT	100
VENTOLIN HFA AERS (Use albuterol sulfate)	11	VERZENIO	33	vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT ..	100
verapamil hcl CP24 100 MG, 200 MG	42	VIBRAMYCIN CAPS (Use doxycycline hyclate)	94	VITAMIN E CHEW	100
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ...	42	VIDAZA SUSR (Use azacitidine) ..	30	vitamins w/ lipotropics CAPS	82
verapamil hcl TABS	42	vigabatrin PACK	14	VITAZYME TABS	81
verapamil hcl TBCR	42	vigabatrin TABS	14	VITRAKVI CAPS	33
VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	42	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	87	VITRAKVI SOLN	34
VERELAN CP24 (Use verapamil hcl) 42		VIIBRYD TABS (Use vilazodone hcl) 16		VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..	57
VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	42	VIJOICE	79	VIVELLE-DOT PTTW (Use estradiol) 61	
VERELAN PM CP24 300 MG (Use verapamil hcl)	42	vilazodone hcl TABS	16	VIVIMUSTA SOLN	29
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	71	VILTEPSO	84	VIVITROL	21
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	71	VIMIZIM	60	VIVOTIF	97
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	71	vincristine sulfate	35	VIZIMPRO	31
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	71	VIRACEPT TABS 250 MG	39	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) .	50
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	71	VIRACEPT TABS 625 MG	39	VONJO	34
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	71	VIREAD POWD	39	VONVENDI	64
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	71	VIREAD TABS (Use tenofovir disoproxil fumarate)	39	VOQUEZNA	96
VERIFINE PLUS PEN NEEDLE/32G X 4MM	71	VIREAD TABS 150 MG, 200 MG, 250 MG	39	VORAXAZE	34
		VISCO-3 SOSY	83	VOTRIENT (Use pazopanib hcl) ..	34
		VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	87	VOTRIENT	34
		VISTARIL CAPS (Use hydroxyzine pamoate)	9	VOXZOGO	60
		VISTOGARD	21	VYNDAMAX	43
		VISUDYNE	87	VYNDAQEL	43
		VITAMIN D3 LIQD OR 5000 UNIT/ML	100	VYONDYS 53	84

VYTORIN (Use ezetimibe-simvastatin)	23	XELJANZ TABS	3	ethinyl estradiol)	44
VYVANSE CAPS	1	XELJANZ XR TB24	3	YAZ (Use drospirenone-ethinyl estradiol)	44
VYVGART	78	XELODA (Use capecitabine)	30	YERVOY	30
VYXEOS	32	XEMBIFY	89	YF-VAX INJ	98
WAKIX	1	XENAZINE (Use tetrabenazine) ..	92	YONDELIS	29
WALGREENS GLUCOSE	19	XENLETA TABS	28	YONSA	32
WALGREENS GLUCOSE CHEW ..	19	XERMELO	63	YUSIMRY	3
WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD	48	XEROSTOMIA RELIEF SPRAY SOLN	80	YUTIQ	88
warfarin sodium TABS	11	XGEVA SOLN	59	ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	88
WELIREG	32	XIAFLEX	78	zaleplon 10 MG	67
WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)	15	XIPERE	88	zaleplon 5 MG	67
WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)	15	XOLAIR SOLR	10	ZALTRAP	30
WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	15	XOLAIR SOSY	10	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	83
WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)	15	XOPENEX HFA (Use levalbuterol tartrate)	11	ZARONTIN CAPS (Use ethosuximide)	14
WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	15	XOSPATA	34	ZARONTIN SOLN (Use ethosuximide)	14
white petrolatum-mineral oil	85	XPOVIO	32	ZARXIO	65
WILATE KIT	64	XPOVIO 60 MG TWICE WEEKLY ..	32	ZAVESCA (Use miglustat)	65
WINDMILL TRAINER MISC	75	XPOVIO 80 MG TWICE WEEKLY ..	32	ZEJULA CAPS	34
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ..	89	XTANDI CAPS	32	ZELBORAF	34
XALATAN SOLN (Use latanoprost) ..	88	XTANDI TABS	32	ZEMAIRA SOLR 1000 MG	93
XALKORI CAPS	34	XURIDEN	60	ZEMAIRA SOLR 4000 MG	93
XANAX TABS (Use alprazolam)	9	XYNTHA	64	ZEMPLAR SOLN (Use paricalcitol) ..	60
XELJANZ SOLN	3	XYNTHA SOLOFUSE	64	ZEPZELCA	29
		XYREM SOLN	92	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	27
		XYWAV	92	ZESTORETIC 25 MG-20 MG (Use	
		XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride) ..	23		
		YASMIN 28 (Use drospirenone-			

lisinopril & hydrochlorothiazide) ... 27	azithromycin) 68	ZOLGENSMA 20.1-20.5 KG 85
ZESTRIL TABS 2.5 MG (Use lisinopril) 25	ZITHROMAX Z-PAK TABS (Use azithromycin) 68	ZOLGENSMA 20.6-21.0 KG 85
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril) 25	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin) 24	ZOLGENSMA 3.1-3.5 KG 85
ZETIA (Use ezetimibe) 24	ZOKINVY 79	ZOLGENSMA 3.6-4.0 KG 85
ZEVALIN Y-90 30	ZOLADEX 32	ZOLGENSMA 4.1-4.5 KG 85
ZIAC (Use bisoprolol & hydrochlorothiazide) 27	zoledronic acid CONC 59	ZOLGENSMA 4.6-5.0 KG 85
ZIAGEN SOLN (Use abacavir sulfate) 39	zoledronic acid SOLN 59	ZOLGENSMA 5.1-5.5 KG 85
ZIAGEN TABS (Use abacavir sulfate) 39	ZOLEDRONIC ACID SOLN 59	ZOLGENSMA 5.6-6.0 KG 85
zidovudine CAPS 39	ZOLGENSMA 10.1-10.5 KG 84	ZOLGENSMA 6.1-6.5 KG 85
zidovudine SYRP 39	ZOLGENSMA 10.6-11.0 KG 84	ZOLGENSMA 6.6-7.0 KG 85
zidovudine TABS 39	ZOLGENSMA 11.1-11.5 KG 84	ZOLGENSMA 7.1-7.5 KG 85
ZILRETTA SRER 45	ZOLGENSMA 11.6-12.0 KG 84	ZOLGENSMA 7.6-8.0 KG 85
zinc oxide (topical) OINT 20 % 54	ZOLGENSMA 12.1-12.5 KG 84	ZOLGENSMA 8.1-8.5 KG 85
zinc sulfate CAPS 78	ZOLGENSMA 12.6-13.0 KG 84	ZOLGENSMA 8.6-9.0 KG 85
ZINPLAVA 89	ZOLGENSMA 13.1-13.5 KG 84	ZOLGENSMA 9.1-9.5 KG 85
ziprasidone hcl 36	ZOLGENSMA 13.6-14.0 KG 84	ZOLGENSMA 9.6-10.0 KG 85
ZIRABEV 30	ZOLGENSMA 14.1-14.5 KG 84	ZOLINZA 34
ZITHROMAX PACK (Use azithromycin) 68	ZOLGENSMA 14.6-15.0 KG 84	zolmitriptan SOLN 5 MG 76
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin) 68	ZOLGENSMA 15.1-15.5 KG 84	zolmitriptan TABS 76
ZITHROMAX SUSR 200 MG/5ML (Use azithromycin) 68	ZOLGENSMA 15.6-16.0 KG 85	zolmitriptan TBDP 76
ZITHROMAX TABS 250 MG (Use azithromycin) 68	ZOLGENSMA 16.1-16.5 KG 85	ZOLOFT CONC (Use sertraline hcl) 16
ZITHROMAX TABS 500 MG (Use azithromycin) 68	ZOLGENSMA 16.6-17.0 KG 85	ZOLOFT TABS 100 MG (Use sertraline hcl) 16
ZITHROMAX TRI-PAK TABS (Use	ZOLGENSMA 17.1-17.5 KG 85	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl) 16
azithromycin) 68	ZOLGENSMA 17.6-18.0 KG 85	zolpidem tartrate TABS 67
	ZOLGENSMA 18.1-18.5 KG 85	ZOMIG SOLN (Use zolmitriptan) .. 76
	ZOLGENSMA 18.6-19.0 KG 85	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan) 76
	ZOLGENSMA 19.1-19.5 KG 85	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide) 13
	ZOLGENSMA 19.6-20.0 KG 85	
	ZOLGENSMA 2.6-3.0 KG 85	

zonisamide CAPS	13	32
ZORBTIVE SC	59	
ZOVIRAX CREA (Use acyclovir topical)	51	
ZOVIRAX OINT (Use acyclovir topical)	51	
ZOVIRAX SUSP (Use acyclovir) ..	40	
ZUBSOLV SUBL	8	
ZULRESSO	15	
ZYDELIG	34	
ZYKADIA TABS	34	
ZYLOPRIM (Use allopurinol)	63	
ZYNLONTA	30	
ZYPREXA RELPREVV	37	
ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	37	
ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	37	
ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	37	
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	23	
ZYRTEC CHEW 10 MG (Use cetirizine hcl)	23	
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl) .	23	
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	23	
ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine)	48	
ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	48	
ZYTIGA (Use abiraterone acetate)		