

# Peach State Health Plan: Planning for Healthy Babies<sup>®</sup> Family Planning Only - Preferred Drug List (PDL)



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<sup>®</sup> (P4HB): Family Planning (FP) Pharmacy Program

Peach State Health Plan covers all forms of birth control for Planning for Healthy Babies<sup>®</sup>. Family Planning (FP) women. The pharmacy team works with doctors and pharmacists to be sure the medicines to prevent pregnancy are covered on the Family Planning Preferred Drug List (FP-PDL). Your doctor must write a prescription for these medicines.

## Planning for Healthy Babies<sup>®</sup>: Family Planning Preferred Drug List (FP-PDL)

The Peach State Health Plan Family Planning Preferred Drug List (FP-PDL) is the list of covered drugs. The FP-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 Family Planning Pharmacy Program does not pay for all medicines. Only these kinds of medicines are covered:

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

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 Envolve Pharmacy Solutions to pay for pharmacy claims. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager (PBM). Some drugs on the FP-PDL need a prior authorization (PA). Envolve Pharmacy Solutions reviews those requests.

## 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 FP-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.

# Peach State Health Plan: Planning for Healthy Babies<sup>®</sup> Family Planning Only - Preferred Drug List (PDL)



## Appropriate Use and Safety Edits

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

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

## Prior Authorizations (PA)

Some drugs on the FP-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 Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com). The completed form and doctor notes to show your history should be **faxed to Envolve Pharmacy Solutions at 1-866-399-0929**.

Peach State Health Plan will cover the medicine if:

- There is a medical reason you need that specific medication.
- Other medications on the FP-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, Envolve Pharmacy Solutions sends your doctor a fax. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions 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 FP-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 FP-PDL medicine, your doctor will need to send in a PA form with other medicine you have tried. If Envolve Pharmacy Solutions 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 Envolve Pharmacy Solutions. If Envolve Pharmacy Solutions 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 FP-PDL are covered for Family Planning women. If you need a medicine that is not on the FP-PDL, your doctor can make a medical necessity (MN) PA request for the medicine. There are medicines on the FP-PDL to treat most conditions covered by P4HB-FP. For medicines not on the FP-PDL, Peach State Health Plan requires:

# Peach State Health Plan: Planning for Healthy Babies<sup>®</sup> Family Planning Only - Preferred Drug List (PDL)



- Doctor's notes to show you tried at least two FP-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 FP-PDL medicines in the same class; or
- Doctor's notes to show you cannot take any of the FP-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, Envolve Pharmacy Solutions sends your doctor a fax. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions 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 Envolve Pharmacy Solutions 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 FP-PDL are covered for Family Planning 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<sup>®</sup> Family Planning 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 FP-PDL covers some OTC medicines. These OTCs are covered when your doctor writes a prescription for one of them.

## 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-

# Peach State Health Plan: Planning for Healthy Babies® Family Planning Only - Preferred Drug List (PDL)



name drug if there is a medical reason you need the brand-name. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions 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 Envolve Pharmacy Solutions check pharmacy claims to be sure the pharmacy and doctor on your prescription are enrolled with Georgia Families®. If a non-enrolled doctor writes your prescription, the prescription will be rejected. Your pharmacy will not be able to fill prescriptions for you if it is not enrolled in Georgia Families®.

## Copayments

Co-pays are not required for Planning for Healthy Babies® Family Planning 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
Envolve Pharmacy Solutions Prior Authorizations:	1-866-399-0928
	Fax: <b>1-866-399-0929</b>
Envolve Pharmacy Solutions –CVS/Caremark Pharmacy Help Desk:	1-844-297-0513

## Language Assistance

Do you need this book translated? Do you need help understanding this book? If you do, call Peach State Health Plan's Member Service line at 1-800-704-1484. If you are hearing impaired, call our TDD/TTY at 1-800-255-0056. To get this information in large font or 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.

# Peach State Health Plan: Planning for Healthy Babies<sup>®</sup> Family Planning Only - Preferred Drug List (PDL)



## Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
P	Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
AL	<b>Age Limit:</b> Drug is limited to a specific age
PA	<b>Prior Authorization:</b> Review required before prescription can be filled
QL	<b>Quantity Limit:</b> There is a limit on the amount covered per prescription or within a set time frame.
Rx/OTC	Product has both <b>prescription and over the counter</b> coverage
SP	<b>Specialty Drug:</b> High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
ST	<b>Step Therapy:</b> Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: <ul style="list-style-type: none"> <li>• Daily Dose Max = 50 MME**</li> <li>• Day Supply Max = 7 days</li> <li>• Must use Short-acting opioids before Long-acting opioids</li> </ul> <p style="text-align: right;">*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
<i>ADHD</i>	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12, after 30 days can be filled. Edit resets if no fills in 4 months.
<i>Test Strips</i>	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days

## STANDARD ABBREVIATIONS

Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated
AERB	Aerosol, breath activated
AERO	Aerosol
AJKT	Auto-injector Kit
AUIJ	Auto-injector
CAPS	Capsule
CHEW	Tablet Chewable
CONC	Concentrate
CP12	Capsule ER 12 HR
CP24	Capsule ER 24 HR
CPCR	Capsule ER
CPDR	Capsule Delayed Release
CPEP	Capsule Enteric Coated Particles

Dose Form	Dose Form Description
CPSP	Capsule Sprinkle
CREA	Cream
CSDR	Capsule Delayed Release Sprinkle
DEVI	Device
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EX	External
GRAN	Granules
IJ	Injection
IMPL	Implant
INHA	Inhaler
INJ	Injectable

**Peach State Health Plan: Planning for Healthy Babies®  
Family Planning Only - Preferred Drug List (PDL)**



<b>Dose Form</b>	<b>Dose Form Description</b>
<i>IUD</i>	Intrauterine Device
<i>IV</i>	Intravenous
<i>LIQD</i>	Liquid
<i>LOTN</i>	Lotion
<i>LOZG</i>	Lozenge
<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

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

Drug Name	Drug Tier	Requirements/ Limits
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>neomycin sulfate tabs</i>	P	
ZEMDRI SOLN	P	PA
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Combinations</b>		
<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	QL(180 ml daily)2 rtl MAX fill,30 rtl day(s) supply,
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>FLAGYL TABS (Use metronidazole)</i>	NP	
<i>metronidazole tabs or 250 mg, 500 mg</i>	P	
<i>tinidazole tabs or</i>	P	QL(20 ea per 30 days retail)
<i>trimethoprim tabs</i>	P	
<b>Anti-infective Misc. - Combinations</b>		
<i>BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)</i>	NP	
<i>BACTRIM TABS (Use sulfamethoxazole-trimethoprim)</i>	NP	
<i>sulfamethoxazole-trimethoprim susp</i>	P	
<i>sulfamethoxazole-trimethoprim tabs</i>	P	
<b>Cyclic Lipopeptides</b>		
<i>daptomycin solr</i>	P	PA
<i>DAPTOMYCIN SOLR (Use daptomycin)</i>	NP	PA
<b>Lincosamides</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>CLEOCIN CAPS (Use clindamycin hcl)</i>	NP	
<i>CLEOCIN PEDIATRIC GRANULES SOLR (Use clindamycin palmitate hydrochloride)</i>	NP	QL(300 ml per fill retail)
<i>clindamycin hcl caps or 150 mg, 300 mg</i>	P	
<i>clindamycin palmitate hydrochloride solr</i>	P	QL(300 ml per fill retail)
<b>Monobactams</b>		
<i>AZACTAM SOLR (Use aztreonam)</i>	NP	PA
<i>AZACTAMIN ISO-OSMOTIC DEXTROSE SOLN</i>	P	PA
<i>aztreonam solr</i>	P	PA
<b>Polymyxins</b>		
<i>colistimethate sodium solr ij</i>	P	PA
<i>COLY-MYCIN M SOLR (Use colistimethate sodium)</i>	NP	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin ultramicrosize tabs</i>	P	
<i>nystatin tabs or</i>	P	QL(6 ea daily)
<i>terbinafine hcl tabs or</i>	P	QL(1 ea daily,90 ea per 120 days retail)
<b>Imidazole-Related Antifungals</b>		
<i>DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (Use fluconazole)</i>	NP	QL(70 ml per fill retail)
<i>DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)</i>	NP	
<i>DIFLUCAN TABS 150 MG (Use fluconazole)</i>	NP	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN TABS 50 MG (Use fluconazole)	NP	QL(3 ea per 14 days retail)
<i>fluconazole susr or 10 mg/ml, 40 mg/ml</i>	P	QL(70 ml per fill retail)
<i>fluconazole tabs or 100 mg, 200 mg</i>	P	
<i>fluconazole tabs or 150 mg</i>	P	QL(2 ea per fill retail)
<i>fluconazole tabs or 50 mg</i>	P	QL(3 ea per 14 days retail)
<i>itraconazole caps or</i>	P	QL(1 ea daily)
<i>ketoconazole tabs or</i>	P	QL(1 ea daily)
SPORANOX CAPS (Use itraconazole)	NP	QL(1 ea daily)
SPORANOX PULSEPAK CAPS (Use itraconazole)	NP	QL(1 ea daily)
TOLSURA CAPS	P	PA

### ANTIVIRALS - Drugs to Treat Viral Infections

#### CMV Agents

GANCICLOVIR SOLN	P	PA
PREVYMIS SOLN	P	PA
PREVYMIS TABS	P	PA

#### Herpes Agents

<i>acyclovir caps or 200 mg</i>	P	QL(50 ea per 30 days retail)
<i>acyclovir susp or 200 mg/5ml</i>	P	QL(400 ml per 30 days retail)
<i>acyclovir tabs or 400 mg</i>	P	QL(3 ea daily)
<i>acyclovir tabs or 800 mg</i>	P	QL(50 ea per 30 days retail)
<i>valacyclovir hcl tabs or 1 gm, 1000 mg</i>	P	QL(42 ea per 30 days retail)
<i>valacyclovir hcl tabs or 500 mg</i>	P	QL(2 ea daily)
VALTREX TABS 1 GM (Use valacyclovir hcl)	NP	QL(42 ea per 30 days retail)
VALTREX TABS 500 MG (Use valacyclovir hcl)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX CAPS OR 200 MG (Use acyclovir)	NP	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (Use acyclovir)	NP	QL(400 ml per 30 days retail)
ZOVIRAX TABS OR 400 MG (Use acyclovir)	NP	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (Use acyclovir)	NP	QL(50 ea per 30 days retail)

### CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions

#### Peripheral Vasodilators

<i>inositol niacinate caps</i>	P	PA
--------------------------------	---	----

### CEPHALOSPORINS - Drugs to Treat Bacterial Infections

#### Cephalosporins - 1st Generation

CEFAZOLIN SODIUM SOLN	P	PA
CEFAZOLIN SODIUM SOSY	P	PA
CEFAZOLIN SODIUM/DEXTROSE SOLN	P	PA
<i>cephalexin caps</i>	P	
<i>cephalexin susr</i>	P	
KEFLEX CAPS (Use cephalexin)	NP	

#### Cephalosporins - 2nd Generation

<i>cefaclor caps</i>	P	
<i>cefaclor susr</i>	P	
<i>cefprozil susr 125 mg/5ml, 250 mg/5ml</i>	P	QL(200 ml per fill retail); AL(Up to 12 yrs old)
<i>cefprozil tabs 250 mg, 500 mg</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 300 mg</i>	P	QL(20 ea per fill retail)
-----------------------------	---	---------------------------



Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	P	QL(100 ml per fill retail)
CEFTRI-IM KIT	P	PA
CEFTRISOL PLUS KIT	P	PA
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA TABS	P	PA
<i>desogestrel &amp; ethinyl estradiol tabs</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	P	
<i>drospirenone-ethinyl estradiol tabs 0.02 mg-3 mg</i>	P	QL(1 ea daily)
<i>drospirenone-ethinyl estradiol tabs 0.03 mg-3 mg</i>	P	
<i>ethynodiol diacet &amp; eth estrad tabs</i>	P	
<i>levonorgestrel &amp; eth estradiol tabs</i>	P	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	P	QL(91 ea per fill retail)
MIRCETTE TABS ( <i>Use desogestrel-ethinyl estradiol (biphasic)</i> )	NP	
<i>norethin acet &amp; estrad-fe tabs</i>	P	
<i>norethindrone &amp; eth estradiol tabs</i>	P	
<i>norethindrone acet &amp; eth estra tabs</i>	P	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	P	
<i>norgestimate-ethinyl estradiol tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestrel &amp; ethinyl estradiol tabs 0.3 mg-30 mcg</i>	P	QL(2 ea daily)
<i>norgestrel &amp; ethinyl estradiol tabs 0.5 mg-50 mcg</i>	P	
ORTHO TRI-CYCLEN TABS ( <i>Use norgestimate-ethinyl estradiol (triphasic)</i> )	NP	
ORTHO-CYCLEN TABS ( <i>Use norgestimate-ethinyl estradiol</i> )	NP	
ORTHO-NOVUM 1/35 TABS ( <i>Use norethindrone &amp; eth estradiol</i> )	NP	
ORTHO-NOVUM 7/7/7 TABS ( <i>Use norethindrone-eth estradiol (triphasic)</i> )	NP	
SEASONIQUE TABS ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NP	QL(91 ea per fill retail)
TRI-NORINYL 28 TABS ( <i>Use norethindrone-eth estradiol (triphasic)</i> )	NP	
YASMIN 28 TABS ( <i>Use drospirenone-ethinyl estradiol</i> )	NP	
YAZ TABS ( <i>Use drospirenone-ethinyl estradiol</i> )	NP	QL(1 ea daily)
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol ptwk</i>	P	QL(3 ea per 28 days retail)
<b>Combination Contraceptives - Vaginal</b>		
<i>etonogestrel-ethinyl estradiol ring</i>	P	QL(1 ea per fill retail)
NUVARING RING ( <i>Use etonogestrel-ethinyl estradiol</i> )	NP	QL(1 ea per fill retail)
<b>Emergency Contraceptives</b>		
<i>levonorgestrel (emergency oc) tabs</i>	P	QL(4 ea per 365 days retail)
PLAN B ONE-STEP TABS ( <i>Use levonorgestrel (emergency oc)</i> )	NP	QL(4 ea per 365 days retail)
<b>Progestin Contraceptives - Injectable</b>		

Georgia Medicaid Family Planning Updated January 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
DEPO-PROVERA CONTRACEPTIVE SUSP (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susp	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy	P	QL(1 ml per fill retail)
<b>Progestin Contraceptives - Oral</b>		
norethindrone (contraceptive) tabs	P	
ORTHO MICRONOR TABS (Use norethindrone (contraceptive))	NP	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Antivirals - Topical</b>		
acyclovir topical crea	P	QL(5 gm per fill retail)
acyclovir topical oint	P	QL(30 gm per 30 days retail)
ZOVIRAX CREA EX 5 % (Use acyclovir topical)	NP	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (Use acyclovir topical)	NP	QL(30 gm per 30 days retail)
<b>Corticosteroids - Topical</b>		
BRYHALI LOTN	P	PA
CORDRAN CREA	P	PA
HALOBETASOL PROPIONATE FOAM	P	PA
HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE CREA (Use lidocaine- hydrocortisone acetate)	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
IMPOYZ CREA	P	PA
LEXETTE FOAM	P	PA
lidocaine-hydrocortisone acetate crea	P	PA
LIDOSOL-HC CREA	P	PA
MEZPAROX-HC FORTE CREA	P	PA
SCARZEN SKIN REPAIR KIT	P	PA
SILALITE PAK THPK	P	PA
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA (Use imiquimod)	NP	QL(48 ea per 180 days retail)
imiquimod crea ex	P	QL(48 ea per 180 days retail)
<b>Misc. Topical</b>		
AQUAPHOR 3 IN 1 DIAPER RASH CREAM CREA	P	PA
EPICYN SOLN	P	PA
HYCLODEX SOLN	P	PA
PRE & POST SX POUCH THPK	P	PA
QBREXZA PADS	P	PA
SENSI-CARE CLEAR ZINC DIAPER RASH SKIN PROTECTANT OINT	P	PA
TEARS AGAIN ADVANCED EYELID SPRAY LIQD	P	PA
VANIPLY OINT	P	PA
<b>Scabicides &amp; Pediculicides</b>		
crotamiton lotn ex	P	QL(60 gm per fill retail)
ELIMITE CREA (Use permethrin)	NP	QL(60 gm per fill retail)
EURAX CREA	P	QL(60 gm per fill retail)

Georgia Medicaid Family Planning Updated January 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
EURAX LOTN ( <i>Use crotamiton</i> )	NP	QL(60 gm per fill retail)
LICEMD GEL	P	
LICIDE TREATMENT KIT KIT	P	
NIX CREME RINSE LIQD ( <i>Use permethrin</i> )	NP	
<i>permethrin crea 5 %</i>	P	QL(60 gm per fill retail)
<i>permethrin liqd 1 %</i>	P	
<i>permethrin lotn 1 %</i>	P	QL(118 ml per fill retail)
<i>pyrethrins-piperonyl butoxide liqd</i>	P	
<i>pyrethrins-piperonyl butoxide sham</i>	P	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover kit</i>	P	
RA LICE SOLUTION KIT KIT	P	
RID COMPLETE LICE ELIMINATION KIT ( <i>Use pyrethrins-piperonyl butoxide-permethrin-nit remover</i> )	NP	
RID ESSENTIAL LICE ELIMINATION KIT KIT	P	
RID LIQD ( <i>Use pyrethrins-piperonyl butoxide</i> )	NP	
SCHOOLTIME SHAMPOO SHAM	P	QL(1 ml per 14 days retail)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
CIPRO TABS ( <i>Use ciprofloxacin hcl</i> )	NP	
<i>ciprofloxacin hcl tabs or 100 mg</i>	P	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs or 750 mg, 250 mg, 500 mg</i>	P	
LEVAQUIN TABS ( <i>Use levofloxacin</i> )	NP	QL(1 ea daily, 14 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tabs</i>	P	QL(1 ea daily, 14 ea per fill retail)
<i>ofloxacin tabs</i>	P	QL(56 ea per fill retail)
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Uricosurics</b>		
<i>probenecid tabs</i>	P	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Cobalamins</b>		
CYANOCOBALAMIN SOLN	P	PA
METHYLCOBALAMIN SOLR IJ 10000 MCG, 50000 MCG	P	PA
<i>methylcobalamin subl sl 5000 mcg</i>	P	PA
<i>methylcobalamin tbdp sl 5000 mcg</i>	P	PA
<b>Folic Acid/Folates</b>		
<i>folic acid tabs</i>	P	RX/OTC
<b>Hematopoietic Mixtures</b>		
ACTIRON TABS	P	PA
AXIFOL CAPS	P	PA
FOLI-D TABS	P	PA
<i>folic acid-cholecalciferol tabs</i>	P	PA
GENICIN VITA-D TABS ( <i>Use folic acid-cholecalciferol</i> )	NP	PA
IRO-PLEX LIQD	P	PA
IRO-PLEX TABS	P	PA
ORTHO-FOLIC CAPS	P	PA
<b>Iron</b>		
HEMATEX LIQD	P	PA

Drug Name	Drug Tier	Requirements/Limits
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin pack or 1 gm</i>	P	QL(2 ea per fill retail)
<i>azithromycin susr or 100 mg/5ml</i>	P	QL(15 ml per fill retail)
<i>azithromycin susr or 200 mg/5ml</i>	P	QL(60 ml per fill retail)
<i>azithromycin tabs or 250 mg</i>	P	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	P	QL(4 ea daily)
<i>azithromycin tabs or 600 mg</i>	P	QL(8 ea per 28 days retail)
ZITHROMAX PACK 1 GM (Use <i>azithromycin</i> )	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML (Use <i>azithromycin</i> )	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (Use <i>azithromycin</i> )	NP	QL(60 ml per fill retail)
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i> )	NP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (Use <i>azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX TABS 600 MG (Use <i>azithromycin</i> )	NP	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i> )	NP	QL(6 ea per fill retail)
<b>Clarithromycin</b>		
<i>clarithromycin susr or 125 mg/5ml</i>	P	QL(100 ml per fill retail)
<i>clarithromycin susr or 250 mg/5ml</i>	P	QL(200 ml per fill retail)
<i>clarithromycin tabs or 250 mg, 500 mg</i>	P	QL(28 ea per fill retail)
<i>clarithromycin tb24 or 500 mg</i>	P	QL(14 ea per fill retail)
<b>Erythromycins</b>		

Drug Name	Drug Tier	Requirements/Limits
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP	
<i>erythromycin base cpep</i>	P	
<i>erythromycin base tabs</i>	P	
<i>erythromycin base tbec</i>	P	
<i>erythromycin ethylsuccinate susr</i>	P	
<i>erythromycin ethylsuccinate tabs</i>	P	
<i>erythromycin stearate tabs</i>	P	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		
FC FEMALE CONDOM MISC	P	
FC2 FEMALE CONDOM MISC	P	
FEMCAP DEVI	P	QL(1 ea per 365 days retail)
<i>male condoms-misc</i>	P	QL (36 per 30 days)
OMNIFLEX DIAPHRAGM DPRH	P	QL(1 ea per 365 days retail)
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Homeopathic Products</b>		
ARNICARE ARNICA OINT	P	PA; RX/OTC
AVENOC OINT	P	PA; RX/OTC
CALENDULA OINT	P	PA; RX/OTC
CVS NERVE PAIN RELIEF OINT	P	PA; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ICHTHAMMOL ADVANCED DRAWING SALVE OINT	P	PA; RX/OTC
NEURAGEN PN OINT	P	PA; RX/OTC
PRID OINT	P	PA; RX/OTC
TRAUMEEL OINT EX	P	PA; RX/OTC
ZEEL OINT EX	P	PA; RX/OTC
<b>MULTIVITAMINS</b>		
<b>B-Complex w/ Folic Acid</b>		
FOLIC-K CAPS	P	PA
FOLICA-BE CAPS	P	PA
FOLICA-V CAPS	P	PA
<b>Multiple Vitamins w/ Iron</b>		
<i>multiple vitamins w/ iron tabs</i>	P	QL(1 ea daily)
<b>Multiple Vitamins w/ Minerals</b>		
REMEDIENT CAPS	P	PA
<b>Multivitamins</b>		
ESTROFACTORS TABS	P	QL(1 ea daily)
FOLIKA-V TABS	P	PA
GENICIN VITA-Q TABS	P	PA
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 ea daily)
MULTI VITAMIN TABS	P	QL(1 ea daily)
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily)
<i>multiple vitamin tabs</i>	P	QL(1 ea daily)
MULTIVITAMIN ADULT TABS	P	QL(1 ea daily)
MULTIVITAMIN TABS	P	QL(1 ea daily)
NEOMULTIVITE TABS	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
OMNICAP TABS	P	QL(1 ea daily)
ONE-A-DAY ESSENTIAL TABS ( <i>Use multiple vitamin</i> )	NP	QL(1 ea daily)
ONE-A-DAY MENS TABS ( <i>Use multiple vitamin</i> )	NP	QL(1 ea daily)
QUINTABS TABS	P	QL(1 ea daily)
THERA TABS	P	QL(1 ea daily)
THEREMS MULTIVITAMIN TABS	P	QL(1 ea daily)
VITAXYME TABS	P	PA
VITAZYME TABS	P	PA
<b>Ped MV w/ Iron</b>		
MULTIVITAMIN DROPS/IRON INFANT & TODDLER SOLN	P	PA
POLY-VI-SOL/IRON SOLN	P	PA
<b>Pediatric Multiple Vitamins</b>		
MULTIVITAMIN INFANT & TODDLER SOLN	P	PA
PC PEDIATRIC POLY- VITAMIN DROPS SOLN	P	PA
<b>Pediatric Vitamins</b>		
TRI-VITAMIN INFANT & TODDLER SOLN	P	PA
<b>Prenatal Vitamins</b>		
AZESCO TABS	P	PA
CITRANATAL MEDLEY CAPS	P	PA
PRENATAL + DHA THPK	P	PA
PRENATAL MULTI + DHA CAPS	P	PA
<i>prenatal vitamins-misc</i>	P	RX/OTC
PRENATVITE COMPLETE TABS	P	PA
PRENATVITE PLUS TABS	P	PA

Georgia Medicaid Family Planning Updated January 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
ZALVIT TABS	P	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Ophthalmic Anti-infectives</b>		
<i>trifluridine soln</i>	P	QL(8 ml per 30 days retail)
VIROPTIC SOLN ( <i>Use trifluridine</i> )	NP	QL(8 ml per 30 days retail)
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps</i>	P	
<i>amoxicillin chew</i>	P	
<i>amoxicillin susr</i>	P	
<i>amoxicillin tabs</i>	P	
<i>ampicillin caps</i>	P	
<b>Natural Penicillins</b>		
<i>penicillin v potassium solr</i>	P	
<i>penicillin v potassium tabs</i>	P	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew 200 mg-28.5 mg, 400 mg-57 mg</i>	P	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 200 mg/5ml-28.5 mg/5ml</i>	P	QL(100 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 250 mg/5ml-62.5 mg/5ml</i>	P	QL(150 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 400 mg/5ml-57 mg/5ml, 42.9 mg/5ml-600 mg/5ml</i>	P	QL(200 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate tabs 125 mg-250 mg, 125 mg-500 mg</i>	P	QL(30 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate tabs 125 mg-875 mg</i>	P	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin &amp; sulbactam sodium solr</i>	P	PA
AUGMENTIN ES-600 SUSR ( <i>Use amoxicillin &amp; pot clavulanate</i> )	NP	QL(200 ml per fill retail)
AUGMENTIN SUSR 125 MG/5ML-31.25 MG/5ML	P	QL(150 ml per fill retail)
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML ( <i>Use amoxicillin &amp; pot clavulanate</i> )	NP	QL(150 ml per fill retail)
AUGMENTIN TABS 125 MG-500 MG ( <i>Use amoxicillin &amp; pot clavulanate</i> )	NP	QL(30 ea per fill retail)
AUGMENTIN TABS 125 MG-875 MG ( <i>Use amoxicillin &amp; pot clavulanate</i> )	NP	QL(20 ea per fill retail)
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	P	
<i>nafcillin sodium solr</i>	P	PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
SULFADIAZINE TABS	P	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
DORYX TBEC ( <i>Use doxycycline hyclate</i> )	NP	PA
<i>doxycycline hyclate caps 50 mg, 100 mg</i>	P	
DOXYCYCLINE HYCLATE DR TBEC	P	PA
<i>doxycycline hyclate tabs 100 mg</i>	P	
<i>doxycycline hyclate tbec 80 mg</i>	P	PA
MINOCIN CAPS ( <i>Use minocycline hcl</i> )	NP	
<i>minocycline hcl caps</i>	P	

Drug Name	Drug Tier	Requirements/Limits
MINOLIRA TB24	P	PA
<i>tetracycline hcl caps</i>	P	
VIBRAMYCIN CAPS ( <i>Use doxycycline hyclate</i> )	NP	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP	P	Limit 1 dose per lifetime;AL(At least 19 yrs old - Up to 20 yrs old)
BOOSTRIX SUSP	P	Limit 1 dose per lifetime;AL(At least 19 yrs old - Up to 20 yrs old)
TDVAX SUSP	P	Limit 1 dose per 10 years;AL(At least 19 yrs old - Up to 20 yrs old)
TENIVAC INJ	P	Limit 1 dose per 10 years;AL(At least 19 yrs old - Up to 20 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P	Limit 1 dose per 10 years;AL(At least 19 yrs old - Up to 20 yrs old)
<b>VACCINES</b>		
<b>Viral Vaccines</b>		
ENGERIX-B INJ	P	Limit 3 per lifetime;AL(At least 19 yrs old - Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP	P	Limit 3 per lifetime;AL(At least 19 yrs old - Up to 20 yrs old)
RECOMBIVAX HB SUSP	P	Limit 3 per lifetime;AL(At least 19 yrs old - Up to 20 yrs old)
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Miscellaneous Vaginal Products</b>		
TRIMO-SAN GEL	P	PA
<b>Spermicides</b>		
ENCARE SUPP	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL	NP	
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	P	QL(86 gm per fill retail)
SHUR-SEAL GEL	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
VCF VAGINAL CONTRACEPTIVE GEL GEL	P	
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA ( <i>Use clindamycin phosphate vaginal</i> )	NP	
<i>clindamycin phosphate vaginal crea</i>	P	
<i>clotrimazole vaginal crea 1 %</i>	P	QL(45 gm per 30 days retail)
<i>clotrimazole vaginal crea 2 %</i>	P	QL(31 gm per 30 days retail)

Georgia Medicaid Family Planning Updated January 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
GYNAZOLE-1 CREA	P	
GYNE-LOTRIMIN 3 CREA (Use clotrimazole vaginal)	NP	QL(31 gm per 30 days retail)
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NP	QL(45 gm per 30 days retail)
METROGEL-VAGINAL GEL (Use metronidazole vaginal)	NP	QL(70 gm per fill retail)
<i>metronidazole vaginal gel</i>	P	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal crea 4 %, 2 %</i>	P	QL(45 gm per 30 days retail)
<i>miconazole nitrate vaginal supp 100 mg</i>	P	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 CREA (Use miconazole nitrate vaginal)	NP	QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NP	QL(45 gm per 30 days retail)
<i>terconazole vaginal crea</i>	P	
<i>terconazole vaginal supp</i>	P	
<i>tioconazole vaginal oint</i>	P	
<b>Vaginal Estrogens</b>		
IMVEXXY MAINTENANCE PACK INST	P	PA



## Index

ACTIRON.....	5	clindamycin phosphate vaginal.....	9	FOLI-D.....	5
acyclovir.....	2	clotrimazole vaginal.....	9	folic acid.....	5
acyclovir topical.....	4	colistimethate sodium.....	1	folic acid-cholecalciferol.....	5
ADACEL.....	9	COLY-MYCIN M.....	1	FOLIC-K.....	7
ALDARA.....	4	CORDRAN.....	4	FOLICA-BE.....	7
amoxicillin.....	8	crotamiton.....	4	FOLICA-V.....	7
amoxicillin & pot clavulanate.....	8	CVS NERVE PAIN RELIEF.....	6	FOLIKA-V.....	7
ampicillin.....	8	CYANOCOBALAMIN.....	5	GANCICLOVIR.....	2
ampicillin & sulbactam sodium.....	8	daptomycin.....	1	GENICIN VITA-D.....	5
AQUAPHOR 3 IN 1 DIAPER RASH CREAM.....	4	DAPTOMYCIN.....	1	GENICIN VITA-Q.....	7
ARNICARE ARNICA.....	6	DEPO-PROVERA CONTRACEPTIVE.....	4	griseofulvin microsize.....	1
AUGMENTIN.....	8	DEPO-SUBQ PROVERA 104.....	4	griseofulvin ultramicrosize.....	1
AUGMENTIN ES-600.....	8	desogestrel & ethinyl estradiol.....	3	GNAZOLE-1.....	10
AVENOC.....	6	desogestrel-ethinyl estradiol (biphasic).....	3	GYNE-LOTRIMIN.....	10
AXIFOL.....	5	desogestrel-ethinyl estradiol (triphasic).....	3	GYNE-LOTRIMIN 3.....	10
AZACTAM.....	1	dicloxacillin sodium.....	8	HALOBETASOL PROPIONATE.....	4
AZACTAMIN ISO-OSMOTIC DEXTROSE.....	1	DIFLUCAN.....	1,2	HEMATEX.....	5
AZESCO.....	7	DORYX.....	8	HIGH POTENCY MULTIVITAMIN.....	7
azithromycin.....	6	doxycycline hyclate.....	8	HYCLODEX.....	4
aztreonam.....	1	DOXYCYCLINE HYCLATE DR.....	8	hydrocodone-acetaminophen.....	1
BACTRIM.....	1	drospirenone-ethinyl estradiol.....	3	HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE.....	4
BACTRIM DS.....	1	E.E.S. GRANULES.....	6	ICHTHAMMOL ADVANCED DRAWING SALVE.....	7
BALCOLTRA.....	3	ELIMITE.....	4	imiquimod.....	4
BOOSTRIX.....	9	ENCARE.....	9	IMPOYZ.....	4
BRYHALI.....	4	ENGERIX-B.....	9	IMVEXXY MAINTENANCE PACK.....	10
CALENDULA.....	6	EPICYN.....	4	inositol niacinate.....	2
cefaclor.....	2	ERYPED 200.....	6	IRO-PLEX.....	5
CEFAZOLIN SODIUM.....	2	ERYPED 400.....	6	itraconazole.....	2
CEFAZOLIN SODIUM/DEXTROSE.....	2	erythromycin base.....	6	KEFLEX.....	2
cefdinir.....	2,3	erythromycin ethylsuccinate.....	6	ketoconazole.....	2
cefprozil.....	2	erythromycin stearate.....	6	LEVAQUIN.....	5
CEFTRI-IM.....	3	ESTROFACTORS.....	7	levofloxacin.....	5
CEFTRISOL PLUS.....	3	ethynodiol diacet & eth estrad.....	3	levonorgestrel & eth estradiol.....	3
cefuroxime axetil.....	2	etonogestrel-ethinyl estradiol.....	3	levonorgestrel (emergency oc).....	3
cephalexin.....	2	EURAX.....	4	levonorgestrel-eth estradiol (triphasic).....	3
CIPRO.....	5	FC FEMALE CONDOM.....	6	levonorgestrel-ethinyl estradiol (91-day).....	3
ciprofloxacin hcl.....	5	FC2 FEMALE CONDOM.....	6	LEXETTE.....	4
CITRANATAL MEDLEY.....	7	FEMCAP.....	6	LICEMD.....	5
clarithromycin.....	6	FLAGYL.....	1	LICIDE TREATMENT KIT.....	5
CLEOCIN.....	1	fluconazole.....	2	lidocaine-hydrocortisone acetate.....	4
CLEOCIN PEDIATRIC GRANULES.....	1				
clindamycin hcl.....	1				
clindamycin palmitate hydrochloride.....	1				

LIDOSOL-HC.....	4	OMNIFLEX DIAPHRAGM... 6	SHUR-SEAL.....	9
male condoms-misc.....	6	ONE-A-DAY ESSENTIAL... 7	SILALITE PAK.....	4
medroxyprogesterone acetate (contraceptive).....	4	ONE-A-DAY MENS..... 7	SPORANOX.....	2
METHYLCOBALAMIN.....	5	OPTIONS CONCEPTROL VAGINAL	SPORANOX PULSEPAK.....	2
methylcobalamin.....	5	CONTRACEPTIVE.....	SULFADIAZINE.....	8
METROGEL-VAGINAL.....	10	OPTIONS GYNOL II	sulfamethoxazole- trimethoprim.....	1
metronidazole.....	1	VAGINALCONTRACEPTIVE . 9	TDVAX.....	9
metronidazole vaginal.....	10	ORTHO MICRONOR.....	TEARS AGAIN ADVANCED EYELID SPRAY.....	4
MEZPAROX-HC FORTE.....	4	ORTHO TRI-CYCLEN.....	TENIVAC.....	9
miconazole nitrate vaginal... 10		ORTHO-CYCLEN.....	terbinafine hcl.....	1
MINOCIN.....	8	ORTHO-FOLIC.....	terconazole vaginal.....	10
minocycline hcl.....	8	ORTHO-NOVUM 1/35.....	TETANUS/DIPHThERIA	
MINOLIRA.....	9	ORTHO-NOVUM 7/7/7.....	TOXOIDS-ADSORBED	
MIRCETTE.....	3	PC PEDIATRIC POLY- VITAMIN DROPS.....	ADULT.....	9
MONISTAT 3.....	10	penicillin v potassium.....	tetracycline hcl.....	9
MONISTAT 7 SIMPLY CURE.....	10	permethrin.....	THERA.....	7
MULTI VITAMIN.....	7	PLAN B ONE-STEP.....	THEREMS MULTIVITAMIN... 7	
MULTI VITAMIN/D-3.....	7	POLY-VI-SOL/IRON.....	tinidazole.....	1
multiple vitamin.....	7	PRE & POST SX POUCH.. 4	tioconazole vaginal.....	10
multiple vitamins w/ iron.....	7	PRENATAL + DHA.....	TOLSURA.....	2
MULTIVITAMIN.....	7	PRENATAL MULTI + DHA.. 7	TRAUMEEL.....	7
MULTIVITAMIN ADULT.....	7	prenatal vitamins-misc.....	TRI-NORINYL 28.....	3
MULTIVITAMIN DROPS/IRON INFANT & TODDLER.....	7	PRENATVITE COMPLETE. 7	TRI-VITAMIN INFANT & TODDLER.....	7
MULTIVITAMIN INFANT & TODDLER.....	7	PRENATVITE PLUS.....	trifluridine.....	8
nafcillin sodium.....	8	PREVYMIS.....	trimethoprim.....	1
NEOMULTIVITE.....	7	PRID.....	TRIMO-SAN.....	9
neomycin sulfate.....	1	probenecid.....	valacyclovir hcl.....	2
NEURAGEN PN.....	7	pyrethrins-piperonyl butoxide.....	VALTRESX.....	2
NIX CREME RINSE.....	5	pyrethrins-piperonyl butoxide- permethrin-nit remover.....	VANIPLY.....	4
norelgestromin-ethinyl estradiol.....	3	QBREXZA.....	VCF VAGINAL CONTRACEPTIVE FILM.....	9
norethin acet & estrad-fe.....	3	QUINTABS.....	VCF VAGINAL CONTRACEPTIVE FOAM.....	9
norethindrone & eth estradiol. 3		RA LICE SOLUTION KIT... 5	VCF VAGINAL CONTRACEPTIVEGEL.....	9
norethindrone (contraceptive). 4		RECOMBIVAX HB.....	VIBRAMYCIN.....	9
norethindrone acet & eth estra3		REMEDIENT.....	VIROPTIC.....	8
norethindrone-eth estradiol (triphasic).....	3	RID.....	VITAXYME.....	7
norgestimate-ethinyl estradiol. 3		RID COMPLETE LICE ELIMINATION.....	VITAZYME.....	7
norgestimate-ethinyl estradiol (triphasic).....	3	RID ESSENTIAL LICE ELIMINATION KIT.....	YASMIN 28.....	3
norgestrel & ethinyl estradiol. 3		SCARZEN SKIN REPAIR... 4	YAZ.....	3
NUVARING.....	3	SCHOOLTIME SHAMPOO. 5	ZALVIT.....	8
nystatin.....	1	SEASONIQUE.....	ZEEL.....	7
ofloxacin.....	5	SENSI-CARE CLEAR ZINC DIAPER RASH SKIN	ZEMDRI.....	1
OMNICAP.....	7	PROTECTANT.....	ZITHROMAX.....	6
			ZITHROMAX TRI-PAK.....	6

ZITHROMAX Z-PAK.....	6
ZOVIRAX.....	2,4