Comprehensive

PREFERRED DRUG LIST

Planning for Healthy Babies: Family Planning

peach state health plan™

envolve™ Pharmacy Solutions

Peach State Health Plan: Planning for Healthy Babies 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: Family Planning (FP) Pharmacy Program

Peach State Health Plan covers all forms of birth control for Planning for Healthy Babies: 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 Health Babies: Family Planning Preferred Drug List (FP-PDL)

The Peach State Health Plan Family Planning Preferred Drug List (FP-PDL) is the list of covered medicines. The FP-PDL tells you the medicine 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 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)
- Medicines to treat a family planning emergency

Some medicines 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 medicine 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 medicine on the FP-PDL need a prior authorization (PA). Envolve Pharmacy Solutions reviews those requests.

Prior Authorizations (PA)

Some medicines on the FP-PDL may require PA. 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. 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 licensed clinical pharmacist. 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 medicines. It will also tell you about the appeal process.

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 medicines that are not controlled. Controlled Substances must have 90% of the supply used before the medicine can be refilled.

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 medicine in the same therapy class each month.

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

Step Therapy

Some medicine on the FP-PDL may require another medicine to be used first. This is called Step Therapy. If you filled that required medicine 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:

- 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 licensed clinical pharmacist. 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 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 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: 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 medicines will not be covered without PA when a generic is available. Generic medicines 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 medicine 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 medicines. 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.

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 doctor on your prescription is known to Georgia Medicaid. If your prescription is written by a non-registered doctor, the prescription will be rejected. Pharmacies will also get a claims message if their store is not listed with Georgia Medicaid.

Co-Payments

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:	1-866-399-0929
Envolve Pharmacy Solutions – CVS/Caremark Pharmacy Help Desk:		1-844-297-0513

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	**Tier Definitions**
P	Preferred Drug
NP	Non-Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	**Requirement/Limit Description**
AL	**Age Limit**: Drug is limited to a specific age
PACK	**Prior Authorization**: Review required before prescription can be filled
QL	**Quantity Limit**: There is a limit on the amount covered per prescription or within a set time frame.
Rx/OTC	Product has both **prescription and over the counter** coverage
SP	**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.
ST	**Step Therapy**: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	**Edit Description**
Opioid	Short-acting opioid medicines can only be filled for 7-days at a time. 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.
ADHD	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.
Test Strips	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
CPSP	Capsule Sprinkle
CREA	Cream
CSDR	Capsule Delayed Release Sprinkle
DEVI	Device

Dose Form	Dose Form Description
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EX	External
GRAN	Granules
IJ	Injection
IMPL	Implant
INHA	Inhaler
INJ	Injectable
IUD	Intrauterine Device
IV	Intravenous
LIQD	Liquid
LOTN	Lotion
LOZG	Lozenge
LPOP	Lollipop
MISC	Miscellaneous
NA	Nasal

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

Dose Form	Dose Form Description
SRER	Suspension Reconstituted ER
STRP	Strip
SUBL	Tablet Sublingual
SUER	Suspension Extended Release
SUPN	Suspension Pen-injector
SUPP	Suppository
SUSP	Suspension
SUSR	Suspension Reconstituted
SUSY	Suspension Prefilled Syringe
SYRP	Syrup
T12A	Tablet ER 12 Hour Abuse-Deterrent
TABS	Tablets
TB12	Tablet ER 12 Hour
TB24	Tablet ER 24 Hour
TBCR	Tablet ER
TBDP	Tablet Dispersible
TBEC	Tablet Enteric Coated
TBEF	Tablet Effervescent
TBPK	Tablet Therapy Pack
TBSO	Tablet Soluble
TEST	Diagnostic Test
TINC	Tincture
TROC	Troche
VA	Vaginal
VI	Visual Indicator
WAFR	Wafer
XR	Extended Release

Drug Name	Drug Tier	Requirements/ Limits
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
neomycin sulfate tabs	P	
ZEMDRI SOLN	P	PA
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Combinations		
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml	P	QL(180 ml daily)2 rtl MAX fill,30 rtl day(s) supply,
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
colistimethate sodium solr ij	P	PA
COLY-MYCIN M SOLR (*Use Colistimethate Sodium*)	NP	PA
FLAGYL TABS (*Use Metronidazole*)	NP	
metronidazole tabs or 250 mg, 500 mg	P	
TINDAMAX TABS (*Use Tinidazole*)	NP	QL(20 ea per 30 days retail)
tinidazole tabs or	P	QL(20 ea per 30 days retail)
trimethoprim tabs	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (*Use Sulfamethoxazole-Trimethoprim*)	NP	
BACTRIM TABS (*Use Sulfamethoxazole-Trimethoprim*)	NP	
sulfamethoxazole-trimethoprim susp	P	
sulfamethoxazole-trimethoprim tabs	P	
Cyclic Lipopeptides		
DAPTOMYCIN SOLR	P	PA
Lincosamides		
CLEOCIN CAPS (*Use Clindamycin HCl*)	NP	
CLEOCIN PEDIATRIC GRANULES SOLR (*Use Clindamycin Palmitate Hydrochloride*)	NP	QL(300 ml per fill retail)
clindamycin hcl caps or 150 mg, 300 mg	P	
clindamycin palmitate hydrochloride solr	P	QL(300 ml per fill retail)
Monobactams		
AZACTAM SOLR (*Use Aztreonam*)	NP	PA
AZACTAMIN ISO-OSMOTIC DEXTROSE SOLN	P	PA
aztreonam solr	P	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
GRIS-PEG TABS (*Use Griseofulvin Ultramicrosize*)	NP	
griseofulvin microsize susp	P	
griseofulvin microsize tabs	P	
griseofulvin ultramicrosize tabs	P	
LAMISIL TABS (*Use Terbinafine HCl*)	NP	QL(1 ea daily,90 ea per 120 days retail)
nystatin tabs or	P	QL(6 ea daily)
terbinafine hcl tabs or	P	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (*Use Fluconazole*)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG, 200 MG (*Use Fluconazole*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
DIFLUCAN TABS 150 MG (*Use Fluconazole*)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG (*Use Fluconazole*)	NP	QL(3 ea per 14 days retail)
fluconazole susr or 10 mg/ml, 40 mg/ml	P	QL(70 ml per fill retail)
fluconazole tabs or 100 mg, 200 mg	P	
fluconazole tabs or 150 mg	P	QL(2 ea per fill retail)
fluconazole tabs or 50 mg	P	QL(3 ea per 14 days retail)
itraconazole caps or	P	QL(1 ea daily)
ketoconazole tabs or	P	QL(1 ea daily)
SPORANOX CAPS (*Use Itraconazole*)	NP	QL(1 ea daily)
SPORANOX PULSEPAK CAPS (*Use Itraconazole*)	NP	QL(1 ea daily)
ANTIVIRALS - Drugs to Treat Viral Infections		
CMV Agents		
GANCICLOVIR SOLN	P	PA
PREVYMIS SOLN	P	PA
PREVYMIS TABS	P	PA
Herpes Agents		
acyclovir caps or 200 mg	P	QL(50 ea per 30 days retail)
acyclovir susp or 200 mg/5ml	P	QL(400 ml per 30 days retail)
acyclovir tabs or 400 mg	P	QL(3 ea daily)
acyclovir tabs or 800 mg	P	QL(50 ea per 30 days retail)
valacyclovir hcl tabs or 1 gm, 1000 mg	P	QL(42 ea per 30 days retail)
valacyclovir hcl tabs or 500 mg	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)
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)
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
CEFAZOLIN/D5W SOLN	P	PA
CEFAZOLIN/DEXTROSE SOLN	P	PA
cephalexin caps	P	
cephalexin susr	P	
KEFLEX CAPS (*Use Cephalexin*)	NP	
Cephalosporins - 2nd Generation		
cefaclor caps 250 mg, 500 mg	P	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	P	
cefprozil susr 125 mg/5ml, 250 mg/5ml	P	QL(200 ml per fill retail); AL(Up to 12 yrs old)
cefprozil tabs 250 mg, 500 mg	P	QL(20 ea per fill retail)
CEFTIN SUSR	P	QL(100 ml per fill retail); AL(Up to 12 yrs old)
cefuroxime axetil tabs	P	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 3rd Generation		
cefdinir caps 300 mg	P	ST; QL(20 ea per fill retail)
cefdinir susr 125 mg/5ml, 250 mg/5ml	P	ST; QL(100 ml per fill retail)
CEFTRI-IM KIT	P	PA
CEFTRISOL PLUS KIT	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	P	PA
BREVICON-28 TABS (*Use Norethindrone & Eth Estradiol*)	NP	
CYCLESSA TABS (*Use Desogestrel-Ethinyl Estradiol (Triphasic)*)	NP	
DESOGEN TABS (*Use Desogestrel & Ethinyl Estradiol*)	NP	
desogestrel & ethinyl estradiol tabs	P	
desogestrel-ethinyl estradiol (biphasic) tabs	P	
desogestrel-ethinyl estradiol (triphasic) tabs	P	
drospirenone-ethinyl estradiol tabs 3mg-0.02mg	P	QL(1 ea daily)
drospirenone-ethinyl estradiol tabs 3mg-0.03mg	P	
ethynodiol diacet & eth estrad tabs	P	
levonorgestrel & eth estradiol tabs	P	
levonorgestrel-eth estradiol (triphasic) tabs	P	
levonorgestrel-ethinyl estradiol (91-day) tabs	P	QL(91 ea per fill retail)
LOESTRIN 1.5/30-21 TABS (*Use Norethindrone Acet & Eth Estra*)	NP	
LOESTRIN 1/20-21 TABS (*Use Norethindrone Acet & Eth Estra*)	NP	
LOESTRIN FE 1.5/30 TABS (*Use Norethin Acet & Estrad-Fe*)	NP	
LOESTRIN FE 1/20 TABS (*Use Norethin Acet & Estrad-Fe*)	NP	
MIRCETTE TABS (*Use Desogestrel-Ethinyl Estradiol (Biphasic)*)	NP	
NECON 1/50-28 TABS	P	
NECON 10/11-28 TABS	P	
norethin acet & estrad-fe tabs	P	
norethindrone & eth estradiol tabs	P	
norethindrone acet & eth estra tabs	P	
norethindrone-eth estradiol (triphasic) tabs	P	
norgestimate-ethinyl estradiol (triphasic) tabs	P	
norgestimate-ethinyl estradiol tabs	P	
norgestrel & ethinyl estradiol tabs	P	QL(2 ea daily)
NORINYL 1+35 TABS (*Use Norethindrone & Eth Estradiol*)	NP	
OGESTREL TABS	P	
ORTHO TRI-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	NP	
ORTHO-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol*)	NP	
ORTHO-NOVUM 1/35 TABS (*Use Norethindrone & Eth Estradiol*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
ORTHO-NOVUM 7/7/7 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	NP	
OVCON-35 TABS (*Use Norethindrone & Eth Estradiol*)	NP	
SEASONIQUE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	NP	QL(91 ea per fill retail)
TRI-NORINYL 28 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	NP	
YASMIN 28 TABS (*Use Drospirenone-Ethinyl Estradiol*)	NP	
YAZ TABS (*Use Drospirenone-Ethinyl Estradiol*)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
XULANE PTWK	P	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
NUVARING RING	P	QL(1 ea per fill retail)
Emergency Contraceptives		
levonorgestrel (emergency oc) tabs	P	QL(4 ea per 365 days retail)
PLAN B ONE-STEP TABS (*Use Levonorgestrel (Emergency OC)*)	NP	QL(4 ea per 365 days retail)
Progestin Contraceptives - Injectable		
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)
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	P	
ORTHO MICRONOR TABS (*Use Norethindrone (Contraceptive)*)	NP	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Antivirals - Topical		
acyclovir topical oint	P	QL(30 gm per 30 days retail)
ZOVIRAX CREA EX 5 %	P	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (*Use Acyclovir Topical*)	NP	QL(30 gm per 30 days retail)
Corticosteroids - Topical		
HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE CREA (*Use Lidocaine-Hydrocortisone Acetate*)	NP	PA
IMPOYZ CREA	P	PA
lidocaine-hydrocortisone acetate crea	P	PA
LIDOSOL-HC CREA	P	PA
MEZPAROX-HC FORTE CREA	P	PA
SILALITE PAK THPK	P	PA
Immunomodulating Agents - Topical		
ALDARA CREA (*Use Imiquimod*)	NP	QL(48 ea per 180 days retail)
imiquimod crea ex	P	QL(48 ea per 180 days retail)
Misc. Topical		
AQUAPHOR 3 IN 1 DIAPER RASH CREAM CREA	P	PA
HYCLODEX SOLN	P	PA

Drug Name	Drug Tier	Requirements/ Limits
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
Scabicides & Pediculicides		
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)
EURAX LOTN (*Use Crotamiton*)	NP	QL(60 gm per fill retail)
KLOUT SHAM	P	QL(1 ml per 14 days retail)
LICEMD GEL	P	
LICIDE TREATMENT KIT KIT	P	
NIX CREME RINSE LIQD (*Use Permethrin*)	NP	
permethrin crea 5 %	P	QL(60 gm per fill retail)
permethrin liqd 1 %	P	
permethrin lotn 1 %	P	2 rtl pack lmt per fill,
pyrethrins-piperonyl butoxide liqd	P	
pyrethrins-piperonyl butoxide sham	P	
pyrethrins-piperonyl butoxide-permethrin-nit remover kit	P	
RA LICE SOLUTION KIT KIT	P	
RID COMPLETE LICE ELIMINATION KIT (*Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover*)	NP	
RID ESSENTIAL LICE ELIMINATION KIT KIT	P	
RID LIQD (*Use Pyrethrins-Piperonyl Butoxide*)	NP	
SCHOOLTIME SHAMPOO SHAM	P	QL(1 ml per 14 days retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS (*Use Ciprofloxacin HCl*)	NP	
CIPROFLOXACIN HCL TABS OR 100 MG	P	QL(6 ea per fill retail)
ciprofloxacin hcl tabs or 250 mg, 500 mg, 750 mg	P	
LEVAQUIN TABS (*Use Levofloxacin*)	NP	QL(1 ea daily,14 ea per fill retail)
levofloxacin tabs	P	QL(1 ea daily,14 ea per fill retail)
OFLOXACIN TABS 300 MG	P	QL(56 ea per fill retail)
ofloxacin tabs 400 mg	P	QL(56 ea per fill retail)
GOUT AGENTS - Drugs to Treat Gout		
Uricosurics		
probenecid tabs	P	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Cobalamins		
methylcobalamin subl sl	P	PA
methylcobalamin tbdp sl	P	PA
Folic Acid/Folates		
folic acid tabs	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Hematopoietic Mixtures		
FOLI-D TABS	P	PA
IRO-PLEX LIQD	P	PA
IRO-PLEX TABS	P	PA
Iron		
HEMATEX LIQD	P	PA
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	P	QL(2 ea per fill retail)
azithromycin susr or 100 mg/5ml	P	QL(15 ml per fill retail)
azithromycin susr or 200 mg/5ml	P	QL(60 ml per fill retail)
azithromycin tabs or 250 mg	P	QL(6 ea per fill retail)
azithromycin tabs or 500 mg	P	QL(4 ea daily)
azithromycin tabs or 600 mg	P	QL(8 ea per 28 days retail)
ZITHROMAX PACK 1 GM	P	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML (*Use Azithromycin*)	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (*Use Azithromycin*)	NP	QL(60 ml per fill retail)
ZITHROMAX TABS 250 MG (*Use Azithromycin*)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (*Use Azithromycin*)	NP	QL(4 ea daily)
ZITHROMAX TABS 600 MG (*Use Azithromycin*)	NP	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (*Use Azithromycin*)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (*Use Azithromycin*)	NP	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN TABS (*Use Clarithromycin*)	NP	QL(28 ea per fill retail)
clarithromycin susr or 125 mg/5ml	P	QL(100 ml per fill retail)
CLARITHROMYCIN SUSR OR 125 MG/5ML	P	QL(100 ml per fill retail)
CLARITHROMYCIN SUSR OR 250 MG/5ML	P	QL(200 ml per fill retail)
clarithromycin susr or 250 mg/5ml	P	QL(200 ml per fill retail)
clarithromycin tabs or 250 mg, 500 mg	P	QL(28 ea per fill retail)
clarithromycin tb24 or 500 mg	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. 400 TABS	P	
E.E.S. GRANULES SUSR (*Use Erythromycin Ethylsuccinate*)	NP	
ERY-TAB TBEC	P	
ERYPED 200 SUSR (*Use Erythromycin Ethylsuccinate*)	NP	
ERYPED 400 SUSR	P	
ERYTHROCIN STEARATE TABS	P	
erythromycin base cpep	P	
erythromycin base tabs	P	
erythromycin ethylsuccinate susr 200 mg/5ml	P	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	P	
PCE TBEC	P	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
FC FEMALE CONDOM MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
FC2 FEMALE CONDOM MISC	P	
FEMCAP DEVI	P	QL(1 ea per 365 days retail)
male condoms-misc	P	QL (36 per 30 days)
OMNIFLEX DIAPHRAGM DPRH	P	QL(1 ea per 365 days retail)
MULTIVITAMINS		
B-Complex w/ Folic Acid		
FIBRIK CAPS	P	PA
FOLIC-K CAPS	P	PA
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron tabs	P	QL(1 ea daily)
Multivitamins		
CARDENZ TABS (*Use Multiple Vitamin*)	NP	QL(1 ea daily)
ESTROFACTORS TABS	P	QL(1 ea daily)
FOLIKA-V TABS	P	PA
GENICIN VITA-Q TABS	P	PA
MULTI VITAMIN TABS	P	QL(1 ea daily)
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily)
multiple vitamin tabs	P	QL(1 ea daily)
NEOMULTIVITE TABS	P	QL(1 ea daily)
OMNICAP TABS	P	QL(1 ea daily)
ONE-A-DAY ESSENTIAL TABS (*Use Multiple Vitamin*)	NP	QL(1 ea daily)
ONE-A-DAY MENS TABS (*Use Multiple Vitamin*)	NP	QL(1 ea daily)
QUINTABS TABS	P	QL(1 ea daily)
THERA TABS	P	QL(1 ea daily)
Ped MV w/ Iron		
MULTIVITAMIN DROPS/IRON INFANT & TODDLER SOLN	P	PA
Pediatric Multiple Vitamins		
MULTIVITAMIN INFANT & TODDLER SOLN	P	PA
Pediatric Vitamins		
TRI-VITAMIN INFANT & TODDLER SOLN	P	PA
Prenatal Vitamins		
CITRANATAL MEDLEY CAPS	P	PA
OB COMPLETE ADVANCED CAPS	P	PA
PRENATAL + DHA THPK	P	PA
PRENATAL MULTI + DHA CAPS	P	PA
prenatal vitamins-misc	P	RX/OTC
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Ophthalmic Anti-infectives		
trifluridine soln op	P	QL(8 ml per 30 days retail)
VIROPTIC SOLN (*Use Trifluridine*)	NP	QL(8 ml per 30 days retail)
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 250 mg, 500 mg	P	
AMOXICILLIN CHEW 125 MG, 250 MG	P	
amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	P	
amoxicillin tabs 875 mg	P	
ampicillin caps 250 mg, 500 mg	P	
AMPICILLIN CAPS 500 MG	P	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	P	

Drug Name	Drug Tier	Requirements/ Limits
Natural Penicillins		
penicillin v potassium solr 125 mg/5ml, 250 mg/5ml	P	
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	P	
penicillin v potassium tabs 250 mg, 500 mg	P	
Penicillin Combinations		
amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml	P	QL(100 ml per fill retail)
amoxicillin & pot clavulanate susr 250mg/5ml-62.5mg/5ml	P	QL(150 ml per fill retail)
amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml, 600mg/5ml-42.9mg/5ml	P	QL(200 ml per fill retail)
amoxicillin & pot clavulanate tabs 250mg-125mg, 500mg-125mg	P	QL(30 ea per fill retail)
amoxicillin & pot clavulanate tabs 875mg-125mg	P	QL(20 ea per fill retail)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	P	QL(20 ea per fill retail)
AMPICILLIN-SULBACTAM SOLR	P	PA
AUGMENTIN ES-600 SUSR (*Use Amoxicillin & Pot Clavulanate*)	NP	QL(200 ml per fill retail)
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	P	QL(150 ml per fill retail)
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (*Use Amoxicillin & Pot Clavulanate*)	NP	QL(150 ml per fill retail)
AUGMENTIN TABS 500MG-125MG (*Use Amoxicillin & Pot Clavulanate*)	NP	QL(30 ea per fill retail)
AUGMENTIN TABS 875MG-125MG (*Use Amoxicillin & Pot Clavulanate*)	NP	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	P	
nafcillin sodium solr	P	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline hyclate caps	P	
doxycycline hyclate tabs	P	
MINOCIN CAPS (*Use Minocycline HCl*)	NP	
minocycline hcl caps	P	
tetracycline hcl caps 250 mg, 500 mg	P	
TETRACYCLINE HCL CAPS 250 MG, 500 MG (*Use Tetracycline HCl*)	NP	
VIBRAMYCIN CAPS (*Use Doxycycline Hyclate*)	NP	
TOXOIDS		
Toxoid Combinations		
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)

Drug Name	Drug Tier	Requirements/ Limits
TENIVAC INJ	P	Limit 1 dose per 10 years;AL(At least 19 yrs old - Up to 20 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED SUSP	P	Limit 1 dose per 10 years;AL(At least 19 yrs old - Up to 20 yrs old)
VACCINES		
Viral Vaccines		
ENGERIX-B INJ	P	Limit 3 per lifetime;AL(At least 19 yrs old - Up to 20 yrs old)
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)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Miscellaneous Vaginal Products		
TRIMO-SAN GEL	P	PA
Spermicides		
ENCARE SUPP	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
nonoxynol-9 gel	P	
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (*Use Nonoxynol-9*)	NP	
OPTIONS GYNOL II VAGINALCONTRACEPTIVE 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),
Vaginal Anti-infectives		
CLEOCIN CREA (*Use Clindamycin Phosphate Vaginal*)	NP	
clindamycin phosphate vaginal crea	P	
clotrimazole vaginal crea 1 %	P	QL(45 gm per 30 days retail)
clotrimazole vaginal crea 2 %	P	QL(31 gm per 30 days retail)
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)
metronidazole vaginal gel	P	QL(70 gm per fill retail)
MICONAZOLE 3 SUPP	P	QL(3 ea per 30 days retail)
miconazole nitrate vaginal crea 2 %, 4 %	P	QL(45 gm per 30 days retail)
miconazole nitrate vaginal supp 100 mg	P	QL(7 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)
TERAZOL 7 CREA (*Use Terconazole Vaginal*)	NP	
TERCONAZOLE CREA	P	
terconazole vaginal crea	P	

Drug Name	Drug Tier	Requirements/ Limits
terconazole vaginal supp	P	
tioconazole vaginal oint	P	
VAGISTAT-1 OINT (*Use Tioconazole Vaginal*)	NP	
Vaginal Estrogens		
IMVEXXY MAINTENANCE PACK INST	P	PA
IMVEXXY STARTER PACK INST	P	PA

Index