

## 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 Pharmacy and Therapeutics (P&T) Committee. The group is made up of the Chief Medical Officer, the Chief Medical Director of Pharmacy Services, and several Peach State Health Plan primary care physicians, 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](tel:1-800-704-1484) (TTY/TTD [1-800-255-0056](tel: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 logging into the [Member Portal](#).

### 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).

## Family Planning Only- Preferred Drug List (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 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.

### 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 Pharmacy Services on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com). The completed form and doctor notes to show your history should be **faxed to Pharmacy Services at 1-833-582-2342**. A request can also be sent using the secure electronic Prior Authorization portal by Cover My Meds at [www.covermy meds.com](http://www.covermy meds.com).

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, 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.

## Family Planning Only- Preferred Drug List (PDL)

### 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 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 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 Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the 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](tel:1-866-399-0928)** for assistance to send the 72 hour supply for payment.

## Family Planning Only- Preferred Drug List (PDL)

### 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-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.

## Family Planning Only- Preferred Drug List (PDL)

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

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

### Copayments

Co-pays are not required for Planning for Healthy Babies<sup>®</sup> Family Planning women.

### Contact Information

Peach State Health Plan Member Services:	<u>1-800-704-1484</u>
	Fax: 1-800-659-7518
Peach State Health Plan Member Services TTY/TDD:	<u>1-800-255-0056</u>
Pharmacy Services Prior Authorizations:	<u>1-866-399-0928</u>
	Fax: 1-833-582-2342
Express Scripts Pharmacy Help Desk:	<u>1-833-750-4403</u>

### 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.

¿Necesita ayuda para entender esto? Si la necesita, llame a la línea de Servicios para los miembros de Peach State Health Plan al 1-800-704-1484. Si es una persona con problemas de audición, llame a nuestro TTY 1-800-255-0056. Para obtener esta información en letra más grande o que se la lean por teléfono, llame a Servicios para los Miembros.

### Preferred Drug List Abbreviations

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
P	Preferred Drug

Family Planning Only- Preferred Drug List (PDL)

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

STANDARD ABBREVIATIONS

Dose Form	Dose Form Description
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

Dose Form	Dose Form Description
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

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



Dose Form	Dose Form Description
DEVI	Device
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
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

Dose Form	Dose Form Description
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
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
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
<i>neomycin sulfate TABS PO</i>	P	
ZEMDRI	P	PA
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Opioid Combinations		
<i>hydrocodone-acetaminophen SOLN PO 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 max fill(s) per 30 day(s) retail
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Rectal Steroids		
<i>hydrocortisone (rectal) EX 1 %</i>	P	PA; RX/OTC
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
Antifungals		
<i>griseofulvin microsize SUSP PO</i>	P	
<i>griseofulvin microsize TABS PO</i>	P	
<i>griseofulvin ultramicrosize PO</i>	P	
<i>nystatin TABS PO</i>	P	QL(6 EA daily)
<i>terbinafine hcl TABS PO</i>	P	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
<i>DIFLUCAN SUSR PO (Use fluconazole)</i>	NP	QL(70 ML per fill retail)
<i>DIFLUCAN TABS PO 100 MG, 200 MG (Use fluconazole)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>DIFLUCAN TABS PO 150 MG (Use fluconazole)</i>	NP	QL(2 EA per fill retail)
<i>DIFLUCAN TABS PO 50 MG (Use fluconazole)</i>	NP	QL(3 EA per 14 day(s) retail)
<i>fluconazole SUSR PO</i>	P	QL(70 ML per fill retail)
<i>fluconazole TABS PO 100 MG, 200 MG</i>	P	
<i>fluconazole TABS PO 150 MG</i>	P	QL(2 EA per fill retail)
<i>fluconazole TABS PO 50 MG</i>	P	QL(3 EA per 14 day(s) retail)
<i>itraconazole CAPS PO</i>	P	QL(1 EA daily)
<i>ketoconazole PO</i>	P	QL(1 EA daily)
<i>SPORANOX CAPS PO (Use itraconazole)</i>	NP	QL(1 EA daily)
<i>TOLSURA CAPS PO</i>	P	PA
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
<i>metronidazole TABS PO</i>	P	
<i>tinidazole PO 500 MG</i>	P	QL(20 EA per 30 day(s) retail)
<i>trimethoprim TABS PO</i>	P	
Anti-infective Misc. - Combinations		
<i>BACTRIM DS TABS PO (Use sulfamethoxazole-trimethoprim)</i>	NP	
<i>BACTRIM TABS PO (Use sulfamethoxazole-trimethoprim)</i>	NP	
<i>sulfamethoxazole-trimethoprim SUSP PO</i>	P	
<i>sulfamethoxazole-trimethoprim TABS PO</i>	P	
Cyclic Lipopeptides		
<i>daptomycin</i>	P	PA
<i>DAPTOMYCIN (Use daptomycin)</i>	NP	PA
<i>DAPTOMYCIN</i>	P	PA



Drug Name	Drug Tier	Requirements/Limits
<b>Lincosamides</b>		
CLEOCIN PO (Use clindamycin palmitate hydrochloride)	NP	QL(300 ML per fill retail)
CLEOCIN PO 150 MG, 300 MG (Use clindamycin hcl)	NP	
clindamycin hcl PO 150 MG, 300 MG	P	
clindamycin palmitate hydrochloride PO	P	QL(300 ML per fill retail)
<b>Monobactams</b>		
AZACTAM (Use aztreonam)	NP	PA
aztreonam	P	PA
<b>Polymyxins</b>		
colistimethate sodium	P	PA
COLY-MYCIN M (Use colistimethate sodium)	NP	PA
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>CMV Agents</b>		
GANCICLOVIR SODIUM SOLN	P	PA
PREVYMIS SOLN	P	PA
PREVYMIS TABS	P	PA
<b>Herpes Agents</b>		
acyclovir CAPS PO	P	QL(50 EA per 30 day(s) retail)
acyclovir SUSP PO	P	QL(400 ML per 30 day(s) retail)
acyclovir TABS PO 400 MG	P	QL(3 EA daily)
acyclovir TABS PO 800 MG	P	QL(50 EA per 30 day(s) retail)
valacyclovir hcl PO 1 GM	P	QL(42 EA per 30 day(s) retail)
valacyclovir hcl PO 500 MG	P	QL(2 EA daily)
VALTREX PO 500 MG (Use valacyclovir hcl)	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
VALTREX PO 1 GM (Use valacyclovir hcl)	NP	QL(42 EA per 30 day(s) retail)
ZOVIRAX SUSP PO (Use acyclovir)	NP	QL(400 ML per 30 day(s) retail)
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Peripheral Vasodilators</b>		
inositol niacinate CAPS PO	P	PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 5 %-2 GM/100ML	P	PA
cephalexin CAPS PO 250 MG, 500 MG	P	
cephalexin SUSP PO	P	
<b>Cephalosporins - 2nd Generation</b>		
cefaclor CAPS PO	P	
cefaclor SUSP PO 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	P	
cefroxitin sodium IV	P	PA
cefprozil SUSP PO	P	QL(200 ML per fill retail); AL(Up to 12 yrs old)
cefprozil TABS PO	P	QL(20 EA per fill retail)
cefuroxime axetil TABS PO	P	QL(20 EA per fill retail)
<b>Cephalosporins - 3rd Generation</b>		
cefdinir CAPS PO	P	QL(20 EA per fill retail)
cefdinir SUSP PO	P	QL(100 ML per fill retail)

Georgia Medicaid Family Planning Updated January 1, 2025  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime IV 1 GM, 2 GM, 6 GM</i>	P	PA	<i>norgestimate-ethinyl estradiol PO</i>	P	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>					
<b>Combination Contraceptives - Oral</b>					
<i>BALCOLTRA PO (Use levonorgestrel-ethinyl estradiol-iron)</i>	NP	PA	<i>norgestimate-ethinyl estradiol (triphasic) PO</i>	P	
<i>desogestrel &amp; ethinyl estradiol PO</i>	P		<i>norgestrel &amp; ethinyl estradiol PO 30 MCG-0.3 MG</i>	P	QL(2 EA daily)
<i>desogestrel-ethinyl estradiol (biphasic) PO</i>	P		<i>SEASONIQUE PO (Use levonorgestrel-ethinyl estradiol (91-day))</i>	NP	QL(91 EA per fill retail)
<i>desogestrel-ethinyl estradiol (triphasic) PO</i>	P		<i>TYBLUME CHEW</i>	P	
<i>drospirenone-ethinyl estradiol PO 0.02 MG-3 MG</i>	P	QL(1 EA daily)	<i>YASMIN 28 PO (Use drospirenone-ethinyl estradiol)</i>	NP	
<i>drospirenone-ethinyl estradiol PO 0.03 MG-3 MG</i>	P		<i>YAZ PO (Use drospirenone-ethinyl estradiol)</i>	NP	QL(1 EA daily)
<i>ethynodiol diacet &amp; eth estrad PO</i>	P		<b>Combination Contraceptives - Transdermal</b>		
<i>levonorgestrel &amp; eth estradiol TABS PO</i>	P		<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 EA per 28 day(s) retail)
<i>levonorgestrel-eth estradiol (triphasic) PO</i>	P		<b>Combination Contraceptives - Vaginal</b>		
<i>levonorgestrel-ethinyl estradiol (91-day) PO 0.03 MG-0.15 MG</i>	P	QL(91 EA per fill retail)	<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 EA per fill retail)
<i>levonorgestrel-ethinyl estradiol-iron PO</i>	P	PA	<i>NUVARING (Use etonogestrel-ethinyl estradiol)</i>	NP	QL(1 EA per fill retail)
<i>MIRCETTE PO (Use desogestrel-ethinyl estradiol (biphasic))</i>	NP		<b>Emergency Contraceptives</b>		
<i>norethin acet &amp; estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P		<i>levonorgestrel (emergency oc) PO 1.5 MG</i>	P	QL(4 EA per 365 day(s) retail)
<i>norethindrone &amp; eth estradiol PO</i>	P		<i>PLAN B ONE-STEP PO (Use levonorgestrel (emergency oc))</i>	NP	QL(4 EA per 365 day(s) retail)
<i>norethindrone acet &amp; eth estra TABS PO</i>	P		<b>Progestin Contraceptives - Injectable</b>		
<i>norethindrone-eth estradiol (triphasic) PO</i>	P		<i>DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))</i>	NP	QL(1 ML per fill retail)
			<i>DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))</i>	NP	QL(1 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail)
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ML per fill retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ML per fill retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) PO</i>	P	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
Antivirals - Topical		
<i>acyclovir topical CREA</i>	P	QL(5 GM per fill retail)
<i>acyclovir topical OINT</i>	P	QL(30 GM per 30 day(s) retail)
ZOVIRAX CREA ( <i>Use acyclovir topical</i> )	NP	QL(5 GM per fill retail)
ZOVIRAX OINT ( <i>Use acyclovir topical</i> )	NP	QL(30 GM per 30 day(s) retail)
Corticosteroids - Topical		
BRYHALI LOTN	P	PA
CORDRAN CREA 0.025 %	P	PA
CORTIZONE-10 MAXIMUM STRENGTH LIQD ( <i>Use hydrocortisone (topical)</i> )	NP	PA
CORTIZONE-10/ALOE LIQD ( <i>Use hydrocortisone (topical)</i> )	NP	PA
<i>halobetasol propionate FOAM</i>	P	PA
<i>hydrocortisone (topical) LIQD</i>	P	PA
IMPOYZ CREA	P	PA
LEXETTE FOAM ( <i>Use halobetasol propionate</i> )	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-hydrocortisone acetate CREA 1 %-1 %</i>	P	PA
RADIAURA CREA	P	PA
SCARZEN SKIN REPAIR	P	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)
Misc. Topical		
AQUAPHOR 3 IN 1 DIAPER RASH CREA	P	PA
EPICYN SOLN	P	PA
HYCLODEX SOLN	P	PA
HYPOCYN SOLN	P	PA
QBREXZA	P	PA
TEARS AGAIN ADVANCED EYELID	P	PA
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	P	QL(60 GM per fill retail)
ELIMITE CREA ( <i>Use permethrin</i> )	NP	QL(60 GM per fill retail)
LICEMD GEL	P	
NIX CREME RINSE LIQD EX ( <i>Use permethrin</i> )	NP	
<i>permethrin CREA</i>	P	QL(60 GM per fill retail)
<i>permethrin LIQD EX</i>	P	
<i>pyrethrins-piperonyl butoxide LIQD</i>	P	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits
RID COMPLETE LICE ELIMINATION (Use pyrethrins-piperonyl butoxide-permethrin-nit remover)	NP	
RID LIQD 4 %-0.33 % (Use pyrethrins-piperonyl butoxide)	NP	
SCHOOLTIME SHAMPOO SHAM	P	QL(1 ML per 14 day(s) retail)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS PO 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin hcl TABS PO 100 MG</i>	P	QL(6 EA per fill retail)
CIPRO TABS PO 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i> )	NP	
<i>levofloxacin TABS PO</i>	P	QL(1 EA daily; 14 EA per fill retail)
<i>ofloxacin PO 300 MG, 400 MG</i>	P	QL(56 EA per fill retail)
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Uricosurics		
<i>probenecid PO</i>	P	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Cobalamins		
CYANOCOBALAMIN SOLN IJ	P	PA
METHYLCOBALAMIN SOLR	P	PA
<i>methylcobalamin SUBL</i>	P	PA
<i>methylcobalamin TBDP</i>	P	PA
Folic Acid/Folates		

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid TABS PO 1 MG</i>	P	RX/OTC
Hematopoietic Mixtures		
ACTIRON	P	PA
FOLI-D TABS PO	P	PA
FOLVITE-D TABS PO	P	PA
GENICIN VITA-D TABS PO (Use <i>folic acid-cholecalciferol</i> )	NP	PA
HEMATRON-AF	P	PA
HEMAX EZY-DOSE	P	PA
IRO-PLEX	P	PA
IRO-PLEX	P	PA
MAXFE	P	PA
Iron		
HEMATEX LIQD	P	PA
NOVAFERRUM LIQD	P	PA
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
Azithromycin		
<i>azithromycin PACK PO</i>	P	QL(2 EA per fill retail)
<i>azithromycin SUSR PO 200 MG/5ML</i>	P	QL(60 ML per fill retail)
<i>azithromycin SUSR PO 100 MG/5ML</i>	P	QL(15 ML per fill retail)
<i>azithromycin TABS PO 250 MG</i>	P	QL(6 EA per fill retail)
<i>azithromycin TABS PO 600 MG</i>	P	QL(8 EA per 28 day(s) retail)
<i>azithromycin TABS PO 500 MG</i>	P	QL(4 EA daily)
ZITHROMAX TRI-PAK TABS PO (Use <i>azithromycin</i> )	NP	QL(4 EA daily)
ZITHROMAX Z-PAK TABS PO (Use <i>azithromycin</i> )	NP	QL(6 EA per fill retail)
ZITHROMAX PACK PO	P	QL(2 EA per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX SUSR PO 200 MG/5ML (Use azithromycin)	NP	QL(60 ML per fill retail)
ZITHROMAX SUSR PO 100 MG/5ML (Use azithromycin)	NP	QL(15 ML per fill retail)
ZITHROMAX TABS PO 250 MG (Use azithromycin)	NP	QL(6 EA per fill retail)
ZITHROMAX TABS PO 500 MG (Use azithromycin)	NP	QL(4 EA daily)
Clarithromycin		
clarithromycin SUSR PO 250 MG/5ML	P	QL(200 ML per fill retail)
clarithromycin SUSR PO 125 MG/5ML	P	QL(100 ML per fill retail)
clarithromycin TABS PO	P	QL(28 EA per fill retail)
clarithromycin TB24 PO	P	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR PO (Use erythromycin ethylsuccinate)	NP	
ERYPED 200 SUSR PO (Use erythromycin ethylsuccinate)	NP	
ERYPED 400 SUSR PO (Use erythromycin ethylsuccinate)	NP	
erythromycin base CPEP PO	P	
erythromycin base TABS PO	P	
erythromycin base TBEC PO	P	
erythromycin ethylsuccinate SUSR PO	P	
erythromycin ethylsuccinate TABS PO	P	
erythromycin stearate TABS PO 250 MG	P	

Drug Name	Drug Tier	Requirements/Limits
<b>MEDICAL DEVICES AND SUPPLIES</b>		
Contraceptives		
FC2 FEMALE CONDOM	P	
FEMCAP DEVI	P	QL(1 EA per 365 day(s) retail)
MALE CONDOMS-MISC	P	QL (36 per 30 days)
OMNIFLEX DIAPHRAGM	P	QL(1 EA per 365 day(s) retail)
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
Homeopathic Products		
ARNICARE ARNICA OINT	P	PA
AVENOC OINT	P	PA
CALENDULA OINT	P	PA
CVS NERVE PAIN RELIEF OINT	P	PA
ICHTHAMMOL DRAWING SALVE OINT	P	PA
NEURAGEN PN OINT	P	PA
PRID OINT	P	PA
TRAUMEEL OINT	P	PA
ZEEL ARTHRITIS PAIN RELIEF OINT	P	PA
<b>MULTIVITAMINS</b>		
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron TABS PO	P	QL(1 EA daily)
TAB-A-VITE/IRON/BETA CAROTENE TABS PO	P	QL(1 EA daily)
Multivitamins		
ALTRIXA TABS PO	P	QL(1 EA daily); RX/OTC
AMLADEX TABS PO	P	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS PO	P	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS PO	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FOLCYTEINE TABS PO	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN DROPS/IRON SOLN PO	P	PA
GENICIN VITA-Q TABS PO	P	QL(1 EA daily); RX/OTC	POLY-VITE/IRON SOLN PO	P	PA
HIGH POTENCY MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	Pediatric Multiple Vitamins		
MULTI VITAMIN W/D-3 TABS PO	P	QL(1 EA daily); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	PA
MULTI VITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	P	PA
<i>multiple vitamin TABS PO</i>	P	QL(1 EA daily); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	PA
MULTIVITAMIN ADULT TABS PO	P	QL(1 EA daily); RX/OTC	POLY-VI-SOL SOLN PO	P	PA
MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	POLY-VITA SOLN PO	P	PA
NEOMULTIVITE TABS PO	P	QL(1 EA daily); RX/OTC	POLY-VITE PEDIATRIC SOLN PO	P	PA
OMNICAP TABS PO	P	QL(1 EA daily); RX/OTC	Prenatal Vitamins		
ONE DAILY ESSENTIALS TABS PO	P	QL(1 EA daily); RX/OTC	ALIVE DAILY SUP PRENATAL GUMMI	P	PA
ONE DAILY ESSENTIAL TABS PO	P	QL(1 EA daily); RX/OTC	AZESCO TABS PO	P	PA
ONE VITE DAILY MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	CITRANATAL MEDLEY	P	PA
ONE-A-DAY ESSENTIAL TABS PO ( <i>Use multiple vitamin</i> )	NP	QL(1 EA daily); RX/OTC	COMPLETE NATAL DHA PO	P	PA
ONE-A-DAY MENS TABS PO ( <i>Use multiple vitamin</i> )	NP	QL(1 EA daily); RX/OTC	CVS PRENATAL GUMMY	P	PA
QUINTABS TABS PO	P	QL(1 EA daily); RX/OTC	DERMACINRX PRETRATE TABS PO	P	PA
STRESS FORMULA/ZINC/ENERGY TABS PO	P	QL(1 EA daily); RX/OTC	FOLIVANE-OB PO	P	PA
THERA TABS PO	P	QL(1 EA daily); RX/OTC	NEO-VITAL RX TABS PO	P	PA
THEREMS TABS PO	P	QL(1 EA daily); RX/OTC	PRENATAL GUMMIES	P	PA
TM-DAILY VITE TABS PO	P	QL(1 EA daily); RX/OTC	PRENATAL MULTI +DHA CAPS PO	P	PA
TRUE MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	PRENATAL VITAMINS-MISC	P	RX/OTC
Ped MV w/ Iron			PRENATAL/FOLIC ACID+DHA CAPS PO	P	PA
			PRENATVITE COMPLETE TABS PO	P	PA
			PRENATVITE PLUS TABS PO	P	PA
			TARON-C DHA PO	P	PA

Drug Name	Drug Tier	Requirements/Limits
WESNATAL DHA COMPLETE PO	P	PA
ZALVIT TABS PO	P	PA
ZIPHEX TABS PO	P	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agents - Misc.		
NOZIN NASAL SANITIZER KIT	P	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Ophthalmic Anti-infectives		
trifluridine	P	QL(8 ML per 30 day(s) retail)
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
amoxicillin CAPS PO	P	
amoxicillin CHEW PO 125 MG, 250 MG	P	
amoxicillin SUSR PO	P	
AMOXICILLIN SUSR PO (Use amoxicillin)	NP	
amoxicillin TABS PO 875 MG	P	
ampicillin CAPS PO 500 MG	P	
Natural Penicillins		
penicillin v potassium SOLR PO	P	
penicillin v potassium TABS PO	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW PO	P	QL(20 EA per fill retail)
amoxicillin & pot clavulanate SUSR PO 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	P	QL(200 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & pot clavulanate SUSR PO 28.5 MG/5ML-200 MG/5ML	P	QL(100 ML per fill retail)
amoxicillin & pot clavulanate SUSR PO 62.5 MG/5ML-250 MG/5ML	P	QL(150 ML per fill retail)
amoxicillin & pot clavulanate TABS PO 125 MG-250 MG, 125 MG-500 MG	P	QL(30 EA per fill retail)
amoxicillin & pot clavulanate TABS PO 125 MG-875 MG	P	QL(20 EA per fill retail)
ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM	P	PA
AUGMENTIN ES-600 SUSR PO (Use amoxicillin & pot clavulanate)	NP	QL(200 ML per fill retail)
AUGMENTIN SUSR PO 31.25 MG/5ML-125 MG/5ML	P	QL(150 ML per fill retail)
AUGMENTIN TABS PO 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NP	QL(30 EA per fill retail)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium PO	P	
nafcillin sodium IV	P	PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
sulfadiazine TABS PO	P	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Tetracyclines		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DORYX TBEC PO 50 MG, 80 MG, 200 MG (Use doxycycline hyclate)	NP	PA	BEXSERO	P	
<i>doxycycline hyclate CAPS PO</i>	P		BIOTHRAX	P	
<i>doxycycline hyclate TABS PO 100 MG</i>	P		HIBERIX SOLR IJ	P	
<i>doxycycline hyclate TBEC PO</i>	P	PA	MENACTRA	P	
<i>minocycline hcl CAPS PO</i>	P		MENQUADFI	P	
MINOLIRA TB24 PO	P	PA	MENVEO SOLN	P	
<i>tetracycline hcl CAPS PO</i>	P		MENVEO SOLR	P	
VIBRAMYCIN CAPS PO (Use doxycycline hyclate)	NP		PEDVAX HIB SUSP	P	
<b>TOXOIDS</b>			PENBRAYA	P	
Toxoid Combinations			PNEUMOVAX 23 SOLN	P	
ADACEL SUSP	P		PNEUMOVAX 23 SOSY	P	
BOOSTRIX SUSP	P		PREVNAR 13	P	
BOOSTRIX SUSY	P		PREVNAR 20	P	
DAPTACEL	P		TRUMENBA	P	
DIPHThERIA-TETANUS TOXOIDS DT SUSP	P		TYPHIM VI SOLN	P	
INFANRIX	P		TYPHIM VI SOSY	P	
KINRIX SUSY	P		VAXCHORA	P	
PEDIARIX SUSY	P		VAXNEUVANCE	P	
PENTACEL	P		VIVOTIF PO	P	
QUADRACEL SUSP	P		<b>Viral Vaccines</b>		
QUADRACEL SUSY	P		ABRYSVO	P	
TDVAX SUSP	P		ACAM2000	P	
TENIVAC INJ	P		AFLURIA PRESERVATIVE FREE SUSY	P	
TETANUS-DIPHThERIA TOXOIDS TD SUSP	P		AFLURIA QUADRIVALENT SUSP	P	
VAXELIS SUSP	P		AFLURIA QUADRIVALENT SUSY 0.5 ML	P	
VAXELIS SUSY	P		AFLURIA SUSP	P	
<b>VACCINES</b>			AREXVY	P	
Bacterial Vaccines			DENGVAXIA	P	
ACTHIB SOLR IM	P		ENGERIX-B SUSP 20 MCG/ML	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
BCG VACCINE	P				



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail	HAVRIX	P	
FLUAD	P		HEPLISAV-B SOSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
FLUAD QUADRIVALENT	P		IMOVAX RABIES SUSR	P	
FLUARIX QUADRIVALENT SUSY	P		IPOL	P	
FLUARIX SUSY	P		IXIARO	P	
FLUBLOK QUADRIVALENT	P		JYNNEOS	P	
FLUBLOK SOSY	P		M-M-R II SOLR	P	
FLUCELVAX QUADRIVALENT SUSP	P		PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
FLUCELVAX QUADRIVALENT SUSY	P		PRIORIX SUSR	P	
FLUCELVAX SUSP	P		PROQUAD SUSR	P	
FLUCELVAX SUSY	P		RABAVERT	P	
FLULAVAL QUADRIVALENT SUSY	P		RECOMBIVAX HB SUSP	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
FLULAVAL SUSY	P		RECOMBIVAX HB SUSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
FLUMIST	P		ROTARIX SUSP	P	
FLUMIST QUADRIVALENT	P		ROTARIX SUSR PO	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P		ROTATEQ SOLN PO	P	
FLUZONE HIGH-DOSE SUSY	P		SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
FLUZONE QUADRIVALENT SUSP	P		STAMARIL SUSR	P	
FLUZONE QUADRIVALENT SUSY	P		TICOVAC	P	
FLUZONE SUSP	P		TWINRIX SUSY	P	
FLUZONE SUSY	P		VAQTA	P	
GARDASIL 9 SUSP	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	YF-VAX INJ	P	
<b>VAGINAL AND RELATED PRODUCTS</b>					
Miscellaneous Vaginal Products					

Drug Name	Drug Tier	Requirements/Limits
TRIMO-SAN	P	PA
Spermicides		
ENCARE SUPP 100 MG	P	1 package(s) per 30 day(s) retail
OPTIONS GYNOL II CONTRACEPTIVE GEL	P	QL(86 GM per fill retail)
SHUR-SEAL CONTRACEPTIVE GEL	P	1 package(s) per 30 day(s) retail
VCF VAGINAL CONTRACEPTIVE FILM	P	1 package(s) per 30 day(s) retail
VCF VAGINAL CONTRACEPTIVE FOAM	P	1 package(s) per 30 day(s) retail
VCF VAGINAL CONTRACEPTIVE GEL	P	
Vaginal Anti-infectives		
CLEOCIN CREA ( <i>Use clindamycin phosphate vaginal</i> )	NP	
<i>clindamycin phosphate vaginal CREA</i>	P	
<i>clotrimazole vaginal CREA 2 %</i>	P	QL(31 GM per 30 day(s) retail)
<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 GM per 30 day(s) retail)
GYNAZOLE-1	P	
GYNE-LOTRIMIN 3 CREA ( <i>Use clotrimazole vaginal</i> )	NP	QL(31 GM per 30 day(s) retail)
GYNE-LOTRIMIN CREA ( <i>Use clotrimazole vaginal</i> )	NP	QL(45 GM per 30 day(s) retail)
<i>metronidazole vaginal</i>	P	QL(70 GM per fill retail)
<i>miconazole nitrate vaginal CREA</i>	P	QL(45 GM per 30 day(s) retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 EA per 30 day(s) retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
MONISTAT 3 CREA ( <i>Use miconazole nitrate vaginal</i> )	NP	QL(45 GM per 30 day(s) retail)
MONISTAT 7 SIMPLY CURE CREA ( <i>Use miconazole nitrate vaginal</i> )	NP	QL(45 GM per 30 day(s) retail)
<i>terconazole vaginal CREA</i>	P	
<i>terconazole vaginal SUPP</i>	P	
<i>tioconazole vaginal 6.5 %</i>	P	
VANDAZOLE	P	QL(70 GM per fill retail)
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone acetate vaginal</i>	P	
Vaginal Estrogens		
IMVEXXY MAINTENANCE PACK INST	P	PA

# INDEX

ABRYSVO .....	9	amoxicillin & pot clavulanate TABS PO 125 MG-875 MG .....	8	azithromycin TABS PO 600 MG ....	5
ACAM2000 .....	9	amoxicillin CAPS PO .....	8	aztreonam .....	2
ACTHIB SOLR IM .....	9	amoxicillin CHEW PO 125 MG, 250 MG .....	8	BACTRIM DS TABS PO (Use sulfamethoxazole-trimethoprim) ....	1
ACTIRON .....	5	AMOXICILLIN SUSR PO (Use amoxicillin) .....	8	BACTRIM TABS PO (Use sulfamethoxazole-trimethoprim) ....	1
acyclovir CAPS PO .....	2	amoxicillin SUSR PO .....	8	BALCOLTRA PO (Use levonorgestrel-ethinyl estradiol-iron) .	3
acyclovir SUSP PO .....	2	amoxicillin TABS PO 875 MG .....	8	BCG VACCINE .....	9
acyclovir TABS PO 400 MG .....	2	ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM .....	8	BEXSERO .....	9
acyclovir TABS PO 800 MG .....	2	ampicillin CAPS PO 500 MG .....	8	BIOTHRAX .....	9
acyclovir topical CREA .....	4	AQUAPHOR 3 IN 1 DIAPER RASH CREA .....	4	BOOSTRIX SUSP .....	9
acyclovir topical OINT .....	4	AREXVY .....	9	BOOSTRIX SUSY .....	9
ADACEL SUSP .....	9	ARNICARE ARNICA OINT .....	6	BPROTECTED PEDIA POLY-VITE SOLN PO .....	7
AFLURIA PRESERVATIVE FREE SUSY .....	9	AUGMENTIN ES-600 SUSR PO (Use amoxicillin & pot clavulanate) .	8	BRYHALI LOTN .....	4
AFLURIA QUADRIVALENT SUSP .	9	AUGMENTIN SUSR PO 31.25 MG/5ML-125 MG/5ML .....	8	CALENDULA OINT .....	6
AFLURIA QUADRIVALENT SUSY 0.5 ML .....	9	AUGMENTIN TABS PO 125 MG-500 MG (Use amoxicillin & pot clavulanate) .....	8	cefaclor CAPS PO .....	2
AFLURIA SUSP .....	9	AVENOC OINT .....	6	cefaclor SUSR PO 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	2
ALIVE DAILY SUP PRENATAL GUMMI .....	7	AZACTAM (Use aztreonam) .....	2	CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 5 %-2 GM/100ML .....	2
ALTRIXA TABS PO .....	6	AZESCO TABS PO .....	7	cefdinir CAPS PO .....	2
AMLADDEX TABS PO .....	6	azithromycin PACK PO .....	5	cefdinir SUSR PO .....	2
amoxicillin & pot clavulanate CHEW PO .....	8	azithromycin SUSR PO 100 MG/5ML .....	5	cefoxitin sodium IV .....	2
amoxicillin & pot clavulanate SUSR PO 28.5 MG/5ML-200 MG/5ML ....	8	azithromycin SUSR PO 200 MG/5ML .....	5	cefprozil SUSR PO .....	2
amoxicillin & pot clavulanate SUSR PO 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML .....	8	azithromycin TABS PO 250 MG ....	5	cefprozil TABS PO .....	2
amoxicillin & pot clavulanate SUSR PO 62.5 MG/5ML-250 MG/5ML ....	8	azithromycin TABS PO 500 MG ....	5	ceftazidime IV 1 GM, 2 GM, 6 GM ..	3
amoxicillin & pot clavulanate TABS PO 125 MG-250 MG, 125 MG-500 MG .....	8			cefuroxime axetil TABS PO .....	2
				cephalexin CAPS PO 250 MG, 500 MG .....	2

cephalexin SUSR PO .....	2	hydrocortisone (topical)) .....	4	DIFLUCAN TABS PO 150 MG (Use fluconazole) .....	1
CIPRO TABS PO 250 MG, 500 MG (Use ciprofloxacin hcl) .....	5	CORTIZONE-10/ALOE LIQD (Use hydrocortisone (topical)) .....	4	DIFLUCAN TABS PO 50 MG (Use fluconazole) .....	1
ciprofloxacin hcl TABS PO 100 MG .....	5	crotamiton LOTN .....	4	DIPHThERIA-TETANUS TOXOIDS DT SUSP .....	9
ciprofloxacin hcl TABS PO 250 MG, 500 MG, 750 MG .....	5	CVS NERVE PAIN RELIEF OINT .....	6	DORYX TBEC PO 50 MG, 80 MG, 200 MG (Use doxycycline hyclate) .....	9
CITRANATAL MEDLEY .....	7	CVS PRENATAL GUMMY .....	7	doxycycline hyclate CAPS PO .....	9
clarithromycin SUSR PO 125 MG/5ML .....	6	CYANOCOBALAMIN SOLN IJ .....	5	doxycycline hyclate TABS PO 100 MG .....	9
clarithromycin SUSR PO 250 MG/5ML .....	6	DAILY MULTIPLE VITAMINS TABS PO .....	6	doxycycline hyclate TBEC PO .....	9
clarithromycin TABS PO .....	6	DAPTACEL .....	9	drospirenone-ethinyl estradiol PO 0.02 MG-3 MG .....	3
clarithromycin TB24 PO .....	6	DAPTOMYCIN (Use daptomycin) .....	1	drospirenone-ethinyl estradiol PO 0.03 MG-3 MG .....	3
CLEOCIN CREA (Use clindamycin phosphate vaginal) .....	11	daptomycin .....	1	E.E.S. GRANULES SUSR PO (Use erythromycin ethylsuccinate) .....	6
CLEOCIN PO (Use clindamycin palmitate hydrochloride) .....	2	DAPTOMYCIN .....	1	ELIMITE CREA (Use permethrin) .....	4
CLEOCIN PO 150 MG, 300 MG (Use clindamycin hcl) .....	2	DENG VAXIA .....	9	ENCARE SUPP 100 MG .....	11
clindamycin hcl PO 150 MG, 300 MG .....	2	DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive)) .....	3	ENGERIX-B SUSP 20 MCG/ML .....	9
clindamycin palmitate hydrochloride PO .....	2	DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive)) .....	3	ENGERIX-B SUSY .....	10
clindamycin phosphate vaginal CREA .....	11	DEPO-SUBQ PROVERA 104 SUSY SC .....	4	EPICYN SOLN .....	4
clotrimazole vaginal CREA 1 % .....	11	DERMACINRX PRETRATE TABS PO .....	7	ERYPED 200 SUSR PO (Use erythromycin ethylsuccinate) .....	6
clotrimazole vaginal CREA 2 % .....	11	desogestrel & ethinyl estradiol PO .....	3	ERYPED 400 SUSR PO (Use erythromycin ethylsuccinate) .....	6
colistimethate sodium .....	2	desogestrel-ethinyl estradiol (biphasic) PO .....	3	erythromycin base CPEP PO .....	6
COLY-MYCIN M (Use colistimethate sodium) .....	2	desogestrel-ethinyl estradiol (triphasic) PO .....	3	erythromycin base TABS PO .....	6
COMPLETE NATAL DHA PO .....	7	dicloxacillin sodium PO .....	8	erythromycin base TBEC PO .....	6
CORDRAN CREA 0.025 % .....	4	DIFLUCAN SUSR PO (Use fluconazole) .....	1	erythromycin ethylsuccinate SUSR PO .....	6
CORTIZONE-10 MAXIMUM STRENGTH LIQD (Use		DIFLUCAN TABS PO 100 MG, 200 MG (Use fluconazole) .....	1	erythromycin ethylsuccinate TABS PO .....	6

erythromycin stearate TABS PO 250 MG .....	6	FLUZONE QUADRIVALENT SUSP 10	HIGH POTENCY MULTIVITAMIN TABS PO .....	7	
ESTROFACTORS TABS PO .....	6	FLUZONE QUADRIVALENT SUSY 10	HYCLODEX SOLN .....	4	
ethynodiol diacet & eth estrad PO ..	3	FLUZONE SUSP .....	10	hydrocodone-acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	1
etonogestrel-ethinyl estradiol .....	3	FLUZONE SUSY .....	10	hydrocortisone (rectal) EX 1 % .....	1
FC2 FEMALE CONDOM .....	6	FOLCYTEINE TABS PO .....	7	hydrocortisone (topical) LIQD .....	4
FEMCAP DEVI .....	6	follic acid TABS PO 1 MG .....	5	hydrocortisone acetate vaginal .....	11
FLUAD .....	10	FOLI-D TABS PO .....	5	HYPOCYN SOLN .....	4
FLUAD QUADRIVALENT .....	10	FOLIVANE-OB PO .....	7	ICHTHAMMOL DRAWING SALVE OINT .....	6
FLUARIX QUADRIVALENT SUSY 10		FOLVITE-D TABS PO .....	5	imiquimod 5 % .....	4
FLUARIX SUSY .....	10	GANCICLOVIR SODIUM SOLN ....	2	IMOVAX RABIES SUSR .....	10
FLUBLOK QUADRIVALENT .....	10	GARDASIL 9 SUSP .....	10	IMPOYZ CREA .....	4
FLUBLOK SOSY .....	10	GARDASIL 9 SUSY .....	10	IMVEXXY MAINTENANCE PACK INST .....	11
FLUCELVAX QUADRIVALENT SUSP .....	10	GENICIN VITA-D TABS PO (Use folic acid-cholecalciferol) .....	5	INFANRIX .....	9
FLUCELVAX QUADRIVALENT SUSY .....	10	GENICIN VITA-Q TABS PO .....	7	inositol niacinate CAPS PO .....	2
FLUCELVAX SUSP .....	10	griseofulvin microsize SUSP PO ....	1	IPOL .....	10
FLUCELVAX SUSY .....	10	griseofulvin microsize TABS PO ....	1	IRO-PLEX .....	5
fluconazole SUSR PO .....	1	griseofulvin ultramicrosize PO .....	1	itraconazole CAPS PO .....	1
fluconazole TABS PO 100 MG, 200 MG .....	1	GYNAZOLE-1 .....	11	IXIARO .....	10
fluconazole TABS PO 150 MG .....	1	GYNE-LOTRIMIN 3 CREA (Use clotrimazole vaginal) .....	11	JYNNEOS .....	10
fluconazole TABS PO 50 MG .....	1	GYNE-LOTRIMIN CREA (Use clotrimazole vaginal) .....	11	ketoconazole PO .....	1
FLULAVAL QUADRIVALENT SUSY . 10		halobetasol propionate FOAM .....	4	KINRIX SUSY .....	9
FLULAVAL SUSY .....	10	HAVRIX .....	10	levofloxacin TABS PO .....	5
FLUMIST .....	10	HEMATEX LIQD .....	5	levonorgestrel & eth estradiol TABS PO .....	3
FLUMIST QUADRIVALENT .....	10	HEMATRON-AF .....	5	levonorgestrel (emergency oc) PO 1.5 MG .....	3
FLUZONE HIGH-DOSE QUADRIVALENT .....	10	HEMAX EZY-DOSE .....	5	levonorgestrel-eth estradiol	
FLUZONE HIGH-DOSE SUSY ....	10	HEPLISAV-B SOSY .....	10		
		HIBERIX SOLR IJ .....	9		

(triphasic) PO .....3	ethinyl estradiol (biphasic)) .....3	norgestimate-ethinyl estradiol (triphasic) PO .....3
levonorgestrel-ethinyl estradiol (91-day) PO 0.03 MG-0.15 MG .....3	M-M-R II SOLR .....10	norgestimate-ethinyl estradiol PO ...3
levonorgestrel-ethinyl estradiol-iron PO .....3	MONISTAT 3 CREA (Use miconazole nitrate vaginal) ..... 11	norgestrel & ethinyl estradiol PO 30 MCG-0.3 MG ..... 3
LEXETTE FOAM (Use halobetasol propionate) .....4	MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) ...11	NOVAFERRUM LIQD .....5
LICEMD GEL .....4	MULTI VITAMIN TABS PO .....7	NOZIN NASAL SANITIZER KIT ..... 8
lidocaine-hydrocortisone acetate CREA 1 %-1 % .....4	MULTI VITAMIN W/D-3 TABS PO ..7	NUVARING (Use etonogestrel-ethinyl estradiol) .....3
MALE CONDOMS-MISC .....6	multiple vitamin TABS PO .....7	nystatin TABS PO .....1
MAXFE .....5	multiple vitamins w/ iron TABS PO ..6	ofloxacin PO 300 MG, 400 MG ..... 5
medroxyprogesterone acetate (contraceptive) SUSP IM .....4	MULTIVITAMIN ADULT TABS PO ..7	OMNICAP TABS PO .....7
medroxyprogesterone acetate (contraceptive) SUSY IM .....4	MULTIVITAMIN DROPS/IRON SOLN PO .....7	OMNIFLEX DIAPHRAGM .....6
MENACTRA .....9	MULTIVITAMIN INFANT & TODDLER SOLN PO .....7	ONE DAILY ESSENTIAL TABS PO 7
MENQUADFI .....9	MULTIVITAMIN TABS PO .....7	ONE DAILY ESSENTIALS TABS PO 7
MENVEO SOLN .....9	nafcilin sodium IV .....8	ONE VITE DAILY MULTIVITAMIN TABS PO .....7
MENVEO SOLR .....9	NEOMULTIVITE TABS PO .....7	ONE-A-DAY ESSENTIAL TABS PO (Use multiple vitamin) .....7
METHYLCOBALAMIN SOLR .....5	neomycin sulfate TABS PO .....1	ONE-A-DAY MENS TABS PO (Use multiple vitamin) .....7
methylcobalamin SUBL .....5	NEO-VITAL RX TABS PO .....7	OPTIONS GYNOL II CONTRACEPTIVE GEL ..... 11
methylcobalamin TBDP .....5	NEURAGEN PN OINT .....6	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO .....7
metronidazole TABS PO .....1	NIX CREME RINSE LIQD EX (Use permethrin) .....4	PEDIARIX SUSY .....9
metronidazole vaginal .....11	norelgestromin-ethinyl estradiol ....3	PEDVAX HIB SUSP .....9
miconazole nitrate vaginal CREA ..11	norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....3	PENBRAYA .....9
miconazole nitrate vaginal SUPP 100 MG ..... 11	norethindrone & eth estradiol PO ...3	penicillin v potassium SOLR PO ....8
miconazole nitrate vaginal SUPP 200 MG ..... 11	norethindrone (contraceptive) PO ..4	penicillin v potassium TABS PO ....8
minocycline hcl CAPS PO .....9	norethindrone acet & eth estra TABS PO .....3	PENTACEL .....9
MINOLIRA TB24 PO .....9	norethindrone-eth estradiol (triphasic) PO .....3	permethrin CREA .....4
MIRCETTE PO (Use desogestrel-		

permethrin LIQD EX .....	4	0.5 % .....	4	sulfamethoxazole-trimethoprim TABS PO .....	1
PLAN B ONE-STEP PO (Use levonorgestrel (emergency oc)) .....	3	QBREXZA .....	4	TAB-A-VITE/IRON/BETA CAROTENE TABS PO .....	6
PNEUMOVAX 23 SOLN .....	9	QUADRACEL SUSP .....	9	TARON-C DHA PO .....	7
PNEUMOVAX 23 SOSY .....	9	QUADRACEL SUSY .....	9	TDVAX SUSP .....	9
POLY-VI-SOL SOLN PO .....	7	QUINTABS TABS PO .....	7	TEARS AGAIN ADVANCED EYELID .....	4
POLY-VITA SOLN PO .....	7	RABAVERT .....	10	TENIVAC INJ .....	9
POLY-VITE PEDIATRIC SOLN PO .7		RADIAURA CREA .....	4	terbinafine hcl TABS PO .....	1
POLY-VITE/IRON SOLN PO .....	7	RECOMBIVAX HB SUSP .....	10	terconazole vaginal CREA .....	11
PREHEVBRIO .....	10	RECOMBIVAX HB SUSY .....	10	terconazole vaginal SUPP .....	11
PRENATAL GUMMIES .....	7	RID COMPLETE LICE ELIMINATION (Use pyrethrins-piperonyl butoxide- permethrin-nit remover) .....	5	TETANUS-DIPHThERIA TOXOIDS TD SUSP .....	9
PRENATAL MULTI +DHA CAPS PO 7		RID LIQD 4 %-0.33 % (Use pyrethrins-piperonyl butoxide) .....	5	tetracycline hcl CAPS PO .....	9
PRENATAL VITAMINS-MISC .....	7	ROTARIX SUSP .....	10	THERA TABS PO .....	7
PRENATAL/FOLIC ACID+DHA CAPS PO .....	7	ROTARIX SUSR PO .....	10	THEREMS TABS PO .....	7
PRENATVITE COMPLETE TABS PO .....	7	ROTATEQ SOLN PO .....	10	TICOVAC .....	10
PRENATVITE PLUS TABS PO .....	7	SCARZEN SKIN REPAIR .....	4	tinidazole PO 500 MG .....	1
PREVNAR 13 .....	9	SCHOOLTIME SHAMPOO SHAM .5		tioconazole vaginal 6.5 % .....	11
PREVNAR 20 .....	9	SEASONIQUE PO (Use levonorgestrel-ethinyl estradiol (91- day)) .....	3	TM-DAILY VITE TABS PO .....	7
PREVYMIS SOLN .....	2	SHINGRIX .....	10	TOLSURA CAPS PO .....	1
PREVYMIS TABS .....	2	SHUR-SEAL CONTRACEPTIVE GEL .....	11	TRAUMEEL OINT .....	6
PRID OINT .....	6	SPORANOX CAPS PO (Use itraconazole) .....	1	trifluridine .....	8
PRIORIX SUSR .....	10	STAMARIL SUSR .....	10	trimethoprim TABS PO .....	1
probenecid PO .....	5	STRESS FORMULA/ZINC/ENERGY TABs PO .....	7	TRIMO-SAN .....	11
PROQUAD SUSR .....	10	sulfadiazine TABS PO .....	8	TRUE MULTIVITAMIN TABS PO ...7	
pyrethrins-piperonyl butoxide LIQD .4		sulfamethoxazole-trimethoprim SUSP PO .....	1	TRUMENBA .....	9
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 % .....	4			TWINRIX SUSY .....	10
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %-				TYBLUME CHEW .....	3

TYPHIM VI SOSY .....	9	ZIPHEX TABS PO .....	8
valacyclovir hcl PO 1 GM .....	2	ZITHROMAX PACK PO .....	5
valacyclovir hcl PO 500 MG .....	2	ZITHROMAX SUSR PO 100 MG/5ML (Use azithromycin) .....	6
VALTREX PO 1 GM (Use valacyclovir hcl) .....	2	ZITHROMAX SUSR PO 200 MG/5ML (Use azithromycin) .....	6
VALTREX PO 500 MG (Use valacyclovir hcl) .....	2	ZITHROMAX TABS PO 250 MG (Use azithromycin) .....	6
VANDAZOLE .....	11	ZITHROMAX TABS PO 500 MG (Use azithromycin) .....	6
VAQTA .....	10	ZITHROMAX TRI-PAK TABS PO (Use azithromycin) .....	5
VARIVAX SUSR .....	10	ZITHROMAX Z-PAK TABS PO (Use azithromycin) .....	5
VAXCHORA .....	9	ZOVIRAX CREA (Use acyclovir topical) .....	4
VAXELIS SUSP .....	9	ZOVIRAX OINT (Use acyclovir topical) .....	4
VAXELIS SUSY .....	9	ZOVIRAX SUSP PO (Use acyclovir) . 2	
VAXNEUVANCE .....	9		
VCF VAGINAL CONTRACEPTIVE FILM .....	11		
VCF VAGINAL CONTRACEPTIVE FOAM .....	11		
VCF VAGINAL CONTRACEPTIVE GEL .....	11		
VIBRAMYCIN CAPS PO (Use doxycycline hyclate) .....	9		
VIVOTIF PO .....	9		
WESNATAL DHA COMPLETE PO .	8		
YASMIN 28 PO (Use drospirenone- ethinyl estradiol) .....	3		
YAZ PO (Use drospirenone-ethinyl estradiol) .....	3		
YF-VAX INJ .....	10		
ZALVIT TABS PO .....	8		
ZEEL ARTHRITIS PAIN RELIEF OINT .....	6		
ZEMDRI .....	1		