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® (P4HB): 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 Healthy 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 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 (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 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).

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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.

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. The completed form and doctor notes to show your history should be faxed to Pharmacy Services at 1-833-582-2342. A request can also be sent using the secure electronic Prior Authorization portal by Cover My Meds at www.covermymeds.com.

Peach State Health Plan will cover the medicine if:

- There is a medical reason you need that specific medication.
- Other medications on the 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.

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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 for assistance to send the 72 hour supply for payment.

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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 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.

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Ordering, Prescribing and Referring (OPR) Provider Requirements

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

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
Pharmacy Services Prior Authorizations:		1-866-399-0928
	Fax:	1-833-582-2342
Express Scripts Pharmacy Help Desk:		1-833-750-4403

Language Assistance

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

¿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

REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
AL	Age Limit: Drug is limited to a specific age
PA	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 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: • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days EXCEPTIONS: The below members may get up to 200 strips per 30 days • Members who are less than 18 years old • Members with a Gestational Diabetes or Diabetes in Pregnancy

STANDARD ABBREVIATIONS			
Dose Form	Dose Form Abbreviation	Dose Form	Dose Form Abbreviation
AEPB	Aerosol Powder Breath Activated	*IMPL*	Implant
AERB	Aerosol, breath activated	*INHA*	Inhaler
AERO	Aerosol	*INJ*	Injectable
AJKT	Auto-injector Kit	*IUD*	Intrauterine Device
AUIJ	Auto-injector	*IV*	Intravenous
CAPS	Capsule	*LIQD*	Liquid
CHEW	Tablet Chewable	*LOTN*	Lotion
CONC	Concentrate	*LOZG*	Lozenge
CP12	Capsule ER 12 HR	*LPOP*	Lollipop
CP24	Capsule ER 24 HR	*MISC*	Miscellaneous

Dose Form	Dose Form Abbreviation
CPCR	Capsule ER
CPDR	Capsule Delayed Release
CPEP	Capsule Enteric Coated Particles
CPSP	Capsule Sprinkle
CREA	Cream
CSDR	Capsule Delayed Release Sprinkle
DEVI	Device
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EX	External
GRAN	Granules
IJ	Injection
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
SRER	Suspension Reconstituted ER
STRP	Strip
SUBL	Tablet Sublingual
SUER	Suspension Extended Release
SUPN	Suspension Pen-injector
SUPP	Suppository
SUSP	Suspension

Dose Form	Dose Form Abbreviation
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
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	P	PA
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Combinations		
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	QL(180 ML daily); 2 max fill(s) per 30 day(s) retail
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Rectal Steroids		
hydrocortisone (rectal) EX 1 %	P	PA; RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	P	
griseofulvin ultramicrosize	P	
nystatin TABS	P	QL(6 EA daily)
terbinafine hcl TABS	P	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR *(Use fluconazole)*	NP	QL(70 ML per fill retail)
DIFLUCAN TABS 100 MG, 200 MG *(Use fluconazole)*	NP	
DIFLUCAN TABS 150 MG *(Use fluconazole)*	NP	QL(2 EA per fill retail)
fluconazole SUSR	P	QL(70 ML per fill retail)
fluconazole TABS 100 MG, 200 MG	P	
fluconazole TABS 50 MG	P	QL(3 EA per 14 day(s) retail)
fluconazole TABS 150 MG	P	QL(2 EA per fill retail)
itraconazole CAPS	P	QL(1 EA daily)
ketoconazole	P	QL(1 EA daily)
SPORANOX CAPS *(Use itraconazole)*	NP	QL(1 EA daily)
TOLSURA CAPS	P	PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS 250 MG, 500 MG	P	
tinidazole 500 MG	P	QL(20 EA per 30 day(s) 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	P	PA
DAPTOMYCIN	P	PA
DAPTOMYCIN *(Use daptomycin)*	NP	PA
Lincosamides		

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN *(Use clindamycin palmitate hydrochloride)*	NP	QL(300 ML per fill retail)
CLEOCIN 150 MG, 300 MG *(Use clindamycin hcl)*	NP	
clindamycin hcl 150 MG, 300 MG	P	
clindamycin palmitate hydrochloride	P	QL(300 ML per fill retail)
Monobactams		
AZACTAM *(Use aztreonam)*	NP	PA
aztreonam	P	PA
Polymyxins		
colistimethate sodium	P	PA
COLY-MYCIN M *(Use colistimethate sodium)*	NP	PA
ANTIVIRALS - Drugs to Treat Viral Infections		
CMV Agents		
GANCICLOVIR SODIUM SOLN	P	PA
PREVYMIS SOLN	P	PA
PREVYMIS TABS	P	PA
Herpes Agents		
acyclovir CAPS	P	QL(50 EA per 30 day(s) retail)
acyclovir SUSP	P	QL(400 ML per 30 day(s) retail)
acyclovir TABS PO 800 MG	P	QL(50 EA per 30 day(s) retail)
acyclovir TABS PO 400 MG	P	QL(3 EA daily)
valacyclovir hcl 1 GM	P	QL(42 EA per 30 day(s) retail)
valacyclovir hcl 500 MG	P	QL(2 EA daily)
VALTREX 1 GM *(Use valacyclovir hcl)*	NP	QL(42 EA per 30 day(s) retail)
VALTREX 500 MG *(Use valacyclovir hcl)*	NP	QL(2 EA daily)
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
inositol niacinate CAPS	P	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 5 %-2 GM/100ML	P	PA
cephalexin CAPS 250 MG, 500 MG	P	
cephalexin SUSR	P	
Cephalosporins - 2nd Generation		
cefaclor CAPS	P	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	P	
cefoxitin sodium IV	P	PA
cefprozil SUSR	P	QL(200 ML per fill retail); AL(Up to 12 yrs old)
cefprozil TABS	P	QL(20 EA per fill retail)
cefuroxime axetil TABS	P	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
cefdinir CAPS	P	QL(20 EA per fill retail)
cefdinir SUSR	P	QL(100 ML per fill retail)
ceftazidime IV 1 GM, 2 GM, 6 GM	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA *(Use levonorgestrel-ethinyl estradiol-iron)*	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
desogestrel & ethinyl estradiol	P	
desogestrel-ethinyl estradiol (biphasic)	P	
desogestrel-ethinyl estradiol (triphasic)	P	
drospirenone-ethinyl estradiol 0.03 MG-3 MG	P	
drospirenone-ethinyl estradiol 0.02 MG-3 MG	P	QL(1 EA daily)
ethynodiol diacet & eth estrad	P	
levonorgestrel & eth estradiol TABS	P	
levonorgestrel-eth estradiol (triphasic)	P	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	QL(91 EA per fill retail)
levonorgestrel-ethinyl estradiol-iron	P	PA
MIRCETTE *(Use desogestrel-ethinyl estradiol (biphasic))*	NP	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	
norethindrone & eth estradiol	P	
norethindrone acet & eth estra TABS	P	
norethindrone-eth estradiol (triphasic)	P	
norgestimate-ethinyl estradiol	P	
norgestimate-ethinyl estradiol (triphasic)	P	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	QL(2 EA daily)
SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NP	QL(91 EA per fill retail)
TYBLUME CHEW	P	
YASMIN 28 *(Use drospirenone-ethinyl estradiol)*	NP	
YAZ *(Use drospirenone-ethinyl estradiol)*	NP	QL(1 EA daily)
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	P	QL(3 EA per 28 day(s) retail)
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol	P	QL(1 EA per fill retail)
NUVARING *(Use etonogestrel-ethinyl estradiol)*	NP	QL(1 EA per fill retail)
Emergency Contraceptives		
levonorgestrel (emergency oc) 1.5 MG	P	QL(4 EA per 365 day(s) retail)
PLAN B ONE-STEP *(Use levonorgestrel (emergency oc))*	NP	QL(4 EA per 365 day(s) retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	NP	QL(1 ML per fill retail)
DEPO-PROVERA SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	NP	QL(1 ML per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail)
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ML per fill retail)
medroxyprogesterone acetate (contraceptive) SUSY IM	P	QL(1 ML per fill retail)
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits
norethindrone (contraceptive)	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Antivirals - Topical		
acyclovir topical CREA	P	QL(5 GM per fill retail)
acyclovir topical OINT	P	QL(30 GM per 30 day(s) retail)
ZOVIRAX CREA *(Use acyclovir topical)*	NP	QL(5 GM per fill retail)
ZOVIRAX OINT *(Use acyclovir topical)*	NP	QL(30 GM per 30 day(s) retail)
Corticosteroids - Topical		
BRYHALI LOTN	P	PA
clobetasol propionate CREA	P	PA
CORTIZONE-10 MAXIMUM STRENGTH LIQD *(Use hydrocortisone (topical))*	NP	PA
CORTIZONE-10/ALOE LIQD *(Use hydrocortisone (topical))*	NP	PA
halobetasol propionate FOAM	P	PA
hydrocortisone (topical) LIQD	P	PA
IMPOYZ CREA	P	PA
LEXETTE FOAM *(Use halobetasol propionate)*	NP	PA
lidocaine-hydrocortisone acetate CREA 1 %-1 %	P	PA
RADIAURA CREA	P	PA
SCARZEN SKIN REPAIR	P	PA
Immunomodulating Agents - Topical		
imiquimod 5 %	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
Scabicides & Pediculicides		
crotamiton LOTN	P	QL(60 GM per fill retail)
ELIMITE CREA *(Use permethrin)*	NP	QL(60 GM per fill retail)
LICEMD GEL	P	
NIX CREME RINSE LIQD EX *(Use permethrin)*	NP	
permethrin CREA	P	QL(60 GM per fill retail)
permethrin LIQD EX	P	
pyrethrins-piperonyl butoxide LIQD	P	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	
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)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	P	
ciprofloxacin hcl TABS 100 MG	P	QL(6 EA per fill retail)
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	NP	
levofloxacin TABS	P	QL(1 EA daily; 14 EA per fill retail)
ofloxacin 300 MG, 400 MG	P	QL(56 EA per fill retail)
GOUT AGENTS - Drugs to Treat Gout		
Uricosurics		
probenecid	P	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Cobalamins		
CYANOCOBALAMIN SOLN IJ	P	PA
METHYLCOBALAMIN SOLR	P	PA
methylcobalamin SUBL	P	PA
methylcobalamin TBDP	P	PA
Folic Acid/Folates		
folic acid TABS 1 MG	P	RX/OTC
Hematopoietic Mixtures		
ACTIRON	P	PA
FOLI-D TABS	P	PA
FOLVITE-D TABS	P	PA
GENICIN VITA-D TABS *(Use folic acid-cholecalciferol)*	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
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	P	QL(2 EA per fill retail)
azithromycin SUSR 100 MG/5ML	P	QL(15 ML per fill retail)
azithromycin SUSR 200 MG/5ML	P	QL(60 ML per fill retail)
azithromycin TABS 600 MG	P	QL(8 EA per 28 day(s) retail)
azithromycin TABS 500 MG	P	QL(4 EA daily)
azithromycin TABS 250 MG	P	QL(6 EA per fill 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)
ZITHROMAX PACK	P	QL(2 EA per fill retail)
ZITHROMAX SUSR 200 MG/5ML *(Use azithromycin)*	NP	QL(60 ML per fill retail)
ZITHROMAX SUSR 100 MG/5ML *(Use azithromycin)*	NP	QL(15 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)
Clarithromycin		
clarithromycin SUSR 125 MG/5ML	P	QL(100 ML per fill retail)
clarithromycin SUSR 250 MG/5ML	P	QL(200 ML per fill retail)
clarithromycin TABS	P	QL(28 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
clarithromycin TB24	P	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	NP	
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	NP	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	NP	
erythromycin base CPEP	P	
erythromycin base TABS	P	
erythromycin base TBEC	P	
erythromycin ethylsuccinate SUSR	P	
erythromycin ethylsuccinate TABS	P	
erythromycin stearate TABS 250 MG	P	
MEDICAL DEVICES AND SUPPLIES		
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)
MISCELLANEOUS THERAPEUTIC CLASSES		
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 ARTHIRITIS PAIN RELIEF OINT	P	PA
MULTIVITAMINS		
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron TABS	P	QL(1 EA daily)
TAB-A-VITE/IRON/BETA CAROTENE TABS	P	QL(1 EA daily)
Multivitamins		
ALTRIXA TABS	P	QL(1 EA daily); RX/OTC
AMLADEX TABS	P	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC
FOLCYTEINE TABS	P	QL(1 EA daily); RX/OTC
GENICIN VITA-Q TABS	P	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MINCORA TABS	P	QL(1 EA daily); RX/OTC
MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC
MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC
multiple vitamin TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC
OMNICAP TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIALS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY ESSENTIAL TABS	P	QL(1 EA daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY ESSENTIAL TABS *(Use multiple vitamin)*	NP	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS TABS *(Use multiple vitamin)*	NP	QL(1 EA daily); RX/OTC
QUINTABS TABS	P	QL(1 EA daily); RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	P	QL(1 EA daily); RX/OTC
THERA TABS	P	QL(1 EA daily); RX/OTC
THEREMS TABS	P	QL(1 EA daily); RX/OTC
TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC
TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
Ped MV w/ Iron		
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	PA
MULTIVITAMIN DROPS/IRON SOLN	P	PA
POLY-VITE/IRON SOLN	P	PA
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN PO	P	PA
MULTIVITAMIN INFANT & TODDLER SOLN PO	P	PA
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	PA
POLY-VI-SOL SOLN PO	P	PA
POLY-VITA SOLN PO	P	PA
POLY-VITE PEDIATRIC SOLN PO	P	PA
Prenatal Vitamins		
ALIVE DAILY SUP PRENATAL GUMMI	P	PA
AZESCO TABS	P	PA
CITRANATAL MEDLEY	P	PA
COMPLETE NATAL DHA	P	PA
CVS PRENATAL GUMMY	P	PA
DERMACINRX PRETRATE TABS	P	PA
FOLIVANE-OB	P	PA
NEO-VITAL RX TABS	P	PA
PRENATAL GUMMIES	P	PA
PRENATAL MULTI +DHA CAPS	P	PA
PRENATAL VITAMINS-MISC	P	RX/OTC
PRENATAL/FOLIC ACID+DHA CAPS	P	PA
PRENATVITE COMPLETE TABS	P	PA
PRENATVITE PLUS TABS	P	PA
TARON-C DHA	P	PA
WESNATAL DHA COMPLETE	P	PA
ZALVIT TABS	P	PA
ZIPHEX TABS	P	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
NOZIN NASAL SANITIZER KIT	P	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Ophthalmic Anti-infectives		
trifluridine	P	QL(8 ML per 30 day(s) retail)
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	P	
amoxicillin CHEW 125 MG, 250 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin SUSR	P	
AMOXICILLIN SUSR *(Use amoxicillin)*	NP	
amoxicillin TABS 875 MG	P	
ampicillin CAPS 500 MG	P	
Natural Penicillins		
penicillin v potassium SOLR	P	
penicillin v potassium TABS	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	P	QL(20 EA per fill retail)
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	P	QL(100 ML per fill retail)
amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	P	QL(150 ML per fill retail)
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	P	QL(200 ML per fill retail)
amoxicillin & pot clavulanate TABS 125 MG-875 MG	P	QL(20 EA per fill retail)
amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG	P	QL(30 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 *(Use amoxicillin & pot clavulanate)*	NP	QL(200 ML per fill retail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	QL(150 ML per fill retail)
AUGMENTIN TABS 125 MG-500 MG *(Use amoxicillin & pot clavulanate)*	NP	QL(30 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
nafcillin sodium IV	P	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
DORYX TBEC 50 MG, 80 MG, 200 MG *(Use doxycycline hyclate)*	NP	PA
doxycycline hyclate CAPS	P	
doxycycline hyclate TABS 100 MG	P	
doxycycline hyclate TBEC	P	PA
minocycline hcl CAPS	P	
MINOLIRA TB24	P	PA
tetracycline hcl CAPS	P	
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
DIPHTHERIA-TETANUS TOXOIDS DT SUSP	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	

Drug Name	Drug Tier	Requirements/ Limits
TDVAX SUSP	P	
TENIVAC INJ	P	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO	P	
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PENBRAYA	P	
PNEUMOVAX 23 SOLN	P	
PNEUMOVAX 23 SOSY	P	
PREVNAR 13	P	
PREVNAR 20	P	
TRUMENBA	P	
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		
ABRYSVO	P	
ACAM2000	P	
AFLURIA PRESERVATIVE FREE SUSY	P	
AFLURIA QUADRIVALENT SUSP	P	
AFLURIA QUADRIVALENT SUSY 0.5 ML	P	
AFLURIA SUSP	P	
AREXVY	P	
DENGVAXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
FLUAD	P	
FLUAD QUADRIVALENT	P	
FLUARIX QUADRIVALENT SUSY	P	
FLUARIX SUSY	P	
FLUBLOK QUADRIVALENT	P	
FLUBLOK SOSY	P	
FLUCELVAX QUADRIVALENT SUSP	P	
FLUCELVAX QUADRIVALENT SUSY	P	
FLUCELVAX SUSP	P	
FLUCELVAX SUSY	P	
FLULAVAL QUADRIVALENT SUSY	P	
FLULAVAL SUSY	P	
FLUMIST	P	
FLUMIST QUADRIVALENT	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P	
FLUZONE HIGH-DOSE SUSY	P	
FLUZONE QUADRIVALENT SUSP	P	
FLUZONE QUADRIVALENT SUSY	P	

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE SUSP	P	
FLUZONE SUSY	P	
GARDASIL 9 SUSP	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
HAVRIX	P	
HEPLISAV-B SOSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	P	
IPOL	P	
IXIARO	P	
JYNNEOS	P	
M-M-R II SOLR	P	
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	P	
PROQUAD SUSR	P	
RABAVERT	P	
RECOMBIVAX HB SUSP	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
ROTARIX SUSP	P	
ROTARIX SUSR	P	
ROTATEQ SOLN	P	
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
STAMARIL SUSR	P	
TICOVAC	P	
TWINRIX SUSY	P	
VAQTA	P	
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
YF-VAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
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 *(Use clindamycin phosphate vaginal)*	NP	
clindamycin phosphate vaginal CREA	P	
clotrimazole vaginal CREA 1 %	P	QL(45 GM per 30 day(s) retail)
clotrimazole vaginal CREA 2 %	P	QL(31 GM per 30 day(s) retail)
GYNAZOLE-1	P	
GYNE-LOTRIMIN 3 CREA *(Use clotrimazole vaginal)*	NP	QL(31 GM per 30 day(s) retail)
GYNE-LOTRIMIN CREA *(Use clotrimazole vaginal)*	NP	QL(45 GM per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
metronidazole vaginal	P	QL(70 GM per fill retail)
miconazole nitrate vaginal CREA 2 %	P	QL(45 GM per 30 day(s) retail)
miconazole nitrate vaginal SUPP 100 MG	P	QL(7 EA per 30 day(s) retail)
miconazole nitrate vaginal SUPP 200 MG	P	QL(3 EA per 30 day(s) retail)
MONISTAT 3 CREA	P	QL(45 GM per 30 day(s) retail)
MONISTAT 7 SIMPLY CURE CREA *(Use miconazole nitrate vaginal)*	NP	QL(45 GM per 30 day(s) retail)
terconazole vaginal CREA	P	
terconazole vaginal SUPP	P	
tioconazole vaginal 6.5 %	P	
VANDAZOLE	P	QL(70 GM per fill retail)
Vaginal Anti-inflammatory Agents		
hydrocortisone acetate vaginal	P	
Vaginal Estrogens		
IMVEXXY MAINTENANCE PACK INST	P	PA

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