

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 Peach State Pharmacy and Therapeutics (P&T) Committee. The group is made up of the Peach State Health Plan Medical Director, Pharmacy Director, and several Georgia doctors, pharmacists, and specialists.

The Family Planning Pharmacy Program does not pay for all medicines. Only these kinds of medicines are covered:

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

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

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

Pharmacy Benefit Manager (PBM)

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

Dispensing Limits

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

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

Step Therapy

Some drugs on the FP-PDL may require another drug to be used first. This is called Step Therapy. If you filled that required drug with Peach State Health Plan already, the step therapy medicine will be covered. If you have not tried the FP-PDL medicine, your doctor will need to send in a PA form with other medicine you have tried. If Envolve Pharmacy Solutions does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Quantity Limits

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

Medical Necessity Requests

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

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



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

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

72 Hour Emergency Supply Policy

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

Exclusions

Only drug categories listed on the Peach State Health Plan FP-PDL are covered for Family Planning women. All other drug categories are not covered.

Drugs Covered Under the Medical Benefit

Peach State Health Plan covers some vaccines and medicines under the medical benefit for Planning for Healthy Babies® Family Planning women. These medicines cannot be filled at a local pharmacy. The doctor can bill Peach State Health Plan for them. For questions about which vaccines and injectable drugs are covered, call Peach State Health Plan's Member Services Department.

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

Over-the-Counter Medications

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

Generic Drugs

Brand-name drugs will not be covered without PA when an acceptable generic is available. Generic drugs have the same active ingredient, work the same as brand-name medicines. If you or your doctor feels a brand-name is needed, your doctor can ask for PA. We will cover the brand-

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



name drug if there is a medical reason you need the brand-name. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other medicine. It will also tell you about the appeal process.

Filling a Prescription

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

Ordering, Prescribing and Referring (OPR) Provider Requirements

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

Copayments

Co-pays are not required for Planning for Healthy Babies[®] Family Planning women.

Contact Information

Peach State Health Plan Member Services:	1-800-704-1484
	Fax: 1-800-659-7518
Peach State Health Plan Member Services TTY/TDD:	1-800-255-0056
Envolve Pharmacy Solutions Prior Authorizations:	1-866-399-0928
	Fax: 1-866-399-0929
Envolve Pharmacy Solutions –CVS/Caremark Pharmacy Help Desk:	1-844-297-0513

Language Assistance

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

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



Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
P	Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
AL	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
<i>Opioid</i>	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: <ul style="list-style-type: none"> • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids <p style="text-align: right;">*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
<i>ADHD</i>	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12, after 30 days can be filled. Edit resets if no fills in 4 months.
<i>Test Strips</i>	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days

STANDARD ABBREVIATIONS

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

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

**Peach State Health Plan: Planning for Healthy Babies®
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Dose Form	Dose Form Description
<i>IUD</i>	Intrauterine Device
<i>IV</i>	Intravenous
<i>LIQD</i>	Liquid
<i>LOTN</i>	Lotion
<i>LOZG</i>	Lozenge
<i>LPOP</i>	Lollipop
<i>MISC</i>	Miscellaneous
<i>NA</i>	Nasal
<i>NEBU</i>	Nebulization solution
<i>OINT</i>	Ointment
<i>OP</i>	Ophthalmic
<i>OPHT</i>	Ophthalmic
<i>OR</i>	Oral
<i>PACK</i>	Packet
<i>PEN</i>	Pen-injector
<i>PNKT</i>	Pen-injector Kit
<i>POT</i>	Potassium
<i>POWD</i>	Powder
<i>PRSY</i>	Prefilled Syringe
<i>PSKT</i>	Prefilled Syringe Kit
<i>PSTE</i>	Paste
<i>PT24</i>	Patch 24 Hour
<i>PT72</i>	Patch 72 Hour
<i>PTCH</i>	Patch
<i>PTTW</i>	Patch Biweekly
<i>PTWK</i>	Patch Weekly
<i>RE</i>	Rectal
<i>S.O.P.</i>	Sterile Ophthalmic Preparation
<i>SHAM</i>	Shampoo
<i>SOAJ</i>	Solution Auto-injector
<i>SOCT</i>	Solution Cartridge

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

Drug Name	Drug Tier	Requirements/ Limits
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>neomycin sulfate tabs</i>	P	
ZEMDRI SOLN	P	PA
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Combinations		
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	P	QL(180 ml daily)2 rtl MAX fill,30 rtl day(s) supply,
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS (<i>Use metronidazole</i>)	NP	
<i>metronidazole tabs or 250 mg, 500 mg</i>	P	
<i>tinidazole tabs or</i>	P	QL(20 ea per 30 days retail)
<i>trimethoprim tabs</i>	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
<i>sulfamethoxazole-trimethoprim susp</i>	P	
<i>sulfamethoxazole-trimethoprim tabs</i>	P	
Cyclic Lipopeptides		
<i>daptomycin solr</i>	P	PA
DAPTOMYCIN SOLR (<i>Use daptomycin</i>)	NP	PA
Lincosamides		

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN CAPS (<i>Use clindamycin hcl</i>)	NP	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use clindamycin palmitate hydrochloride</i>)	NP	QL(300 ml per fill retail)
<i>clindamycin hcl caps or 150 mg, 300 mg</i>	P	
<i>clindamycin palmitate hydrochloride solr</i>	P	QL(300 ml per fill retail)
Monobactams		
AZACTAM SOLR (<i>Use aztreonam</i>)	NP	PA
<i>aztreonam solr</i>	P	PA
Polymyxins		
<i>colistimethate sodium solr ij</i>	P	PA
COLY-MYCIN M SOLR (<i>Use colistimethate sodium</i>)	NP	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin ultramicrosize tabs</i>	P	
<i>nystatin tabs or</i>	P	QL(6 ea daily)
<i>terbinafine hcl tabs or</i>	P	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (<i>Use fluconazole</i>)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG, 200 MG (<i>Use fluconazole</i>)	NP	
DIFLUCAN TABS 150 MG (<i>Use fluconazole</i>)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG (<i>Use fluconazole</i>)	NP	QL(3 ea per 14 days retail)

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

ANTIVIRALS - Drugs to Treat Viral Infections

CMV Agents

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

Herpes Agents

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

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

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

Peripheral Vasodilators

<i>inositol niacinate caps</i>	P	PA
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CEPHALOSPORINS - Drugs to Treat Bacterial Infections

Cephalosporins - 1st Generation

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

Cephalosporins - 2nd Generation

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

Cephalosporins - 3rd Generation

<i>cefdinir caps 300 mg</i>	P	QL(20 ea per fill retail)
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	P	QL(100 ml per fill retail)
CEFTRI-IM KIT	P	PA

Drug Name	Drug Tier	Requirements/Limits
CEFTRISOL PLUS KIT	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	P	PA
<i>desogestrel & ethinyl estradiol tabs</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	P	
<i>drospirenone-ethinyl estradiol tabs 0.02 mg-3 mg</i>	P	QL(1 ea daily)
<i>drospirenone-ethinyl estradiol tabs 0.03 mg-3 mg</i>	P	
<i>ethynodiol diacet & eth estrad tabs</i>	P	
<i>levonorgestrel & eth estradiol tabs</i>	P	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	P	QL(91 ea per fill retail)
MIRCETTE TABS (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP	
<i>norethin acet & estrad-fe tabs</i>	P	
<i>norethindrone & eth estradiol tabs</i>	P	
<i>norethindrone acet & eth estra tabs</i>	P	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	P	
<i>norgestimate-ethinyl estradiol tabs</i>	P	
<i>norgestrel & ethinyl estradiol tabs 0.3 mg-30 mcg</i>	P	QL(2 ea daily)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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	QL(118 ml per fill retail)
pyrethrins-piperonyl butoxide liqd	P	
pyrethrins-piperonyl butoxide sham	P	
pyrethrins-piperonyl butoxide-permethrin-nit remover 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	P	QL(56 ea per fill retail)
GOUT AGENTS - Drugs to Treat Gout		
Uricosurics		

Drug Name	Drug Tier	Requirements/Limits
probenecid tabs	P	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Cobalamins		
CYANOCOBALAMIN SOLN	P	PA
METHYLCOBALAMIN SOLR IJ 10000 MCG, 50000 MCG	P	PA
methylcobalamin subl sl 5000 mcg	P	PA
methylcobalamin tbdp sl 5000 mcg	P	PA
Folic Acid/Folates		
folic acid tabs	P	RX/OTC
Hematopoietic Mixtures		
ACTIRON TABS	P	PA
AXIFOL CAPS	P	PA
FOLI-D TABS	P	PA
folic acid-cholecalciferol tabs	P	PA
GENICIN VITA-D TABS (Use folic acid-cholecalciferol)	NP	PA
IRO-PLEX LIQD	P	PA
IRO-PLEX TABS	P	PA
ORTHO-FOLIC CAPS	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)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin susr or 200 mg/5ml</i>	P	QL(60 ml per fill retail)
<i>azithromycin tabs or 250 mg</i>	P	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	P	QL(4 ea daily)
<i>azithromycin tabs or 600 mg</i>	P	QL(8 ea per 28 days retail)
ZITHROMAX PACK 1 GM (Use <i>azithromycin</i>)	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML (Use <i>azithromycin</i>)	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (Use <i>azithromycin</i>)	NP	QL(60 ml per fill retail)
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i>)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (Use <i>azithromycin</i>)	NP	QL(4 ea daily)
ZITHROMAX TABS 600 MG (Use <i>azithromycin</i>)	NP	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NP	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin susr or 125 mg/5ml</i>	P	QL(100 ml per fill retail)
<i>clarithromycin susr or 250 mg/5ml</i>	P	QL(200 ml per fill retail)
<i>clarithromycin tabs or 250 mg, 500 mg</i>	P	QL(28 ea per fill retail)
<i>clarithromycin tb24 or 500 mg</i>	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin base cpep</i>	P	
<i>erythromycin base tabs</i>	P	
<i>erythromycin base tbec</i>	P	
<i>erythromycin ethylsuccinate susr</i>	P	
<i>erythromycin ethylsuccinate tabs</i>	P	
<i>erythromycin stearate tabs</i>	P	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
FC FEMALE CONDOM MISC	P	
FC2 FEMALE CONDOM MISC	P	
FEMCAP DEVI	P	QL(1 ea per 365 days retail)
<i>male condoms-misc</i>	P	QL (36 per 30 days)
OMNIFLEX DIAPHRAGM DPRH	P	QL(1 ea per 365 days retail)
MISCELLANEOUS THERAPEUTIC CLASSES		
Homeopathic Products		
ARNICARE ARNICA OINT	P	PA; RX/OTC
AVENOC OINT	P	PA; RX/OTC
CALENDULA OINT	P	PA; RX/OTC
CVS NERVE PAIN RELIEF OINT	P	PA; RX/OTC
ICHTHAMMOL ADVANCED DRAWING SALVE OINT	P	PA; RX/OTC
NEURAGEN PN OINT	P	PA; RX/OTC
PRID OINT	P	PA; RX/OTC
TRAUMEEL OINT EX	P	PA; RX/OTC
ZEEL OINT EX	P	PA; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMINS		
B-Complex w/ Folic Acid		
FOLIC-K CAPS	P	PA
FOLICA-BE CAPS	P	PA
FOLICA-V CAPS	P	PA
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs</i>	P	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
REMEDIENT CAPS	P	PA
Multivitamins		
ESTROFACTORS TABS	P	QL(1 ea daily)
FOLIKA-V TABS	P	PA
GENICIN VITA-Q TABS	P	PA
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 ea daily)
MULTI VITAMIN TABS	P	QL(1 ea daily)
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily)
<i>multiple vitamin tabs</i>	P	QL(1 ea daily)
MULTIVITAMIN ADULT TABS	P	QL(1 ea daily)
MULTIVITAMIN TABS	P	QL(1 ea daily)
NEOMULTIVITE TABS	P	QL(1 ea daily)
OMNICAP TABS	P	QL(1 ea daily)
ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily)
ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NP	QL(1 ea daily)
QUINTABS TABS	P	QL(1 ea daily)
THERA TABS	P	QL(1 ea daily)
THEREMS MULTIVITAMIN TABS	P	QL(1 ea daily)
VITAXYME TABS	P	PA
VITAZYME TABS	P	PA
Ped MV w/ Iron		
MULTIVITAMIN DROPS/IRON INFANT & TODDLER SOLN	P	PA
POLY-VI-SOL/IRON SOLN	P	PA
POLY-VITE/IRON SOLN	P	PA
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN	P	PA
MULTIVITAMIN INFANT & TODDLER SOLN	P	PA
PC PEDIATRIC POLY-VITAMIN DROPS SOLN	P	PA
<i>pediatric multiple vitamins soln</i>	P	PA
POLY-VI-SOL SOLN	P	PA
POLY-VITA SOLN	P	PA
POLY-VITE PEDIATRIC SOLN	P	PA
Pediatric Vitamins		
TRI-VITAMIN INFANT & TODDLER SOLN	P	PA
Prenatal Vitamins		
AZESCO TABS	P	PA
CITRANATAL MEDLEY CAPS	P	PA
PRENATAL + DHA THPK	P	PA

Drug Name	Drug Tier	Requirements/Limits
PRENATAL MULTI + DHA CAPS	P	PA
<i>prenatal vitamins-misc</i>	P	RX/OTC
PRENATVITE COMPLETE TABS	P	PA
PRENATVITE PLUS TABS	P	PA
ZALVIT TABS	P	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Ophthalmic Anti-infectives		
<i>trifluridine soln</i>	P	QL(8 ml per 30 days retail)
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	P	
<i>amoxicillin chew</i>	P	
<i>amoxicillin susr</i>	P	
<i>amoxicillin tabs</i>	P	
<i>ampicillin caps</i>	P	
Natural Penicillins		
<i>penicillin v potassium solr</i>	P	
<i>penicillin v potassium tabs</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew 200 mg-28.5 mg, 400 mg-57 mg</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 200 mg/5ml-28.5 mg/5ml</i>	P	QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 250 mg/5ml-62.5 mg/5ml</i>	P	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 400 mg/5ml-57 mg/5ml, 42.9 mg/5ml-600 mg/5ml</i>	P	QL(200 ml per fill retail)

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

Georgia Medicaid Family Planning

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Updated June 1, 2021

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MINOCIN CAPS (<i>Use minocycline hcl</i>)	NP	
<i>minocycline hcl caps</i>	P	
MINOLIRA TB24	P	PA
<i>tetracycline hcl caps</i>	P	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	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)
TDVAX SUSP	P	Limit 1 dose per 10 years;AL(At least 19 yrs old - Up to 20 yrs old)
TENIVAC INJ	P	Limit 1 dose per 10 years;AL(At least 19 yrs old - Up to 20 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P	Limit 1 dose per 10 years;AL(At least 19 yrs old - Up to 20 yrs old)
VACCINES		
Viral Vaccines		

Drug Name	Drug Tier	Requirements/Limits
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 AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
TRIMO-SAN GEL	P	PA
Spermicides		
ENCARE SUPP	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL	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),
VCF VAGINAL CONTRACEPTIVEGEL GEL	P	
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate vaginal crea</i>	P	
<i>clotrimazole vaginal crea 1 %</i>	P	QL(45 gm per 30 days retail)
<i>clotrimazole vaginal crea 2 %</i>	P	QL(31 gm per 30 days retail)
GYNAZOLE-1 CREA	P	
GYNE-LOTRIMIN 3 CREA (Use <i>clotrimazole vaginal</i>)	NP	QL(31 gm per 30 days retail)
GYNE-LOTRIMIN CREA (Use <i>clotrimazole vaginal</i>)	NP	QL(45 gm per 30 days retail)
METROGEL-VAGINAL GEL (Use <i>metronidazole vaginal</i>)	NP	QL(70 gm per fill retail)
<i>metronidazole vaginal gel</i>	P	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal crea 4 %, 2 %</i>	P	QL(45 gm per 30 days retail)
<i>miconazole nitrate vaginal supp 100 mg</i>	P	QL(7 ea per 30 days retail)
<i>miconazole nitrate vaginal supp 200 mg</i>	P	QL(3 ea per 30 days retail)
MONISTAT 3 CREA (Use <i>miconazole nitrate vaginal</i>)	NP	QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA (Use <i>miconazole nitrate vaginal</i>)	NP	QL(45 gm per 30 days retail)
<i>terconazole vaginal crea</i>	P	
<i>terconazole vaginal supp</i>	P	
<i>tioconazole vaginal oint</i>	P	
Vaginal Estrogens		
IMVEXXY MAINTENANCE PACK INST	P	PA

Index

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

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

ZEEL.....	6
ZEMDRI.....	1
ZITHROMAX.....	6
ZITHROMAX TRI-PAK.....	6
ZITHROMAX Z-PAK.....	6
ZOVIRAX.....	2,4