

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](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).

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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](tel: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](tel: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:	<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

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REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	Age Limit: Drug is limited to a specific age
<i>PA</i>	Prior Authorization: Review required before prescription can be filled
<i>QL</i>	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both prescription and over the counter coverage
<i>SP</i>	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.
<i>ST</i>	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>	<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"> • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids <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"> • 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
<i>AEPB</i>	Aerosol Powder Breath Activated	<i>IMPL</i>	Implant
<i>AERB</i>	Aerosol, breath activated	<i>INHA</i>	Inhaler
<i>AERO</i>	Aerosol	<i>INJ</i>	Injectable
<i>AJKT</i>	Auto-injector Kit	<i>IUD</i>	Intrauterine Device
<i>AUIJ</i>	Auto-injector	<i>IV</i>	Intravenous
<i>CAPS</i>	Capsule	<i>LIQD</i>	Liquid
<i>CHEW</i>	Tablet Chewable	<i>LOTN</i>	Lotion
<i>CONC</i>	Concentrate	<i>LOZG</i>	Lozenge
<i>CP12</i>	Capsule ER 12 HR	<i>LPOP</i>	Lollipop
<i>CP24</i>	Capsule ER 24 HR	<i>MISC</i>	Miscellaneous

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Dose Form	Dose Form Abbreviation
<i>CPCR</i>	Capsule ER
<i>CPDR</i>	Capsule Delayed Release
<i>CPEP</i>	Capsule Enteric Coated Particles
<i>CPSP</i>	Capsule Sprinkle
<i>CREA</i>	Cream
<i>CSDR</i>	Capsule Delayed Release Sprinkle
<i>DEVI</i>	Device
<i>ELIX</i>	Elixir
<i>EMUL</i>	Emulsion
<i>ENEM</i>	Enema
<i>EX</i>	External
<i>GRAN</i>	Granules
<i>IJ</i>	Injection
<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
<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

Dose Form	Dose Form Abbreviation
<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>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	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 max fill(s) per 30 day(s) retail
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Rectal Steroids		
PREPARATION H EX 1 %	NP	PA; RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	NP	PA; RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin TABS</i>	P	QL(6 EA daily)
<i>terbinafine hcl TABS</i>	P	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NP	QL(70 ML per fill retail)
DIFLUCAN TABS 150 MG (<i>Use fluconazole</i>)	NP	QL(2 EA per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN TABS 100 MG, 200 MG (<i>Use fluconazole</i>)	NP	
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail)
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<i>fluconazole TABS 50 MG</i>	P	QL(3 EA per 14 day(s) retail)
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)
<i>itraconazole CAPS</i>	P	QL(1 EA daily)
<i>ketoconazole</i>	P	QL(1 EA daily)
SPORANOX CAPS (<i>Use itraconazole</i>)	NP	QL(1 EA daily)
TOLSURA CAPS	P	PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS 250 MG, 500 MG</i>	P	
<i>tinidazole 500 MG</i>	P	QL(20 EA per 30 day(s) 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</i>	P	PA
DAPTOMYCIN (<i>Use daptomycin</i>)	NP	PA
DAPTOMYCIN	P	PA

Drug Name	Drug Tier	Requirements/Limits
Lincosamides		
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)

Drug Name	Drug Tier	Requirements/Limits
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 250 MG/5ML	P	
cefroxitin 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		

Drug Name	Drug Tier	Requirements/Limits
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	NP	PA
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
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)
TYBLUME CHEW	P	

Drug Name	Drug Tier	Requirements/Limits
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		
norethindrone (contraceptive)	P	

Drug Name	Drug Tier	Requirements/Limits
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 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
<i>clobetasol propionate CREA</i>	P	PA
CORTIZONE-10 COOLING MAX STR LIQD 1 % (<i>Use hydrocortisone topical</i>)	NP	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 0.025 % (<i>Use clobetasol propionate</i>)	NP	PA
LEXETTE FOAM (<i>Use halobetasol propionate</i>)	NP	PA
<i>lidocaine-hydrocortisone acetate CREA 1 %-1 %</i>	P	PA
RADIAURA CREA	P	PA
SCARZEN SKIN REPAIR	P	PA
Immunomodulating Agents - Topical		

Drug Name	Drug Tier	Requirements/Limits
<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
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 3 %-2.4 %-0.3 %-1.2 %</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	
SCHOOLTIME SHAMPOO SHAM	P	QL(1 ML per 14 day(s) retail)
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P		MAXFE	P	PA
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 EA per fill retail)	Iron		
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i>)	NP		HEMATEX LIQD 100 MG/5ML (Use <i>polysaccharide iron complex</i>)	NP	PA
<i>levofloxacin TABS</i>	P	QL(1 EA daily; 14 EA per fill retail)	NOVAFERRUM LIQD	P	PA
<i>ofloxacin 300 MG, 400 MG</i>	P	QL(56 EA per fill retail)	<i>polysaccharide iron complex LIQD 100 MG/5ML</i>	P	PA
GOUT AGENTS - Drugs to Treat Gout			MACROLIDES - Drugs to Treat Bacterial Infections		
Uricosurics			Azithromycin		
<i>probenecid</i>	P		<i>azithromycin PACK</i>	P	QL(2 EA per fill retail)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 ML per fill retail)
Cobalamins			<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ML per fill retail)
CYANOCOBALAMIN SOLN IJ	P	PA	<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)
METHYLCOBALAMIN SOLR	P	PA	<i>azithromycin TABS 250 MG</i>	P	QL(6 EA per fill retail)
<i>methylcobalamin SUBL</i>	P	PA	<i>azithromycin TABS 500 MG</i>	P	QL(4 EA daily)
<i>methylcobalamin TBDP</i>	P	PA	ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NP	QL(4 EA daily)
Folic Acid/Folates			ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NP	QL(6 EA per fill retail)
<i>folic acid TABS 1 MG</i>	P	RX/OTC	ZITHROMAX PACK	P	QL(2 EA per fill retail)
Hematopoietic Mixtures			ZITHROMAX SUSR 200 MG/5ML (Use <i>azithromycin</i>)	NP	QL(60 ML per fill retail)
ACTIRON	P	PA	ZITHROMAX SUSR 100 MG/5ML (Use <i>azithromycin</i>)	NP	QL(15 ML per fill retail)
FOLI-D TABS	P	PA	ZITHROMAX TABS 500 MG (Use <i>azithromycin</i>)	NP	QL(4 EA daily)
FOLVITE-D TABS	P	PA	ZITHROMAX TABS 250 MG (Use <i>azithromycin</i>)	NP	QL(6 EA per fill retail)
GENICIN VITA-D TABS (Use <i>folic acid-cholecalciferol</i>)	NP	PA	Clarithromycin		
HEMATRON-AF	P	PA			
HEMAX EZY-DOSE	P	PA			
IRO-PLEX	P	PA			
IRO-PLEX	P	PA			

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ML per fill retail)
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ML per fill retail)
<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	P	QL(14 EA per fill retail)
Erythromycins		
<i>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</i>	NP	
<i>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</i>	NP	
<i>ERYPED 400 SUSR (Use erythromycin ethylsuccinate)</i>	NP	
<i>erythromycin base CPEP</i>	P	
<i>erythromycin base TABS</i>	P	
<i>erythromycin base TBEC</i>	P	
<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>erythromycin ethylsuccinate TABS</i>	P	
<i>erythromycin stearate TABS 250 MG</i>	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

Drug Name	Drug Tier	Requirements/Limits
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
MULTIVITAMINS		
Multiple Vitamins w/ Iron		
DESTRESS-IRON TABS	P	QL(1 EA daily)
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 EA daily)
STRESS FORMULA/IRON/ENERGY 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
CENTRUM MENOPAUSE MIND/MOOD 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
FOLAWISE 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC	Ped MV w/ Iron		
MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC	BPROTECTED PEDIA POLY-VITE/FE SOLN	P	PA
<i>multiple vitamin TABS</i>	P	QL(1 EA daily); RX/OTC	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	PA
MULTIVITAMIN ADULT TABS	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN DROPS/IRON SOLN	P	PA
MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	POLY-VITE/IRON SOLN	P	PA
NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC	Pediatric Multiple Vitamins		
NEVVITE TABS	P	QL(1 EA daily); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	PA
OMNICAP TABS	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	P	PA
ONE DAILY ESSENTIALS TABS	P	QL(1 EA daily); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	PA
ONE DAILY ESSENTIAL TABS	P	QL(1 EA daily); RX/OTC	POLY-VI-SOL SOLN PO	P	PA
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	POLY-VITA SOLN PO	P	PA
ONE-A-DAY ESSENTIAL TABS <i>(Use multiple vitamin)</i>	NP	QL(1 EA daily); RX/OTC	POLY-VITE PEDIATRIC SOLN PO	P	PA
ONE-A-DAY MENS TABS <i>(Use multiple vitamin)</i>	NP	QL(1 EA daily); RX/OTC	Prenatal Vitamins		
QUINTABS TABS	P	QL(1 EA daily); RX/OTC	ALIVE DAILY SUP PRENATAL GUMMI	P	PA
RELCARE TABS	P	QL(1 EA daily); RX/OTC	AZESCO TABS	P	PA
STRESS FORMULA/ZINC/ENERGY TABS	P	QL(1 EA daily); RX/OTC	CENTRUM PRENATAL GUMMIES	P	PA
THERA TABS	P	QL(1 EA daily); RX/OTC	CITRANATAL MEDLEY	P	PA
THEREMS TABS	P	QL(1 EA daily); RX/OTC	COMPLETE NATAL DHA	P	PA
TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC	CVS PRENATAL GUMMY	P	PA
TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	DERMACINRX PRETRATE TABS	P	PA
VIREXA TABS	P	QL(1 EA daily); RX/OTC	EMBRIVA TABS	P	PA
VITRAX TABS	P	QL(1 EA daily); RX/OTC	FOLIVANE-OB	P	PA
			NEO-VITAL RX TABS	P	PA
			ONENATAL RX TABS 1 MG	P	PA
			PRENATAL GUMMIES	P	PA
			PRENATAL MULTI +DHA CAPS	P	PA

Georgia Medicaid Family Planning Updated January 2026
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
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		
<i>trifluridine</i>	P	QL(8 ML per 30 day(s) retail)
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS 875 MG</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail)
<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 IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	P	PA
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	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 <i>amoxicillin & pot clavulanate</i>)	NP	QL(30 EA per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
<i>nafcillin sodium IV 10 GM</i>	P	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate CAPS</i>	P		HIBERIX SOLR IJ	P	
<i>doxycycline hyclate TABS 100 MG</i>	P		MENACTRA	P	
<i>doxycycline hyclate TBEC</i>	P	PA	MENQUADFI 0.5 ML	P	
<i>minocycline hcl CAPS</i>	P		MENVEO SOLN	P	
MINOLIRA TB24	P	PA	MENVEO SOLR	P	
<i>tetracycline hcl CAPS</i>	P		PEDVAX HIB SUSP	P	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP		PENBRAYA	P	
TOXOIDS			PNEUMOVAX 23 SOLN	P	
Toxoid Combinations			PNEUMOVAX 23 SOSY	P	
ADACEL SUSP	P		PREVNAR 13	P	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P		PREVNAR 20	P	
BOOSTRIX SUSP	P		TRUMENBA 0.5 ML	P	
BOOSTRIX SUSY	P		TYPHIM VI SOLN	P	
DAPTACEL	P		TYPHIM VI SOSY	P	
INFANRIX	P		VAXCHORA	P	
KINRIX SUSY	P		VAXNEUVANCE	P	
PEDIARIX SUSY	P		VIVOTIF	P	
PENTACEL	P		Viral Vaccines		
QUADRACEL SUSP	P		ABRYSVO	P	
QUADRACEL SUSY	P		ACAM2000	P	
TDVAX SUSP	P		AFLURIA PRESERVATIVE FREE SUSY	P	
TENIVAC SUSP 2 LFU-5 LFU	P		AFLURIA QUADRIVALENT SUSP	P	
TETANUS-DIPHThERIA TOXOIDS TD SUSP	P		AFLURIA QUADRIVALENT SUSY 0.5 ML	P	
VAXELIS SUSP	P		AFLURIA SUSP	P	
VAXELIS SUSY	P		AREXVY	P	
VACCINES			DENG VAXIA	P	
Bacterial Vaccines			ENGERIX-B SUSP 20 MCG/ML	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
ACTHIB SOLR IM	P		ENGERIX-B SUSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
BCG VACCINE	P		FLUAD	P	
BEXSERO 0.5 ML	P				
BIOTHRAX	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT	P		IMOVAX RABIES SUSR	P	
FLUARIX QUADRIVALENT SUSY	P		IPOLE IJ	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		ROTATEQ SOLN	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P		SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
FLUZONE HIGH-DOSE SUSY	P		STAMARIL SUSR	P	
FLUZONE QUADRIVALENT SUSP	P		TICOVAC	P	
FLUZONE QUADRIVALENT SUSY	P		TWINRIX SUSY	P	
FLUZONE SUSP	P		VAQTA	P	
FLUZONE SUSY	P		VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	P	
GARDASIL 9 SUSP 0.5 ML	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 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	YF-VAX SUSR	P	
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	P		VAGINAL AND RELATED PRODUCTS		
HEPLISAV-B SOSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail	Miscellaneous Vaginal Products		
			TRIMO-SAN	P	PA
			Spermicides		

Drug Name	Drug Tier	Requirements/Limits
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)
VCF VAGINAL CONTRACEPTIVE FILM	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	
<i>metronidazole vaginal</i>	P	QL(70 GM per fill retail)
MICONAZOLE 7 SUPP 100 MG	P	QL(7 EA per 30 day(s) retail)
<i>miconazole nitrate vaginal CREA 2 %</i>	P	QL(45 GM per 30 day(s) retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per 30 day(s) retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 EA per 30 day(s) retail)
MONISTAT 3 CREA	P	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	
VANAZOLE	P	QL(70 GM per fill retail)
Vaginal Anti-inflammatory Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone acetate vaginal</i>	P	
Vaginal Estrogens		
IMVEXXY MAINTENANCE PACK INST	P	PA

INDEX

ABRYSVO	9	125 MG-250 MG, 125 MG-500 MG	8	sulfamethoxazole-trimethoprim)	1
ACAM2000	9	amoxicillin & pot clavulanate TABS		BACTRIM TABS (Use	
ACTHIB SOLR IM	9	125 MG-875 MG	8	sulfamethoxazole-trimethoprim)	1
ACTIRON	5	amoxicillin CAPS	8	BALCOLTRA (Use levonorgestrel-	
acyclovir CAPS	2	amoxicillin CHEW 125 MG, 250 MG .		ethinyl estradiol-iron)	3
acyclovir SUSP	2	8		BCG VACCINE	9
acyclovir TABS PO 400 MG	2	amoxicillin SUSR	8	BEXSERO 0.5 ML	9
acyclovir TABS PO 800 MG	2	amoxicillin TABS 875 MG	8	BIOTHRAX	9
acyclovir topical CREA	4	ampicillin & sulbactam sodium IV 1		BOOSTRIX SUSP	9
acyclovir topical OINT	4	GM-0.5 GM, 10 GM-5 GM, 2 GM-1		BOOSTRIX SUSY	9
ADACEL SUSP	9	GM	8	BPROTECTED PEDIA POLY-VITE	
ADACEL SUSY 2 LF/0.5ML-5		ampicillin CAPS 500 MG	8	SOLN PO	7
LF/0.5ML-15.5 MCG/0.5ML	9	AQUAPHOR 3 IN 1 DIAPER RASH		BPROTECTED PEDIA POLY-	
AFLURIA PRESERVATIVE FREE		CREA	4	VITE/FE SOLN	7
SUSY	9	AREXVY	9	BRYHALI LOTN	4
AFLURIA QUADRIVALENT SUSP .	9	ARNICARE ARNICA OINT	6	CALENDULA OINT	6
AFLURIA QUADRIVALENT SUSY		AUGMENTIN ES-600 SUSR (Use		cefactor CAPS	2
0.5 ML	9	amoxicillin & pot clavulanate)	8	cefactor SUSR 250 MG/5ML	2
AFLURIA SUSP	9	AUGMENTIN SUSR 31.25 MG/5ML-		CEFAZOLIN SODIUM-DEXTROSE	
ALIVE DAILY SUP PRENATAL		125 MG/5ML	8	SOLN 4 %-1 GM/50ML, 4 %-2	
GUMMI	7	AUGMENTIN TABS 125 MG-500 MG		GM/100ML, 5 %-2 GM/100ML	2
ALTRIXA TABS	6	(Use amoxicillin & pot clavulanate) .	8	cefdinir CAPS	2
AMLADDEX TABS	6	AVENOC OINT	6	cefdinir SUSR	2
amoxicillin & pot clavulanate CHEW .		AZACTAM (Use aztreonam)	2	cefoxitin sodium IV	2
8		AZESCO TABS	7	cefprozil SUSR	2
amoxicillin & pot clavulanate SUSR		azithromycin PACK	5	cefprozil TABS	2
28.5 MG/5ML-200 MG/5ML	8	azithromycin SUSR 100 MG/5ML ..	5	ceftazidime IV 1 GM, 2 GM, 6 GM ..	2
amoxicillin & pot clavulanate SUSR		azithromycin SUSR 200 MG/5ML ..	5	cefuroxime axetil TABS	2
42.9 MG/5ML-600 MG/5ML, 57		azithromycin TABS 250 MG	5	CENTRUM MENOPAUSE	
MG/5ML-400 MG/5ML	8	azithromycin TABS 500 MG	5	MIND/MOOD TABS	6
amoxicillin & pot clavulanate SUSR		azithromycin TABS 600 MG	5	CENTRUM PRENATAL GUMMIES .	
62.5 MG/5ML-250 MG/5ML	8	aztreonam	2	7	
amoxicillin & pot clavulanate TABS		BACTRIM DS TABS (Use		cephalexin CAPS 250 MG, 500 MG	2

cephalexin SUSR	2	hydrocortisone (topical))	4	DIFLUCAN TABS 150 MG (Use fluconazole)	1
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	5	CORTIZONE-10/ALOE LIQD (Use hydrocortisone (topical))	4	doxycycline hyclate CAPS	9
ciprofloxacin hcl TABS 100 MG	5	crotamiton LOTN	4	doxycycline hyclate TABS 100 MG ..	9
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	5	CVS NERVE PAIN RELIEF OINT ..	6	doxycycline hyclate TBEC	9
CITRANATAL MEDLEY	7	CVS PRENATAL GUMMY	7	drosiprenone-ethinyl estradiol 0.02 MG-3 MG	3
clarithromycin SUSR 125 MG/5ML ..	6	CYANOCOBALAMIN SOLN IJ	5	drosiprenone-ethinyl estradiol 0.03 MG-3 MG	3
clarithromycin SUSR 250 MG/5ML ..	6	DAILY MULTIPLE VITAMINS TABS ..	6	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	6
clarithromycin TABS	6	DAPTACEL	9	ELIMITE CREA (Use permethrin) ..	4
clarithromycin TB24	6	DAPTOMYCIN (Use daptomycin) ..	1	EMBRIVA TABS	7
CLEOCIN (Use clindamycin palmitate hydrochloride)	2	daptomycin	1	ENCARE SUPP 100 MG	11
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	2	DAPTOMYCIN	1	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	7
CLEOCIN CREA (Use clindamycin phosphate vaginal)	11	DENGVAXIA	9	ENGERIX-B SUSP 20 MCG/ML	9
clindamycin hcl 150 MG, 300 MG ..	2	DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	3	ENGERIX-B SUSY	9
clindamycin palmitate hydrochloride ..	2	DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	3	EPICYN SOLN	4
clindamycin phosphate vaginal CREA	11	DEPO-SUBQ PROVERA 104 SUSY SC	3	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	6
clobetasol propionate CREA	4	DERMACINRX PRETRATE TABS ..	7	ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	6
clotrimazole vaginal CREA 1 %	11	desogestrel & ethinyl estradiol	3	erythromycin base CPEP	6
clotrimazole vaginal CREA 2 %	11	desogestrel-ethinyl estradiol (biphasic)	3	erythromycin base TABS	6
colistimethate sodium	2	desogestrel-ethinyl estradiol (triphasic)	3	erythromycin base TBEC	6
COLY-MYCIN M (Use colistimethate sodium)	2	DESTRESS-IRON TABS	6	erythromycin ethylsuccinate SUSR ..	6
COMPLETE NATAL DHA	7	dicloxacillin sodium	8	erythromycin ethylsuccinate TABS ..	6
CORTIZONE-10 COOLING MAX STR LIQD 1 % (Use hydrocortisone (topical))	4	DIFLUCAN SUSR (Use fluconazole) ..	1	erythromycin stearate TABS 250 MG 6	
CORTIZONE-10 MAXIMUM STRENGTH LIQD (Use		DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	1	ESTROFACTORS TABS	6
				ethynodiol diacet & eth estrad	3
				etonogestrel-ethinyl estradiol	3

FC2 FEMALE CONDOM	6	FLUZONE SUSY	10	MG/15ML-7.5 MG/15ML	1
FEMCAP DEVI	6	FOLAWISE TABS	6	hydrocortisone (topical) LIQD	4
FLUAD	9	FOLCYTEINE TABS	6	hydrocortisone acetate vaginal	11
FLUAD QUADRIVALENT	10	folic acid TABS 1 MG	5	HYPOCYN SOLN	4
FLUARIX QUADRIVALENT SUSY	10	FOLI-D TABS	5	ICHTHAMMOL DRAWING SALVE	
FLUARIX SUSY	10	FOLIVANE-OB	7	OINT	6
FLUBLOK QUADRIVALENT	10	FOLVITE-D TABS	5	imiquimod 5 %	4
FLUBLOK SOSY	10	GANCICLOVIR SODIUM SOLN	2	IMOVAX RABIES SUSR	10
FLUCELVAX QUADRIVALENT		GARDASIL 9 SUSP 0.5 ML	10	IMPOYZ CREA 0.025 % (Use	
SUSP	10	GARDASIL 9 SUSY 0.5 ML	10	clobetasol propionate)	4
FLUCELVAX QUADRIVALENT		GENICIN VITA-D TABS (Use folic		IMVEXXY MAINTENANCE PACK	
SUSY	10	acid-cholecalciferol)	5	INST	11
FLUCELVAX SUSP	10	GENICIN VITA-Q TABS	6	INFANRIX	9
FLUCELVAX SUSY	10	griseofulvin microsize SUSP	1	inositol niacinate CAPS	2
fluconazole SUSR	1	griseofulvin microsize TABS	1	IPOL IJ	10
fluconazole TABS 100 MG, 200 MG		griseofulvin ultramicrosize	1	IRO-PLEX	5
1		GYNAZOLE-1	11	itraconazole CAPS	1
fluconazole TABS 150 MG	1	halobetasol propionate FOAM	4	IXIARO	10
fluconazole TABS 50 MG	1	HAVRIX IM 720 EL U/0.5ML, 1440		JYNNEOS	10
FLULAVAL QUADRIVALENT SUSY		EL U/ML	10	ketoconazole	1
10		HEMATEX LIQD 100 MG/5ML (Use		KINRIX SUSY	9
FLULAVAL SUSY	10	polysaccharide iron complex)	5	levofloxacin TABS	5
FLUMIST	10	HEMATRON-AF	5	levonorgestrel & eth estradiol TABS	3
FLUMIST QUADRIVALENT	10	HEMAX EZY-DOSE	5	levonorgestrel (emergency oc) 1.5	
FLUZONE HIGH-DOSE		HEPLISAV-B SOSY	10	MG	3
QUADRIVALENT	10	HIBERIX SOLR IJ	9	levonorgestrel-eth estradiol	
FLUZONE HIGH-DOSE SUSY	10	HIGH POTENCY MULTIVITAMIN		(triphasic)	3
FLUZONE QUADRIVALENT SUSP		TABS	6	levonorgestrel-ethinyl estradiol (91-	
10		HYCLODEX SOLN	4	day) 0.03 MG-0.15 MG	3
FLUZONE QUADRIVALENT SUSY		hydrocodone-acetaminophen SOLN		levonorgestrel-ethinyl estradiol-iron	3
10		108 MG/5ML-2.5 MG/5ML, 217		LEXETTE FOAM (Use halobetasol	
FLUZONE SUSP	10	MG/10ML-5 MG/10ML, 325		propionate)	4

LICEMD GEL	4	MULTI VITAMIN TABS	7	NOVAFERRUM LIQD	5
lidocaine-hydrocortisone acetate CREA 1 %-1 %	4	MULTI VITAMIN W/D-3 TABS	7	NOZIN NASAL SANITIZER KIT	8
MALE CONDOMS-MISC	6	multiple vitamin TABS	7	NUVARING (Use etonogestrel- ethinyl estradiol)	3
MAXFE	5	multiple vitamins w/ iron TABS	6	nystatin TABS	1
medroxyprogesterone acetate (contraceptive) SUSP IM	3	MULTIVITAMIN ADULT TABS	7	ofloxacin 300 MG, 400 MG	5
medroxyprogesterone acetate (contraceptive) SUSY IM	3	MULTIVITAMIN DROPS/IRON SOLN	7	OMNICAP TABS	7
MENACTRA	9	MULTIVITAMIN INFANT & TODDLER SOLN PO	7	OMNIFLEX DIAPHRAGM	6
MENQUADFI 0.5 ML	9	MULTIVITAMIN TABS	7	ONE DAILY ESSENTIAL TABS	7
MENVEO SOLN	9	nafcillin sodium IV 10 GM	8	ONE DAILY ESSENTIALS TABS ...	7
MENVEO SOLR	9	NEOMULTIVITE TABS	7	ONE VITE DAILY MULTIVITAMIN TABS	7
METHYLCOBALAMIN SOLR	5	neomycin sulfate TABS	1	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)	7
methylcobalamin SUBL	5	NEO-VITAL RX TABS	7	ONE-A-DAY MENS TABS (Use multiple vitamin)	7
methylcobalamin TBDP	5	NEURAGEN PN OINT	6	ONENATAL RX TABS 1 MG	7
metronidazole TABS 250 MG, 500 MG	1	NEWVITE TABS	7	OPTIONS GYNOL II CONTRACEPTIVE GEL	11
metronidazole vaginal	11	NIX CREME RINSE LIQD EX (Use permethrin)	4	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	7
MICONAZOLE 7 SUPP 100 MG ...	11	norelgestromin-ethinyl estradiol	3	PEDIARIX SUSY	9
miconazole nitrate vaginal CREA 2 %	11	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	3	PEDVAX HIB SUSP	9
miconazole nitrate vaginal SUPP 100 MG	11	norethindrone & eth estradiol	3	PENBRAYA	9
miconazole nitrate vaginal SUPP 200 MG	11	norethindrone (contraceptive)	3	penicillin v potassium SOLR	8
MINCORA TABS	6	norethindrone acet & eth estra TABS 3	3	penicillin v potassium TABS	8
minocycline hcl CAPS	9	norethindrone-eth estradiol (triphasic)	3	PENTACEL	9
MINOLIRA TB24	9	norgestimate-ethinyl estradiol (triphasic)	3	permethrin CREA	4
M-M-R II SOLR	10	norgestimate-ethinyl estradiol	3	permethrin LIQD EX	4
MONISTAT 3 CREA	11	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	3	PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	3
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) ...	11			PNEUMOVAX 23 SOLN	9

PNEUMOVAX 23 SOSY	9	0.5 %	4	TDVAX SUSP	9
polysaccharide iron complex LIQD 100 MG/5ML	5	QBREXZA	4	TENIVAC SUSP 2 LFU-5 LFU	9
POLY-VI-SOL SOLN PO	7	QUADRACEL SUSP	9	terbinafine hcl TABS	1
POLY-VITA SOLN PO	7	QUADRACEL SUSY	9	terconazole vaginal CREA	11
POLY-VITE PEDIATRIC SOLN PO ..	7	QUINTABS TABS	7	terconazole vaginal SUPP	11
POLY-VITE/IRON SOLN	7	RABAVERT	10	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	9
PREHEVBRIO	10	RADIAURA CREA	4	tetracycline hcl CAPS	9
PRENATAL GUMMIES	7	RECOMBIVAX HB SUSP	10	THERA TABS	7
PRENATAL MULTI +DHA CAPS ...	7	RECOMBIVAX HB SUSY	10	THEREMS TABS	7
PRENATAL VITAMINS-MISC	8	RELCARE TABS	7	TICOVAC	10
PRENATAL/FOLIC ACID+DHA CAPS	8	ROTARIX SUSP	10	tinidazole 500 MG	1
PRENATVITE COMPLETE TABS ..	8	ROTATEQ SOLN	10	tioconazole vaginal 6.5 %	11
PRENATVITE PLUS TABS	8	SCARZEN SKIN REPAIR	4	TM-DAILY VITE TABS	7
PREPARATION H EX 1 %	1	SCHOOLTIME SHAMPOO SHAM ..	4	TOLSURA CAPS	1
PREPARATION H SOOTHING RELIEF EX 1 %	1	SHINGRIX	10	TRAUMEEL OINT	6
PREVNAR 13	9	SPORANOX CAPS (Use itraconazole)	1	trifluridine	8
PREVNAR 20	9	STAMARIL SUSR	10	trimethoprim TABS	1
PREVYMIS SOLN	2	STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	4	TRIMO-SAN	10
PREVYMIS TABS	2	STRESS FORMULA/IRON/ENERGY TABS	6	TRUE MULTIVITAMIN TABS	7
PRID OINT	6	STRESS FORMULA/ZINC/ENERGY TABS	7	TRUMENBA 0.5 ML	9
PRIORIX SUSR	10	sulfadiazine TABS	8	TWINRIX SUSY	10
probenecid	5	sulfamethoxazole-trimethoprim SUSP	1	TYBLUME CHEW	3
PROQUAD SUSR	10	sulfamethoxazole-trimethoprim TABS	1	TYPHIM VI SOLN	9
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %	4	TAB-A-VITE/IRON/BETA CAROTENE TABS	6	TYPHIM VI SOSY	9
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	4	TARON-C DHA	8	valacyclovir hcl 1 GM	2
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %-				valacyclovir hcl 500 MG	2
				VALTREX 1 GM (Use valacyclovir hcl)	2
				VALTREX 500 MG (Use valacyclovir hcl)	2

VANDAZOLE	11	(Use azithromycin)	5
VAQTA	10	ZITHROMAX TABS 250 MG (Use azithromycin)	5
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	10	ZITHROMAX TABS 500 MG (Use azithromycin)	5
VARIVAX SUSR	10	ZITHROMAX TRI-PAK TABS (Use azithromycin)	5
VAXCHORA	9	ZITHROMAX Z-PAK TABS (Use azithromycin)	5
VAXELIS SUSP	9	ZOVIRAX CREA (Use acyclovir topical)	4
VAXELIS SUSY	9	ZOVIRAX OINT (Use acyclovir topical)	4
VAXNEUVANCE	9		
VCF VAGINAL CONTRACEPTIVE FILM	11		
VCF VAGINAL CONTRACEPTIVE GEL	11		
VIBRAMYCIN CAPS (Use doxycycline hyclate)	9		
VIREXA TABS	7		
VITRAX TABS	7		
VIVOTIF	9		
WESNATAL DHA COMPLETE	8		
YASMIN 28 (Use drospirenone- ethinyl estradiol)	3		
YAZ (Use drospirenone-ethinyl estradiol)	3		
YF-VAX SUSR	10		
ZALVIT TABS	8		
ZEEL ARTHRITIS PAIN RELIEF OINT	6		
ZEMDRI	1		
ZIPHEX TABS	8		
ZITHROMAX PACK	5		
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	5		
ZITHROMAX SUSR 200 MG/5ML			