

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 CVS/Caremark to pay for pharmacy claims. CVS/Caremark is our Pharmacy Benefit Manager (PBM).

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.

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



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.

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:

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, 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.

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

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



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.

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
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 that 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 EXCEPTIONS: The below members may get up to 200 strips per 30 days <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 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

Dose Form	Dose Form Description
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

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



Dose Form	Dose Form Description
<i>IJ</i>	Injection
<i>IMPL</i>	Implant
<i>INHA</i>	Inhaler
<i>INJ</i>	Injectable
<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

Dose Form	Dose Form Description
<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
<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 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML</i>	P	2 rtl MAX fill,30 rtl day(s) supply;QL(180 ml daily)
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 days retail)
Imidazole-Related Antifungals		
DIFLUCAN TABS 100 MG, 200 MG (<i>Use fluconazole</i>)	NP	
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NP	QL(70 ml 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
DIFLUCAN TABS 150 MG (<i>Use fluconazole</i>)	NP	QL(2 ea per fill retail)
<i>fluconazole tabs 150 MG</i>	P	QL(2 ea per fill retail)
<i>fluconazole tabs 50 MG</i>	P	QL(3 ea per 14 days retail)
<i>fluconazole susr</i>	P	QL(70 ml per fill retail)
<i>fluconazole tabs 100 MG, 200 MG</i>	P	
<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)
SPORANOX PULSEPAK 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.		
FLAGYL TABS 500 MG (<i>Use metronidazole</i>)	NP	
<i>metronidazole tabs</i>	P	
<i>tinidazole 500 MG</i>	P	QL(20 ea per 30 days retail)
<i>trimethoprim tabs</i>	P	
TRIMETHOPRIM TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM DS TABS 160 MG-800 MG (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML</i>	P	
<i>sulfamethoxazole-trimethoprim tabs</i>	P	
Cyclic Lipopeptides		
<i>daptomycin</i>	P	PA
DAPTOMYCIN	P	PA
DAPTOMYCIN (<i>Use daptomycin</i>)	NP	PA
Lincosamides		
CLEOCIN 150 MG, 300 MG (<i>Use clindamycin hcl</i>)	NP	
CLEOCIN PEDIATRIC GRANULES (<i>Use clindamycin palmitate hydrochloride</i>)	NP	QL(300 ml per fill retail)
<i>clindamycin hcl 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)
Monobactams		
AZACTAM (<i>Use aztreonam</i>)	NP	PA
<i>aztreonam</i>	P	PA
Polymyxins		
<i>colistimethate sodium</i>	P	PA
COLY-MYCIN M (<i>Use colistimethate sodium</i>)	NP	PA
ANTIVIRALS - Drugs to Treat Viral Infections		
CMV Agents		
GANCICLOVIR SOLN	P	PA
PREVYMIS SOLN	P	PA
PREVYMIS TABS	P	PA

Drug Name	Drug Tier	Requirement s/Limits
Herpes Agents		
<i>acyclovir caps</i>	P	QL(50 ea 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>acyclovir susp</i>	P	QL(400 ml per 30 days retail)
<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 30 days retail)
VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NP	QL(2 ea daily)
VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NP	QL(42 ea per 30 days retail)
ZOVIRAX SUSP (<i>Use acyclovir</i>)	NP	QL(400 ml per 30 days retail)
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
<i>inositol niacinate caps</i>	P	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
CEFAZOLIN SODIUM SOLN	P	PA
CEFAZOLIN SODIUM/DEXTROSE SOLN	P	PA
<i>cephalexin caps 250 MG, 500 MG</i>	P	
<i>cephalexin susr</i>	P	
KEFLEX CAPS 250 MG, 500 MG (<i>Use cephalexin</i>)	NP	
Cephalosporins - 2nd Generation		

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor caps</i>	P	
<i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	P	
<i>cefoxitin sodium iv</i>	P	PA
<i>cefprozil susr</i>	P	QL(200 ml per fill retail);AL(Up to 12 yrs old)
<i>cefprozil tabs</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 susr</i>	P	QL(100 ml per fill retail)
<i>cefdinir caps</i>	P	QL(20 ea per fill retail)
<i>ceftazidime iv 1 GM, 2 GM, 6 GM</i>	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA 36.5 MG-20 MCG-0.1 MG	P	PA
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol 3 MG-0.03 MG</i>	P	
<i>ethynodiol diacet & eth estrad</i>	P	
<i>levonorgestrel & eth estradiol tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	P	QL(91 ea per fill retail)
MIRCETTE 0 (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP	
<i>norethin acet & estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i>	P	
<i>norethindrone & eth estradiol</i>	P	
<i>norethindrone acet & eth estra</i>	P	
<i>norethindrone-eth estradiol (triphasic) 0</i>	P	
<i>norgestimate-ethinyl estradiol 0.25 MG-35 MCG</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	P	
<i>norgestrel & ethinyl estradiol 0.3 MG-30 MCG</i>	P	QL(2 ea daily)
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 ea per fill retail)
TYBLUME CHEW 0.1 MG-20 MCG	P	
YASMIN 28 3 MG-0.03 MG (Use <i>drospirenone-ethinyl estradiol</i>)	NP	
YAZ 3 MG-0.02 MG (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethinyl estradiol 150 MCG/24HR-35 MCG/24HR</i>	P	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol 0.12 MG/24HR-0.015 MG/24HR</i>	P	QL(1 ea per fill retail)
NUVARING 0.12 MG/24HR-0.015 MG/24HR (Use <i>etonogestrel-ethinyl estradiol</i>)	NP	QL(1 ea per fill retail)
Emergency Contraceptives		
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(4 ea per 365 days retail)
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>)	NP	QL(4 ea per 365 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susy im</i>	P	QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) susp im</i>	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	
ORTHO MICRONOR (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 (Use <i>acyclovir topical</i>)	NP	QL(5 gm per fill retail)
ZOVIRAX OINT (Use <i>acyclovir topical</i>)	NP	QL(30 gm per 30 days retail)
Corticosteroids - Topical		
BRYHALI LOTN	P	PA
CORDRAN CREA	P	PA
CORTIZONE-10/ALOE LIQD	P	PA
HALOBETASOL PROPIONATE FOAM	P	PA
IMPOYZ CREA	P	PA
LEXETTE FOAM	P	PA
<i>lidocaine-hydrocortisone acetate crea</i>	P	PA
MEZPAROX-HC FORTE CREA 2.5 %-2.5 %	P	PA
RADIAURA CREA 3 %-0.5 %	P	PA

Drug Name	Drug Tier	Requirements/Limits
SCARZEN SKIN REPAIR 5 %-0.1 %	P	PA
Immunomodulating Agents - Topical		
ALDARA (Use imiquimod)	NP	QL(48 ea per 180 days retail)
imiquimod 5 %	P	QL(48 ea per 180 days retail)
Misc. Topical		
AQUAPHOR 3 IN 1 DIAPER RASH CREAM CREA	P	PA
EPICYN	P	PA
HYCLODEX	P	PA
HYPOCYN	P	PA
PRE & POST SX POUCH 4 %-5 %-2 %	P	PA
QBREXZA	P	PA
SENSI-CARE CLEAR ZINC DIAPER RASH SKIN PROTECTANT OINT 5 %-5 %	P	PA
TEARS AGAIN ADVANCED EYELID SPRAY	P	PA
Scabicides & Pediculicides		
crotamiton lotn	P	QL(60 gm per fill retail)
CVS LICE SOLUTION KIT 3-STEP 0.5 %-4 %-0.33 %	P	
ELIMITE CREA (Use permethrin)	NP	QL(60 gm per fill retail)
LICEMD GEL 0.33 %-4 %	P	
NIX CREME RINSE LIQD EX (Use permethrin)	NP	
permethrin liqd ex	P	

Drug Name	Drug Tier	Requirements/Limits
permethrin crea	P	QL(60 gm per fill retail)
permethrin lotn	P	QL(118 ml per fill retail)
pyrethrins-piperonyl butoxide liqd	P	
pyrethrins-piperonyl butoxide sham 0.33 %-4 %, 0.33 %-4 %-0.33 %	P	
pyrethrins-piperonyl butoxide-permethrin-nit remover 0.5 %-4 %-0.33 %	P	
RID LIQD 0.33 %-4 % (Use pyrethrins-piperonyl butoxide)	NP	
RID COMPLETE LICE ELIMINATION 0.5 %-4 %-0.33 % (Use pyrethrins-piperonyl butoxide-permethrin-nit remover)	NP	
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	P	
SCHOOLTIME SHAMPOO SHAM	P	QL(1 ml per 14 days retail)
FLUOROQUINOLONES - Drugs to Treat		
Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	NP	
ciprofloxacin hcl tabs 100 MG	P	QL(6 ea per fill retail)
ciprofloxacin hcl tabs 250 MG, 500 MG, 750 MG	P	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tabs</i>	P	QL(1 ea daily,14 ea per fill retail)
<i>ofloxacin 300 MG, 400 MG</i>	P	QL(56 ea per fill retail)
GOUT AGENTS - Drugs to Treat Gout		
Uricosurics		
<i>probenecid</i>	P	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Cobalamins		
CYANOCOBALAMIN SOLN IJ	P	PA
<i>methylcobalamin subl</i>	P	PA
<i>methylcobalamin tbdp</i>	P	PA
METHYLCOBALAMIN SOLR	P	PA
Folic Acid/Folates		
<i>folic acid tabs 1 MG</i>	P	RX/OTC
Hematopoietic Mixtures		
ACTIRON 100 MG-600 MG-1320 MCG-200 MG-22.5 MG-100 MG-2000 MCG-165 MG	P	PA
<i>folic acid-cholecalciferol tabs 3775 UNIT-1 MG</i>	P	PA
FOLI-D TABS 2000 UNIT-1 MG	P	PA
GENICIN VITA-D TABS 3775 UNIT-1 MG (<i>Use folic acid-cholecalciferol</i>)	NP	PA
HEMAX 1 MG-500 MG-150 MCG-60 MCG-13.5 MG-3 MG-150 MG	P	PA

Drug Name	Drug Tier	Requirements/Limits
IRO-PLEX 100 MG/5ML-600 MG/5ML-2 MG/5ML-200 MG/5ML-1 MG/5ML-50 MG/5ML-50 UNIT/5ML-165 MG/5ML	P	PA
IRO-PLEX 2 MG-600 MG-200 MG-50 UNIT-50 MG-100 MG-1 MG-165 MG	P	PA
MAXFE 1 MG-100 MG-100 MG-150 MCG-150 MCG-60 MCG-60 MCG-50 MG-160 MG-160 MG-6.5 MG-12 MG-1.7 MG-12 MG	P	PA
ORTHO-FOLIC CAPS 3760 UNIT-1 MG	P	PA
Iron		
HEMATEX LIQD	P	PA
NOVAFERRUM 125 LIQD	P	PA
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin susr 100 MG/5ML</i>	P	QL(15 ml per fill retail)
<i>azithromycin tabs 500 MG</i>	P	QL(4 ea daily)
<i>azithromycin susr 200 MG/5ML</i>	P	QL(60 ml per fill retail)
<i>azithromycin tabs 600 MG</i>	P	QL(8 ea per 28 days retail)
<i>azithromycin tabs 250 MG</i>	P	QL(6 ea per fill retail)

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

Drug Name	Drug Tier	Requirements/Limits
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base tabs</i>	P	
<i>erythromycin base tbec</i>	P	
<i>erythromycin base cpep</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 0	P	QL(1 ea per 365 days retail)
MALE CONDOMS-MISC	P	QL (36 per 30 days)
OMNIFLEX DIAPHRAGM	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

Drug Name	Drug Tier	Requirements/Limits
TRAUMEEL OINT	P	PA;RX/OTC
ZEEL OINT	P	PA;RX/OTC
ZEEL ARTHRITIS PAIN RELIEF OINT	P	PA;RX/OTC
MULTIVITAMINS		
B-Complex w/ Folic Acid		
FOLICA-BE 15 UNIT-12.5 MG-1000 MCG-1000 MCG-50 MG-15 MG-150 MG	P	PA
FOLIC-K 15 MG-12.5 MG-1000 MCG-150 MG-15 MG-1000 MCG-50 MG	P	PA
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG</i>	P	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 13.5 MG-60 MG-2 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-1.5 MG	P	QL(1 ea daily)
Multivitamins		
AMLADEX TABS 1 MG-125 MG-1 MG-25 MG-12.5 MG-5 MG-50 MG-12.5 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DAILY MULTIPLE VITAMINS TABS 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-21 MG-900 MCG	P	QL(1 ea daily);RX/OTC
ESTROFACTORS TABS 0.67 MG-16.7 MG-66.7 UNIT-13 MCG-30 MG-66.7 MG-66.7 UNIT-833 UNIT-10 MCG-266 MCG-66.7 MG-70 MG-33 MG	P	QL(1 ea daily);RX/OTC
GENICIN VITA-Q TABS 1000 MCG-125 MG-12.5 MG-1000 MCG-25 MG-12.5 MCG-50 MG-5 MG	P	QL(1 ea daily);RX/OTC
HIGH POTENCY MULTIVITAMIN TABS 35 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-10 MCG-9 MCG-3.4 MG-20 MG-1500 MCG-10 MG-45 MG-13.6 MG	P	QL(1 ea daily);RX/OTC
MULTI VITAMIN TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG	P	QL(1 ea daily);RX/OTC
MULTI VITAMIN/D-3 TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.9 MG-20 MG-3000 UNIT-50 MG-1.5 MG-40 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>multiple vitamin tabs</i> 60 MG-50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG	P	QL(1 ea daily);RX/OTC
MULTIVITAMIN TABS	P	QL(1 ea daily);RX/OTC
MULTIVITAMIN ADULT TABS 1500 MCG-60 MG-2 MG-400 MCG-1.5 MG-10 MCG-6 MCG-1.7 MG-20 MG	P	QL(1 ea daily);RX/OTC
NEOMULTIVITE TABS 2 MCG-60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-5 MCG-1500 MCG	P	QL(1 ea daily);RX/OTC
OMNICAP TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG	P	QL(1 ea daily);RX/OTC
ONE DAILY ESSENTIAL TABS 900 MCG-60 MG-2 MG-500 MCG-1.5 MG-20 MCG-6 MCG-1.7 MG-20 MG-10 MG-45 MG-3.3 MG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY ESSENTIAL TABS 5000 UNIT-60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT (<i>Use multiple vitamin</i>)	NP	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY MENS TABS 5000 UNIT-200 MG-3 MG-0.4 MG-20 MG-2.25 MG-9 MCG-10 MG-2.55 MG-400 UNIT-45 UNIT (<i>Use multiple vitamin</i>)	NP	QL(1 ea daily);RX/OTC
QUINTABS TABS 50 UNIT-400 UNIT-300 MG-30 MG-30 MCG-400 MCG-30 MG-30 MCG-5000 UNIT-30 MG-100 MG-30 MG	P	QL(1 ea daily);RX/OTC
THERA TABS 45 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-400 UNIT-9 MCG-3.4 MG-20 MG-5000 UNIT-10 MG-30 UNIT	P	QL(1 ea daily);RX/OTC
THEREMS MULTIVITAMIN TABS 9 MCG-90 MG-30 MCG-400 MCG-3 MG-20 MG-3 MG-10 MG-3.4 MG-10 MCG-13.6 MG-45 MG-35 MG-1500 MCG	P	QL(1 ea daily);RX/OTC
VITAZYME 25 MG-500 UNIT-125 MG-12.5 MG-5 MG-1000 MCG-1000 MCG-50 MG	P	PA
Ped MV w/ Iron		

Drug Name	Drug Tier	Requirements/Limits
FLINTSTONES COMPLETE CHEW 2.4 MCG-90 MG-30 MCG-240 MCG-1.2 MG-12 MG-1.7 MG-5 MG-1.3 MG-12 MG-20 MCG-7.5 MG-10 MG-15 MG-0.44 MG-5 MG-140 MG-150 MCG-400 MCG-60 MCG	P	PA
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 250 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-11 MG/ML	P	PA
POLY-VI-SOL/IRON SOLN 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-250 MCG/ML-4 MG/ML-11 MG/ML-5 MG/ML	P	PA
POLY-VITE/IRON SOLN 11 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-0.4 MG/ML-5 UNIT/ML	P	PA
Pediatric Multiple Vitamins		

Drug Name	Drug Tier	Requirements/Limits
BPROTECTED PEDIA POLY-VITE SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML	P	PA
MULTIVITAMIN INFANT & TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-250 MCG/ML	P	PA
MULTIVITAMIN INFANT/TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-400 UNIT/ML-5 MG/ML-250 MCG/ML	P	PA
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 35 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-750 UNIT/ML-0.6 MG/ML-8 MG/ML	P	PA

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-SOL SOLN OR 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-0.5 MCG/ML-250 MCG/ML-4 MG/ML-5 MG/ML	P	PA
POLY-VITA SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-2 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML	P	PA
POLY-VITE PEDIATRIC SOLN OR 5 UNIT/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-50 MG/ML-0.4 MG/ML	P	PA
Prenatal Vitamins		
ALIVE DAILY SUPPORT PRENATAL GUMMIES 1.4 MCG-30 MG-17.5 MCG-180 MCG-0.175 MG-9 MG-5.5 MG-1 MG-0.875 MG-0.2 MG-7.5 MCG-9.5 MG-25 MG-10 MG-1.625 MG-145 MCG-325 MCG	P	PA
AZESCO TABS 1000 MCG-125 MG-2.5 MG-1 MG-1.4 MG-500 UNIT-13 MG-200 MG-150 MCG	P	PA

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL MEDLEY 15 UNIT-12.5 MG-1 MG-200 UNIT-62 MG-200 MG-27 MG	P	PA
COMPLETE NATAL DHA 250 MG-120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-200 MG-29 MG-30 MG-3000 UNIT	P	PA
CVS PRENATAL GUMMIES	P	PA
DERMACINRX PRETRATE TABS 10 MCG-120 MG-1000 MCG-3 MG-20 MG-55 MG-50 MG-3.4 MG-20 MCG-30 MG-27 MG-200 MG-2.6 MG-50 MCG-45 MCG-25 MG-200 MG-150 MCG-70 MCG-1500 MCG	P	PA
FOLIVANE-OB 1.3 MG-210 MG-25 MG-300 MCG-1 MG-20 MG-10 MCG-5 MG-7 MG-5 MG-85 MG-6.9 MG-18.2 MG-800 MCG	P	PA
PRENATAL GUMMIES 7.5 MG-10 MG-17.5 MCG-180 MCG-9 MG-1 MG-10 MCG-9.5 MG-25 MG-5 MG-1.9 MG-110 MCG-325 MCG-1.4 MCG	P	PA
PRENATAL MULTI + DHA CAPS	P	PA

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMINS-MISC	P	RX/OTC
PRENATAL/FOLIC ACID+DHA CAPS 260 MG-85 MG-30 MCG-800 MCG-1.4 MG-18 MG-1.9 MG-6 MG-1.4 MG-25 MCG-15 MG-200 MG-27 MG-45 MG-11 MG-150 MG-150 MCG-60 MG-770 MCG-90 MCG-5.2 MCG	P	PA
PRENATVITE COMPLETE TABS 18.4 MG-120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-1200 MCG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-150 MCG	P	PA
PRENATVITE PLUS TABS 0.2 MG-120 MG-10 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.2 MG-2 MG	P	PA
TARON-C DHA 200 MG-25 MG-25 MG-300 MCG-1 MG-12.5 MCG-3 MG-5 MG-2 MG-156 MG-35 MG-5 MG-10 MG-2 MG-39 MG	P	PA

Drug Name	Drug Tier	Requirements/Limits
TRIVEEN-DUO DHA 12 MCG-120 MG-1 MG-1.8 MG-20 MG-25 MG-4 MG-10 MCG-15 MG-275 MG-29 MG-25 MG-2 MG-25 MG-200 MG-25 MG-900 MCG	P	PA
ZALVIT TABS 1000 MCG-125 MG-2.5 MG-1 MG-1.4 MG-500 UNIT-13 MG-200 MG-150 MCG	P	PA
ZIPHEX TABS 1000 MCG-125 MG-1 MG-1.4 MG-2.5 MG-12.5 MCG-13 MG-200 MG-150 MCG	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 days 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	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin caps 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium tabs</i>	P	
<i>penicillin v potassium solr</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate tabs 250 MG-125 MG, 500 MG-125 MG</i>	P	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 400 MG/5ML-57 MG/5ML, 600 MG/5ML-42.9 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate chew</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate tabs 875 MG-125 MG</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 125 MG/5ML-31.25 MG/5ML, 250 MG/5ML-62.5 MG/5ML</i>	P	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 200 MG/5ML-28.5 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>ampicillin & sulbactam sodium iv 0.5 GM-1 GM, 1 GM-2 GM, 5 GM-10 GM</i>	P	PA
AUGMENTIN SUSR	P	QL(150 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(150 ml per fill retail)
AUGMENTIN TABS 500 MG-125 MG (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(200 ml per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
<i>nafcillin sodium iv</i>	P	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
DORYX TBEC 50 MG, 80 MG, 200 MG (<i>Use doxycycline hyclate</i>)	NP	PA
<i>doxycycline hyclate tabs 100 MG</i>	P	
<i>doxycycline hyclate caps</i>	P	
<i>doxycycline hyclate tbec</i>	P	PA
<i>minocycline hcl caps</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
MINOCYCLINE HYDROCHLORIDEER TB24 45 MG, 55 MG, 65 MG, 80 MG, 90 MG, 105 MG, 115 MG, 135 MG	P	PA
MINOCYCLINE HYDROCHLORIDEER TB24 45 MG, 55 MG, 65 MG, 80 MG, 90 MG, 105 MG, 115 MG, 135 MG	P	PA
MINOLIRA TB24	P	PA
<i>tetracycline hcl caps</i>	P	
VIBRAMYCIN CAPS (Use doxycycline hyclate)	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP 15.5 MCG/0.5ML-2 LF/0.5ML-5 LF/0.5ML	P	Limit 1 dose per lifetime;AL(At least 19 yrs old-Up to 20 yrs old)
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	Limit 1 dose per lifetime;AL(At least 19 yrs old-Up to 20 yrs old)
BOOSTRIX SUSP 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	Limit 1 dose per lifetime;AL(At least 19 yrs old-Up to 20 yrs old)
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 dose per 10 years;AL(At least 19 yrs old-Up to 20 yrs old)
TENIVAC INJ 5 LFU-2 LFU	P	Limit 1 dose per 10 years;AL(At least 19 yrs old-Up to 20 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 dose per 10 years;AL(At least 19 yrs old-Up to 20 yrs old)
VACCINES		
Viral Vaccines		
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 0.01 %-0.025 %	P	PA
Spermicides		
ENCARE SUPP 100 MG	P	1 rtl pack lmt amt,30 rtl pack lmt day(s)
OPTIONS GYNOL II VAGINALCONTRACEPT IVE 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		

Drug Name	Drug Tier	Requirements/Limits
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 days retail)
<i>clotrimazole vaginal crea 1 %</i>	P	QL(45 gm per 30 days retail)
GYNAZOLE-1	P	
GYNE-LOTRIMIN CREA (<i>Use clotrimazole vaginal</i>)	NP	QL(45 gm per 30 days retail)
GYNE-LOTRIMIN 3 CREA (<i>Use clotrimazole vaginal</i>)	NP	QL(31 gm per 30 days retail)
<i>metronidazole vaginal</i>	P	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal supp 200 MG</i>	P	QL(3 ea per 30 days retail)
<i>miconazole nitrate vaginal crea</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)
MONISTAT 3 CREA (<i>Use miconazole nitrate vaginal</i>)	NP	QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA (<i>Use miconazole nitrate vaginal</i>)	NP	QL(45 gm per 30 days retail)
<i>terconazole vaginal supp</i>	P	
<i>terconazole vaginal crea</i>	P	
<i>tioconazole vaginal 6.5 %</i>	P	
VANDAZOLE	P	QL(70 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Vaginal Estrogens		
IMVEXXY MAINTENANCE PACK INST	P	PA

INDEX

ACTIRON.....	6	<i>cefdinir</i>	3	DERMACINRX PRETRATE.....	11
<i>acyclovir</i>	2	<i>cefoxitin sodium</i>	3	<i>desogestrel & ethinyl estradiol</i> ..	3
<i>acyclovir topical</i>	4	<i>cefprozil</i>	3	<i>desogestrel-ethinyl estradiol</i> <i>(biphasic)</i>	3
ADACEL.....	14	<i>ceftazidime</i>	3	<i>desogestrel-ethinyl estradiol</i> <i>(triphasic)</i>	3
ALDARA.....	5	<i>cefuroxime axetil</i>	3	<i>dicloxacillin sodium</i>	13
ALIVE DAILY SUPPORT PRENATAL GUMMIES.....	11	<i>cephalexin</i>	2	DIFLUCAN.....	1
AMLADEX.....	8	CIPRO.....	5	DORYX.....	13
<i>amoxicillin</i>	12	<i>ciprofloxacin hcl</i>	5	<i>doxycycline hyclate</i>	13
<i>amoxicillin & pot clavulanate</i> ..	13	CITRANATAL MEDLEY.....	11	<i>drospirenone-ethinyl estradiol</i> ..	3
<i>ampicillin</i>	13	<i>clarithromycin</i>	7	E.E.S. GRANULES.....	7
<i>ampicillin & sulbactam sodium</i>	13	CLEOCIN.....	2,15	ELIMITE.....	5
AQUAPHOR 3 IN 1 DIAPER RASH CREAM.....	5	CLEOCIN PEDIATRIC GRANULES	2	ENCARE.....	14
ARNICARE ARNICA.....	7	<i>clindamycin hcl</i>	2	ENGERIX-B.....	14
AUGMENTIN.....	13	<i>clindamycin palmitate</i> <i>hydrochloride</i>	2	EPICYN.....	5
AUGMENTIN ES-600.....	13	<i>clindamycin phosphate vaginal</i>	15	ERYPED 200.....	7
AVENOC.....	7	<i>clotrimazole vaginal</i>	15	ERYPED 400.....	7
AZACTAM.....	2	<i>colistimethate sodium</i>	2	<i>erythromycin base</i>	7
AZESCO.....	11	COLY-MYCIN M.....	2	<i>erythromycin ethylsuccinate</i>	7
<i>azithromycin</i>	6,7	COMPLETE NATAL DHA.....	11	<i>erythromycin stearate</i>	7
<i>aztreonam</i>	2	CORDRAN.....	4	ESTROFACTORS.....	8
BACTRIM.....	1	CORTIZONE-10/ALOE.....	4	<i>ethynodiol diacet & eth estrad</i> ..	3
BACTRIM DS.....	1	<i>crotamiton</i>	5	<i>etonogestrel-ethinyl estradiol</i> ..	4
BALCOLTRA.....	3	CVS LICE SOLUTION KIT 3-STEP	5	FC2 FEMALE CONDOM.....	7
BOOSTRIX.....	14	CVS NERVE PAIN RELIEF.....	7	FEMCAP.....	7
BPROTECTED PEDIA POLY-VITE	10	CVS PRENATAL GUMMIES.....	11	FLAGYL.....	1
BRYHALI.....	4	CYANOCOBALAMIN.....	6	FLINTSTONES COMPLETE.....	10
CALENDULA.....	7	DAILY MULTIPLE VITAMINS.....	8	<i>fluconazole</i>	1
<i>cefaclor</i>	3	<i>daptomycin</i>	2	<i>folic acid</i>	6
CEFAZOLIN SODIUM.....	2	DAPTOMYCIN.....	2	<i>folic acid-cholecalciferol</i>	6
CEFAZOLIN SODIUM/DEXTROSE	2	DEPO-PROVERA CONTRACEPTIVE.....	4	FOLICA-BE.....	8
		DEPO-SUBQ PROVERA 104.....	4	FOLIC-K.....	8
				FOLI-D.....	6

FOLIVANE-OB.....	11	LEXETTE.....	4	NEOMULTIVITE.....	9
GANCICLOVIR.....	2	LICEMD.....	5	<i>neomycin sulfate</i>	1
GENICIN VITA-D.....	6	<i>lidocaine-hydrocortisone</i>		NEURAGEN PN.....	7
GENICIN VITA-Q.....	8	<i>acetate</i>	4	NIX CREME RINSE.....	5
<i>griseofulvin microsize</i>	1	MALE CONDOMS-MISC.....	7	<i>norelgestromin-ethinyl estradiol</i>	
<i>griseofulvin ultramicrosize</i>	1	MAXFE.....	6	4
GYNAZOLE-1.....	15	<i>medroxyprogesterone acetate</i>		<i>norethin acet & estrad-fe</i>	3
GYNE-LOTRIMIN.....	15	<i>(contraceptive)</i>	4	<i>norethindrone & eth estradiol</i> ..	3
GYNE-LOTRIMIN 3.....	15	<i>methylcobalamin</i>	6	<i>norethindrone (contraceptive)</i> ..	4
HALOBETASOL PROPIONATE....	4	METHYLCOBALAMIN.....	6	<i>norethindrone acet & eth estra</i> 3	
HEMATEX.....	6	<i>metronidazole</i>	1	<i>norethindrone-eth estradiol</i>	
HEMAX.....	6	<i>metronidazole vaginal</i>	15	<i>(triphasic)</i>	3
HIGH POTENCY MULTIVITAMIN		MEZPAROX-HC FORTE.....	4	<i>norgestimate-ethinyl estradiol</i> ..	3
.....	8	<i>miconazole nitrate vaginal</i>	15	<i>norgestimate-ethinyl estradiol</i>	
HYCLODEX.....	5	<i>minocycline hcl</i>	13	<i>(triphasic)</i>	3
<i>hydrocodone-acetaminophen</i> ..	1	MINOCYCLINE		<i>norgestrel & ethinyl estradiol</i> ...3	
HYPOCYN.....	5	HYDROCHLORIDEER.....	14	NOVAFERRUM 125.....	6
ICHTHAMMOL ADVANCED		MINOCYCLINE		NOZIN NASAL SANITIZER.....	12
DRAWING SALVE.....	7	HYDROCHLORIDEER.....	14	NUVARING.....	4
<i>imiquimod</i>	5	MINOLIRA.....	14	<i>nystatin</i>	1
IMPOYZ.....	4	MIRCETTE.....	3	<i>ofloxacin</i>	6
IMVEXXY MAINTENANCE PACK		MONISTAT 3.....	15	OMNICAP.....	9
.....	15	MONISTAT 7 SIMPLY CURE....	15	OMNIFLEX DIAPHRAGM.....	7
<i>inositol niacinate</i>	2	MULTI VITAMIN.....	8	ONE DAILY ESSENTIAL.....	9
IRO-PLEX.....	6	MULTI VITAMIN/D-3.....	8	ONE-A-DAY ESSENTIAL.....	9
<i>itraconazole</i>	1	<i>multiple vitamin</i>	9	ONE-A-DAY MENS.....	9
KEFLEX.....	2	<i>multiple vitamins w/ iron</i>	8	OPTIONS GYNOL II	
<i>ketoconazole</i>	1	MULTIVITAMIN.....	9	VAGINALCONTRACEPTIVE.....	14
<i>levofloxacin</i>	6	MULTIVITAMIN ADULT.....	9	ORTHO MICRONOR.....	4
<i>levonorgestrel & eth estradiol</i> ..	3	MULTIVITAMIN INFANT &		ORTHO-FOLIC.....	6
<i>levonorgestrel (emergency oc)</i> ..	4	TODDLER.....	10	PC PEDIATRIC POLY-VITAMIN	
<i>levonorgestrel-eth estradiol</i>		MULTIVITAMIN		DROPS.....	10
<i>(triphasic)</i>	3	INFANT/TODDLER.....	10	<i>penicillin v potassium</i>	13
<i>levonorgestrel-ethinyl estradiol</i>		MULTIVITAMIN		<i>permethrin</i>	5
<i>(91-day)</i>	3	W/IRON/INFANT/TODDLER....	10	PLAN B ONE-STEP.....	4
		<i>nafcillin sodium</i>	13		

POLY-VI-SOL.....	11	<i>sulfadiazine</i>	13	CONTRACEPTIVEGEL.....	14
POLY-VI-SOL/IRON.....	10	<i>sulfamethoxazole-trimethoprim</i>2	VIBRAMYCIN.....	14
POLY-VITA.....	11	TAB-A-VITE		VITAZYME.....	9
POLY-VITE PEDIATRIC.....	11	MULTIVITAMIN/IRON AND		YASMIN 28.....	3
POLY-VITE/IRON.....	10	BETA-CAROTENE.....	8	YAZ.....	3
PRE & POST SX POUCH.....	5	TARON-C DHA.....	12	ZALVIT.....	12
PRENATAL GUMMIES.....	11	TDVAX.....	14	ZEEL.....	8
PRENATAL MULTI + DHA.....	11	TEARS AGAIN ADVANCED		ZEEL ARTHRITIS PAIN RELIEF..	8
PRENATAL VITAMINS-MISC....	12	EYELID SPRAY.....	5	ZEMDRI.....	1
PRENATAL/FOLIC ACID+DHA..	12	TENIVAC.....	14	ZIPHEX.....	12
PRENATVITE COMPLETE.....	12	<i>terbinafine hcl</i>	1	ZITHROMAX.....	7
PRENATVITE PLUS.....	12	<i>terconazole vaginal</i>	15	ZITHROMAX TRI-PAK.....	7
PREVYMIS.....	2	TETANUS/DIPHTHERIA		ZITHROMAX Z-PAK.....	7
PRID.....	7	TOXOIDS-ADSORBED ADULT..	14	ZOVIRAX.....	2,4
<i>probenecid</i>	6	<i>tetracycline hcl</i>	14		
<i>pyrethrins-piperonyl butoxide</i> ..	5	THERA.....	9		
<i>pyrethrins-piperonyl butoxide-</i>		THEREMS MULTIVITAMIN.....	9		
<i>permethrin-nit remover</i>	5	<i>tinidazole</i>	1		
QBREXZA.....	5	<i>tioconazole vaginal</i>	15		
QUINTABS.....	9	TOLSURA.....	1		
RADIAURA.....	4	TRAUMEEL.....	8		
RECOMBIVAX HB.....	14	<i>trifluridine</i>	12		
RID.....	5	<i>trimethoprim</i>	1		
RID COMPLETE LICE		TRIMETHOPRIM.....	1		
ELIMINATION.....	5	TRIMO-SAN.....	14		
RID ESSENTIAL LICE		TRIVEEN-DUO DHA.....	12		
ELIMINATION KIT.....	5	TYBLUME.....	3		
SCARZEN SKIN REPAIR.....	5	<i>valacyclovir hcl</i>	2		
SCHOOLTIME SHAMPOO.....	5	VALTREX.....	2		
SEASONIQUE.....	3	VANDAZOLE.....	15		
SENSI-CARE CLEAR ZINC DIAPER		VCF VAGINAL CONTRACEPTIVE			
RASH SKIN PROTECTANT.....	5	FILM.....	14		
SHUR-SEAL.....	14	VCF VAGINAL CONTRACEPTIVE			
SPORANOX.....	1	FOAM.....	14		
SPORANOX PULSEPAK.....	1	VCF VAGINAL			