

# Peach State Health Plan: Planning for Healthy Babies<sup>®</sup> Family Planning Only - Preferred Drug List (PDL)



This Preferred Drug List is searchable. Here is how to search for a medicine:

1. Press Control F to open the search tool
2. Type the medicine name into the text box
3. Press enter

## Planning for Healthy Babies<sup>®</sup> (P4HB): Family Planning (FP) Pharmacy Program

Peach State Health Plan covers all forms of birth control for Planning for Healthy Babies<sup>®</sup>. Family Planning (FP) women. The pharmacy team works with doctors and pharmacists to be sure the medicines to prevent pregnancy are covered on the Family Planning Preferred Drug List (FP-PDL). Your doctor must write a prescription for these medicines.

## Planning for Healthy Babies<sup>®</sup>: Family Planning Preferred Drug List (FP-PDL)

The Peach State Health Plan Family Planning Preferred Drug List (FP-PDL) is the list of covered drugs. The FP-PDL tells you the drugs you can get at local pharmacies. The list is updated every three months by the 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 Express Scripts to pay for pharmacy claims. Express Scripts 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.

### Appropriate Use and Safety Edits

Your safety is very important to Peach State Health Plan. One of the ways we look out for your safety is through point-of sale (POS) edits when the medicine claim is sent by the pharmacy. These edits are based on the Food and Drug Administration (FDA) approvals. One example would be only allowing one drug in the same therapy class each month.

More information about the drugs that are part of these edits can be found in the **Appropriate Use and Safety Edits** document on the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com).

### Prior Authorizations (PA)

Some drugs on the FP-PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Pharmacy Services on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com). The completed form and doctor notes to show your history should be **faxed to Pharmacy Services at 1-833-582-2342**. A request can also be sent using the secure electronic Prior Authorization portal by Cover My Meds at [www.covermymeds.com](http://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:

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- 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<sup>®</sup> Family Planning women. These medicines cannot be filled at a local pharmacy. The doctor can bill Peach State Health Plan for them. For questions about which vaccines and injectable drugs are covered, call Peach State Health Plan's Member Services Department.

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

## Over-the-Counter Medications

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

## Generic Drugs

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

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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<sup>®</sup>. If a non-enrolled doctor writes your prescription, the prescription will be rejected. Your pharmacy will not be able to fill prescriptions for you if it is not enrolled in Georgia Families<sup>®</sup>.

## Copayments

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

## Contact Information

Peach State Health Plan Member Services:	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: <b>1-833-582-2342</b>
Express Scripts Pharmacy Help Desk:	1-833-750-4403

## Language Assistance

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

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## Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	<b>Age Limit:</b> Drug is limited to a specific age
<i>PA</i>	<b>Prior Authorization:</b> Review required before prescription can be filled
<i>QL</i>	<b>Quantity Limit:</b> There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both <b>prescription and over the counter</b> coverage
<i>SP</i>	<b>Specialty Drug:</b> High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
<i>ST</i>	<b>Step Therapy:</b> Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	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"> <li>• Daily Dose Max = 50 MME**</li> <li>• Day Supply Max = 7 days</li> <li>• Must use Short-acting opioids before Long-acting opioids</li> </ul> <small>*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</small>
<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"> <li>• Members who are less than 18 years old</li> <li>• Members with a Gestational Diabetes or Diabetes in Pregnancy</li> </ul>

## STANDARD ABBREVIATIONS

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

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

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

<b>Dose Form</b>	<b>Dose Form Description</b>
<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

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<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"> <li>• Members who are less than 18 years old</li> <li>• Members with a Gestational Diabetes or Diabetes in Pregnancy</li> </ul>

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Dose Form	Dose Form Description
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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

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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
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<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
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<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
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
<i>neomycin sulfate TABS</i>	P	
ZEMDRI	P	PA
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
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	2 rtl MAX fill; 30 rtl day(s) supply; QL(180 ml daily)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
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		
<i>DIFLUCAN SUSR (Use fluconazole)</i>	NP	QL(70 ml per fill retail)
<i>DIFLUCAN TABS 50 MG (Use fluconazole)</i>	NP	QL(3 ea per 14 days retail)
<i>DIFLUCAN TABS 150 MG (Use fluconazole)</i>	NP	QL(2 ea per fill retail)
<i>DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)</i>	NP	
<i>fluconazole SUSR</i>	P	QL(70 ml per fill retail)
<i>fluconazole TABS 50 MG</i>	P	QL(3 ea per 14 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<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)
<i>SPORANOX PULSEPAK CAPS (Use itraconazole)</i>	NP	QL(1 ea daily)
<i>SPORANOX CAPS (Use itraconazole)</i>	NP	QL(1 ea daily)
<i>TOLSURA CAPS</i>	P	PA
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
<i>metronidazole TABS</i>	P	
<i>tinidazole 500 MG</i>	P	QL(20 ea per 30 days retail)
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
<i>BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)</i>	NP	
<i>BACTRIM TABS (Use sulfamethoxazole-trimethoprim)</i>	NP	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
Cyclic Lipopeptides		
<i>daptomycin</i>	P	PA
<i>DAPTOMYCIN</i>	P	PA
<i>DAPTOMYCIN (Use daptomycin)</i>	NP	PA
Lincosamides		
<i>CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	NP	QL(300 ml per fill retail)
clindamycin hcl 150 MG, 300 MG	P	
clindamycin palmitate hydrochloride	P	QL(300 ml per fill retail)
<b>Monobactams</b>		
AZACTAM (Use aztreonam)	NP	PA
aztreonam	P	PA
<b>Polymyxins</b>		
colistimethate sodium	P	PA
COLY-MYCIN M (Use colistimethate sodium)	NP	PA
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>CMV Agents</b>		
GANCICLOVIR SOLN	P	PA
PREVYMIS SOLN	P	PA
PREVYMIS TABS	P	PA
<b>Herpes Agents</b>		
acyclovir CAPS	P	QL(50 ea per 30 days retail)
acyclovir SUSP	P	QL(400 ml per 30 days retail)
acyclovir TABS OR 400 MG	P	QL(3 ea daily)
acyclovir TABS OR 800 MG	P	QL(50 ea per 30 days retail)
valacyclovir hcl 500 MG	P	QL(2 ea daily)
valacyclovir hcl 1 GM, 1000 MG	P	QL(42 ea per 30 days retail)
VALTREX 1 GM (Use valacyclovir hcl)	NP	QL(42 ea per 30 days retail)
VALTREX 500 MG (Use valacyclovir hcl)	NP	QL(2 ea daily)
ZOVIRAX SUSP (Use acyclovir)	NP	QL(400 ml per 30 days retail)
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Treat Heart and Circulation Conditions</b>		
<b>Peripheral Vasodilators</b>		
inositol niacinate CAPS	P	PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
CEFAZOLIN SODIUM/DEXTROSE SOLN 5 %-2 GM/100ML	P	PA
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	P	PA
cephalexin CAPS 250 MG, 500 MG	P	
cephalexin SUSR	P	
<b>Cephalosporins - 2nd Generation</b>		
cefaclor CAPS	P	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	P	
cefcoxitin 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)
<b>Cephalosporins - 3rd Generation</b>		
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
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	NP	PA

Georgia Medicaid Family Planning

Updated January 1, 2024

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel &amp; ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	P	QL(1 ea daily)
<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	P	
<i>ethynodiol diacet &amp; eth estrad</i>	P	
<i>levonorgestrel &amp; eth estradiol TABS</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(91 ea per fill retail)
<i>levonorgestrel-ethinyl estradiol-iron</i>	P	PA
MIRCETTE ( <i>Use desogestrel-ethinyl estradiol (biphasic)</i> )	NP	
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	
<i>norethindrone &amp; eth estradiol</i>	P	
<i>norethindrone acet &amp; eth estra</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	
<i>norgestimate-ethinyl estradiol</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 ea daily)
SEASONIQUE ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NP	QL(91 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
TYBLUME CHEW	P	
YASMIN 28 ( <i>Use drospirenone-ethinyl estradiol</i> )	NP	
YAZ ( <i>Use drospirenone-ethinyl estradiol</i> )	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 ea per fill retail)
NUVARING ( <i>Use 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 ( <i>Use levonorgestrel (emergency oc)</i> )	NP	QL(4 ea per 365 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM ( <i>Use 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) SUSP IM</i>	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive)</i>	P	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Antivirals - Topical</b>		
<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 ( <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 days retail)
<b>Corticosteroids - Topical</b>		
BRYHALI LOTN	P	PA
CORDRAN CREA 0.025 %	P	PA
CORTIZONE-10 MAXIMUM STRENGTH LIQD ( <i>Use hydrocortisone (topical)</i> )	NP	PA
CORTIZONE-10/ALOE LIQD ( <i>Use hydrocortisone (topical)</i> )	NP	PA
<i>halobetasol propionate FOAM 0.05 %</i>	P	PA
HALOBETASOL PROPIONATE FOAM	P	PA
<i>hydrocortisone (topical) LIQD</i>	P	PA
IMPOYZ CREA	P	PA
LEXETTE FOAM	P	PA
<i>lidocaine-hydrocortisone acetate CREA 1 %-1 %</i>	P	PA
MEZPAROX-HC FORTE CREA	P	PA
RADIAURA CREA	P	PA
SCARZEN SKIN REPAIR	P	PA
<b>Immunomodulating Agents - Topical</b>		

Drug Name	Drug Tier	Requirements/Limits
ALDARA ( <i>Use imiquimod</i> )	NP	QL(48 ea per 180 days retail)
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)
<b>Misc. Topical</b>		
AQUAPHOR 3 IN 1 DIAPER RASH CREAM CREA	P	PA
EPICYN	P	PA
HYCLODEX	P	PA
HYPOCYN	P	PA
PRE & POST SX POUCH	P	PA
QBREXZA	P	PA
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton LOTN</i>	P	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>permethrin LOTN</i>	P	QL(118 ml per fill retail)
<i>pyrethrins-piperonyl butoxide LIQD</i>	P	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	P	
SCHOOLTIME SHAMPOO SHAM	P	QL(1 ml per 14 days retail)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 ea per fill retail)
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i> )	NP	
<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)
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Uricosurics		
<i>probenecid</i>	P	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Cobalamins		
CYANOCOBALAMIN SOLN IJ	P	PA
METHYLCOBALAMIN SOLR	P	PA
<i>methylcobalamin SUBL</i>	P	PA
<i>methylcobalamin TBDP</i>	P	PA
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	P	RX/OTC
Hematopoietic Mixtures		
ACTIRON	P	PA
<i>folic acid-cholecalciferol TABS</i>	P	PA
FOLI-D TABS	P	PA
GENICIN VITA-D TABS (Use <i>folic acid-cholecalciferol</i> )	NP	PA
HEMATRON-AF	P	PA
HEMAX	P	PA
IRO-PLEX	P	PA
IRO-PLEX	P	PA

Drug Name	Drug Tier	Requirements/Limits
MAXFE	P	PA
ORTHO-FOLIC CAPS	P	PA
Iron		
HEMATEX LIQD	P	PA
NOVAFERRUM 125 LIQD	P	PA
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
Azithromycin		
<i>azithromycin PACK</i>	P	QL(2 ea per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 ml per fill retail)
<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ml per fill retail)
<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)
<i>azithromycin TABS 500 MG</i>	P	QL(4 ea daily)
<i>azithromycin TABS 600 MG</i>	P	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i> )	NP	QL(6 ea per fill retail)
ZITHROMAX PACK (Use <i>azithromycin</i> )	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML (Use <i>azithromycin</i> )	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (Use <i>azithromycin</i> )	NP	QL(60 ml per fill retail)
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i> )	NP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (Use <i>azithromycin</i> )	NP	QL(4 ea daily)
Clarithromycin		
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin TABS</i>	P	QL(28 ea per fill retail)	ICHTHAMMOL ADVANCED DRAWING SALVE OINT	P	PA
<i>clarithromycin TB24</i>	P	QL(14 ea per fill retail)	NEURAGEN PN OINT	P	PA
<b>Erythromycins</b>			PRID OINT	P	PA
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP		TRAUMEEL OINT	P	PA
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP		ZEEL ARTHRITIS PAIN RELIEF OINT	P	PA
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP		<b>MULTIVITAMINS</b>		
<i>erythromycin base CPEP</i>	P		B-Complex w/ Folic Acid		
<i>erythromycin base TABS</i>	P		FOLICA-BE	P	PA
<i>erythromycin base TBEC</i>	P		FOLIC-K	P	PA
<i>erythromycin ethylsuccinate SUSR</i>	P		Multiple Vitamins w/ Iron		
<i>erythromycin ethylsuccinate TABS</i>	P		<i>multiple vitamins w/ iron TABS</i>	P	QL(1 ea daily)
<i>erythromycin stearate TABS 250 MG</i>	P		TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	QL(1 ea daily)
<b>MEDICAL DEVICES AND SUPPLIES</b>			Multivitamins		
Contraceptives			AMLADEX TABS	P	QL(1 ea daily); RX/OTC
FC2 FEMALE CONDOM	P		DAILY MULTIPLE VITAMINS TABS	P	QL(1 ea daily); RX/OTC
FEMCAP DEVI	P	QL(1 ea per 365 days retail)	ESTROFACTORS TABS	P	QL(1 ea daily); RX/OTC
MALE CONDOMS-MISC	P	QL (36 per 30 days)	FOLCYTEINE TABS	P	QL(1 ea daily); RX/OTC
OMNIFLEX DIAPHRAGM	P	QL(1 ea per 365 days retail)	GENICIN VITA-Q TABS	P	QL(1 ea daily); RX/OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
Homeopathic Products			MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily); RX/OTC
ARNICARE ARNICA OINT	P	PA	MULTI VITAMIN TABS	P	QL(1 ea daily); RX/OTC
AVENOC OINT	P	PA	<i>multiple vitamin TABS</i>	P	QL(1 ea daily); RX/OTC
CALENDULA OINT	P	PA	MULTIVITAMIN ADULT TABS	P	QL(1 ea daily); RX/OTC
CVS NERVE PAIN RELIEF OINT	P	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG- 2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	P	QL(1 ea daily); RX/OTC	PC PEDIATRIC POLY- VITAMIN DROPS SOLN OR	P	PA
NEOMULTIVITE TABS	P	QL(1 ea daily); RX/OTC	POLY-VI-SOL SOLN OR	P	PA
OMNICAP TABS	P	QL(1 ea daily); RX/OTC	POLY-VITA SOLN OR	P	PA
ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily); RX/OTC	POLY-VITE PEDIATRIC SOLN OR	P	PA
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	<b>Prenatal Vitamins</b>		
ONE-A-DAY ESSENTIAL TABS <i>(Use multiple vitamin)</i>	NP	QL(1 ea daily); RX/OTC	ALIVE DAILY SUPPORT PRENATAL GUMMIES	P	PA
ONE-A-DAY MENS TABS <i>(Use multiple vitamin)</i>	NP	QL(1 ea daily); RX/OTC	AZESCO TABS	P	PA
QUINTABS TABS	P	QL(1 ea daily); RX/OTC	CITRANATAL MEDLEY	P	PA
THERA TABS	P	QL(1 ea daily); RX/OTC	COMPLETE NATAL DHA	P	PA
THEREMS MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	CVS PRENATAL GUMMIES 10 MG-17.5 MCG-180 MCG-9 MG-1 MG-10 MCG-9.5 MG-25 MG-2.5 MG-1.9 MG-110 MCG-5 MG-325 MCG-1.4 MCG-35 MG, 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-2000 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-5 MG-35 MG	P	PA
TM-DAILY VITE TABS	P	QL(1 ea daily); RX/OTC	DERMACINRX PRETRATE TABS	P	PA
VITAZYME TABS	P	QL(1 ea daily); RX/OTC	FOLIVANE-OB	P	PA
<b>Ped MV w/ Iron</b>			PRENATAL GUMMIES	P	PA
FLINTSTONES COMPLETE CHEW	P	PA	PRENATAL MULTI + DHA CAPS	P	PA
MULTIVITAMIN W/IRON/INFANT/TODDLE R SOLN	P	PA	PRENATAL VITAMINS- MISC	P	RX/OTC
POLY-VI-SOL/IRON SOLN	P	PA	PRENATAL/FOLIC ACID+DHA CAPS	P	PA
POLY-VITE/IRON SOLN	P	PA	PRENATVITE COMPLETE TABS	P	PA
<b>Pediatric Multiple Vitamins</b>			PRENATVITE PLUS TABS	P	PA
BPROTECTED PEDIA POLY-VITE SOLN OR	P	PA	TARON-C DHA	P	PA
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	PA	WESNATAL DHA COMPLETE	P	PA
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	PA	ZALVIT TABS	P	PA

Drug Name	Drug Tier	Requirements/Limits
ZIPHEX TABS	P	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agents - Misc.		
NOZIN NASAL SANITIZER KIT	P	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Ophthalmic Anti-infectives		
<i>trifluridine</i>	P	QL(8 ml per 30 days retail)
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
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		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	P	QL(20 ea per fill retail)
<i>amoxicillin &amp; 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 &amp; pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 ea per fill retail)
<i>ampicillin &amp; sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	P	PA
AUGMENTIN ES-600 SUSR ( <i>Use amoxicillin &amp; 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 ( <i>Use amoxicillin &amp; pot clavulanate</i> )	NP	QL(30 ea per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
<i>nafcillin sodium IV</i>	P	PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine TABS</i>	P	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Tetracyclines		
DORYX TBEC 50 MG, 80 MG, 200 MG ( <i>Use doxycycline hyclate</i> )	NP	PA
<i>doxycycline hyclate CAPS</i>	P	
<i>doxycycline hyclate TABS 100 MG</i>	P	
<i>doxycycline hyclate TBEC</i>	P	PA
<i>minocycline hcl CAPS</i>	P	
<i>minocycline hcl TB24</i>	P	PA
MINOLIRA TB24	P	PA



Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl CAPS</i>	P	
VIBRAMYCIN CAPS ( <i>Use doxycycline hyclate</i> )	NP	
<b>TOXOIDS</b>		
Toxoid Combinations		
ADACEL SUSP	P	Limit 1 dose per lifetime; AL(At least 19 yrs old - Up to 20 yrs old)
BOOSTRIX SUSP	P	Limit 1 dose per lifetime; AL(At least 19 yrs old - Up to 20 yrs old)
BOOSTRIX SUSY	P	Limit 1 dose per lifetime; AL(At least 19 yrs old - Up to 20 yrs old)
TDVAX SUSP	P	Limit 1 dose per 10 years; AL(At least 19 yrs old - Up to 20 yrs old)
TENIVAC INJ	P	Limit 1 dose per 10 years; AL(At least 19 yrs old - Up to 20 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P	Limit 1 dose per 10 years; AL(At least 19 yrs old - Up to 20 yrs old)
<b>VACCINES</b>		
Viral Vaccines		
ENGERIX-B SUSP 20 MCG/ML	P	Limit 3 per lifetime; AL(At least 19 yrs old - Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP	P	Limit 3 per lifetime; AL(At least 19 yrs old - Up to 20 yrs old)
<b>VAGINAL AND RELATED PRODUCTS</b>		
Miscellaneous Vaginal Products		
TRIMO-SAN	P	PA
Spermicides		
ENCARE SUPP 100 MG	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	P	QL(86 gm per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
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 1 %</i>	P	QL(45 gm per 30 days retail)
<i>clotrimazole vaginal CREA 2 %</i>	P	QL(31 gm per 30 days retail)
GYNAZOLE-1	P	
<i>metronidazole vaginal</i>	P	QL(70 gm per fill 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)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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 CREA</i>	P	
<i>terconazole vaginal SUPP</i>	P	
<i>tioconazole vaginal 6.5 %</i>	P	
VANDAZOLE	P	QL(70 gm per fill retail)
Vaginal Estrogens		
IMVEXXY MAINTENANCE PACK INST	P	PA

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acyclovir SUSP .....	2	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) .....	8	CEFAZOLIN SODIUM/DEXTROSE SOLN 5 %-2 GM/100ML .....	2
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acyclovir topical OINT .....	4	AZACTAM (Use aztreonam) .....	2	cefprozil SUSR .....	2
ADACEL SUSP .....	9	AZESCO TABS .....	7	cefprozil TABS .....	2
ALDARA (Use imiquimod) .....	4	azithromycin PACK .....	5	ceftazidime IV 1 GM, 2 GM, 6 GM ..	2
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amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML .....	8	azithromycin TABS 600 MG .....	5	ciprofloxacin hcl TABS 100 MG .....	5
amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML .....	8	aztreonam .....	2	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....	5
amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG .	8	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) .....	1	CITRANATAL MEDLEY .....	7
amoxicillin & pot clavulanate TABS 125 MG-875 MG .....	8	BACTRIM TABS (Use sulfamethoxazole-trimethoprim) .....	1	clarithromycin SUSR 125 MG/5ML .	5
amoxicillin CAPS .....	8	BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron) .....	2	clarithromycin SUSR 250 MG/5ML .	5
amoxicillin CHEW 125 MG, 250 MG . 8		BOOSTRIX SUSP .....	9	clarithromycin TABS .....	6
amoxicillin SUSR .....	8	BOOSTRIX SUSY .....	9	clarithromycin TB24 .....	6
amoxicillin TABS 875 MG .....	8	BPROTECTED PEDIA POLY-VITE SOLN OR .....	7	CLEOCIN 150 MG, 300 MG (Use clindamycin hcl) .....	1
ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM .....	8	BRYHALI LOTN .....	4	CLEOCIN CREA (Use clindamycin phosphate vaginal) .....	9
ampicillin CAPS 500 MG .....	8	CALENDULA OINT .....	6	CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride) .....	2
		cefaclor CAPS .....	2	clindamycin hcl 150 MG, 300 MG ...	2
		cefaclor SUSR 125 MG/5ML, 250		clindamycin palmitate hydrochloride .	

2	DEPO-PROVERA	ERYPED 200 SUSR (Use erythromycin ethylsuccinate) . . . . .	6
clindamycin phosphate vaginal CREA . . . . .	CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive)) . . . . .	ERYPED 400 SUSR (Use erythromycin ethylsuccinate) . . . . .	6
9	3	erythromycin base CPEP . . . . .	6
clotrimazole vaginal CREA 1 % . . . . .	DEPO-SUBQ PROVERA 104 SUSY SC . . . . .	erythromycin base TABS . . . . .	6
9	3	erythromycin base TBEC . . . . .	6
clotrimazole vaginal CREA 2 % . . . . .	DERMACINRX PRETRATE TABS . . . . .	erythromycin ethylsuccinate SUSR . . . . .	6
2	7	erythromycin ethylsuccinate TABS . . . . .	6
colistimethate sodium . . . . .	desogestrel & ethinyl estradiol . . . . .	erythromycin stearate TABS 250 MG 6	6
COLY-MYCIN M (Use colistimethate sodium) . . . . .	desogestrel-ethinyl estradiol (biphasic) . . . . .	ESTROFACTORS TABS . . . . .	6
2	3	ethynodiol diacet & eth estrad . . . . .	3
COMPLETE NATAL DHA . . . . .	desogestrel-ethinyl estradiol (triphasic) . . . . .	etonogestrel-ethinyl estradiol . . . . .	3
7	3	FC2 FEMALE CONDOM . . . . .	6
CORDRAN CREA 0.025 % . . . . .	dicloxacillin sodium . . . . .	FEMCAP DEVI . . . . .	6
4	8	FLINTSTONES COMPLETE CHEW . . . . .	7
CORTIZONE-10 MAXIMUM STRENGTH LIQD (Use hydrocortisone (topical)) . . . . .	DIFLUCAN SUSR (Use fluconazole) . . . . .	1	1
4	1	fluconazole SUSR . . . . .	1
CORTIZONE-10/ALOE LIQD (Use hydrocortisone (topical)) . . . . .	DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole) . . . . .	fluconazole TABS 100 MG, 200 MG . . . . .	1
4	1	1	1
crotamiton LOTN . . . . .	DIFLUCAN TABS 150 MG (Use fluconazole) . . . . .	fluconazole TABS 150 MG . . . . .	1
4	1	fluconazole TABS 50 MG . . . . .	1
CVS NERVE PAIN RELIEF OINT . . . . .	DIFLUCAN TABS 50 MG (Use fluconazole) . . . . .	FOLCYTEINE TABS . . . . .	6
6	1	folic acid TABS 1 MG . . . . .	5
CVS PRENATAL GUMMIES 10 MG-17.5 MCG-180 MCG-9 MG-1 MG-10 MCG-9.5 MG-25 MG-2.5 MG-1.9 MG-110 MCG-5 MG-325 MCG-1.4 MCG-35 MG, 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-2000 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-5 MG-35 MG . . . . .	DORYX TBEC 50 MG, 80 MG, 200 MG (Use doxycycline hyclate) . . . . .	folic acid-cholecalciferol TABS . . . . .	5
7	8	FOLICA-BE . . . . .	6
CYANOCOBALAMIN SOLN IJ . . . . .	doxycycline hyclate CAPS . . . . .	FOLIC-K . . . . .	6
5	8	FOLI-D TABS . . . . .	5
DAILY MULTIPLE VITAMINS TABS . . . . .	doxycycline hyclate TABS 100 MG . . . . .	FOLIVANE-OB . . . . .	7
6	8	GANCICLOVIR SOLN . . . . .	2
DAPTOMYCIN (Use daptomycin) . . . . .	doxycycline hyclate TBEC . . . . .	GENICIN VITA-D TABS (Use folic acid) . . . . .	4
1	8		
daptomycin . . . . .	drospirenone-ethinyl estradiol 0.02 MG-3 MG . . . . .		
1	3		
DAPTOMYCIN . . . . .	drospirenone-ethinyl estradiol 0.03 MG-3 MG . . . . .		
1	3		
DEPO-PROVERA	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) . . . . .		
CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive)) . . . . .	3		
3	6		
ENCARE SUPP 100 MG . . . . .	9		
ENGERIX-B SUSP 20 MCG/ML . . . . .	9		
EPICYN . . . . .	4		

acid-cholecalciferol) .....	5	levonorgestrel & eth estradiol TABS 3	estradiol (biphasic)) .....	3
GENICIN VITA-Q TABS .....	6	levonorgestrel (emergency oc) 1.5	MONISTAT 3 CREA (Use	
griseofulvin microsize SUSP .....	1	MG .....	miconazole nitrate vaginal) .....	10
griseofulvin microsize TABS .....	1	levonorgestrel-eth estradiol	MONISTAT 7 SIMPLY CURE CREA	
griseofulvin ultramicrosize .....	1	(triphasic) .....	(Use miconazole nitrate vaginal) ...	10
GYNAZOLE-1 .....	9	levonorgestrel-ethinyl estradiol (91-	MULTI VITAMIN TABS .....	6
halobetasol propionate FOAM 0.05 %		day) 0.03 MG-0.15 MG .....	MULTI VITAMIN/D-3 TABS .....	6
.....	4	levonorgestrel-ethinyl estradiol-iron	multiple vitamin TABS .....	6
HALOBETASOL PROPIONATE		3	multiple vitamins w/ iron TABS .....	6
FOAM .....	4	LEXETTE FOAM .....	MULTIVITAMIN ADULT TABS .....	6
HEMATEX LIQD .....	5	LICEMD GEL .....	MULTIVITAMIN INFANT &	
HEMATRON-AF .....	5	lidocaine-hydrocortisone acetate	TODDLER SOLN OR .....	7
HEMAX .....	5	CREA 1 %-1 % .....	MULTIVITAMIN INFANT/TODDLER	
HIGH POTENCY MULTIVITAMIN		MALE CONDOMS-MISC .....	SOLN OR .....	7
TABS .....	6	MAXFE .....	MULTIVITAMIN TABS 37.5 MG-0.1	
HYCLODEX .....	4	medroxyprogesterone acetate	MG-10 MCG-2 MG-20 MG-1500	
hydrocodone-acetaminophen SOLN		(contraceptive) SUSP IM .....	MCG-1 MG-1.5 MG-28.5 MG .....	7
108 MG/5ML-2.5 MG/5ML, 217		medroxyprogesterone acetate	MULTIVITAMIN	
MG/10ML-5 MG/10ML, 325		(contraceptive) SUSY IM .....	W/IRON/INFANT/TODDLER SOLN .7	
MG/15ML-7.5 MG/15ML .....	1	METHYLCOBALAMIN SOLR .....	nafcillin sodium IV .....	8
hydrocortisone (topical) LIQD .....	4	methylcobalamin SUBL .....	NEOMULTIVITE TABS .....	7
HYPOCYN .....	4	methylcobalamin TBDP .....	neomycin sulfate TABS .....	1
ICHTHAMMOL ADVANCED		metronidazole TABS .....	NEURAGEN PN OINT .....	6
DRAWING SALVE OINT .....	6	metronidazole vaginal .....	NIX CREME RINSE LIQD EX (Use	
imiquimod 5 % .....	4	9	permethrin) .....	4
IMPOYZ CREA .....	4	MEZPAROX-HC FORTE CREA ....	norelgestromin-ethinyl estradiol ....	3
IMVEXXY MAINTENANCE PACK		miconazole nitrate vaginal CREA ...	norethin acet & estrad-fe TABS 1	
INST .....	10	miconazole nitrate vaginal SUPP 100	MG-20 MCG-75 MG, 1.5 MG-30	
inositol niacinate CAPS .....	2	MG .....	MCG-75 MG .....	3
IRO-PLEX .....	5	miconazole nitrate vaginal SUPP 200	norethindrone & eth estradiol .....	3
itraconazole CAPS .....	1	MG .....	norethindrone (contraceptive) .....	4
ketoconazole .....	1	minocycline hcl CAPS .....	norethindrone acet & eth estra ....	3
levofloxacin TABS .....	5	8	norethindrone-eth estradiol (triphasic)	
		minocycline hcl TB24 .....	.....	3
		8		
		MINOLIRA TB24 .....		
		8		
		MIRCETTE (Use desogestrel-ethinyl		



valacyclovir hcl 500 MG .....	2	ZITHROMAX Z-PAK TABS (Use azithromycin) .....	5
VALTREX 1 GM (Use valacyclovir hcl) .....	2	ZOVIRAX CREA (Use acyclovir topical) .....	4
VALTREX 500 MG (Use valacyclovir hcl) .....	2	ZOVIRAX OINT (Use acyclovir topical) .....	4
VANDAZOLE .....	10	ZOVIRAX SUSP (Use acyclovir) ...	2
VCF VAGINAL CONTRACEPTIVE FILM FILM .....	9		
VCF VAGINAL CONTRACEPTIVEGEL GEL .....	9		
VIBRAMYCIN CAPS (Use doxycycline hyclate) .....	9		
VITAZYME TABS .....	7		
WESNATAL DHA COMPLETE .....	7		
YASMIN 28 (Use drospirenone- ethinyl estradiol) .....	3		
YAZ (Use drospirenone-ethinyl estradiol) .....	3		
ZALVIT TABS .....	7		
ZEEL ARTHIRITIS PAIN RELIEF OINT .....	6		
ZEMDRI .....	1		
ZIPHEX TABS .....	8		
ZITHROMAX PACK (Use azithromycin) .....	5		
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin) .....	5		
ZITHROMAX SUSR 200 MG/5ML (Use azithromycin) .....	5		
ZITHROMAX TABS 250 MG (Use azithromycin) .....	5		
ZITHROMAX TABS 500 MG (Use azithromycin) .....	5		
ZITHROMAX TRI-PAK TABS (Use azithromycin) .....	5		