

# 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® 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

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	QL(180 ml daily); 2 max fill(s) per 30 day(s) retail
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Rectal Steroids		
<i>hydrocortisone (rectal) EX 1 %</i>	P	PA; RX/OTC
<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 day(s) retail)
Imidazole-Related Antifungals		
<i>DIFLUCAN SUSR (Use fluconazole)</i>	NP	QL(70 ml per fill 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	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole SUSR</i>	P	QL(70 ml per fill retail)
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<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 day(s) retail)
<i>itraconazole CAPS</i>	P	QL(1 ea daily)
<i>ketoconazole</i>	P	QL(1 ea daily)
<i>SPORANOX CAPS (Use itraconazole)</i>	NP	QL(1 ea daily)
TOLSURA CAPS	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 day(s) 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 (Use daptomycin)</i>	NP	PA
<i>DAPTOMYCIN</i>	P	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 day(s) retail)
acyclovir SUSP	P	QL(400 ml per 30 day(s) retail)
acyclovir TABS OR 800 MG	P	QL(50 ea per 30 day(s) retail)
acyclovir TABS OR 400 MG	P	QL(3 ea daily)
valacyclovir hcl 1 GM, 1000 MG	P	QL(42 ea per 30 day(s) retail)
valacyclovir hcl 500 MG	P	QL(2 ea daily)
VALTREX 1 GM (Use valacyclovir hcl)	NP	QL(42 ea per 30 day(s) retail)
VALTREX 500 MG (Use valacyclovir hcl)	NP	QL(2 ea daily)
ZOVIRAX SUSP (Use acyclovir)	NP	QL(400 ml per 30 day(s) 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 125 MG/5ML, 250 MG/5ML	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>		



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

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	
<b>DERMATOLOGICALS - Drugs to Treat Skin</b>		
<b>Conditions</b>		
Antivirals - Topical		
<i>acyclovir topical CREA</i>	P	QL(5 gm per fill retail)
<i>acyclovir topical OINT</i>	P	QL(30 gm per 30 day(s) retail)
ZOVIRAX CREA ( <i>Use acyclovir topical</i> )	NP	QL(5 gm per fill retail)
ZOVIRAX OINT ( <i>Use acyclovir topical</i> )	NP	QL(30 gm per 30 day(s) retail)
Corticosteroids - Topical		
BRYHALI LOTN	P	PA
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</i>	P	PA
<i>hydrocortisone (topical) LIQD</i>	P	PA
IMPOYZ CREA	P	PA
LEXETTE FOAM ( <i>Use halobetasol propionate</i> )	NP	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

Drug Name	Drug Tier	Requirements/Limits
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 day(s) retail)
Misc. Topical		
AQUAPHOR 3 IN 1 DIAPER RASH CREAM CREA	P	PA
EPICYN SOLN	P	PA
HYCLODEX SOLN	P	PA
HYPOCYN SOLN	P	PA
QBREXZA	P	PA
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	P	QL(60 gm per fill retail)
LICEMD GEL	P	
NIX CREME RINSE LIQD EX ( <i>Use permethrin</i> )	NP	
<i>permethrin CREA</i>	P	QL(60 gm per fill retail)
<i>permethrin LIQD EX</i>	P	
<i>pyrethrins-piperonyl butoxide LIQD</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 day(s) retail)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 ea per fill retail)

Georgia Medicaid Family Planning Updated November 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>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
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
FOLI-D TABS	P	PA
FOLVITE-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
MAXFE	P	PA
ORTHO-FOLIC CAPS	P	PA

Drug Name	Drug Tier	Requirements/Limits
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 200 MG/5ML</i>	P	QL(60 ml per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 ml per fill retail)
<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)
<i>azithromycin TABS 600 MG</i>	P	QL(8 ea per 28 day(s) retail)
<i>azithromycin TABS 500 MG</i>	P	QL(4 ea daily)
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 500 MG (Use <i>azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i> )	NP	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>clarithromycin TABS</i>	P	QL(28 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin TB24</i>	P	QL(14 ea per fill retail)
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR <i>(Use erythromycin ethylsuccinate)</i>	NP	
ERYPED 200 SUSR <i>(Use erythromycin ethylsuccinate)</i>	NP	
ERYPED 400 SUSR <i>(Use erythromycin ethylsuccinate)</i>	NP	
<i>erythromycin base CPEP</i>	P	
<i>erythromycin base TABS</i>	P	
<i>erythromycin base TBEC</i>	P	
<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>erythromycin ethylsuccinate TABS</i>	P	
<i>erythromycin stearate TABS 250 MG</i>	P	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		
FC2 FEMALE CONDOM	P	
FEMCAP DEVI	P	QL(1 ea per 365 day(s) retail)
MALE CONDOMS-MISC	P	QL (36 per 30 days)
OMNIFLEX DIAPHRAGM	P	QL(1 ea per 365 day(s) retail)
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Homeopathic Products</b>		
ARNICARE ARNICA OINT	P	PA
AVENOC OINT	P	PA
CALENDULA OINT	P	PA
CVS NERVE PAIN RELIEF OINT	P	PA

Drug Name	Drug Tier	Requirements/Limits
ICHTHAMMOL ADVANCED DRAWING SALVE OINT	P	PA
NEURAGEN PN OINT	P	PA
PRID OINT	P	PA
TRAUMEEL OINT	P	PA
ZEEL ARTHRITIS PAIN RELIEF OINT	P	PA
<b>MULTIVITAMINS</b>		
<b>B-Complex w/ Folic Acid</b>		
FOLICA-BE	P	PA
<b>Multiple Vitamins w/ Iron</b>		
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	QL(1 ea daily)
<b>Multivitamins</b>		
ALTRIXA TABS	P	QL(1 ea daily); RX/OTC
AMLADEX TABS	P	QL(1 ea daily); RX/OTC
ESTROFACTORS TABS	P	QL(1 ea daily); RX/OTC
FOLCYTEINE TABS	P	QL(1 ea daily); RX/OTC
GENICIN VITA-Q TABS	P	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN TABS	P	QL(1 ea daily); RX/OTC
<i>multiple vitamin TABS</i>	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULT TABS	P	QL(1 ea daily); RX/OTC

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	MULTIVITAMIN INFANT & TODDLER SOLN OR	P	PA
NEOMULTIVITE TABS	P	QL(1 ea daily); RX/OTC	MULTIVITAMIN INFANT/TODDLER SOLN OR	P	PA
OMNICAP TABS	P	QL(1 ea daily); RX/OTC	PC PEDIATRIC POLY- VITAMIN DROPS SOLN OR	P	PA
ONE DAILY ESSENTIALS TABS	P	QL(1 ea daily); RX/OTC	POLY-VI-SOL SOLN OR	P	PA
ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily); RX/OTC	POLY-VITA SOLN OR	P	PA
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	POLY-VITE PEDIATRIC SOLN OR	P	PA
ONE-A-DAY ESSENTIAL TABS ( <i>Use multiple vitamin</i> )	NP	QL(1 ea daily); RX/OTC	<b>Prenatal Vitamins</b>		
ONE-A-DAY MENS TABS ( <i>Use multiple vitamin</i> )	NP	QL(1 ea daily); RX/OTC	ALIVE DAILY SUPPORT PRENATAL GUMMIES	P	PA
QUINTABS TABS	P	QL(1 ea daily); RX/OTC	AZESCO TABS	P	PA
STRESS FORMULA W/ZINC FOREENERGY 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
TRUE MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	FOLIVANE-OB	P	PA
VITAZYME TABS	P	QL(1 ea daily); RX/OTC	PRENATAL GUMMIES	P	PA
<b>Ped MV w/ Iron</b>			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>					
BPROTECTED PEDIA POLY-VITE SOLN OR	P	PA			

Drug Name	Drug Tier	Requirements/Limits
PRENATVITE PLUS TABS	P	PA
TARON-C DHA	P	PA
WESNATAL DHA COMPLETE	P	PA
ZALVIT TABS	P	PA
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 day(s) 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	
AMOXICILLIN SUSR (Use <i>amoxicillin</i> )	NP	
<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 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 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 TABS 125 MG-875 MG</i>	P	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 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 (Use <i>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 (Use <i>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 (Use <i>doxycycline hyclate</i> )	NP	PA
<i>doxycycline hyclate CAPS 50 MG, 100 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate TABS 100 MG</i>	P		HIBERIX SOLR IJ	P	
<i>doxycycline hyclate TBEC</i>	P	PA	MENACTRA	P	
<i>minocycline hcl CAPS</i>	P		MENQUADFI	P	
<i>minocycline hcl TB24</i>	P	PA	MENVEO SOLN	P	
MINOLIRA TB24	P	PA	MENVEO SOLR	P	
<i>tetracycline hcl CAPS</i>	P		PEDVAX HIB SUSP 7.5 MCG/0.5ML	P	
VIBRAMYCIN CAPS ( <i>Use doxycycline hyclate</i> )	NP		PENBRAYA	P	
<b>TOXOIDS</b>			PNEUMOVAX 23 IJ	P	
Toxoid Combinations			PNEUMOVAX 23/1 DOSE IJ	P	
ADACEL SUSP	P		PREVNAR 13	P	
BOOSTRIX SUSP	P		PREVNAR 20	P	
BOOSTRIX SUSY	P		TRUMENBA	P	
DAPTACEL	P		TYPHIM VI SOLN	P	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P		TYPHIM VI SOSY	P	
INFANRIX	P		VAXCHORA	P	
KINRIX SUSY	P		VAXNEUVANCE	P	
PEDIARIX SUSY	P		VIVOTIF	P	
PENTACEL	P		<b>Viral Vaccines</b>		
QUADRACEL SUSP	P		ABRYSVO	P	
QUADRACEL SUSY	P		ACAM2000	P	
TDVAX SUSP	P		AFLURIA 2024-2025 SUSP	P	
TENIVAC INJ	P		AFLURIA 2024-2025 SUSY	P	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P		AFLURIA QUADRIVALENT 2022-2023 SUSP	P	
VAXELIS SUSP	P		AFLURIA QUADRIVALENT 2022-2023 SUSY	P	
VAXELIS SUSY	P		AFLURIA QUADRIVALENT 2023-2024 SUSP	P	
<b>VACCINES</b>			AFLURIA QUADRIVALENT 2023-2024 SUSY	P	
Bacterial Vaccines			AREXVY	P	
ACTHIB SOLR IM	P				
BCG VACCINE	P				
BEXSERO	P				
BIOTHRAX	P				

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
FLUAD 2024-2025	P	
FLUAD QUADRIVALENT 2022-2023	P	
FLUAD QUADRIVALENT 2023-2024	P	
FLUARIX 2024-2025 SUSY	P	
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	
FLUARIX QUADRIVALENT 2023-2024 SUSY	P	
FLUBLOK 2024-2025 SOSY	P	
FLUBLOK QUADRIVALENT 2022-2023	P	
FLUBLOK QUADRIVALENT 2023-2024	P	
FLUCELVAX 2024-2025 SUSP	P	
FLUCELVAX 2024-2025 SUSY	P	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	P	

Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	P	
FLULAVAL 2024-2025 SUSY	P	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	
FLULAVAL QUADRIVALENT 2023-2024 SUSY	P	
FLUMIST NASAL VACCINE 2024-2025	P	
FLUMIST QUADRIVALENT	P	
FLUZONE 2024-2025 SUSP	P	
FLUZONE 2024-2025 SUSY	P	
FLUZONE HIGH-DOSE 2024-2025 SUSY	P	
FLUZONE HIGH-DOSE PF 2022-2023	P	
FLUZONE HIGH-DOSE PF 2023-2024	P	
FLUZONE QUADRIVALENT 2022-2023 SUSP	P	
FLUZONE QUADRIVALENT 2022-2023 SUSY	P	
FLUZONE QUADRIVALENT 2023-2024 SUSP	P	
FLUZONE QUADRIVALENT 2023-2024 SUSY	P	
GARDASIL 9 SUSP	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HAVRIX	P		TRIMO-SAN	P	PA
HEPLISAV-B SOSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail	<b>Spermicides</b>		
IMOVAX RABIES (H.D.C.V.) SUSR	P		ENCARE SUPP 100 MG	P	1 package(s) per 30 day(s) retail
IPOL INACTIVATED IPV	P		OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	P	QL(86 gm per fill retail)
IXIARO	P		VCF VAGINAL CONTRACEPTIVE FILM FILM	P	1 package(s) per 30 day(s) retail
JYNNEOS	P		VCF VAGINAL CONTRACEPTIVE GEL	P	
M-M-R II SOLR	P		<b>Vaginal Anti-infectives</b>		
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail	CLEOCIN CREA (Use clindamycin phosphate vaginal)	NP	
PRIORIX SUSR	P		clindamycin phosphate vaginal CREA	P	
PROQUAD SUSR	P		clotrimazole vaginal CREA 1 %	P	QL(45 gm per 30 day(s) retail)
RABAVERT	P		clotrimazole vaginal CREA 2 %	P	QL(31 gm per 30 day(s) retail)
RECOMBIVAX HB SUSP 5 MCG/0.5ML, 10 MCG/ML, 40 MCG/ML	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail	GYNAZOLE-1	P	
RECOMBIVAX HB SUSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail	metronidazole vaginal	P	QL(70 gm per fill retail)
ROTARIX SUSP	P		miconazole nitrate vaginal CREA	P	QL(45 gm per 30 day(s) retail)
ROTARIX SUSR	P		miconazole nitrate vaginal SUPP 100 MG	P	QL(7 ea per 30 day(s) retail)
ROTATEQ SOLN	P		miconazole nitrate vaginal SUPP 200 MG	P	QL(3 ea per 30 day(s) retail)
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	MONISTAT 3 CREA (Use miconazole nitrate vaginal)	NP	QL(45 gm per 30 day(s) retail)
STAMARIL SUSR	P		MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NP	QL(45 gm per 30 day(s) retail)
TICOVAC	P		terconazole vaginal CREA	P	
TWINRIX SUSY	P		terconazole vaginal SUPP	P	
VAQTA	P		<b>VAGINAL AND RELATED PRODUCTS</b>		
VARIVAX SUSR IJ	P	2 max fill(s) per 999 day(s) retail	Miscellaneous Vaginal Products		
YF-VAX INJ	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>tioconazole vaginal 6.5 %</i>	P	
VANDAZOLE	P	QL(70 gm per fill retail)
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone acetate vaginal</i>	P	
Vaginal Estrogens		
IMVEXXY MAINTENANCE PACK INST	P	PA

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ACTHIB SOLR IM .....	9	125 MG-250 MG, 125 MG-500 MG .	8	aztreonam .....	2
ACTIRON .....	5	amoxicillin & pot clavulanate TABS		BACTRIM DS TABS (Use	
acyclovir CAPS .....	2	125 MG-875 MG .....	8	sulfamethoxazole-trimethoprim) .....	1
acyclovir SUSP .....	2	amoxicillin CAPS .....	8	BACTRIM TABS (Use	
acyclovir TABS OR 400 MG .....	2	amoxicillin CHEW 125 MG, 250 MG .	8	sulfamethoxazole-trimethoprim) .....	1
acyclovir TABS OR 800 MG .....	2	8		BALCOLTRA (Use levonorgestrel-	
acyclovir topical CREA .....	4	AMOXICILLIN SUSR (Use		ethinyl estradiol-iron) .....	3
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AFLURIA QUADRIVALENT 2023-		ARNICARE ARNICA OINT .....	6	cefaclor SUSR 125 MG/5ML, 250	
2024 SUSY .....	9	AUGMENTIN ES-600 SUSR (Use		MG/5ML, 375 MG/5ML .....	2
ALIVE DAILY SUPPORT PRENATAL		amoxicillin & pot clavulanate) .....	8	CEFAZOLIN SODIUM SOLN 4 %-1	
GUMMIES .....	7	AUGMENTIN SUSR 31.25 MG/5ML-		GM/50ML .....	2
ALTRIXA TABS .....	6	125 MG/5ML .....	8	CEFAZOLIN SODIUM/DEXTROSE	
AMLADEX TABS .....	6	AUGMENTIN TABS 125 MG-500 MG		SOLN 5 %-2 GM/100ML .....	2
amoxicillin & pot clavulanate CHEW .		(Use amoxicillin & pot clavulanate) .	8	cefdinir CAPS .....	2
8		AVENOC OINT .....	6	cefdinir SUSR .....	2
amoxicillin & pot clavulanate SUSR		AZACTAM (Use aztreonam) .....	2	cefoxitin sodium IV .....	2
28.5 MG/5ML-200 MG/5ML .....	8	AZESCO TABS .....	7	cefprozil SUSR .....	2
amoxicillin & pot clavulanate SUSR		azithromycin PACK .....	5	cefprozil TABS .....	2
42.9 MG/5ML-600 MG/5ML, 57		azithromycin SUSR 100 MG/5ML ...	5	ceftazidime IV 1 GM, 2 GM, 6 GM ..	2
MG/5ML-400 MG/5ML .....	8	azithromycin SUSR 200 MG/5ML ...	5	cefuroxime axetil TABS .....	2
amoxicillin & pot clavulanate SUSR		azithromycin TABS 250 MG .....	5		

cephalexin CAPS 250 MG, 500 MG	2	hydrocortisone (topical)	4	DIFLUCAN SUSR (Use fluconazole)	1
cephalexin SUSR 125 MG/5ML, 250 MG/5ML	2	CORTIZONE-10/ALOE LIQD (Use hydrocortisone (topical))	4	DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	1
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	5	crotamiton LOTN	4	DIFLUCAN TABS 150 MG (Use fluconazole)	1
ciprofloxacin hcl TABS 100 MG	4	CVS NERVE PAIN RELIEF OINT	6	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	9
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 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	7	DORYX TBEC 50 MG, 80 MG, 200 MG (Use doxycycline hyclate)	8
CITRANATAL MEDLEY	7	CYANOCOBALAMIN SOLN IJ	5	doxycycline hyclate CAPS 50 MG, 100 MG	8
clarithromycin SUSR 125 MG/5ML	5	DAPTACEL	9	doxycycline hyclate TABS 100 MG	9
clarithromycin SUSR 250 MG/5ML	5	DAPTOMYCIN (Use daptomycin)	1	doxycycline hyclate TBEC	9
clarithromycin TABS	5	daptomycin	1	drospirenone-ethinyl estradiol 0.02 MG-3 MG	3
clarithromycin TB24	6	DAPTOMYCIN	1	drospirenone-ethinyl estradiol 0.03 MG-3 MG	3
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	1	DENGVAxia	10	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	6
CLEOCIN CREA (Use clindamycin phosphate vaginal)	11	DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	3	ENCARE SUPP 100 MG	11
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	2	DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	3	ENGERIX-B SUSP 20 MCG/ML	10
clindamycin hcl 150 MG, 300 MG	2	DEPO-SUBQ PROVERA 104 SUSY SC	3	ENGERIX-B SUSY	10
clindamycin palmitate hydrochloride	2	DERMACINRX PRETRATE TABS	7	EPICYN SOLN	4
clindamycin phosphate vaginal CREA	11	desogestrel & ethinyl estradiol	3	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	6
clotrimazole vaginal CREA 1 %	11	desogestrel-ethinyl estradiol (biphasic)	3	ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	6
clotrimazole vaginal CREA 2 %	11	desogestrel-ethinyl estradiol (triphasic)	3	erythromycin base CPEP	6
colistimethate sodium	2	desogestrel-ethinyl estradiol	3	erythromycin base TABS	6
COLY-MYCIN M (Use colistimethate sodium)	2	dicloxacillin sodium	8	erythromycin base TBEC	6
COMPLETE NATAL DHA	7			erythromycin ethylsuccinate SUSR	6
CORDRAN CREA 0.025 %	4			erythromycin ethylsuccinate TABS	6
CORTIZONE-10 MAXIMUM STRENGTH LIQD (Use				erythromycin stearate TABS 250 MG	

6	fluconazole TABS 150 MG .....1	GARDASIL 9 SUSP .....10
ESTROFACTORS TABS .....6	fluconazole TABS 50 MG ..... 1	GARDASIL 9 SUSY .....10
ethynodiol diacet & eth estrad .....3	FLULAVAL 2024-2025 SUSY ..... 10	GENICIN VITA-D TABS (Use folic acid-cholecalciferol) .....5
etonogestrel-ethinyl estradiol .....3	FLULAVAL QUADRIVALENT 2022-2023 SUSY .....10	GENICIN VITA-Q TABS .....6
FC2 FEMALE CONDOM .....6	FLULAVAL QUADRIVALENT 2023-2024 SUSY .....10	griseofulvin microsize SUSP ..... 1
FEMCAP DEVI .....6	FLUMIST NASAL VACCINE 2024-2025 ..... 10	griseofulvin microsize TABS ..... 1
FLUAD 2024-2025 ..... 10	FLUMIST QUADRIVALENT .....10	griseofulvin ultramicrosize .....1
FLUAD QUADRIVALENT 2022-2023 .....10	FLUZONE 2024-2025 SUSP ..... 10	GYNAZOLE-1 ..... 11
FLUAD QUADRIVALENT 2023-2024 .....10	FLUZONE 2024-2025 SUSY ..... 10	halobetasol propionate FOAM ..... 4
FLUARIX 2024-2025 SUSY ..... 10	FLUZONE HIGH-DOSE 2024-2025 SUSY .....10	HAVRIX .....11
FLUARIX QUADRIVALENT 2022-2023 SUSY .....10	FLUZONE HIGH-DOSE PF 2022-2023 ..... 10	HEMATHEX LIQD ..... 5
FLUARIX QUADRIVALENT 2023-2024 SUSY .....10	FLUZONE HIGH-DOSE PF 2023-2024 ..... 10	HEMATRON-AF ..... 5
FLUBLOK 2024-2025 SOSY ..... 10	FLUZONE QUADRIVALENT 2022-2023 SUSP .....10	HEMAX ..... 5
FLUBLOK QUADRIVALENT 2022-2023 ..... 10	FLUZONE QUADRIVALENT 2022-2023 SUSY .....10	HEPLISAV-B SOSY .....11
FLUBLOK QUADRIVALENT 2023-2024 ..... 10	FLUZONE QUADRIVALENT 2023-2024 SUSP .....10	HIBERIX SOLR IJ .....9
FLUCELVAX 2024-2025 SUSP ... 10	FLUZONE QUADRIVALENT 2023-2024 SUSY .....10	HIGH POTENCY MULTIVITAMIN TABS ..... 6
FLUCELVAX 2024-2025 SUSY ... 10	FOLCYTEINE TABS ..... 6	HYCLODEX SOLN .....4
FLUCELVAX QUADRIVALENT 2022-2023 SUSP ..... 10	folic acid TABS 1 MG .....5	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... 1
FLUCELVAX QUADRIVALENT 2022-2023 SUSY ..... 10	FOLICA-BE .....6	hydrocortisone (rectal) EX 1 % .....1
FLUCELVAX QUADRIVALENT 2023-2024 SUSP ..... 10	FOLI-D TABS .....5	hydrocortisone (topical) LIQD .....4
FLUCELVAX QUADRIVALENT 2023-2024 SUSY ..... 10	FOLIVANE-OB .....7	hydrocortisone acetate vaginal ...12
fluconazole SUSR ..... 1	FOLVITE-D TABS .....5	HYPOCYN SOLN ..... 4
fluconazole TABS 100 MG, 200 MG .	GANCICLOVIR SOLN ..... 2	ICHTHAMMOL ADVANCED DRAWING SALVE OINT .....6
		imiquimod 5 % .....4
		IMOVAX RABIES (H.D.C.V.) SUSR 11

IMPOYZ CREA .....	4	MENQUADFI .....	9	SOLN OR .....	7
IMVEXXY MAINTENANCE PACK INST .....	12	MENVEO SOLN .....	9	MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG .....	7
INFANRIX .....	9	MENVEO SOLR .....	9	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	7
inositol niacinate CAPS .....	2	METHYLCOBALAMIN SOLR .....	5	nafcillin sodium IV .....	8
IPOL INACTIVATED IPV .....	11	methylcobalamin SUBL .....	5	NEOMULTIVITE TABS .....	7
IRO-PLEX .....	5	methylcobalamin TBDP .....	5	neomycin sulfate TABS .....	1
itraconazole CAPS .....	1	metronidazole TABS .....	1	NEURAGEN PN OINT .....	6
IXIARO .....	11	metronidazole vaginal .....	11	NIX CREME RINSE LIQD EX (Use permethrin) .....	4
JYNNEOS .....	11	MEZPAROX-HC FORTE CREA ...	4	norelgestromin-ethinyl estradiol ...	3
ketoconazole .....	1	miconazole nitrate vaginal CREA ..	11	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	3
KINRIX SUSY .....	9	miconazole nitrate vaginal SUPP 100 MG .....	11	norethindrone & eth estradiol .....	3
levofloxacin TABS .....	5	miconazole nitrate vaginal SUPP 200 MG .....	11	norethindrone (contraceptive) .....	4
levonorgestrel & eth estradiol TABS	3	minocycline hcl CAPS .....	9	norethindrone acet & eth estra TABS 3	3
levonorgestrel (emergency oc) 1.5 MG .....	3	minocycline hcl TB24 .....	9	norethindrone-eth estradiol (triphasic) .....	3
levonorgestrel-eth estradiol (triphasic) .....	3	MINOLIRA TB24 .....	9	norgestimate-ethinyl estradiol (triphasic) .....	3
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG .....	3	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) .....	3	norgestimate-ethinyl estradiol .....	3
levonorgestrel-ethinyl estradiol-iron	3	M-M-R II SOLR .....	11	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	3
LEXETTE FOAM (Use halobetasol propionate) .....	4	MONISTAT 3 CREA (Use miconazole nitrate vaginal) .....	11	NOVAFERRUM 125 LIQD .....	5
LICEMD GEL .....	4	MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) ...	11	NOZIN NASAL SANITIZER KIT ....	8
lidocaine-hydrocortisone acetate CREA 1 %-1 % .....	4	MULTI VITAMIN TABS .....	6	NUVARING (Use etonogestrel- ethinyl estradiol) .....	3
MALE CONDOMS-MISC .....	6	MULTI VITAMIN/D-3 TABS .....	6	nystatin TABS .....	1
MAXFE .....	5	multiple vitamin TABS .....	6	ofloxacin 300 MG, 400 MG .....	5
medroxyprogesterone acetate (contraceptive) SUSP IM .....	3	multiple vitamins w/ iron TABS .....	6	OMNICAP TABS .....	7
medroxyprogesterone acetate (contraceptive) SUSY IM .....	4	MULTIVITAMIN ADULT TABS .....	6		
MENACTRA .....	9	MULTIVITAMIN INFANT & TODDLER SOLN OR .....	7		
		MULTIVITAMIN INFANT/TODDLER			

OMNIFLEX DIAPHRAGM .....	6	PREHEVBRIO .....	11	RID ESSENTIAL LICE ELIMINATION KIT KIT EX .....	4
ONE DAILY ESSENTIAL TABS .....	7	PRENATAL GUMMIES .....	7	ROTARIX SUSP .....	11
ONE DAILY ESSENTIALS TABS .....	7	PRENATAL MULTI + DHA CAPS .....	7	ROTARIX SUSR .....	11
ONE VITE DAILY MULTIVITAMIN TABS .....	7	PRENATAL VITAMINS-MISC .....	7	ROTATEQ SOLN .....	11
ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin) .....	7	PRENATAL/FOLIC ACID+DHA CAPS .....	7	SCARZEN SKIN REPAIR .....	4
ONE-A-DAY MENS TABS (Use multiple vitamin) .....	7	PRENATVITE COMPLETE TABS .....	7	SCHOOLTIME SHAMPOO SHAM .....	4
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL .....	11	PRENATVITE PLUS TABS .....	8	SEASONIQUE (Use levonorgestrel- ethinyl estradiol (91-day)) .....	3
ORTHO-FOLIC CAPS .....	5	PREVNAR 13 .....	9	SHINGRIX .....	11
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR .....	7	PREVNAR 20 .....	9	SPORANOX CAPS (Use itraconazole) .....	1
PEDIARIX SUSY .....	9	PREVYMIS SOLN .....	2	STAMARIL SUSR .....	11
PEDVAX HIB SUSP 7.5 MCG/0.5ML 9		PREVYMIS TABS .....	2	STRESS FORMULA W/ZINC FOREENERGY TABS .....	7
PENBRAYA .....	9	PRID OINT .....	6	sulfadiazine TABS .....	8
penicillin v potassium SOLR .....	8	PRIORIX SUSR .....	11	sulfamethoxazole-trimethoprim SUSP .....	1
penicillin v potassium TABS .....	8	probenecid .....	5	sulfamethoxazole-trimethoprim TABS .....	1
PENTACEL .....	9	PROQUAD SUSR .....	11	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS .....	6
permethrin CREA .....	4	pyrethrins-piperonyl butoxide LIQD .....	4	TARON-C DHA .....	8
permethrin LIQD EX .....	4	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % .....	4	TDVAX SUSP .....	9
PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) .....	3	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 % .....	4	TENIVAC INJ .....	9
PNEUMOVAX 23 IJ .....	9	QBREXZA .....	4	terbinafine hcl TABS .....	1
PNEUMOVAX 23/1 DOSE IJ .....	9	QUADRACEL SUSP .....	9	terconazole vaginal CREA .....	11
POLY-VI-SOL SOLN OR .....	7	QUADRACEL SUSY .....	9	terconazole vaginal SUPP .....	11
POLY-VI-SOL/IRON SOLN .....	7	QUINTABS TABS .....	7	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP .....	9
POLY-VITA SOLN OR .....	7	RABAVERT .....	11	tetracycline hcl CAPS .....	9
POLY-VITE PEDIATRIC SOLN OR .....	7	RADIAURA CREA .....	4	THERA TABS .....	7
POLY-VITE/IRON SOLN .....	7	RECOMBIVAX HB SUSP 5 MCG/0.5ML, 10 MCG/ML, 40 MCG/ML .....	11	THEREMS MULTIVITAMIN TABS .....	7
		RECOMBIVAX HB SUSY .....	11		

TICOVAC .....	11	CONTRACEPTIVEGEL GEL .....	11	ZOVIRAX SUSP (Use acyclovir) .....	2
tinidazole 500 MG .....	1	VIBRAMYCIN CAPS (Use doxycycline hyclate) .....	9		
tioconazole vaginal 6.5 % .....	12	VITAZYME TABS .....	7		
TM-DAILY VITE TABS .....	7	VIVOTIF .....	9		
TOLSURA CAPS .....	1	WESNATAL DHA COMPLETE .....	8		
TRAUMEEL OINT .....	6	YASMIN 28 (Use drospirenone- ethinyl estradiol) .....	3		
trifluridine .....	8	YAZ (Use drospirenone-ethinyl estradiol) .....	3		
trimethoprim TABS .....	1	YF-VAX INJ .....	11		
TRIMO-SAN .....	11	ZALVIT TABS .....	8		
TRUE MULTIVITAMIN TABS .....	7	ZEEL ARTHRITIS PAIN RELIEF OINT .....	6		
TRUMENBA .....	9	ZEMDRI .....	1		
TWINRIX SUSY .....	11	ZIPHEX TABS .....	8		
TYBLUME CHEW .....	3	ZITHROMAX PACK (Use azithromycin) .....	5		
TYPHIM VI SOLN .....	9	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin) .....	5		
TYPHIM VI SOSY .....	9	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin) .....	5		
valacyclovir hcl 1 GM, 1000 MG .....	2	ZITHROMAX TABS 250 MG (Use azithromycin) .....	5		
valacyclovir hcl 500 MG .....	2	ZITHROMAX TABS 500 MG (Use azithromycin) .....	5		
VALTREX 1 GM (Use valacyclovir hcl) .....	2	ZITHROMAX TRI-PAK TABS (Use azithromycin) .....	5		
VALTREX 500 MG (Use valacyclovir hcl) .....	2	ZITHROMAX Z-PAK TABS (Use azithromycin) .....	5		
VANDAZOLE .....	12	ZOVIRAX CREA (Use acyclovir topical) .....	4		
VAQTA .....	11	ZOVIRAX OINT (Use acyclovir topical) .....	4		
VARIVAX SUSR IJ .....	11				
VAXCHORA .....	9				
VAXELIS SUSP .....	9				
VAXELIS SUSY .....	9				
VAXNEUVANCE .....	9				
VCF VAGINAL CONTRACEPTIVE FILM FILM .....	11				
VCF VAGINAL					