

# 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.

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## Appropriate Use and Safety Edits

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

More information about the drugs that are part of these edits can be found in the **Appropriate Use and Safety Edits** document on the Peach State Health Plan website at [www.pshp.com](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> <p style="text-align: right;">*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
<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	2 rtl MAX fill; 30 rtl day(s) supply; QL(180 ml daily)
<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 days 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 50 MG (Use fluconazole)</i>	NP	QL(3 ea per 14 days retail)

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>fluconazole TABS 150 MG</i>	P	QL(2 ea per fill retail)
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<i>itraconazole CAPS</i>	P	QL(1 ea daily)
<i>ketoconazole</i>	P	QL(1 ea daily)
<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

Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN (Use daptomycin)	NP	PA
<b>Lincosamides</b>		
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	NP	
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 1 GM, 1000 MG	P	QL(42 ea per 30 days retail)
valacyclovir hcl 500 MG	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VALTREX 500 MG (Use valacyclovir hcl)	NP	QL(2 ea daily)
VALTREX 1 GM (Use valacyclovir hcl)	NP	QL(42 ea per 30 days retail)
ZOVIRAX SUSP (Use acyclovir)	NP	QL(400 ml per 30 days retail)
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to 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 SUSP	P	
<b>Cephalosporins - 2nd Generation</b>		
cefaclor CAPS	P	
cefaclor SUSP 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	P	
cefoxitin sodium IV	P	PA
cefprozil SUSP	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 SUSP	P	QL(100 ml per fill retail)



Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime IV 1 GM, 2 GM, 6 GM</i>	P	PA
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA ( <i>Use levonorgestrel-ethinyl estradiol-iron</i> )	NP	PA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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)
TYBLUME CHEW	P	
YASMIN 28 ( <i>Use drospirenone-ethinyl estradiol</i> )	NP	
YAZ ( <i>Use drospirenone-ethinyl estradiol</i> )	NP	QL(1 ea daily)
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 ea per 28 days retail)
<b>Combination Contraceptives - Vaginal</b>		
<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)
<b>Emergency Contraceptives</b>		
<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)
<b>Progestin Contraceptives - Injectable</b>		
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)

Drug Name	Drug Tier	Requirements/Limits
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		
<i>norethindrone (contraceptive)</i>	P	
<b>DERMATOLOGICALS - Drugs to Treat Skin 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 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)
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	P	PA
<i>lidocaine-hydrocortisone acetate CREA 1 %-1 %</i>	P	PA

Drug Name	Drug Tier	Requirements/Limits
MEZPAROX-HC FORTE CREA	P	PA
RADIAURA CREA	P	PA
SCARZEN SKIN REPAIR	P	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)
Misc. Topical		
AQUAPHOR 3 IN 1 DIAPER RASH CREAM CREA	P	PA
EPICYN SOLN	P	PA
HYCLODEX SOLN	P	PA
HYPOCYN SOLN	P	PA
PRE & POST SX POUCH	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 days retail)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Fluoroquinolones</b>		
<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 ( <i>Use 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>		
<b>Uricosurics</b>		
<i>probenecid</i>	P	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Cobalamins</b>		
CYANOCOBALAMIN SOLN IJ	P	PA
METHYLCOBALAMIN SOLR	P	PA
<i>methylcobalamin SUBL</i>	P	PA
<i>methylcobalamin TBDP</i>	P	PA
<b>Folic Acid/Folates</b>		
<i>folic acid TABS 1 MG</i>	P	RX/OTC
<b>Hematopoietic Mixtures</b>		
ACTIRON	P	PA
FOLI-D TABS	P	PA
FOLVITE-D TABS	P	PA
GENICIN VITA-D TABS ( <i>Use folic acid-cholecalciferol</i> )	NP	PA
HEMATRON-AF	P	PA
HEMAX	P	PA
IRO-PLEX	P	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>clarithromycin TABS</i>	P	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	P	QL(14 ea per fill retail)
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP	
<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 days retail)
MALE CONDOMS-MISC	P	QL (36 per 30 days)
OMNIFLEX DIAPHRAGM	P	QL(1 ea per 365 days 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
DAILY MULTIPLE VITAMINS 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	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
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/TODDLER 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	
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 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-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</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	Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl CAPS</i>	P		PENBRAYA	P	
VIBRAMYCIN CAPS ( <i>Use doxycycline hyclate</i> )	NP		PNEUMOVAX 23	P	
<b>TOXOIDS</b>			PNEUMOVAX 23/1 DOSE	P	
Toxoid Combinations			PREVNAR 13	P	
ADACEL SUSP	P		PREVNAR 20	P	
BOOSTRIX SUSP	P		TRUMENBA	P	
BOOSTRIX SUSY	P		TYPHIM VI SOLN	P	
DAPTACEL	P		TYPHIM VI SOSY	P	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P		VAXCHORA	P	
INFANRIX	P		VAXNEUVANCE	P	
KINRIX SUSY	P		VIVOTIF	P	
PEDIARIX SUSY	P		<b>Viral Vaccines</b>		
PENTACEL	P		ABRYSVO	P	
QUADRACEL SUSP	P		ACAM2000	P	
QUADRACEL SUSY	P		AFLURIA QUADRIVALENT 2021-2022 SUSP	P	
TDVAX SUSP	P		AFLURIA QUADRIVALENT 2021-2022 SUSY	P	
TENIVAC INJ	P		AFLURIA QUADRIVALENT 2022-2023 SUSP	P	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P		AFLURIA QUADRIVALENT 2022-2023 SUSY	P	
VAXELIS SUSP	P		AFLURIA QUADRIVALENT 2023-2024 SUSP	P	
VAXELIS SUSY	P		AFLURIA QUADRIVALENT 2023-2024 SUSY	P	
<b>VACCINES</b>			AREXVY	P	
Bacterial Vaccines			DENGVAxia	P	
ACTHIB SOLR IM	P		ENGERIX-B SUSP 20 MCG/ML	P	Limit 3 per lifetime; 3 rtl MAX fill; 999 rtl day(s) supply
BCG VACCINE	P		ENGERIX-B SUSY	P	Limit 3 per lifetime; 3 rtl MAX fill; 999 rtl day(s) supply
BEXSERO	P				
BIOTHRAx	P				
HIBERIX SOLR IJ	P				
MENACTRA	P				
MENQUADFI	P				
MENVEO SOLN	P				
MENVEO SOLR	P				
PEDVAX HIB SUSP	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUAD QUADRIVALENT 2021-2022	P		FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	
FLUAD QUADRIVALENT 2022-2023	P		FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	
FLUAD QUADRIVALENT 2023-2024	P		FLULAVAL QUADRIVALENT 2023-2024 SUSY	P	
FLUARIX QUADRIVALENT 2021-2022 SUSY	P		FLUMIST QUADRIVALENT	P	
FLUARIX QUADRIVALENT 2022-2023 SUSY	P		FLUZONE HIGH-DOSE PF 2021-2022	P	
FLUARIX QUADRIVALENT 2023-2024 SUSY	P		FLUZONE HIGH-DOSE PF 2022-2023	P	
FLUBLOK QUADRIVALENT 2021-2022	P		FLUZONE HIGH-DOSE PF 2023-2024	P	
FLUBLOK QUADRIVALENT 2022-2023	P		FLUZONE QUADRIVALENT 2021-2022 SUSP	P	
FLUBLOK QUADRIVALENT 2023-2024	P		FLUZONE QUADRIVALENT 2021-2022 SUSY	P	
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P		FLUZONE QUADRIVALENT 2022-2023 SUSP	P	
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P		FLUZONE QUADRIVALENT 2022-2023 SUSY	P	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P		FLUZONE QUADRIVALENT 2023-2024 SUSP	P	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P		FLUZONE QUADRIVALENT 2023-2024 SUSY	P	
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	P		GARDASIL 9 SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	P		GARDASIL 9 SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)
			HAVRIX	P	



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

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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ALIVE DAILY SUPPORT PRENATAL GUMMIES .....	7	AZACTAM (Use aztreonam) .....	2	CEFAZOLIN SODIUM/DEXTROSE SOLN 5 %-2 GM/100ML .....	2
ALTRIXA TABS .....	6	AZESCO TABS .....	7	cefdinir CAPS .....	2
AMLADDEX TABS .....	6	azithromycin PACK .....	5	cefdinir SUSR .....	2
amoxicillin & pot clavulanate CHEW . 8		azithromycin SUSR 100 MG/5ML ..	5	cefoxitin sodium IV .....	2
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML .....	8	azithromycin SUSR 200 MG/5ML ..	5	cefprozil SUSR .....	2
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML .....	8	azithromycin TABS 250 MG .....	5	cefprozil TABS .....	2

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

erythromycin ethylsuccinate TABS .6	2023-2024 SUSP .....	10	FOLICA-BE .....	6
erythromycin stearate TABS 250 MG 6	FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	10	FOLI-D TABS .....	5
ESTROFACTORS TABS .....	fluconazole SUSR .....	1	FOLIVANE-OB .....	7
ethynodiol diacet & eth estrad .....	fluconazole TABS 100 MG, 200 MG . 1		FOLVITE-D TABS .....	5
etonogestrel-ethinyl estradiol .....	fluconazole TABS 150 MG .....	1	GANCICLOVIR SOLN .....	2
FC2 FEMALE CONDOM .....	fluconazole TABS 50 MG .....	1	GARDASIL 9 SUSP .....	10
FEMCAP DEVI .....	FLULAVAL QUADRIVALENT 2021- 2022 SUSY .....	10	GARDASIL 9 SUSY .....	10
FLUAD QUADRIVALENT 2021-2022 .....	FLULAVAL QUADRIVALENT 2022- 2023 SUSY .....	10	GENICIN VITA-D TABS (Use folic acid-cholecalciferol) .....	5
FLUAD QUADRIVALENT 2022-2023 .....	FLULAVAL QUADRIVALENT 2023- 2024 SUSY .....	10	GENICIN VITA-Q TABS .....	6
FLUAD QUADRIVALENT 2023-2024 .....	FLUMIST QUADRIVALENT .....	10	griseofulvin microsize SUSP .....	1
FLUARIX QUADRIVALENT 2021- 2022 SUSY .....	FLUZONE HIGH-DOSE PF 2021- 2022 .....	10	griseofulvin microsize TABS .....	1
FLUARIX QUADRIVALENT 2022- 2023 SUSY .....	FLUZONE HIGH-DOSE PF 2022- 2023 .....	10	griseofulvin ultramicrosize .....	1
FLUARIX QUADRIVALENT 2023- 2024 SUSY .....	FLUZONE HIGH-DOSE PF 2023- 2024 .....	10	GYNAZOLE-1 .....	11
FLUBLOK QUADRIVALENT 2021- 2022 .....	FLUZONE QUADRIVALENT 2021- 2022 SUSP .....	10	halobetasol propionate FOAM .....	4
FLUBLOK QUADRIVALENT 2022- 2023 .....	FLUZONE QUADRIVALENT 2021- 2022 SUSY .....	10	HAVRIX .....	10
FLUBLOK QUADRIVALENT 2023- 2024 .....	FLUZONE QUADRIVALENT 2022- 2023 SUSP .....	10	HEMATON LIQD .....	5
FLUCELVAX QUADRIVALENT 2021-2022 SUSP .....	FLUZONE QUADRIVALENT 2022- 2023 SUSY .....	10	HEMATRON-AF .....	5
FLUCELVAX QUADRIVALENT 2021-2022 SUSY .....	FLUZONE QUADRIVALENT 2023- 2024 SUSP .....	10	HEMAX .....	5
FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	FLUZONE QUADRIVALENT 2021- 2022 SUSY .....	10	HEPLISAV-B SOSY .....	11
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	FLUZONE QUADRIVALENT 2021- 2022 SUSY .....	10	HIBERIX SOLR IJ .....	9
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	FLUZONE QUADRIVALENT 2022- 2023 SUSP .....	10	HIGH POTENCY MULTIVITAMIN TABS .....	6
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	FLUZONE QUADRIVALENT 2022- 2023 SUSY .....	10	HYCLODEX SOLN .....	4
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	FLUZONE QUADRIVALENT 2022- 2023 SUSY .....	10	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 .....	FLUZONE QUADRIVALENT 2023- 2024 SUSY .....	10	hydrocortisone (rectal) EX 1 % .....	1
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	FOLCYTEINE TABS .....	6	hydrocortisone (topical) LIQD .....	4
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	folic acid TABS 1 MG .....	5	hydrocortisone acetate vaginal ....	12
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....			HYPOCYN SOLN .....	4

ICHTHAMMOL ADVANCED DRAWING SALVE OINT .....	6	medroxyprogesterone acetate (contraceptive) SUSP IM .....	4	multiple vitamins w/ iron TABS .....	6
imiquimod 5 % .....	4	medroxyprogesterone acetate (contraceptive) SUSY IM .....	4	MULTIVITAMIN ADULT TABS .....	6
IMOVAX RABIES (H.D.C.V.) SUSR 11 .....		MENACTRA .....	9	MULTIVITAMIN INFANT & TODDLER SOLN OR .....	7
IMPOYZ CREA .....	4	MENQUADFI .....	9	MULTIVITAMIN INFANT/TODDLER 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 .....	8	norethindrone acet & eth estra ....	3
levonorgestrel (emergency oc) 1.5 MG .....	3	minocycline hcl TB24 .....	8	norethindrone-eth estradiol (triphasic) .....	3
levonorgestrel-eth estradiol (triphasic) .....	3	MINOLIRA TB24 .....	8	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 (triphasic) .....	3
levonorgestrel-ethinyl estradiol-iron 3 .....		M-M-R II SOLR .....	11	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	3
LEXETTE FOAM .....	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-	
MALE CONDOMS-MISC .....	6	MULTI VITAMIN/D-3 TABS .....	6		
MAXFE .....	5	multiple vitamin TABS .....	6		

ethinyl estradiol) .....	3	POLY-VITE PEDIATRIC SOLN OR	7	RECOMBIVAX HB SUSP .....	11
nystatin TABS .....	1	POLY-VITE/IRON SOLN .....	7	RECOMBIVAX HB SUSY .....	11
ofloxacin 300 MG, 400 MG .....	5	PRE & POST SX POUCH .....	4	RID ESSENTIAL LICE ELIMINATION KIT KIT EX .....	4
OMNICAP TABS .....	7	PREHEVBRIO .....	11	ROTARIX SUSP .....	11
OMNIFLEX DIAPHRAGM .....	6	PRENATAL GUMMIES .....	7	ROTARIX SUSR .....	11
ONE DAILY ESSENTIAL TABS .....	7	PRENATAL MULTI + DHA CAPS .....	7	ROTATEQ SOLN .....	11
ONE VITE DAILY MULTIVITAMIN TABS .....	7	PRENATAL VITAMINS-MISC .....	7	SCARZEN SKIN REPAIR .....	4
ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin) .....	7	PRENATAL/FOLIC ACID+DHA CAPS .....	7	SCHOOLTIME SHAMPOO SHAM .....	4
ONE-A-DAY MENS TABS (Use multiple vitamin) .....	7	PRENATVITE COMPLETE TABS .....	7	SEASONIQUE (Use levonorgestrel- ethinyl estradiol (91-day)) .....	3
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL .....	11	PRENATVITE PLUS TABS .....	7	SHINGRIX .....	11
ORTHO-FOLIC CAPS .....	5	PREVNAR 13 .....	9	SPORANOX CAPS (Use itraconazole) .....	1
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR .....	7	PREVNAR 20 .....	9	SPORANOX PULSEPAK CAPS (Use itraconazole) .....	1
PEDIARIX SUSY .....	9	PREVYMIS SOLN .....	2	STAMARIL SUSR .....	11
PEDVAX HIB SUSP .....	9	PREVYMIS TABS .....	2	sulfadiazine TABS .....	8
PENBRAYA .....	9	PRID OINT .....	6	sulfamethoxazole-trimethoprim SUSP .....	1
penicillin v potassium SOLR .....	8	PRIORIX SUSR .....	11	sulfamethoxazole-trimethoprim TABS .....	1
penicillin v potassium TABS .....	8	probenecid .....	5	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS .....	6
PENTACEL .....	9	PROQUAD SUSR .....	11	TARON-C DHA .....	7
permethrin CREA .....	4	pyrethrins-piperonyl butoxide LIQD .....	4	TDVAX SUSP .....	9
permethrin LIQD EX .....	4	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % .....	4	TENIVAC INJ .....	9
PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) .....	3	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 % .....	4	terbinafine hcl TABS .....	1
PNEUMOVAX 23 .....	9	QBREXZA .....	4	terconazole vaginal CREA .....	11
PNEUMOVAX 23/1 DOSE .....	9	QUADRACEL SUSP .....	9	terconazole vaginal SUPP .....	11
POLY-VI-SOL SOLN OR .....	7	QUADRACEL SUSY .....	9	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP .....	9
POLY-VI-SOL/IRON SOLN .....	7	QUINTABS TABS .....	7	tetracycline hcl CAPS .....	9
POLY-VITA SOLN OR .....	7	RABAVERT .....	11		
		RADIAURA CREA .....	4		

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