

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



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

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

Planning for Healthy Babies[®] (P4HB): Family Planning (FP) Pharmacy Program

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

Planning for Healthy Babies[®]: Family Planning Preferred Drug List (FP-PDL)

The Peach State Health Plan Family Planning Preferred Drug List (FP-PDL) is the list of covered drugs. The FP-PDL tells you the drugs you can get at local pharmacies. The list is updated every three months by the Peach State Pharmacy and Therapeutics (P&T) Committee. The group is made up of the Peach State Health Plan Medical Director, Pharmacy Director, and several Georgia doctors, pharmacists, and specialists.

The Family Planning Pharmacy Program does not pay for all medicines. Only these kinds of medicines are covered:

- Birth control
- Antibiotics used to treat Sexually Transmitted Diseases (except HIV/AIDS and Hepatitis)
- Folic Acid and Multivitamins with Folic Acid
- Medicines for lower genital tract and genital skin infections
- Medicines to treat Urinary Tract Infections (UTIs)

Some drugs have limits on age, dose, and maximum quantities. These medicines need a prior authorization (PA) if the doctor thinks you need more than the limit.

You can call Member Services to talk to someone about the list of drugs Peach State Health Plan covers. The Member Service phone number is 1-800-704-1484 (TTY/TTD 1-800-255-0056). You can also use the "Drug Lookup" Tool in the secure member webpage to see if your medicine is covered. You can get to the tool by using this link <https://members.envolverx.com/>.

Pharmacy Benefit Manager (PBM)

Peach State Health Plan works with 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.

Prior Authorizations (PA)

Some drugs on the FP-PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Pharmacy Services on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at www.pshp.com. The completed form and doctor notes to show your history should be **faxed to Pharmacy Services at 1-833-582-2342**. A request can also be sent using the secure electronic Prior Authorization portal by Cover My Meds at www.covermy meds.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[®]. If a non-enrolled doctor writes your prescription, the prescription will be rejected. Your pharmacy will not be able to fill prescriptions for you if it is not enrolled in Georgia Families[®].

Copayments

Co-pays are not required for Planning for Healthy Babies[®] Family Planning women.

Contact Information

Peach State Health Plan Member Services:	1-800-704-1484
	Fax: 1-800-659-7518
Peach State Health Plan Member Services TTY/TDD:	1-800-255-0056
Pharmacy Services Prior Authorizations:	1-866-399-0928
	Fax: 1-833-582-2342
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
P	Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
AL	Age Limit: Drug is limited to a specific age
PA	Prior Authorization: Review required before prescription can be filled
QL	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
Rx/OTC	Product has both prescription and over the counter coverage
SP	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
ST	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: <ul style="list-style-type: none"> • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids <p style="text-align: right;">*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
<i>Test Strips</i>	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days EXCEPTIONS: The below members may get up to 200 strips per 30 days <ul style="list-style-type: none"> • Members who are less than 18 years old • Members with a Gestational Diabetes or Diabetes in Pregnancy

STANDARD ABBREVIATIONS

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

Dose Form	Dose Form Description
CPSP	Capsule Sprinkle
CREA	Cream
CSDR	Capsule Delayed Release Sprinkle
DEVI	Device
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EX	External
GRAN	Granules
IJ	Injection
IMPL	Implant
INHA	Inhaler
INJ	Injectable

**Peach State Health Plan: Planning for Healthy Babies®
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Dose Form	Dose Form Description
<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

Dose Form	Dose Form Description
<i>SOLN</i>	Solution
<i>SOLR</i>	Solution Reconstituted
<i>SOPN</i>	Solution Pen-injector
<i>SOSY</i>	Solution Prefilled Syringe
<i>SRER</i>	Suspension Reconstituted ER
<i>STRP</i>	Strip
<i>SUBL</i>	Tablet Sublingual
<i>SUER</i>	Suspension Extended Release
<i>SUPN</i>	Suspension Pen-injector
<i>SUPP</i>	Suppository
<i>SUSP</i>	Suspension
<i>SUSR</i>	Suspension Reconstituted
<i>SUSY</i>	Suspension Prefilled Syringe
<i>SYRP</i>	Syrup
<i>T12A</i>	Tablet ER 12 Hour Abuse-Deterrent
<i>TABS</i>	Tablets
<i>TB12</i>	Tablet ER 12 Hour
<i>TB24</i>	Tablet ER 24 Hour
<i>TBCR</i>	Tablet ER
<i>TBDP</i>	Tablet Dispersible
<i>TBEC</i>	Tablet Enteric Coated
<i>TBEF</i>	Tablet Effervescent
<i>TBPK</i>	Tablet Therapy Pack
<i>TBSO</i>	Tablet Soluble
<i>TEST</i>	Diagnostic Test
<i>TINC</i>	Tincture
<i>TROC</i>	Troche
<i>VA</i>	Vaginal
<i>VI</i>	Visual Indicator
<i>WAFR</i>	Wafer
<i>XR</i>	Extended Release

Drug Name	Drug Tier	Requirements/Limits
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>neomycin sulfate TABS</i>	P	
ZEMDRI	P	PA
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Combinations		
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	QL(180 ml daily); 2 max fill(s) per 30 day(s) retail
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Rectal Steroids		
<i>hydrocortisone (rectal) EX 1 %</i>	P	PA; RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin TABS</i>	P	QL(6 ea daily)
<i>terbinafine hcl TABS</i>	P	QL(1 ea daily; 90 ea per 120 day(s) retail)
Imidazole-Related Antifungals		
<i>DIFLUCAN SUSR (Use fluconazole)</i>	NP	QL(70 ml per fill retail)
<i>DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)</i>	NP	
<i>DIFLUCAN TABS 150 MG (Use fluconazole)</i>	NP	QL(2 ea per fill retail)

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

Drug Name	Drug Tier	Requirements/Limits
Lincosamides		
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)
Monobactams		
AZACTAM (Use aztreonam)	NP	PA
aztreonam	P	PA
Polymyxins		
colistimethate sodium	P	PA
COLY-MYCIN M (Use colistimethate sodium)	NP	PA
ANTIVIRALS - Drugs to Treat Viral Infections		
CMV Agents		
GANCICLOVIR SOLN	P	PA
PREVYMIS SOLN	P	PA
PREVYMIS TABS	P	PA
Herpes Agents		
acyclovir CAPS	P	QL(50 ea per 30 day(s) retail)
acyclovir SUSP	P	QL(400 ml per 30 day(s) retail)
acyclovir TABS OR 400 MG	P	QL(3 ea daily)
acyclovir TABS OR 800 MG	P	QL(50 ea per 30 day(s) retail)
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 500 MG (Use valacyclovir hcl)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VALTREX 1 GM (Use valacyclovir hcl)	NP	QL(42 ea per 30 day(s) retail)
ZOVIRAX SUSP (Use acyclovir)	NP	QL(400 ml per 30 day(s) retail)
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
inositol niacinate CAPS	P	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
CEFAZOLIN SODIUM/DEXTROSE SOLN 5 %-2 GM/100ML	P	PA
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	P	PA
cephalexin CAPS 250 MG, 500 MG	P	
cephalexin SUSR	P	
Cephalosporins - 2nd Generation		
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)
Cephalosporins - 3rd Generation		
cefdinir CAPS	P	QL(20 ea per fill retail)
cefdinir SUSR	P	QL(100 ml per fill retail)
ceftazidime IV 1 GM, 2 GM, 6 GM	P	PA

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	NP	PA
desogestrel & ethinyl estradiol	P	
desogestrel-ethinyl estradiol (biphasic)	P	
desogestrel-ethinyl estradiol (triphasic)	P	
drospirenone-ethinyl estradiol 0.03 MG-3 MG	P	
drospirenone-ethinyl estradiol 0.02 MG-3 MG	P	QL(1 ea daily)
ethynodiol diacet & eth estrad	P	
levonorgestrel & eth estradiol TABS	P	
levonorgestrel-eth estradiol (triphasic)	P	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	QL(91 ea per fill retail)
levonorgestrel-ethinyl estradiol-iron	P	PA
MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	NP	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	
norethindrone & eth estradiol	P	
norethindrone acet & eth estra	P	
norethindrone-eth estradiol (triphasic)	P	
norgestimate-ethinyl estradiol	P	

Drug Name	Drug Tier	Requirements/Limits
norgestimate-ethinyl estradiol (triphasic)	P	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	QL(2 ea daily)
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	NP	QL(91 ea per fill retail)
TYBLUME CHEW	P	
YASMIN 28 (Use drospirenone-ethinyl estradiol)	NP	
YAZ (Use drospirenone-ethinyl estradiol)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	P	QL(3 ea per 28 day(s) retail)
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol	P	QL(1 ea per fill retail)
NUVARING (Use etonogestrel-ethinyl estradiol)	NP	QL(1 ea per fill retail)
Emergency Contraceptives		
levonorgestrel (emergency oc) 1.5 MG	P	QL(4 ea per 365 day(s) retail)
PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	NP	QL(4 ea per 365 day(s) retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<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	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Antivirals - Topical		
<i>acyclovir topical CREA</i>	P	QL(5 gm per fill retail)
<i>acyclovir topical OINT</i>	P	QL(30 gm per 30 day(s) retail)
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	QL(5 gm per fill retail)
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	QL(30 gm per 30 day(s) retail)
Corticosteroids - Topical		
BRYHALI LOTN	P	PA
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
MEZPAROX-HC FORTE CREA	P	PA

Drug Name	Drug Tier	Requirements/Limits
RADIAURA CREA	P	PA
SCARZEN SKIN REPAIR	P	PA
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>)	NF	
<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)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P		MAXFE	P	PA
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 ea per fill retail)	ORTHO-FOLIC CAPS	P	PA
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP		Iron		
<i>levofloxacin TABS</i>	P	QL(1 ea daily; 14 ea per fill retail)	HEMATEX LIQD	P	PA
<i>ofloxacin 300 MG, 400 MG</i>	P	QL(56 ea per fill retail)	NOVAFERRUM 125 LIQD	P	PA
GOUT AGENTS - Drugs to Treat Gout			MACROLIDES - Drugs to Treat Bacterial Infections		
Uricosurics			Azithromycin		
<i>probenecid</i>	P		<i>azithromycin PACK</i>	P	QL(2 ea per fill retail)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ml per fill retail)
Cobalamins			<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 ml per fill retail)
CYANOCOBALAMIN SOLN IJ	P	PA	<i>azithromycin TABS 600 MG</i>	P	QL(8 ea per 28 day(s) retail)
METHYLCOBALAMIN SOLR	P	PA	<i>azithromycin TABS 500 MG</i>	P	QL(4 ea daily)
<i>methylcobalamin SUBL</i>	P	PA	<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)
<i>methylcobalamin TBDP</i>	P	PA	ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NP	QL(4 ea daily)
Folic Acid/Folates			ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)
<i>folic acid TABS 1 MG</i>	P	RX/OTC	ZITHROMAX PACK (<i>Use azithromycin</i>)	NP	QL(2 ea per fill retail)
Hematopoietic Mixtures			ZITHROMAX SUSR 200 MG/5ML (<i>Use azithromycin</i>)	NP	QL(60 ml per fill retail)
ACTIRON	P	PA	ZITHROMAX SUSR 100 MG/5ML (<i>Use azithromycin</i>)	NP	QL(15 ml per fill retail)
FOLI-D TABS	P	PA	ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)
FOLVITE-D TABS	P	PA	ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NP	QL(4 ea daily)
GENICIN VITA-D TABS (<i>Use folic acid-cholecalciferol</i>)	NP	PA	Clarithromycin		
HEMATRON-AF	P	PA	<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ml per fill retail)
HEMAX	P	PA	<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ml per fill retail)
IRO-PLEX	P	PA			
IRO-PLEX	P	PA			

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin TABS</i>	P	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	P	QL(14 ea per fill retail)
Erythromycins		
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	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
FC2 FEMALE CONDOM	P	
FEMCAP DEVI	P	QL(1 ea per 365 day(s) retail)
MALE CONDOMS-MISC	P	QL (36 per 30 days)
OMNIFLEX DIAPHRAGM	P	QL(1 ea per 365 day(s) retail)
MISCELLANEOUS THERAPEUTIC CLASSES		
Homeopathic Products		
ARNICARE ARNICA OINT	P	PA
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
MULTIVITAMINS		
B-Complex w/ Folic Acid		
FOLICA-BE	P	PA
Multiple Vitamins w/ Iron		
<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)
Multivitamins		
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	MULTIVITAMIN INFANT/TODDLER SOLN OR	P	PA
NEOMULTIVITE TABS	P	QL(1 ea daily); RX/OTC	PC PEDIATRIC POLY- VITAMIN DROPS SOLN OR	P	PA
OMNICAP TABS	P	QL(1 ea daily); RX/OTC	POLY-VI-SOL SOLN OR	P	PA
ONE DAILY ESSENTIALS 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	Prenatal Vitamins		
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
Ped MV w/ Iron			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
Pediatric Multiple Vitamins			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			

Drug Name	Drug Tier	Requirements/Limits
WESNATAL DHA COMPLETE	P	PA
ZALVIT TABS	P	PA
ZIPHEX TABS	P	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
NOZIN NASAL SANITIZER KIT	P	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Ophthalmic Anti-infectives		
<i>trifluridine</i>	P	QL(8 ml per 30 day(s) retail)
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
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 & pot clavulanate CHEW</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 ea per fill retail)
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	P	PA
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(200 ml per fill retail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	QL(150 ml per fill retail)
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
<i>nafcillin sodium IV</i>	P	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
DORYX TBEC 50 MG, 80 MG, 200 MG (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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl TB24</i>	P	PA	MENVEO SOLR	P	
MINOLIRA TB24	P	PA	PEDVAX HIB SUSP	P	
<i>tetracycline hcl CAPS</i>	P		PENBRAYA	P	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP		PNEUMOVAX 23	P	
TOXOIDS			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		Viral Vaccines		
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	
VACCINES			AREXVY	P	
Bacterial Vaccines			DENGVAXIA	P	
ACTHIB SOLR IM	P		ENGERIX-B SUSP 20 MCG/ML	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
BCG VACCINE	P				
BEXSERO	P				
BIOThRAX	P				
HIBERIX SOLR IJ	P				
MENACTRA	P				
MENQUADFI	P				
MENVEO SOLN	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	P	
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 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
HAVRIX	P	
HEPLISAV-B SOSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
IMOVAX RABIES (H.D.C.V.) SUSR	P	
IPOL INACTIVATED IPV	P	
IXIARO	P	
JYNNEOS	P	
M-M-R II SOLR	P	
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	P	
PROQUAD SUSR	P	
RABAVERT	P	
RECOMBIVAX HB SUSP	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	P	Limit 3 per lifetime; 3 max fill(s) per 999 day(s) retail
ROTARIX SUSP	P	
ROTARIX SUSR	P	
ROTATEQ SOLN	P	
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
STAMARIL SUSR	P	
TICOVAC	P	
TWINRIX SUSY	P	
VAQTA	P	
VARIVAX INJ	P	2 max fill(s) per 999 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
YF-VAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
TRIMO-SAN	P	PA
Spermicides		
ENCARE SUPP 100 MG	P	1 package(s) per 30 day(s) retail
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	P	QL(86 gm per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	1 package(s) per 30 day(s) retail
VCF VAGINAL CONTRACEPTIVE GEL	P	
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	
<i>clindamycin phosphate vaginal CREA</i>	P	
<i>clotrimazole vaginal CREA 2 %</i>	P	QL(31 gm per 30 day(s) retail)
<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 gm per 30 day(s) retail)
GYNAZOLE-1	P	
<i>metronidazole vaginal</i>	P	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal CREA</i>	P	QL(45 gm per 30 day(s) retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 ea per 30 day(s) retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 ea per 30 day(s) retail)
MONISTAT 3 CREA (<i>Use miconazole nitrate vaginal</i>)	NP	QL(45 gm per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
MONISTAT 7 SIMPLY CURE CREA (<i>Use miconazole nitrate vaginal</i>)	NP	QL(45 gm per 30 day(s) retail)
<i>terconazole vaginal CREA</i>	P	
<i>terconazole vaginal SUPP</i>	P	
<i>tioconazole vaginal 6.5 %</i>	P	
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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acyclovir CAPS	2	amoxicillin CHEW 125 MG, 250 MG . 8		BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	1
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acyclovir TABS OR 400 MG	2	amoxicillin SUSR	8	BCG VACCINE	9
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				ceftazidime IV 1 GM, 2 GM, 6 GM ..	2
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cephalexin CAPS 250 MG, 500 MG	2	CORTIZONE-10/ALOE LIQD (Use hydrocortisone (topical))	4	dicloxacillin sodium	8
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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
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clarithromycin TABS	6	daptomycin	1	doxycycline hyclate TABS 100 MG	8
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CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	2	DENG VAXIA	9	drospirenone-ethinyl estradiol 0.02 MG-3 MG	3
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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	10
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	FLUCELVAX QUADRIVALENT		FOLI-D TABS	5
6	2023-2024 SUSY	10	FOLIVANE-OB	7
ESTROFACTORS TABS	fluconazole SUSR	1	FOLVITE-D TABS	5
ethynodiol diacet & eth estrad	fluconazole TABS 100 MG, 200 MG .	1	GANCICLOVIR SOLN	2
etonogestrel-ethinyl estradiol	1		GARDASIL 9 SUSP	10
FC2 FEMALE CONDOM	fluconazole TABS 150 MG	1	GARDASIL 9 SUSY	11
FEMCAP DEVI	fluconazole TABS 50 MG	1	GENICIN VITA-D TABS (Use folic	
FLUAD QUADRIVALENT 2021-2022	FLULAVAL QUADRIVALENT 2021-		acid-cholecalciferol)	5
.....	2022 SUSY	10	GENICIN VITA-Q TABS	6
FLUAD QUADRIVALENT 2022-2023	FLULAVAL QUADRIVALENT 2022-		griseofulvin microsize SUSP	1
.....	2023 SUSY	10	griseofulvin microsize TABS	1
FLUAD QUADRIVALENT 2023-2024	FLULAVAL QUADRIVALENT 2023-		griseofulvin ultramicrosize	1
.....	2024 SUSY	10	GYNAZOLE-1	11
FLUARIX QUADRIVALENT 2021-	FLUMIST QUADRIVALENT	10	halobetasol propionate FOAM	4
2022 SUSY	FLUZONE HIGH-DOSE PF 2021-		HAVRIX	11
FLUARIX QUADRIVALENT 2022-	2022	10	HEMATEx LIQD	5
2023 SUSY	FLUZONE HIGH-DOSE PF 2022-		HEMATRON-AF	5
FLUARIX QUADRIVALENT 2023-	2023	10	HEMAX	5
2024 SUSY	FLUZONE HIGH-DOSE PF 2023-		HEPLISAV-B SOSY	11
FLUBLOK QUADRIVALENT 2021-	2024	10	HIBERIX SOLR IJ	9
2022	FLUZONE QUADRIVALENT 2021-		HIGH POTENCY MULTIVITAMIN	
FLUBLOK QUADRIVALENT 2022-	2022 SUSP	10	TABS	6
2023	FLUZONE QUADRIVALENT 2021-		HYCLODEX SOLN	4
FLUBLOK QUADRIVALENT 2023-	2022 SUSY	10	hydrocodone-acetaminophen SOLN	
2024	FLUZONE QUADRIVALENT 2022-		108 MG/5ML-2.5 MG/5ML, 217	
FLUCELVAX QUADRIVALENT	2023 SUSP	10	MG/10ML-5 MG/10ML, 325	
2021-2022 SUSP	FLUZONE QUADRIVALENT 2022-		MG/15ML-7.5 MG/15ML	1
FLUCELVAX QUADRIVALENT	2023 SUSY	10	hydrocortisone (rectal) EX 1 %	1
2021-2022 SUSY	FLUZONE QUADRIVALENT 2023-		hydrocortisone (topical) LIQD	4
FLUCELVAX QUADRIVALENT	2024 SUSP	10	hydrocortisone acetate vaginal	12
2022-2023 SUSP	FLUZONE QUADRIVALENT 2023-		HYPOCYN SOLN	4
FLUCELVAX QUADRIVALENT	2024 SUSY	10		
2022-2023 SUSY	FOLCYTEINE TABS	6		
FLUCELVAX QUADRIVALENT	folic acid TABS 1 MG	5		

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	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 (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) ...	12	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-VITA SOLN OR	7	RECOMBIVAX HB SUSP	11
nystatin TABS	1	POLY-VITE PEDIATRIC SOLN OR	7	RECOMBIVAX HB SUSY	11
ofloxacin 300 MG, 400 MG	5	POLY-VITE/IRON SOLN	7	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 DAILY ESSENTIALS TABS	7	PRENATAL VITAMINS-MISC	7	SCARZEN SKIN REPAIR	4
ONE VITE DAILY MULTIVITAMIN TABS	7	PRENATAL/FOLIC ACID+DHA CAPS	7	SCHOOLTIME SHAMPOO SHAM	4
ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)	7	PRENATVITE COMPLETE TABS	7	SEASONIQUE (Use levonorgestrel- ethinyl estradiol (91-day))	3
ONE-A-DAY MENS TABS (Use multiple vitamin)	7	PRENATVITE PLUS TABS	7	SHINGRIX	11
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	11	PREVNAR 13	9	SPORANOX CAPS (Use itraconazole)	1
ORTHO-FOLIC CAPS	5	PREVNAR 20	9	SPORANOX PULSEPAK CAPS (Use itraconazole)	1
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	7	PREVYMIS SOLN	2	STAMARIL SUSR	11
PEDIARIX SUSY	9	PREVYMIS TABS	2	sulfadiazine TABS	8
PEDVAX HIB SUSP	9	PRID OINT	6	sulfamethoxazole-trimethoprim SUSP	1
PENBRAYA	9	PRIORIX SUSR	11	sulfamethoxazole-trimethoprim TABS	1
penicillin v potassium SOLR	8	probenecid	5	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	6
penicillin v potassium TABS	8	PROQUAD SUSR	11	TARON-C DHA	7
PENTACEL	9	pyrethrins-piperonyl butoxide LIQD	4	TDVAX SUSP	9
permethrin CREA	4	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %	4	TENIVAC INJ	9
permethrin LIQD EX	4	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %	4	terbinafine hcl TABS	1
PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	3	QBREXZA	4	terconazole vaginal CREA	12
PNEUMOVAX 23	9	QUADRACEL SUSP	9	terconazole vaginal SUPP	12
PNEUMOVAX 23/1 DOSE	9	QUADRACEL SUSY	9	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP	9
POLY-VI-SOL SOLN OR	7	QUINTABS TABS	7	tetracycline hcl CAPS	9
POLY-VI-SOL/IRON SOLN	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 8</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 8</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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