

*Comprehensive*  
**PREFERRED DRUG LIST**

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Buckeye Health Plan



## Buckeye Health Plan Pharmacy Program

Buckeye Health Plan, Inc. (Buckeye) is committed to providing appropriate, high quality, and cost effective drug therapy to all Buckeye members. Buckeye works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. Buckeye covers prescription medications and certain over-the-counter (OTC) medications when ordered by a physician/clinician. The Pharmacy program covers all medically necessary Medicaid covered drugs. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities. This section provides an overview of the Buckeye pharmacy program. For more detailed information, please visit our website at [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com). The following program covers both the Covered Families & Children (CFC) and Aged, Blind or Disabled (ABD) Ohio Medicaid consumers who are enrolled in Buckeye.

### Plan Preferred Drug List

The Buckeye Preferred Drug List (PDL) describes the circumstances under which contracted pharmacy providers will be reimbursed for medications dispensed to members covered under the program. All drugs covered under the Ohio Medicaid program are available for Buckeye members. The PDL includes all drugs available without PA, drugs that require PA, and those agents that have the restrictions of Step Therapy (ST). The PDL applies to drugs you receive at retail pharmacies. The PDL is continually evaluated by the Buckeye Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the Buckeye Medical Director, Buckeye Pharmacy Director, and several Ohio primary care physicians, pharmacists, and specialists. The PDL does not:

- Require or prohibit the prescribing or dispensing of any medication
- Substitute for the independent professional judgment of the physician/clinician or pharmacist, or
- Relieve the physician/clinician or pharmacist of any obligation to the patient or others

### Involve Pharmacy Solutions

With the exceptions of biopharmaceuticals and specialty drugs, Buckeye works with Involve Pharmacy Solutions to process all pharmacy claims for prescribed drugs. Some drugs on the Buckeye PDL list require a PA and Involve Pharmacy Solutions is responsible for administering this process. Involve Pharmacy Solutions is our Pharmacy Benefit Manager.

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the Buckeye Health Plan/Involve Pharmacy Solutions form: Medication Prior Authorization Request Form.
2. Fax to Involve Pharmacy Solutions at 1-866-399-0929.
3. Once approved, Involve Pharmacy Solutions notifies the prescriber by fax.
4. If the clinical information provided does not explain the medical necessity for the requested PA medication, Involve Pharmacy Solutions will deny the request and offer PDL alternatives to the prescriber by fax.
5. For urgent or after-hours requests, a pharmacy can provide up to a 72-hour emergency supply of medication by calling 1-800-460-8988.

## Prior Authorization Process

The Buckeye PDL includes a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from the Buckeye PDL for their patients who are members of Buckeye. Some drugs will require PA and those are listed on the PDL with “PA” noted in the Requirements/Limits column. In addition, all name brand drugs not listed on the PDL list will require prior authorization. If a request for authorization is needed the information should be submitted by your physician/clinician to Envolve Pharmacy Solutions on the Buckeye Health Plan/Envolve Pharmacy Solutions form: Medication Prior Authorization Request Form. This form should be faxed to Envolve Pharmacy Solutions at 1-866-399-0929. This document is located on the Buckeye website at [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com).

Buckeye will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the Buckeye P&T Committee. Once approved, Envolve Pharmacy Solutions notifies the physician/clinician by fax. If the clinical information provided does not meet the coverage criteria for the requested medication Buckeye will notify you and your physician/clinician of alternatives and provide information regarding the appeal process. The P&T committee has reviewed and approved, with input from its members and in consideration of medical evidence, the list of drugs requiring prior authorization. This PDL attempts to provide appropriate and cost-effective drug therapy to all members covered under the Buckeye pharmacy program. If a patient requires a brand name medication that does not appear on the PDL, the physician/clinician can make a PA request for the brand name medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions.

A phone or fax-in process is available for PA requests.

Envolve Pharmacy Solutions Contact Information: Prior Authorization Fax 1-866-399-0929  
Prior Authorization Phone 1-866-399-0928

Mailing Address: 2425 W Shaw Ave, Fresno, CA 93711

When calling, please have patient information, including Medicaid number, complete diagnosis, medication history and current medications readily available. Envolve Pharmacy Solutions will provide a decision to the request by fax or phone within 24 hours. When incomplete information is received to support medical necessity of a drug requiring PA, the request will be denied. If the request is approved, information in the on-line pharmacy claims processing system will be changed to allow the specific member to receive this specific drug. If the request is denied, information about the denial will be provided to the clinician. Clinicians are requested to utilize the PDL when prescribing medication for those patients covered by the Buckeye pharmacy program. If a pharmacist receives a prescription for a drug that requires a PA, the pharmacist should attempt to contact the clinician to request a change to a product included in the PDL.

## Phone Numbers for Buckeye Health Plan Member Services

The phone and fax lines listed in the Prior Authorization Process section are dedicated to clinicians requesting PA medication items only. Members cannot be assisted if they call the PA toll-free number. Buckeye Member Services may be reached at 1-866-246-4358 (TTY 1-800-750-0750).

### **Transition Period**

Buckeye members new to managed care will be able to receive their prescription drugs with no new PA requirements than traditional Fee-for-Service (FFS) Medicaid for 30 days they are enrolled in our plan if the prescription drug does not require PA by traditional FFS Medicaid. This means that if you needed a PA under traditional FFS Medicaid to get your prescriptions you will most likely still need a PA to get the same medication. If you have not needed PA under traditional FFS Medicaid to get your prescription you will not need PA from Buckeye to get the same medication for the first 30 days you are enrolled. This will allow you and your doctor time to consider other medications that do not require PA and to learn the steps to getting PA. Buckeye's PDL identify the drugs that will require PA once you have been a managed care member for 30 days. If you are not sure when you will need to have your medications prior authorized or you have other questions about continuing to get your medications, call member services at 1-866-246-4358 (TTY 1-800-750-0750).

### **72-Hour Emergency Supply Policy**

State and federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the Envolve Pharmacy Solutions Pharmacy Help Desk at 1-800-460-8988 for a prescription override to submit the 72-hour medication supply for payment.

### **Step Therapy**

Some medications listed on the Buckeye PDL may require specific medications to be used before you can receive the step therapy medication. If Buckeye has a record that the required medication was tried first the ST medications are automatically covered. If Buckeye does not have a record that the required medication was tried, you or your physician/clinician may be required to provide additional information. If Buckeye does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

### **Dispensing Limits, Quantity Limits, and Age Limits**

Drugs may be dispensed up to a maximum 31 day supply for each new or refill non-controlled substance. For most medications, a total of 75 percent (75%) of the days supplied must have elapsed before the prescription can be refilled. That means a prescription for these medications can be filled after 25 days. For some narcotic pain medications, a total of 90 percent (90%) of the days supplied must have elapsed before the next fill of the narcotic pain medication can be obtained. Dispensing outside the quantity limit (QL) or age limits (AL) requires PA. Buckeye may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If Buckeye does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process. Some

medications on the Buckeye PDL may have AL. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling and for safety concerns and quality standards of care. The AL aligns with current FDA alerts for the appropriate use of pharmaceuticals.

### **Medical Necessity Requests**

If you require a medication that does not appear on the PDL, you or your physician/clinician can make a medical necessity request for the medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions. Buckeye requires:

- Documentation of failure of at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g. migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the Buckeye P&T Committee. If the clinical information provided does not meet the coverage criteria for the requested medication Buckeye will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

### **Appropriate Use and Safety Edits**

Your health and safety is a priority for Buckeye. One of the ways we address your safety is through Point-of-Sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization. Additional information about the drugs that are part of the Appropriate Use and Safety Edits can be found in the Appropriate Use and Safety Edits document located on the Buckeye website at [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com).

### **DUR (Drug Utilization Review) Programs**

Buckeye will monitor ongoing prescribing of medications for clinical appropriateness. Buckeye reviews prescribing retrospectively to review for both safety and efficacy. Buckeye will work with Envolve Pharmacy Solutions to review for such things as disease management, fraud and abuse (i.e. Coordinated Services Program), and prescriber profiling. Prescriber or member outreach may occur based on prescribing/dispensing patterns. Buckeye will continue to monitor for issues going forward and take action as needed.

### **Mandatory Generic Substitution**

When generic drugs are available, the brand name drug will not be covered without Buckeye PA. Generic drugs have the same active ingredient and work the same as brand name drugs. If you or your physician/clinician feels a brand name drug is medically necessary, the physician/clinician can ask for PA. We will cover the brand name drug according to our clinical guidelines if there is a medical reason you need the particular brand name drug. If Buckeye does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process. The provision is waived for the following products due to their narrow therapeutic index (NTI) as recognized by current medical and pharmaceutical literature: Aminophylline, Amiodarone, Carbamazepine, Clozapine, Cyclosporine, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-thyroxine, Lithium, Phenytoin, Procainamide, Propafenone, Theophylline, Thyroid, Valproate Sodium, Valproic Acid, and Warfarin.

### **Over-The-Counter Medications**

The pharmacy program covers a large selection of OTC medications. All covered OTC medications appear in the PDL. All OTC medications must be written on a valid prescription by a licensed physician/clinician in order to be reimbursed.

### **Filling a Prescription**

You can have prescriptions filled at a Buckeye network pharmacy. If you decide to have a prescription filled at a network pharmacy you can locate a pharmacy near you by contacting a Buckeye Member Services Representative. At the pharmacy you will need to provide the pharmacist with your prescription and your Buckeye ID card. Please visit the Buckeye website at [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com) to access the Buckeye PDL, important forms, and provider/member information 24 hours a day, seven days a week.

### **Mail Order Program**

Buckeye Health Plan offers a 90 day supply (3 month supply) of maintenance medications by mail. These drugs are used to treat long-term conditions or illnesses. You can find a list of covered maintenance medications in the Maintenance Drug Pharmacy Program document located on the Buckeye website at [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com). Please contact a Buckeye Member Service Representative if you have any questions. To transfer a current prescription or to have your doctor phone a prescription directly to our mail order pharmacy they may call Homescrpts at 1-800-785-4197.

### **Buckeye Health Plan Pharmacy Program - Additional Information Working with Our Pharmacy Benefit Managers**

Buckeye works with two Pharmacy Benefit Managers (PBMs). Acaria Health is the preferred provider of biopharmaceuticals and injectables for Buckeye. Envolve Pharmacy Solutions administers all other prescribed drugs. Certain drugs require PA to be approved for payment by Buckeye. These include:

- Some Buckeye drugs listed on the PDL with “PA” in the Requirements/Limits column
- Most injectables including Procrit, Neulasta and Neupogen.

## **AcariaHealth – Biopharmaceuticals and Injectables**

AcariaHealth is the provider of biopharmaceuticals and injectables for Buckeye. Most injectables require PA to be approved for payment. All reviews are performed by a licensed healthcare professional using the criteria established by the Buckeye P&T Committee. Buckeye provides a number of biopharmaceutical products through the Biopharmaceutical Program. Most biopharmaceuticals and injectables require a PA to be approved for payment by Buckeye; however, PA requirements are programmed specific to the drug as indicated in the list provided in the Biopharmaceutical Program document located on the Buckeye website at [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com). Follow these guidelines for the most efficient processing of your authorization requests. Providers can request that AcariaHealth deliver the specialty drug to the office/member. If you want AcariaHealth to deliver the specialty drug to the office/member:

1. Fax the AcariaHealth PA form to 1-855-217-0926 for PA.
2. If approved, AcariaHealth will contact the provider or member for delivery confirmation.

## **Pharmacy and Therapeutics Committee**

The Buckeye Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the PDL. The Committee is composed of the Buckeye Medical Director, Buckeye Pharmacist, and several community based primary care physicians and specialists. The primary purpose of the Committee is to assist in developing and monitoring the Buckeye PDL and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee schedules meetings at least twice yearly, and coordinates reviews with a national P&T Committee which meets at least 4 times a year. Changes to the Buckeye PDL are done in conjunction with the approval of the State of Ohio. Buckeye will meet with the State quarterly to review any proposed changes and update the PDL accordingly based on the results of both the Buckeye P&T Committee and the requirements from the State of Ohio. Buckeye will follow all State policies regarding member notification when changes are made to the list of drugs that require PA.

## **Unapproved Use of Preferred Medication**

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by Buckeye. Experimental drugs and investigational drugs are not eligible for coverage.

## **Benefit Exclusions**

The following drug categories are not part of the Buckeye PDL and are not covered by the 72-hour emergency supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Immunizations and vaccines (except flu vaccine)

- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Infusion therapy and supplies
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence

DESI drugs products and known related drug products are defined as less than effective by the FDA because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. State programs may allow coverage of certain DESI drugs. Any DESI drugs that are covered are listed in the PDL.

### **Newly Approved Products**

We review new drugs for safety and effectiveness for the first 12 months before adding them to the Buckeye PDL. During this period, access to these medications will be considered through the PA review process. If Buckeye does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

### **Medical Benefits**

The following drugs and medical services are a part of the Buckeye medical benefit and are not available at the retail pharmacy:

1. Members will receive vaccines as a medical benefit under physician reimbursement if listed the vaccine covered under the vaccine for children program.
2. Cosmetic-botox is a medical benefit that is covered for non-cosmetic purposes only- it requires a PA from Buckeye.
3. Blood and blood products.
4. Those specialty injectable drugs available as a medical benefit. Most injectables require PA from Buckeye.

*Prescribers who request medical prior authorizations at Envolve Pharmacy Solutions will be redirected to contact Buckeye Health Plan as applicable.*

### **DME/Home Health Benefits**

The following medical services are a part of the Buckeye medical benefit and are not available at the retail pharmacy:

1. Enteral products
2. Nebulizers
3. Medical supplies

### **Injectable Drugs**

Injections that are self-administered by the member and/or a family member and appear on the PDL are covered by the Buckeye pharmacy program. Insulin vials, Glucagon Kit, Epi-pen, Ana-Kit,



Imitrex, and Depo-Provera IM are covered by Buckeye and do not require a PA. Pre-filled insulin cartridges and syringes require PA. Most other injectables require PA.

### **Coordinated Services Program**

Consumers eligible for Ohio Medicaid may be selected for enrollment in the Coordinated Services Program, or CSP. CSP members may need to select one pharmacy to get medications filled, select one doctor to write their scripts, or both depending on the CSP enrollment. While in CSP, the member will still be able to get all medically necessary Medicaid-covered health care services. However, the member must use the selected pharmacy or doctor for pharmacy services. Members enrolled in the CSP program will also be offered enrollment in Care Management to help better coordinate the member's needs. Care Managers will work with the CSP members, to help make sure all their needs are met. Except in an emergency, the member should contact their PCP before seeing other doctors. By knowing the complete medical history, the PCP can take better care of the patient.

### **We help keep you informed**

The Buckeye Pharmacy Director, a registered pharmacist, compiles current pharmacological policy and information about important seasonal topics such as Respiratory Syncytial Virus (RSV) and influenza. The information is consistent with published guidelines and is mailed to network providers as a service. The most current Buckeye PDL can be downloaded from our website at [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com).

### **Contacts for Pharmacy Appeals/Grievances**

**Members:** In the event that a member disagrees with the decision regarding coverage of a medication, the member may file an appeal with Buckeye by calling Buckeye Member Services at 1-866-246-4358 (TTY 1-800-750-0750).

**Physicians / Clinicians:** In the event that a clinician disagrees with the decision regarding coverage of a medication, the clinician may request an appeal by submitting additional information to Buckeye in writing to the Appeals Department at the following address:

Buckeye Health Plan  
4349 Easton Way, Suite 300  
Columbus, Ohio 43219

A decision will be rendered and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a member by calling Buckeye at 1-866-246-4356 ext. 24084 (TTY 1-800-750-0750). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

### **Abbreviations**

The following notations and abbreviations may be found throughout the drug listing in the limitations and restrictions column:

AL: Age Limit

Drug Tier: Tier F drugs are preferred drugs

DS: Days Supply

PA: Prior Authorization

QL: Quantity Limit

RX/OTC: These drugs are made in both prescription form and Over-the-counter (OTC) form.

ST: Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL TABS (Use Amphetamine-Dextroamphetamine)	***	QL(2 ea daily); AL; At least 3 yrs old
ADDERALL XR CP24 (Use Amphetamine-Dextroamphetamine)	***	QL(1 ea daily); AL; At least 6 yrs old
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg	F	QL(1 ea daily); AL; At least 6 yrs old
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	F	QL(2 ea daily); AL; At least 3 yrs old
DESOXYN TABS (Use Methamphetamine HCl)	***	PA
DEXEDRINE CP24 10 MG, 15 MG (Use Dextroamphetamine Sulfate)	***	QL(2 ea daily); AL; At least 6 yrs old
DEXEDRINE CP24 5 MG (Use Dextroamphetamine Sulfate)	***	QL(1 ea daily); AL; At least 6 yrs old
dextroamphetamine sulfate cp24 10 mg, 15 mg	F	QL(2 ea daily); AL; At least 6 yrs old
dextroamphetamine sulfate cp24 5 mg	F	QL(1 ea daily); AL; At least 6 yrs old

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate soln 5 mg/5ml	F	PA
dextroamphetamine sulfate tabs 5 mg, 10 mg	F	QL(2 ea daily); AL; At least 3 yrs old
methamphetamine hcl tabs	F	PA
PROCENTRA SOLN (Use Dextroamphetamine Sulfate)	***	PA
VYVANSE CAPS	F	PA; QL(1 ea daily)
ZENZEDI TABS	F	PA
<b>Analeptics</b>		
caffeine citrate soln	F	QL(45 ml per fill retail)
CAFFEINE CITRATED POWD	F	QL(45 gm per fill retail)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
atomoxetine hcl caps	F	ST; AL; At least 6 yrs old
clonidine hcl (adhd) tb12	F	PA
guanfacine hcl (adhd) tb24	F	QL(1 ea daily); AL; At least 6 yrs old
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	***	QL(1 ea daily); AL; At least 6 yrs old
KAPVAY TB12 (Use Clonidine HCl (ADHD))	***	PA
STRATTERA CAPS (Use Atomoxetine HCl)	***	ST; AL; At least 6 yrs old
<b>Stimulants - Misc.</b>		
armodafinil tabs	F	PA
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use Methylphenidate HCl)	***	QL(1 ea daily); AL; At least 6 yrs old
CONCERTA TBCR 36 MG (Use Methylphenidate HCl)	***	QL(2 ea daily); AL; At least 6 yrs old
DAYTRANA PTCH	F	PA

\*\*\*GENERIC or alternate product is required Ohio Buckeye Medicaid Updated April 1, 2018

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	F	PA; QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	F	QL(2 ea daily); AL; At least 6 yrs old
FOCALIN TABS (Use <i>Dexmethylphenidate HCl</i> )	***	QL(2 ea daily); AL; At least 6 yrs old
FOCALIN XR CP24 (Use <i>Dexmethylphenidate HCl</i> )	***	PA; QL(1 ea daily)
METADATE CD CPCR (Use <i>Methylphenidate HCl</i> )	***	QL(1 ea daily); AL; At least 6 yrs old
METHYLIN CHEW 5 MG, 10 MG, 2.5 MG (Use <i>Methylphenidate HCl</i> )	***	PA
METHYLIN SOLN 5 MG/5ML, 10 MG/5ML (Use <i>Methylphenidate HCl</i> )	***	
METHYLPHENIDATE HCL CHEW 5 MG, 10 MG, 2.5 MG	F	PA
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	F	PA
<i>methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	F	QL(1 ea daily); AL; At least 6 yrs old
METHYLPHENIDATE HCL ER TB24 18 MG, 27 MG, 54 MG	F	QL(1 ea daily)
METHYLPHENIDATE HCL ER TB24 36 MG	F	QL(2 ea daily)
METHYLPHENIDATE HCL ER TBCR 18 MG	F	QL(1 ea daily); AL; At least 6 yrs old
<i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i>	F	
<i>methylphenidate hcl tabs 10 mg, 20 mg</i>	F	QL(3 ea daily); AL; At least 3 yrs old
<i>methylphenidate hcl tabs 5 mg</i>	F	QL(6 ea daily); AL; At least 3 yrs old

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl tbcR 10 mg, 20 mg, 36 mg</i>	F	QL(2 ea daily); AL; At least 6 yrs old
<i>methylphenidate hcl tbcR 18 mg, 27 mg, 54 mg</i>	F	QL(1 ea daily); AL; At least 6 yrs old
<i>modafinil tabs</i>	F	PA
NUVIGIL TABS (Use <i>Armodafinil</i> )	***	PA
PROVIGIL TABS (Use <i>Modafinil</i> )	***	PA
QUILLIVANT XR SUSR	F	PA
RITALIN LA CP24 (Use <i>Methylphenidate HCl</i> )	***	PA
RITALIN TABS 10 MG, 20 MG (Use <i>Methylphenidate HCl</i> )	***	QL(3 ea daily); AL; At least 3 yrs old
RITALIN TABS 5 MG (Use <i>Methylphenidate HCl</i> )	***	QL(6 ea daily); AL; At least 3 yrs old

### ALLERGENIC EXTRACTS/BIOLOGICALS MISC

#### Allergenic Extracts

GRASTEK SUBL	F	PA
ORALAIR ADULT SAMPLE KIT SUBL	F	PA; SP
ORALAIR ADULT STARTER PACK SUBL	F	PA; SP
ORALAIR SUBL	F	PA; SP
RAGWITEK SUBL	F	PA

### ALTERNATIVE MEDICINES

#### Alternative Medicine - A's

ALPHA LIPOIC ACID CAPS	F	
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#### Alternative Medicine - C's

CHEW Q CHEW	F	
<i>coenzyme q10 (ubidecarenone) caps 30 mg, 100 mg, 100mg-5unit</i>	F	PA

\*\*\*GENERIC or alternate product is required Ohio Buckeye Medicaid Updated April 1, 2018

Drug Name	Drug Tier	Requirements/ Limits
<i>coenzyme q10 (ubidecarenone) caps 50 mg</i>	F	
<b>Alternative Medicine - G's</b>		
<i>ginger (zingiber officinalis) caps</i>	F	QL(4 ea daily)
<b>Alternative Medicine - M's</b>		
<i>melatonin caps 5 mg</i>	F	
MELATONIN LIQD 1 MG/4ML, 2.5 MG/10ML	F	
<i>melatonin tabs 1 mg, 300 mcg</i>	F	
<i>melatonin tabs 3 mg, 5 mg</i>	F	QL(1 ea daily)
<b>Alternative Medicine - U</b>		
CYTO-Q MAX LIQD	F	
QH LIQD	F	
<b>Alternative Medicine Combinations</b>		
LIQ-10 SYRP	F	
<i>melatonin-pyridoxine tabs</i>	F	
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
BETHKIS NEBU	F	PA; SP
KITABIS PAK NEBU	F	PA; SP
<i>neomycin sulfate tabs</i>	F	
<i>paromomycin sulfate caps</i>	F	PA
TOBI NEBU ( <i>Use Tobramycin</i> )	***	PA; SP
TOBI PODHALER CAPS	F	PA; SP
TOBRAMYCIN NEBU	F	PA; SP
<i>tobramycin nebu</i>	F	PA; SP
TOBRAMYCIN SULFATE POWD XX	F	PA

Drug Name	Drug Tier	Requirements/ Limits
TOBRAMYCIN SULFATE SOLN IJ 10 MG/ML, 40 MG/ML	F	PA
<i>tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	F	PA
<i>tobramycin sulfate solr ij 1.2 gm</i>	F	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	F	PA; SP
HUMIRA PEN PNKT	F	PA; SP
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	F	PA; SP
HUMIRA PEN-PSORIASIS STARTER PNKT	F	PA; SP
HUMIRA PSKT	F	PA; SP
SIMPONI SOAJ	F	PA; SP
SIMPONI SOSY	F	PA; SP
<b>Antirheumatic - Enzyme Inhibitors</b>		
XELJANZ TABS	F	PA; SP
<b>Antirheumatic Antimetabolites</b>		
OTREXUP SOAJ	F	PA; SP
RASUVO SOAJ	F	PA; SP
RHEUMATREX TABS	F	
<b>Gold Compounds</b>		
RIDAURA CAPS	F	
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLR	F	PA; SP
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET SOSY	F	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
<b>Interleukin-6 Receptor Inhibitors</b>		
ACTEMRA SOSY	F	PA; SP
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ADVIL CAPS (Use Ibuprofen)	***	
ADVIL MIGRAINE CAPS (Use Ibuprofen)	***	
ADVIL TABS (Use Ibuprofen)	***	
ALEVE ARTHRITIS TABS (Use Naproxen Sodium)	***	QL(2 ea daily)
ALEVE TABS (Use Naproxen Sodium)	***	QL(2 ea daily)
ANAPROX DS TABS (Use Naproxen Sodium)	***	
CELEBREX CAPS 400 MG (Use Celecoxib)	***	PA
CELEBREX CAPS 50 MG, 100 MG, 200 MG (Use Celecoxib)	***	PA; QL(2 ea daily)
<i>celecoxib caps 400 mg</i>	F	PA
<i>celecoxib caps 50 mg, 100 mg, 200 mg</i>	F	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (Use Ibuprofen)	***	RX/OTC
CHILDRENS MOTRIN SUSP (Use Ibuprofen)	***	RX/OTC
DAYPRO TABS (Use Oxaprozin)	***	
<i>diclofenac potassium tabs</i>	F	
<i>diclofenac sodium tb24</i>	F	
<i>diclofenac sodium tbec</i>	F	
DUEXIS TABS	F	PA
EC-NAPROSYN TBEC (Use Naproxen)	***	QL(2 ea daily)
<i>etodolac caps</i>	F	
<i>etodolac tabs</i>	F	
<i>etodolac tb24</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
FELDENE CAPS (Use Piroxicam)	***	
FENOPROFEN CALCIUM CAPS 400 MG	F	PA
<i>fenopropfen calcium tabs 600 mg</i>	F	
FENORTHO CAPS	F	PA
<i>flurbiprofen tabs</i>	F	
<i>ibuprofen caps 200 mg</i>	F	
<i>ibuprofen chew 100 mg</i>	F	
<i>ibuprofen susp 100 mg/5ml</i>	F	RX/OTC
<i>ibuprofen susp 40 mg/ml, 50 mg/1.25ml</i>	F	
<i>ibuprofen tabs 100 mg, 200 mg, 400 mg, 600 mg, 800 mg</i>	F	
INDOCIN SUPP	F	
INDOCIN SUSP	F	
<i>indomethacin caps</i>	F	
<i>indomethacin cpcr</i>	F	
INFANTS ADVIL SUSP (Use Ibuprofen)	***	
KETOPROFEN CAPS 50 MG, 75 MG	F	
<i>ketoprofen caps 50 mg, 75 mg</i>	F	
KETOPROFEN ER CP24	F	
<i>ketorolac tromethamine tabs</i>	F	AL; At least 17 yrs old
LODINE TABS (Use Etodolac)	***	
MECLOFENAMATE SODIUM CAPS	F	
<i>mefenamic acid caps</i>	F	PA
<i>meloxicam tabs</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
MOBIC SUSP 7.5 MG/5ML	F	
MOBIC TABS 15 MG, 7.5 MG (Use Meloxicam)	***	
MOTRIN INFANTS DROPS SUSP (Use Ibuprofen)	***	
<i>nabumetone tabs</i>	F	
NALFON CAPS	F	PA
NAPRELAN TB24 375 MG, 500 MG (Use Naproxen Sodium)	***	PA;
NAPRELAN TB24 750 MG	F	PA;
NAPROSYN SUSP (Use Naproxen)	***	
NAPROSYN TABS (Use Naproxen)	***	
<i>naproxen sodium tabs 220 mg</i>	F	QL(2 ea daily)
<i>naproxen sodium tabs 275 mg, 550 mg</i>	F	
<i>naproxen sodium tb24 375 mg, 500 mg</i>	F	PA;
NAPROXEN SUSP 125 MG/5ML	F	
<i>naproxen susp 125 mg/5ml</i>	F	
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	F	
<i>naproxen tbec 375 mg, 500 mg</i>	F	QL(2 ea daily)
<i>oxaprozin tabs</i>	F	
<i>piroxicam caps</i>	F	
PONSTEL CAPS (Use Mefenamic Acid)	***	PA
<i>sulindac tabs</i>	F	
TOLMETIN SODIUM CAPS 400 MG	F	PA;
<i>tolmetin sodium caps 400 mg</i>	F	PA;

Drug Name	Drug Tier	Requirements/ Limits
TOLMETIN SODIUM TABS 200 MG, 600 MG	F	PA;
VIMOVO TBEC	F	PA
ZIPSOR CAPS	F	PA;
ZORVOLEX CAPS	F	PA
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	F	PA; SP
OTEZLA TBPB	F	PA; SP
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS (Use Leflunomide)	***	QL(1 ea daily)
<i>leflunomide tabs</i>	F	QL(1 ea daily)
<b>Selective Costimulation Modulators</b>		
ORENCIA SOLR	F	PA; SP
ORENCIA SOSY	F	PA; SP
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL SOLR	F	PA; SP
ENBREL SOSY	F	PA; SP
ENBREL SURECLICK SOAJ	F	PA; SP
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>acetaminophen-caffeine tabs</i>	F	
<i>aspirin-acetaminophen-caffeine tabs</i>	F	
<i>butalbital-acetaminophen tabs</i>	F	
<i>butalbital-acetaminophen-caffeine caps 300mg-50mg-40mg</i>	F	PA
<i>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</i>	F	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</i>	F	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps</i>	F	QL(4 ea daily)
ESGIC TABS ( <i>Use Butalbital-Acetaminophen-Caffeine</i> )	***	QL(4 ea daily)
EXCEDRIN EXTRA STRENGTH TABS ( <i>Use Aspirin-Acetaminophen-Caffeine</i> )	***	
EXCEDRIN MENSTRUAL COMPLETE TABS ( <i>Use Aspirin-Acetaminophen-Caffeine</i> )	***	
EXCEDRIN MIGRAINE TABS ( <i>Use Aspirin-Acetaminophen-Caffeine</i> )	***	
EXCEDRIN TENSION HEADACHE TABS ( <i>Use Acetaminophen-Caffeine</i> )	***	
FIORICET CAPS ( <i>Use Butalbital-Acetaminophen-Caffeine</i> )	***	PA
FIORINAL CAPS ( <i>Use Butalbital-Aspirin-Caffeine</i> )	***	QL(4 ea daily)
LEVACET TABS	F	
TENCON TABS	F	
<b>Analgesics Other</b>		
<i>acetaminophen caps</i>	F	
<i>acetaminophen chew</i>	F	
<i>acetaminophen elix</i>	F	
<i>acetaminophen liqd</i>	F	
<i>acetaminophen soln</i>	F	
<i>acetaminophen supp</i>	F	
<i>acetaminophen susp</i>	F	
<i>acetaminophen tabs</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen tbcr</i>	F	
<i>acetaminophen tbdp</i>	F	
NORTEMP INFANTS SUSP	F	
TRIAMINIC FEVER REDUCERPAIN RELIEVER CHILDRENS SYRP	F	
TRIAMINIC FEVER REDUCERPAIN RELIEVER INFANTS SYRP	F	
TYLENOL 8 HOUR ARTHRITISPAIN TBCR ( <i>Use Acetaminophen</i> )	***	
TYLENOL 8 HOUR TBCR ( <i>Use Acetaminophen</i> )	***	
TYLENOL CHILDRENS SUSP ( <i>Use Acetaminophen</i> )	***	
TYLENOL EXTRA STRENGTH TABS ( <i>Use Acetaminophen</i> )	***	
TYLENOL INFANTS PAIN+FEVER SUSP ( <i>Use Acetaminophen</i> )	***	
TYLENOL INFANTS SUSP ( <i>Use Acetaminophen</i> )	***	
TYLENOL SORE THROAT DAYTIME LIQD ( <i>Use Acetaminophen</i> )	***	
TYLENOL TABS ( <i>Use Acetaminophen</i> )	***	
<b>Salicylates</b>		
<i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>	F	
<i>aspirin chew or 81 mg</i>	F	
ASPIRIN LOW DOSE TABS	F	
ASPIRIN SUPP RE 120 MG, 200 MG, 300 MG, 600 MG	F	
<i>aspirin supp re 300 mg, 600 mg</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin tabs or 325 mg</i>	F	
<i>aspirin tbec or 81 mg, 324 mg, 325 mg, 500 mg</i>	F	
BUFFERIN TABS (Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide))	***	
<i>choline &amp; mag salicylate liqd</i>	F	PA
<i>diflunisal tabs</i>	F	
DISALCID TABS (Use Salsalate)	***	
ECOTRIN MAXIMUM STRENGTH TBEC (Use Aspirin)	***	
ECOTRIN REGULAR STRENGTH TBEC (Use Aspirin)	***	
<i>salsalate tabs</i>	F	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ABSTRAL SUBL	F	PA
ACTIQ LPOP (Use Fentanyl Citrate)	***	PA
<i>codeine sulfate tabs 15 mg, 30 mg, 60 mg</i>	F	QL(2 ea daily)
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (Use Codeine Sulfate)	***	QL(2 ea daily)
CONZIP CP24	F	PA
DEMEROL TABS (Use Meperidine HCl)	***	QL(6 ea daily)
DILAUDID LIQD 1 MG/ML (Use Hydromorphone HCl)	***	QL(80 ml daily)
DILAUDID TABS 2 MG, 4 MG, 8 MG (Use Hydromorphone HCl)	***	QL(8 ea daily)
DOLOPHINE TABS 10 MG (Use Methadone HCl)	***	PA; QL(10 ea daily)
DOLOPHINE TABS 5 MG (Use Methadone HCl)	***	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DURAGESIC PT72 (Use Fentanyl)	***	QL(0.34 ea daily)
<i>fentanyl citrate lpop</i>	F	PA
<i>fentanyl pt72</i>	F	QL(0.34 ea daily)
FENTORA TABS	F	PA
<i>hydromorphone hcl liqd or 1 mg/ml</i>	F	QL(80 ml daily)
HYDROMORPHONE HCL SUPP RE 3 MG	F	
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	F	QL(8 ea daily)
KADIAN CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use Morphine Sulfate)	***	PA
KADIAN CP24 200 MG	F	PA
LAZANDA SOLN	F	PA
LEVORPHANOL TARTRATE TABS	F	PA
MEPERIDINE HCL SOLN 50 MG/5ML	F	
<i>meperidine hcl tabs 50 mg, 100 mg</i>	F	QL(6 ea daily)
<i>methadone hcl conc 10 mg/ml</i>	F	QL(10 ml daily)
<i>methadone hcl soln 10 mg/5ml</i>	F	QL(60 ml daily)
METHADONE HCL SOLN 10 MG/5ML (Use Methadone HCl)	***	QL(60 ml daily)
<i>methadone hcl soln 5 mg/5ml</i>	F	QL(30 ml daily)
METHADONE HCL SOLN 5 MG/5ML (Use Methadone HCl)	***	QL(30 ml daily)
<i>methadone hcl tabs 10 mg</i>	F	PA; QL(10 ea daily)
<i>methadone hcl tabs 5 mg</i>	F	PA; QL(4 ea daily)
METHADOSE CONC (Use Methadone HCl)	***	QL(10 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
METHADOSE SUGAR-FREE CONC (Use Methadone HCl)	***	QL(10 ml daily)
<i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	F	PA
MORPHINE SULFATE ER CP24	F	PA
<i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i>	F	
<i>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</i>	F	QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG	F	QL(24 ea per fill retail)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	F	QL(6 ea daily)
<i>morphine sulfate tbcR or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	F	QL(3 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	***	QL(3 ea daily)
NUCYNTA ER TB12	F	PA
NUCYNTA TABS	F	PA
OPANA TABS (Use Oxymorphone HCl)	***	PA
<i>oxycodone hcl caps 5 mg</i>	F	QL(6 ea daily)
<i>oxycodone hcl conc 100 mg/5ml</i>	F	QL(6 ml daily)
OXYCODONE HCL ER T12A	F	PA
<i>oxycodone hcl soln 5 mg/5ml</i>	F	
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	F	QL(6 ea daily)
OXYCONTIN T12A	F	PA
<i>oxymorphone hcl tabs</i>	F	PA
<i>oxymorphone hcl tb12</i>	F	PA

Drug Name	Drug Tier	Requirements/Limits
OXYMORPHONE HYDROCHLORIDE ER TB12	F	PA
ROXICODONE TABS (Use Oxycodone HCl)	***	QL(6 ea daily)
SUBSYS LIQD	F	PA
TRAMADOL HCL ER CP24	F	PA
<i>tramadol hcl tabs 50 mg</i>	F	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	F	PA
ULTRAM ER TB24 (Use Tramadol HCl)	***	PA
ULTRAM TABS (Use Tramadol HCl)	***	QL(8 ea daily)
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	F	QL(30 ml daily)
<i>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg</i>	F	QL(6 ea daily)
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAPS	F	PA
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	F	PA
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	F	QL(4 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	F	QL(4 ea daily)
CAPITAL/CODEINE SUSP	F	PA
FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/Codeine)	***	PA
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	***	QL(4 ea daily)
HYCET SOLN (Use Hydrocodone-Acetaminophen)	***	QL(180 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml	F	PA
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml	F	QL(180 ml daily)
hydrocodone-acetaminophen tabs 10mg-325mg	F	QL(6 ea daily)
hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 2.5mg-325mg, 7.5mg-300mg	F	PA
hydrocodone-acetaminophen tabs 5mg-325mg	F	QL(12 ea daily)
hydrocodone-acetaminophen tabs 7.5mg-325mg	F	QL(8 ea daily)
hydrocodone-ibuprofen tabs	F	PA
IBUDONE TABS (Use Hydrocodone-Ibuprofen)	***	PA
LORTAB ELIX	F	PA
NORCO TABS 10MG-325MG (Use Hydrocodone-Acetaminophen)	***	QL(6 ea daily)
NORCO TABS 5MG-325MG (Use Hydrocodone-Acetaminophen)	***	QL(12 ea daily)
NORCO TABS 7.5MG-325MG (Use Hydrocodone-Acetaminophen)	***	QL(8 ea daily)
oxycodone w/ acetaminophen tabs 2.5mg-325mg	F	
oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg	F	QL(6 ea daily)
oxycodone-aspirin tabs	F	
OXYCODONE/ACETAMINOPHEN SOLN	F	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
OXYCODONE/IBUPROFEN N TABS	F	PA
PERCOCET TABS 2.5MG-325MG (Use Oxycodone w/ Acetaminophen)	***	
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen)	***	QL(6 ea daily)
PRIMLEV TABS	F	PA
REPREXAIN TABS (Use Hydrocodone-Ibuprofen)	***	PA
SYNALGOS-DC CAPS	F	PA
tramadol-acetaminophen tabs	F	PA
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	***	QL(6 ea daily)
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	***	QL(6 ea daily)
ULTRACET TABS (Use Tramadol-Acetaminophen)	***	PA
VICOPROFEN TABS (Use Hydrocodone-Ibuprofen)	***	PA
XARTEMIS XR TBCR	F	PA
XODOL TABS (Use Hydrocodone-Acetaminophen)	***	PA
ZAMICET SOLN	F	PA
<b>Opioid Partial Agonists</b>		
BELBUCA FILM	F	PA; Use Suboxone Film
BUNAVAIL FILM	F	PA; Use Suboxone Film
BUPRENEX SOLN (Use Buprenorphine HCl)	***	
buprenorphine hcl soln ij 0.3 mg/ml	F	
buprenorphine hcl subl sl 2 mg, 8 mg	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	F	PA
BUPRENORPHINE PTWK	F	PA; Use Suboxone Film
<i>butorphanol tartrate soln na 10 mg/ml</i>	F	PA; AL; At least 18 yrs old
BUTRANS PTWK	F	PA; Use Suboxone Film
<i>pentazocine w/ naloxone tabs</i>	F	PA
PROBUPHINE IMPLANT KIT IMPL	F	Limit 5 fills per 30 days.; SP
SUBOXONE FILM 4MG-1MG, 2MG-0.5MG	F	PA; QL(1 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG	F	PA; QL(2 ea daily)
ZUBSOLV SUBL	F	PA; Use Suboxone Film
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABS	F	PA
OXANDRIN TABS ( <i>Use Oxandrolone</i> )	***	PA
<i>oxandrolone tabs</i>	F	PA
<b>Androgens</b>		
ANDRODERM PT24	F	QL(1 ea daily)
ANDROGEL GEL 40.5 MG/2.5GM, 20.25 MG/1.25GM	F	PA
ANDROGEL GEL 50 MG/5GM, 25 MG/2.5GM ( <i>Use Testosterone</i> )	***	PA
ANDROGEL PUMP GEL	F	PA
ANDROID CAPS ( <i>Use Methyltestosterone</i> )	***	PA
AXIRON SOLN ( <i>Use Testosterone</i> )	***	PA
<i>danazol caps</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
DEPO-TESTOSTERONE SOLN ( <i>Use Testosterone Cypionate</i> )	***	
FORTESTA GEL	F	PA
METHITEST TABS	F	PA
<i>methyltestosterone caps</i>	F	PA
STRIANT MISC	F	PA
TESTIM GEL ( <i>Use Testosterone</i> )	***	PA
<i>testosterone cypionate soln</i>	F	
TESTOSTERONE GEL 1 %, 10 MG/ACT, 50 MG/5GM, 25 MG/2.5GM	F	PA
<i>testosterone gel 1 %, 50 mg/5gm, 25 mg/2.5gm</i>	F	PA
TESTOSTERONE PUMP GEL	F	PA
<i>testosterone soln 30 mg/act</i>	F	PA
TESTRED CAPS ( <i>Use Methyltestosterone</i> )	***	PA
VOGELXO GEL	F	PA
VOGELXO PUMP GEL	F	PA
<b>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intra-rectal Steroids</b>		
CORTENEMA ENEM ( <i>Use Hydrocortisone (Intra-rectal)</i> )	***	
CORTIFOAM FOAM	F	PA
<i>hydrocortisone (intra-rectal) enem</i>	F	
<b>Rectal Combinations</b>		
ANALPRAM-HC LOTN	F	
<i>phenylephrine-shark liver oil-cocoa butter supp</i>	F	
<i>phenylephrine-shark liver oil-glycerin-petrolatum crea</i>	F	QL(54 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-shark liver oil-mineral oil-petrolatum oint</i>	F	
<i>pramoxine-phenylephrine-glycerin-petrolatum crea</i>	F	
PREPARATION H CREA (Use Pramoxine-Phenylephrine-Glycerin-Petrolatum)	***	
PREPARATION H TOTABLES PAIN RELIEF CREA (Use Pramoxine-Phenylephrine-Glycerin-Petrolatum)	***	
<b>Rectal Local Anesthetics</b>		
<i>dibucaine (rectal) oint</i>	F	
NUPERCAINAL OINT (Use Dibucaine (Rectal))	***	
<i>pramoxine hcl (rectal) foam</i>	F	
PROCTOFOAM FOAM (Use Pramoxine HCl (Rectal))	***	
<b>Rectal Steroids</b>		
ANUSOL-HC CREA (Use Hydrocortisone (Rectal))	***	
<i>hydrocortisone (rectal) crea 1 %</i>	F	PA
<i>hydrocortisone (rectal) crea 2.5 %</i>	F	
PROCTOCORT CREA (Use Hydrocortisone (Rectal))	***	PA
<b>Vasodilating Agents</b>		
RECTIV OINT	F	PA
<b>ANTACIDS - Ulcer and Stomach Acid Drugs</b>		
<b>Antacid Combinations</b>		
<i>alum &amp; mag hydrox-simethicone liqd</i>	F	
<i>alum &amp; mag hydrox-simethicone susp</i>	F	
<i>aluminum hydroxide-mag carb susp</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>aluminum hydroxide-mag trisil chew</i>	F	
GAVISCON SUSP (Use Aluminum Hydroxide-Mag Carb)	***	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use Alum & Mag Hydrox-Simethicone)	***	
<b>Antacids - Aluminum Salts</b>		
ALUMINUM HYDROXIDE SUSP OR	F	
<b>Antacids - Bicarbonate</b>		
<i>sodium bicarbonate (antacid) tabs</i>	F	
<b>Antacids - Calcium Salts</b>		
<i>calcium carbonate (antacid) chew</i>	F	
<i>calcium carbonate (antacid) tabs</i>	F	
CALCIUM CARBONATE TABS 648 MG	F	
TUMS CHEW (Use Calcium Carbonate (Antacid))	***	
TUMS LASTING EFFECTS CHEW (Use Calcium Carbonate (Antacid))	***	
<b>Antacids - Magnesium Salts</b>		
<i>magnesium oxide tabs</i>	F	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
ALBENZA TABS	F	PA
BILTRICIDE TABS	F	PA
EMVERM CHEW	F	
<i>ivermectin tabs</i>	F	PA
<i>pyrantel pamoate susp</i>	F	Limit 1 fill per Month;QL(60 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
REESES PINWORM MEDICINE TABS	F	QL(16 ea per fill retail)
STROMEKTOL TABS ( <i>Use Ivermectin</i> )	***	PA
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
CAYSTON SOLR	F	PA; SP
FLAGYL CAPS 375 MG ( <i>Use Metronidazole</i> )	***	PA
FLAGYL TABS 250 MG, 500 MG ( <i>Use Metronidazole</i> )	***	
<i>metronidazole caps 375 mg</i>	F	PA
<i>metronidazole tabs 250 mg, 500 mg</i>	F	
NEBUPENT SOLR	F	PA
PRIMSOL SOLN	F	PA
TINDAMAX TABS ( <i>Use Tinidazole</i> )	***	PA
<i>tinidazole tabs</i>	F	PA
<i>trimethoprim tabs</i>	F	
TRIMPEX SOLN	F	PA
VANCOGIN HCL CAPS 125 MG ( <i>Use Vancomycin HCl</i> )	***	QL(4 ea daily)
VANCOGIN HCL CAPS 250 MG ( <i>Use Vancomycin HCl</i> )	***	QL(8 ea daily)
<i>vancomycin hcl caps or 125 mg</i>	F	QL(4 ea daily)
<i>vancomycin hcl caps or 250 mg</i>	F	QL(8 ea daily)
<i>vancomycin hcl solr iv 1000 mg</i>	F	QL(14 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg</i>	F	
XIFAXAN TABS	F	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS ( <i>Use Sulfamethoxazole-Trimethoprim</i> )	***	
BACTRIM TABS ( <i>Use Sulfamethoxazole-Trimethoprim</i> )	***	
<i>sulfamethoxazole-trimethoprim susp</i>	F	
<i>sulfamethoxazole-trimethoprim tabs</i>	F	
<b>Antiprotozoal Agents</b>		
ALINIA SUSR	F	PA
ALINIA TABS	F	PA
<i>atovaquone susp</i>	F	
MEPRON SUSP ( <i>Use Atovaquone</i> )	***	
<b>Ketolides</b>		
KETEK TABS	F	PA
<b>Leprostatics</b>		
<i>dapsone tabs</i>	F	
<b>Lincosamides</b>		
CLEOCIN CAPS OR 150 MG, 300 MG ( <i>Use Clindamycin HCl</i> )	***	
CLEOCIN CAPS OR 75 MG ( <i>Use Clindamycin HCl</i> )	***	PA
CLEOCIN PEDIATRIC GRANULES SOLR ( <i>Use Clindamycin Palmitate Hydrochloride</i> )	***	QL(300 ml per fill retail)
<i>clindamycin hcl caps 150 mg, 300 mg</i>	F	
<i>clindamycin hcl caps 75 mg</i>	F	PA
<i>clindamycin palmitate hydrochloride solr</i>	F	QL(300 ml per fill retail)
<b>Oxazolidinones</b>		
<i>linezolid susr</i>	F	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid tabs</i>	F	PA
SIVEXTRO TABS	F	PA; QL(6 ea per fill retail)
ZYVOX SUSR ( <i>Use Linezolid</i> )	***	PA
ZYVOX TABS ( <i>Use Linezolid</i> )	***	PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA TB12	F	PA
<b>Nitrates</b>		
DILATRATE SR CPCR	F	PA;
ISORDIL TITRADOSE TABS 40 MG	F	
ISORDIL TITRADOSE TABS 5 MG ( <i>Use Isosorbide Dinitrate</i> )	***	
ISOSORBIDE DINITRATE ER TBCR	F	
<i>isosorbide dinitrate tabs</i>	F	
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	F	QL(2 ea daily)
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	F	QL(1 ea daily)
NITRO-BID OINT	F	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR ( <i>Use Nitroglycerin</i> )	***	
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	F	PA;
<i>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg</i>	F	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	F	
<i>nitroglycerin soln tl 0.4 mg/spray</i>	F	PA;
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
NITROLINGUAL PUMPSPRAY SOLN ( <i>Use Nitroglycerin</i> )	***	PA;
NITROSTAT SUBL ( <i>Use Nitroglycerin</i> )	***	
<b>ANTIANGINAL AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>bupirone hcl tabs 15 mg</i>	F	QL(4 ea daily)
<i>bupirone hcl tabs 30 mg, 7.5 mg</i>	F	QL(3 ea daily)
<i>bupirone hcl tabs 5 mg, 10 mg</i>	F	QL(6 ea daily)
<i>hydroxyzine hcl syrp</i>	F	
<i>hydroxyzine hcl tabs</i>	F	
HYDROXYZINE PAMOATE CAPS 100 MG	F	
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	F	
<i>meprobamate tabs</i>	F	
VISTARIL CAPS ( <i>Use Hydroxyzine Pamoate</i> )	***	
<b>Benzodiazepines</b>		
ALPRAZOLAM INTENSOL CONC	F	
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	QL(4 ea daily)
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	F	PA
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	PA
ATIVAN TABS 0.5 MG, 2 MG ( <i>Use Lorazepam</i> )	***	QL(3 ea daily)
ATIVAN TABS 1 MG ( <i>Use Lorazepam</i> )	***	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	F	QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	F	QL(3 ea daily)
<i>diazepam conc or 5 mg/ml</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
DIAZEPAM SOLN OR 1 MG/ML	F	
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	F	QL(4 ea daily)
<i>lorazepam conc 2 mg/ml</i>	F	PA
<i>lorazepam tabs 0.5 mg, 2 mg</i>	F	QL(3 ea daily)
<i>lorazepam tabs 1 mg</i>	F	QL(4 ea daily)
<i>oxazepam caps</i>	F	QL(4 ea daily)
TRANXENE T TABS ( <i>Use Clorazepate Dipotassium</i> )	***	QL(3 ea daily)
VALIUM TABS ( <i>Use Diazepam</i> )	***	QL(4 ea daily)
XANAX TABS ( <i>Use Alprazolam</i> )	***	QL(4 ea daily)
XANAX XR TB24 ( <i>Use Alprazolam</i> )	***	PA
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	F	
NORPACE CAPS ( <i>Use Disopyramide Phosphate</i> )	F	
NORPACE CR CP12	F	
<i>quinidine gluconate tbc</i>	F	
QUINIDINE SULFATE TABS	F	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps</i>	F	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	F	
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	F	PA;
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	F	
RYTHMOL SR CP12 ( <i>Use Propafenone HCl</i> )	***	PA;

Drug Name	Drug Tier	Requirements/Limits
RYTHMOL TABS ( <i>Use Propafenone HCl</i> )	***	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tabs 100 mg</i>	F	PA;
<i>amiodarone hcl tabs 200 mg, 400 mg</i>	F	
<i>dofetilide caps</i>	F	
MULTAQ TABS	F	PA; QL(2 ea daily)
TIKOSYN CAPS ( <i>Use Dofetilide</i> )	***	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	F	QL(8 ml daily)
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA SOSY	F	PA; SP
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS	F	
INCRUSE ELLIPTA AEPB	F	
<i>ipratropium bromide soln</i>	F	
SPIRIVA HANDIHALER CAPS	F	PA; QL(90 ea per fill retail)
TUDORZA PRESSAIR AEPB	F	
<b>Leukotriene Modulators</b>		
ACCOLATE TABS ( <i>Use Zafirlukast</i> )	***	PA
<i>montelukast sodium chew</i>	F	QL(1 ea daily)
<i>montelukast sodium pack</i>	F	QL(1 ea daily)
<i>montelukast sodium tabs</i>	F	QL(1 ea daily)
SINGULAIR CHEW ( <i>Use Montelukast Sodium</i> )	***	QL(1 ea daily)
SINGULAIR PACK ( <i>Use Montelukast Sodium</i> )	***	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
SINGULAIR TABS ( <i>Use Montelukast Sodium</i> )	***	QL(1 ea daily)
<i>zafirlukast tabs</i>	F	PA
ZYFLO TABS	F	PA
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP TABS	F	PA
<b>Steroid Inhalants</b>		
AEROSPAN AERS	F	PA;
ALVESCO AERS	F	PA
ASMANEX TWISTHALER 120 METERED DOSES AEPB	F	PA
ASMANEX TWISTHALER 14 METERED DOSES AEPB	F	PA
ASMANEX TWISTHALER 30 METERED DOSES AEPB	F	PA
ASMANEX TWISTHALER 60 METERED DOSES AEPB	F	PA
ASMANEX TWISTHALER 7 METERED DOSES AEPB	F	PA
<i>budesonide (inhalation) susp</i>	F	AL; At least 1 yrs old - Up to 8 yrs old
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	F	QL(2 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	F	
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	F	QL(12 gm per fill retail)
FLOVENT HFA AERO 44 MCG/ACT	F	QL(10.6 gm per fill retail)
PULMICORT FLEXHALER AEPB	F	PA
PULMICORT SUSP ( <i>Use Budesonide (Inhalation)</i> )	***	AL; At least 1 yrs old - Up to 8 yrs old

Drug Name	Drug Tier	Requirements/Limits
QVAR AERS	F	PA; QL(17.4 gm per fill retail)
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB	F	PA; QL(60 ea per fill retail)
ADVAIR HFA AERO	F	PA; QL(12 gm per fill retail)
ALBUTEROL SULFATE ER TB12	F	
<i>albuterol sulfate nebu in 0.083 %</i>	F	QL(12.5 ml daily)
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.5 %, 1.25 mg/3ml</i>	F	
<i>albuterol sulfate syrp or 2 mg/5ml</i>	F	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	F	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	F	
ANORO ELLIPTA AEPB	F	PA
ARCAPTA NEOHALER CAPS	F	PA
BREO ELLIPTA AEPB	F	PA
BROVANA NEBU	F	PA
COMBIVENT RESPIMAT AERS	F	
DULERA AERO	F	
<i>ipratropium-albuterol soln</i>	F	QL(12 ml daily)
<i>levalbuterol hcl nebu</i>	F	PA
LEVALBUTEROL TARTRATE HFA AERO	F	PA
METAPROTERENOL SULFATE SYRP 10 MG/5ML	F	QL(30 ml daily)
METAPROTERENOL SULFATE TABS 10 MG, 20 MG	F	
PERFOROMIST NEBU	F	PA

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Drug Name	Drug Tier	Requirements/Limits
PROAIR HFA AERS	***	
PROVENTIL HFA AERS	***	
SEREVENT DISKUS AEPB	F	
STRIVERDI RESPIMAT AERS	F	PA
SYMBICORT AERO	F	QL(11 gm per fill retail)
<i>terbutaline sulfate tabs</i>	F	
VENTOLIN HFA AERS	F	Limit 1 package per Claim, 2 per Month
VOSPIRE ER TB12 ( <i>Use Albuterol Sulfate</i> )	***	
XOPENEX CONCENTRATE NEBU ( <i>Use Levalbuterol HCl</i> )	***	PA
XOPENEX HFA AERO	F	PA
XOPENEX NEBU ( <i>Use Levalbuterol HCl</i> )	***	PA
<b>Xanthines</b>		
ELIXOPHYLLIN ELIX	F	
THEO-24 CP24	F	
<i>theophylline soln 80 mg/15ml</i>	F	QL(475 ml per fill retail)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	F	
<i>theophylline tb24 400 mg, 600 mg</i>	F	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS ( <i>Use Warfarin Sodium</i> )	F	
<i>warfarin sodium tabs</i>	F	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TABS	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABS	F	QL(4 ea daily)
XARELTO TABS 10 MG, 20 MG	F	QL(1 ea daily)
XARELTO TABS 15 MG	F	QL(2 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA SOLN ( <i>Use Fondaparinux Sodium</i> )	***	PA; SP
<i>enoxaparin sodium soln</i>	F	Limit 3 fills per 180 days; SP
<i>fondaparinux sodium soln</i>	F	PA; SP
FRAGMIN SOLN	F	PA; SP
<i>heparin sodium (porcine) soln</i>	F	
LOVENOX SOLN ( <i>Use Enoxaparin Sodium</i> )	***	Limit 3 fills per 180 days; SP
<b>Thrombin Inhibitors</b>		
PRADAXA CAPS	F	PA
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA TABS	F	PA
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	F	QL(4 ea daily)
<i>clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	PA
DIASTAT ACUDIAL GEL	F	QL(1 ea per fill retail); AL; At least 2 yrs old
DIASTAT PEDIATRIC GEL	F	QL(1 ea per fill retail); AL; At least 2 yrs old
DIAZEPAM GEL RE 10 MG, 20 MG, 2.5 MG	F	QL(1 ea per fill retail); AL; At least 2 yrs old
DIAZEPAM RECTAL GEL GEL	F	QL(1 ea per fill retail); AL; At least 2 yrs old

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Drug Name	Drug Tier	Requirements/ Limits
KLONOPIN TABS ( <i>Use Clonazepam</i> )	***	QL(4 ea daily)
ONFI SUSP	F	PA
ONFI TABS	F	PA
<b>Anticonvulsants - Misc.</b>		
APTIOM TABS	F	PA
BANZEL SUSP	F	PA; SP
BANZEL TABS	F	PA; SP
<i>carbamazepine chew</i>	F	
<i>carbamazepine cp12</i>	F	
<i>carbamazepine susp</i>	F	
<i>carbamazepine tabs</i>	F	
<i>carbamazepine tb12</i>	F	
CARBATROL CP12 ( <i>Use Carbamazepine</i> )	F	
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	F	QL(9 ea daily)
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	F	
<i>gabapentin tabs 600 mg</i>	F	QL(6 ea daily)
<i>gabapentin tabs 800 mg</i>	F	QL(4 ea daily)
KEPPRA SOLN 100 MG/ML ( <i>Use Levetiracetam</i> )	***	QL(16 ml daily)
KEPPRA TABS 250 MG, 750 MG, 1000 MG ( <i>Use Levetiracetam</i> )	***	QL(4 ea daily)
KEPPRA TABS 500 MG ( <i>Use Levetiracetam</i> )	***	QL(6 ea daily)
KEPPRA XR TB24 ( <i>Use Levetiracetam</i> )	***	PA;
LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>Use Lamotrigine</i> )	***	
LAMICTAL ODT KIT ( <i>Use Lamotrigine</i> )	***	PA;

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ODT TBDP ( <i>Use Lamotrigine</i> )	***	PA;
LAMICTAL TABS ( <i>Use Lamotrigine</i> )	***	
LAMICTAL XR KIT	F	PA;
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG ( <i>Use Lamotrigine</i> )	***	PA; QL(1 ea daily)
<i>lamotrigine chew 5 mg, 25 mg</i>	F	
<i>lamotrigine kit</i>	F	PA;
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	F	
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	F	PA; QL(1 ea daily)
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	F	PA;
<i>levetiracetam soln 100 mg/ml, 500 mg/5ml</i>	F	QL(16 ml daily)
<i>levetiracetam tabs 250 mg, 750 mg, 1000 mg</i>	F	QL(4 ea daily)
<i>levetiracetam tabs 500 mg</i>	F	QL(6 ea daily)
<i>levetiracetam tb24 500 mg, 750 mg</i>	F	PA;
LYRICA CAPS	F	PA
MYSOLINE TABS ( <i>Use Primidone</i> )	***	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG ( <i>Use Gabapentin</i> )	***	QL(9 ea daily)
NEURONTIN SOLN 250 MG/5ML ( <i>Use Gabapentin</i> )	***	
NEURONTIN TABS 600 MG ( <i>Use Gabapentin</i> )	***	QL(6 ea daily)
NEURONTIN TABS 800 MG ( <i>Use Gabapentin</i> )	***	QL(4 ea daily)
<i>oxcarbazepine susp</i>	F	
<i>oxcarbazepine tabs</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
POTIGA TABS	F	PA
<i>primidone tabs</i>	F	
QUDEXY XR CS24	F	PA
TEGRETOL SUSP ( <i>Use Carbamazepine</i> )	F	
TEGRETOL TABS ( <i>Use Carbamazepine</i> )	F	
TEGRETOL-XR TB12 ( <i>Use Carbamazepine</i> )	F	
TOPAMAX SPRINKLE CPSP 15 MG ( <i>Use Topiramate</i> )	***	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG ( <i>Use Topiramate</i> )	***	QL(8 ea daily)
TOPAMAX TABS 100 MG ( <i>Use Topiramate</i> )	***	QL(4 ea daily)
TOPAMAX TABS 200 MG ( <i>Use Topiramate</i> )	***	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG ( <i>Use Topiramate</i> )	***	QL(6 ea daily)
<i>topiramate cpsp 15 mg</i>	F	QL(6 ea daily)
<i>topiramate cpsp 25 mg</i>	F	QL(8 ea daily)
TOPIRAMATE ER CS24	F	PA
<i>topiramate tabs 100 mg</i>	F	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	F	QL(3 ea daily)
<i>topiramate tabs 25 mg, 50 mg</i>	F	QL(6 ea daily)
TRILEPTAL SUSP ( <i>Use Oxcarbazepine</i> )	***	
TRILEPTAL TABS ( <i>Use Oxcarbazepine</i> )	***	
TROKENDI XR CP24	F	PA;
VIMPAT SOLN	F	PA
VIMPAT TABS	F	PA
ZONEGRAN CAPS ( <i>Use Zonisamide</i> )	***	

Drug Name	Drug Tier	Requirements/ Limits
<i>zonisamide caps</i>	F	
<b>Carbamates</b>		
<i>felbamate susp</i>	F	
<i>felbamate tabs</i>	F	
FELBATOL SUSP ( <i>Use Felbamate</i> )	***	
FELBATOL TABS ( <i>Use Felbamate</i> )	***	
<b>GABA Modulators</b>		
GABITRIL TABS 12 MG, 16 MG	F	
GABITRIL TABS 2 MG, 4 MG ( <i>Use Tiagabine HCl</i> )	***	
SABRIL PACK ( <i>Use Vigabatrin</i> )	***	PA; SP
SABRIL TABS	F	PA; SP
<i>tiagabine hcl tabs</i>	F	
<i>vigabatrin pack</i>	F	PA; SP
<b>Hydantoins</b>		
DILANTIN CAPS 100 MG ( <i>Use Phenytoin Sodium Extended</i> )	F	
DILANTIN CAPS 30 MG	F	
DILANTIN INFATABS CHEW ( <i>Use Phenytoin</i> )	F	
DILANTIN-125 SUSP ( <i>Use Phenytoin</i> )	F	
PEGANONE TABS	F	PA
PHENYTEK CAPS ( <i>Use Phenytoin Sodium Extended</i> )	F	
<i>phenytoin chew</i>	F	
<i>phenytoin sodium extended caps</i>	F	
<i>phenytoin susp</i>	F	
<b>Succinimides</b>		

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Drug Name	Drug Tier	Requirements/Limits
CELONTIN CAPS	F	PA
<i>ethosuximide caps</i>	F	
<i>ethosuximide soln</i>	F	
ZARONTIN CAPS (Use <i>Ethosuximide</i> )	F	
ZARONTIN SOLN (Use <i>Ethosuximide</i> )	F	
<b>Valproic Acid</b>		
DEPAKENE CAPS (Use <i>Valproic Acid</i> )	F	
DEPAKOTE ER TB24 (Use <i>Divalproex Sodium</i> )	***	
DEPAKOTE SPRINKLES CSDR (Use <i>Divalproex Sodium</i> )	***	
DEPAKOTE TBEC (Use <i>Divalproex Sodium</i> )	***	
<i>divalproex sodium csdr</i>	F	
<i>divalproex sodium tb24</i>	F	
<i>divalproex sodium tbec</i>	F	
<i>valproic acid caps</i>	F	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs 15 mg</i>	F	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	F	QL(1.5 ea daily)
<i>mirtazapine tabs 45 mg, 7.5 mg</i>	F	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	F	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	F	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	F	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (Use <i>Mirtazapine</i> )	***	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (Use <i>Mirtazapine</i> )	***	QL(1.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP 45 MG (Use <i>Mirtazapine</i> )	***	QL(1 ea daily)
REMERON TABS 15 MG (Use <i>Mirtazapine</i> )	***	QL(3 ea daily)
REMERON TABS 30 MG (Use <i>Mirtazapine</i> )	***	QL(1.5 ea daily)
REMERON TABS 45 MG (Use <i>Mirtazapine</i> )	***	QL(1 ea daily)
<b>Antidepressants - Misc.</b>		
APLENZIN TB24	F	PA
<i>bupropion hcl tabs 75 mg, 100 mg</i>	F	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	F	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	F	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	F	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	F	QL(3 ea daily)
FORFIVO XL TB24	F	PA
MAPROTILINE HCL TABS	F	Limit 2 fills per month
WELLBUTRIN SR TB12 100 MG (Use <i>Bupropion HCl</i> )	***	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (Use <i>Bupropion HCl</i> )	***	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (Use <i>Bupropion HCl</i> )	***	QL(2 ea daily)
WELLBUTRIN TABS (Use <i>Bupropion HCl</i> )	***	QL(3 ea daily)
WELLBUTRIN XL TB24 (Use <i>Bupropion HCl</i> )	***	QL(3 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24 9 MG/24HR	F	PA
MARPLAN TABS	F	PA
NARDIL TABS (Use <i>Phenelzine Sulfate</i> )	***	
PARNATE TABS (Use <i>Tranylcypromine Sulfate</i> )	***	

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenelzine sulfate tabs</i>	F	
<i>tranylcypromine sulfate tabs</i>	F	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS 10 MG (Use Citalopram Hydrobromide)	***	QL(4 ea daily); AL; At least 6 yrs old
CELEXA TABS 20 MG (Use Citalopram Hydrobromide)	***	QL(2 ea daily)
CELEXA TABS 40 MG (Use Citalopram Hydrobromide)	***	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	F	
<i>citalopram hydrobromide tabs 10 mg</i>	F	QL(4 ea daily); AL; At least 6 yrs old
<i>citalopram hydrobromide tabs 20 mg</i>	F	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	F	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	F	PA
<i>escitalopram oxalate tabs 10 mg</i>	F	QL(2 ea daily)
<i>escitalopram oxalate tabs 20 mg</i>	F	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	F	QL(4 ea daily)
FLUOXETINE DR CPDR	F	PA
<i>fluoxetine hcl caps 10 mg, 20 mg</i>	F	QL(4 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	F	QL(2 ea daily)
<i>fluoxetine hcl soln 20 mg/5ml</i>	F	
<i>fluoxetine hcl tabs 10 mg</i>	F	QL(1 ea daily); AL; At least 7 yrs old
<i>fluoxetine hcl tabs 20 mg</i>	F	QL(4 ea daily)
FLUOXETINE HCL TABS 60 MG	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl tabs 60 mg</i>	F	PA
FLUOXETINE HCL TABS 60 MG (Use Fluoxetine HCl)	***	PA
<i>fluvoxamine maleate cp24 100 mg, 150 mg</i>	F	PA
<i>fluvoxamine maleate tabs 100 mg</i>	F	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	F	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (Use Escitalopram Oxalate)	***	PA
LEXAPRO TABS 10 MG (Use Escitalopram Oxalate)	***	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)	***	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use Escitalopram Oxalate)	***	QL(4 ea daily)
<i>paroxetine hcl tabs 10 mg</i>	F	QL(6 ea daily)
<i>paroxetine hcl tabs 20 mg</i>	F	QL(3 ea daily)
<i>paroxetine hcl tabs 30 mg, 40 mg</i>	F	QL(2 ea daily)
<i>paroxetine hcl tb24 25 mg, 12.5 mg, 37.5 mg</i>	F	PA; QL(40 ea daily)
PAXIL CR TB24 (Use Paroxetine HCl)	***	PA; QL(40 ea daily)
PAXIL SUSP 10 MG/5ML	F	QL(40 ml daily)
PAXIL TABS 10 MG (Use Paroxetine HCl)	***	QL(6 ea daily)
PAXIL TABS 20 MG (Use Paroxetine HCl)	***	QL(3 ea daily)
PAXIL TABS 30 MG, 40 MG (Use Paroxetine HCl)	***	QL(2 ea daily)
PEXEVA TABS	F	PA
PROZAC CAPS 10 MG, 20 MG (Use Fluoxetine HCl)	***	QL(4 ea daily)
PROZAC CAPS 40 MG (Use Fluoxetine HCl)	***	QL(2 ea daily)
PROZAC WEEKLY CPDR (Use Fluoxetine HCl)	***	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl conc 20 mg/ml</i>	F	
<i>sertraline hcl tabs 100 mg</i>	F	QL(2 ea daily)
<i>sertraline hcl tabs 25 mg, 50 mg</i>	F	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use Sertraline HCl)	***	
ZOLOFT TABS 100 MG (Use Sertraline HCl)	***	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use Sertraline HCl)	***	QL(4 ea daily)
<b>Serotonin Modulators</b>		
BRINTELLIX TABS	F	PA; QL(1 ea daily); AL; At least 18 yrs old
NEFAZODONE HCL TABS 100 MG, 150 MG, 200 MG	F	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	F	
<i>trazodone hcl tabs 300 mg</i>	F	QL(2 ea daily)
<i>trazodone hcl tabs 50 mg, 100 mg, 150 mg</i>	F	
TRINTELLIX TABS	F	PA; QL(1 ea daily); AL; At least 18 yrs old
VIIBRYD TABS	F	PA; QL(1 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA CPEP (Use Duloxetine HCl)	***	QL(2 ea daily); AL; At least 7 yrs old
DESVENLAFAXINE ER TB24 50 MG, 100 MG	F	PA
<i>desvenlafaxine succinate tb24</i>	F	PA
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	F	QL(2 ea daily); AL; At least 7 yrs old
EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl)	***	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use Venlafaxine HCl)	***	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use Venlafaxine HCl)	***	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA CP24	F	PA
FETZIMA TITRATION PACK C4PK	F	PA
KHEDEZLA TB24	F	PA
PRISTIQ TB24 (Use Desvenlafaxine Succinate)	***	PA
<i>venlafaxine hcl cp24 150 mg</i>	F	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	F	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	F	QL(5 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	F	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 150 MG, 37.5 MG (Use Venlafaxine HCl)	***	QL(1 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	F	
<i>venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg</i>	F	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs</i>	F	
AMOXAPINE TABS	F	
ANAFRANIL CAPS (Use Clomipramine HCl)	***	PA
<i>clomipramine hcl caps</i>	F	PA
<i>desipramine hcl tabs 10 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	F	
<i>desipramine hcl tabs 25 mg</i>	F	QL(2 ea daily)
<i>doxepin hcl caps</i>	F	
<i>doxepin hcl conc</i>	F	
ELAVIL TABS (Use Amitriptyline HCl)	***	
<i>imipramine hcl tabs</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate caps 100 mg</i>	F	QL(3 ea daily)
<i>imipramine pamoate caps 125 mg, 150 mg</i>	F	QL(2 ea daily)
<i>imipramine pamoate caps 75 mg</i>	F	QL(1 ea daily)
NORPRAMIN TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG (Use <i>Desipramine HCl</i> )	***	
NORPRAMIN TABS 25 MG (Use <i>Desipramine HCl</i> )	***	QL(2 ea daily)
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	F	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	F	QL(20 ml daily)
PAMELOR CAPS (Use <i>Nortriptyline HCl</i> )	***	
<i>protriptyline hcl tabs 10 mg</i>	F	
SURMONTIL CAPS (Use <i>Trimipramine Maleate</i> )	***	PA
TOFRANIL TABS (Use <i>Imipramine HCl</i> )	***	
<i>trimipramine maleate caps</i>	F	PA
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tabs</i>	F	QL(3 ea daily)
GLYSET TABS (Use <i>Miglitol</i> )	***	PA
<i>miglitol tabs</i>	F	PA
PRECOSE TABS (Use <i>Acarbose</i> )	***	QL(3 ea daily)
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	F	PA;
SYMLINPEN 60 SOPN	F	PA;
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS (Use <i>Pioglitazone HCl-Metformin HCl</i> )	***	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ACTOPLUS MET XR TB24	F	PA
ALOGLIPTIN/METFORMIN HCL TABS	F	PA; QL(2 ea daily)
ALOGLIPTIN/PIOGLITAZONE TABS	F	PA; QL(1 ea daily)
DUETACT TABS (Use <i>Pioglitazone HCl-Glimepiride</i> )	***	PA
<i>glipizide-metformin hcl tabs</i>	F	
GLUCOVANCE TABS (Use <i>Glyburide-Metformin</i> )	***	
<i>glyburide-metformin tabs</i>	F	
INVOKAMET TABS	F	PA
JANUMET TABS	F	PA
JANUMET XR TB24	F	PA
JENTADUETO TABS	F	QL(2 ea daily); AL; At least 18 yrs old
JENTADUETO XR TB24	F	PA; QL(2 ea daily)
KAZANO TABS (Use <i>Alogliptin-Metformin HCl</i> )	***	
KOMBIGLYZE XR TB24	F	PA; QL(2 ea daily)
OSENI TABS (Use <i>Alogliptin-Pioglitazone</i> )	***	
<i>pioglitazone hcl-glimepiride tabs</i>	F	PA
<i>pioglitazone hcl-metformin hcl tabs</i>	F	QL(2 ea daily)
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	F	PA
<b>Biguanides</b>		
FORTAMET TB24 (Use <i>Metformin HCl</i> )	***	PA;
GLUCOPHAGE TABS 500 MG (Use <i>Metformin HCl</i> )	***	QL(4 ea daily)
GLUCOPHAGE TABS 850 MG, 1000 MG (Use <i>Metformin HCl</i> )	***	

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Drug Name	Drug Tier	Requirements/ Limits
GLUCOPHAGE XR TB24 500 MG ( <i>Use Metformin HCl</i> )	***	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG ( <i>Use Metformin HCl</i> )	***	QL(3 ea daily)
GLUMETZA TB24 ( <i>Use Metformin HCl</i> )	***	PA;
<i>metformin hcl tabs 500 mg</i>	F	QL(4 ea daily)
<i>metformin hcl tabs 850 mg, 1000 mg</i>	F	
<i>metformin hcl tb24 500 mg</i>	F	QL(4 ea daily)
<i>metformin hcl tb24 500 mg, 1000 mg</i>	F	PA;
<i>metformin hcl tb24 750 mg</i>	F	QL(3 ea daily)
<b>Diabetic Other</b>		
BD GLUCOSE CHEW	F	
CVS GLUCOSE CHEW	F	
DEX4 CHEW	F	
DEX4 FAST ACTING GLUCOSE CHEW	F	
DEX4 NATURALS CHEW	F	
DEX4 POUCH PACK CHEW	F	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	F	
<i>dextrose (diabetic use) gel</i>	F	
GLUCAGEN HYPOKIT SOLR	F	Limit 1 package per claim, 1 claim per month
GLUCAGON EMERGENCY KIT KIT	F	Limit 1 package per claim, 1 claim per month
GLUCOSE CHEW	F	
GLUCOSE INSTANT ENERGY CHEW	F	

Drug Name	Drug Tier	Requirements/ Limits
GNP GLUCOSE CHEW	F	
GNP QUICK DISSOLVE GLUCOSE CHEW	F	
GOODSENSE GLUCOSE CHEW	F	
HM GLUCOSE CHEW	F	
HY-VEE GLUCOSE CHEW	F	
KORLYM TABS	F	PA; SP
KROGER GLUCOSE CHEW	F	
LEADER GLUCOSE CHEW	F	
LEADER QUICK DISSOLVE GLUCOSE CHEW	F	
LONGS GLUCOSE CHEW	F	
MEIJER GLUCOSE CHEW	F	
PREFERRED PLUS GLUCOSE CHEW	F	
PROGLYCEM SUSP	F	PA
PX GLUCOSE CHEW	F	
RA GLUCOSE CHEW	F	
RELION GLUCOSE CHEW	F	
SM GLUCOSE CHEW	F	
SMART SENSE GLUCOSE CHEW	F	
SMART SENSE GLUCOSE TABLETS CHEW	F	
TGT GLUCOSE CHEW	F	
UP & UP GLUCOSE CHEW	F	
VALUE PLUS GLUCOSE CHEW	F	
WALGREENS GLUCOSE CHEW	F	

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Drug Name	Drug Tier	Requirements/ Limits
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
ALOGLIPTIN TABS	F	PA; QL(1 ea daily)
JANUVIA TABS	F	PA
NESINA TABS ( <i>Use Alogliptin Benzoate</i> )	***	QL(1 ea daily)
ONGLYZA TABS	F	PA
TRADJENTA TABS	F	PA;
<b>Incretin Mimetic Agents (GLP-1 Receptor)</b>		
BYDUREON PEN PEN	F	PA; AL; At least 18 yrs old
BYDUREON SRER	F	PA; AL; At least 18 yrs old
BYETTA SOPN	F	PA; AL; At least 18 yrs old
TANZEUM PEN	F	PA
VICTOZA SOPN	F	PA; QL(1.8 ml daily)
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS ( <i>Use Pioglitazone HCl</i> )	***	QL(1 ea daily)
AVANDIA TABS	F	PA; QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	F	QL(1 ea daily)
<b>Insulin</b>		
ADMELOG SOLN	F	
ADMELOG SOLOSTAR SOPN	F	
AFREZZA POWD	F	PA
APIDRA SOLN	F	
APIDRA SOLOSTAR SOPN	F	
BASAGLAR KWIKPEN SOPN	F	
FIASP FLEXTOUCH SOPN	F	
FIASP SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG JUNIOR KWIKPEN SOPN	F	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	F	
HUMALOG MIX 50/50 KWIKPEN SUPN	F	
HUMALOG MIX 50/50 SUSP	F	
HUMALOG MIX 75/25 KWIKPEN SUPN	F	
HUMALOG MIX 75/25 SUSP	F	
HUMALOG SOCT	F	
HUMALOG SOLN	F	
HUMULIN 70/30 KWIKPEN SUPN	F	
HUMULIN 70/30 SUSP	F	
HUMULIN N KWIKPEN SUPN	F	
HUMULIN N SUSP	F	
HUMULIN R SOLN	F	
HUMULIN R U-500 ( <i>CONCENTRATED</i> ) SOLN	F	
HUMULIN R U-500 KWIKPEN SOPN	F	
LANTUS 100 UNIT/ML SOLN	***	Use preferred BASAGLAR
LANTUS SOLOSTAR 100 UNIT/ML SOPN	***	PA; Use preferred BASAGLAR
LEVEMIR FLEXTOUCH SOPN	F	PA; QL(2 ml daily)
LEVEMIR SOLN	F	PA
NOVOLIN 70/30 RELION SUSP	F	
NOVOLIN 70/30 SUSP	F	
NOVOLIN N RELION SUSP	F	
NOVOLIN N SUSP	F	

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Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN R RELION SOLN	F	
NOVOLIN R SOLN	F	
NOVOLOG FLEXPEN SOPN	F	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	F	
NOVOLOG MIX 70/30 SUSP	F	
NOVOLOG PENFILL SOCT	F	
NOVOLOG SOLN	F	
TOUJEO SOLOSTAR SOPN	F	PA
TRESIBA FLEXTOUCH SOPN	F	PA
<b>Meglitinide Analogues</b>		
<i>nateglinide tabs</i>	F	QL(3 ea daily)
PRANDIN TABS ( <i>Use Repaglinide</i> )	***	PA
<i>repaglinide tabs</i>	F	PA
STARLIX TABS ( <i>Use Nateglinide</i> )	***	QL(3 ea daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
INVOKANA TABS	F	PA;
JARDIANCE TABS	F	PA; QL(1 ea daily)
<b>Sulfonylureas</b>		
AMARYL TABS 1 MG, 2 MG ( <i>Use Glimepiride</i> )	***	QL(4 ea daily)
AMARYL TABS 4 MG ( <i>Use Glimepiride</i> )	***	QL(2 ea daily)
CHLORPROPAMIDE TABS	F	
DIABETA TABS	F	
<i>glimepiride tabs 1 mg, 2 mg</i>	F	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide tabs</i>	F	
<i>glipizide tb24</i>	F	
GLUCOTROL TABS ( <i>Use Glipizide</i> )	***	
GLUCOTROL XL TB24 ( <i>Use Glipizide</i> )	***	
<i>glyburide micronized tabs</i>	F	
<i>glyburide tabs</i>	F	
GLYNASE TABS ( <i>Use Glyburide Micronized</i> )	***	
TOLAZAMIDE TABS	F	
TOLBUTAMIDE TABS	F	
<b>ANTIDIARRHEALS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
FULYZAQ TBEC	F	PA
MYTESI TBEC	F	PA
<b>Antidiarrheal Agents - Misc.</b>		
ACIDOPHILUS CAPS	F	RX/OTC
ACIDOPHILUS HIGH-POTENCY CAPS	F	RX/OTC
ACIDOPHILUS PEARLS CAPS	F	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	F	RX/OTC
ACIDOPHILUS SUPER PROBIOTIC CAPS	F	RX/OTC
ACIDOPHILUS/GOAT MILK CAPS	F	RX/OTC
ADVANCED PROBIOTIC 10 CAPS	F	RX/OTC
ADVANCED PROBIOTIC CAPS	F	RX/OTC
ALIGN CAPS	F	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	F	RX/OTC
<i>bismuth subsalicylate chew 262 mg</i>	F	
<i>bismuth subsalicylate susp 525 mg/15ml</i>	F	
<i>bismuth subsalicylate tabs 262 mg</i>	F	
CHILDRENS PROBIOTIC PEARLS CAPS	F	RX/OTC
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	F	RX/OTC
CULTURELLE PRO-WELL CAPS	F	RX/OTC
CVS ADULT 50+ PROBIOTIC CAPS	F	RX/OTC
CVS ADULT PROBIOTIC CAPS	F	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	F	RX/OTC
CVS PROBIOTIC CAPS	F	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	F	RX/OTC
CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	F	RX/OTC
CVS SENIOR PROBIOTIC CAPS	F	RX/OTC
DAILY PROBIOTIC CAPS	F	RX/OTC
DIFF-STAT CAPS	F	RX/OTC
DIGESTIVE ADVANTAGE CAPS	F	RX/OTC
DIGESTIVE ADVANTAGE LACTOSE DEFENSE FORMULA CAPS	F	RX/OTC
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	F	RX/OTC
EQL ACIDOPHILUS EXTRA STRENGTH CAPS	F	RX/OTC
EQL DAILY PROBIOTIC CAPS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC
FLORA VANCE CAPS	F	RX/OTC
FLORA-Q 2 CAPS	F	RX/OTC
FLORA-Q CAPS	F	RX/OTC
FLORAJEN ACIDOPHILUS CAPS	F	
FLORAJEN BIFIDOBLEND CAPS	F	RX/OTC
FLORAJEN3 CAPS	F	RX/OTC
FLORAJEN4KIDS CAPS	F	RX/OTC
FORTIFY DAILY PROBIOTIC CAPS	F	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	F	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC
HM ACIDOPHILUS CAPS	F	RX/OTC
LACTO-PECTIN CAPS	F	RX/OTC
<i>lactobacillus caps</i>	F	
<i>lactobacillus tabs</i>	F	
MEGA PROBIOTIC CAPS	F	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	F	RX/OTC
NATRUL PROBIOTIC CAPS	F	RX/OTC
PEARLS IC CAPS	F	RX/OTC
PEPTO BISMOL TABS (Use Bismuth Subsalicylate)	***	
PEPTO-BISMOL CHEW 262 MG (Use Bismuth Subsalicylate)	***	
PEPTO-BISMOL INSTACOOOL CHEW (Use Bismuth Subsalicylate)	***	

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Drug Name	Drug Tier	Requirements/ Limits
PEPTO-BISMOL MAX STRENGTH SUSP ( <i>Use Bismuth Subsalicylate</i> )	***	
PEPTO-BISMOL TO-GO CHEW ( <i>Use Bismuth Subsalicylate</i> )	***	
PHILLIPS COLON HEALTH CAPS	F	RX/OTC
PREORBOTIC CAPS	F	RX/OTC
PRO-BIOTIC BLEND CAPS	F	RX/OTC
PRO-FLORA IMMUNE CAPS	F	RX/OTC
PROBIOMAX DAILY DF CAPS	F	RX/OTC
PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	F	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	F	RX/OTC
PROBIOTIC ACIDOPHILUS BEADS CAPS	F	RX/OTC
PROBIOTIC ACIDOPHILUS CAPS	F	RX/OTC
PROBIOTIC ADVANCED ULTRAPOTENCY CAPS	F	RX/OTC
PROBIOTIC CAPS	F	
PROBIOTIC CAPS	F	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC
PROBIOTIC COMPLEX/ACIDOPHILUS CAPS	F	RX/OTC
PROBIOTIC DAILY CAPS	F	RX/OTC
PROBIOTIC GOLD EXTRA STRENGTH CAPS	F	
PROBIOTIC MATURE ADULT CAPS	F	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	F	RX/OTC
PROBIOTIC PEARLS CAPS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PROBIOTIC-10 CAPS	F	RX/OTC
PROBIOTIC-10 ULTIMATE CAPS	F	RX/OTC
PRODIGEN CAPS	F	RX/OTC
RA PROBIOTIC COLON CARE CAPS	F	RX/OTC
RA PROBIOTIC COMPLEX CAPS	F	RX/OTC
REPHRESH PRO-B CAPS	F	
RESTORA CAPS	F	RX/OTC
RISAQUAD CAPS	F	RX/OTC
RISAQUAD-2 CAPS	F	RX/OTC
SM ACIDOPHILUS PEARLS CAPS	F	RX/OTC
SUPER PROBIOTIC CAPS	F	RX/OTC
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	F	RX/OTC
TRUBIOTICS CAPS	F	RX/OTC
TRUNATURE DIGESTIVE PROBIOTIC CAPS	F	RX/OTC
ULTRAFLOA IMMUNE HEALTH CAPS	F	RX/OTC
VISBIOME PROBIOTIC HIGH POTENCY CAPS	F	RX/OTC
VSL#3 CAPS	F	RX/OTC
<b>Antidiarrheal Combinations</b>		
ACIDOPHILUS PLUS PECTIN TABS	F	
ACIDOPHILUS/CITRUS PECTIN TABS	F	
IMODIUM MULTI-SYMPTOM RELIEF TABS	F	
KALA TABS	F	
<i>loperamide-simethicone tabs</i>	F	
<b>Antiperistaltic Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine tabs</i>	F	
DIPHENOXYLATE/ATROPINE LIQD	F	
IMODIUM A-D CAPS 2 MG (Use Loperamide HCl)	***	RX/OTC
IMODIUM A-D LIQD 1 MG/7.5ML (Use Loperamide HCl)	***	
IMODIUM A-D TABS 2 MG (Use Loperamide HCl)	***	QL(2 ea daily)
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	***	
<i>loperamide hcl caps 2 mg</i>	F	RX/OTC
<i>loperamide hcl liqd 1 mg/5ml, 1 mg/7.5ml</i>	F	
<i>loperamide hcl susp 1 mg/7.5ml</i>	F	
<i>loperamide hcl tabs 2 mg</i>	F	QL(2 ea daily)
MOTOFEN TABS	F	PA
<i>opium tincture tinc</i>	F	PA
PAREGORIC TINC	F	PA
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS	F	
EXJADE TBSO	F	PA; SP
FERRIPROX TABS	F	PA; SP
JADENU TABS	F	PA; SP
<b>Antidotes and Specific Antagonists</b>		
SM IPECAC SYRUP SYRP	F	
VISTOGARD PACK	F	
<b>Opioid Antagonists</b>		
EVZIO SOAJ	F	PA

Drug Name	Drug Tier	Requirements/Limits
NALOXONE HCL SOCT 0.4 MG/ML	F	
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	F	
NALOXONE HCL SOSY 2 MG/2ML	F	
<i>naltrexone hcl tabs</i>	F	
NARCAN LIQD	F	
VIVITROL SUSR	F	SP
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
ANZEMET TABS	F	PA
<i>granisetron hcl tabs</i>	F	PA
<i>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</i>	F	
<i>ondansetron hcl soln or 4 mg/5ml</i>	F	
<i>ondansetron hcl tabs or 24 mg</i>	F	
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	F	QL(2 ea daily)
<i>ondansetron tbdp</i>	F	QL(2 ea daily)
SANCUSO PTCH	F	PA
ZOFRAN ODT TBDP (Use Ondansetron)	***	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	***	
ZOFRAN TABS 4 MG, 8 MG (Use Ondansetron HCl)	***	QL(2 ea daily)
ZUPLENZ FILM	F	PA
<b>Antiemetics - Anticholinergic</b>		
<i>dimenhydrinate tabs</i>	F	QL(24 ea per fill retail)
DRAMAMINE CHEW	F	QL(24 ea per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
DRAMAMINE TABS ( <i>Use Dimenhydrinate</i> )	***	QL(24 ea per fill retail)
<i>meclizine hcl chew 25 mg</i>	F	
<i>meclizine hcl tabs 25 mg, 12.5 mg</i>	F	RX/OTC
<i>scopolamine pt72</i>	F	PA
TIGAN CAPS ( <i>Use Trimethobenzamide HCl</i> )	***	
TRANSDERM-SCOP PT72	F	PA
TRANSDERM-SCOP PT72 ( <i>Use Scopolamine</i> )	***	PA
<i>trimethobenzamide hcl caps</i>	F	
<b>Antiemetics - Miscellaneous</b>		
CESAMET CAPS	F	PA
DICLEGIS TBEC	F	PA
<i>dronabinol caps</i>	F	
EMETROL SOLN ( <i>Use Fructose-Dextrose-Phosphoric Acid</i> )	***	
<i>fructose-dextrose-phosphoric acid liqd</i>	F	
<i>fructose-dextrose-phosphoric acid soln</i>	F	
MARINOL CAPS ( <i>Use Dronabinol</i> )	***	
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<i>aprepitant caps</i>	F	PA
EMEND CAPS ( <i>Use Aprepitant</i> )	***	PA
EMEND TRIPACK CAPS ( <i>Use Aprepitant</i> )	***	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
ANCOBON CAPS ( <i>Use Flucytosine</i> )	***	PA
<i>flucytosine caps</i>	F	PA

Drug Name	Drug Tier	Requirements/Limits
GRIS-PEG TABS ( <i>Use Griseofulvin Ultramicrosize</i> )	***	
<i>griseofulvin microsize susp</i>	F	
<i>griseofulvin microsize tabs</i>	F	
<i>griseofulvin ultramicrosize tabs</i>	F	
LAMISIL PACK 125 MG, 187.5 MG	F	PA
LAMISIL TABS 250 MG ( <i>Use Terbinafine HCl</i> )	***	QL(1 ea daily)
<i>nystatin tabs</i>	F	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	F	QL(1 ea daily)
<b>Imidazole-Related Antifungals</b>		
DIFLUCAN SUSR 10 MG/ML ( <i>Use Fluconazole</i> )	***	QL(70 ml per fill retail)
DIFLUCAN SUSR 40 MG/ML ( <i>Use Fluconazole</i> )	***	
DIFLUCAN TABS 150 MG ( <i>Use Fluconazole</i> )	***	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG, 100 MG, 200 MG ( <i>Use Fluconazole</i> )	***	
<i>fluconazole susr 10 mg/ml</i>	F	QL(70 ml per fill retail)
<i>fluconazole susr 40 mg/ml</i>	F	
<i>fluconazole tabs 150 mg</i>	F	QL(2 ea per fill retail)
<i>fluconazole tabs 50 mg, 100 mg, 200 mg</i>	F	
<i>itraconazole caps</i>	F	PA
<i>ketoconazole tabs</i>	F	QL(1 ea daily)
NOXAFIL SUSP	F	PA
NOXAFIL TBEC	F	PA
ONMEL TABS	F	PA
SPORANOX CAPS 100 MG ( <i>Use Itraconazole</i> )	***	PA

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Drug Name	Drug Tier	Requirements/Limits
SPORANOX PULSEPAK CAPS (Use Itraconazole)	***	PA
SPORANOX SOLN 10 MG/ML	F	PA
VFEND SUSR (Use Voriconazole)	***	PA
VFEND TABS (Use Voriconazole)	***	PA
voriconazole susr	F	PA
voriconazole tabs	F	PA

### ANTIHISTAMINES - Drugs to Treat Allergies

#### Antihistamines - Alkylamines

CHLOR-TRIMETON ALLERGY TBCR (Use Chlorpheniramine Maleate)	***	
CHLOR-TRIMETON SYRP 2 MG/5ML (Use Chlorpheniramine Maleate)	***	
CHLOR-TRIMETON TABS 4 MG (Use Chlorpheniramine Maleate)	***	QL(120 ea per fill retail)
chlorpheniramine maleate syrup 2 mg/5ml	F	
chlorpheniramine maleate tabs 4 mg	F	QL(120 ea per fill retail)
chlorpheniramine maleate tbcr 12 mg	F	
ED CHLORPED LIQD	F	

#### Antihistamines - Ethanolamines

ALER-DRYL TABS	F	QL(4 ea daily)
BENADRYL ALLERGY CAPS (Use Diphenhydramine HCl)	***	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS CHEW 12.5 MG	F	
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (Use Diphenhydramine HCl)	***	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
BENADRYL ALLERGY TABS (Use Diphenhydramine HCl)	***	QL(4 ea daily)
carbinoxamine maleate tabs	F	PA
clemastine fumarate tabs 1.34 mg	F	QL(2 ea daily)
clemastine fumarate tabs 2.68 mg	F	
CLEMASTINE FUMARATE TABS 2.68 MG	F	
diphenhydramine hcl caps 25 mg	F	QL(4 ea daily)
diphenhydramine hcl caps 50 mg	F	QL(4 ea daily); RX/OTC
diphenhydramine hcl chew 12.5 mg	F	
diphenhydramine hcl elix 12.5 mg/5ml	F	QL(240 ml per fill retail); RX/OTC
diphenhydramine hcl liqd 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml	F	QL(240 ml per fill retail)
diphenhydramine hcl syrup 12.5 mg/5ml	F	QL(240 ml per fill retail)
diphenhydramine hcl tabs 25 mg	F	QL(4 ea daily)
SILPHEN COUGH SYRP	F	QL(240 ml per fill retail)
TAVIST ALLERGY TABS (Use Clemastine Fumarate)	***	QL(2 ea daily)

#### Antihistamines - Non-Sedating

ALLEGRA ALLERGY CHILDRENS SUSP (Use Fexofenadine HCl)	***	
ALLEGRA ALLERGY TABS (Use Fexofenadine HCl)	***	
cetirizine hcl caps 10 mg	F	
cetirizine hcl chew 5 mg, 10 mg	F	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	F	QL(240 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl syrp 1 mg/ml, 5 mg/5ml</i>	F	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	F	QL(1 ea daily)
CLARINEX SYRP 0.5 MG/ML	F	PA
CLARINEX TABS 5 MG (Use Desloratadine)	***	PA
CLARITIN ALLERGY CHILDRENS SYRP (Use Loratadine)	***	QL(240 ml per fill retail)
CLARITIN CAPS 10 MG (Use Loratadine)	***	
CLARITIN CHEW 5 MG	F	
CLARITIN CHILDRENS CHEW	F	
CLARITIN REDITABS TBDP 10 MG (Use Loratadine)	***	QL(1 ea daily)
CLARITIN REDITABS TBDP 5 MG	F	PA
CLARITIN SYRP 5 MG/5ML (Use Loratadine)	***	QL(240 ml per fill retail)
CLARITIN TABS 10 MG (Use Loratadine)	***	QL(1 ea daily)
DESLORATADINE ODT TBDP	F	PA
<i>desloratadine tabs</i>	F	PA
<i>fexofenadine hcl susp</i>	F	
<i>fexofenadine hcl tabs</i>	F	
<i>levocetirizine dihydrochloride tabs</i>	F	PA; RX/OTC
<i>loratadine caps 10 mg</i>	F	
<i>loratadine soln 5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>loratadine syrp 5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>loratadine tabs 10 mg</i>	F	QL(1 ea daily)
<i>loratadine tbdp 10 mg</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	***	PA; RX/OTC
XYZAL TABS (Use Levocetirizine Dihydrochloride)	***	PA; RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	***	
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	***	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SYRP (Use Cetirizine HCl)	***	QL(240 ml per fill retail); RX/OTC
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	F	AL; At least 2 yrs old
<i>promethazine hcl supp re 25 mg, 50 mg, 12.5 mg</i>	F	QL(12 ea per fill retail); AL; At least 2 yrs old
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	F	AL; At least 2 yrs old
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	F	AL; At least 2 yrs old
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrp</i>	F	
<i>cyproheptadine hcl tabs</i>	F	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin tabs</i>	F	PA
VYTORIN TABS (Use Ezetimibe-Simvastatin)	***	PA
<b>Antihyperlipidemics - Misc.</b>		
KYNAMRO SOSY	F	PA; SP
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	***	PA
<i>omega-3-acid ethyl esters caps</i>	F	PA
VASCEPA CAPS	F	PA
<b>Bile Acid Sequestrants</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light pack</i>	F	
<i>cholestyramine light powd</i>	F	
<i>cholestyramine pack</i>	F	
<i>cholestyramine powd</i>	F	
COLESTID FLAVORED GRAN (Use Colestipol HCl)	***	PA;
COLESTID FLAVORED PACK (Use Colestipol HCl)	***	PA;
COLESTID GRAN 5 GM (Use Colestipol HCl)	***	PA;
COLESTID PACK 5 GM (Use Colestipol HCl)	***	PA;
COLESTID TABS 1 GM (Use Colestipol HCl)	***	
<i>colestipol hcl gran 5 gm</i>	F	PA;
<i>colestipol hcl pack 5 gm</i>	F	PA;
<i>colestipol hcl tabs 1 gm</i>	F	
QUESTRAN LIGHT POWD (Use Cholestyramine Light)	***	
QUESTRAN PACK (Use Cholestyramine)	***	
QUESTRAN POWD (Use Cholestyramine)	***	
WELCHOL PACK	F	PA
WELCHOL TABS	F	PA
<b>Fibric Acid Derivatives</b>		
ANTARA CAPS	F	PA
<i>choline fenofibrate cpdr</i>	F	PA
FENOFIBRATE CAPS 50 MG, 150 MG	F	PA;
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	F	QL(1 ea daily)
<i>fenofibrate micronized caps 43 mg, 130 mg</i>	F	PA
<i>fenofibrate micronized caps 67 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate tabs 160 mg</i>	F	QL(1 ea daily)
<i>fenofibrate tabs 48 mg, 145 mg</i>	F	PA;
<i>fenofibrate tabs 54 mg</i>	F	QL(3 ea daily)
FENOFIBRIC ACID TABS	F	PA
FIBRICOR TABS	F	PA
<i>gemfibrozil tabs</i>	F	QL(2 ea daily)
LIPOFEN CAPS	F	PA;
LOFIBRA CAPS 134 MG, 200 MG (Use Fenofibrate Micronized)	***	QL(1 ea daily)
LOFIBRA CAPS 67 MG (Use Fenofibrate Micronized)	***	QL(2 ea daily)
LOFIBRA TABS 160 MG (Use Fenofibrate)	***	QL(1 ea daily)
LOFIBRA TABS 54 MG (Use Fenofibrate)	***	QL(3 ea daily)
LOPID TABS (Use Gemfibrozil)	***	QL(2 ea daily)
TRICOR TABS (Use Fenofibrate)	***	PA;
TRIGLIDE TABS	F	QL(1 ea daily)
TRILIPIX CPDR (Use Choline Fenofibrate)	***	PA
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24	F	PA;
<i>atorvastatin calcium tabs 10 mg, 20 mg</i>	F	ST;
<i>atorvastatin calcium tabs 40 mg, 80 mg</i>	F	ST; QL(1 ea daily)
CRESTOR TABS 20 MG (Use Rosuvastatin Calcium)	***	PA;
CRESTOR TABS 5 MG, 10 MG, 40 MG (Use Rosuvastatin Calcium)	***	PA
<i>fluvastatin sodium caps</i>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluvastatin sodium tb24</i>	F	PA
LESCOL XL TB24 ( <i>Use Fluvastatin Sodium</i> )	***	PA
LIPITOR TABS 10 MG, 20 MG ( <i>Use Atorvastatin Calcium</i> )	***	ST;
LIPITOR TABS 40 MG, 80 MG ( <i>Use Atorvastatin Calcium</i> )	***	ST; QL(1 ea daily)
LIVALO TABS	F	PA
<i>lovastatin tabs 10 mg, 20 mg</i>	F	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	F	QL(2 ea daily)
MEVACOR TABS ( <i>Use Lovastatin</i> )	***	QL(2 ea daily)
PRAVACHOL TABS ( <i>Use Pravastatin Sodium</i> )	***	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	F	QL(1 ea daily)
<i>rosuvastatin calcium tabs 20 mg</i>	F	PA;
<i>rosuvastatin calcium tabs 5 mg, 10 mg, 40 mg</i>	F	PA
<i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</i>	F	QL(1 ea daily)
<i>simvastatin tabs 80 mg</i>	F	PA; QL(1 ea daily)
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG ( <i>Use Simvastatin</i> )	***	QL(1 ea daily)
ZOCOR TABS 80 MG ( <i>Use Simvastatin</i> )	***	PA; QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	F	PA
ZETIA TABS ( <i>Use Ezetimibe</i> )	***	PA
<b>Microsomal Triglyceride Transfer Protein (MTP)</b>		
JUXTAPID CAPS	F	PA; SP
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
NIACOR TABS	F	
NIASPAN TBCR ( <i>Use Niacin (Antihyperlipidemic)</i> )	***	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL TABS ( <i>Use Quinapril HCl</i> )	***	
ACEON TABS ( <i>Use Perindopril Erbumine</i> )	***	
ALTACE CAPS ( <i>Use Ramipril</i> )	***	QL(2 ea daily)
<i>benazepril hcl tabs 40 mg</i>	F	QL(2 ea daily)
<i>benazepril hcl tabs 5 mg, 10 mg, 20 mg</i>	F	QL(1 ea daily)
<i>captopril tabs</i>	F	QL(3 ea daily)
<i>enalapril maleate tabs</i>	F	QL(2 ea daily)
EPANED SOLN	F	
EPANED SOLR	F	
<i>fosinopril sodium tabs</i>	F	QL(1 ea daily)
<i>lisinopril tabs</i>	F	
LOTENSIN TABS 20 MG ( <i>Use Benazepril HCl</i> )	***	QL(1 ea daily)
LOTENSIN TABS 40 MG ( <i>Use Benazepril HCl</i> )	***	QL(2 ea daily)
MAVIK TABS ( <i>Use Trandolapril</i> )	***	QL(1 ea daily)
<i>moexipril hcl tabs</i>	F	
<i>perindopril erbumine tabs</i>	F	
PRINIVIL TABS ( <i>Use Lisinopril</i> )	***	
<i>quinapril hcl tabs</i>	F	
<i>ramipril caps</i>	F	QL(2 ea daily)
<i>trandolapril tabs 1 mg, 2 mg</i>	F	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tabs 4 mg</i>	F	QL(2 ea daily)
VASOTEC TABS ( <i>Use Enalapril Maleate</i> )	***	QL(2 ea daily)
ZESTRIL TABS ( <i>Use Lisinopril</i> )	***	
<b>Agents for Pheochromocytoma</b>		
DEMSER CAPS	F	PA; SP
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS ( <i>Use Candesartan Cilexetil</i> )	***	PA
AVAPRO TABS ( <i>Use Irbesartan</i> )	***	QL(1 ea daily)
BENICAR TABS ( <i>Use Olmesartan Medoxomil</i> )	***	ST
<i>candesartan cilexetil tabs</i>	F	PA
COZAAR TABS ( <i>Use Losartan Potassium</i> )	***	QL(1 ea daily)
DIOVAN TABS ( <i>Use Valsartan</i> )	***	QL(1 ea daily)
EPROSARTAN MESYLATE TABS	F	PA
<i>irbesartan tabs</i>	F	QL(1 ea daily)
<i>losartan potassium tabs</i>	F	QL(1 ea daily)
MICARDIS TABS ( <i>Use Telmisartan</i> )	***	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	F	ST
<i>telmisartan tabs</i>	F	QL(1 ea daily)
<i>valsartan tabs</i>	F	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		
CARDURA TABS ( <i>Use Doxazosin Mesylate</i> )	***	
CATAPRES TABS ( <i>Use Clonidine HCl</i> )	***	
CATAPRES-TTS-1 PTWK ( <i>Use Clonidine HCl</i> )	***	PA;
CATAPRES-TTS-2 PTWK ( <i>Use Clonidine HCl</i> )	***	PA;

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-3 PTWK ( <i>Use Clonidine HCl</i> )	***	PA;
<i>clonidine hcl ptwk td 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	F	PA;
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg</i>	F	
<i>doxazosin mesylate tabs</i>	F	
<i>guanfacine hcl tabs</i>	F	
<i>methyldopa tabs</i>	F	
MINIPRESS CAPS ( <i>Use Prazosin HCl</i> )	***	
<i>prazosin hcl caps</i>	F	
RESERPINE TABS	F	
TENEX TABS ( <i>Use Guanfacine HCl</i> )	***	
<i>terazosin hcl caps</i>	F	
<b>Antihypertensive Combinations</b>		
ACCURETIC TABS ( <i>Use Quinapril-Hydrochlorothiazide</i> )	***	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	F	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	F	PA
<i>amlodipine besylate-valsartan tabs</i>	F	ST
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	F	ST
ATACAND HCT TABS ( <i>Use Candesartan Cilexetil-Hydrochlorothiazide</i> )	***	PA
<i>atenolol &amp; chlorthalidone tabs</i>	F	QL(2 ea daily)
AVALIDE TABS ( <i>Use Irbesartan-Hydrochlorothiazide</i> )	***	QL(1 ea daily)
AZOR TABS ( <i>Use Amlodipine Besylate-Olmesartan Medoxomil</i> )	***	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril &amp; hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
BENICAR HCT TABS ( <i>Use Olmesartan Medoxomil-Hydrochlorothiazide</i> )	***	ST
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	F	PA
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS 25MG-15MG, 25MG-25MG, 50MG-15MG	F	QL(2 ea daily)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS 50MG-25MG	F	QL(3 ea daily)
CLORPRES TABS	F	PA
CORZIDE TABS ( <i>Use Nadolol &amp; Bendroflumethiazide</i> )	***	
DIOVAN HCT TABS ( <i>Use Valsartan-Hydrochlorothiazide</i> )	***	QL(1 ea daily)
DUTOPROL TB24	F	QL(1 ea daily)
EDARBYCLOR TABS	F	PA
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	F	QL(2 ea daily)
EXFORGE HCT TABS ( <i>Use Amlodipine-Valsartan-Hydrochlorothiazide</i> )	***	ST
EXFORGE TABS ( <i>Use Amlodipine Besylate-Valsartan</i> )	***	ST
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
HYZAAR TABS ( <i>Use Losartan Potassium &amp; Hydrochlorothiazide</i> )	***	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
<i>lisinopril &amp; hydrochlorothiazide tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR HCT TABS ( <i>Use Metoprolol &amp; Hydrochlorothiazide</i> )	***	QL(2 ea daily)
<i>losartan potassium &amp; hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
LOTENSIN HCT TABS ( <i>Use Benazepril &amp; Hydrochlorothiazide</i> )	***	QL(1 ea daily)
LOTREL CAPS ( <i>Use Amlodipine Besylate-Benazepril HCl</i> )	***	QL(1 ea daily)
METHYLDOPA/HYDROCHLOROTHIAZIDE TABS	F	
<i>metoprolol &amp; hydrochlorothiazide tabs 100mg-50mg</i>	F	QL(1 ea daily)
<i>metoprolol &amp; hydrochlorothiazide tabs 50mg-25mg, 100mg-25mg</i>	F	QL(2 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	F	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	F	QL(1 ea daily)
MICARDIS HCT TABS ( <i>Use Telmisartan-Hydrochlorothiazide</i> )	***	QL(1 ea daily)
<i>moexipril-hydrochlorothiazide tabs</i>	F	QL(2 ea daily)
<i>nadolol &amp; bendroflumethiazide tabs</i>	F	
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	F	ST
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	F	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide tabs</i>	F	QL(2 ea daily)
TARKA TBCR ( <i>Use Trandolapril-Verapamil HCl</i> )	***	
TEKTURNA HCT TABS	F	PA
<i>telmisartan-amlodipine tabs</i>	F	
<i>telmisartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	***	QL(2 ea daily)
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	***	QL(2 ea daily)
<i>trandolapril-verapamil hcl tbc</i>	F	
TWYNSTA TABS (Use Telmisartan-Amlodipine)	***	
<i>valsartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	***	QL(2 ea daily)
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	***	
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	***	QL(1 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL TABS	F	PA; SP
<b>Direct Renin Inhibitors</b>		
TEKTURNA TABS	F	PA
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	F	
INSPIRA TABS (Use Eplerenone)	***	
<b>Vasodilators</b>		
<i>hydralazine hcl tabs</i>	F	
<i>minoxidil tabs 10 mg</i>	F	QL(10 ea daily)
<i>minoxidil tabs 2.5 mg</i>	F	QL(3 ea daily)
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tabs</i>	F	PA
COARTEM TABS	F	QL(24 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
MALARONE TABS (Use Atovaquone-Proguanil HCl)	***	PA
<b>Antimalarials</b>		
CHLOROQUINE PHOSPHATE TABS 250 MG	F	
<i>chloroquine phosphate tabs 500 mg</i>	F	QL(1 ea daily)
DARAPRIM TABS	F	PA; SP
<i>hydroxychloroquine sulfate tabs</i>	F	
MEFLOQUINE HCL TABS	F	
<i>mefloquine hcl tabs</i>	F	
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	***	
PRIMAQUINE PHOSPHATE TABS	F	
QUALAQUIN CAPS (Use Quinine Sulfate)	***	
<i>quinine sulfate caps</i>	F	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
GUANIDINE HCL TABS	F	PA
MESTINON SYRP 60 MG/5ML	F	
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	***	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	***	
<i>pyridostigmine bromide tabs</i>	F	
<i>pyridostigmine bromide tbc</i>	F	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		

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Drug Name	Drug Tier	Requirements/Limits
RIFAMATE CAPS	F	PA
RIFATER TABS	F	PA
<b>Antimycobacterial Agents</b>		
CYCLOSERINE CAPS	F	PA
<i>ethambutol hcl tabs</i>	F	
ISONIAZID SYRP 50 MG/5ML	F	
<i>isoniazid tabs 100 mg, 300 mg</i>	F	
MYAMBUTOL TABS (Use <i>Ethambutol HCl</i> )	***	
MYCOBUTIN CAPS (Use <i>Rifabutin</i> )	***	
PASER PACK	F	PA
PRIFTIN TABS	F	PA
<i>pyrazinamide tabs</i>	F	
<i>rifabutin caps</i>	F	
RIFADIN CAPS (Use <i>Rifampin</i> )	***	
<i>rifampin caps</i>	F	
SIRTURO TABS	F	PA
TRECTOR TABS	F	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN TABS (Use <i>Melphalan</i> )	***	
CYCLOPHOSPHAMIDE CAPS	F	
GLEOSTINE CAPS	F	
HEXALEN CAPS	F	PA
LEUKERAN TABS	F	

Drug Name	Drug Tier	Requirements/Limits
<i>melphalan tabs</i>	F	
MYLERAN TABS	F	
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use <i>Temozolomide</i> )	***	PA; SP
TEMODAR SOLR IV 100 MG	F	PA; SP
<i>temozolomide caps</i>	F	PA; SP
<b>Antimetabolites</b>		
<i>capecitabine tabs</i>	F	PA; SP
<i>mercaptopurine tabs</i>	F	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 100 mg/4ml, 200 mg/8ml, 250 mg/10ml</i>	F	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	F	
<i>methotrexate sodium tabs or 2.5 mg</i>	F	
PURIXAN SUSP	F	
TABLOID TABS	F	PA; SP
TREXALL TABS	F	
XELODA TABS (Use <i>Capecitabine</i> )	***	PA; SP
<b>Antineoplastic - Antibodies</b>		
ADCETRIS SOLR	F	PA; SP
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
ERIVEDGE CAPS	F	PA; SP
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>anastrozole tabs</i>	F	
ARIMIDEX TABS (Use <i>Anastrozole</i> )	***	
AROMASIN TABS (Use <i>Exemestane</i> )	***	ST; SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>bicalutamide tabs</i>	F	QL(1 ea daily)
CASODEX TABS ( <i>Use Bicalutamide</i> )	***	QL(1 ea daily)
EMCYT CAPS	F	PA; SP
<i>exemestane tabs</i>	F	ST; SP
FARESTON TABS	F	PA
FEMARA TABS ( <i>Use Letrozole</i> )	***	PA
<i>flutamide caps</i>	F	
HYDROXYPROGESTERONE CAPROATE SOLN IM	F	PA; QL(41.67 ml daily); AL; At least 16 yrs old; SP
<i>letrozole tabs</i>	F	PA
LYSODREN TABS	F	SP
MEGACE ORAL SUSP ( <i>Use Megestrol Acetate</i> )	***	
<i>megestrol acetate susp</i>	F	
<i>megestrol acetate tabs</i>	F	
NILANDRON TABS ( <i>Use Nilutamide</i> )	***	PA
<i>nilutamide tabs</i>	F	PA
<i>tamoxifen citrate tabs</i>	F	
XTANDI CAPS	F	PA; SP
ZYTIGA TABS	F	PA; SP
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS	F	PA; SP
<b>Antineoplastic Combinations</b>		
RITUXAN HYCELA SOLN	F	PA; SP
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR DISPERZ TBSO	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
AFINITOR TABS	F	PA; SP
BORTEZOMIB SOLR	F	PA; SP
BOSULIF TABS	F	PA; SP
CALQUENCE CAPS	F	PA; SP
CAPRELSA TABS	F	PA; SP
COMETRIQ KIT	F	PA; SP
COTELLIC TABS	F	PA; SP
GILOTRIF TABS	F	PA; SP
GLEEVEC TABS ( <i>Use Imatinib Mesylate</i> )	***	PA; SP
IBRANCE CAPS	F	PA; SP
ICLUSIG TABS	F	PA; SP
IDHIFA TABS	F	PA; SP
<i>imatinib mesylate tabs</i>	F	PA; SP
IMBRUVICA CAPS	F	PA; SP
INLYTA TABS	F	PA; SP
JAKAFI TABS	F	PA; SP
LYNPARZA TABS	F	PA; SP
MEKINIST TABS	F	PA; SP
NEXAVAR TABS	F	PA; SP
NINLARO CAPS	F	PA; SP
SPRYCEL TABS	F	PA; SP
STIVARGA TABS	F	PA; SP
SUTENT CAPS	F	PA; SP
TAFINLAR CAPS	F	PA; SP
TARCEVA TABS	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS	F	PA; SP
TYKERB TABS	F	PA; SP
VERZENIO TABS	F	PA; SP
VOTRIENT TABS	F	PA; SP
ZELBORAF TABS	F	PA; SP
ZOLINZA CAPS	F	PA; SP
ZYDELIG TABS	F	PA; SP
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN	F	PA; SP
<i>bexarotene caps</i>	F	PA; SP
HYDREA CAPS ( <i>Use Hydroxyurea</i> )	***	
<i>hydroxyurea caps</i>	F	
INTRON A SOLN	F	PA; SP
INTRON A SOLR	F	PA; SP
INTRON A W/DILUENT SOLR	F	PA; SP
MATULANE CAPS	F	PA; SP
PROLEUKIN SOLR	F	PA; SP
SYLATRON KIT	F	PA; SP
TARGRETIN CAPS ( <i>Use Bexarotene</i> )	***	PA; SP
<i>tretinoin (chemotherapy) caps</i>	F	PA; SP
TRISENOX SOLN	F	PA; SP
<b>Chemotherapy Rescue/Antidote Agents</b>		
LEUCOVORIN CALCIUM TABS 10 MG, 15 MG	F	
<i>leucovorin calcium tabs 5 mg, 25 mg</i>	F	
<b>Mitotic Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
ETOPOSIDE CAPS	F	SP
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN CAPS	F	PA; SP
<b>ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjuvants</b>		
<i>carbidopa tabs</i>	F	PA
LODOSYN TABS ( <i>Use Carbidopa</i> )	***	PA
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate tabs</i>	F	
<i>trihexyphenidyl hcl elix 0.4 mg/ml</i>	F	QL(16.7 ml daily)
<i>trihexyphenidyl hcl tabs 2 mg, 5 mg</i>	F	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN TABS ( <i>Use Entacapone</i> )	***	
<i>entacapone tabs</i>	F	
TASMAR TABS ( <i>Use Tolcapone</i> )	***	PA
<i>tolcapone tabs</i>	F	PA
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps 100 mg</i>	F	
<i>amantadine hcl syrp 50 mg/5ml</i>	F	
<i>amantadine hcl tabs 100 mg</i>	F	PA;
<i>bromocriptine mesylate caps</i>	F	
<i>bromocriptine mesylate tabs</i>	F	
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	F	
<i>carbidopa-levodopa tbcr 25mg-100mg, 50mg-200mg</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa tbdp 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	F	PA;
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	F	PA
MIRAPEX ER TB24 ( <i>Use Pramipexole Dihydrochloride</i> )	***	PA
MIRAPEX TABS ( <i>Use Pramipexole Dihydrochloride</i> )	***	QL(3 ea daily); AL; At least 18 yrs old
PARLODEL CAPS ( <i>Use Bromocriptine Mesylate</i> )	***	
PARLODEL TABS ( <i>Use Bromocriptine Mesylate</i> )	***	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	F	QL(3 ea daily); AL; At least 18 yrs old
<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 3 mg, 1.5 mg, 4.5 mg</i>	F	PA
REQUIP TABS 0.25 MG, 3 MG, 4 MG ( <i>Use Ropinirole Hydrochloride</i> )	***	QL(6 ea daily)
REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG ( <i>Use Ropinirole Hydrochloride</i> )	***	QL(3 ea daily)
REQUIP XL TB24 ( <i>Use Ropinirole Hydrochloride</i> )	***	PA
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg</i>	F	QL(6 ea daily)
<i>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg</i>	F	QL(3 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg, 8 mg, 12 mg</i>	F	PA
SINEMET CR TBCR ( <i>Use Carbidopa-Levodopa</i> )	***	
SINEMET TABS ( <i>Use Carbidopa-Levodopa</i> )	***	
STALEVO 100 TABS	F	PA
STALEVO 125 TABS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 150 TABS	F	PA
STALEVO 200 TABS	F	PA
STALEVO 50 TABS	F	PA
STALEVO 75 TABS	F	PA
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT TABS ( <i>Use Rasagiline Mesylate</i> )	***	PA
ELDEPRYL CAPS ( <i>Use Selegiline HCl</i> )	***	
<i>rasagiline mesylate tabs</i>	F	PA
<i>selegiline hcl caps</i>	F	
<i>selegiline hcl tabs</i>	F	
ZELAPAR TBDP	F	PA;
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i>	F	
LITHIUM CARBONATE CAPS 150 MG, 600 MG ( <i>Use Lithium Carbonate</i> )	F	
<i>lithium carbonate tabs 300 mg</i>	F	
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	F	
LITHIUM SOLN	F	
LITHOBID TBCR ( <i>Use Lithium Carbonate</i> )	F	
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12	F	PA
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG ( <i>Use Ziprasidone HCl</i> )	***	QL(2 ea daily); AL; At least 18 yrs old
LATUDA TABS 20 MG, 40 MG, 60 MG, 120 MG	F	PA; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
LATUDA TABS 80 MG	F	PA; QL(2 ea daily)
NUPLAZID TABS	F	PA; QL(2 ea daily)
VRAYLAR CAPS	F	PA
VRAYLAR CPPK	F	PA
<i>ziprasidone hcl caps</i>	F	QL(2 ea daily); AL; At least 18 yrs old
<b>Benzisoxazoles</b>		
FANAPT TABS	F	PA
FANAPT TITRATION PACK TABS	F	PA
INVEGA SUSTENNA SUSP	F	PA; SP
INVEGA TB24 ( <i>Use Paliperidone</i> )	***	PA
INVEGA TRINZA SUSP	F	PA; SP
<i>paliperidone tb24</i>	F	PA
RISPERDAL CONSTA SUSR	F	
RISPERDAL M-TAB TBDP ( <i>Use Risperidone</i> )	***	QL(2 ea daily); AL; At least 5 yrs old
RISPERDAL SOLN 1 MG/ML ( <i>Use Risperidone</i> )	***	QL(4 ml daily); AL; At least 5 yrs old
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>Use Risperidone</i> )	***	QL(4 ea daily); AL; At least 5 yrs old
RISPERIDONE ODT TBDP	F	
<i>risperidone soln 1 mg/ml</i>	F	QL(4 ml daily); AL; At least 5 yrs old
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	F	QL(4 ea daily); AL; At least 5 yrs old
<i>risperidone tbdp 0.25 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	F	QL(2 ea daily); AL; At least 5 yrs old
<b>Butyrophenones</b>		
HALDOL DECANOATE 100 SOLN ( <i>Use Haloperidol Decanoate</i> )	***	
HALDOL DECANOATE 50 SOLN ( <i>Use Haloperidol Decanoate</i> )	***	
<i>haloperidol decanoate soln</i>	F	
<i>haloperidol lactate conc</i>	F	
<i>haloperidol tabs 0.5 mg, 1 mg, 10 mg</i>	F	QL(3 ea daily)
<i>haloperidol tabs 2 mg, 5 mg, 20 mg</i>	F	
<b>Dibenzapines</b>		
CLOZAPINE ODT TBDP	F	PA
<i>clozapine tabs 100 mg</i>	F	QL(9 ea daily); AL; At least 18 yrs old
<i>clozapine tabs 25 mg, 50 mg, 200 mg</i>	F	QL(3 ea daily); AL; At least 18 yrs old
<i>clozapine tbdp 25 mg, 100 mg</i>	F	PA
CLOZARIL TABS 100 MG ( <i>Use Clozapine</i> )	***	QL(9 ea daily); AL; At least 18 yrs old
CLOZARIL TABS 25 MG ( <i>Use Clozapine</i> )	***	QL(3 ea daily); AL; At least 18 yrs old
FAZACLO TBDP 150 MG, 200 MG, 12.5 MG	F	PA
FAZACLO TBDP 25 MG, 100 MG ( <i>Use Clozapine</i> )	***	PA
<i>loxapine succinate caps 10 mg, 25 mg, 50 mg</i>	F	QL(4 ea daily)
<i>loxapine succinate caps 5 mg</i>	F	
<i>olanzapine tabs or 10 mg, 7.5 mg</i>	F	QL(2 ea daily); AL; At least 10 yrs old

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Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine tabs or 15 mg, 20 mg</i>	F	QL(1 ea daily); AL; At least 10 yrs old
<i>olanzapine tabs or 5 mg, 2.5 mg</i>	F	QL(4 ea daily); AL; At least 10 yrs old
<i>olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg</i>	F	PA; QL(1 ea daily)
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	F	QL(2 ea daily); AL; At least 10 yrs old
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	F	PA; QL(1 ea daily)
SAPHRIS SUBL 5 MG, 10 MG	F	PA
SEROQUEL TABS ( <i>Use Quetiapine Fumarate</i> )	***	QL(2 ea daily); AL; At least 10 yrs old
SEROQUEL XR TB24 ( <i>Use Quetiapine Fumarate</i> )	***	PA; QL(1 ea daily)
VERSACLOZ SUSP	F	PA
ZYPREXA RELPREVV SUSR	F	
ZYPREXA TABS OR 10 MG, 7.5 MG ( <i>Use Olanzapine</i> )	***	QL(2 ea daily); AL; At least 10 yrs old
ZYPREXA TABS OR 15 MG, 20 MG ( <i>Use Olanzapine</i> )	***	QL(1 ea daily); AL; At least 10 yrs old
ZYPREXA TABS OR 5 MG, 2.5 MG ( <i>Use Olanzapine</i> )	***	QL(4 ea daily); AL; At least 10 yrs old
ZYPREXA ZYDIS TBDP ( <i>Use Olanzapine</i> )	***	PA; QL(1 ea daily)
<b>Dihydroindolones</b>		
MOLINDONE HYDROCHLORIDE TABS	F	PA
<b>Phenothiazines</b>		
<i>chlorpromazine hcl tabs</i>	F	QL(3 ea daily)
<i>fluphenazine decanoate soln</i>	F	
FLUPHENAZINE HCL CONC OR 5 MG/ML	F	

Drug Name	Drug Tier	Requirements/ Limits
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	F	
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	F	
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	F	
<i>perphenazine tabs</i>	F	QL(4 ea daily)
<i>prochlorperazine maleate tabs</i>	F	
<i>prochlorperazine supp</i>	F	
<i>thioridazine hcl tabs</i>	F	QL(3 ea daily)
<i>trifluoperazine hcl tabs</i>	F	QL(3 ea daily)
<b>Quinolinone Derivatives</b>		
ABILIFY MAINTENA PRSY	F	SP
ABILIFY MAINTENA SRER	F	SP
ABILIFY TABS ( <i>Use Aripiprazole</i> )	***	PA; QL(1 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	F	PA;
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	F	PA; QL(1 ea daily)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	F	PA; AL; At least 6 yrs old
ARISTADA PRSY 441 MG/1.6ML, 662 MG/2.4ML	F	PA; SP
ARISTADA PRSY 882 MG/3.2ML, 1064 MG/3.9ML	F	PA; SP
REXULTI TABS	F	PA
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	F	QL(3 ea daily)
<b>ANTISEPTICS &amp; DISINFECTANTS - Drugs to Prevent Bacterial Skin Infections</b>		
<b>Antiseptics &amp; Disinfectants</b>		
<i>formaldehyde soln</i>	F	QL(90 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrogen peroxide soln</i>	F	
<b>Chlorine Antiseptics</b>		
<i>chlorhexidine gluconate liqd</i>	F	QL(946 ml per fill retail)
HIBICLENS LIQD ( <i>Use Chlorhexidine Gluconate</i> )	***	QL(946 ml per fill retail)
<b>Iodine Antiseptics</b>		
BETADINE SKIN CLEANSER SOLN ( <i>Use Povidone-Iodine</i> )	***	QL(15200 ml per fill retail)
BETADINE SOLN ( <i>Use Povidone-Iodine</i> )	***	QL(3800 ml per fill retail)
BETADINE SURGICAL SCRUB SOLN ( <i>Use Povidone-Iodine</i> )	***	QL(15200 ml per fill retail)
<i>povidone-iodine oint 10 %</i>	F	QL(200 gm per fill retail)
<i>povidone-iodine soln 10 %</i>	F	QL(3800 ml per fill retail)
<i>povidone-iodine soln 7.5 %</i>	F	QL(15200 ml per fill retail)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	F	QL(30 ml daily); SP
<i>abacavir sulfate tabs 300 mg</i>	F	QL(2 ea daily); SP
<i>abacavir sulfate-lamivudine tabs</i>	F	QL(1 ea daily); SP
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	F	QL(2 ea daily); SP
APTIVUS CAPS 250 MG	F	QL(4 ea daily); SP
APTIVUS SOLN 100 MG/ML	F	QL(10 ml daily); SP
<i>atazanavir sulfate caps</i>	F	QL(2 ea daily); SP
ATRIPLA TABS	F	SP
COMBIVIR TABS ( <i>Use Lamivudine-Zidovudine</i> )	***	QL(2 ea daily); SP
COMPLERA TABS	F	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
CRIXIVAN CAPS 200 MG	F	QL(9 ea daily); SP
CRIXIVAN CAPS 400 MG	F	QL(6 ea daily); SP
DESCOVY TABS	F	PA
<i>didanosine cpdr</i>	F	QL(1 ea daily); SP
EDURANT TABS	F	QL(1 ea daily); SP
<i>efavirenz caps 200 mg</i>	F	QL(1 ea daily); SP
<i>efavirenz caps 50 mg</i>	F	QL(2 ea daily); SP
<i>efavirenz tabs 600 mg</i>	F	QL(1 ea daily); SP
EMTRIVA CAPS 200 MG	F	QL(1 ea daily); SP
EMTRIVA SOLN 10 MG/ML	F	SP
EPIVIR SOLN 10 MG/ML ( <i>Use Lamivudine</i> )	***	QL(30 ml daily); SP
EPIVIR TABS 150 MG ( <i>Use Lamivudine</i> )	***	QL(2 ea daily); SP
EPIVIR TABS 300 MG ( <i>Use Lamivudine</i> )	***	QL(1 ea daily); SP
EPZICOM TABS ( <i>Use Abacavir Sulfate-Lamivudine</i> )	***	QL(1 ea daily); SP
EVOTAZ TABS	F	QL(1 ea daily); SP
<i>fosamprenavir calcium tabs</i>	F	QL(4 ea daily); SP
GENVOYA TABS	F	QL(1 ea daily); SP
INTELENCE TABS 200 MG	F	QL(2 ea daily); SP
INTELENCE TABS 25 MG, 100 MG	F	QL(4 ea daily); SP
INVIRASE CAPS 200 MG	F	QL(10 ea daily); SP
INVIRASE TABS 500 MG	F	QL(4 ea daily); SP
ISENTRESS CHEW 100 MG	F	QL(6 ea daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS CHEW 25 MG	F	QL(12 ea daily); SP
ISENTRESS PACK 100 MG	F	QL(2 ea daily); SP
ISENTRESS TABS 400 MG	F	QL(2 ea daily); SP
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	***	SP
KALETRA TABS 100MG-25MG	F	QL(4 ea daily); SP
KALETRA TABS 200MG-50MG	F	QL(6 ea daily); SP
<i>lamivudine soln 10 mg/ml</i>	F	QL(30 ml daily); SP
<i>lamivudine tabs 150 mg</i>	F	QL(2 ea daily); SP
<i>lamivudine tabs 300 mg</i>	F	QL(1 ea daily); SP
<i>lamivudine-zidovudine tabs</i>	F	QL(2 ea daily); SP
LEXIVA SUSP 50 MG/ML	F	QL(56 ml daily); SP
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	***	QL(4 ea daily); SP
<i>lopinavir-ritonavir soln</i>	F	SP
NEVIRAPINE SUSP 50 MG/5ML	F	QL(40 ml daily); SP
<i>nevirapine tabs 200 mg</i>	F	QL(2 ea daily); SP
<i>nevirapine tb24 100 mg</i>	F	QL(3 ea daily); SP
<i>nevirapine tb24 400 mg</i>	F	QL(1 ea daily); SP
NORVIR CAPS 100 MG	F	QL(12 ea daily); SP
NORVIR SOLN 80 MG/ML	F	QL(15 ml daily); SP
NORVIR TABS 100 MG	F	QL(12 ea daily); SP
ODEFSEY TABS	F	PA; SP
PREZCOBIX TABS	F	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA SUSP 100 MG/ML	F	QL(12 ml daily); SP
PREZISTA TABS 150 MG	F	QL(3 ea daily); SP
PREZISTA TABS 75 MG, 600 MG	F	QL(2 ea daily); SP
PREZISTA TABS 800 MG	F	QL(1 ea daily); SP
RESCRIPTOR TABS 100 MG	F	QL(12 ea daily); SP
RESCRIPTOR TABS 200 MG	F	QL(6 ea daily); SP
RETROVIR CAPS 100 MG (Use Zidovudine)	***	QL(6 ea daily); SP
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	***	QL(60 ml daily); SP
REYATAZ CAPS 150 MG, 200 MG, 300 MG (Use Atazanavir Sulfate)	***	QL(2 ea daily); SP
REYATAZ PACK 50 MG	F	QL(6 ea daily); SP
SELZENTRY TABS 150 MG	F	QL(2 ea daily); SP
SELZENTRY TABS 25 MG, 75 MG	F	QL 2 per day; QL(2 ea daily)
SELZENTRY TABS 300 MG	F	QL(4 ea daily); SP
<i>stavudine caps</i>	F	QL(2 ea daily); SP
STRIBILD TABS	F	PA; QL(1 ea daily); SP
SUSTIVA CAPS 200 MG (Use Efavirenz)	***	QL(1 ea daily); SP
SUSTIVA CAPS 50 MG (Use Efavirenz)	***	QL(2 ea daily); SP
SUSTIVA TABS 600 MG (Use Efavirenz)	***	QL(1 ea daily); SP
<i>tenofovir disoproxil fumarate tabs</i>	F	QL(1 ea daily); SP
TIVICAY TABS 50 MG	F	SP
TRIUMEQ TABS	F	QL(1 ea daily); AL; At least 18 yrs old; SP

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Drug Name	Drug Tier	Requirements/ Limits
TRIZIVIR TABS ( <i>Use Abacavir Sulfate-Lamivudine-Zidovudine</i> )	***	QL(2 ea daily); SP
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	F	PA; SP
TRUVADA TABS 300MG-200MG	F	QL(1 ea daily); SP
TYBOST TABS	F	QL(1 ea daily); AL; At least 18 yrs old; SP
VIDEX EC CPDR 125 MG	F	QL(1 ea daily); SP
VIDEX EC CPDR 200 MG, 250 MG, 400 MG ( <i>Use Didanosine</i> )	***	QL(1 ea daily); SP
VIDEXPEDIATRIC SOLR 2 GM	F	QL(20 ml daily); SP
VIDEXPEDIATRIC SOLR 4 GM	F	SP
VIRACEPT TABS 250 MG	F	QL(9 ea daily); SP
VIRACEPT TABS 625 MG	F	QL(4 ea daily); SP
VIRAMUNE SUSP 50 MG/5ML	F	QL(40 ml daily); SP
VIRAMUNE TABS 200 MG ( <i>Use Nevirapine</i> )	***	QL(2 ea daily); SP
VIRAMUNE XR TB24 100 MG ( <i>Use Nevirapine</i> )	***	QL(3 ea daily); SP
VIRAMUNE XR TB24 400 MG ( <i>Use Nevirapine</i> )	***	QL(1 ea daily); SP
VIREAD POWD 40 MG/GM	F	SP
VIREAD TABS 150 MG, 200 MG, 250 MG	F	QL(1 ea daily); SP
VIREAD TABS 300 MG ( <i>Use Tenofovir Disoproxil Fumarate</i> )	***	QL(1 ea daily); SP
VITEKTA TABS	F	QL(1 ea daily); AL; At least 18 yrs old; SP
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG ( <i>Use Stavudine</i> )	***	QL(2 ea daily); SP
ZERIT SOLR 1 MG/ML	F	QL(80 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
ZIAGEN SOLN 20 MG/ML ( <i>Use Abacavir Sulfate</i> )	***	QL(30 ml daily); SP
ZIAGEN TABS 300 MG ( <i>Use Abacavir Sulfate</i> )	***	QL(2 ea daily); SP
<i>zidovudine caps 100 mg</i>	F	QL(6 ea daily); SP
<i>zidovudine syrp 50 mg/5ml</i>	F	QL(60 ml daily); SP
<i>zidovudine tabs 300 mg</i>	F	QL(2 ea daily); SP
<b>CMV Agents</b>		
VALCYTE TABS ( <i>Use Valganciclovir HCl</i> )	***	QL(2 ea daily)
<i>valganciclovir hcl tabs</i>	F	QL(2 ea daily)
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil tabs</i>	F	PA
BARACLUDGE SOLN 0.05 MG/ML	F	PA
BARACLUDGE TABS 0.5 MG, 1 MG ( <i>Use Entecavir</i> )	***	PA
COPEGUS TABS ( <i>Use Ribavirin (Hepatitis C)</i> )	***	PA; SP
<i>entecavir tabs</i>	F	PA
EPCLUSA TABS	3	PA; QL(1 ea daily); SP
EPIVIR HBV SOLN 5 MG/ML	F	PA
EPIVIR HBV TABS 100 MG ( <i>Use Lamivudine (HBV)</i> )	***	PA
HARVONI TABS	3	PA; QL(1 ea daily); SP
HEPSERA TABS ( <i>Use Adefovir Dipivoxil</i> )	***	PA
<i>lamivudine (hbv) tabs</i>	F	PA
MAVYRET TABS	F	PA; QL(3 ea daily); SP
MODERIBA 1200 DOSE PACK TABS	F	PA; SP
MODERIBA 800 DOSE PACK TABS	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
OLYSIO CAPS	F	PA; SP
PEG-INTRON KIT	F	PA; SP
PEG-INTRON REDIPEN KIT	F	PA; SP
PEG-INTRON REDIPEN PAK 4 KIT	F	PA; SP
PEGASYS PROCLICK SOLN	F	PA; SP
PEGASYS SOLN	F	PA; SP
PEGINTRON KIT	F	PA; SP
REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C))	***	PA; SP
REBETOL SOLN 40 MG/ML	F	PA; SP
RIBASPHERE RIBAPAK TABS	F	PA; SP
RIBASPHERE TABS	F	PA; SP
<i>ribavirin (hepatitis c) caps</i>	F	PA; SP
<i>ribavirin (hepatitis c) tabs</i>	F	PA; SP
SOVALDI TABS	F	PA; SP
TYZEKA TABS	F	PA
ZEPATIER TABS	3	PA; QL(1 ea daily); SP
<b>Herpes Agents</b>		
<i>acyclovir caps 200 mg</i>	F	
<i>acyclovir susp 200 mg/5ml</i>	F	
<i>acyclovir tabs 400 mg</i>	F	QL(3 ea daily)
<i>acyclovir tabs 800 mg</i>	F	
<i>famciclovir tabs</i>	F	
FAMVIR TABS (Use Famciclovir)	***	
SITAVIG TABS	F	PA

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl tabs</i>	F	
VALTREX TABS (Use Valacyclovir HCl)	***	
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	***	
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	***	
ZOVIRAX TABS OR 400 MG (Use Acyclovir)	***	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (Use Acyclovir)	***	
<b>Influenza Agents</b>		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	***	
<i>oseltamivir phosphate caps</i>	F	Limit 1 Fill per 180 days;
<i>oseltamivir phosphate susr</i>	F	Limit 1 Fill per 180 days;
RELENZA DISKHALER AEPB	F	QL(20 ea per fill retail); AL; At least 5 yrs old
<i>rimantadine hydrochloride tabs</i>	F	
TAMIFLU CAPS (Use Oseltamivir Phosphate)	***	Limit 1 Fill per 180 days;
TAMIFLU SUSR (Use Oseltamivir Phosphate)	***	Limit 1 Fill per 180 days;
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol phosphate cp24</i>	F	PA
<i>carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg</i>	F	QL(3 ea daily)
<i>carvedilol tabs 25 mg</i>	F	QL(4 ea daily)
COREG CR CP24 (Use Carvedilol Phosphate)	***	PA
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (Use Carvedilol)	***	QL(3 ea daily)
COREG TABS 25 MG (Use Carvedilol)	***	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tabs 100 mg</i>	F	QL(3 ea daily)
<i>labetalol hcl tabs 200 mg</i>	F	QL(6 ea daily)
<i>labetalol hcl tabs 300 mg</i>	F	QL(8 ea daily)
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps</i>	F	
<i>atenolol tabs</i>	F	QL(2 ea daily)
<i>betaxolol hcl tabs</i>	F	QL(1 ea daily)
<i>bisoprolol fumarate tabs</i>	F	QL(1 ea daily)
BYSTOLIC TABS	F	PA
LOPRESSOR TABS 100 MG (Use Metoprolol Tartrate)	***	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (Use Metoprolol Tartrate)	***	QL(4 ea daily)
<i>metoprolol succinate tb24 200 mg</i>	F	QL(2 ea daily)
<i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i>	F	QL(4 ea daily)
<i>metoprolol tartrate tabs 100 mg</i>	F	QL(4.5 ea daily)
<i>metoprolol tartrate tabs 25 mg, 50 mg</i>	F	QL(4 ea daily)
SECTRAL CAPS (Use Acebutolol HCl)	***	
TENORMIN TABS (Use Atenolol)	***	QL(2 ea daily)
TOPROL XL TB24 200 MG (Use Metoprolol Succinate)	***	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use Metoprolol Succinate)	***	QL(4 ea daily)
ZEBETA TABS (Use Bisoprolol Fumarate)	***	QL(1 ea daily)
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	***	QL(2 ea daily)
BETAPACE TABS (Use Sotalol HCl)	***	

Drug Name	Drug Tier	Requirements/Limits
CORGARD TABS (Use Nadolol)	***	QL(2 ea daily)
HEMANGEOL SOLN	F	PA
INDERAL LA CP24 (Use Propranolol HCl)	***	QL(2 ea daily)
INDERAL XL CP24	F	PA
INNOPRAN XL CP24	F	PA
<i>nadolol tabs</i>	F	QL(2 ea daily)
<i>pindolol tabs</i>	F	
<i>propranolol hcl cp24 60 mg, 80 mg, 120 mg, 160 mg</i>	F	QL(2 ea daily)
PROPRANOLOL HCL SOLN 20 MG/5ML, 40 MG/5ML	F	
<i>propranolol hcl tabs 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol hcl (afib/afl) tabs</i>	F	QL(2 ea daily)
<i>sotalol hcl tabs</i>	F	
TIMOLOL MALEATE TABS	F	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
ADALAT CC TB24 30 MG, 90 MG (Use Nifedipine)	***	QL(1 ea daily)
ADALAT CC TB24 60 MG (Use Nifedipine)	***	QL(2 ea daily)
<i>amlodipine besylate tabs</i>	F	QL(1 ea daily)
CALAN SR TBCR (Use Verapamil HCl)	***	QL(2 ea daily)
CALAN TABS (Use Verapamil HCl)	***	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG (Use Diltiazem HCl Coated Beads)	***	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CP24 240 MG (Use Diltiazem HCl Coated Beads)	***	QL(2 ea daily)
CARDIZEM CD CP24 360 MG (Use Diltiazem HCl Coated Beads)	***	
CARDIZEM LA TB24 120 MG	F	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Coated Beads)	***	
CARDIZEM TABS (Use Diltiazem HCl)	***	QL(3 ea daily)
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	F	QL(1 ea daily)
diltiazem hcl coated beads cp24 240 mg	F	QL(2 ea daily)
diltiazem hcl coated beads cp24 360 mg	F	
diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	F	
diltiazem hcl cp12 60 mg, 90 mg, 120 mg	F	QL(2 ea daily)
diltiazem hcl cp24 120 mg, 180 mg	F	QL(1 ea daily)
diltiazem hcl cp24 240 mg	F	QL(2 ea daily)
diltiazem hcl extended release beads cp24 120 mg, 180 mg, 300 mg, 360 mg, 420 mg	F	QL(1 ea daily)
diltiazem hcl extended release beads cp24 240 mg	F	QL(2 ea daily)
diltiazem hcl tabs 30 mg, 60 mg, 90 mg, 120 mg	F	QL(3 ea daily)
felodipine tb24	F	QL(1 ea daily)
isradipine caps	F	PA
nicardipine hcl caps	F	QL(3 ea daily)
nifedipine caps 10 mg, 20 mg	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
nifedipine tb24 30 mg, 90 mg	F	QL(1 ea daily)
nifedipine tb24 60 mg	F	QL(2 ea daily)
nimodipine caps	F	PA
NISOLDIPINE ER TB24	F	PA
nisoldipine tb24	F	PA
NORVASC TABS (Use Amlodipine Besylate)	***	QL(1 ea daily)
NYMALIZE SOLN	F	PA
PROCARDIA CAPS (Use Nifedipine)	***	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (Use Nifedipine)	***	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (Use Nifedipine)	***	QL(2 ea daily)
SULAR TB24 (Use Nisoldipine)	***	PA
TIAZAC CP24 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Extended Release Beads)	***	QL(1 ea daily)
TIAZAC CP24 240 MG (Use Diltiazem HCl Extended Release Beads)	***	QL(2 ea daily)
verapamil hcl cp24 100 mg, 200 mg	F	QL(2 ea daily)
verapamil hcl cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	F	QL(1 ea daily)
verapamil hcl tabs 40 mg, 80 mg, 120 mg	F	QL(3 ea daily)
verapamil hcl tbc 120 mg, 180 mg, 240 mg	F	QL(2 ea daily)
VERELAN CP24 (Use Verapamil HCl)	***	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (Use Verapamil HCl)	***	QL(2 ea daily)
VERELAN PM CP24 300 MG (Use Verapamil HCl)	***	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
DIGOXIN SOLN 0.05 MG/ML	F	
<i>digoxin tabs 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	F	
LANOXIN TABS 125 MCG, 250 MCG (Use Digoxin)	F	
LANOXIN TABS 62.5 MCG, 187.5 MCG	F	PA;
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	F	PA
BIDIL TABS	F	PA
CADUET TABS (Use Amlodipine Besylate-Atorvastatin Calcium)	***	PA
<b>Peripheral Vasodilators</b>		
<i>inositol niacinate caps</i>	F	
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium solr</i>	F	PA; SP
FLOLAN SOLR (Use Epoprostenol Sodium)	***	PA; SP
ORENITRAM TBCR	F	PA; SP
REMODULIN SOLN	F	PA; SP
TYVASO REFILL SOLN	F	PA; SP
TYVASO SOLN	F	PA; SP
TYVASO STARTER SOLN	F	PA; SP
VELETRI SOLR	F	PA; SP
VENTAVIS SOLN	F	PA; SP
<b>Pulmonary Hypertension - Endothelin Receptor</b>		

Drug Name	Drug Tier	Requirements/Limits
LETAIRIS TABS	F	PA; SP
OPSUMIT TABS	F	PA; SP
TRACLEER TABS	F	PA; SP
TRACLEER TBSO	F	PA; SP
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
ADCIRCA TABS	F	PA; SP
REVATIO SOLN IV 10 MG/12.5ML (Use Sildenafil Citrate (Pulmonary Hypertension))	***	PA; SP
REVATIO SUSR OR 10 MG/ML	F	PA; SP
REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	***	PA; SP
<i>sildenafil citrate (pulmonary hypertension) soln</i>	F	PA; SP
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	F	PA; SP
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
ADEMPAS TABS	F	PA; SP
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps 500 mg</i>	F	QL(20 ea per fill retail)
<i>cefadroxil susr 250 mg/5ml, 500 mg/5ml</i>	F	QL(100 ml per fill retail)
<i>cefadroxil tabs 1 gm</i>	F	QL(10 ea per fill retail)
<i>cephalexin caps 250 mg, 500 mg</i>	F	
<i>cephalexin caps 750 mg</i>	F	PA
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	F	
CEPHALEXIN TABS 250 MG, 500 MG	F	PA
KEFLEX CAPS 250 MG, 500 MG (Use Cephalexin)	***	

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Drug Name	Drug Tier	Requirements/Limits
KEFLEX CAPS 750 MG (Use Cephalexin)	***	PA
<b>Cephalosporins - 2nd Generation</b>		
<i>cefactor caps 250 mg, 500 mg</i>	F	
CEFACLOR ER TB12	F	PA
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	F	
<i>cefprozil susr 125 mg/5ml</i>	F	QL(200 ml per fill retail)
<i>cefprozil susr 250 mg/5ml</i>	F	QL(100 ml per fill retail)
<i>cefprozil tabs 250 mg, 500 mg</i>	F	QL(20 ea per fill retail)
CEFTIN SUSR 125 MG/5ML, 250 MG/5ML	F	QL(100 ml per fill retail)
CEFTIN TABS 250 MG, 500 MG (Use Cefuroxime Axetil)	***	QL(20 ea per fill retail)
<i>cefuroxime axetil tabs</i>	F	QL(20 ea per fill retail)
<b>Cephalosporins - 3rd Generation</b>		
CEDAX CAPS	F	PA
CEDAX SUSR	F	PA
<i>cefdinir caps 300 mg</i>	F	QL(20 ea per fill retail)
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	F	QL(100 ml per fill retail)
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	F	PA
<i>cefixime susr</i>	F	PA
<i>cefpodoxime proxetil susr</i>	F	PA
<i>cefpodoxime proxetil tabs</i>	F	PA
CEFTIBUTEN CAPS	F	PA
CEFTIBUTEN SUSR	F	PA
<i>ceftriaxone sodium solr</i>	F	Limit 1 fill per Month;QL(3 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
SPECTRACEF TABS	F	PA
SUPRAX CAPS 400 MG	F	PA
SUPRAX CHEW 100 MG, 200 MG	F	PA
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	***	PA
SUPRAX SUSR 500 MG/5ML	F	PA
<b>CHEMICALS</b>		
<b>Bulk Chemicals - H's</b>		
HYDROXYPROGESTERONE CAPROATE POWD XX	F	
<b>Bulk Chemicals - P's</b>		
PROMETHAZINE HCL POWD XX	F	
<b>Liquids</b>		
GLYCERIN LIQD	F	RX/OTC
GLYCERINE LIQD	F	RX/OTC
GLYCEROL FORMAL LIQD	F	RX/OTC
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	***	PA
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	***	
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	***	
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	***	
<i>desogestrel &amp; ethinyl estradiol tabs</i>	F	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	F	
<i>drospirenone-ethinyl estradiol tabs 3mg-0.02mg</i>	F	QL(1 ea daily)
<i>drospirenone-ethinyl estradiol tabs 3mg-0.03mg</i>	F	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	F	PA
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM TABS	F	PA
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	***	
<i>ethynodiol diacet &amp; eth estrad tabs</i>	F	
FALESSA KIT	F	PA
FEMCON FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	***	
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	***	
<i>levonorgestrel &amp; eth estradiol tabs</i>	F	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	F	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	F	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	F	PA
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	F	PA
LO LOESTRIN FE TABS	F	PA
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	***	
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	***	

Drug Name	Drug Tier	Requirements/ Limits
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	***	
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	***	
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	***	PA
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	***	PA
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	***	
MODICON TABS (Use Norethindrone & Eth Estradiol)	***	
NATAZIA TABS	F	PA
NECON 1/50-28 TABS	F	
NECON 10/11-28 TABS	F	
<i>norethin acet &amp; estrad-fe chew 75mg-20mcg-1mg</i>	F	PA
<i>norethin acet &amp; estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	F	
<i>norethindrone &amp; eth estradiol tabs</i>	F	
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	F	
<i>norethindrone acet &amp; eth estra tabs</i>	F	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	F	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	F	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	F	
<i>norgestimate-ethinyl estradiol tabs</i>	F	
<i>norgestrel &amp; ethinyl estradiol tabs</i>	F	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
NORINYL 1+35 TABS ( <i>Use Norethindrone &amp; Eth Estradiol</i> )	***	
NORINYL 1+50 TABS	F	
OGESTREL TABS	F	
ORTHO TRI-CYCLEN LO TABS ( <i>Use Norgestimate-Ethinyl Estradiol (Triphasic)</i> )	***	
ORTHO TRI-CYCLEN TABS ( <i>Use Norgestimate-Ethinyl Estradiol (Triphasic)</i> )	***	
ORTHO-CYCLEN TABS ( <i>Use Norgestimate-Ethinyl Estradiol</i> )	***	
ORTHO-NOVUM 1/35 TABS ( <i>Use Norethindrone &amp; Eth Estradiol</i> )	***	
ORTHO-NOVUM 7/7/7 TABS ( <i>Use Norethindrone-Eth Estradiol (Triphasic)</i> )	***	
OVCON-35 TABS ( <i>Use Norethindrone &amp; Eth Estradiol</i> )	***	
QUARTETTE TABS ( <i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i> )	***	PA
SAFYRAL TABS	F	PA
SEASONIQUE TABS ( <i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i> )	***	
TRI-NORINYL 28 TABS ( <i>Use Norethindrone-Eth Estradiol (Triphasic)</i> )	***	
YASMIN 28 TABS ( <i>Use Drospirenone-Ethinyl Estradiol</i> )	***	
YAZ TABS ( <i>Use Drospirenone-Ethinyl Estradiol</i> )	***	QL(1 ea daily)
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol ptwk</i>	F	QL(3 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
XULANE PTWK	***	QL(3 ea per fill retail)
<b>Combination Contraceptives - Vaginal</b>		
NUVARING RING	F	QL(1 ea per fill retail)
<b>Emergency Contraceptives</b>		
ELLA TABS	F	
<i>levonorgestrel (emergency oc) tabs</i>	F	Limit 4 per year;
PLAN B ONE-STEP TABS ( <i>Use Levonorgestrel (Emergency OC)</i> )	***	Limit 4 per year;
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP ( <i>Use Medroxyprogesterone Acetate (Contraceptive)</i> )	***	
DEPO-PROVERA CONTRACEPTIVE SUSY ( <i>Use Medroxyprogesterone Acetate (Contraceptive)</i> )	***	QL(1 ml per fill retail); GL
DEPO-SUBQ PROVERA 104 SUSY	F	QL(1 ml per fill retail); GL
<i>medroxyprogesterone acetate (contraceptive) susp</i>	F	
<i>medroxyprogesterone acetate (contraceptive) susy</i>	F	QL(1 ml per fill retail); GL
<b>Progestin Contraceptives - Oral</b>		
NOR-QD TABS ( <i>Use Norethindrone (Contraceptive)</i> )	***	
<i>norethindrone (contraceptive) tabs</i>	F	
ORTHO MICRONOR TABS ( <i>Use Norethindrone (Contraceptive)</i> )	***	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
CORTEF TABS ( <i>Use Hydrocortisone</i> )	***	

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Drug Name	Drug Tier	Requirements/Limits
CORTISONE ACETATE TABS	F	
<i>dexamethasone elix 0.5 mg/5ml</i>	F	
DEXAMETHASONE INTENSOL CONC	F	
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	F	
DEXAMETHASONE SOLN 0.5 MG/5ML	F	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	F	
DEXAMETHASONE TABS 1 MG, 2 MG	F	
EMFLAZA TABS	F	PA; SP
<i>hydrocortisone tabs</i>	F	
MEDROL DOSEPAK TBPK (Use Methylprednisolone)	***	
MEDROL TABS (Use Methylprednisolone)	***	
<i>methylprednisolone tabs</i>	F	
<i>methylprednisolone tbpk</i>	F	
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	***	PA
MILLIPRED TABS 5 MG	F	
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	***	PA
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	***	
<i>prednisolone sodium phosphate soln or 10 mg/5ml</i>	F	PA
<i>prednisolone sodium phosphate soln or 20 mg/5ml</i>	F	QL(150 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml, 6.7 mg/5ml</i>	F	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	F	PA
<i>prednisolone soln</i>	F	
<i>prednisolone syrpf</i>	F	
PREDNISON INTENSOL CONC	F	
PREDNISON SOLN 5 MG/5ML	F	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	F	
PREDNISON TABS 50 MG	F	
PREDNISON TBPK 5 MG, 10 MG	F	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	***	QL(150 ml per fill retail)
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs</i>	F	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate caps 100 mg</i>	F	
<i>benzonatate caps 150 mg</i>	F	PA
<i>benzonatate caps 200 mg</i>	F	Limit 1 fill per Month;
DELSYM COUGH CHILDRENS SUER (Use Dextromethorphan Polistirex)	***	
DELSYM SUER (Use Dextromethorphan Polistirex)	***	
<i>dextromethorphan hbr caps</i>	F	
<i>dextromethorphan hbr liqd</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan hbr syrp</i>	F	
<i>dextromethorphan polistirex suer</i>	F	
<i>hydrocodone w/ homatropine syrp 5mg/5ml-1.5mg/5ml</i>	F	
<i>hydrocodone w/ homatropine tabs 5mg-1.5mg</i>	F	PA
ROBITUSSIN CHILDRENS COUGH LONG-ACTING SYRP	F	
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS CAPS (Use <i>Dextromethorphan HBr</i> )	***	
TESSALON PERLES CAPS (Use <i>Benzonatate</i> )	***	
TRIAMINIC LONG ACTING COUGH LIQD (Use <i>Dextromethorphan HBr</i> )	***	
VICKS DAYQUIL COUGH LIQD (Use <i>Dextromethorphan HBr</i> )	***	
<b>Cough/Cold/Allergy Combinations</b>		
<i>acetaminophen w/ dm liqd</i>	F	
ACTICON SOLN	F	PA
ACTINEL LIQD	F	
ACTINEL PEDIATRIC LIQD	F	
ADVIL COLD & SINUS TABS (Use <i>Pseudoephedrine-Ibuprofen</i> )	***	
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use <i>Fexofenadine-Pseudoephedrine</i> )	***	
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use <i>Fexofenadine-Pseudoephedrine</i> )	***	

Drug Name	Drug Tier	Requirements/ Limits
BENADRYL-D ALLERGY & SINUS CHILDRENS SOLN	F	
BIONEL LIQD	F	
BIONEL PEDIATRIC LIQD	F	
BIOSPEC DMX LIQD	F	
<i>brompheniramine &amp; phenyleph elix</i>	F	Limit 1 fill per Month;
<i>brompheniramine &amp; pseudoeph elix</i>	F	Limit 1 fill per Month;
<i>brompheniramine &amp; pseudoeph liqd</i>	F	Limit 1 fill per Month;
BROTAPP DM LIQD	F	QL(240 ml per fill retail)
CAPCOF SYRP	F	
CAPMIST DM TABS	F	
CAPRON DM LIQD	F	PA
<i>cetirizine-pseudoephedrine tb12</i>	F	QL(2 ea daily)
CHERACOL PLUS LIQD (Use <i>Dextromethorphan-Guaifenesin</i> )	***	QL(240 ml per fill retail)
CHERACOL-D COUGH LIQD (Use <i>Dextromethorphan-Guaifenesin</i> )	***	QL(240 ml per fill retail)
<i>chlorpheniramine &amp; phenylephrine liqd</i>	F	
<i>chlorpheniramine &amp; phenylephrine tabs</i>	F	
<i>chlorpheniramine &amp; pseudoeph tabs</i>	F	
<i>chlorpheniramine-acetaminophen tabs</i>	F	
<i>chlorpheniramine-phenylephrine-acetaminophen misc 2mg-325mg-5mg, 2mg-2mg-325mg-325mg-5mg-5mg,</i>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpheniramine-phenylephrine-acetaminophen tabs 2mg-325mg-5mg, 2mg-2mg-325mg-325mg-5mg-5mg</i>	F	
CLARINEX-D 12 HOUR TB12	F	PA
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	***	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	***	QL(1 ea daily)
CLEAR COUGH PM MULTI-SYMPTOM LIQD (Use Dextromethorphan-Doxylamine-Acetaminophen)	***	
CODITUSS DM SYRP	F	QL(240 ml per fill retail)
COLD & FLU RELIEF NIGHTTIME D LIQD	F	
COMTrex COLD & COUGH MAXIMUM STRENGTH TABS (Use Dextromethorphan-Phenylephrine-Acetaminophen)	***	
COMTrex COLD & COUGH NIGHTTIME MAXIMUM STRENGTH TABS (Use Phenylephrine-Chlorpheniramine-DM w/ APAP)	***	
CONEX COLD/ALLERGY SOLN	F	PA
CORICIDIN HBP COLD & FLU TABS (Use Chlorpheniramine-Acetaminophen)	***	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (Use Dextromethorphan-Phenylephrine-Acetaminophen)	***	
DECON-A ELIX	F	

Drug Name	Drug Tier	Requirements/ Limits
DECON-A LIQD	F	
<i>dextromethorphan-acetaminophen-chlorpheniramine susp</i>	F	
<i>dextromethorphan-doxylamine-acetaminophen liqd</i>	F	
<i>dextromethorphan-guaifenesin caps 10mg-200mg</i>	F	
<i>dextromethorphan-guaifenesin liqd 10mg/5ml-100mg/5ml, 10mg/5ml-200mg/5ml, 20mg/10ml-200mg/10ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-100mg/5ml-100mg/5ml</i>	F	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin liqd 5mg/5ml-100mg/5ml, 30mg/5ml-200mg/5ml, 20mg/20ml-400mg/20ml, 30mg/5ml-30mg/5ml-200mg/5ml-200mg/5ml</i>	F	
<i>dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml</i>	F	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin syrp 10mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml</i>	F	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin tabs 20mg-400mg, 20mg-20mg-400mg-400mg</i>	F	
<i>dextromethorphan-guaifenesin tb12 30mg-600mg</i>	F	QL(2 ea daily, 210 ea per fill retail)
<i>dextromethorphan-guaifenesin tb12 60mg-1200mg</i>	F	
<i>dextromethorphan-phenylephrine-acetaminophen caps</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-phenylephrine-acetaminophen liqd</i>	F	
<i>dextromethorphan-phenylephrine-acetaminophen tabs</i>	F	
DIABETIC TUSSIN COLD/FLU CAPS	F	
DIMETAPP COLD & ALLERGY ELIX (Use <i>Brompheniramine &amp; Phenyleph</i> )	***	Limit 1 fill per Month;
DIMETAPP DM COLD & COUGH LIQD (Use <i>Phenylephrine-Brompheniramine-DM</i> )	***	
DIMETAPP LONG ACTING COUGH PLUS COLD SYRP	F	QL(240 ml per fill retail)
<i>diphenhydramine-phenylephrine liqd</i>	F	
<i>diphenhydramine-phenylephrine soln</i>	F	
<i>diphenhydramine-phenylephrine-acetaminophen liqd 12.5mg/10ml-325mg/10ml-5mg/10ml, 12.5mg/15ml-325mg/15ml-5mg/15ml, 12.5mg/15ml-12.5mg/15ml-325mg/15ml-325mg/15ml-10%-5mg/15ml-5mg/15ml</i>	F	
<i>diphenhydramine-phenylephrine-acetaminophen liqd 6.25mg/5ml-160mg/5ml-2.5mg/5ml</i>	F	QL(237 ml per fill retail)
<i>doxylamine-dm liqd</i>	F	
DURAFLU TABS	F	PA
ED A-HIST LIQD (Use <i>Chlorpheniramine &amp; Phenylephrine</i> )	***	
ED BRON GP LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
EQL INFANTS DECONGESTANT/COUGH SOLN	F	
<i>fexofenadine-pseudoephedrine tb12</i>	F	
<i>fexofenadine-pseudoephedrine tb24</i>	F	
GLENMAX PEB LIQD	F	
GNP DAY TIME MUCUS RELIEFDM LIQD (Use <i>Dextromethorphan-Guaifenesin</i> )	***	
<i>guaifenesin-codeine liqd 100mg/5ml-10mg/5ml</i>	F	
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	F	
<i>guaifenesin-codeine soln 100mg/5ml-6.3mg/5ml</i>	F	PA
<i>guaifenesin-codeine syrp 100mg/5ml-10mg/5ml</i>	F	
LITTLE REMEDIES FOR COLDSMULTI SYMPTOM LIQD	F	
LOHIST-D LIQD	F	QL(240 ml per fill retail)
<i>loratadine &amp; pseudoephedrine tb12 5mg-120mg</i>	F	QL(2 ea daily)
<i>loratadine &amp; pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	F	QL(1 ea daily)
M-END PE LIQD	F	PA
MUCINEX CHILDRENS COLD COUGH & SORE THROAT LIQD (Use <i>Phenylephrine-DM-GG w/ APAP</i> )	***	PA; QL(266 ml per fill retail)
MUCINEX CHILDRENS MULTI-SYMPTOM COLD & FEVER LIQD (Use <i>Phenylephrine-DM-GG w/ APAP</i> )	***	PA; QL(266 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
MUCINEX CHILDRENS MULTI-SYMPTOM COLD LIQD (Use Phenylephrine w/ DM-GG)	***	
MUCINEX CONGESTION & COUGH CHILDRENS LIQD (Use Phenylephrine w/ DM-GG)	***	
MUCINEX COUGH FOR KIDS PACK	F	
MUCINEX D MAXIMUM STRENGTH TB12 (Use Pseudoephedrine-Guaifenesin)	***	QL(2 ea daily)
MUCINEX D TB12 (Use Pseudoephedrine-Guaifenesin)	***	QL(210 ea per fill retail)
MUCINEX DM MAXIMUM STRENGTH TB12 (Use Dextromethorphan-Guaifenesin)	***	
MUCINEX DM TB12 (Use Dextromethorphan-Guaifenesin)	***	QL(2 ea daily,210 ea per fill retail)
MUCINEX FAST-MAX COLD & SINUS LIQD (Use Phenylephrine-Acetaminophen-Guaifenesin)	***	
MUCINEX FAST-MAX COLD FLU& SORE THROAT CLEAR & COOL LIQD (Use Phenylephrine-DM-GG w/ APAP)	***	PA; QL(266 ml per fill retail)
MUCINEX FAST-MAX COLD FLU& SORE THROAT LIQD (Use Phenylephrine-DM-GG w/ APAP)	***	PA; QL(266 ml per fill retail)
MUCINEX FAST-MAX SEVERE COLD LIQD (Use Phenylephrine-DM-GG w/ APAP)	***	PA; QL(266 ml per fill retail)
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL LIQD (Use Phenylephrine w/ DM-GG)	***	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH LIQD (Use Phenylephrine w/ DM-GG)	***	
MUCINEX STUFFY NOSE & COLD CHILDRENS LIQD (Use Phenylephrine-Guaifenesin)	***	
NORTUSS-EX LIQD	F	
phenylephrine w/ acetaminophen tabs	F	
phenylephrine w/ dm-gg liqd	F	
phenylephrine w/ dm-gg syrps	F	
phenylephrine-acetaminophen-guaifenesin liqd 650mg/20ml-400mg/20ml-10mg/20ml	F	
phenylephrine-acetaminophen-guaifenesin tabs 325mg-200mg-5mg, 325mg-325mg-200mg-200mg-5mg-5mg	F	PA
phenylephrine-acetaminophen-guaifenesin tabs 650mg-400mg-10mg	F	
phenylephrine-brompheniramine-dm elix	F	
phenylephrine-brompheniramine-dm liqd	F	
phenylephrine-chlorphen-dm liqd	F	
phenylephrine-chlorpheniramine-dm w/ apap susp	F	
phenylephrine-chlorpheniramine-dm w/ apap tabs	F	
phenylephrine-dm liqd	F	QL(240 ml per fill retail)
phenylephrine-dm soln	F	QL(240 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-dm-gg w/ apap liqd 10mg/10ml-325mg/10ml-200mg/10ml-5mg/10ml, 20mg/20ml-650mg/20ml-400mg/20ml-10mg/20ml</i>	F	PA; QL(266 ml per fill retail)
<i>phenylephrine-dm-gg w/ apap liqd 10mg/15ml-325mg/15ml-200mg/15ml-5mg/15ml, 20mg/30ml-650mg/30ml-400mg/30ml-10mg/30ml</i>	F	
<i>phenylephrine-dm-gg w/ apap tabs 10mg-325mg-200mg-5mg, 10mg-10mg-325mg-325mg-200mg-200mg-5mg-5mg</i>	F	
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen liqd</i>	F	
<i>phenylephrine-guaifenesin liqd</i>	F	
PHENYLEPHRINE/GUAIFENESIN LIQD	F	
PHENYLHISTINE DH LIQD	F	
PRO-CLEAR AC SYRP	F	
PRO-RED AC SYRP	F	PA
<i>promethazine &amp; phenylephrine soln</i>	F	AL; At least 2 yrs old
<i>promethazine &amp; phenylephrine syrp</i>	F	AL; At least 2 yrs old
<i>promethazine w/codeine syrp</i>	F	QL(240 ml per fill retail); AL; At least 6 yrs old
<i>promethazine-dm syrp</i>	F	QL(240 ml per fill retail); AL; At least 2 yrs old
<i>promethazine-phenylephrine-codeine syrp</i>	F	QL(240 ml per fill retail); AL; At least 6 yrs old
PROMETHAZINE/PHENYLEPHRINE SYRP	F	AL; At least 2 yrs old
<i>pseudoephed-bromphen-dm elix</i>	F	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephed-bromphen-dm syrp</i>	F	QL(240 ml per fill retail)
<i>pseudoephed-doxyl-dm w/apap caps</i>	F	
<i>pseudoephedrine w/ codeine-gg soln</i>	F	
<i>pseudoephedrine w/ dm-gg liqd</i>	F	
<i>pseudoephedrine-acetaminophen-dextromethorphan caps</i>	F	
<i>pseudoephedrine-chlorphen-dm liqd</i>	F	QL(240 ml per fill retail)
<i>pseudoephedrine-dm liqd</i>	F	QL(240 ml per fill retail)
<i>pseudoephedrine-guaifenesin syrp 30mg/5ml-100mg/5ml</i>	F	QL(240 ml per fill retail)
<i>pseudoephedrine-guaifenesin tabs 40mg-400mg</i>	F	
<i>pseudoephedrine-guaifenesin tb12 120mg-1200mg</i>	F	QL(2 ea daily)
<i>pseudoephedrine-guaifenesin tb12 60mg-600mg</i>	F	QL(210 ea per fill retail)
<i>pseudoephedrine-ibuprofen tabs</i>	F	
PX DAYTIME MULTI-SYMPTOM CAPS	F	
PX NITETIME MULTI-SYMPTOM CAPS	F	
REFENESEN CHEST CONGESTION & PAIN RELIEF PE TABS	F	
RESCON DM SYRP	F	
RESCON-GG LIQD (Use Phenylephrine-Guaifenesin)	***	
RESPIRE-30 CAPS	F	
ROBITUSSIN CHILDRENS COUGH & COLD CF LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
ROBITUSSIN CHILDRENS COUGH/COLD LONG- ACTING LIQD	F	
ROBITUSSIN DM SYRP (Use <i>Dextromethorphan- Guaifenesin</i> )	***	QL(240 ml per fill retail)
ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS LIQD	F	
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (Use <i>Dextromethorphan- Guaifenesin</i> )	***	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD DM SYRP (Use <i>Dextromethorphan- Guaifenesin</i> )	***	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD LIQD (Use <i>Phenylephrine w/ DM-GG</i> )	***	
ROBITUSSIN TO GO COUGH & COLD CF LIQD (Use <i>Phenylephrine w/ DM- GG</i> )	***	
SCOT-TUSSIN DM LIQD	F	QL(240 ml per fill retail)
SCOT-TUSSIN LIQD (Use <i>Pheniramine-PE w/ Sod Salicylate &amp; Caffeine Citrate</i> )	***	
SCOT-TUSSIN SENIOR LIQD	F	
SEMPREX-D CAPS	F	PA
TGQ 30PSE/150GFN/15DM SYRP	F	
THERAFLU SEVERE COLD NIGHTTIME TABS (Use <i>Phenylephrine- Chlorpheniramine-DM w/ APAP</i> )	***	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SOLN	F	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	F	QL(240 ml per fill retail)
TRIAMINIC FLU COUGH & FEVER SYRP	F	
<i>triprolidine &amp; pseudoephedrine tabs</i>	F	
TUSNEL LIQD	F	
TUSNEL PEDIATRIC LIQD	F	
TYLENOL CHILDRENS PLUS FLU SUSP (Use <i>Phenylephrine- Chlorpheniramine-DM w/ APAP</i> )	***	
TYLENOL CHILDRENS PLUS MULTI-SYMPTOM COLD SUSP (Use <i>Phenylephrine- Chlorpheniramine-DM w/ APAP</i> )	***	
TYLENOL COLD & FLU SEVERE TABS (Use <i>Phenylephrine-DM-GG w/ APAP</i> )	***	
TYLENOL COLD & HEAD SEVERE CONGESTION TABs (Use <i>Phenylephrine- Acetaminophen- Guaifenesin</i> )	***	PA
TYLENOL COLD MAX LIQD (Use <i>Dextromethorphan- Phenylephrine- Acetaminophen</i> )	***	
TYLENOL COLD MULTI- SYMPTOM NIGHTTIME LIQD (Use <i>Phenylephrine- Doxylamine- Dextromethorphan- Acetaminophen</i> )	***	
TYLENOL COLD MULTI- SYMPTOM SEVERE DAYTIME LIQD (Use <i>Phenylephrine-DM-GG w/ APAP</i> )	***	

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Drug Name	Drug Tier	Requirements/ Limits
TYLENOL COLD/COUGH/RUNNY NOSE CHILDRENS SUSP (Use Dextromethorphan-Acetaminophen-Chlorpheniramine)	***	
TYLENOL SINUS SEVERE TABS (Use Phenylephrine-Acetaminophen-Guaifenesin)	***	PA
TYLENOL WARMING COUGH & SEVERE CONGESTION DAYTIME LIQD (Use Phenylephrine-DM-GG w/ APAP)	***	
VICKS DAYQUIL MUCUS CONTROL DM LIQD	F	
VICKS NYQUIL COUGH LIQD (Use Doxylamine-DM)	***	
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	***	QL(2 ea daily)
<b>Expectorants</b>		
<i>guaifenesin liqd 100 mg/5ml, 400 mg/20ml</i>	F	Limit 1 fill per Month;
<i>guaifenesin soln 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</i>	F	Limit 1 fill per Month;
<i>guaifenesin syrp 100 mg/5ml, 200 mg/10ml</i>	F	Limit 1 fill per Month;
<i>guaifenesin tabs 200 mg</i>	F	PA
<i>guaifenesin tabs 400 mg</i>	F	
<i>guaifenesin tb12 1200 mg</i>	F	QL(2 ea daily)
<i>guaifenesin tb12 600 mg</i>	F	Limit 1 fill per Month;
MUCINEX FOR KIDS PACK	F	PA
MUCINEX MAXIMUM STRENGTH TB12 (Use Guaifenesin)	***	QL(2 ea daily)
MUCINEX TB12 (Use Guaifenesin)	***	Limit 1 fill per Month;

Drug Name	Drug Tier	Requirements/ Limits
<b>Misc. Respiratory Inhalants</b>		
<i>sodium chloride (inhalant) aers 0.9 %</i>	F	QL(240 ml per fill retail)
<i>sodium chloride (inhalant) nebu 0.9 %, 3 %, 10 %</i>	F	
<b>Mucolytics</b>		
<i>acetylcysteine soln</i>	F	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA CAPS	***	PA; QL(2 ea daily); AL; At least 12 yrs old
ACANYA GEL	F	PA
ACNE MEDICATION 10 LOTN	F	
ACNE MEDICATION 5 LOTN	F	
<i>adapalene crea 0.1 %</i>	F	PA
<i>adapalene gel 0.3 %</i>	F	PA
ADAPALENE LOTN 0.1 %	F	PA
AKTIPAK PACK	F	PA
ATRALIN GEL (Use Tretinoin)	***	PA
AVAR LS CLEANSER LIQD (Use Sulfacetamide Sodium w/ Sulfur)	***	PA
AVAR LS PADS	F	PA
AVAR PADS	F	PA
AZELEX CREA	F	PA
BENZAC AC WASH LIQD (Use Benzoyl Peroxide)	***	RX/OTC
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	***	PA

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Drug Name	Drug Tier	Requirements/ Limits
BENZACLIN WITH PUMP GEL ( <i>Use Clindamycin Phosphate-Benzoyl Peroxide</i> )	***	PA
BENZAMYCIN GEL ( <i>Use Benzoyl Peroxide-Erythromycin</i> )	***	PA; QL(46.6 gm per fill retail)
BENZEFOAM FOAM ( <i>Use Benzoyl Peroxide</i> )	***	PA; RX/OTC
BENZEFOAM ULTRA FOAM ( <i>Use Benzoyl Peroxide</i> )	***	PA
BENZEFOAMULTRA FOAM ( <i>Use Benzoyl Peroxide</i> )	***	PA
BENZOYL PEROXIDE 8% GEL	F	PA
<i>benzoyl peroxide bar 10 %</i>	F	
BENZOYL PEROXIDE CLEANSER LOTN	F	QL(340.2 gm per fill retail)
<i>benzoyl peroxide crea 10 %, 2.5 %</i>	F	
<i>benzoyl peroxide foam 5.3 %</i>	F	PA; RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	F	PA
<i>benzoyl peroxide gel 10 %</i>	F	RX/OTC
BENZOYL PEROXIDE GEL 2.5 %	F	
<i>benzoyl peroxide gel 5 %</i>	F	
<i>benzoyl peroxide liqd 10 %</i>	F	QL(237 gm per fill retail); RX/OTC
<i>benzoyl peroxide liqd 4 %</i>	F	QL(204 gm per fill retail)
<i>benzoyl peroxide liqd 5 %, 2.5 %</i>	F	RX/OTC
<i>benzoyl peroxide liqd 7 %</i>	F	PA
<i>benzoyl peroxide lotn 6 %</i>	F	QL(340.2 gm per fill retail); RX/OTC
<i>benzoyl peroxide misc 6 %</i>	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide-erythromycin gel</i>	F	PA; QL(46.6 gm per fill retail)
BP CLEANSING WASH EMUL	F	PA
BPO CREAMY WASH COMPLETEPACK KIT	F	PA
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	F	
CLEOCIN-T GEL ( <i>Use Clindamycin Phosphate (Topical)</i> )	***	
CLEOCIN-T LOTN ( <i>Use Clindamycin Phosphate (Topical)</i> )	***	
CLEOCIN-T SOLN ( <i>Use Clindamycin Phosphate (Topical)</i> )	***	
CLEOCIN-T SWAB ( <i>Use Clindamycin Phosphate (Topical)</i> )	***	PA
CLINDAGEL GEL	***	
<i>clindamycin phosphate (topical) foam</i>	F	PA
<i>clindamycin phosphate (topical) gel</i>	F	
<i>clindamycin phosphate (topical) lotn</i>	F	
<i>clindamycin phosphate (topical) soln</i>	F	
<i>clindamycin phosphate (topical) swab</i>	F	PA
<i>clindamycin phosphate-benzoyl peroxide gel</i>	F	PA
<i>clindamycin phosphate-tretinoin gel</i>	F	PA
DESQUAM-X WASH LIQD 10 % ( <i>Use Benzoyl Peroxide</i> )	***	QL(237 gm per fill retail); RX/OTC
DESQUAM-X WASH LIQD 5 % ( <i>Use Benzoyl Peroxide</i> )	***	RX/OTC
DIFFERIN CREA 0.1 % ( <i>Use Adapalene</i> )	***	PA

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Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN GEL 0.3 % ( <i>Use Adapalene</i> )	***	PA
DIFFERIN LOTN 0.1 %	F	PA
ERYGEL GEL ( <i>Use Erythromycin (Acne Aid)</i> )	***	QL(60 gm per fill retail)
<i>erythromycin (acne aid) gel</i>	F	QL(60 gm per fill retail)
<i>erythromycin (acne aid) pads</i>	F	PA
<i>erythromycin (acne aid) soln</i>	F	
EVOCLIN FOAM ( <i>Use Clindamycin Phosphate (Topical)</i> )	***	PA
FABIOR FOAM	F	PA
INOVA 4/1 ACNE CONTROL THERAPY KIT	F	PA
INOVA 8/2 ACNE CONTROL THERAPY KIT	F	PA
INOVA KIT	F	PA
<i>isotretinoin caps</i>	F	PA; QL(2 ea daily); AL; At least 12 yrs old
KLARON LOTN ( <i>Use Sulfacetamide Sodium (Acne)</i> )	***	QL(236 ml per fill retail)
NEUJAC KIT KIT	F	PA
NEUTROGENA ON-THE-SPOT ACNE TREATMENT CREA ( <i>Use Benzoyl Peroxide</i> )	***	
PANOXYL LIQD ( <i>Use Benzoyl Peroxide</i> )	***	RX/OTC
PANOXYL-4 CREAMY WASH LIQD ( <i>Use Benzoyl Peroxide</i> )	***	QL(204 gm per fill retail)
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % ( <i>Use Tretinoin</i> )	***	QL(20 gm per fill retail); AL; Up to 35 yrs old
RETIN-A GEL 0.01 % ( <i>Use Tretinoin</i> )	***	QL(15 gm per fill retail); AL; Up to 35 yrs old

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A GEL 0.025 % ( <i>Use Tretinoin</i> )	***	AL; Up to 35 yrs old
RETIN-A MICRO GEL ( <i>Use Tretinoin Microsphere</i> )	***	PA
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % ( <i>Use Tretinoin Microsphere</i> )	***	PA
RETIN-A MICRO PUMP GEL 0.08 %	F	PA
ROSULA PADS	F	PA
SODIUM SULFACETAMIDE/SULFUR LOTN	F	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	F	QL(30 gm per fill retail)
SSS 10-5 FOAM	F	PA
<i>sulfacetamide sodium (acne) lotn</i>	F	QL(236 ml per fill retail)
<i>sulfacetamide sodium (acne) susp</i>	F	QL(236 ml per fill retail)
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	F	PA
<i>sulfacetamide sodium w/ sulfur emul 1%-10%</i>	F	PA
<i>sulfacetamide sodium w/ sulfur emul 5%-10%</i>	F	QL(340.2 gm per fill retail)
<i>sulfacetamide sodium w/ sulfur liqd 4%-9%, 2%-10%, 4.5%-9%, 2%-2%-10%-10%</i>	F	PA
<i>sulfacetamide sodium w/ sulfur lotn 5%-10%</i>	F	QL(60 gm per fill retail)
<i>sulfacetamide sodium w/ sulfur pads 4%-10%, 4%-4%-10%-10%</i>	F	PA
<i>sulfacetamide sodium w/ sulfur susp 4%-8%</i>	F	PA
<i>sulfacetamide sodium-sulfur w/ skin cleanser kit</i>	F	PA
SUMADAN KIT KIT ( <i>Use Sulfacetamide Sodium-Sulfur w/ Skin Cleanser</i> )	***	PA

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Drug Name	Drug Tier	Requirements/ Limits
SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	***	PA
SUMAXIN CP KIT KIT	F	PA
SUMAXIN PADS (Use Sulfacetamide Sodium w/ Sulfur)	***	PA
SUMAXIN TS SUSP (Use Sulfacetamide Sodium w/ Sulfur)	***	PA
SUMAXIN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	***	PA
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	F	QL(20 gm per fill retail); AL; Up to 35 yrs old
<i>tretinoin gel 0.01 %</i>	F	QL(15 gm per fill retail); AL; Up to 35 yrs old
<i>tretinoin gel 0.025 %</i>	F	AL; Up to 35 yrs old
<i>tretinoin gel 0.05 %</i>	F	PA
<i>tretinoin microsphere gel</i>	F	PA
VELTIN GEL	F	PA
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	***	PA
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OINT	F	PA
<b>Analgesics - Topical</b>		
ICY HOT PAIN RELIEVING GEL GEL (Use Menthol (Topical Analgesic))	***	
<i>menthol (topical analgesic) gel</i>	F	
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac sodium (topical) gel 1 %</i>	F	PA; QL(6.68 gm daily)
<i>diclofenac sodium (topical) soln 1.5%, 1.5 %</i>	F	PA
FLECTOR PTCH	F	PA

Drug Name	Drug Tier	Requirements/ Limits
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	***	PA; QL(6.68 gm daily)
<b>Antibiotics - Topical</b>		
ALTABAX OINT	F	PA
BACIGUENT OINT (Use Bacitracin (Topical))	***	
<i>bacitracin (topical) oint</i>	F	
<i>bacitracin zinc oint</i>	F	QL(30 gm per fill retail)
<i>bacitracin-polymyxin b oint</i>	F	QL(144 gm per fill retail)
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	***	QL(30 gm per fill retail)
BACTROBAN OINT (Use Mupirocin)	***	QL(30 gm per fill retail)
CENTANY OINT	F	QL(30 gm per fill retail)
CORTISPORIN CREA	F	PA
CORTISPORIN OINT	F	PA
<i>gentamicin sulfate (topical) crea</i>	F	QL(60 gm per fill retail)
<i>gentamicin sulfate (topical) oint</i>	F	QL(60 gm per fill retail)
<i>mupirocin calcium (topical) crea</i>	F	QL(30 gm per fill retail)
<i>mupirocin oint</i>	F	QL(30 gm per fill retail)
NEO-SYNALAR CREA	F	PA
<i>neomycin-bacitracin-polymyxin oint</i>	F	QL(907.8 gm per fill retail)
<i>neomycin-bacitracin-polymyxin-pramoxine oint</i>	F	QL(56 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine crea</i>	F	
NEOSPORIN ORIGINAL OINT (Use Neomycin-Bacitracin-Polymyxin)	***	QL(907.8 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (Use Neomycin-Polymyxin w/ Pramoxine)	***	
POLYSPORIN OINT (Use Bacitracin-Polymyxin B)	***	QL(144 gm per fill retail)
<b>Antifungals - Topical</b>		
ALEVAZOL OINT	F	PA
ALOE VESTA ANTIFUNGAL OINT (Use Miconazole Nitrate (Topical))	***	QL(2712 gm per fill retail)
ALOE VESTA CLEAR ANTIFUNGAL OINT (Use Miconazole Nitrate (Topical))	***	QL(2712 gm per fill retail)
AZOLEN TINCTURE SOLN	F	QL(29.57 ml per fill retail)
butenafine hcl crea	F	RX/OTC
ciclopirox gel 0.77 %	F	QL(100 gm per fill retail)
ciclopirox olamine crea	F	
ciclopirox olamine susp	F	QL(60 ml per fill retail)
ciclopirox sham 1 %	F	PA
ciclopirox soln 8 %	F	QL(6.6 ml per fill retail)
clotrimazole (topical) crea	F	QL(113 gm per fill retail); RX/OTC
clotrimazole (topical) soln	F	QL(60 ml per fill retail); RX/OTC
clotrimazole w/ betamethasone crea	F	
clotrimazole w/ betamethasone lotn	F	
econazole nitrate crea	F	QL(30 gm per fill retail)
ERTACZO CREA	F	PA

Drug Name	Drug Tier	Requirements/ Limits
EXELDERM CREA	F	PA
EXELDERM SOLN	F	PA
EXTINA FOAM (Use Ketoconazole (Topical))	***	PA
FUNGOID TINCTURE SOLN	F	QL(29.57 ml per fill retail)
GENTIAN VIOLET SOLN	F	
GNP GENTIAN VIOLET SOLN	F	
JUBLIA SOLN	F	PA
ketoconazole (topical) crea	F	QL(60 gm per fill retail)
ketoconazole (topical) foam	F	PA
ketoconazole (topical) sham	F	QL(120 ml per fill retail)
LAMISIL ADVANCED GEL	F	QL(12 gm per fill retail)
LAMISIL AT CREA (Use Terbinafine HCl (Topical))	***	QL(42 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (Use Terbinafine HCl (Topical))	***	QL(42 gm per fill retail)
LAMISIL AT SPRAY SOLN	F	QL(125 ml per fill retail)
LOPROX CREA (Use Ciclopirox Olamine)	***	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	***	PA
LOPROX SUSP (Use Ciclopirox Olamine)	***	QL(60 ml per fill retail)
LOTRIMIN AF CREA (Use Clotrimazole (Topical))	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN ULTRA CREA	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN ULTRA CREA (Use Butenafine HCl)	***	RX/OTC
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	***	
MENTAX CREA	F	RX/OTC
MICATIN CREA (Use Miconazole Nitrate (Topical))	***	
miconazole nitrate (topical) crea	F	
miconazole nitrate (topical) oint	F	QL(2712 gm per fill retail)
miconazole nitrate (topical) powd	F	QL(1020 gm per fill retail)
naftifine hcl crea	F	PA
NAFTIN CREA 2 % (Use Naftifine HCl)	***	PA
NAFTIN GEL 1 %, 2 %	F	PA
NIZORAL A-D SHAM	F	
NIZORAL SHAM (Use Ketoconazole (Topical))	***	QL(120 ml per fill retail)
nystatin (topical) crea	F	QL(30 gm per fill retail)
nystatin (topical) oint	F	QL(30 gm per fill retail)
nystatin-triamcinolone crea	F	QL(60 gm per fill retail)
nystatin-triamcinolone oint	F	QL(60 gm per fill retail)
oxiconazole nitrate crea	F	PA
OXISTAT CREA (Use Oxiconazole Nitrate)	***	PA
OXISTAT LOTN	F	PA
PEDIADERM AF COMPLETE KIT KIT	F	PA
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	***	QL(6.6 ml per fill retail)
terbinafine hcl (topical) crea	F	QL(42 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TINACTIN AERP (Use Tolnaftate)	***	QL(138 gm per fill retail)
TINACTIN CREA (Use Tolnaftate)	***	QL(30 gm per fill retail)
TINACTIN DEODORANT AERP (Use Tolnaftate)	***	QL(138 gm per fill retail)
TINACTIN JOCK ITCH AERP (Use Tolnaftate)	***	QL(138 gm per fill retail)
TINACTIN JOCK ITCH CREA (Use Tolnaftate)	***	QL(30 gm per fill retail)
TINACTIN POWD (Use Tolnaftate)	***	QL(113 gm per fill retail)
tolnaftate aerp ex	F	QL(138 gm per fill retail)
tolnaftate crea ex	F	QL(30 gm per fill retail)
tolnaftate liqd ex	F	QL(151 ml per fill retail)
tolnaftate powd ex	F	QL(113 gm per fill retail)
TOLNAFTATE POWD XX	F	
tolnaftate soln ex	F	QL(151 ml per fill retail)
VUSION OINT	F	PA
XOLEGEL GEL	F	PA
<b>Antihistamines-Topical</b>		
BENADRYL EXTRA STRENGTH CREA (Use Diphenhydramine-Zinc Acetate)	***	QL(30 gm per fill retail)
BENADRYL ITCH STOPPING CREA (Use Diphenhydramine-Zinc Acetate)	***	
diphenhydramine hcl (topical) crea	F	
diphenhydramine hcl (topical) gel	F	
diphenhydramine hcl (topical) soln	F	
diphenhydramine-zinc acetate crea 0.1%-0.1%-2%-2%, 0.1%-2%	F	QL(30 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine-zinc acetate crea 0.1%-1%</i>	F	
<i>diphenhydramine-zinc acetate liqd 0.1%-2%</i>	F	
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA	F	
<i>diclofenac sodium (actinic keratoses) gel</i>	F	PA
EFUDEX CREA (Use Fluorouracil (Topical))	***	
FLUOROPLEX CREA	F	PA
<i>fluorouracil (topical) crea</i>	F	
<i>fluorouracil (topical) soln</i>	F	
FLUOROURACIL CREA 0.5 %	F	
FLUOROURACIL SOLN 2 %, 5 %	F	
PANRETIN GEL	F	PA
PICATO GEL	F	PA
SOLARAZE GEL (Use Diclofenac Sodium (Actinic Keratoses))	***	PA
VALCHLOR GEL	F	PA
<b>Antipruritics - Topical</b>		
<i>camphor &amp; menthol lotn</i>	F	QL(222 ml per fill retail)
DOXEPIN HYDROCHLORIDE CREA	F	PA
PRUDOXIN CREA	F	PA
SARNA LOTN (Use Camphor & Menthol)	***	QL(222 ml per fill retail)
ZONALON CREA	F	PA
<b>Antipsoriatics</b>		
8-MOP CAPS	F	PA
<i>acitretin caps</i>	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene crea</i>	F	QL(120 gm per fill retail)
<i>calcipotriene oint</i>	F	
<i>calcipotriene soln</i>	F	QL(60 ml per fill retail)
DOVONEX CREA (Use Calcipotriene)	***	QL(120 gm per fill retail)
DRITHO-CREME HP CREA	F	
<i>methoxsalen rapid caps</i>	F	PA
OXSORALEN ULTRA CAPS (Use Methoxsalen Rapid)	***	PA
SORIATANE CAPS (Use Acitretin)	***	PA
SORILUX FOAM	F	PA
<i>tazarotene crea</i>	F	QL(120 gm per fill retail); AL; Up to 21 yrs old
TAZORAC CREA 0.05 %	F	QL(240 gm per fill retail); AL; Up to 21 yrs old
TAZORAC CREA 0.1 % (Use Tazarotene)	***	QL(120 gm per fill retail); AL; Up to 21 yrs old
TAZORAC GEL 0.05 %, 0.1 %	F	QL(200 gm per fill retail); AL; Up to 21 yrs old
<b>Antiseborrheic Products</b>		
HEAD & SHOULDERS 2IN1 CLASSIC CLEAN/NORMAL SHAM (Use Pyrithione Zinc)	***	
HEAD & SHOULDERS CLASSICCLEAN/NORMAL SHAM (Use Pyrithione Zinc)	***	
HEAD & SHOULDERS DRY SCALP 2 IN 1 SHAM (Use Pyrithione Zinc)	***	
OVACE PLUS LOTN	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
OVACE PLUS WASH GEL (Use Sulfacetamide Sodium)	***	PA
OVACE PLUS WASH LIQD (Use Sulfacetamide Sodium)	***	
OVACE WASH LIQD (Use Sulfacetamide Sodium)	***	
pyrithione zinc sham	F	
salicylic acid & sulfur sham	F	QL(355 ml per fill retail)
SEBULEX SHAM (Use Salicylic Acid & Sulfur)	***	QL(355 ml per fill retail)
selenium sulfide lotn 1 %	F	QL(420 ml per fill retail)
selenium sulfide lotn 2.5 %	F	QL(120 ml per fill retail)
selenium sulfide sham 1 %	F	QL(420 ml per fill retail)
SELSUN BLUE DAILY LOTN (Use Selenium Sulfide)	***	QL(420 ml per fill retail)
SELSUN BLUE LOTN (Use Selenium Sulfide)	***	QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (Use Selenium Sulfide)	***	QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (Use Selenium Sulfide)	***	QL(420 ml per fill retail)
sulfacetamide sodium gel ex	F	PA
sulfacetamide sodium liqd ex	F	
<b>Antivirals - Topical</b>		
acyclovir topical oint	F	
DENAVIR CREA	F	PA
XERESE CREA	F	PA
ZOVIRAX CREA EX 5 %	F	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	***	

Drug Name	Drug Tier	Requirements/ Limits
<b>Burn Products</b>		
mafenide acetate pack	F	PA
SILVADENE CREA (Use Silver Sulfadiazine)	***	
silver sulfadiazine crea	F	
SULFAMYLON CREA 85 MG/GM	F	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	***	PA
<b>Corticosteroids - Topical</b>		
ACLOVATE CREA (Use Alclometasone Dipropionate)	***	PA
alclometasone dipropionate crea	F	PA
alclometasone dipropionate oint	F	PA
AMCINONIDE CREA	F	QL(60 gm per fill retail)
AMCINONIDE LOTN	F	PA
AMCINONIDE OINT	F	PA
APEXICON E CREA	F	PA
AUGMENTED BETAMETHASONE DIPROPIONATE GEL	F	QL(50 gm per fill retail)
betamethasone dipropionate (topical) crea	F	
betamethasone dipropionate (topical) lotn	F	QL(60 ml per fill retail)
betamethasone dipropionate (topical) oint	F	
betamethasone dipropionate augmented gel	F	QL(50 gm per fill retail)
betamethasone dipropionate augmented oint	F	QL(50 gm per fill retail)
betamethasone valerate crea 0.1 %	F	
betamethasone valerate foam 0.12 %	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate lotn 0.1 %</i>	F	
<i>betamethasone valerate oint 0.1 %</i>	F	
CAPEX SHAM	F	PA
<i>clobetasol propionate crea</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate emollient base crea</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate emulsion foam</i>	F	PA
<i>clobetasol propionate foam</i>	F	PA
<i>clobetasol propionate gel</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate liqd</i>	F	PA
<i>clobetasol propionate lotn</i>	F	PA
<i>clobetasol propionate oint</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate sham</i>	F	PA
<i>clobetasol propionate soln</i>	F	QL(50 ml per fill retail)
CLOBEX LIQD ( <i>Use Clobetasol Propionate</i> )	***	PA
CLOBEX LOTN ( <i>Use Clobetasol Propionate</i> )	***	PA
CLOBEX SHAM ( <i>Use Clobetasol Propionate</i> )	***	PA
CLOCORTOLONE PIVALATE CREA	F	PA
CLOCORTOLONE PIVALATE PUMP CREA	F	PA
CLODAN KIT KIT	F	PA
CLODERM CREA	F	PA
CLODERM PUMP CREA	F	PA
CORDRAN TAPE	F	PA
CORDRAN TAPE TAPE	F	PA

Drug Name	Drug Tier	Requirements/ Limits
CUTIVATE CREA ( <i>Use Fluticasone Propionate</i> )	***	QL(60 gm per fill retail)
CUTIVATE LOTN ( <i>Use Fluticasone Propionate</i> )	***	PA
DERMATOP CREA ( <i>Use Prednicarbate</i> )	***	PA
DERMATOP OINT ( <i>Use Prednicarbate</i> )	***	PA
DESONATE GEL	F	PA
<i>desonide crea</i>	F	PA; QL(60 gm per fill retail)
<i>desonide lotn</i>	F	PA; QL(118 ml per fill retail)
<i>desonide oint</i>	F	PA; QL(60 gm per fill retail)
DESOWEN CREA ( <i>Use Desonide</i> )	***	PA; QL(60 gm per fill retail)
DESOWEN LOTN ( <i>Use Desonide</i> )	***	PA; QL(118 ml per fill retail)
<i>desoximetasone crea 0.05 %</i>	F	QL(300 gm per fill retail)
<i>desoximetasone crea 0.25 %</i>	F	PA; QL(200 gm per fill retail)
<i>desoximetasone gel 0.05 %</i>	F	PA; QL(60 gm per fill retail)
<i>desoximetasone oint 0.25 %</i>	F	PA; QL(100 gm per fill retail)
DIFLORASONE DIACETATE CREA	F	QL(60 gm per fill retail)
DIFLORASONE DIACETATE OINT	F	QL(60 gm per fill retail)
DIPROLENE OINT ( <i>Use Betamethasone Dipropionate Augmented</i> )	***	QL(50 gm per fill retail)
ELOCON CREA ( <i>Use Mometasone Furoate</i> )	***	QL(50 gm per fill retail)
ELOCON LOTN ( <i>Use Mometasone Furoate</i> )	***	PA
ELOCON OINT ( <i>Use Mometasone Furoate</i> )	***	QL(45 gm per fill retail)
EPIFOAM FOAM	F	
<i>fluocinolone acetonide crea 0.01 %</i>	F	PA; QL(60 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide crea 0.025 %</i>	F	PA; QL(120 gm per fill retail)
<i>fluocinolone acetonide oint 0.025 %</i>	F	PA; QL(120 gm per fill retail)
<i>fluocinolone acetonide soln 0.01 %</i>	F	PA
<i>fluocinonide crea 0.05 %</i>	F	QL(120 gm per fill retail)
<i>fluocinonide crea 0.1 %</i>	F	PA
<i>fluocinonide emulsified base crea</i>	F	QL(60 gm per fill retail)
<i>fluocinonide gel 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluocinonide oint 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluocinonide soln 0.05 %</i>	F	QL(60 ml per fill retail)
<i>fluticasone propionate crea 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluticasone propionate lotn 0.05 %</i>	F	PA
<i>fluticasone propionate oint 0.005 %</i>	F	QL(60 gm per fill retail)
<i>halobetasol propionate crea</i>	F	PA
<i>halobetasol propionate oint</i>	F	PA
HALOG CREA	F	PA
HALOG OINT	F	PA
<i>hydrocortisone (topical) crea 0.5 %, 2.5 %</i>	F	
<i>hydrocortisone (topical) crea 1%, 1 %</i>	F	QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (topical) lotn 1 %</i>	F	QL(120 ml per fill retail)
<i>hydrocortisone (topical) lotn 2.5 %</i>	F	QL(118 ml per fill retail)
<i>hydrocortisone (topical) oint 0.5 %</i>	F	QL(56 gm per fill retail)
<i>hydrocortisone (topical) oint 1 %</i>	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) oint 2.5 %</i>	F	
<i>hydrocortisone acetate (topical) crea</i>	F	
<i>hydrocortisone butyrate crea</i>	F	
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	F	PA
<i>hydrocortisone butyrate oint</i>	F	
<i>hydrocortisone butyrate soln</i>	F	
<i>hydrocortisone valerate crea</i>	F	QL(60 gm per fill retail)
<i>hydrocortisone valerate oint</i>	F	PA
<i>hydrocortisone-aloe vera crea</i>	F	QL(224 gm per fill retail)
KENALOG AERS (Use Triamcinolone Acetonide (Topical))	***	PA
LOCOID CREA (Use Hydrocortisone Butyrate)	***	
LOCOID LIPOCREAM CREA (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	***	PA
LOCOID OINT (Use Hydrocortisone Butyrate)	***	
LOCOID SOLN (Use Hydrocortisone Butyrate)	***	
LUXIQ FOAM (Use Betamethasone Valerate)	***	PA
<i>mometasone furoate crea</i>	F	QL(50 gm per fill retail)
<i>mometasone furoate oint</i>	F	QL(45 gm per fill retail)
<i>mometasone furoate soln</i>	F	PA
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone (Topical))	***	QL(454 gm per fill retail); RX/OTC
OLUX FOAM (Use Clobetasol Propionate)	***	PA

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Drug Name	Drug Tier	Requirements/Limits
OLUX-E FOAM (Use Clobetasol Propionate Emulsion)	***	PA
PANDEL CREA	F	PA
PEDIADERM HC KIT	F	PA
<i>prednicarbate crea</i>	F	PA
PREDNICARBATE CREA	F	PA
PREDNICARBATE OINT	F	PA
PSORCON CREA	F	QL(60 gm per fill retail)
SYNALAR CREA 0.025 % (Use Fluocinolone Acetonide)	***	PA; QL(120 gm per fill retail)
SYNALAR OINT 0.025 % (Use Fluocinolone Acetonide)	***	PA; QL(120 gm per fill retail)
SYNALAR SOLN 0.01 % (Use Fluocinolone Acetonide)	***	PA
TEMOVATE CREA (Use Clobetasol Propionate)	***	QL(60 gm per fill retail)
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	***	QL(60 gm per fill retail)
TEMOVATE GEL (Use Clobetasol Propionate)	***	QL(60 gm per fill retail)
TEMOVATE OINT (Use Clobetasol Propionate)	***	QL(60 gm per fill retail)
TEMOVATE SOLN (Use Clobetasol Propionate)	***	QL(50 ml per fill retail)
TEXACORT SOLN	F	PA
TOPICORT CREA 0.05 % (Use Desoximetasone)	***	QL(300 gm per fill retail)
TOPICORT CREA 0.25 % (Use Desoximetasone)	***	PA; QL(200 gm per fill retail)
TOPICORT GEL 0.05 % (Use Desoximetasone)	***	PA; QL(60 gm per fill retail)
TOPICORT LIQD 0.25 %	F	PA
TOPICORT OINT 0.25 % (Use Desoximetasone)	***	PA; QL(100 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	F	PA
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %</i>	F	
<i>triamcinolone acetonide (topical) crea 0.5 %</i>	F	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	F	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) oint 0.025 %</i>	F	QL(454 gm per fill retail)
<i>triamcinolone acetonide (topical) oint 0.1 %</i>	F	
<i>triamcinolone acetonide (topical) oint 0.5 %</i>	F	QL(15 gm per fill retail)
TRIDESILON CREA (Use Desonide)	***	PA; QL(60 gm per fill retail)
ULTRAVATE CREA (Use Halobetasol Propionate)	***	PA
ULTRAVATE OINT (Use Halobetasol Propionate)	***	PA
VANOS CREA (Use Fluocinonide)	***	PA
WESTCORT OINT (Use Hydrocortisone Valerate)	***	PA
<b>Diaper Rash Products</b>		
<i>diaper rash products oint</i>	F	
<b>Emollient/Keratolytic Agents</b>		
ATRAC-TAIN CREA (Use Urea)	***	QL(1704 gm per fill retail)
CARMOL 10 LOTN (Use Urea)	***	QL(480 ml per fill retail)
CARMOL 20 CREA (Use Urea)	***	
<i>urea crea 10 %</i>	F	QL(1704 gm per fill retail)
<i>urea crea 20 %, 40 %</i>	F	
<i>urea crea 50 %</i>	F	PA
<i>urea in zinc undecylenate-lactic acid vehicle emul</i>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE EMUL	F	PA
<i>urea lotn 10 %</i>	F	QL(480 ml per fill retail)
<i>urea lotn 40 %</i>	F	
<b>Emollients</b>		
A + D PERSONAL CARE LOTION LOTN	F	RX/OTC
ALBOLENE CREA	F	RX/OTC
ALOE AFTERSUN LOTION LOTN	F	RX/OTC
AMLACTION CERAPEUTIC LOTN	F	RX/OTC
AMLACTION ULTRA CREA	F	RX/OTC
AQUA GLYCOLIC FACE CREAM CREA	F	RX/OTC
AQUA GLYCOLIC HAND & BODY LOTION LOTN	F	RX/OTC
AQUA LACTEN LOTN	F	RX/OTC
AQUADERM CREA	F	RX/OTC
AQUADERM TREATMENT/MOISTURIZER LOTN	F	RX/OTC
AQUAMED LOTN	F	RX/OTC
AQUAPHILIC OINT	F	QL(10896 gm per fill retail)
AQUAPHOR ADVANCED THERAPY OINT	F	QL(10896 gm per fill retail)
AQUAPHOR OINT	F	QL(10896 gm per fill retail)
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT LOTN	F	RX/OTC
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO LOTN	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AVEENO ACTIVE NATURALS ECZEMA THERAPY CREA ( <i>Use Colloidal Oatmeal</i> )	***	
AVEENO ACTIVE NATURALS ECZEMA THERAPY HAND CREA ( <i>Use Colloidal Oatmeal</i> )	***	
AVEENO ACTIVE NATURALS SKIN RELIEF MOISTURE REPAIR CREA	F	RX/OTC
AVEENO BABY ECZEMA THERAPY CREA ( <i>Use Colloidal Oatmeal</i> )	***	
AVEENO DAILY MOISTURIZING SPF 15 LOTN	F	RX/OTC
AVEENO INTENSE RELIEF HAND CREA	F	RX/OTC
AVEENO POSITIVELY AGELESS FIRMING BODY LOTN	F	RX/OTC
AVEENO POSITIVELY AGELESS SKIN STRENGTHENING BODY CREAM CREA	F	RX/OTC
AVEENO POSITIVELY AGELESS SKIN STRENGTHENING HAND CREAM CREA	F	RX/OTC
AVEENO POSITIVELY NOURISHING 24-HOUR ULTRA-HYDRATING CREA	F	RX/OTC
AVEENO POSITIVELY RADIANT LOTN	F	RX/OTC
AVEENO POSITIVELY RADIANT OVERNIGHT HYDRATING FACIAL MOISTURIZER CREA	F	RX/OTC
AVEENO STRESS RELIEF MOISTURIZING LOTN	F	RX/OTC
BASLE CREA	F	RX/OTC
BETA CARE CREA	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BETA CARE LOTN	F	RX/OTC
BETA XMA CREA	F	RX/OTC
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	F	QL(10896 gm per fill retail)
CAM LOTN	F	RX/OTC
CARB-O-LAN 10 CREA	F	RX/OTC
CARB-O-LAN 20 CREA	F	RX/OTC
CARB-O-PHILIC/20 CREA	F	RX/OTC
CARB-O-SAL 5 CREA	F	RX/OTC
CERAVE AM SPF 30 LOTN	F	RX/OTC
CERAVE CREA	F	RX/OTC
CERAVE LOTN	F	RX/OTC
CERAVE PM LOTN	F	RX/OTC
CERAVE RENEWING SA CREA	F	RX/OTC
CERAVE SA RENEWING LOTN	F	RX/OTC
CETAPHIL CREA	F	RX/OTC
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	F	RX/OTC
CETAPHIL DAILY FACIAL MOISTURIZER LOTN	F	RX/OTC
CETAPHIL DERMACONTROL MOISTURIZER/SPF 30 LOTN	F	RX/OTC
CETAPHIL MOISTURIZING CREA (Use Emollient)	***	RX/OTC
CETAPHIL MOISTURIZING LOTN	F	RX/OTC
CETAPHIL RESTORADERM LOTN	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CETAPHIL THERAPEUTIC HAND CREA	F	RX/OTC
CLN FACIAL MOISTURIZER NOURISHING LOTN	F	RX/OTC
COCOA BUTTER HAND & BODYLOTION LOTN	F	RX/OTC
COCOA BUTTER LOTN	F	RX/OTC
COCONUT OIL BEAUTY CREA	F	RX/OTC
<i>colloidal oatmeal crea</i>	F	
CVS DAILY ULTRA MOISTURELOTION LOTN	F	RX/OTC
CVS MOISTURIZING CREAM CREA	F	RX/OTC
DAILY CONDITIONING TREATMENT OINT	F	QL(10896 gm per fill retail)
DERMABASEOIL IN WATER CREA	F	RX/OTC
DERMAIDE ALOE CREA	F	RX/OTC
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	F	RX/OTC
DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN	F	RX/OTC
DERMAL THERAPY FOOT MASSAGE LOTN	F	RX/OTC
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	F	RX/OTC
DERMAL THERAPY HEEL CARE LOTN	F	RX/OTC
DERMALUBE DAILY MOISTURIZING LOTION LOTN	F	RX/OTC
DERMEND MOISTURIZING BRUISE FORMULA CREA	F	RX/OTC
DHEA CREA	F	RX/OTC
DIABETIDERM CREA	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
DIABETIDERM FOOT REJUVENATING CREA	F	RX/OTC
DIABETIDERM HAND & BODY LOTN	F	RX/OTC
DIABETIDERM LOTN	F	RX/OTC
DMAE CREA	F	RX/OTC
DML FORTE CREA	F	RX/OTC
DROXY CREAM CREA	F	RX/OTC
ELON SKIN REPAIR SYSTEM CREA	F	RX/OTC
ELTA CREA	F	RX/OTC
EMOLLIA-CREME CREA	F	RX/OTC
EMOLLIA-LOTION LOTN	F	RX/OTC
<i>emollient crea</i>	F	RX/OTC
<i>emollient lotn 1.25 %,</i>	F	RX/OTC
<i>emollient oint 0.16gm/30gm-300mg/30gm-100unit/30gm, 41 %, 52 %,</i>	F	QL(10896 gm per fill retail)
EPILYT LOTN	F	RX/OTC
EQ THERAPEUTIC MOISTURIZING CREAM CREA	F	RX/OTC
EQL ADVANCED RECOVERY SKIN CARE LOTN	F	RX/OTC
EQL MOISTURIZING CREAM CREA	F	RX/OTC
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	F	RX/OTC
EUCERIN BABY LOTN	F	RX/OTC
EUCERIN CALMING DAILY MOISTURIZER CREA ( <i>Use Emollient</i> )	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EUCERIN DAILY PROTECTION/SPF 30 LOTN	F	RX/OTC
EUCERIN INTENSIVE REPAIR LOTN	F	RX/OTC
EUCERIN INTENSIVE REPAIRHAND CREA	F	RX/OTC
EUCERIN LOTN	F	RX/OTC
EUCERIN ORIGINAL HEALINGSOOTHING REPAIR LOTN	F	RX/OTC
EUCERIN PLUS CREA	F	RX/OTC
EUCERIN PLUS INTENSIVE REPAIR CREA ( <i>Use Emollient</i> )	***	RX/OTC
EUCERIN PLUS LOTN	F	RX/OTC
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	F	RX/OTC
EUCERIN SKIN CALMING DAILY MOISTURIZING CREA ( <i>Use Emollient</i> )	***	RX/OTC
EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN	F	RX/OTC
FORMULA 405 ENRICHED EYE CREA	F	RX/OTC
FORMULA 405 FACE CREAM CREA	F	RX/OTC
FORMULA 405 LIGHT TEXTURED MOISTURIZER CREA	F	RX/OTC
FORMULA 405 MOISTURIZING LOTN	F	RX/OTC
GENTLE CREA	F	RX/OTC
GNP ADVANCED RECOVERY LOTN	F	RX/OTC
GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN	F	RX/OTC
GOLD BOND MEDICATED BODYLOTION LOTN	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	F	RX/OTC
GOLD BOND ULTIMATE HEALING CREA	F	RX/OTC
GOLD BOND ULTIMATE HEALING LOTN	F	RX/OTC
GOLD BOND ULTIMATE HEALING OINT	F	QL(10896 gm per fill retail)
GOLD BOND ULTIMATE LOTN	F	RX/OTC
GOLD BOND ULTIMATE PROTECTION LOTN	F	RX/OTC
GOLD BOND ULTIMATE RESTORING LOTN	F	RX/OTC
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN	F	RX/OTC
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	F	RX/OTC
GOLD BOND ULTIMATE SOFTENING LOTN	F	RX/OTC
GOLD BOND ULTIMATE SOOTHING CREA	F	RX/OTC
GOLD BOND ULTIMATE SOOTHING LOTN	F	RX/OTC
GRX VITAMIN E LOTN	F	RX/OTC
HYDRASYN25 CREA	F	RX/OTC
HYDRO-LAN CREA	F	RX/OTC
J & J BURN CREAM CREA	F	RX/OTC
KERADAN CREA	F	RX/OTC
KERI ADVANCED MOISTURE THERAPY LOTN	F	RX/OTC
KERI BASIC ESSENTIALS LOTN	F	RX/OTC
KERI LONG LASTING CREA	F	RX/OTC
KERI NOURISHING SHEA BUTTER LOTN	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KERI ORIGINAL LOTN	F	RX/OTC
KERI OVERNIGHT LOTN	F	RX/OTC
KERI RENEWAL MILK BODY LOTN	F	RX/OTC
KERI RENEWAL SKIN FIRMING LOTN	F	RX/OTC
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	F	RX/OTC
KERI SENSITIVE SKIN LOTN	F	RX/OTC
LAC-HYDRIN CREA (Use Lactic Acid (Ammonium Lactate))	***	QL(385 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN (Use Lactic Acid (Ammonium Lactate))	***	QL(1368 ml per fill retail); RX/OTC
LAC-HYDRIN TWELVE LOTN (Use Lactic Acid (Ammonium Lactate))	***	QL(1368 ml per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	F	QL(385 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	F	QL(1368 ml per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn 5 %</i>	F	
LACTINOL HX CREA	F	RX/OTC
LADY ESTHER 4 PURPOSE FACE CREAM CREA	F	RX/OTC
LANAPHILIC OINT	F	QL(10896 gm per fill retail)
LANOLOR CREA	F	RX/OTC
LANTISEPTIC THERAPEUTIC CREA	F	RX/OTC
LEADER FINGER CREAM CREA	F	RX/OTC
LUBRIDERM ADVANCED THERAPY LOTN	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	F	RX/OTC
LUBRIDERM DAILY MOISTURE SHEA + CALMING LAVENDER JASMINE LOTN	F	RX/OTC
LUBRIDERM INTENSE SKIN REPAIR LOTN	F	RX/OTC
LUBRIDERM LOTN	F	RX/OTC
LUBRIDERM MENS 3-IN-1 LOTN	F	RX/OTC
LUBRIDERM SERIOUSLY SENSITIVE LOTN	F	RX/OTC
LUBRIDERM SKIN NOURISHING WITH SHEA AND COCOA BUTTERS LOTN	F	RX/OTC
LUBRISOFT LOTN	F	RX/OTC
MAXAM LOTN	F	RX/OTC
MEDELA TENDER CARE LANOLIN CREA	F	RX/OTC
MEDERMA AG FACE CREAM CREA	F	RX/OTC
MEDERMA AG HAND & BODY LOTION LOTN	F	RX/OTC
MEDERMA STRETCH MARKS THERAPY CREA	F	RX/OTC
MOISTURIZING CREAM CREA	F	RX/OTC
MOTHERS FRIEND CREA	F	RX/OTC
MOTHERS FRIEND LOTN	F	RX/OTC
MSM SKIN LOTION LOTN	F	RX/OTC
NEOSALUS LOTN	F	RX/OTC
NEOSPORIN ECZEMA ESSENTIALS CREA ( <i>Use Colloidal Oatmeal</i> )	***	
NEUTROGENA BODY LIGHT SESAME FORMULA LOTN	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA HAND CREA	F	RX/OTC
NEUTROGENA HAND/NORWEGIAN FORMULA/FAST ABSORBING CREA	F	RX/OTC
NEUTROGENA HEALTHY SKIN CREA	F	RX/OTC
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	F	RX/OTC
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	F	RX/OTC
NISEKO HYDRATING FACIAL MOISTURIZER CREA	F	RX/OTC
NIVEA CREA	F	RX/OTC
NIVEA EXTRA ENRICHED LOTION LOTN	F	RX/OTC
NIVEA EXTRA ENRICHED LOTN	F	RX/OTC
NIVEA GENTLE BODY EXFOLIATOR LOTN	F	RX/OTC
NIVEA LIGHT CREA	F	RX/OTC
NIVEA LIGHT LOTN	F	RX/OTC
NIVEA LOTN	F	RX/OTC
NIVEA ORIGINAL LOTN	F	RX/OTC
NIVEA ORIGINAL MOISTURE LOTN	F	RX/OTC
NIVEA SOFT CREA	F	RX/OTC
NIVEA VISAGE CREA	F	RX/OTC
NIVEA VISAGE INNER BEAUTY NIGHTTIME RENEWAL CREA	F	RX/OTC
NIVEA VISAGE LOTN	F	RX/OTC
NUTRADERM ADVANCED FORMULA LOTN	F	RX/OTC
NUTRADERM CREA	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
NUTRADERM LOTN	F	RX/OTC
NUTRASEB CREA	F	RX/OTC
OINTMENT BASE OINT	F	QL(10896 gm per fill retail)
PEN-KERA CREA	F	RX/OTC
PENTRAVAN CREA	F	RX/OTC
PENTRAVAN PLUS CREA	F	RX/OTC
PETROLATUM OINT	F	QL(454 gm per fill retail)
PRETTY FEET & HANDS CREA	F	RX/OTC
RA GENTLE SKIN CREAM CREA	F	RX/OTC
RA RENEWAL DRY SKIN THERAPY LOTN	F	RX/OTC
RADIAGUARD ADVANCED LOTN	F	RX/OTC
RESTA CREA	F	RX/OTC
RESTA LITE LOTN	F	RX/OTC
RISABAL-PH CREA	F	RX/OTC
ROC DEEP WRINKLE SERUM LOTN	F	RX/OTC
ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM CREA	F	RX/OTC
ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM CREA	F	RX/OTC
ROC RETINOL CORREXION CREA	F	RX/OTC
ROC RETINOL CORREXION MAX CREA	F	RX/OTC
ROC RETINOL CORREXION NIGHT CREA	F	RX/OTC
ROC RETINOL CORREXION SENSITIVE EYE CREA	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ROC RETINOL CORREXION SENSITIVE NIGHT CREA	F	RX/OTC
ROSE MILK LOTN	F	RX/OTC
SKIN REPAIR LOTN	F	RX/OTC
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	F	RX/OTC
SOOTHE & COOL SKIN CREAM WITH ALOE & VITAMINS A, D & E CREA	F	RX/OTC
SORBOLENE CREA	F	RX/OTC
SPECIAL CARE CREAM CREA	F	RX/OTC
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	F	RX/OTC
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	F	RX/OTC
STUDIO 35 MOISTURIZING SKIN CREA	F	RX/OTC
SWEEN CREAM CREA	F	
THERABETIC SKIN CARE LOTN	F	RX/OTC
THERAPEUTIC MOISTURIZING CREA	F	RX/OTC
THERAPLEX HYDROLOTION LOTN	F	RX/OTC
TRIPLE CREAM CREA	F	RX/OTC
TROPAZONE LOTN	F	RX/OTC
UDDERLY SMOOTH CREA	F	RX/OTC
UDDERLY SMOOTH EXTRA CARE CREA	F	RX/OTC
UDDERLY SMOOTH EXTRA CARE20 CREA	F	RX/OTC
VANICREAM CREA	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
VANICREAM LITE LOTN	F	RX/OTC
VELVACHOL CREA	F	RX/OTC
VITAMIN E WITH PANTHENOL CREA	F	RX/OTC
<i>vitamins a &amp; d (topical) oint</i>	F	
VP DERMABASE CREA	F	RX/OTC
WIBI LOTN	F	RX/OTC
ZIMS CRACK CREME DAYTIME CREA	F	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	F	PA
TBC AERS	F	PA
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA ( <i>Use Imiquimod</i> )	***	PA
<i>imiquimod crea</i>	F	PA
ZYCLARA CREA	F	PA
ZYCLARA PUMP CREA	F	PA
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA	F	PA;
PROTOPIC OINT 0.03 % ( <i>Use Tacrolimus (Topical)</i> )	***	PA; AL; At least 2 yrs old
PROTOPIC OINT 0.1 % ( <i>Use Tacrolimus (Topical)</i> )	***	PA; AL; At least 16 yrs old
<i>tacrolimus (topical) oint 0.03 %</i>	F	PA; AL; At least 2 yrs old
<i>tacrolimus (topical) oint 0.1 %</i>	F	PA; AL; At least 16 yrs old
<b>Keratolytic/Antimitotic Agents</b>		
CLEAR AWAY ONE STEP WARTREMOVER PADS ( <i>Use Salicylic Acid</i> )	***	
CLEAR AWAY PLANTAR SYSTEM PADS ( <i>Use Salicylic Acid</i> )	***	

Drug Name	Drug Tier	Requirements/ Limits
CLEAR AWAY WART REMOVER SYSTEM PADS ( <i>Use Salicylic Acid</i> )	***	
COMPOUND W FREEZE OFF WART REMOVAL SYSTEM AERO	F	
COMPOUND W LIQD ( <i>Use Salicylic Acid</i> )	***	
COMPOUND W MAXIMUM STRENGTH GEL ( <i>Use Salicylic Acid</i> )	***	QL(14 gm per fill retail)
CONDYLOX GEL	F	PA
CONDYLOX SOLN ( <i>Use Podofilox</i> )	***	
CORN REMOVER ONE STEP PADS ( <i>Use Salicylic Acid</i> )	***	
CORN REMOVER ULTRA THIN PADS ( <i>Use Salicylic Acid</i> )	***	
CORN REMOVER WATERPROOF PADS ( <i>Use Salicylic Acid</i> )	***	
DERMAREST PSORIASIS GEL	F	
KERALYT GEL 3 %	F	
KERALYT GEL 6 % ( <i>Use Salicylic Acid</i> )	***	
<i>podofilox soln</i>	F	
SALEX CREAM KIT ( <i>Use Salicylic Acid w/ Cleanser</i> )	***	PA
SALEX LOTION KIT ( <i>Use Salicylic Acid w/ Cleanser</i> )	***	PA
SALEX SHAM ( <i>Use Salicylic Acid</i> )	***	
<i>salicylic acid gel 17 %</i>	F	QL(14 gm per fill retail)
<i>salicylic acid gel 6 %</i>	F	
<i>salicylic acid liqd 17 %</i>	F	
<i>salicylic acid pads 40 %</i>	F	
<i>salicylic acid sham 6 %</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>salicylic acid soln 17 %</i>	F	QL(15 ml per fill retail)
<i>salicylic acid w/ cleanser kit</i>	F	PA
<b>Liniments</b>		
ASPERCREME/ALOE CREA ( <i>Use Trolamine Salicylate</i> )	***	
BENGAY GREASELESS CREA ( <i>Use Menthol-Methyl Salicylate (Liniments)</i> )	***	
BENGAY ULTRA STRENGTH CREA ( <i>Use Camphor-Menthol-Methyl Salicylate</i> )	***	
<i>camphor-menthol-methyl salicylate crea</i>	F	
<i>liniments &amp; rubs oint</i>	F	
<i>menthol-methyl salicylate (liniments) crea</i>	F	
<i>menthol-methyl salicylate (liniments) oint</i>	F	
MOBISYL CREA ( <i>Use Trolamine Salicylate</i> )	***	
MYOFLEX CREA ( <i>Use Trolamine Salicylate</i> )	***	
SPORTSCREME CREA ( <i>Use Trolamine Salicylate</i> )	***	
TIGER BALM PAIN RELIEVING PTCH	F	
TRIXAICIN CREA	F	QL(60 gm per fill retail)
<i>trolamine salicylate crea</i>	F	
ZIKS ARTHRITIS PAIN RELIEF CREA	F	QL(56.6 gm per fill retail)
<b>Local Anesthetics - Topical</b>		
ARTHRITIS PAIN RELIEVING CREA	F	QL(60 gm per fill retail)
AVEENO ANTI-ITCH LOTN	F	
<i>benzocaine-triclosan aero</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
CALADRYL LOTN ( <i>Use Pramoxine-Calamine</i> )	***	
CAPSAGEL EXTRA STRENGTH GEL	F	QL(60 gm per fill retail)
CAPSAGEL GEL	F	QL(60 gm per fill retail)
CAPSAGEL MAXIMUM STRENGTH GEL	F	QL(30 gm per fill retail)
<i>capsaicin crea 0.025 %</i>	F	
<i>capsaicin crea 0.075 %</i>	F	QL(60 gm per fill retail)
<i>capsaicin crea 0.1 %</i>	F	QL(56.6 gm per fill retail)
CAPZASIN QUICK RELIEF GEL	F	
CAPZASIN-HP CREA ( <i>Use Capsaicin</i> )	***	QL(56.6 gm per fill retail)
CAPZASIN-P CREA	F	QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	F	QL(113 gm per fill retail)
DERMOPLAST AERO	F	
DERMOPLAST PAIN RELIEVINGSPRAY AERO	F	
<i>dibucaine oint</i>	F	
EMLA CREA ( <i>Use Lidocaine-Prilocaine</i> )	***	QL(30 gm per fill retail)
ITCH-X GEL	F	
<i>lidocaine crea 4 %</i>	F	QL(1 gm daily, 120 gm per fill retail)
<i>lidocaine hcl crea 3 %</i>	F	QL(453.6 gm per fill retail)
<i>lidocaine hcl crea 4 %</i>	F	QL(1 ml daily)
<i>lidocaine hcl gel 2 %</i>	F	QL(100 ml per fill retail); RX/OTC
<i>lidocaine ptch 5 %</i>	F	PA; QL(1 ea daily)
<i>lidocaine-prilocaine crea</i>	F	QL(30 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-prilocaine kit</i>	F	
<i>lidocaine-transparent dressing kit</i>	F	
LIDODERM PTCH ( <i>Use Lidocaine</i> )	***	PA; QL(1 ea daily)
LMX 4 CREA ( <i>Use Lidocaine</i> )	***	QL(1 gm daily, 120 gm per fill retail)
LMX 4 PLUS KIT ( <i>Use Lidocaine-Transparent Dressing</i> )	***	
<i>pramoxine-calamine lotn</i>	F	
<i>pramoxine-zinc acetate lotn</i>	F	
PREDATOR CREA ( <i>Use Lidocaine HCl</i> )	***	QL(1 ml daily)
ZOSTRIX DIABETIC FOOT PAIN CREA ( <i>Use Capsaicin</i> )	***	QL(60 gm per fill retail)
<b>Misc. Dermatological Products</b>		
5 DAY LIQD	F	QL(473 ml per fill retail); RX/OTC
<i>dermatological products, misc. liqd</i>	F	QL(473 ml per fill retail); RX/OTC
DIABETIDERM MASSAGE STIMULATOR LIQD	F	QL(473 ml per fill retail); RX/OTC
GENADUR LIQD	F	QL(473 ml per fill retail); RX/OTC
JOBST IT STAYS/ROLL-ON LIQD	F	QL(473 ml per fill retail); RX/OTC
KERASAL FUNGAL NAIL RENEWAL LIQD	F	QL(473 ml per fill retail); RX/OTC
NAIL SCRUB LIQD	F	QL(473 ml per fill retail); RX/OTC
REMOVE ADHESIVE REMOVER LIQD	F	QL(473 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
THUM LIQD	F	QL(473 ml per fill retail); RX/OTC
<b>Misc. Topical</b>		
4-N-1 CREA	F	QL(5676 ml per fill retail)
A+D FIRST AID OINT	F	QL(10896 ml per fill retail)
A-MANTLE CREA	F	
ABSORBASE OINT	F	QL(10896 ml per fill retail)
ACUWASH LIQD	F	
ALOE VESTA DAILY MOISTURIZER LOTN ( <i>Use Dimethicone (Topical)</i> )	***	QL(11328 ml per fill retail)
ALOE VESTA PROTECTIVE OINT	F	QL(10896 ml per fill retail)
ALOE VESTA SKIN CONDITIONER LOTN ( <i>Use Dimethicone (Topical)</i> )	***	QL(11328 ml per fill retail)
<i>aluminum hydroxide oint ex</i>	F	QL(2712 gm per fill retail)
<i>aluminum sulfate &amp; calcium acetate pack</i>	F	
AMERIDERM PERISHIELD OINT	F	QL(10896 ml per fill retail)
AQUA GLYCOLIC FACIAL CLEANSER LIQD	F	
AQUA GLYCOLIC SHAMPOO & BODY CLEANSER LIQD	F	
AQUA GLYCOLIC TONER LIQD	F	
AQUAPHOR LIP REPAIR OINT	F	QL(10896 ml per fill retail)
ASC LOTIONIZED ANTIMICROBIAL SKIN CLEANSER LIQD	F	
AVEENO BABY CALMING COMFORT BATH LIQD	F	
AVEENO BABY CLEANSING THERAPY MOISTURIZING WASH LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
AVEENO POSITIVELY NOURISHING ANTIOXIDANT INFUSED BODY WASH LIQD	F	
AVEENO POSITIVELY RADIANT60 SECOND IN-SHOWER FACIAL LIQD	F	
BASIS CLEANSER EXTRA DRY LIQD	F	
BASIS CLEANSER NORMAL/DRY LIQD	F	
BASIS CLEANSER SENSITIVE LIQD	F	
BASIS FACIAL MOISTURIZER CREA	F	QL(10896 gm per fill retail); RX/OTC
BASIS OVERNIGHT CREA	F	QL(10896 gm per fill retail); RX/OTC
BOUDREAUXS BUTT BATH BODYWASH & SHAMPOO LIQD	F	
BOUDREAUXS BUTT PASTE OINT	F	
CALAMINE LOTN	F	
CARA-KLENZ SOLN	F	
CARRINGTON MOISTURE BARRIER CREA	F	QL(10896 gm per fill retail); RX/OTC
CARRINGTON MOISTURE BARRIER/ZINC CREA	F	QL(10896 gm per fill retail); RX/OTC
CERAVE FOAMING FACIAL CLEANSER LIQD	F	
CERAVE HYDRATING CLEANSER LIQD	F	
CERAVE OINT	F	QL(10896 ml per fill retail)
CETAKLENZ LIQD	F	
CETAPHIL DERMACONTROL FOAM WASH LIQD	F	
CETAPHIL GENTLE CLEANSER LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
CETAPHIL LIQD	F	
CETAPHIL RESTORADERM LIQD	F	
CHAPSTICK OVERNIGHT OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRA MOISTUREDAYTIME FORMULA OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMMOOTH FORTIFY OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMMOOTH NOURISH OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMMOOTH REJUVENATE OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMMOOTH SOOTHE OINT	F	QL(10896 ml per fill retail)
CLEAN & CLEAR ESSENTIALSFOAMING FACIAL CLEANSER LIQD	F	
CLEAN & CLEAR FOAMING FACIAL CLEANSER SENSITIVE SKIN LIQD	F	
CLEAN & CLEAR MORNING BURST BODY WASH BOOST LIQD	F	
CLEAN & CLEAR MORNING BURST DETOXIFYING FACIAL CLEANSER LIQD	F	
CLEAN & CLEAR MORNING BURST FACIAL CLEANSER LIQD	F	
CLEAN & CLEAR MORNING BURST HYDRATING FACIAL CLEANSER LIQD	F	
CLEAN & CLEAR NIGHT RELAXING DEEP CLEANING FACE WASH LIQD	F	
CLEANSING EYELID PADS PADS	F	

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Drug Name	Drug Tier	Requirements/ Limits
CLN BODY WASH GENTLE NON-DRYING LIQD	F	
CLN FACIAL CLEANSER MOISTURE BALANCING LIQD	F	
CLN HAND & FOOT WASH DEEP CLEANSING LIQD	F	
CLN SPORT WASH HIGH PERFORMANCE LIQD	F	
CLN SPORTWASH LIQD	F	
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	***	Limit 1 package per Claim, 2 per Month
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	***	Limit 1 package per Claim, 2 per Month
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	***	Limit 1 package per Claim, 2 per Month
COOL BOTTOMS CREA	F	QL(5676 ml per fill retail)
CRITIC-AID CLEAR MOISTUREBARRIER OINT	F	QL(10896 ml per fill retail)
CUTTER AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER ALL FAMILY AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER BACKWOODS AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER BACKWOODS DRY AERO	***	Limit 1 package per Claim, 2 per Month

Drug Name	Drug Tier	Requirements/ Limits
CUTTER DRY AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER SKINSATIONS AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER SPORT AERO	***	Limit 1 package per Claim, 2 per Month
CVS CLEANSING EYELID WIPES PADS	F	
CVS INSECT REPELLENT AERO	***	Limit 1 package per Claim, 2 per Month
CVS ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
CVS SALINE WOUND WASH SOLN	F	QL(7200 ml per fill retail)
CVS TOTAL HOME INSECT REPELLENT AERO	***	Limit 1 package per Claim, 2 per Month
DERMADROX OINT	F	QL(10896 ml per fill retail)
DERMAGRAN OINT (Use Aluminum Hydroxide)	***	QL(2712 gm per fill retail)
DERMAGRAN SKIN PROTECTANT OINT (Use Aluminum Hydroxide)	***	QL(2712 gm per fill retail)
<i>dimethicone (topical) lotn</i>	F	QL(11328 ml per fill retail)
DOMEBORO PACK (Use Aluminum Sulfate & Calcium Acetate)	***	
DRYSOL SOLN	F	
EQL BODY WASH/SENSITIVE SKIN LIQD	F	
EQL BODY WASH/SHEA BUTTER LIQD	F	
EQL CLEAR HAND SOAP REFILL LIQD	F	
EQL INVIGORATING MAKEUP REMOVER TOWELETES PADS	F	
EQL LIQUID HAND SOAP LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
EQL LIQUID HAND SOAP REFILL LIQD	F	
EQL MAKEUP REMOVER TOWELETTES PADS	F	
EQL SKIN ASTRINGENT LIQD	F	
ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED MISC	F	RX/OTC
EUCERIN ADVANCED CLEANSING LIQD	F	
EUCERIN CREA ( <i>Use Skin Protectants, Misc.</i> )	***	QL(10896 gm per fill retail); RX/OTC
EUCERIN SKIN CALMING BODYWASH LIQD	F	
EYE-SCRUB PADS	F	
EYESCRUB LIQD	F	
FREE & CLEAR FOR SENSITIVE SKIN LIQD	F	
GERI PROTECT OINT	F	QL(10896 ml per fill retail)
GERI-WASH LIQD	F	
GNP ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
GNP SALINE WOUND WASH SOLN	F	QL(7200 ml per fill retail)
GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH EXFOLIATING LIQD	F	
GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH HEALING LIQD	F	
GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH SENSITIVE/OAT EXT LIQD	F	
GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH SOFTENING/SHEA LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
GRX ASC LOTIONIZED ANTIMICROBIAL SKIN CLEANSER LIQD	F	
HM EYELID WIPES PADS	F	
HYDROCERIN CREA	F	QL(10896 gm per fill retail); RX/OTC
IONIL LIQD	F	
ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
KP GENTLE SKIN CLEANSER LIQD	F	
<i>lanolin (topical) crea</i>	F	
LANTISEPTIC SKIN PROTECTANT OINT	F	QL(10896 ml per fill retail)
MEDERMA AG BODY CLEANSER LIQD	F	
MEDERMA AG FACIAL CLEANSER LIQD	F	
MEDERMA AG FACIAL TONER LIQD	F	
MEIJER CALAMINE LOTN	F	
NATURES WASH PLUS LIQD	F	
NEOSPORIN LIP HEALTH OVERNIGHT RENEWAL THERAPY OINT	F	QL(10896 ml per fill retail)
NEUTRAPHOR CREA	F	QL(5676 ml per fill retail)
NEUTRAPHORUS REX CREA	F	QL(5676 ml per fill retail)
NEUTROGENA DEEP CLEAN FACIAL CLEANSER LIQD	F	
NEUTROGENA FRESH FOAMINGCLEANSER LIQD	F	
NIVEA VISAGE FOAMING FACIAL LIQD	F	
NIVEA VISAGE MOISTURIZING TONER LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
NOBLE MYSTIQUE BODY CLEANSER LIQD	F	
OCUSOFT BABY EYELID & EYELASH CLEANSER PADS	F	
OCUSOFT EYELID CLEANSINGPADS PADS	F	
OCUSOFT LID SCRUB PADS	F	
OCUSOFT LID SCRUB PLUS PADS	F	
OFF ACTIVE AERO	***	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS AERO	***	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS AERO	F	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS DRY AERO	***	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS DRY AERO	F	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS SPORTSMEN AERO	***	Limit 1 package per Claim, 2 per Month
OFF FAMILYCARE SMOOTH & DRY AERO	***	Limit 1 package per Claim, 2 per Month
OFF SMOOTH & DRY AERO	***	Limit 1 package per Claim, 2 per Month
PALOMAR E OINT	F	QL(10896 ml per fill retail)
PELEVERUS CLEAR OINT	F	QL(10896 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
PELEVERUS GOLD OINT	F	QL(10896 ml per fill retail)
PELEVERUS OINT	F	QL(10896 ml per fill retail)
PERI-WASH LIQD	F	
PETROLEUM JELLY LIP TREATMENT OINT	F	QL(10896 ml per fill retail)
PHARMACIST CHOICE ALCOHOL PRED PADS PADS	F	RX/OTC
PROSHIELD PLUS SKIN PROTECTANT CREA	F	QL(5676 ml per fill retail)
QC CALAMINE LOTN	F	
RA ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
RA MAKEUP REMOVER EYELIDWIPES XL PADS	F	
RA RENEWAL ADVANCED HEALING OINT	F	QL(10896 ml per fill retail)
RA SALINE WOUND WASH SOLN	F	QL(7200 ml per fill retail)
REFRESH CLEANSER LIQD	F	
REHYLA HAIR + BODY CLEANSER LIQD	F	
REHYLA WASH LIQD	F	
REMEDY CLEAR-AID OINT	F	QL(10896 ml per fill retail)
REMEDY FOAMING BODY CLEANER/OLIVAMINE LIQD	F	
REMEDY NUTRASHIELD CREA	F	QL(5676 ml per fill retail)
REMEDY SKIN REPAIR CREA	F	QL(946 ml per fill retail)
REPEL FAMILY AERO	***	Limit 1 package per Claim, 2 per Month
REPEL FAMILY DRY AERO	***	Limit 1 package per Claim, 2 per Month

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Drug Name	Drug Tier	Requirements/ Limits
REPEL HUNTERS FORMULA AERO	***	Limit 1 package per Claim, 2 per Month
REPEL SPORTSMEN AERO	***	Limit 1 package per Claim, 2 per Month
REPEL SPORTSMEN DRY AERO	***	Limit 1 package per Claim, 2 per Month
REPEL SPORTSMEN MAX AERO	***	Limit 1 package per Claim, 2 per Month
REPEL SPORTSMEN MAX LOTN	***	Limit 1 package per Claim, 2 per Month
RISAMINE OINT	F	
ROC MAX RESURFACING FACIAL CLEANSER LIQD	F	
SAFE WASH SOLN	F	QL(7200 ml per fill retail)
SALINE WOUND WASH SOLN	F	QL(7200 ml per fill retail)
SALJET RINSE SOLN	F	QL(7200 ml per fill retail)
SALJET SOLN	F	QL(7200 ml per fill retail)
SAWYER INSECT REPELLENT AERO	***	Limit 1 package per Claim, 2 per Month
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	***	Limit 1 package per Claim, 2 per Month
SENSI-CARE MOISTURIZING CREA	F	QL(10896 gm per fill retail); RX/OTC
SENSI-CARE SEPTI-SOFT CONCENTRATE LIQD	F	
<i>skin protectants, misc. crea</i>	F	QL(10896 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>skin protectants, misc. oint</i> 0.7%-0.4%-1.7%, 0.5%-6.3%-70%, 51.1 %,	F	QL(10896 ml per fill retail)
SM CALAMINE LOTN	F	
<i>soap &amp; cleansers liqd</i>	F	
SOOTHE & COOL FREE MEDSEPTIC OINT	F	QL(10896 ml per fill retail)
SOOTHE & COOL FREE MOISTURE BARRIER OINT	F	QL(10896 ml per fill retail)
SOOTHE & COOL FREE SKIN PASTE OINT	F	QL(10896 ml per fill retail)
SOOTHE & COOL MOISTURE BARRIER OINT	F	QL(10896 ml per fill retail)
SOOTHE & COOL PROTECT MOISTURE BARRIER OINT	F	QL(10896 ml per fill retail)
SOOTHE & COOL SHAMPOO ANDBODY WASH WITH ALOE LIQD	F	
SORBIDON HYDRATE CREA	F	QL(10896 gm per fill retail); RX/OTC
STAPHSCRUB LIQD	F	
SUMMERS EVE CLEANSING WASH/SENSITIVE SKIN LIQD	F	
SUMMERS EVE NIGHT-TIME CLEANSING WASH/SENSITIVE SKIN LIQD	F	
SURE COMFORT ALCOHOL PREP PADS PADS	F	RX/OTC
SYSTANE LID WIPES PADS	F	
TENA SKIN-CARING BODY WASH LIQD	F	
TENA SKIN-CARING WASH CREAM LIQD	F	
TRIPLE PASTE OINT	F	

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Drug Name	Drug Tier	Requirements/ Limits
TRIPLE PASTE SP OINT	F	
ULTRATHON INSECT REPELLENT 8 AERO	F	Limit 1 package per Claim, 2 per Month
ULTRATHON INSECT REPELLENT LOTN	F	Limit 1 package per Claim, 2 per Month
<i>witch hazel-glycerin pads</i>	F	
WOUND WASH SALINE SOLN	F	QL(7200 ml per fill retail)
<i>zinc oxide (topical) crea 13 %</i>	F	
<i>zinc oxide (topical) oint 20 %</i>	F	QL(500 gm per fill retail)
<i>zinc oxide (topical) oint 40 %</i>	F	
<b>Pigmenting-Depigmenting Agents</b>		
<i>hydroquinone crea</i>	F	PA
OXSORALEN LOTN	F	PA
TRI-LUMA CREA	F	PA
<b>Poison Ivy Products</b>		
<i>poison ivy treatments misc</i>	F	
ZANFEL MISC (Use Poison Ivy Treatments)	***	
<b>Rosacea Agents</b>		
DOXYCYCLINE CPDR	F	PA
FINACEA GEL	F	PA
METROCREAM CREA (Use Metronidazole Topical)	***	
METROGEL GEL (Use Metronidazole Topical)	***	PA
METROLOTION LOTN (Use Metronidazole Topical)	***	
<i>metronidazole (topical) crea 0.75 %</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) gel 0.75 %</i>	F	PA;
<i>metronidazole (topical) gel 1 %</i>	F	PA
<i>metronidazole (topical) lotn 0.75 %</i>	F	
MIRVASO GEL	F	PA
NORITATE CREA	F	PA
ORACEA CPDR	F	PA
<b>Scabicides &amp; Pediculicides</b>		
A-200 GEL EX 0.33%-4%	F	
A-200 KIT CO 0.5%-0.33%-4% (Use Permethrin & Pyrethrins-Piperonyl Butoxide)	***	
ELIMITE CREA (Use Permethrin)	***	QL(360 gm per fill retail)
EURAX CREA	F	QL(60 gm per fill retail)
EURAX LOTN	F	QL(454 gm per fill retail)
KLOUT SHAM	F	
LICEMD GEL	F	
LICIDE TREATMENT KIT KIT	F	
LINDANE LOTN	F	PA
<i>lindane sham</i>	F	PA
LINDANE SHAM	F	PA
<i>malathion lotn</i>	F	Limit 2 fills per month;QL(59 ml per fill retail)
NATROBA SUSP	F	
NIX CREME RINSE LIQD (Use Permethrin)	***	
OVIDE LOTN (Use Malathion)	***	Limit 2 fills per month;QL(59 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>permethrin &amp; pyrethrins-piperonyl butoxide kit</i>	F	
<i>permethrin aero xx 0.5 %</i>	F	
<i>permethrin crea ex 5 %</i>	F	QL(360 gm per fill retail)
<i>permethrin liqd ex 1 %</i>	F	
<i>permethrin lotn ex 1 %</i>	F	QL(240 ml per fill retail)
<i>pyrethrins-piperonyl butoxide liqd</i>	F	
<i>pyrethrins-piperonyl butoxide sham</i>	F	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover kit</i>	F	
RID AERO (Use Permethrin)	***	
RID COMPLETE LICE ELIMINATION KIT (Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover)	***	
RID ESSENTIAL LICE ELIMINATION KIT KIT	F	
RID LIQD (Use Pyrethrins-Piperonyl Butoxide)	***	
SCHOOLTIME SHAMPOO SHAM	F	
SPINOSAD SUSP	F	
ULESFIA LOTN	F	PA
<b>Tar Products</b>		
<i>coal tar extract sham 0.5 %</i>	F	
<i>coal tar extract sham 1 %</i>	F	QL(473 ml per fill retail)
<i>coal tar extract sham 2.5 %</i>	F	QL(480 ml per fill retail)
DENOREX THERAPEUTIC 2-IN-1 SHAM (Use Coal Tar Extract)	***	QL(480 ml per fill retail)
DHS TAR GEL SHAM (Use Coal Tar Extract)	***	

Drug Name	Drug Tier	Requirements/ Limits
DHS TAR SHAM (Use Coal Tar Extract)	***	
NEUTROGENA T/GEL SHAM (Use Coal Tar Extract)	***	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (Use Coal Tar Extract)	***	
THERAPLEX T SHAM (Use Coal Tar Extract)	***	QL(473 ml per fill retail)
<b>Wound Care Products</b>		
ACTIMARIS WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
AMERIGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
ATRAPRO ANTIPRURITIC HYDROGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
ATRAPRO DERMAL SPRAY LIQD	F	QL(4260 ml per fill retail); RX/OTC
CARRASART GEL	F	QL(3000 ml per fill retail); RX/OTC
CARRASYN HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
CARRASYN V HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
COMFEEL PASTE PSTE	F	QL(2040 ml per fill retail)
CURAFIL GEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
CVS MANUKA HONEY WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
CVS SILVER GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
DERMAGRAN HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
DERMAGRAN-B HYDROPHILIC WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
DERMASYN GEL	F	QL(3000 ml per fill retail); RX/OTC
DIAB DAILY CARE GEL	F	QL(3000 ml per fill retail); RX/OTC
DIAB F.D.G. FREEZE-DRIED GEL	F	QL(3000 ml per fill retail); RX/OTC
DIAB GEL	F	QL(3000 ml per fill retail); RX/OTC
ELTA DERMAL GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
ELTA DERMAL WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
ELTA DERMAL WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
EXCEL-GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
GRX WOUND GEL	F	QL(3000 ml per fill retail); RX/OTC
HYDROGEL AG GEL	F	QL(3000 ml per fill retail); RX/OTC
HYDROGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
INTRASITE GEL APPLIPAK GEL	F	QL(3000 ml per fill retail); RX/OTC
KENDALL AMORPHOUS HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
KERAGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
KERAGELT GEL	F	QL(3000 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEDIHONEY WOUND/BURNDRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
MEDIHONEY WOUND/BURNDRESSING PSTE	F	QL(2040 ml per fill retail)
MICROCYN LIQD	F	QL(4260 ml per fill retail); RX/OTC
MICROKLENZ ANTISEPTIC WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
NEXCARE WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
NU-GEL COLLAGEN WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
PELEVERUS LIQD	F	QL(4260 ml per fill retail); RX/OTC
PURACYN PLUS DUO-CARE LIQD	F	QL(4260 ml per fill retail); RX/OTC
PURILON GEL	F	QL(3000 ml per fill retail); RX/OTC
RADIAGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
RADIAPLEXRX GEL	F	QL(3000 ml per fill retail); RX/OTC
REGENECARE GEL	F	PA
REGRANEX GEL	F	PA
REMEDY 4-IN-1 BODY CLEANSER/FOAMER LIQD	F	QL(4260 ml per fill retail); RX/OTC
RESTA WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
RESTORE HYDROGEL DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
REVITADERM WOUND CARE GEL	F	QL(3000 ml per fill retail); RX/OTC
SAF-CLENS AF LIQD	F	QL(4260 ml per fill retail); RX/OTC
SAF-GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
SEA-CLENS WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
SHUR-CLENS LIQD	F	QL(4260 ml per fill retail); RX/OTC
SILVASORB GEL	F	QL(3000 ml per fill retail); RX/OTC
SILVERMED GEL	F	QL(3000 ml per fill retail); RX/OTC
SILVERMED LIQD	F	QL(4260 ml per fill retail); RX/OTC
SKINTEGRITY HYDROGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
SKINTEGRITY WOUND LIQD	F	QL(4260 ml per fill retail); RX/OTC
SOLOSITE GEL	F	QL(3000 ml per fill retail); RX/OTC
SP ANTIPRURITIC GEL	F	QL(3000 ml per fill retail); RX/OTC
SPECTRAGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
STIMULEN GEL	F	QL(3000 ml per fill retail); RX/OTC
TEGADERM HYDROGEL WOUND FILLER GEL	F	QL(3000 ml per fill retail); RX/OTC
THERAHONEY GEL	F	QL(3000 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRIAD HYDROPHILIC WOUND DRESSING PSTE	F	QL(2040 ml per fill retail)
VASCUDERM HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
VEXASYN GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUN'DRES COLLAGEN HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
<i>wound cleansers liqd</i>	F	QL(4260 ml per fill retail); RX/OTC
WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUND GEL SPRAY GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUND WASH LIQD	F	QL(4260 ml per fill retail); RX/OTC
ZANABIN ANTIPRURITIC HYDROGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC SOLR	F	Limit 1 fill per Month
<b>Diagnostic Tests</b>		
ALBUSTIX STRP	F	
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	F	QL(100 ea per fill retail)
CHEK-STIX CONTROL STRP	F	QL(100 ea per fill retail)
CHEMSTRIP -10 WITH SG STRP	F	QL(1 ea daily)
CHEMSTRIP 10 MD STRP	F	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
CHEMSTRIP 2 GP STRIPS STRP	F	QL(1 ea daily)
CHEMSTRIP 5 OB STRP	F	QL(1 ea daily)
CHEMSTRIP 7 STRP	F	QL(1 ea daily)
CHEMSTRIP 9 STRIPS STRP	F	QL(1 ea daily)
CHEMSTRIP UGK STRP	F	
CHEMSTRIP-K STRP	F	QL(100 ea per fill retail)
CHEMSTRIP-MICRAL STRP	F	
COMBISTIX STRP	F	QL(1 ea daily)
CVS KETONE CARE STRP	F	
DIASTIX STRP	F	
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
HEMA-COMBISTIX STRP	F	QL(1 ea daily)
INFINITY VOICE STRP VI	***	RX/OTC
KETO-DIASTIX STRP	F	
KETOCARE STRP	F	QL(100 ea per fill retail)
KETONE TEST STRIPS STRP	***	
KETOSTIX STRP	F	QL(100 ea per fill retail)
LABSTIX STRP	F	QL(1 ea daily)
MULTISTIX 10 SG STRP	F	QL(1 ea daily)
MULTISTIX 5 STRP	F	QL(1 ea daily)
MULTISTIX 7 STRP	F	QL(1 ea daily)
MULTISTIX 8 SG STRP	F	QL(1 ea daily)
MULTISTIX 9 SG STRP	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MULTISTIX 9 STRP	F	QL(1 ea daily)
MULTISTIX STRP	F	QL(1 ea daily)
NOVA MAX PLUS KETONE TESTSTRIPS STRP	F	QL(1 ea daily)
PRECISION XTRA STRP VI	F	QL(1 ea daily)
PTS PANELS KETONE TEST STRP	***	QL(1 ea daily)
PTS PANELS KETONE TEST STRP	F	QL(1 ea daily)
RELION KETONE STRP	***	
RELION KETONE TEST STRIPS STRP	***	
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS	F	QL (5 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS	F	QL (5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRIPS	F	QL (5 ea daily); RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
URISTIX 4 STRP	F	QL(1 ea daily)
URISTIX STRP	F	QL(1 ea daily)
UTI HOME TEST TEST	F	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>Dietary Management Products</b>		
L-METHYL-MC NAC TABS	F	PA
METAFOLBIC PLUS TABS	F	PA
NEOKE BCAA4 POWD	F	RX/OTC
SULFZIX POWD	F	RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP 114000UNIT-36000UNIT-180000UNIT	F	PA
CREON CPEP 9500UNIT-3000UNIT-15000UNIT, 19000UNIT-6000UNIT-30000UNIT, 38000UNIT-12000UNIT-60000UNIT, 76000UNIT-24000UNIT-120000UNIT	F	
LACTAID FAST ACT TABS (Use Lactase)	***	
LACTAID TABS (Use Lactase)	***	
<i>lactase tabs</i>	F	
PANCREAZE CPEP	F	

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID SOLN	F	PA; SP
ZENPEP CPEP 10000UNIT-3000UNIT- 16000UNIT, 17000UNIT- 5000UNIT-27000UNIT, 34000UNIT-10000UNIT- 55000UNIT, 51000UNIT- 15000UNIT-82000UNIT, 68000UNIT-20000UNIT- 109000UNIT, 85000UNIT- 25000UNIT-136000UNIT, 136000UNIT-40000UNIT- 218000UNIT	F	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12</i>	F	
<i>acetazolamide tabs</i>	F	
DIAMOX CP12 ( <i>Use Acetazolamide</i> )	***	
<i>methazolamide tabs</i>	F	
NEPTAZANE TABS ( <i>Use Methazolamide</i> )	***	
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25MG-25MG ( <i>Use Spironolactone &amp; Hydrochlorothiazide</i> )	***	
ALDACTAZIDE TABS 50MG-50MG	F	PA;
<i>amiloride &amp; hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
DYAZIDE CAPS ( <i>Use Triamterene &amp; Hydrochlorothiazide</i> )	***	
MAXZIDE TABS ( <i>Use Triamterene &amp; Hydrochlorothiazide</i> )	***	
MAXZIDE-25 TABS ( <i>Use Triamterene &amp; Hydrochlorothiazide</i> )	***	
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene &amp; hydrochlorothiazide caps</i>	F	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	F	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	F	
<b>Loop Diuretics</b>		
<i>bumetanide tabs</i>	F	
BUMEX TABS ( <i>Use Bumetanide</i> )	***	
DEMADEX TABS 20 MG ( <i>Use Torsemide</i> )	***	
DEMADEX TABS 5 MG, 10 MG ( <i>Use Torsemide</i> )	***	QL(1 ea daily)
EDECIN TABS ( <i>Use Ethacrynic Acid</i> )	***	PA
<i>ethacrynic acid tabs</i>	F	PA
<i>furosemide soln 10 mg/ml</i>	F	
FUROSEMIDE SOLN 8 MG/ML	F	
<i>furosemide tabs 20 mg, 40 mg, 80 mg</i>	F	
LASIX TABS ( <i>Use Furosemide</i> )	***	
<i>torsemide tabs 20 mg</i>	F	
<i>torsemide tabs 5 mg, 10 mg, 100 mg</i>	F	QL(1 ea daily)
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS ( <i>Use Spironolactone</i> )	***	
<i>amiloride hcl tabs</i>	F	QL(4 ea daily)
<i>spironolactone tabs</i>	F	
<b>Thiazides and Thiazide-Like Diuretics</b>		
CHLOROTHIAZIDE TABS 250 MG	F	QL(2 ea daily)
<i>chlorothiazide tabs 500 mg</i>	F	QL(4 ea daily)
<i>chlorthalidone tabs</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
DIURIL SUSP	F	PA
<i>hydrochlorothiazide caps</i>	F	
<i>hydrochlorothiazide tabs</i>	F	
<i>indapamide tabs</i>	F	
METHYCLOTHIAZIDE TABS	F	PA
<i>metolazone tabs</i>	F	
MICROZIDE CAPS ( <i>Use Hydrochlorothiazide</i> )	***	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS ( <i>Use Risedronate Sodium</i> )	***	PA
ALENDRONATE SODIUM SOLN 70 MG/75ML	F	QL(10.8 ml daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	F	QL(0.15 ea daily)
ALENDRONATE SODIUM TABS 40 MG	F	QL(1 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	F	QL(1 ea daily)
ATELVIA TBEC ( <i>Use Risedronate Sodium</i> )	***	PA
BONIVA TABS ( <i>Use Ibandronate Sodium</i> )	***	PA
<i>calcitonin (salmon) soln</i>	F	QL(3.7 ml per fill retail)
ETIDRONATE DISODIUM TABS	F	PA
FORTEO SOLN	F	PA; SP
FORTICAL SOLN	F	QL(3.7 ml per fill retail)
FOSAMAX PLUS D TABS	F	PA
FOSAMAX TABS ( <i>Use Alendronate Sodium</i> )	***	QL(0.15 ea daily)
<i>ibandronate sodium tabs</i>	F	PA

Drug Name	Drug Tier	Requirements/Limits
MIACALCIN SOLN IJ 200 UNIT/ML	F	QL(2 ml per fill retail)
MIACALCIN SOLN NA 200 UNIT/ACT ( <i>Use Calcitonin (Salmon)</i> )	***	QL(3.7 ml per fill retail)
<i>risedronate sodium tabs</i>	F	PA
<i>risedronate sodium tbec</i>	F	PA
<b>Fertility Regulators</b>		
CHORIONIC GONADOTROPIN SOLR	F	PA; SP
NOVAREL SOLR	F	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	F	PA; SP
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLR	F	PA; SP
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SOLR	F	PA; SP
GENOTROPIN SOLR	F	PA; SP
HUMATROPE COMBO PACK SOLR	F	PA; SP
HUMATROPE SOLR	F	PA; SP
NORDITROPIN FLEXPRO SOLN	F	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	F	PA; SP
NUTROPIN AQ NUSPIN 20 SOLN	F	PA; SP
NUTROPIN AQ NUSPIN 5 SOLN	F	PA; SP
NUTROPIN AQ PEN SOLN	F	PA; SP
OMNITROPE SOLN	F	PA; SP
OMNITROPE SOLR	F	PA; SP
SAIZEN CLICK.EASY SOLR	F	PA; SP
SAIZEN SOLR	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
SAIZENPREP RECONSTITUTIONKIT SOLR	F	PA; SP
SEROSTIM SOLR	F	PA; SP
ZOMACTON SOLR	F	PA; SP
ZORBTIVE SOLR	F	PA; SP
<b>Hormone Receptor Modulators</b>		
EVISTA TABS (Use Raloxifene HCl)	***	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	F	QL(1 ea daily)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN	F	PA; SP
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
SYNAREL SOLN	F	PA; SP
TRIPTODUR SRER	F	PA; SP
<b>Metabolic Modifiers</b>		
BUPHENYL TABS	F	PA; SP
BUPHENYL TABS (Use Sodium Phenylbutyrate)	***	PA; SP
<i>calcitriol caps</i>	F	
<i>calcitriol soln</i>	F	
CARBAGLU TABS	F	PA; SP
CARNITOR SF SOLN (Use Levocarnitine (Metabolic Modifiers))	***	QL(30 ml daily)
CARNITOR SOLN 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	***	QL(30 ml daily)
CARNITOR TABS 330 MG (Use Levocarnitine (Metabolic Modifiers))	***	QL(3 ea daily); RX/OTC
<i>doxercalciferol caps</i>	F	PA
HECTOROL CAPS (Use Doxercalciferol)	***	PA

Drug Name	Drug Tier	Requirements/Limits
KANUMA SOLN	F	PA; SP
KUVAN TBSO	F	PA; SP
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	F	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	F	QL(3 ea daily); RX/OTC
MEPSEVII SOLN	F	PA; SP
NITYR TABS	F	PA; SP
ORFADIN CAPS	F	PA; SP
<i>paricalcitol caps</i>	F	PA
ROCALTROL CAPS (Use Calcitriol)	***	
ROCALTROL SOLN (Use Calcitriol)	***	
SENSIPAR TABS	F	PA; SP
<i>sodium phenylbutyrate tabs</i>	F	PA; SP
ZEMPLAR CAPS (Use Paricalcitol)	***	PA
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Refrigerated)	***	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	***	QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (Use Desmopressin Acetate)	***	QL(6 ea daily)
<i>desmopressin acetate refrigerated soln</i>	F	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated soln</i>	F	QL(5 ml per fill retail)
<i>desmopressin acetate spray soln</i>	F	QL(5 ml per fill retail)
<i>desmopressin acetate tabs</i>	F	QL(6 ea daily)
STIMATE SOLN	F	PA; SP
<b>Prolactin Inhibitors</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<i>cabergoline tabs</i>	F	PA
<b>Somatostatic Agents</b>		
<i>octreotide acetate soln</i>	F	PA; SP
SANDOSTATIN SOLN (Use Octreotide Acetate)	***	PA; SP
SIGNIFOR SOLN	F	PA; SP
<b>Vasopressin Receptor Antagonists</b>		
SAMSCA TABS	F	PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVELLA TABS 0.1MG-0.5MG (Use Estradiol & Norethindrone Acetate)	***	PA; QL(1 ea daily)
ACTIVELLA TABS 0.5MG-1MG (Use Estradiol & Norethindrone Acetate)	***	PA
ANGELIQ TABS	F	PA
CLIMARA PRO PTWK	F	PA
COMBIPATCH PTTW	F	
DUAVEE TABS	F	PA
<i>esterified estrogens &amp; methyltestosterone tabs</i>	F	QL(1 ea daily)
<i>estradiol &amp; norethindrone acetate tabs 0.1mg-0.5mg</i>	F	PA; QL(1 ea daily)
<i>estradiol &amp; norethindrone acetate tabs 0.5mg-1mg</i>	F	PA
FEMHRT LOW DOSE TABS (Use Norethindrone Acetate-Ethinyl Estradiol)	***	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	F	
PREMPHASE TABS	F	PA
PREMPRO TABS	F	
<b>Estrogens</b>		

Drug Name	Drug Tier	Requirements/ Limits
ALORA PTTW	F	Limit 8 patches per month;QL(0.3 ea daily)
CLIMARA PTWK (Use Estradiol)	***	Limit 4 patches per month;QL(0.15 ea daily)
DIVIGEL GEL	F	PA;
ENJUVIA TABS	F	PA
ESTRACE TABS (Use Estradiol)	***	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	F	Limit 8 patches per month;QL(0.3 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	F	Limit 4 patches per month;QL(0.15 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	F	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	F	QL(1 ea daily)
ESTROPIPATE TABS 3 MG	F	QL(2 ea daily)
EVAMIST SOLN	F	PA;
MENEST TABS	F	PA
MINIVELLE PTTW	F	Limit 8 patches per month;QL(0.3 ea daily)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	F	QL(1 ea daily)
VIVELLE-DOT PTTW (Use Estradiol)	***	Limit 8 patches per month;QL(0.3 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		

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Drug Name	Drug Tier	Requirements/Limits
AVELOX ABC PACK TABS (Use Moxifloxacin HCl)	***	PA
AVELOX TABS (Use Moxifloxacin HCl)	***	PA
CIPRO SUSR 5 GM/100ML	F	PA
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	***	PA
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	***	
CIPRO XR TB24 (Use Ciprofloxacin-Ciprofloxacin HCl)	***	PA
CIPROFLOXACIN HCL TABS 100 MG	F	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	F	
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	F	PA
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	F	PA
FACTIVE TABS	F	PA
LEVAQUIN TABS (Use Levofloxacin)	***	QL(1 ea daily, 14 ea per fill retail)
<i>levofloxacin soln iv 25 mg/ml</i>	F	PA
LEVOFLOXACIN SOLN OR 25 MG/ML	F	PA
<i>levofloxacin soln or 25 mg/ml</i>	F	PA
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	F	QL(1 ea daily, 14 ea per fill retail)
<i>moxifloxacin hcl tabs</i>	F	PA
<i>ofloxacin tabs</i>	F	QL(56 ea per fill retail)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Antiflatulents</b>		
GAS-X CHEW (Use Simethicone)	***	

Drug Name	Drug Tier	Requirements/Limits
GAS-X EXTRA STRENGTH CHEW (Use Simethicone)	***	
MYLICON INFANTS GAS RELIEF SUSP (Use Simethicone)	***	
MYLICON SUSP (Use Simethicone)	***	
<i>simethicone chew</i>	F	
<i>simethicone liqd</i>	F	
<i>simethicone susp</i>	F	
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM CAPS	F	PA; QL(5 ea daily); SP
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OCALIVA TABS	F	PA; SP
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS (Use Ursodiol)	***	
CHENODAL TABS	F	PA
URSO 250 TABS (Use Ursodiol)	***	QL(7 ea daily)
URSO FORTE TABS (Use Ursodiol)	***	
<i>ursodiol caps 300 mg</i>	F	
<i>ursodiol tabs 250 mg</i>	F	QL(7 ea daily)
<i>ursodiol tabs 500 mg</i>	F	
<b>Gastrointestinal Antiallergy Agents</b>		
<i>cromolyn sodium (mastocytosis) conc</i>	F	PA
GASTROCROM CONC (Use Cromolyn Sodium (Mastocytosis))	***	PA
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA CAPS	F	PA
<b>Gastrointestinal Stimulants</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl soln</i>	F	
<i>metoclopramide hcl tabs</i>	F	
METOCLOPRAMIDE ODT TBDP	F	PA;
METOZOLV ODT TBDP (Use <i>Metoclopramide HCl</i> )	***	PA;
REGLAN TABS (Use <i>Metoclopramide HCl</i> )	***	
<b>Inflammatory Bowel Agents</b>		
APRISO CP24	F	PA
AZULFIDINE EN-TABS TBEC (Use <i>Sulfasalazine</i> )	***	
AZULFIDINE TABS (Use <i>Sulfasalazine</i> )	***	
<i>balsalazide disodium caps</i>	F	QL(9 ea daily)
CANASA SUPP	F	PA
CIMZIA KIT	F	PA; SP
COLAZAL CAPS (Use <i>Balsalazide Disodium</i> )	***	QL(9 ea daily)
DIPENTUM CAPS	F	PA
GIAZO TABS	F	PA
LIALDA TBEC (Use <i>Mesalamine</i> )	***	PA
<i>mesalamine enem re 4 gm</i>	F	QL(60 ml daily)
<i>mesalamine tbec or 1.2 gm</i>	F	PA
<i>mesalamine tbec or 800 mg</i>	F	QL(3 ea daily)
<i>mesalamine w/ cleanser kit</i>	F	PA
REMICADE SOLR	F	PA; SP
ROWASA KIT (Use <i>Mesalamine w/ Cleanser</i> )	***	PA
SFROWASA ENEM	F	
<i>sulfasalazine tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tbec</i>	F	
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy) soln</i>	F	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alosetron hcl tabs</i>	F	PA
LINZESS CAPS 145 MCG, 290 MCG	F	PA; SP
LOTROXEX TABS (Use <i>Alosetron HCl</i> )	***	PA
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder) caps</i>	F	
<i>calcium acetate (phosphate binder) tabs</i>	F	RX/OTC
ELIPHOS TABS (Use <i>Calcium Acetate (Phosphate Binder)</i> )	***	RX/OTC
FOSRENOL CHEW (Use <i>Lanthanum Carbonate</i> )	***	PA
<i>lanthanum carbonate chew</i>	F	PA
PHOSLYRA SOLN	F	PA
RENAGEL TABS	F	PA
RENVELA PACK (Use <i>Sevelamer Carbonate</i> )	***	PA
RENVELA TABS (Use <i>Sevelamer Carbonate</i> )	***	PA
<i>sevelamer carbonate pack</i>	F	PA
<i>sevelamer carbonate tabs</i>	F	PA
VELPHORO CHEW	F	PA
<b>Short Bowel Syndrome (SBS) Agents</b>		
GATTEX KIT	F	PA; SP
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Acidifiers</b>		

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Drug Name	Drug Tier	Requirements/Limits
K-PHOS NO 2 TABS	F	PA
<b>Alkalinizers</b>		
CYTRA-3 SYRP	F	PA
<i>pot &amp; sod citrates w/citric ac soln</i>	F	PA
<i>potassium citrate (alkalinizer) tbc 15 meq</i>	F	PA
<i>potassium citrate (alkalinizer) tbc 540 mg, 1080 mg</i>	F	
<i>potassium citrate-citric acid pack 3300mg-1002mg</i>	F	PA
<i>potassium citrate-citric acid soln 1100mg/5ml-334mg/5ml, 1100mg/5ml-1100mg/5ml-334mg/5ml-334mg/5ml</i>	F	PA; RX/OTC
POTASSIUM CITRATE/SODIUMCITRATE/CITRIC ACID SOLN	F	PA
SHOHL'S SOLUTION MODIFIED SOLN (Use Sodium Citrate & Citric Acid)	***	RX/OTC
<i>sodium citrate &amp; citric acid soln</i>	F	RX/OTC
TRICITRATES SOLN	F	PA
UROCIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	***	
UROCIT-K 15 TBCR (Use Potassium Citrate (Alkalinizer))	***	PA
UROCIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))	***	
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	F	PA; SP
<b>Genitourinary Irrigants</b>		
<i>acetic acid soln</i>	F	PA
<i>glycine (gu irrigant) soln</i>	F	PA

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin b gu soln</i>	F	PA
NEOSPORIN GU IRRIGANT SOLN (Use Neomycin/Polymyxin B GU)	***	PA
RENACIDIN SOLN	F	PA
<i>sodium chloride (gu irrigant) soln</i>	F	
SORBITOL SOLN IR 3 %, 3.3 %	F	PA
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	F	PA
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	F	PA
AVODART CAPS (Use Dutasteride)	***	PA
CARDURA XL TB24	F	PA
<i>dutasteride caps</i>	F	PA
<i>dutasteride-tamsulosin hcl caps</i>	F	PA
<i>finasteride tabs</i>	F	QL(1 ea daily)
FLOMAX CAPS (Use Tamsulosin HCl)	***	QL(2 ea daily)
JALYN CAPS (Use Dutasteride-Tamsulosin HCl)	***	PA
PROSCAR TABS (Use Finasteride)	***	QL(1 ea daily)
RAPAFLO CAPS	F	PA
<i>tamsulosin hcl caps</i>	F	QL(2 ea daily)
UROXATRAL TB24 (Use Alfuzosin HCl)	***	PA
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs</i>	F	
PYRIDIDIUM TABS (Use Phenazopyridine HCl)	***	

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Drug Name	Drug Tier	Requirements/ Limits
<b>Urinary Stone Agents</b>		
LITHOSTAT TABS	F	PA
THIOLA TABS	F	PA
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	F	
<b>Gout Agents</b>		
<i>allopurinol tabs</i>	F	
COLCHICINE TABS	F	QL(6 ea per fill retail); AL; At least 16 yrs old
COLCRYS TABS	F	QL(6 ea per fill retail); AL; At least 16 yrs old
ULORIC TABS	F	PA
ZYLOPRIM TABS ( <i>Use Allopurinol</i> )	***	
<b>Uricosurics</b>		
<i>probenecid tabs</i>	F	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
ADVATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	F	PA; SP
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	F	PA; SP
ALPHANINE SD SOLR	F	PA; SP
ALPROLIX SOLR	F	PA; SP
BENEFIX KIT 3000 UNIT	F	PA; SP
ELOCTATE SOLR	F	PA; SP
FEIBA SOLR	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
HELIXATE FS KIT	F	PA; SP
HEMLIBRA SOLN	F	PA; SP
HUMATE-P SOLR	F	PA; SP
IXINITY SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	F	PA; SP
KOGENATE FS BIO-SET KIT	F	PA; SP
KOGENATE FS KIT	F	PA; SP
MONOCLATE-P KIT	F	PA; SP
MONONINE SOLR	F	PA; SP
NUWIQ KIT	F	PA; SP
NUWIQ SOLR	F	PA; SP
REBINYN SOLR	F	PA; SP
RECOMBINATE SOLR	F	PA; SP
RIXUBIS SOLR	F	PA; SP
TRETTEN SOLR	F	PA; SP
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SOLN	F	PA; SP
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbc</i>	F	
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SOLN	F	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
AGGRENEX CP12 ( <i>Use Aspirin-Dipyridamole</i> )	***	PA
AGRYLIN CAPS ( <i>Use Anagrelide HCl</i> )	***	
<i>anagrelide hcl caps</i>	F	
<i>aspirin-dipyridamole cp12</i>	F	PA

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Drug Name	Drug Tier	Requirements/Limits
BRILINTA TABS	F	QL(2 ea daily)
<i>cilostazol tabs</i>	F	QL(2 ea daily)
<i>clopidogrel bisulfate tabs</i>	F	
<i>dipyridamole tabs</i>	F	
EFFIENT TABS ( <i>Use Prasugrel HCl</i> )	***	PA
PERSANTINE TABS ( <i>Use Dipyridamole</i> )	***	
PLAVIX TABS ( <i>Use Clopidogrel Bisulfate</i> )	***	
<i>prasugrel hcl tabs</i>	F	PA
ZONTIVITY TABS	F	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA CAPS	F	PA; SP
ZAVESCA CAPS	F	PA; SP
<b>Agents for Sickle Cell Anemia</b>		
DROXIA CAPS	F	
<b>Cobalamins</b>		
B-12 LOZG	F	
<i>cyanocobalamin soln</i>	F	
<i>cyanocobalamin subl</i>	F	
<i>cyanocobalamin tabs</i>	F	
<i>cyanocobalamin tbc</i>	F	
NASCOBAL SOLN	F	PA
<b>Folic Acid/Folates</b>		
<i>folic acid tabs 1 mg</i>	F	RX/OTC
<i>folic acid tabs 400 mcg, 800 mcg</i>	F	QL(1 ea daily)
<b>Hematopoietic Growth Factors</b>		

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOLN	F	PA; SP
ARANESP ALBUMIN FREE SOSY	F	PA; SP
EPOGEN SOLN	F	PA; SP
GRANIX SOSY	F	PA; SP
LEUKINE SOLR	F	PA; SP
NEULASTA ONPRO KIT PSKT	F	PA; SP
NEULASTA SOSY	F	PA; SP
NEUPOGEN SOLN	F	PA; SP
NEUPOGEN SOSY	F	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	F	PA; SP
PROMACTA TABS	F	PA; SP
ZARXIO SOSY	F	PA; SP
<b>Hematopoietic Mixtures</b>		
B-12 1000 SUBL	F	
B-12 SUBL	F	
BIFERA TABS	F	
<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu caps</i>	F	PA
<i>fe fumarate-vitamin c-vitamin b12-folic acid caps</i>	F	PA
FEOSOL BIFERA TABS	F	
FERRALET 90 TABS	F	PA
FERRAPLUS 90 TABS	F	PA
<i>ferrous fumarate w/ b12-vit c-fa-ifc caps</i>	F	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	F	QL(1 ea daily)
<i>ferrous fumarate-folic acid tabs</i>	F	PA
FOCALGIN DSS TABS	F	PA
FOLGARD TABS	F	
<i>folic acid-vitamin b6-vitamin b12 tabs</i>	F	
HEMATOGEN FA CAPS	F	PA
<i>iron polysaccharide complex-vit b12-folic acid caps</i>	F	
MULTIGEN FOLIC TABS	F	PA
MULTIGEN PLUS TABS	F	PA
MULTIGEN TABS	F	PA
NEPHRON FA TABS	F	PA
NOVAFERRUM 125 LIQD	F	
TANDEM PLUS CAPS (Use Fe Fum-Iron Polysacch Complex-FA-B Complex-C-Zn-Mn-Cu)	***	PA
TARON FORTE CAPS	F	PA
<b>Iron</b>		
<i>carbonyl iron tabs</i>	F	
FEOSOL TABS (Use Carbonyl Iron)	***	
FEOSOL TABS (Use Ferrous Sulfate Dried)	***	
FER-IN-SOL SOLN (Use Ferrous Sulfate)	***	QL(3.4 ml daily)
FERGON TABS (Use Ferrous Gluconate)	***	
FERRETT'S TABS	F	QL(2 ea daily)
<i>ferrous fumarate tabs</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FERROUS GLUCONATE TABS 225 MG, 324 MG	F	
<i>ferrous gluconate tabs 27 mg, 240 mg, 324 mg</i>	F	
<i>ferrous sulfate dried tabs</i>	F	
<i>ferrous sulfate dried tbc</i>	F	
<i>ferrous sulfate elix 220 mg/5ml</i>	F	
FERROUS SULFATE LIQD 220 MG/5ML	F	
<i>ferrous sulfate soln 15 mg/ml</i>	F	QL(3.4 ml daily)
FERROUS SULFATE SYRP 300 MG/5ML	F	
<i>ferrous sulfate tabs 28 mg, 65 mg, 325 mg</i>	F	
FERROUS SULFATE TBCR 140 MG	F	
<i>ferrous sulfate tbc 45 mg, 50 mg, 142 mg, 47.5 mg</i>	F	
FERROUS SULFATE TBEC 324 MG	F	
<i>ferrous sulfate tbec 325 mg</i>	F	
HEMOCYTE TABS (Use Ferrous Fumarate)	***	QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	F	
NOVAFERRUM 50 CAPS	F	
<i>polysaccharide iron complex caps</i>	F	QL(1 ea daily)
PROFE CAPS	F	
SLOW FE TBCR (Use Ferrous Sulfate)	***	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR TABS 1000 MG	F	PA; SP
AMICAR TABS 500 MG	F	QL(24 ea per fill retail); SP

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Drug Name	Drug Tier	Requirements/ Limits
LYSTEDA TABS ( <i>Use Tranexamic Acid</i> )	***	Limit 1 fill per Month; AL; At least 12 yrs old
<i>tranexamic acid tabs</i>	F	Limit 1 fill per Month; AL; At least 12 yrs old
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Antihistamine Hypnotics</b>		
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	F	
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	F	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	F	
<i>doxylamine succinate (sleep) tabs</i>	F	
NYTOL MAXIMUM STRENGTH TABS ( <i>Use Diphenhydramine HCl (Sleep)</i> )	***	
UNISOM SLEEPGELS CAPS ( <i>Use Diphenhydramine HCl (Sleep)</i> )	***	
UNISOM TABS ( <i>Use Doxylamine Succinate (Sleep)</i> )	***	
<b>Barbiturate Hypnotics</b>		
BUTISOL SODIUM TABS	F	PA
<i>phenobarbital elix 20 mg/5ml</i>	F	
<i>phenobarbital soln 20 mg/5ml</i>	F	
PHENOBARBITAL TABS 15 MG, 30 MG, 60 MG, 100 MG	F	
<i>phenobarbital tabs 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	F	
SECONAL CAPS	F	PA
SECONAL SODIUM CAPS	F	PA
<b>Hypnotics - Tricyclic Agents</b>		

Drug Name	Drug Tier	Requirements/ Limits
SILENOR TABS	F	PA
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN CR TBCR ( <i>Use Zolpidem Tartrate</i> )	***	PA
AMBIEN TABS ( <i>Use Zolpidem Tartrate</i> )	***	QL(1 ea daily)
DORAL TABS	F	PA
EDLUAR SUBL	F	PA
<i>estazolam tabs</i>	F	
<i>eszopiclone tabs</i>	F	PA
FLURAZEPAM HCL CAPS	F	QL(1 ea daily)
HALCION TABS ( <i>Use Triazolam</i> )	***	QL(1 ea daily)
INTERMEZZO SUBL ( <i>Use Zolpidem Tartrate</i> )	***	PA
LUNESTA TABS ( <i>Use Eszopiclone</i> )	***	PA
<i>midazolam hcl soln ij 5 mg/ml, 2 mg/2ml, 5 mg/5ml, 10 mg/2ml, 25 mg/5ml, 10 mg/10ml, 50 mg/10ml</i>	F	
<i>midazolam hcl syrp or 2 mg/ml</i>	F	PA
QUAZEPAM TABS	F	PA
RESTORIL CAPS 15 MG, 30 MG ( <i>Use Temazepam</i> )	***	QL(1 ea daily); AL; At least 18 yrs old
RESTORIL CAPS 7.5 MG, 22.5 MG ( <i>Use Temazepam</i> )	***	PA
SONATA CAPS 10 MG ( <i>Use Zaleplon</i> )	***	ST; QL(2 ea daily)
SONATA CAPS 5 MG ( <i>Use Zaleplon</i> )	***	ST; QL(1 ea daily)
<i>temazepam caps 15 mg, 30 mg</i>	F	QL(1 ea daily); AL; At least 18 yrs old
<i>temazepam caps 7.5 mg, 22.5 mg</i>	F	PA

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Drug Name	Drug Tier	Requirements/Limits
TRIAZOLAM TABS 0.125 MG	F	QL(1 ea daily)
<i>triazolam tabs 0.25 mg</i>	F	QL(1 ea daily)
<i>zaleplon caps 10 mg</i>	F	ST; QL(2 ea daily)
<i>zaleplon caps 5 mg</i>	F	ST; QL(1 ea daily)
<i>zolpidem tartrate sublingual 3.5 mg, 1.75 mg</i>	F	PA
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	F	QL(1 ea daily)
<i>zolpidem tartrate tablet or 12.5 mg, 6.25 mg</i>	F	PA
ZOLPIMIST SOLN	F	PA
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABS 5 MG, 10 MG, 20 MG	F	PA
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	F	PA; SP
ROZEREM TABS	F	PA
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
BENEFIBER FOR CHILDREN POWD ( <i>Use Wheat Dextrin</i> )	***	
BENEFIBER POWD ( <i>Use Wheat Dextrin</i> )	***	
<i>calcium polycarbophil tabs</i>	F	QL(10 ea daily)
CITRUCEL FIBER LAXATIVE POWD ( <i>Use Methylcellulose (Laxative)</i> )	***	
CITRUCEL TABS ( <i>Use Methylcellulose (Laxative)</i> )	***	
CVS NATURAL FIBER SUPPLEMENT PACK	F	
EVAC POWD ( <i>Use Psyllium</i> )	***	
FIBERCON TABS ( <i>Use Calcium Polycarbophil</i> )	***	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HYDROCIL INSTANT PACK	F	
HYDROCIL INSTANT POWD ( <i>Use Psyllium</i> )	***	
KONSYL PACK 100 %	F	
KONSYL POWD 100 % ( <i>Use Psyllium</i> )	***	
KONSYL POWD 60.3 %, 71.67 %	F	
KONSYL-D POWD	F	
METAMUCIL CAPS ( <i>Use Psyllium</i> )	***	
METAMUCIL MULTIHEALTH FIBER SINGLES PACK	F	
METAMUCIL ORIGINAL TEXTURE POWD ( <i>Use Psyllium</i> )	***	
METAMUCIL POWD ( <i>Use Psyllium</i> )	***	
METAMUCIL SMOOTH TEXTURE FIBER SINGLES PACK	F	
<i>methylcellulose (laxative) powder</i>	F	
<i>methylcellulose (laxative) tabs</i>	F	
<i>psyllium caps</i>	F	
<i>psyllium powder</i>	F	
<i>wheat dextrin powder</i>	F	
<b>Laxative Combinations</b>		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	F	
COLYTE-FLAVOR PACKS SOLR ( <i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i> )	***	QL(4000 ml per fill retail)
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	F	

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Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	***	QL(4000 ml per fill retail)
MOVIPREP SOLR	F	PA
NULYTELY/FLAVOR PACKS SOLR (Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)	***	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	F	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	F	
PREPOPIK PACK	F	PA
sennosides-docusate sodium tabs	F	QL(4 ea daily)
SENOKOT S TABS (Use Sennosides-Docusate Sodium)	***	QL(4 ea daily)
SUPREP BOWEL PREP KIT SOLN	F	PA
<b>Laxatives - Miscellaneous</b>		
glycerin (laxative) supp	F	
GLYCERIN ADULT SUPP (Use Glycerin (Laxative))	***	
KRISTALOSE PACK	F	PA
lactulose soln	F	
MIRALAX PACK (Use Polyethylene Glycol 3350)	***	RX/OTC
MIRALAX POWD (Use Polyethylene Glycol 3350)	***	QL(34 gm daily); RX/OTC
PEDIA-LAX SUPP RE 1 GM (Use Glycerin (Laxative))	***	
PEDIA-LAX SUPP RE 2.8 GM	F	
polyethylene glycol 3350 pack	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
polyethylene glycol 3350 powd	F	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	F	
<b>Lubricant Laxatives</b>		
FLEET OIL ENEM (Use Mineral Oil)	***	
KONDREMUL EMUL	F	
mineral oil enem re 100 %,	F	
mineral oil oil or 100 %, 99.9 %,	F	RX/OTC
MINERAL OIL OIL OR 55 %	F	RX/OTC
<b>Saline Laxatives</b>		
FLEET ENEMA ENEM (Use Sodium Phosphates)	***	
FLEET ENEMA SIX PACK ENEM (Use Sodium Phosphates)	***	
FLEET PEDIATRIC ENEM (Use Sodium Phosphates)	***	
magnesium citrate soln	F	
magnesium hydroxide susp	F	
MILK OF MAGNESIA CONCENTRATE SUSP	F	
OSMOPREP TABS	F	PA
PEDIA-LAX CHEW OR 400 MG	F	
sodium phosphates enem	F	
sodium phosphates soln	F	
<b>Stimulant Laxatives</b>		
bisacodyl supp re 10 mg	F	QL(12 ea per fill retail)
bisacodyl tbec or 5 mg	F	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (Use Bisacodyl)	***	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (Use Bisacodyl)	***	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EX-LAX CHEW ( <i>Use Sennosides</i> )	***	
EX-LAX TABS ( <i>Use Sennosides</i> )	***	
FLEET BISACODYL ENEM	F	
SENNA SYRP	F	
<i>sennosides chew</i>	F	
<i>sennosides liqd</i>	F	
<i>sennosides syrp</i>	F	
<i>sennosides tabs</i>	F	
SEKOKOT TABS ( <i>Use Sennosides</i> )	***	
<b>Surfactant Laxatives</b>		
COLACE CAPS ( <i>Use Docusate Sodium</i> )	***	QL(3 ea daily)
COLACE CLEAR CAPS ( <i>Use Docusate Sodium</i> )	***	
<i>docusate calcium caps</i>	F	
<i>docusate sodium caps 100 mg, 250 mg</i>	F	QL(3 ea daily)
<i>docusate sodium caps 50 mg</i>	F	
<i>docusate sodium liqd 50 mg/5ml, 150 mg/15ml</i>	F	
<i>docusate sodium syrp 60 mg/15ml</i>	F	
<i>docusate sodium tabs 100 mg</i>	F	
DOCUSOL MINI ENEM	F	
DOCUSOL PLUS MINI-ENEMA ENEM	F	
ENEMEEZ MINI ENEM	F	
ENEMEEZ PLUS ENEM	F	
PEDIA-LAX LIQD OR 50 MG/15ML	F	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		

Drug Name	Drug Tier	Requirements/ Limits
<b>Azithromycin</b>		
AZITHROMYCIN PACK 1 GM	F	QL(2 ea per fill retail)
<i>azithromycin susr 100 mg/5ml</i>	F	QL(15 ml per fill retail)
<i>azithromycin susr 200 mg/5ml</i>	F	QL(60 ml per fill retail)
<i>azithromycin tabs 250 mg</i>	F	QL(6 ea per fill retail)
<i>azithromycin tabs 500 mg</i>	F	QL(4 ea daily)
<i>azithromycin tabs 600 mg</i>	F	
ZITHROMAX PACK 1 GM	F	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML ( <i>Use Azithromycin</i> )	***	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML ( <i>Use Azithromycin</i> )	***	QL(60 ml per fill retail)
ZITHROMAX TABS 250 MG ( <i>Use Azithromycin</i> )	***	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG ( <i>Use Azithromycin</i> )	***	QL(4 ea daily)
ZITHROMAX TABS 600 MG ( <i>Use Azithromycin</i> )	***	
ZITHROMAX TRI-PAK TABS ( <i>Use Azithromycin</i> )	***	QL(4 ea daily)
ZITHROMAX Z-PAK TABS ( <i>Use Azithromycin</i> )	***	QL(6 ea per fill retail)
ZMAX SUSR	F	PA
<b>Clarithromycin</b>		
BIAXIN SUSR 250 MG/5ML ( <i>Use Clarithromycin</i> )	***	
BIAXIN TABS 250 MG, 500 MG ( <i>Use Clarithromycin</i> )	***	QL(28 ea per fill retail)
CLARITHROMYCIN SUSR 125 MG/5ML	F	QL(100 ml per fill retail)
<i>clarithromycin susr 125 mg/5ml</i>	F	QL(100 ml per fill retail)
<i>clarithromycin susr 250 mg/5ml</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
CLARITHROMYCIN SUSR 250 MG/5ML	F	
<i>clarithromycin tabs 250 mg, 500 mg</i>	F	QL(28 ea per fill retail)
<i>clarithromycin tb24 500 mg</i>	F	QL(14 ea per fill retail)
<b>Erythromycins</b>		
E.E.S. 400 TABS	F	
E.E.S. GRANULES SUSR (Use <i>Erythromycin Ethylsuccinate</i> )	***	
ERY-TAB TBEC	F	
ERYPED 200 SUSR (Use <i>Erythromycin Ethylsuccinate</i> )	***	
ERYPED 400 SUSR	F	
ERYTHROCIN STEARATE TABS	F	
<i>erythromycin base cpep 250 mg</i>	F	
ERYTHROMYCIN BASE TABS 250 MG, 500 MG	F	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	F	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	F	
PCE TBEC	F	
<b>Fidaxomicin</b>		
DIFICID TABS	F	PA
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
Adhesive Tape	F	
Gauze Bandages	F	
Gauze Pads	F	
Gauze Pads - Misc	F	

Drug Name	Drug Tier	Requirements/Limits
Transparent Dressings - Misc	F	
<b>Contraceptives</b>		
Condoms - Female	F	QL (36 ea per 30 days)
Condoms Latex Lubricated - Male	F	QL (36 ea per 30 days)
Condoms Latex Non-Lubricated - Male	F	QL (36 ea per 30 days)
Condoms Non-Latex Non-Lubricated - Male	F	QL (36 ea per 30 days)
<b>Diabetic Supplies</b>		
Blood Glucose Calibration - Liquid	F	QL (1 ea per 90 days)
Blood Glucose Calibration - Liquid - High	F	QL (1 ea per 90 days)
Blood Glucose Calibration - Liquid - Low	F	QL (1 ea per 90 days)
Blood Glucose Calibration - Liquid - Normal	F	QL (1 ea per 90 days)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	F	
GOODSENSE UNIVERSAL 1 MICRO THIN 33G MISC	F	
GOODSENSE UNIVERSAL 1 MICRO-THIN 33G MISC	F	
GOODSENSE UNIVERSAL 1THIN 26G MISC	F	
Lancets - Misc	F	QL (200 ea per 30 days)
Lancets Devices - Misc	F	QL (1 ea per 180 days)
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	F	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	F	
TRUETEST GLUCOSE CONTROLLEVEL 1 LIQD	F	
TRUETEST GLUCOSE CONTROLLEVEL 2 LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
TRUETEST GLUCOSE CONTROLLEVEL 3 LIQD	F	
<b>Misc. Devices</b>		
ALCOHOL PREP PADS PADS	***	RX/OTC
Alcohol Swabs - Misc	F	QL (400 ea per 30 days)
<b>Parenteral Therapy Supplies</b>		
Allergy Tray Kit 1 ML 26 x 1/2"	F	
Allergy Tray Kit 1/2 ML 27 x 1/2"	F	
DROPLET PEN NEEDLES 32G X 1/4" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/16" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
Insulin Pen Needle 29 G X 10 MM	F	QL (5 ea daily)
Insulin Pen Needle 29 G X 12 MM (1/2")	F	QL (5ea daily)
Insulin Pen Needle 29 G X 12.7 MM	F	QL (5 ea daily)
Insulin Pen Needle 29 G X 13 MM (1/2")	F	QL (5ea daily)
Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	F	QL (5ea daily)
Insulin Pen Needle 31 G X 4 MM (1/6")	F	QL (5ea daily)
Insulin Pen Needle 31 G X 5 MM (3/16")	F	QL (5ea daily)
Insulin Pen Needle 31 G X 6 MM (1/4")	F	QL (5ea daily)
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	F	QL (5ea daily)
Insulin Pen Needle 32 G X 4 MM (5/32")	F	QL (5ea daily)
Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	F	QL (5ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Insulin Pen Needle 32 G X 6 MM (1/4")	F	QL (5ea daily)
Insulin Pen Needle 32 G X 8 MM	F	QL (5 ea daily)
Insulin Pen Needle 33 G X 4 MM (5/32")	F	QL (5ea daily)
Insulin Syringe (Disp) U-100 1 ML	F	QL (5 ea daily)
Insulin Syringe/Needle U-100 0.3 ML 28 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 29 x 1"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 30 x 3/8"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 25 x 1"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 25 x 5/8"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 26 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 27 x 5/8"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	F	QL (5ea daily)

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Drug Name	Drug Tier	Requirements/Limits
Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 30 x 3/8"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	F	QL (5ea daily)
Needle ( <i>Disp</i> ) 25 x 5/8"	F	
Syringe ( <i>Disposable</i> ) 3 ML	F	
Syringe/Needle ( <i>Disp</i> ) 1 ML 20 x 1"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 20 x 1"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 20 x 1-1/2"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 22 x 1"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 22 x 1-1/2"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 22 x 3/4"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 23 x 1"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 23 x 1-1/2"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 25 x 1"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 25 x 1-1/2"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 25 x 5/8"	F	
Syringe/Needle ( <i>Disp</i> ) 3 ML 26 x 5/8"	F	
Tuberculin/Allergy Syringe/Needle ( <i>Disp</i> ) 1 ML 21 x 1"	F	
Tuberculin/Allergy Syringe/Needle ( <i>Disp</i> ) 1 ML 25 x 5/8"	F	

Drug Name	Drug Tier	Requirements/Limits
Tuberculin/Allergy Syringe/Needle ( <i>Disp</i> ) 1 ML 26 x 3/8"	F	
Tuberculin/Allergy Syringe/Needle ( <i>Disp</i> ) 1 ML 28 x 1/2"	F	
<b>Respiratory Therapy Supplies</b>		
*Respiratory Therapy Supplies - Misc**	F	QL (1 ea per year)
*Respiratory Therapy Supplies - Mouthpieces**	F	QL (1 ea per year)
*Spacer/Aerosol-Holding Chamber Supplies - Bags***	F	QL (3 ea per year)
*Spacer/Aerosol-Holding Chambers - Device***	F	QL (2 ea per year)
Peak Flow Meter	F	QL (2 ea per year)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>Use Ergotamine w/ Caffeine</i> )	***	
<i>ergotamine w/ caffeine tabs</i>	F	
MIGERGOT SUPP	F	PA
<i>sumatriptan-naproxen sodium tabs</i>	F	PA
TREXIMET TABS 85MG-500MG ( <i>Use Sumatriptan-Naproxen Sodium</i> )	***	PA
<b>Migraine Products</b>		
D.H.E. 45 SOLN ( <i>Use Dihydroergotamine Mesylate</i> )	***	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	F	
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	F	
MIGRANAL SOLN	F	
<b>Serotonin Agonists</b>		
<i>almotriptan malate tabs</i>	F	PA

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Drug Name	Drug Tier	Requirements/Limits
AMERGE TABS (Use Naratriptan HCl)	***	AL; At least 18 yrs old
AXERT TABS (Use Almotriptan Malate)	***	PA
eletriptan hydrobromide tabs	F	PA
FROVA TABS (Use Frovatriptan Succinate)	***	PA
frovatriptan succinate tabs	F	PA
IMITREX SOLN (Use Sumatriptan Succinate)	***	AL; At least 12 yrs old
IMITREX SOLN (Use Sumatriptan)	***	AL; At least 12 yrs old
IMITREX STATDOSE REFILL SOCT (Use Sumatriptan Succinate)	***	AL; At least 12 yrs old
IMITREX STATDOSE SYSTEM SOAJ (Use Sumatriptan Succinate)	***	AL; At least 12 yrs old
IMITREX TABS (Use Sumatriptan Succinate)	***	AL; At least 12 yrs old
MAXALT TABS (Use Rizatriptan Benzoate)	***	AL; At least 6 yrs old
MAXALT-MLT TBDP (Use Rizatriptan Benzoate)	***	PA; QL(0.4 ea daily)
naratriptan hcl tabs	F	AL; At least 18 yrs old
RELPAK TABS (Use Eletriptan Hydrobromide)	***	PA
rizatriptan benzoate tabs 5 mg, 10 mg	F	AL; At least 6 yrs old
rizatriptan benzoate tbdp 5 mg, 10 mg	F	PA; QL(0.4 ea daily)
sumatriptan soln	F	AL; At least 12 yrs old
sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml	F	AL; At least 12 yrs old
sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml	F	AL; At least 12 yrs old
sumatriptan succinate soln sc 6 mg/0.5ml	F	AL; At least 12 yrs old
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	F	AL; At least 12 yrs old

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg	F	AL; At least 12 yrs old
zolmitriptan tabs	F	PA
zolmitriptan tbdp	F	PA
ZOMIG SOLN NA 2.5 MG	F	PA
ZOMIG SOLN NA 5 MG	F	AL; At least 12 yrs old
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	***	PA
ZOMIG ZMT TBDP (Use Zolmitriptan)	***	PA
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Calcium</b>		
CALCI-CHEW CHEW	F	
CALCIONATE SYRP	F	
calcium carbonate tabs 600mg, 500 mg, 600 mg, 1250 mg, 1500 mg	F	
calcium carbonate-cholecalciferol chew	F	
calcium carbonate-cholecalciferol tabs	F	
calcium carbonate-ergocalciferol tabs	F	
calcium carbonate-vitamin d caps	F	
calcium carbonate-vitamin d chew	F	
calcium carbonate-vitamin d tabs	F	
calcium carbonate-vitamin d w/ minerals chew	F	
calcium citrate tabs	F	
calcium citrate-vitamin d tabs	F	
CALCIUM GLUCONATE TABS	F	
CALCIUM LACTATE TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
CALCIUM TABS	F	
<i>calcium w/ vitamin d tabs</i>	F	
<i>calcium w/ vitamins d &amp; k chew</i>	F	
CALTRATE 600+D PLUS MINERALS CHEW (Use Calcium Carbonate-Vitamin D w/ Minerals)	***	
CITRACAL + D3 MAXIMUM TABS (Use Calcium Citrate-Vitamin D)	***	
CITRACAL MAXIMUM TABS (Use Calcium Citrate-Vitamin D)	***	
CITRACAL PETITES/VITAMIND TABS (Use Calcium Citrate-Vitamin D)	***	
MAGNEBIND 300 TABS	F	
OS-CAL ULTRA TABS	F	
<i>oyster shell tabs</i>	F	
RA OYSTER SHELL CALCIUM/VITAMIN D TABS	F	
RISACAL-D TABS	F	
VIActiv CHEW (Use Calcium w/ Vitamins D & K)	***	
<b>Electrolyte Mixtures</b>		
CERASPORT EX1 SOLN	F	
CERASPORT SOLN	F	
ENFAMIL ENFALYTE SOLN	F	
EQUALYTE SOLN (Use Oral Electrolytes)	***	
<i>lactated ringer's soln</i>	F	PA
<i>oral electrolytes soln</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
PEDIALYTE ADVANCED CARE SOLN (Use Oral Electrolytes)	***	
PEDIALYTE FREEZER POPS SOLN (Use Oral Electrolytes)	***	
PEDIALYTE SINGLES SOLN (Use Oral Electrolytes)	***	
PEDIALYTE SOLN (Use Oral Electrolytes)	***	
<b>Fluoride</b>		
FLUOR-A-DAY CHEW	F	PA
FLURA-DROPS SOLN	F	
LURIDE SOLN (Use Sodium Fluoride)	***	
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 1.1 mg, 2.2 mg</i>	F	
<i>sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml</i>	F	
SODIUM FLUORIDE TABS 1 MG	F	
<b>Iodine Products</b>		
SSKI SOLN	F	
<b>Magnesium</b>		
MAG-TAB SR TBCR	F	
MAG64 TBCR	F	
MAGNEBIND 400 TABS	F	PA
MAGNESIUM CAPS 400 MG	F	
MAGNESIUM GLUCONATE TABS 500 MG	F	
<i>magnesium gluconate tabs 500 mg, 27.5 mg</i>	F	
<i>magnesium oxide (mg supplement) tabs 250 mg, 500 mg, 241.3 mg</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium oxide (mg supplement) tabs 400 mg</i>	F	QL(2 ea daily)
MAGNESIUM OXIDE CAPS	F	
<i>magnesium tabs 200 mg</i>	F	
MAGNESIUM TABS 200 MG	F	
MAGONATE LIQD	F	
MAGOX 400 TABS ( <i>Use Magnesium Oxide (Mg Supplement)</i> )	***	
NU-MAG TBEC	F	
SLOW-MAG TBEC	F	
<b>Mineral Combinations</b>		
ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS	F	
BONE DENSITY BUILDER TABS	F	
CAL MAG ZINC +D3 TABS	F	
CAL-MAG-ZINC-D TABS	F	
CAL-MAG-ZINC-D3 TABS	F	
CALCIUM/MAGNESIUM/ZINC TABS	F	
CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS	F	
CITRACAL PLUS TABS	F	
FEM-CAL CITRATE TABS	F	
MULTI MEGA MINERALS TABS	F	
<i>multiple minerals w/ vitamins tabs</i>	F	
MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS	F	
NATRUL-CAL TABS	F	
PROSTEON TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
THERACAL D2000 TABS	F	
THERACAL D4000 TABS	F	
THERACAL RAPID REPLETION TABS	F	
<b>Phosphate</b>		
K-PHOS NEUTRAL TABS ( <i>Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic &amp; Monobasic</i> )	***	QL(8 ea daily)
K-PHOS TABS	F	PA
PHOS-NAK POWDER CONCENTRATE PACK	F	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic tabs</i>	F	QL(8 ea daily)
<b>Potassium</b>		
EFFER-K TBEF	F	PA
K-TAB TBCR 10 MEQ ( <i>Use Potassium Chloride</i> )	***	
K-TAB TBCR 8 MEQ	F	
KLOR-CON M15 TBCR	F	
KLOR-CON/25 PACK	F	
MICRO-K CPCR 10 MEQ ( <i>Use Potassium Chloride</i> )	***	
MICRO-K CPCR 8 MEQ ( <i>Use Potassium Chloride</i> )	***	QL(1 ea daily)
<i>potassium bicarb &amp; chloride tbeF</i>	F	PA
<i>potassium bicarbonate tbeF</i>	F	
<i>potassium chloride cpcr 10 meq</i>	F	
<i>potassium chloride cpcr 8 meq</i>	F	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR	F	
<i>potassium chloride microencapsulated crystals er tbcR</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride pack 20 meq</i>	F	
<i>potassium chloride soln 10 %, 20 %</i>	F	
POTASSIUM CHLORIDE SOLN 20 %	F	
<i>potassium chloride tbcr 8 meq, 10 meq</i>	F	
<b>Zinc</b>		
GALZIN CAPS	F	PA
<i>zinc sulfate caps or</i>	F	
ZINC SULFATE HEPTAHYDRATE POWD	F	RX/OTC
ZINC SULFATE MONOHYDRATE POWD	F	RX/OTC
ZINC SULFATE POWD XX	F	RX/OTC
<i>zinc tabs</i>	F	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
CUPRIMINE CAPS	F	PA
DEPEN TITRATABS TABS	F	
<b>Immunomodulators</b>		
REVLIMID CAPS	F	PA; SP
THALOMID CAPS	F	PA; SP
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL CP24	F	PA; SP
ATGAM INJ	F	PA; SP
AZASAN TABS	F	PA; QL(3 ea daily)
<i>azathioprine tabs</i>	F	QL(3 ea daily)
CELLCEPT CAPS 250 MG (Use Mycophenolate Mofetil)	***	QL(6 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT SUSR 200 MG/ML (Use Mycophenolate Mofetil)	***	SP
CELLCEPT TABS 500 MG (Use Mycophenolate Mofetil)	***	PA; QL(6 ea daily); SP
<i>cyclosporine caps or 25 mg, 100 mg</i>	F	SP
<i>cyclosporine modified (for microemulsion) caps</i>	F	SP
<i>cyclosporine modified (for microemulsion) soln</i>	F	SP
CYCLOSPORINE MODIFIED CAPS (Use Cyclosporine Modified (For Microemulsion))	***	SP
ENVARUSUS XR TB24	F	PA
IMURAN TABS (Use Azathioprine)	***	QL(3 ea daily)
<i>mycophenolate mofetil caps 250 mg</i>	F	QL(6 ea daily); SP
<i>mycophenolate mofetil susr 200 mg/ml</i>	F	SP
<i>mycophenolate mofetil tabs 500 mg</i>	F	PA; QL(6 ea daily); SP
<i>mycophenolate sodium tbec 180 mg</i>	F	QL(3 ea daily); SP
<i>mycophenolate sodium tbec 360 mg</i>	F	QL(4 ea daily); SP
MYFORTIC TBEC 180 MG (Use Mycophenolate Sodium)	***	QL(3 ea daily); SP
MYFORTIC TBEC 360 MG (Use Mycophenolate Sodium)	***	QL(4 ea daily); SP
NEORAL CAPS (Use Cyclosporine Modified (For Microemulsion))	***	SP
NEORAL SOLN (Use Cyclosporine Modified (For Microemulsion))	***	SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	***	PA
RAPAMUNE SOLN 1 MG/ML	F	SP

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Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use Sirolimus)	***	SP
SANDIMMUNE CAPS OR 25 MG, 100 MG (Use Cyclosporine)	F	SP
SANDIMMUNE SOLN OR 100 MG/ML	F	PA; SP
sirolimus tabs	F	SP
tacrolimus caps	F	PA
ZORTRESS TABS	F	PA; SP
<b>Irrigation Solutions</b>		
lactated ringer's (irrigation) soln	F	PA
water for irrigation, sterile soln	F	
<b>Lymphatic Agents</b>		
SYLVANT SOLR	F	PA; SP
<b>Potassium Removing Agents</b>		
KAYEXALATE POWD (Use Sodium Polystyrene Sulfonate)	***	QL(454 gm per fill retail)
sodium polystyrene sulfonate powd	F	QL(454 gm per fill retail)
sodium polystyrene sulfonate susp	F	
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOAJ	F	PA; SP
BENLYSTA SOSY	F	PA; SP
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
ANBESOL MAXIMUM STRENGTH GEL (Use Benzocaine (Dental))	***	
ANBESOL MAXIMUM STRENGTH LIQD (Use Benzocaine (Dental))	***	
BABY ANBESOL GEL (Use Benzocaine (Dental))	***	

Drug Name	Drug Tier	Requirements/Limits
benzocaine (dental) gel	F	
benzocaine (dental) liqd	F	
benzocaine (dental) pste	F	
benzocaine (dental) soln	F	
benzocaine-menthol (mouth-throat) lozg	F	
CEPACOL DUAL RELIEF SORETHROAT SPRAY LIQD	F	
CEPACOL SORE THROAT EXTRA STRENGTH LOZG (Use Benzocaine-Menthol (Mouth-Throat))	***	
CEPACOL SORE THROAT LOZG 2.1MG-10MG	F	
CEPACOL SORE THROAT LOZG 3.6MG-15MG (Use Benzocaine-Menthol (Mouth-Throat))	***	
CEPACOL SORE THROAT MAXIMUM NUMBING LOZG	F	
CHLORASEPTIC LOZG (Use Benzocaine-Menthol (Mouth-Throat))	***	
CHLORASEPTIC SORE THROAT/LIQUID CENTER LOZG (Use Benzocaine-Menthol (Mouth-Throat))	***	
HURRICAIN ONE SOLN (Use Benzocaine (Dental))	***	
HURRICAIN SOLN (Use Benzocaine (Dental))	***	
lidocaine hcl (mouth-throat) soln	F	QL(100 ml per fill retail)
ORABASE PSTE (Use Benzocaine (Dental))	***	
ORABASE-B PSTE (Use Benzocaine (Dental))	***	
ORAMAGIC PLUS SUSR	F	
<b>Anti-infectives - Throat</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole lozq</i>	F	
<i>clotrimazole troc</i>	F	
<i>nystatin (mouth-throat) susp</i>	F	
ORAVIG TABS	F	PA
<b>Antiseptics - Mouth/Throat</b>		
CHERACOL SORE THROAT LIQD (Use Phenol (Antiseptic))	***	
<i>chlorhexidine gluconate (mouth-throat) soln</i>	F	
PAIN-A-LAY LIQD (Use Phenol (Antiseptic))	***	
PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat))	***	
<i>phenol (antiseptic) liqd</i>	F	
<b>Dental Products</b>		
GEL-KAM ORAL CARE RINSE CONC (Use Stannous Fluoride)	***	RX/OTC
PREVIDENT 5000 BOOSTER PLUS PSTE (Use Sodium Fluoride (Dental))	***	
PREVIDENT 5000 BOOSTER PSTE (Use Sodium Fluoride (Dental))	***	
PREVIDENT 5000 DRY MOUTH GEL (Use Sodium Fluoride (Dental))	***	
PREVIDENT 5000 PLUS CREA (Use Sodium Fluoride (Dental))	***	
PREVIDENT FLUORIDE GEL (Use Sodium Fluoride (Dental))	***	
PREVIDENT SOLN (Use Sodium Fluoride (Dental))	***	
<i>sodium fluoride (dental) crea</i>	F	
<i>sodium fluoride (dental) gel</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride (dental) pste</i>	F	
<i>sodium fluoride (dental) soln</i>	F	
<i>stannous fluoride conc</i>	F	RX/OTC
THERA-FLUR-N GEL (Use Sodium Fluoride (Dental))	***	
<b>Steroids - Mouth/Throat</b>		
<i>triamcinolone acetonide (mouth) pste</i>	F	QL(5 gm per fill retail)
<b>Throat Products - Misc.</b>		
AQUORAL SOLN	F	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	F	QL(900 ml per fill retail); RX/OTC
<i>cevimeline hcl caps</i>	F	PA
CVS DRY MOUTH SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
DRY MOUTH SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	F	QL(900 ml per fill retail); RX/OTC
EVOXAC CAPS (Use Cevimeline HCl)	***	PA
MOI-STIR SOLN	F	QL(900 ml per fill retail); RX/OTC
MOUTHKOTE SOLN	F	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	F	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	F	QL(900 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl (oral) tabs 5 mg</i>	F	QL(6 ea daily)
<i>pilocarpine hcl (oral) tabs 7.5 mg</i>	F	
RA DRY MOUTH SOLN	F	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG (Use Pilocarpine HCl (Oral))	***	QL(6 ea daily)
SALAGEN TABS 7.5 MG (Use Pilocarpine HCl (Oral))	***	
<b>MULTIVITAMINS</b>		
<b>B-Complex Vitamins</b>		
<i>b-complex vitamin caps/tabs</i>	F	QL (1 ea daily)
<i>b-complex w/ c caps</i>	F	QL (1 ea daily)
<i>b-complex w/ c tabs/tabcr</i>	F	
<b>B-Complex w/ Folic Acid</b>		
<i>b-complex w/ biotin</i>	F	
<i>b-complex w/ c</i>	F	QL (1 ea daily)
<i>b-complex w/ folic acid tabs</i>	F	
<b>Iron w/ Vitamins</b>		
<i>iron w/ vitamins liqd</i>	F	
<i>iron w/ vitamins tabs</i>	F	RX/OTC
<b>Multiple Vitamins w/ Calcium</b>		
<i>multiple vitamins w/ calcium tabs</i>	F	
<b>Multiple Vitamins w/ Iron</b>		
<i>multiple vitamins w/ iron tabs</i>	F	QL (1 ea daily)
<b>Multiple Vitamins w/ Minerals</b>		
<i>multiple vitamins w/ minerals caps</i>	F	RX/OTC
<i>multiple vitamins w/ minerals chew</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>multiple vitamins w/ minerals liqd</i>	F	RX/OTC
<i>multiple vitamins w/ minerals tabs</i>	F	QL (1 ea daily); RX/OTC
<b>Multivitamins</b>		
<i>multiple vitamin caps</i>	F	
<i>multiple vitamin tabs</i>	F	QL (1 ea daily)
<b>Ped MV w/ Fluoride</b>		
<i>pediatric multivitamins w/ fl</i>	F	QL (50 ml per fill)
<i>pediatric multivitamins w/ fl chew</i>	F	QL (1 ea daily)
<i>pediatric multivitamins w/ fl soln</i>	F	QL (50 ml per fill)
<b>Ped MV w/ Iron</b>		
<i>pediatric multiple vitamins w/ iron chew</i>	F	
<i>pediatric multiple vitamins w/ iron soln</i>	F	QL (60 ml per fill)
<b>Ped Multiple Vitamins w/ Minerals</b>		
<i>pediatric multiple vitamin w/ minerals liqd/soln</i>	F	RX/OTC
<i>pediatric multiple vitamin w/ c</i>	F	QL (1 ea daily)
<i>pediatric multiple vitamin w/ minerals</i>	F	
<b>Pediatric Multiple Vitamins</b>		
<i>pediatric multiple vitamin w/ c soln</i>	F	QL (50 ml per fill)
<i>pediatric multiple vitamins liqd</i>	F	
<b>Prenatal Vitamins</b>		
ACTIVE OB CAPS	F	PA
BAL-CARE DHA MISC	F	PA
CALCIUM PNV CAPS	F	PA
CALNA TABS	F	
CITRANATAL 90 DHA MISC	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL ASSURE MISC	F	PA
CITRANATAL BLOOM DHA MISC	F	PA
CITRANATAL DHA MISC	F	PA
CITRANATAL HARMONY CAPS	F	PA
CITRANATAL RX TABS	F	PA
CLASSIC PRENATAL TABS	F	QL(1 ea daily); GL
CO-NATAL FA TABS	F	QL(1 ea daily); GL
COMPLETE NATAL DHA MISC	F	PA
COMPLETE PRENATAL MULTIVITAMIN/PRENATAL DHA MISC	F	
COMPLETENATE CHEW	F	QL(1 ea daily); GL
CONCEPT DHA CAPS	F	PA
CONCEPT OB CAPS	F	PA
CVS PRENATAL TABS	F	QL(1 ea daily); GL
CVS WOMENS PRENATAL+DHA MISC	F	
DOTHELLE DHA CAPS	F	PA
ENFAMIL EXPECTA MISC	F	
EQL PRENATAL FORMULA TABS	F	QL(1 ea daily); GL
EXTRA-VIRT PLUS DHA CAPS	F	PA
EZFE FORTE CAPS	F	
FOCALGIN 90 DHA MISC	F	PA
FOCALGIN CA MISC	F	PA
FOLCAL DHA CAPS	F	PA
FOLCAPS OMEGA 3 CAPS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
FOLIVANE-OB CAPS	F	PA
GNP DAILY PRENATAL MISC	F	
GNP PRENATAL TABS	F	QL(1 ea daily); GL
GOODSENSE PRENATAL VITAMINS TABS	F	QL(1 ea daily); GL
HEMENATAL OB + DHA MISC	F	PA
HEMENATAL OB TABS	F	PA
HM ONE DAILY PRENATAL COMBO MISC	F	
HM PRENATAL TABS	F	QL(1 ea daily); GL
INATAL ADVANCE TABS	F	QL(1 ea daily); GL
INATAL GT TABS	F	QL(1 ea daily); GL
INATAL ULTRA TABS	F	QL(1 ea daily); GL
INFANATE BALANCE CAPS	F	PA
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); GL
KPN PRENATAL TABS	F	
LEVOMEFOLATE DHA CAPS	F	PA
M-VIT TABS	F	QL(1 ea daily); GL; RX/OTC
MACNATAL CN DHA CAPS	F	PA
MARNATAL-F CAPS	F	PA
MULTI PRENATAL TABS	F	QL(1 ea daily); GL
MYNATAL ADVANCE TABS	F	QL(1 ea daily); GL
MYNATAL CAPS	F	
MYNATAL PLUS TABS	F	QL(1 ea daily); GL
MYNATAL ULTRACAPLET TABS	F	QL(1 ea daily); GL

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Drug Name	Drug Tier	Requirements/ Limits
MYNATAL-Z TABS	F	QL(1 ea daily); GL
MYNATE 90 PLUS TBCR	F	QL(1 ea daily); GL
NAT-RUL PRENATAL VITAMINS TABS	F	QL(1 ea daily); GL
NATALVIT TABS	F	QL(1 ea daily); GL
NATELLE ONE CAPS	F	PA
NEEVO DHA CAPS	F	PA
NESTABS ABC MISC	F	PA
NESTABS DHA MISC	F	PA
NEXA PLUS CAPS	F	PA
NIVA-PLUS TABS	F	QL(1 ea daily); GL; RX/OTC
NUTRICION PORVIDA TABS	F	
O-CAL FA TABS	F	QL(1 ea daily); GL; RX/OTC
O-CAL PRENATAL TABS	F	
OB COMPLETE ONE CAPS	F	PA
OB COMPLETE PETITE CAPS	F	PA
OB COMPLETE PREMIER TABS	F	PA
OBSTETRIX DHA MISC	F	RX/OTC
OBTREX DHA MISC	F	RX/OTC
ONE-A-DAY WOMENS PRENATAL MISC	F	
PA PRENATAL FORMULA TABS	F	
PERRY PRENATAL CAPS	F	
PNV FERROUS FUMARATE/DOCUSATE/F OLIC ACID TABS	F	
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	F	QL(1 ea daily); GL; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PNV OB+DHA MISC	F	PA
PNV PRENATAL PLUS MULTIVITAMIN TABS	F	QL(1 ea daily); GL; RX/OTC
PNV TABS 29-1 TABS	F	
PNV-DHA CAPS	F	PA
PNV-DHA+DOCUSATE CAPS	F	PA
PNV-OMEGA CAPS	F	PA
PNV-SELECT TABS	F	PA
PNV-TOTAL CAPS	F	PA
PNV-VP-U CAPS	F	QL(1 ea daily); GL
PR NATAL 400 EC MISC	F	PA
PR NATAL 400 MISC	F	PA
PR NATAL 430 EC MISC	F	PA
PR NATAL 430 MISC	F	PA
PRE-NATAL FORMULA TABS	F	
PREFERAOB ONE CAPS	F	PA
PRENAISSANCE CAPS	F	PA
PRENAISSANCE PLUS CAPS	F	PA
PRENATABS FA TABS	F	QL(1 ea daily); GL
PRENATABS RX TABS	F	
PRENATAL + DHA THPK	F	

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL 19 CHEW 30UNIT-1000UNIT-20MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG, 1000UNIT- 400UNIT-20MG-25MG- 3MG-200MG-29MG-7MG- 6MG-3MG-12MCG-1MG- 30UNIT-20MG-100MG	F	QL(1 ea daily); GL
PRENATAL 19 TABS 1000UNIT-30UNIT-20MG- 25MG-3MG-200MG-29MG- 15MG-3MG-7MG-12MCG- 400UNIT-20MG-1MG- 100MG, 30UNIT- 1000UNIT-20MG-25MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG	F	
PRENATAL AND IRON TABS	F	
PRENATAL COMPLETE TABS	F	
PRENATAL FORMULA A- FREE TABS	F	
PRENATAL FORMULA TABS	F	QL(1 ea daily); GL
PRENATAL FORTE TABS	F	
PRENATAL LOW IRON TABS	F	QL(1 ea daily); GL
PRENATAL MULTI +DHA CAPS	F	
PRENATAL MULTIVITAMIN + DHA MISC	F	
PRENATAL MULTIVITAMIN PLUS DHA MISC	F	
PRENATAL MULTIVITAMIN TABS	F	QL(1 ea daily); GL
PRENATAL ONE DAILY TABS	F	QL(1 ea daily); GL
PRENATAL PLUS IRON TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL PLUS TABS	F	QL(1 ea daily); GL; RX/OTC
PRENATAL TABS 11UNIT- 263MG-25MG-1.5MG- 27MG-4000UNIT-18MG- 1.7MG-4MCG-400UNIT- 0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG- 1.8MG-200MG-28MG- 20MG-1.7MG-8MCG- 400UNIT-0.8MG-2.6MG- 120MG, 30UNIT-25MG- 1.8MG-200MG-28MG- 20MG-1.7MG-4000UNIT- 8MCG-400UNIT-800MCG- 2.6MG-120MG, 30UNIT- 4000UNIT-25MG-1.8MG- 200MG-28MG-20MG- 1.7MG-8MCG-400UNIT- 800MCG-2.6MG-120MG, 4000UNIT-30UNIT-200MG- 25MG-1.8MG-28MG- 20MG-1.7MG-8MCG- 400UNIT-800MCG-2.6MG- 120MG, 4000UNIT- 30UNIT-25MG-1.8MG- 200MG-28MG-20MG- 1.7MG-8MCG-400UNIT- 800MCG-2.6MG-120MG, 160MG-11UNIT-200MG- 25MG-1.84MG-27MG- 4000UNIT-18MG-1.7MG- 4MCG-400UNIT-800MCG- 2.6MG-100MG	F	QL(1 ea daily); GL
PRENATAL TABS 22MG- 2MG-25MG-1.84MG- 200MG-27MG-4000UNIT- 20MG-3MG-12MCG- 400UNIT-1MG-10MG- 120MG	F	QL(1 ea daily); GL; RX/OTC
PRENATAL TABS 4000UNIT-200MG-11UNIT- 27MG-25MG-1.84MG- 18MG-1.7MG-4MCG- 400UNIT-0.8MG-2.6MG- 100MG	F	
PRENATAL VITAMIN & MINERAL TABS	F	QL(1 ea daily); GL
PRENATAL VITAMIN TABS	F	QL(1 ea daily); GL

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN/IRON TABS	F	QL(1 ea daily); GL
PRENATAL VITAMINS PLUS LOW IRON TABS	F	QL(1 ea daily); GL; RX/OTC
PRENATAL VITAMINS TABS	F	QL(1 ea daily); GL
PRENATAL+DHA MISC	F	
PRENATAL-U CAPS	F	QL(1 ea daily); GL
PRENATE DHA CAPS 18MG-600MCG-40UNIT-300MG-50MG-155MG-25MCG-400UNIT-400MCG-26MG-90MG	F	PA
PRENATE ENHANCE CAPS	F	PA
PRENATE ESSENTIAL CAPS	F	PA
PRENATE PIXIE CAPS	F	PA
PRENATE RESTORE CAPS	F	PA
PREPLUS TABS	F	QL(1 ea daily); GL; RX/OTC
PRETAB TABS	F	QL(1 ea daily); GL
PROFE FORTE CAPS	F	
PROVIDA OB CAPS	F	PA
PUREFE OB PLUS CAPS	F	PA
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); GL
QC PRENATAL TABS	F	QL(1 ea daily); GL
R-NATAL OB CAPS	F	PA
RA ONE DAILY MISC	F	
RA PRENATAL FORMULA/FOLICACID TABS	F	QL(1 ea daily); GL
RA PRENATAL TABS	F	QL(1 ea daily); GL

Drug Name	Drug Tier	Requirements/ Limits
RIGHT STEP PRENATAL TABS	F	QL(1 ea daily); GL
RULAVITE DHA CAPS	F	PA
SE-NATAL 19 CHEW 30UNIT-1000UNIT-100MG-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG	F	QL(1 ea daily); GL
SE-NATAL 19 TABS 30UNIT-1000UNIT-20MG-25MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-3MG-20MG-1MG-100MG	F	
SE-TAN DHA CAPS	F	PA
SELECT-OB CHEW 1700UNIT-29MG-30UNIT-15MG-25MG-1.6MG-15MG-1.8MG-5MCG-400UNIT-1MG-2.5MG-60MG	F	PA
SELECT-OB+DHA MISC	F	PA
SM ONE DAILY PRENATAL MISC	F	
SM PRENATAL VITAMINS TABS	F	QL(1 ea daily); GL
TARON-C DHA CAPS	F	PA
TARON-PREX CAPS	F	PA
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily); GL; RX/OTC
THRIVITE 19 TABS	F	
THRIVITE RX TABS	F	
TL-CARE DHA CAPS	F	PA
TL-SELECT CAPS	F	PA
TRI-TABS DHA MISC	F	PA
TRIADVANCE TABS	F	QL(1 ea daily); GL
TRICARE PRENATAL DHA ONE CAPS	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
TRICARE TABS	F	QL(1 ea daily); GL; RX/OTC
TRINATAL GT TABS	F	QL(1 ea daily); GL
TRINATAL RX 1 TABS	F	QL(1 ea daily); GL
TRINATE TABS	F	PA
TRIVEEN-DUO DHA MISC	F	PA
ULTIMATECARE ONE CAPS	F	PA
VEMAVITE-PRX 2 CAPS	F	PA
VENA-BAL DHA MISC	F	PA
VINATE DHA RF CAPS	F	PA
VINATE II TABS	F	PA
VINATE M TABS	F	QL(1 ea daily); GL
VINATE ONE TABS	F	QL(1 ea daily); GL
VIRT NATE TABS	F	PA
VIRT-ADVANCE TABS	F	QL(1 ea daily); GL
VIRT-C DHA CAPS	F	PA
VIRT-PN DHA CAPS	F	PA
VIRT-PN PLUS CAPS	F	PA
VIRT-PN TABS	F	PA
VIRT-SELECT CAPS	F	PA
VIRT-VITE GT TABS	F	QL(1 ea daily); GL
VITAFOL ULTRA CAPS	F	PA
VITAFOL-NANO TABS	F	PA
VITAFOL-OB TABS	F	QL(1 ea daily); GL
VOL-NATE TABS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
VOL-PLUS TABS	F	QL(1 ea daily); GL; RX/OTC
VOL-TAB RX TABS	F	
VP-CH PLUS CAPS	F	PA
VP-HEME OB + DHA MISC	F	PA
VP-HEME OB TABS	F	PA
VP-HEME ONE CAPS	F	PA
WEGMANS COMPLETE PRENATAL+DHA MISC	F	
ZATEAN-CH CAPS	F	PA
ZATEAN-PN DHA CAPS	F	PA
ZATEAN-PN PLUS CAPS	F	PA
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
AMRIX CP24	F	PA;
<i>baclofen tabs</i>	F	
<i>carisoprodol tabs 250 mg</i>	F	PA;
<i>carisoprodol tabs 350 mg</i>	F	PA; QL(4 ea daily)
CHLORZOXAZONE TABS	F	
<i>cyclobenzaprine hcl tabs 10 mg</i>	F	QL(3 ea daily)
<i>cyclobenzaprine hcl tabs 5 mg</i>	F	
<i>cyclobenzaprine hcl tabs 7.5 mg</i>	F	PA;
FEXMID TABS ( <i>Use Cyclobenzaprine HCl</i> )	***	PA;
LIORESAL INTRATHECAL SOLN	F	PA;
LORZONE TABS	F	PA;
<i>metaxalone tabs</i>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>methocarbamol tabs</i>	F	
<i>orphenadrine citrate tb12</i>	F	QL(2 ea daily)
PARAFON FORTE DSC TABS (Use <i>Chlorzoxazone</i> )	***	
ROBAXIN TABS (Use <i>Methocarbamol</i> )	***	
ROBAXIN-750 TABS (Use <i>Methocarbamol</i> )	***	
SKELAXIN TABS (Use <i>Metaxalone</i> )	***	PA
SOMA TABS 250 MG (Use <i>Carisoprodol</i> )	***	PA;
SOMA TABS 350 MG (Use <i>Carisoprodol</i> )	***	PA; QL(4 ea daily)
<i>tizanidine hcl caps 2 mg, 4 mg, 6 mg</i>	F	PA
<i>tizanidine hcl tabs 2 mg, 4 mg</i>	F	
ZANAFLEX CAPS 2 MG, 4 MG, 6 MG (Use <i>Tizanidine HCl</i> )	***	PA
ZANAFLEX TABS 4 MG (Use <i>Tizanidine HCl</i> )	***	
<b>Direct Muscle Relaxants</b>		
DANTRIUM CAPS (Use <i>Dantrolene Sodium</i> )	***	
<i>dantrolene sodium caps</i>	F	
<b>Muscle Relaxant Combinations</b>		
<i>carisoprodol w/ aspirin &amp; codeine tabs</i>	F	PA
<i>carisoprodol w/ aspirin tabs</i>	F	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
DYMISTA SUSP	F	PA
<b>Nasal Agents - Misc.</b>		
AYR NASAL DROPS SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
AYR NASAL MIST ALLERGY & SINUS HYPERTONIC SALINE SOLN	F	
OCEAN NASAL SPRAY SOLN (Use <i>Saline</i> )	***	QL(480 ml per fill retail)
RHINARIS GEL	F	PA
<i>saline gel</i>	F	
<i>saline soln 0.65%-0.002%, 0.65 %, 0.65%</i>	F	QL(480 ml per fill retail)
<b>Nasal Anti-infectives</b>		
BACTROBAN NASAL OINT	F	
<b>Nasal Antiallergy</b>		
ASTEPRO SOLN (Use <i>Azelastine HCl</i> )	***	QL(30 ml per fill retail)
<i>azelastine hcl soln</i>	F	QL(30 ml per fill retail)
<i>cromolyn sodium (nasal) aers</i>	F	
NASALCROM AERS (Use <i>Cromolyn Sodium (Nasal)</i> )	***	
<i>olopatadine hcl (nasal) soln</i>	F	PA
PATANASE SOLN (Use <i>Olopatadine HCl (Nasal)</i> )	***	PA
<b>Nasal Anticholinergics</b>		
ATROVENT SOLN (Use <i>Ipratropium Bromide (Nasal)</i> )	***	
<i>ipratropium bromide (nasal) soln</i>	F	
<b>Nasal Steroids</b>		
BECONASE AQ SUSP	F	PA
<i>budesonide (nasal) susp</i>	F	PA; RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>Fluticasone Propionate (Nasal)</i> )	***	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF SUSP ( <i>Use Fluticasone Propionate (Nasal)</i> )	***	RX/OTC
FLONASE SENSIMIST SUSP	F	PA; RX/OTC
FLUNISOLIDE SOLN	F	
<i>fluticasone propionate (nasal) susp</i>	F	RX/OTC
<i>mometasone furoate (nasal) susp</i>	F	PA;
NASACORT ALLERGY 24HR AERO	F	AL; At least 2 yrs old; RX/OTC
NASACORT ALLERGY 24HR AERO ( <i>Use Triamcinolone Acetonide (Nasal)</i> )	***	AL; At least 2 yrs old; RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO ( <i>Use Triamcinolone Acetonide (Nasal)</i> )	***	AL; At least 2 yrs old; RX/OTC
NASONEX SUSP ( <i>Use Mometasone Furoate (Nasal)</i> )	***	PA;
OMNARIS SUSP	F	PA
QNASL AERS	F	PA
RHINOCORT AQUA SUSP ( <i>Use Budesonide (Nasal)</i> )	***	PA; RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	F	AL; At least 2 yrs old; RX/OTC
VERAMYST SUSP	F	PA; RX/OTC
ZETONNA AERS	F	PA
<b>Sympathomimetic Decongestants</b>		
ADRENALIN SOLN	F	
AFRIN 12 HOUR SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
AFRIN ALL NIGHT NODRIP SOLN ( <i>Use Oxymetazoline HCl</i> )	***	

Drug Name	Drug Tier	Requirements/ Limits
AFRIN CHILDRENS SOLN	F	
AFRIN NASAL SPRAY SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
AFRIN NODRIP EXTRA MOISTURIZING SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
AFRIN NODRIP ORIGINAL SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
AFRIN NODRIP SEVERE CONGESTION SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
AFRIN NODRIP SINUS SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
AFRIN SINUS SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
AFRIN SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
DRISTAN SPRAY SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
DURATION 12 HOUR SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
DURATION SPRAY SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
LITTLE NOSES DECONGESTANTNOSE DROPS SOLN	F	
NASAL DECONGESTANT LIQD	F	
NASAL DECONGESTANT SYRP	F	
NEO-SYNEPHRINE 12 HOUR EXTRA MOISTURIZING SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
NEO-SYNEPHRINE COLD & SINUS EXTRA SOLN ( <i>Use Phenylephrine HCl</i> )	***	
NEO-SYNEPHRINE COLD & SINUS MILD SOLN ( <i>Use Phenylephrine HCl</i> )	***	
NEO-SYNEPHRINE COLD & SINUS REGULAR SOLN	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxymetazoline hcl soln</i>	F	
<i>phenylephrine hcl (oral) tabs</i>	F	QL(24 ea per fill retail)
<i>phenylephrine hcl soln</i>	F	
<i>pseudoephedrine hcl liqd</i>	F	
<i>pseudoephedrine hcl tabs</i>	F	
<i>pseudoephedrine hcl tb12</i>	F	
SUDAFED 24 HOUR TB24	F	
SUDAFED CHILDRENS LIQD ( <i>Use Pseudoephedrine HCl</i> )	***	
SUDAFED CONGESTION TABS ( <i>Use Pseudoephedrine HCl</i> )	***	
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS ( <i>Use Pseudoephedrine HCl</i> )	***	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	F	QL(120 ml per fill retail)
SUDAFED PE CONGESTION TABS ( <i>Use Phenylephrine HCl (Oral)</i> )	***	QL(24 ea per fill retail)
TYZINE PEDIATRIC NASAL DROPS SOLN	F	PA
VICKS SINEX 12 HOUR DECONGESTANT SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
VICKS SINEX 12 HOUR DECONGESTANT ULTRA FINE MIST SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
VICKS SINEX 12 HOUR DECONGESTANT ULTRA FINE MIST/MOISTURIZNG SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
VICKS SINEX MOISTURIZING SOLN ( <i>Use Oxymetazoline HCl</i> )	***	

Drug Name	Drug Tier	Requirements/ Limits
VICKS SINEX SEVERE NASALDECONGESTANT SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
VICKS SINEX SOLN ( <i>Use Oxymetazoline HCl</i> )	***	
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK TABS ( <i>Use Riluzole</i> )	***	PA
<i>riluzole tabs</i>	F	PA
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
POLYCOSE LIQD	F	
POLYCOSE POWD	F	
<b>Misc. Nutritional Substances</b>		
<i>docosahexaenoic acid caps</i>	F	
<i>omega-3 fatty acids caps</i>	F	
<i>omega-3 fatty acids cpdr</i>	F	
<b>Proteins</b>		
ARGININE TABS	F	
<i>arginine tabs</i>	F	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
<i>artificial tear ointment oint</i>	F	QL(4 gm per fill retail)
<i>artificial tear solution soln</i>	F	
ARTIFICIAL TEARS SOLN	F	QL(15 ml per fill retail)
<i>carboxymethylcellulose sodium (ophth) soln</i>	F	
<i>carboxymethylcellulose-glycerin soln</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
GENTEAL MILD SOLN	F	
GENTEAL MILD TO MODERATE SOLN (Use Hypromellose (Ophth))	***	
GENTEAL SEVERE GEL	F	
GENTEAL TEARS MODERATEPF SOLN	F	
glycerin-hypromellose-polyethylene glycol 400 soln	F	
HYPOTEARNS SOLN	F	
hypromellose (ophth) soln 0.3 %, 3 mg/ml	F	
hypromellose (ophth) soln 0.4 %	F	QL(15 ml per fill retail)
ISOPTO TEARS SOLN	F	
LACRISERT INST	F	PA
MOISTURE EYES SOLN (Use Propylene Glycol-Glycerin)	***	
polyethylene glycol-propylene glycol (ophth) soln	F	
polyvinyl alcohol soln	F	
polyvinyl alcohol-povidone (ophth) soln	F	
propylene glycol (ophth) soln	F	
propylene glycol-glycerin soln	F	
REFRESH LIQUIGEL SOLN	F	
REFRESH OPTIVE SENSITIVE SOLN	F	
REFRESH OPTIVE SOLN (Use Carboxymethylcellulose-Glycerin)	***	
REFRESH SOLN (Use Polyvinyl Alcohol-Povidone (Ophth))	***	

Drug Name	Drug Tier	Requirements/ Limits
REFRESH TEARS SOLN (Use Carboxymethylcellulose Sodium (Ophth))	***	
SYSTANE BALANCE RESTORATIVE FORMULA SOLN (Use Propylene Glycol (Ophth))	***	
SYSTANE OVERNIGHT THERAPY LUBRICANT EYE GEL	F	
SYSTANE SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	***	
SYSTANE ULTRA HOME & AWAY PACK SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	***	
SYSTANE ULTRA SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	***	
TEARS NATURALE PM OINT (Use White Petrolatum-Mineral Oil)	***	QL(42 gm per fill retail)
VISINE TEARS SOLN (Use Glycerin-Hypromellose-Polyethylene Glycol 400)	***	
white petrolatum-mineral oil oint	F	QL(42 gm per fill retail)
<b>Beta-blockers - Ophthalmic</b>		
BETAGAN SOLN (Use Levobunolol HCl)	***	
betaxolol hcl (ophth) soln	F	QL(15 ml per fill retail)
BETIMOL SOLN	F	
BETOPTIC-S SUSP	F	PA
carteolol hcl (ophth) soln	F	Limit 1 fill per Month
CARTEOLOL HCL SOLN	F	Limit 1 fill per Month
COMBIGAN SOLN	F	PA
COSOPT PF SOLN	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
COSOPT SOLN ( <i>Use Dorzolamide HCl-Timolol Maleate</i> )	***	
<i>dorzolamide hcl-timolol maleate soln</i>	F	
ISTALOL SOLN	F	PA
ISTALOL SOLN ( <i>Use Timolol Maleate (Ophth)</i> )	***	PA
<i>levobunolol hcl soln</i>	F	
METIPRANOLOL SOLN	F	PA
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	F	QL(5 ml per fill retail)
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	F	QL(15 ml per fill retail)
<i>timolol maleate (ophth) soln 0.5 %</i>	F	PA
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG	F	QL(5 ml per fill retail)
TIMOPTIC OCUDOSE SOLN	F	QL(60 ea per fill retail)
TIMOPTIC SOLN ( <i>Use Timolol Maleate (Ophth)</i> )	***	QL(15 ml per fill retail)
TIMOPTIC-XE SOLG 0.25 % ( <i>Use Timolol Maleate (Ophth)</i> )	***	QL(5 ml per fill retail)
TIMOPTIC-XE SOLG 0.5 %	F	QL(5 ml per fill retail)
<b>Cycloplegic Mydratics</b>		
ATROPINE SULFATE OINT	F	
ATROPINE SULFATE SOLN	F	
CYCLOGYL SOLN 0.5 %, 1 % ( <i>Use Cyclopentolate HCl</i> )	***	
CYCLOGYL SOLN 2 % ( <i>Use Cyclopentolate HCl</i> )	***	QL(15 ml per fill retail)
CYCLOMYDRIL SOLN	F	PA
<i>cyclopentolate hcl soln 0.5 %, 1 %</i>	F	
<i>cyclopentolate hcl soln 2 %</i>	F	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>homatropine hbr soln</i>	F	
MYDRIACYL SOLN ( <i>Use Tropicamide</i> )	***	
<i>tropicamide soln</i>	F	
<b>Miotics</b>		
ISOPTO CARPINE SOLN ( <i>Use Pilocarpine HCl</i> )	***	
PHOSPHOLINE IODIDE SOLR	F	PA
<i>pilocarpine hcl soln</i>	F	
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOLN 0.1 %	F	PA
ALPHAGAN P SOLN 0.15 % ( <i>Use Brimonidine Tartrate</i> )	***	PA
<i>apraclonidine hcl soln</i>	F	PA
<i>brimonidine tartrate soln 0.15 %</i>	F	PA
<i>brimonidine tartrate soln 0.2 %</i>	F	QL(15 ml per fill retail)
IOPIDINE SOLN 0.5 % ( <i>Use Apraclonidine HCl</i> )	***	PA
IOPIDINE SOLN 1 %	F	
SIMBRINZA SUSP	F	PA
<b>Ophthalmic Anti-infectives</b>		
AZASITE SOLN	F	PA
BACITRACIN OINT	F	
<i>bacitracin-polymyxin b (ophth) oint</i>	F	
BESIVANCE SUSP	F	PA
BLEPH-10 SOLN ( <i>Use Sulfacetamide Sodium (Ophth)</i> )	***	
CILOXAN OINT	F	QL(3.5 gm per fill retail)
CILOXAN SOLN ( <i>Use Ciprofloxacin HCl (Ophth)</i> )	***	QL(10 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl (ophth) soln</i>	F	QL(10 ml per fill retail)
<i>erythromycin (ophth) oint</i>	F	
<i>gatifloxacin (ophth) soln</i>	F	PA
GENTAK OINT	F	
<i>gentamicin sulfate (ophth) oint</i>	F	
<i>gentamicin sulfate (ophth) soln</i>	F	QL(30 ml per fill retail)
<i>levofloxacin (ophth) soln</i>	F	PA
MOXEZA SOLN	F	PA
<i>moxifloxacin hcl (ophth) soln</i>	F	QL(3 ml per fill retail)
NATACYN SUSP	F	PA
<i>neomycin-bacitracin zn-polymyxin oint</i>	F	
<i>neomycin-polymyxin-gramicidin soln</i>	F	
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	***	
OCUFLOX SOLN (Use Ofloxacin (Ophth))	***	
<i>ofloxacin (ophth) soln</i>	F	
<i>polymyxin b-trimethoprim soln</i>	F	QL(10 ml per fill retail)
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	***	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln</i>	F	
SULFACETAMIDE SODIUM OINT OP	F	
<i>tobramycin (ophth) soln</i>	F	
TOBREX OINT	F	
TOBREX SOLN (Use Tobramycin (Ophth))	***	
<i>trifluridine soln</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	***	QL(3 ml per fill retail)
VIROPTIC SOLN (Use Trifluridine)	***	
ZIRGAN GEL	F	PA
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	***	PA
<b>Ophthalmic Decongestants</b>		
NAPHAZOLINE HCL SOLN	F	
<i>naphazoline w/ pheniramine soln</i>	F	
NAPHCON-A SOLN (Use Naphazoline w/ Pheniramine)	***	
OPCON-A SOLN (Use Naphazoline w/ Pheniramine)	***	
<i>phenylephrine hcl (ophth) soln 10 %</i>	F	PA
<i>phenylephrine hcl (ophth) soln 2.5 %</i>	F	
<i>tetrahydrozoline hcl (ophth) soln</i>	F	QL(30 ml per fill retail)
<i>tetrahydrozoline w/ zinc sulfate soln</i>	F	
VISINE EXTRA SOLN (Use Tetrahydrozoline HCl (Ophth))	***	QL(30 ml per fill retail)
VISINE SOLN (Use Tetrahydrozoline HCl (Ophth))	***	QL(30 ml per fill retail)
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL	F	PA
RESTASIS MULTIDOSE EMUL	F	PA
<b>Ophthalmic Local Anesthetics</b>		
ALCAINE SOLN (Use Proparacaine HCl)	***	PA
<i>proparacaine hcl soln</i>	F	PA
<i>tetracaine hcl (ophth) soln</i>	F	PA
<b>Ophthalmic Steroids</b>		

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Drug Name	Drug Tier	Requirements/Limits
ALREX SUSP	F	PA
<i>bacitracin-poly-neomycin-hc oint</i>	F	
BLEPHAMIDE S.O.P. OINT	F	
BLEPHAMIDE SUSP	F	QL(10 ml per fill retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	F	
DUREZOL EMUL	F	PA
<i>fluorometholone (ophth) susp</i>	F	QL(15 ml per fill retail)
FML FORTE SUSP	F	PA
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	***	QL(15 ml per fill retail)
FML OINT	F	
LOTEMAX GEL	F	PA
LOTEMAX SUSP	F	PA
MAXIDEX SUSP	F	PA
MAXITROL OINT (Use Neomycin-Polymy-Dexameth)	***	
MAXITROL SUSP (Use Neomycin-Polymy-Dexameth)	***	
<i>neomycin-polymy-dexameth oint</i>	F	
<i>neomycin-polymy-dexameth susp</i>	F	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	F	
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	***	QL(15 ml per fill retail)
PRED FORTE SUSP (Use Prednisolone Acetate (Ophth))	***	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
PRED MILD SUSP	F	
PRED-G S.O.P. OINT	F	PA
PRED-G SUSP	F	QL(5 ml per fill retail)
<i>prednisolone acetate (ophth) susp</i>	F	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	F	
<i>sulfacetamide sod-prednisolone soln</i>	F	
TOBRADEX OINT	F	
TOBRADEX ST SUSP	F	PA
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	***	QL(10 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	F	QL(10 ml per fill retail)
VEXOL SUSP	F	
ZYLET SUSP	F	PA
<b>Ophthalmics - Misc.</b>		
ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth))	***	
ACULAR SOLN (Use Ketorolac Tromethamine (Ophth))	***	QL(10 ml per fill retail)
ACUVAIL SOLN	F	PA
ALOCRIOL SOLN	F	ST;
ALOMIDE SOLN	F	ST;
<i>azelastine hcl (ophth) soln</i>	F	
AZOPT SUSP	F	QL(15 ml per fill retail)
<i>bromfenac sodium (ophth) soln</i>	F	PA
BROMFENAC SOLN	F	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (ophth) soln</i>	F	QL(10 ml per fill retail)
<i>diclofenac sodium (ophth) soln</i>	F	
<i>dorzolamide hcl soln</i>	F	
ELESTAT SOLN (Use <i>Epinastine HCl (Ophth)</i> )	***	PA
EMADINE SOLN	F	PA
<i>epinastine hcl (ophth) soln</i>	F	PA
FLURBIPROFEN SODIUM SOLN	F	
<i>flurbiprofen sodium soln</i>	F	
ILEVRO SUSP	F	PA
<i>ketorolac tromethamine (ophth) soln 0.4 %</i>	F	
<i>ketorolac tromethamine (ophth) soln 0.5 %</i>	F	QL(10 ml per fill retail)
<i>ketotifen fumarate (ophth) soln</i>	F	QL(240 ml per fill retail)
LASTACAFT SOLN	F	PA
MURO 128 OINT (Use <i>Sodium Chloride Hypertonic</i> )	***	QL(7 gm per fill retail)
MURO 128 SOLN (Use <i>Sodium Chloride Hypertonic</i> )	***	QL(30 ml per fill retail)
OCUFEN SOLN (Use <i>Flurbiprofen Sodium</i> )	***	
<i>olopatadine hcl soln</i>	F	PA
PATADAY SOLN (Use <i>Olopatadine HCl</i> )	***	PA
PROLENSA SOLN	F	PA
<i>sodium chloride hypertonic oint</i>	F	QL(7 gm per fill retail)
<i>sodium chloride hypertonic soln</i>	F	QL(30 ml per fill retail)
TRUSOPT SOLN (Use <i>Dorzolamide HCl</i> )	***	

Drug Name	Drug Tier	Requirements/Limits
ZADITOR SOLN (Use <i>Ketotifen Fumarate (Ophth)</i> )	***	QL(240 ml per fill retail)
<b>Prostaglandins - Ophthalmic</b>		
<i>latanoprost soln</i>	F	
LUMIGAN SOLN	F	PA
RESCULA SOLN	F	PA
TRAVOPROST SOLN	F	PA
XALATAN SOLN (Use <i>Latanoprost</i> )	***	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	F	
ACETIC ACID/ALUMINUM ACETATE SOLN	F	
<i>carbamide peroxide (otic) soln</i>	F	
DEBROX SOLN (Use <i>Carbamide Peroxide (Otic)</i> )	***	
<b>Otic Anti-infectives</b>		
CETRAXAL SOLN	F	PA
CIPROFLOXACIN SOLN OT 0.2 %	F	PA
FLOXIN OTIC SOLN (Use <i>Ofloxacin (Otic)</i> )	***	QL(10 ml per fill retail)
<i>ofloxacin (otic) soln</i>	F	QL(10 ml per fill retail)
<b>Otic Combinations</b>		
CIPRO HC SUSP	F	PA
CIPRODEX SUSP	F	PA
COLY-MYCIN S SUSP	F	PA
CORTANE-B AQUEOUS SOLN	F	QL(10 ml per fill retail)
CORTANE-B-OTIC SOLN (Use <i>Pramoxine-HC-Chloroxylenol</i> )	***	QL(15 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN-TC SUSP	F	PA
<i>neomycin-polymyxin-hc (otic) soln</i>	F	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp</i>	F	
OTICIN HC NR SOLN ( <i>Use Pramoxine-HC-Chloroxylenol</i> )	***	QL(15 ml per fill retail)
<i>pramoxine-hc-chloroxylenol soln</i>	F	QL(15 ml per fill retail)
<b>Otic Steroids</b>		
DERMOTIC OIL ( <i>Use Fluocinolone Acetonide (Otic)</i> )	***	QL(20 ml per fill retail); AL; At least 2 yrs old
<i>fluocinolone acetonide (otic) oil</i>	F	QL(20 ml per fill retail); AL; At least 2 yrs old
<i>hydrocortisone w/acetic acid soln</i>	F	
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		
METHERGINE TABS	F	
<i>methylergonovine maleate tabs</i>	F	
<b>PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
BIVIGAM SOLN	F	PA; SP
CARIMUNE NANOFILTERED SOLR	F	PA; SP
CUVITRU SOLN	F	PA; SP
CYTOGAM INJ	F	PA; SP
FLEBOGAMMA DIF SOLN	F	PA; SP
GAMASTAN S/D INJ	F	PA; SP
GAMMAGARD LIQUID SOLN	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	F	PA; SP
GAMMAKED SOLN	F	PA; SP
GAMMAPLEX SOLN	F	PA; SP
GAMUNEX-C SOLN	F	PA; SP
HEPAGAM B SOLN	F	PA; SP
HIZENTRA SOLN	F	PA; SP
HYPERRAB S/D INJ	F	PA
HYPERRHO S/D MINI-DOSE SOSY	F	PA; SP
HYPERRHO S/D SOSY	F	PA; SP
IMOGAM RABIES-HT INJ	F	PA
KEDRAB SOLN	F	PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY	F	PA; SP
OCTAGAM SOLN	F	PA; SP
PRIVIGEN SOLN	F	PA; SP
RHOGAM ULTRA-FILTERED PLUS SOSY	F	PA; SP
RHOPHYLAC SOSY	F	PA; SP
WINRHO SDF SOLN	F	PA; SP
<b>Monoclonal Antibodies</b>		
SYNAGIS SOLN	F	PA; SP
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps 250 mg, 500 mg</i>	F	
AMOXICILLIN CHEW 125 MG, 250 MG	F	
AMOXICILLIN ER TB24	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	F	
<i>amoxicillin tabs 500 mg</i>	F	PA
<i>amoxicillin tabs 875 mg</i>	F	
<i>ampicillin caps 250 mg, 500 mg</i>	F	
AMPICILLIN CAPS 500 MG	F	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	F	
MOXATAG TB24	F	PA
<b>Natural Penicillins</b>		
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	F	
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	F	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	F	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate susr 200mg/5ml-28.5mg/5ml</i>	F	QL(100 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 250mg/5ml-62.5mg/5ml</i>	F	QL(150 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 400mg/5ml-57mg/5ml</i>	F	QL(200 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 600mg/5ml-42.9mg/5ml</i>	F	QL(400 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate tabs 250mg-125mg, 500mg-125mg</i>	F	QL(30 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate tabs 875mg-125mg</i>	F	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate tb12 1000mg-62.5mg</i>	F	
AMOXCILLIN/CLAVULANATE POTASSIUM CHEW	F	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	***	QL(400 ml per fill retail)
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	F	QL(150 ml per fill retail)
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	***	QL(150 ml per fill retail)
AUGMENTIN TABS 500MG-125MG (Use Amoxicillin & Pot Clavulanate)	***	QL(30 ea per fill retail)
AUGMENTIN TABS 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	***	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	***	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	F	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Internal Vehicle Ingredients/Agents</b>		
SIMPLYTHICK GEL	F	QL(6000 gm per fill retail); AL; Up to 1 yrs old
<i>starch-maltodextrin (thickening) powd</i>	F	
THICK-IT ORIGINAL POWD (Use Starch-Maltodextrin (Thickening))	***	
<b>Liquid Vehicles</b>		
CVS DISTILLED WATER LIQD	F	RX/OTC
CVS PURIFIED WATER LIQD	F	RX/OTC
DISTILLED WATER LIQD	F	RX/OTC
FLAVOR BLEND SUSP	F	RX/OTC
FLAVOR PLUS LIQD	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FLAVOR SWEET SYRP	F	RX/OTC
FLAVOR SWEET-SF SYRP	F	RX/OTC
GRAPE SYRUP SYRP	F	RX/OTC
MX-SOL BLEND SF SUSP	F	RX/OTC
MX-SOL BLEND SUSP	F	RX/OTC
MX-SOL SF SYRP	F	RX/OTC
MX-SOL SUSPEND SUSP	F	RX/OTC
MX-SOL SYRP	F	RX/OTC
NICE DISTILLED WATER LIQD	F	RX/OTC
ORA-BLEND SF SUSP	F	RX/OTC
ORA-BLEND SUSP	F	RX/OTC
ORA-PLUS LIQD	F	RX/OTC
ORA-SWEET SF SYRP	F	RX/OTC
ORA-SWEET SYRP	F	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	F	RX/OTC
ORAL MIX SF SUSP	F	RX/OTC
ORAL SUSPEND LIQD	F	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	F	RX/OTC
ORAL SYRUP SF SYRP	F	RX/OTC
PCCA SWEET-SF SYRP	F	RX/OTC
PCCA SYRUP VEHICLE SYRP	F	RX/OTC
PCCA-PLUS SUSP	F	RX/OTC
PH 12 STERILE DILUENT FORFLOLAN SOLN	F	PA; SP
PURIFIED WATER LIQD	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PX PURIFIED WATER LIQD	F	RX/OTC
RA CRYSTAL LAKE DISTILLEDWATER LIQD	F	RX/OTC
SOLVATECH PLUS SUSP	F	RX/OTC
SOLVATECH SWEET SF SYRP	F	RX/OTC
SORBITOL SOLN XX 70 %,	F	RX/OTC
STERILE DILUENT FOR EPOPROSTENOL SODIUM SOLN	F	PA; SP
STERILE DILUENT FOR REMODOULIN SOLN	F	PA; SP
SUSPENSION VEHICLE SUSP	F	RX/OTC
SYRPALTA SYRP	F	RX/OTC
SYRSPEND SF LIQD	F	RX/OTC
SYRUP VEHICLE SF SYRP	F	RX/OTC
SYRUP VEHICLE SYRP	F	RX/OTC
VERSAFREE SYRP	F	RX/OTC
VERSAPLUS SYRP	F	RX/OTC
<b>Semi Solid Vehicles</b>		
DELBASE COMPOUNDING OINT	F	RX/OTC
HYDROPHILIC OINT	F	RX/OTC
HYDROPHILIC PETROLATUM OINT	F	
LANOLIN ANHYDROUS OINT	F	RX/OTC
LANOLIN ANHYDROUS-GRX OINT	F	RX/OTC
<i>lanolin oint</i>	F	RX/OTC
OCCLUVAN OINT	F	RX/OTC
<i>white petrolatum gel</i>	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS (Use Norethindrone Acetate)	***	
MAKENA OIL	F	SP
medroxyprogesterone acetate tabs	F	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	***	PA
megestrol acetate (appetite) susp	F	PA
norethindrone acetate tabs	F	
progesterone micronized caps	F	
PROMETRIUM CAPS (Use Progesterone Micronized)	***	
PROVERA TABS (Use Medroxyprogesterone Acetate)	***	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
acamprosate calcium tbec	F	PA
ANTABUSE TABS (Use Disulfiram)	***	
disulfiram tabs	F	
<b>Anti-Cataplectic Agents</b>		
XYREM SOLN	F	PA; SP
<b>Antidementia Agents</b>		
ARICEPT TABS 23 MG (Use Donepezil Hydrochloride)	***	PA
ARICEPT TABS 5 MG, 10 MG (Use Donepezil Hydrochloride)	***	
donepezil hydrochloride tabs 23 mg	F	PA

Drug Name	Drug Tier	Requirements/ Limits
donepezil hydrochloride tabs 5 mg, 10 mg	F	
donepezil hydrochloride tbdp 5 mg, 10 mg	F	
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (Use Rivastigmine Tartrate)	***	QL(2 ea daily)
EXELON PT24 TD 4.6 MG/24HR, 9.5 MG/24HR (Use Rivastigmine)	***	PA
galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg	F	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	F	QL(6 ml daily)
galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg	F	QL(2 ea daily)
memantine hcl cp24 14 mg, 21 mg, 28 mg	F	PA; QL(2 ea daily)
memantine hcl cp24 7 mg	F	PA
memantine hcl soln 2 mg/ml	F	PA; QL(2 ml daily)
memantine hcl tabs	F	PA
memantine hcl tabs 5 mg, 10 mg	F	
NAMENDA SOLN 10 MG/5ML (Use Memantine HCl)	***	PA; QL(2 ml daily)
NAMENDA TABS 5 MG, 10 MG (Use Memantine HCl)	***	
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	***	PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use Memantine HCl)	***	PA; QL(2 ea daily)
NAMENDA XR CP24 7 MG (Use Memantine HCl)	***	PA
NAMENDA XR TITRATION PACK CP24	F	PA
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	***	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
RAZADYNE TABS ( <i>Use Galantamine Hydrobromide</i> )	***	QL(2 ea daily)
<i>rivastigmine pt24</i>	F	PA
<i>rivastigmine tartrate caps</i>	F	QL(2 ea daily)
<b>Combination Psychotherapeutics</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS	F	
<i>olanzapine-fluoxetine hcl caps</i>	F	PA
PERPHENAZINE/AMITRIPTYLINE TABS	F	
SYMBYAX CAPS ( <i>Use Olanzapine-Fluoxetine HCl</i> )	***	PA
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	F	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	F	PA;
<b>Movement Disorder Drug Therapy</b>		
INGREZZA CAPS	F	PA; SP
<i>tetrabenazine tabs</i>	F	PA; SP
XENAZINE TABS ( <i>Use Tetrabenazine</i> )	***	PA; SP
<b>Multiple Sclerosis Agents</b>		
AMPYRA TB12	F	PA; SP
AUBAGIO TABS	F	PA; SP
AVONEX KIT	F	PA; SP
AVONEX PEN AJKT	F	PA; SP
AVONEX PSKT	F	PA; SP
BETASERON KIT	F	PA; SP
COPAXONE SOSY ( <i>Use Glatiramer Acetate</i> )	***	PA; SP
EXTAVIA KIT	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
GILENYA CAPS	F	PA; SP
<i>glatiramer acetate sosy</i>	F	PA; SP
PLEGRIDY SOPN	F	PA; SP
PLEGRIDY SOSY	F	PA; SP
PLEGRIDY STARTER PACK SOPN	F	PA; SP
PLEGRIDY STARTER PACK SOSY	F	PA; SP
REBIF REBIDOSE SOAJ	F	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	F	PA; SP
REBIF SOSY	F	PA; SP
REBIF TITRATION PACK SOSY	F	PA; SP
TECFIDERA CPDR	F	PA; SP
TECFIDERA STARTER PACK MISC	F	PA; SP
<b>Postherpetic Neuralgia (PHN) Agents</b>		
GRALISE STARTER MISC	F	PA
GRALISE TABS	F	PA
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
FLUOXETINE CAPS	F	
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA CAPS	F	PA
<b>Psychotherapeutic and Neurological Agents -</b>		
ERGOLOID MESYLATES TABS	F	PA
ORAP TABS ( <i>Use Pimozide</i> )	***	
<i>pimozide tabs</i>	F	
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TBCR	F	PA
<b>Smoking Deterrents</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl (smoking deterrent) tb12</i>	F	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	F	Limit 180 days supply per 365 days
CHANTIX STARTING MONTH PAK TABS	F	Limit 180 days supply per 365 days;QL(53 ea per fill retail)
CHANTIX TABS	F	Limit 180 days supply per 365 days
NICODERM CQ PT24 14 MG/24HR, 21 MG/24HR (Use Nicotine)	***	QL(1 ea daily)
NICODERM CQ PT24 7 MG/24HR (Use Nicotine)	***	
NICORETTE GUM 2 MG, 4 MG (Use Nicotine Polacrilex)	***	QL(24 ea daily)
NICORETTE LOZG 2 MG, 4 MG (Use Nicotine Polacrilex)	***	QL(20 ea daily)
NICORETTE MINI LOZG (Use Nicotine Polacrilex)	***	QL(20 ea daily)
NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex)	***	QL(24 ea daily)
<i>nicotine polacrilex gum 2 mg, 4 mg</i>	F	QL(24 ea daily)
<i>nicotine polacrilex lozg 2 mg, 4 mg</i>	F	QL(20 ea daily)
<i>nicotine pt24 14 mg/24hr, 21 mg/24hr</i>	F	QL(1 ea daily)
<i>nicotine pt24 7 mg/24hr</i>	F	
NICOTINE TRANSDERMAL SYSTEM KIT	F	QL(56 ea per fill retail)
NICOTROL INHALER INHA	F	QL(504 ea per fill retail)
NICOTROL NS SOLN	F	
ZYBAN TB12 (Use Bupropion HCl (Smoking Deterrent))	***	QL(2 ea daily)
<b>Vasomotor Symptom Agents</b>		

Drug Name	Drug Tier	Requirements/ Limits
BRISDELLE CAPS (Use Paroxetine Mesylate (Vasomotor))	***	PA
<i>paroxetine mesylate (vasomotor) caps</i>	F	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK	F	PA; SP
KALYDECO TABS	F	PA; SP
ORKAMBI TABS	F	PA; SP
PULMOZYME SOLN	F	PA; SP
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
SULFADIAZINE TABS	F	PA
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
ADOXA CAPS (Use Doxycycline (Monohydrate))	***	PA
ADOXA PAK 1/100 TABS (Use Doxycycline (Monohydrate))	***	PA
ADOXA PAK 1/150 TABS (Use Doxycycline (Monohydrate))	***	PA
ADOXA PAK 2/100 TABS (Use Doxycycline (Monohydrate))	***	PA
ADOXA TABS (Use Doxycycline (Monohydrate))	***	PA
<i>demeclocycline hcl tabs</i>	F	PA
<i>doxycycline (monohydrate) caps</i>	F	PA
<i>doxycycline (monohydrate) susr</i>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) tabs</i>	F	PA
<i>doxycycline hyclate caps 50 mg, 100 mg</i>	F	
<i>doxycycline hyclate tabs 20 mg, 100 mg</i>	F	
<i>doxycycline hyclate tbec 75 mg, 100 mg, 150 mg</i>	F	PA
MINOCIN CAPS (Use Minocycline HCl)	***	
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	F	
<i>minocycline hcl tb24 45 mg, 65 mg, 90 mg, 115 mg, 135 mg</i>	F	PA
MONODOX CAPS (Use Doxycycline (Monohydrate))	***	PA
SOLODYN TB24 55 MG, 80 MG, 105 MG	F	PA
SOLODYN TB24 65 MG, 115 MG (Use Minocycline HCl)	***	PA
<i>tetracycline hcl caps 250 mg, 500 mg</i>	F	
TETRACYCLINE HCL CAPS 250 MG, 500 MG (Use Tetracycline HCl)	***	
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	***	
VIBRAMYCIN SUSR 25 MG/5ML (Use Doxycycline (Monohydrate))	***	PA
VIBRAMYCIN SYRP 50 MG/5ML	F	PA

### THYROID AGENTS - Drugs to Regulate Thyroid Hormones

#### Antithyroid Agents

<i>methimazole tabs</i>	F	
<i>propylthiouracil tabs</i>	F	
TAPAZOLE TABS (Use Methimazole)	***	

#### Thyroid Hormones

Drug Name	Drug Tier	Requirements/ Limits
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use Thyroid)	F	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	F	
CYTOMEL TABS (Use Liothyronine Sodium)	***	
<i>levothyroxine sodium tabs</i>	F	
<i>liothyronine sodium tabs</i>	F	
NATURE-THROID TABS	F	
SYNTHROID TABS (Use Levothyroxine Sodium)	F	
<i>thyroid tabs</i>	F	
THYROLAR-1 TABS	F	
THYROLAR-1/2 TABS	F	
THYROLAR-1/4 TABS	F	
THYROLAR-2 TABS	F	
THYROLAR-3 TABS	F	
TIROSINT CAPS	F	PA;
WESTHROID TABS	F	
WP THYROID TABS	F	

### ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions

#### Antispasmodics

ANASPAZ TBDP (Use Hyoscyamine Sulfate)	***	
BELLADONNA & OPIUM SUPP	F	PA
BELLADONNA ALKALOIDS & OPIUM SUPP	F	PA
BENTYL CAPS (Use Dicyclomine HCl)	***	
BENTYL TABS (Use Dicyclomine HCl)	***	

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Drug Name	Drug Tier	Requirements/Limits
CANTIL TABS	F	PA
CUVPOSA SOLN	F	PA
<i>dicyclomine hcl caps</i>	F	
<i>dicyclomine hcl soln</i>	F	
<i>dicyclomine hcl tabs</i>	F	
DONNATAL ELIX 0.1037MG/5ML- 0.0065MG/5ML- 0.0194MG/5ML- 16.2MG/5ML	F	
DONNATAL TABS 0.1037MG-0.0065MG- 0.0194MG-16.2MG (Use <i>Phenobarbital- Hyoscyamine-Atropine- Scopolamine</i> )	***	
<i>glycopyrrolate tabs</i>	F	QL(4 ea daily)
<i>hyoscyamine sulfate elix or 0.125 mg/5ml</i>	F	
HYOSCYAMINE SULFATE POWD XX	F	
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	F	
<i>hyoscyamine sulfate subl sl 0.125 mg</i>	F	
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	F	
<i>hyoscyamine sulfate tb12 or 0.375 mg</i>	F	QL(4 ea daily)
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	F	
LEVBID TB12 (Use <i>Hyoscyamine Sulfate</i> )	***	QL(4 ea daily)
LEVSIN SOLN IJ 0.5 MG/ML	F	
LEVSIN TABS OR 0.125 MG (Use <i>Hyoscyamine Sulfate</i> )	***	
LEVSIN/SL SUBL (Use <i>Hyoscyamine Sulfate</i> )	***	
<i>methscopolamine bromide tabs</i>	F	PA

Drug Name	Drug Tier	Requirements/Limits
PAMINE FORTE TABS (Use <i>Methscopolamine Bromide</i> )	***	PA
PAMINE TABS (Use <i>Methscopolamine Bromide</i> )	***	PA
<i>phenobarbital- hyoscyamine-atropine- scopolamine tabs</i>	F	
PROPANTHELINE BROMIDE TABS	F	QL(4 ea daily)
ROBINUL FORTE TABS (Use <i>Glycopyrrolate</i> )	***	QL(4 ea daily)
ROBINUL TABS (Use <i>Glycopyrrolate</i> )	***	QL(4 ea daily)
SYMAX DUOTAB TBCR	F	
<b>H-2 Antagonists</b>		
CIMETIDINE HCL SOLN	F	
<i>cimetidine tabs 200 mg</i>	F	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	F	
<i>famotidine susr 40 mg/5ml</i>	F	
<i>famotidine tabs 10 mg, 40 mg</i>	F	
<i>famotidine tabs 20 mg</i>	F	RX/OTC
<i>nizatidine caps 150 mg, 300 mg</i>	F	PA
NIZATIDINE SOLN 15 MG/ML	F	PA
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>Famotidine</i> )	***	RX/OTC
PEPCID AC TABS (Use <i>Famotidine</i> )	***	
PEPCID SUSR 40 MG/5ML (Use <i>Famotidine</i> )	***	
PEPCID TABS 20 MG (Use <i>Famotidine</i> )	***	RX/OTC
PEPCID TABS 40 MG (Use <i>Famotidine</i> )	***	
<i>ranitidine hcl caps 150 mg</i>	F	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl caps 300 mg</i>	F	QL(1 ea daily)
<i>ranitidine hcl syrp 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	F	QL(40 ml daily)
<i>ranitidine hcl tabs 150 mg</i>	F	RX/OTC
<i>ranitidine hcl tabs 300 mg</i>	F	
<i>ranitidine hcl tabs 75 mg</i>	F	QL(2 ea daily)
TAGAMET HB TABS (Use <i>Cimetidine</i> )	***	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use <i>Ranitidine HCl</i> )	***	RX/OTC
ZANTAC 75 TABS (Use <i>Ranitidine HCl</i> )	***	QL(2 ea daily)
ZANTAC TABS 150 MG (Use <i>Ranitidine HCl</i> )	***	RX/OTC
ZANTAC TABS 300 MG (Use <i>Ranitidine HCl</i> )	***	
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML	F	QL(420 ml per fill retail)
CARAFATE TABS 1 GM (Use <i>Sucralfate</i> )	***	
<i>sucralfate tabs</i>	F	
<b>Proton Pump Inhibitors</b>		
ACIPHEX SPRINKLE CPSP	F	PA
ACIPHEX TBEC (Use <i>Rabeprazole Sodium</i> )	***	PA
CVS OMEPRAZOLE TBEC	F	QL(1 ea daily)
DEXILANT CPDR	F	PA; ST
EQ OMEPRAZOLE TBEC	F	QL(1 ea daily)
EQL OMEPRAZOLE TBEC	F	QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	F	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	F	PA

Drug Name	Drug Tier	Requirements/Limits
GNP OMEPRAZOLE TBEC	F	QL(1 ea daily)
HM OMEPRAZOLE TBEC	F	QL(1 ea daily)
KLS OMEPRAZOLE TBEC	F	QL(1 ea daily)
<i>lansoprazole cpdr 15 mg</i>	F	QL(4 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	F	QL(2 ea daily)
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>Esomeprazole Magnesium</i> )	***	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (Use <i>Esomeprazole Magnesium</i> )	***	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (Use <i>Esomeprazole Magnesium</i> )	***	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use <i>Esomeprazole Magnesium</i> )	***	PA
NEXIUM PACK 10 MG, 20 MG, 40 MG	F	PA
<i>omeprazole cpdr 10 mg</i>	F	QL(1 ea daily)
<i>omeprazole cpdr 20 mg</i>	F	QL(2 ea daily); RX/OTC
<i>omeprazole cpdr 40 mg</i>	F	QL(2 ea daily)
<i>omeprazole magnesium cpdr</i>	F	
OMEPRAZOLE TBEC 20 MG	F	QL(1 ea daily)
<i>pantoprazole sodium tbec 20 mg</i>	F	QL(1 ea daily)
<i>pantoprazole sodium tbec 40 mg</i>	F	QL(2 ea daily)
PREVACID 24HR CPDR (Use <i>Lansoprazole</i> )	***	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use <i>Lansoprazole</i> )	***	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use <i>Lansoprazole</i> )	***	QL(2 ea daily)
PREVACID SOLUTAB TBDP	F	QL(1 ea daily)
PRIOLOSEC CPDR 10 MG (Use <i>Omeprazole</i> )	***	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PRILOSEC CPDR 20 MG (Use Omeprazole)	***	QL(2 ea daily); RX/OTC
PRILOSEC CPDR 40 MG (Use Omeprazole)	***	QL(2 ea daily)
PRILOSEC OTC TBEC	F	QL(1 ea daily)
PRILOSEC PACK 10 MG, 2.5 MG	F	PA
PROTONIX PACK 40 MG	F	PA
PROTONIX TBEC 20 MG (Use Pantoprazole Sodium)	***	QL(1 ea daily)
PROTONIX TBEC 40 MG (Use Pantoprazole Sodium)	***	QL(2 ea daily)
PX OMEPRAZOLE TBEC	F	QL(1 ea daily)
RA OMEPRAZOLE TBEC	F	QL(1 ea daily)
<i>rabeprazole sodium tbec</i>	F	PA
SB OMEPRAZOLE TBEC	F	QL(1 ea daily)
SM OMEPRAZOLE TBEC	F	QL(1 ea daily)
SW OMEPRAZOLE TBEC	F	QL(1 ea daily)
TGT OMEPRAZOLE TBEC	F	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS (Use <i>Misoprostol</i> )	***	
<i>misoprostol tabs</i>	F	
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	F	PA
<i>famotidine-calcium carbonate-magnesium hydroxide chew</i>	F	
OMECLAMOX-PAK MISC	F	PA
<i>omeprazole-sodium bicarbonate caps 20mg- 1100mg</i>	F	QL(2 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole-sodium bicarbonate caps 40mg- 1100mg</i>	F	PA
<i>omeprazole-sodium bicarbonate pack 20mg- 1680mg, 40mg-1680mg</i>	F	
PEPCID COMPLETE CHEW (Use <i>Famotidine- Calcium Carbonate- Magnesium Hydroxide</i> )	***	
PREVPAC MISC (Use <i>Amoxicillin-Clarithromycin w/ Lansoprazole</i> )	***	PA
PYLERA CAPS	F	PA
ZEGERID CAPS 20MG- 1100MG (Use <i>Omeprazole- Sodium Bicarbonate</i> )	***	QL(2 ea daily); RX/OTC
ZEGERID CAPS 40MG- 1100MG (Use <i>Omeprazole- Sodium Bicarbonate</i> )	***	PA
ZEGERID OTC CAPS (Use <i>Omeprazole-Sodium Bicarbonate</i> )	***	QL(2 ea daily); RX/OTC
ZEGERID PACK 20MG- 1680MG, 40MG-1680MG (Use <i>Omeprazole-Sodium Bicarbonate</i> )	***	
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infective Combinations</b>		
HYOPHEN TABS	F	PA
<i>methenamine-hyosc- methylene blue-benzoic acid-phenyl sal tabs</i>	F	PA
<i>methenamine-hyosc- methylene blue-sod phos- phenyl sal caps 40.8mg- 0.12mg-36mg-120mg- 10mg</i>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine-hyosc-methylene blue-sod phenyl sal tabs 40.8mg-0.12mg-32.4mg-81mg-10.8mg, 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg</i>	F	
<i>methenamine-hyoscamine-methylene blue-sodium phosphate caps</i>	F	PA
<i>methenamine-hyoscamine-methylene blue-sodium phosphate tabs</i>	F	PA
UROGESIC-BLUE TABS (Use Methenamine-Hyoscamine-Methylene Blue-Sodium Phosphate)	***	PA
<b>Urinary Anti-infectives</b>		
FURADANTIN SUSP (Use Nitrofurantoin)	***	QL(40 ml daily)
HIPREX TABS (Use Methenamine Hippurate)	***	PA
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	***	
MACRODANTIN CAPS (Use Nitrofurantoin Macrocrystal)	***	
<i>methenamine hippurate tabs</i>	F	PA
METHENAMINE MANDELATE TABS 0.5 GM	F	
<i>methenamine mandelate tabs 1 gm</i>	F	
<i>nitrofurantoin macrocrystal caps</i>	F	
<i>nitrofurantoin monohyd macro caps</i>	F	
<i>nitrofurantoin susp</i>	F	QL(40 ml daily)
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
<i>darifenacin hydrobromide tb24</i>	F	PA

Drug Name	Drug Tier	Requirements/ Limits
DETROL LA CP24 (Use Tolterodine Tartrate)	***	
DETROL TABS (Use Tolterodine Tartrate)	***	PA
DITROPAN XL TB24 (Use Oxybutynin Chloride)	***	QL(2 ea daily)
ENABLEX TB24 (Use Darifenacin Hydrobromide)	***	PA
GELNIQUE GEL 10 %	F	PA;
GELNIQUE GEL 3 %	F	PA
GELNIQUE PUMP GEL	F	PA;
<i>oxybutynin chloride syrp 5 mg/5ml</i>	F	QL(16.6 ml daily)
<i>oxybutynin chloride tabs 5 mg</i>	F	QL(3 ea daily)
<i>oxybutynin chloride tb24 5 mg, 10 mg, 15 mg</i>	F	QL(2 ea daily)
OXYTROL FOR WOMEN PTTW	F	PA; RX/OTC
OXYTROL PTTW	F	PA; RX/OTC
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	F	
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	F	PA
TOVIAZ TB24	F	PA
<i>tropium chloride cp24 60 mg</i>	F	PA
<i>tropium chloride tabs 20 mg</i>	F	QL(2 ea daily)
VESICARE TABS	F	PA
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs</i>	F	
URECHOLINE TABS (Use Bethanechol Chloride)	***	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	F	
<b>VACCINES</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>Bacterial Vaccines</b>		
PNEUMOVAX 23 INJ	F	AL; At least 18 yrs old
PNEUMOVAX 23/1 DOSE INJ	F	AL; At least 18 yrs old
PREVNAR 13 SUSP	F	AL; At least 18 yrs old
<b>Viral Vaccines</b>		
AFLURIA 2015-2016 SUSP	F	
AFLURIA 2016-2017 SUSP	F	
AFLURIA 2017-2018 SUSP	F	
AFLURIA PF 2015-2016 SUSY	F	
AFLURIA PF 2016-2017 SUSY	F	
AFLURIA PF 2017-2018 SUSY	F	
AFLURIA QUADRIVALENT 2016-2017 SUSY	F	AL; At least 9 yrs old
AFLURIA QUADRIVALENT 2017-2018 SUSP	F	AL; At least 9 yrs old
AFLURIA QUADRIVALENT 2017-2018 SUSY	F	AL; At least 9 yrs old
CERVARIX SUSP	F	AL; At least 18 yrs old
ENGERIX-B INJ	F	AL; At least 18 yrs old
ENGERIX-B SUSP	F	AL; At least 18 yrs old
FLUAD 2016-2017 SUSY	F	
FLUAD 2017-2018 SUSY	F	
FLUARIX QUADRIVALENT 2015-2016 SUSY	F	AL; At least 9 yrs old
FLUARIX QUADRIVALENT 2016-2017 SUSY	F	AL; At least 9 yrs old
FLUARIX QUADRIVALENT 2017-2018 SUSY	F	AL; At least 9 yrs old
FLUBLOK 2015-2016 SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK 2016-2017 SOLN	F	
FLUBLOK 2017-2018 SOLN	F	
FLUBLOK QUADRIVALENT 2017-2018 SOSY	F	AL; At least 9 yrs old
FLUCELVAX 2015-2016 SUSY	F	
FLUCELVAX QUADRIVALENT 2016-2017 SUSY	F	
FLUCELVAX QUADRIVALENT 2017-2018 SUSP	F	AL; At least 9 yrs old
FLUCELVAX QUADRIVALENT 2017-2018 SUSY	F	
FLULAVAL QUADRIVALENT 2014-2015 SUSY	F	AL; At least 9 yrs old
FLULAVAL QUADRIVALENT 2015-2016 SUSP	F	AL; At least 9 yrs old
FLULAVAL QUADRIVALENT 2016-2017 SUSP	F	AL; At least 9 yrs old
FLULAVAL QUADRIVALENT 2016-2017 SUSY	F	AL; At least 9 yrs old
FLULAVAL QUADRIVALENT 2017-2018 SUSP	F	AL; At least 9 yrs old
FLULAVAL QUADRIVALENT 2017-2018 SUSY	F	AL; At least 9 yrs old
FLUVIRIN 2015-2016 SUSP	F	
FLUVIRIN 2015-2016 SUSY	F	
FLUVIRIN 2016-2017 SUSP	F	
FLUVIRIN 2016-2017 SUSY	F	
FLUVIRIN 2017-2018 SUSP	F	

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Drug Name	Drug Tier	Requirements/ Limits
FLUVIRIN 2017-2018 SUSY	F	
FLUZONE HIGH-DOSE PF 2015-2016 SUSY	F	AL; At least 9 yrs old
FLUZONE HIGH-DOSE PF 2016-2017 SUSY	F	AL; At least 9 yrs old
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	F	AL; At least 9 yrs old
FLUZONE INTRADERMAL QUADRIVALENT 2015-2016 SUPN	F	AL; At least 9 yrs old
FLUZONE INTRADERMAL QUADRIVALENT 2016-2017 SUPN	F	AL; At least 9 yrs old
FLUZONE INTRADERMAL QUADRIVALENT 2017-2018 SUPN	F	AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2015-2016 SUSP	F	AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2015-2016 SUSY	F	AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2016-2017 SUSP	F	AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2016-2017 SUSY	F	AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2017-2018 SUSP	F	AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2017-2018 SUSY	F	AL; At least 9 yrs old
FLUZONE SPLIT 2015-2016 SUSP	F	
GARDASIL 9 SUSP	F	AL; At least 18 yrs old
GARDASIL 9 SUSY	F	AL; At least 18 yrs old
GARDASIL SUSP	F	AL; At least 18 yrs old
HAVRIX SUSP	F	AL; At least 18 yrs old
M-M-R II INJ	F	AL; At least 18 yrs old

Drug Name	Drug Tier	Requirements/ Limits
MEDICAL PROVIDER EZ FLU SHOT 2015-2016 PSKT	F	
MEDICAL PROVIDER SINGLE USE EZ FLU SHOT PSKT	F	AL; At least 9 yrs old
MEDICAL PROVIDER SINGLE USE EZ FLU SHOT PSKT	F	
RECOMBIVAX HB SUSP	F	AL; At least 18 yrs old
VAQTA SUSP	F	AL; At least 18 yrs old
VARIVAX INJ	F	AL; At least 18 yrs old
ZOSTAVAX SUSR	F	AL; At least 18 yrs old
<b>VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones</b>		
<b>Spermicides</b>		
ENCARE SUPP	F	QL(12 ea per fill retail)
<i>nonoxynol-9 gel</i>	F	QL(25.5 gm per fill retail)
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL ( <i>Use Nonoxynol-9</i> )	***	QL(25.5 gm per fill retail)
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	F	QL(81 gm per fill retail)
SHUR-SEAL GEL	F	QL(24 gm per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	F	
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	F	QL(17 gm per fill retail)
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA VA 2 % ( <i>Use Clindamycin Phosphate Vaginal</i> )	***	
CLEOCIN SUPP VA 100 MG	F	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal crea</i>	F	
CLINDESSE CREA	F	
<i>clotrimazole vaginal crea</i>	F	
GYNAZOLE-1 CREA	F	
GYNE-LOTRIMIN 3 CREA (Use Clotrimazole Vaginal)	***	
GYNE-LOTRIMIN CREA (Use Clotrimazole Vaginal)	***	
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	***	
<i>metronidazole vaginal gel</i>	F	
MICONAZOLE 3 SUPP	F	
<i>miconazole nitrate vaginal crea 2 %, 4 %</i>	F	
<i>miconazole nitrate vaginal kit</i>	F	QL(24 gm per fill retail)
<i>miconazole nitrate vaginal kit</i>	F	QL(1 ea per fill retail)
<i>miconazole nitrate vaginal supp 100 mg</i>	F	
MONISTAT 1 COMBO PACK KIT (Use Miconazole Nitrate Vaginal)	***	QL(1 ea per fill retail)
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (Use Miconazole Nitrate Vaginal)	***	QL(1 ea per fill retail)
MONISTAT 3 COMBINATION PACK KIT (Use Miconazole Nitrate Vaginal)	***	QL(24 gm per fill retail)
MONISTAT 3 CREA (Use Miconazole Nitrate Vaginal)	***	
MONISTAT 7 SIMPLY CURE CREA (Use Miconazole Nitrate Vaginal)	***	
TERAZOL 3 CREA (Use Terconazole Vaginal)	***	
TERAZOL 7 CREA (Use Terconazole Vaginal)	***	

Drug Name	Drug Tier	Requirements/Limits
TERCONAZOLE CREA	F	
<i>terconazole vaginal crea</i>	F	
<i>terconazole vaginal supp</i>	F	
<i>tioconazole vaginal oint</i>	F	
VAGISTAT-1 OINT (Use Tioconazole Vaginal)	***	
<b>Vaginal Estrogens</b>		
ESTRACE CREA (Use Estradiol Vaginal)	***	
<i>estradiol vaginal crea 0.1 mg/gm</i>	F	
<i>estradiol vaginal tabs 10 mcg</i>	F	PA
ESTRING RING	F	PA
FEMRING RING	F	PA
PREMARIN CREA VA 0.625 MG/GM	F	
VAGIFEM TABS (Use Estradiol Vaginal)	***	PA
<b>Vaginal Progestins</b>		
CRINONE GEL	F	AL; At least 14 yrs old
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	F	AL; At least 14 yrs old
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	F	AL; At least 14 yrs old
FIRST-PROGESTERONE VGS 25 COMPOUNDING KIT SUPP	F	AL; At least 14 yrs old
FIRST-PROGESTERONE VGS 400 COMPOUNDING KIT SUPP	F	AL; At least 14 yrs old
FIRST-PROGESTERONE VGS 50 COMPOUNDING KIT SUPP	F	AL; At least 14 yrs old
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>Anaphylaxis Therapy Agents</b>		
ADRENALIN SOAJ 0.15 MG/0.15ML	F	PA; Limit 1 fill (2 pens) per month; 4 pens per year;
ADRENALIN SOAJ 0.3 MG/0.3ML	F	Limit 1 fill (2 pens) per month; 4 pens per year;
AUVI-Q SOAJ 0.15 MG/0.15ML	F	PA; Limit 1 fill (2 pens) per month; 4 pens per year;
AUVI-Q SOAJ 0.3 MG/0.3ML	***	
EPINEPHRINE SOAJ 0.15 MG/0.15ML	F	PA; Limit 1 fill (2 pens) per month; 4 pens per year;
EPINEPHRINE SOAJ 0.15 MG/0.3ML, 0.3 MG/0.3ML	F	Limit 1 fill (2 pens) per month; 4 pens per year;
EPINEPHRINE SOAJ 0.3 MG/0.3ML	***	
EPIPEN 2-PAK SOAJ	***	
EPIPEN-JR 2-PAK SOAJ	***	
<b>Neurogenic Orthostatic Hypotension (NOH) -</b>		
NORTHERA CAPS 100 MG, 200 MG	F	PA; QL(3 ea daily); SP
NORTHERA CAPS 300 MG	F	PA; QL(6 ea daily); SP
<b>Vasopressors</b>		
midodrine hcl tabs	F	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
cholecalciferol caps 1000 unit, 2000 unit	F	QL(100 ea per fill retail)
cholecalciferol caps 400 unit, 10000 unit, 50000 unit	F	
cholecalciferol caps 5000 unit	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
cholecalciferol chew 400 unit, 1000 unit	F	
cholecalciferol liqd 400 unit/ml, 5000 unit/ml	F	
cholecalciferol tabs 400 unit, 1000 unit, 2000 unit, 5000 unit	F	
D-VI-SOL LIQD (Use Cholecalciferol)	***	
DRISDOL CAPS (Use Ergocalciferol)	***	
DRISDOL SOLN (Use Ergocalciferol)	***	
ergocalciferol caps	F	
ergocalciferol soln	F	
KEY-E CHEW	F	
MEPHYTON TABS	F	
REPLESTA WAFR	F	
VITAMIN D3 LIQD	F	
vitamin e caps 100 unit, 200 unit, 400 unit	F	
VITAMIN E CHEW 400 UNIT	F	
vitamin e soln 15 unit/0.3ml	F	
<b>Water Soluble Vitamins</b>		
ascorbic acid chew	F	
ascorbic acid tabs	F	
ascorbic acid tbcr	F	
B-1 TABS	F	
biotin caps	F	
BIOTIN FORTE TABS	F	
biotin tabs	F	
niacin cpcr	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>niacin tabs</i>	F	
<i>niacin tbc</i>	F	
NIACIN TR TBCR	F	
<i>pyridoxine hcl tabs</i>	F	
<i>riboflavin tabs</i>	F	
SLO-NIACIN TBCR ( <i>Use Niacin</i> )	***	
<i>thiamine hcl tabs</i>	F	
<i>thiamine mononitrate tabs</i>	F	

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CARDIZEM LA.....	48	celecoxib.....	4	CHAPSTICK ULTRASMooth FORTIFY.....	80
CARDURA.....	34	CELEXA.....	20	CHAPSTICK ULTRASMooth NOURISH.....	80
CARDURA XL.....	97	CELLCEPT.....	111	CHAPSTICK ULTRASMooth REJUVENATE.....	80
CARIMUNE NANOFILTERED.....	128	CELONTIN.....	19	CHAPSTICK ULTRASMooth SOOTHE.....	80
carisoprodol.....	119	CENTANY.....	63	CHEK-STIX COMBO PAK URINALYSIS CONTROL.....	88
carisoprodol w/ aspirin.....	120	CEPACOL DUAL RELIEF SORETHROAT SPRAY.....	112	CHEK-STIX CONTROL.....	88
carisoprodol w/ aspirin & codeine.....	120	CEPACOL SORE THROAT.....	112		
CARMOL 10.....	70	CEPACOL SORE THROAT EXTRA STRENGTH.....	112		
CARMOL 20.....	70	CEPACOL SORE THROAT MAXIMUM NUMBING.....	112		
CARNITOR.....	93	cephalexin.....	49		
CARNITOR SF.....	93	CEPHALEXIN.....	49		
CARRASYN.....	86	CERASPORT.....	109		

CHEMET	28	cholecalciferol	142	CLARITIN	31
CHEMSTRIP -10 WITH SG	88	cholestyramine	32	CLARITIN ALLERGY	
CHEMSTRIP 10 MD	88	cholestyramine light	32	CHILDRENS	31
CHEMSTRIP 2 GP STRIPS	89	choline & mag salicylate	7	CLARITIN CHILDRENS	31
CHEMSTRIP 5 OB	89	choline fenofibrate	32	CLARITIN REDITABS	31
CHEMSTRIP 7	89	CHORIONIC		CLARITIN-D 12 HOUR	55
CHEMSTRIP 9 STRIPS	89	GONADOTROPIN	92	CLARITIN-D 24 HOUR	55
CHEMSTRIP UGK	89	ciclopirox	64	CLASSIC PRENATAL	115
CHEMSTRIP-K	89	ciclopirox olamine	64	CLEAN & CLEAR ADVANTAGE	
CHEMSTRIP-MICRAL	89	cilostazol	99	3-IN-1 EXFOLIATING	
CHENODAL	95	CILOXAN	124	CLEANSER	61
CHERACOL PLUS	54	cimetidine	135	CLEAN & CLEAR	
CHERACOL SORE		CIMETIDINE HCL	135	ESSENTIALSFOAMING FACIAL	
THROAT	113	CIMZIA	96	CLEANSER	80
CHERACOL-D COUGH	54	CIPRO	95	CLEAN & CLEAR FOAMING	
CHEW Q	2	CIPRO HC	127	FACIAL CLEANSER SENSITIVE	
CHILDRENS ADVIL	4	CIPRO XR	95	SKIN	80
CHILDRENS MOTRIN	4	CIPRODEX	127	CLEAN & CLEAR MORNING	
CHILDRENS PROBIOTIC		ciprofloxacin	95	BURST BODY WASH	
PEARLS	26	CIPROFLOXACIN	127	BOOST	80
CHLOR-TRIMETON	30	CIPROFLOXACIN HCL	95	CLEAN & CLEAR MORNING	
CHLOR-TRIMETON		ciprofloxacin hcl	95	BURST DETOXIFYING FACIAL	
ALLERGY	30	ciprofloxacin hcl (ophth)	125	CLEANSER	80
CHLORASEPTIC	112	ciprofloxacin-ciprofloxacin	95	CLEAN & CLEAR MORNING	
CHLORASEPTIC SORE		hcl	95	BURST FACIAL CLEANSER	80
THROAT/LIQUID CENTER	112	citalopram hydrobromide	20	CLEAN & CLEAR MORNING	
chlordiazepoxide hcl	13	CITRACAL + D3		BURST HYDRATING FACIAL	
CHLORDIAZEPOXIDE/AMITRIP		MAXIMUM	109	CLEANSER	80
TYLINE	132	CITRACAL MAXIMUM	109	CLEAN & CLEAR NIGHT	
chlorhexidine gluconate	43	CITRACAL		RELAXING DEEP CLEANING	
chlorhexidine gluconate (mouth-		PETITES/VITAMIND	109	FACE WASH	80
throat)	113	CITRACAL PLUS	110	CLEANSING EYELID PADS	80
CHLOROQUINE		CITRANATAL 90 DHA	114	CLEAR AWAY ONE STEP	
PHOSPHATE	36	CITRANATAL ASSURE	115	WARTREMOVER	77
chloroquine phosphate	36	CITRANATAL BLOOM		CLEAR AWAY PLANTAR	
CHLOROTHIAZIDE	91	DHA	115	SYSTEM	77
chlorothiazide	91	CITRANATAL DHA	115	CLEAR AWAY WART	
chlorpheniramine &		CITRANATAL		REMOVER SYSTEM	77
phenylephrine	54	HARMONY	115	CLEAR COUGH PM MULTI-	
chlorpheniramine &		CITRANATAL RX	115	SYMPTOM	55
pseudoeph	54	CITRUCEL	102	clemastine fumarate	30
chlorpheniramine maleate	30	CITRUCEL FIBER		CLEMASTINE FUMARATE	30
chlorpheniramine-acetaminophen	54	LAXATIVE	102	CLEOCIN	12,140
chlorpheniramine-phenylephrine-		CLARINEX	31	CLEOCIN PEDIATRIC	
acetaminophen	54,55	CLARINEX-D 12 HOUR	55	GRANULES	12
chlorpromazine hcl	42	CLARITHROMYCIN	104	CLEOCIN-T	61
CHLORPROPAMIDE	25	clarithromycin	104	CLIMARA	94
chlorthalidone	91	CLARITHROMYCIN	105	CLIMARA PRO	94
CHLORZOXAZONE	119	clarithromycin	105	CLINDAGEL	61
CHOLBAM	95			clindamycin hcl	12
				clindamycin palmitate	
				hydrochloride	12
				clindamycin phosphate	
				(topical)	61

clindamycin phosphate vaginal	141	COCONUT OIL BEAUTY	72	COMTRESX COLD & COUGH NIGHTTIME MAXIMUM STRENGTH	55
clindamycin phosphate-benzoyl peroxide	61	codeine sulfate	7	CONCEPT DHA	115
clindamycin phosphate-tretinoin	61	CODEINE SULFATE	7	CONCEPT OB	115
CLINDESSE	141	CODITUSS DM	55	CONCERTA	1
CLN BODY WASH GENTLE NON-DRYING	81	coenzyme q10 (ubidecarenone)	2,3	Condoms - Female	105
CLN FACIAL CLEANSER MOISTURE BALANCING	81	COLACE	104	Condoms Latex Lubricated - Male	105
CLN FACIAL MOISTURIZER NOURISHING	72	COLACE CLEAR	104	Condoms Latex Non-Lubricated - Male	105
CLN HAND & FOOT WASH DEEP CLEANSING	81	COLAZAL	96	Condoms Non-Latex Non-Lubricated - Male	105
CLN SPORT WASH HIGH PERFORMANCE	81	COLCHICINE	98	CONDYLOX	77
CLN SPORTWASH	81	colchicine w/ probenecid	98	CONEX COLD/ALLERGY	55
clobetasol propionate	68	COLCRYS	98	CONZIP	7
clobetasol propionate emollient base	68	COLD & FLU RELIEF NIGHTTIME D	55	COOL BOTTOMS	81
clobetasol propionate emulsion	68	COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY	81	COPAXONE	132
CLOBEX	68	COLEMAN INSECT REPELLENT/HIGH & DRY	81	COPEGUS	45
CLOCORTOLONE PIVALATE	68	COLEMAN INSECT REPELLENT/SPORTSMEN	81	CORDRAN	68
CLOCORTOLONE PIVALATE PUMP	68	.....	81	CORDRAN TAPE	68
CLODAN KIT	68	COLESTID	32	COREG	46
CLODERM	68	COLESTID FLAVORED	32	COREG CR	46
CLODERM PUMP	68	colestipol hcl	32	CORGARD	47
clomipramine hcl	21	colloidal oatmeal	72	CORICIDIN HBP COLD & FLU	55
clonazepam	16	COLY-MYCIN S	127	CORN REMOVER ONE STEP	77
clonidine hcl	34	COLYTE-FLAVOR PACKS	102	CORN REMOVER ULTRA THIN	77
clonidine hcl (adhd)	1	COMBIGAN	123	CORN REMOVER WATERPROOF	77
clopidogrel bisulfate	99	COMBIPATCH	94	CORTANE-B AQUEOUS	127
clorazepate dipotassium	13	COMBISTIX	89	CORTANE-B-OTIC	127
CLORPRES	35	COMBIVENT RESPIMAT	15	CORTEF	52
clotrimazole	113	COMBIVIR	43	CORTENEMA	10
clotrimazole (topical)	64	COMETRIQ	38	CORTIFOAM	10
clotrimazole vaginal	141	COMFEEL PASTE	86	CORTISONE ACETATE	53
clotrimazole w/ betamethasone	64	COMPLERA	43	CORTISPORIN	63
clozapine	41	COMPLETE NATAL DHA	115	CORTISPORIN-TC	128
CLOZAPINE ODT	41	COMPLETE PRENATAL MULTIVITAMIN/PRENATAL DHA	115	CORZIDE	35
CLOZARIL	41	COMPLETENATE	115	COSOPT	124
CO-NATAL FA	115	COMPOUND W	77	COSOPT PF	123
coal tar extract	86	COMPOUND W FREEZE OFF WART REMOVAL SYSTEM	77	COTELIC	38
COARTEM	36	COMPOUND W MAXIMUM STRENGTH	77	COUMADIN	16
COCOA BUTTER	72	COMTAN	39	COZAAR	34
COCOA BUTTER HAND & BODYLOTION	72	COMTRESX COLD & COUGH MAXIMUM STRENGTH	55	CREON	90
				CRESTOR	32
				CRINONE	141

CRITIC-AID CLEAR		CVS PROBIOTIC PEARLS		DECON-A.....	55
MOISTUREBARRIER.....	81	EXTRA STRENGTH.....	26	DELBASE	
CRIXIVAN.....	43	CVS PURIFIED WATER.....	129	COMPOUNDING.....	130
cromolyn sodium.....	14	CVS SALINE WOUND		DELSYM.....	53
cromolyn sodium		WASH.....	81	DELSYM COUGH	
(mastocytosis).....	95	CVS SENIOR PROBIOTIC.....	26	CHILDRENS.....	53
cromolyn sodium (nasal).....	120	CVS SILVER GEL.....	86	DEMADEX.....	91
cromolyn sodium (ophth).....	127	CVS TOTAL HOME INSECT		demeclocycline hcl.....	133
CULTURELLE ADVANCED		REPELLENT.....	81	DEMEROL.....	7
IMMUNE DEFENSE.....	26	CVS WOMENS		DEM SER.....	34
CULTURELLE PRO-WELL.....	26	PRENATAL+DHA.....	115	DENAVIR.....	67
CUPRIMINE.....	111	cyanocobalamin.....	99	DENOREX THERAPEUTIC 2-IN-	
CURAFIL GEL WOUND		CYCLESSA.....	50	1.....	86
DRESSING.....	86	cyclobenzaprine hcl.....	119	DEPAKENE.....	19
CUTIVATE.....	68	CYCLOGYL.....	124	DEPAKOTE.....	19
CUTTER.....	81	CYCLOMYDRIL.....	124	DEPAKOTE ER.....	19
CUTTER ALL FAMILY.....	81	cyclopentolate hcl.....	124	DEPAKOTE SPRINKLES.....	19
CUTTER BACKWOODS.....	81	CYCLOPHOSPHAMIDE.....	37	DEPEN TITRATABS.....	111
CUTTER BACKWOODS		CYCLOSERINE.....	37	DEPO-PROVERA	
DRY.....	81	cyclosporine.....	111	CONTRACEPTIVE.....	52
CUTTER DRY.....	81	CYCLOSPORINE		DEPO-SUBQ PROVERA	
CUTTER SKINSATIONS.....	81	MODIFIED.....	111	104.....	52
CUTTER SPORT.....	81	cyclosporine modified (for		DEPO-TESTOSTERONE.....	10
CUVITRU.....	128	microemulsion).....	111	DERMABASE OIL IN	
CUVPOSA.....	135	CYMBALTA.....	21	WATER.....	72
CVS ADULT 50+		cyproheptadine hcl.....	31	DERMADROX.....	81
PROBIOTIC.....	26	CYSTAGON.....	97	DERMAGRAN.....	81
CVS ADULT PROBIOTIC.....	26	CYTO-Q MAX.....	3	DERMAGRAN HYDROGEL	
CVS CLEANSING EYELID		CYTOGAM.....	128	WOUND DRESSING.....	86
WIPES.....	81	CYTOMEL.....	134	DERMAGRAN SKIN	
CVS DAILY ULTRA		CYTOTEC.....	137	PROTECTANT.....	81
MOISTURE LOTION.....	72	CYTRA-3.....	97	DERMAGRAN-B HYDROPHILIC	
CVS DIGESTIVE		D-VI-SOL.....	142	WOUND DRESSING.....	87
PROBIOTIC.....	26	D.H.E. 45.....	107	DERMAIDE ALOE.....	72
CVS DISTILLED WATER.....	129	DAILY CONDITIONING		DERMAL THERAPY EXTRA	
CVS DRY MOUTH SPRAY.....	113	TREATMENT.....	72	STRENGTH BODY LOTION.....	72
CVS GLUCOSE.....	23	DAILY PROBIOTIC.....	26	DERMAL THERAPY FACE	
CVS INSECT REPELLENT.....	81	DALIRESP.....	15	CARE MOISTURIZING	
CVS ISOPROPYL ALCOHOL		danazol.....	10	LOTION.....	72
WIPES.....	81	DANTRIUM.....	120	DERMAL THERAPY FOOT	
CVS KETONE CARE.....	89	dantrolene sodium.....	120	MASSAGE.....	72
CVS MANUKA HONEY WOUND		dapsone.....	12	DERMAL THERAPY HAND	
GEL.....	86	DARAPRIM.....	36	ELBOW & KNEE CREAM.....	72
CVS MOISTURIZING		darifenacin hydrobromide.....	138	DERMAL THERAPY HEEL	
CREAM.....	72	DAY TIME MULTI-SYMPTOM		CARE.....	72
CVS NATURAL FIBER		COLD/FLU RELIEF.....	55	DERMALUBE DAILY	
SUPPLEMENT.....	102	DAYPRO.....	4	MOISTURIZING LOTION.....	72
CVS OMEPRAZOLE.....	136	DAYTRANA.....	1	DERMAREST PSORIASIS.....	77
CVS PRENATAL.....	115	DDAVP.....	93	DERMASYN.....	87
CVS PROBIOTIC.....	26	DEBROX.....	127	dermatological products,	
CVS PROBIOTIC MAXIMUM				misc.....	79
STRENGTH.....	26			DERMATOP.....	68
				DERMEND MOISTURIZING	
				BRUISE FORMULA.....	72

DERMOPLAST.....	78	dextroamphetamine sulfate.....	1	dicloxacillin sodium.....	129
DERMOPLAST PAIN RELIEVINGSPRAY.....	78	dextromethorphan hbr.....	53	dicyclomine hcl.....	135
DERMOTIC.....	128	dextromethorphan polistirex.....	54	didanosine.....	43
DESCOVY.....	43	dextromethorphan- acetaminophen- chlorpheniramine.....	55	DIFF-STAT.....	26
desipramine hcl.....	21	dextromethorphan-doxylamine- acetaminophen.....	55	DIFFERIN.....	61,62
desloratadine.....	31	dextromethorphan-guaifenesin .....	55	DIFICID.....	105
DESLORATADINE ODT.....	31	dextromethorphan- phenylephrine-acetaminophen .....	55	DIFLORASONE	
desmopressin acetate.....	93	dextrose (diabetic use).....	23	DIACETATE.....	68
desmopressin acetate refrigerated.....	93	DHEA.....	72	DIFLUCAN.....	29
desmopressin acetate spray.....	93	DHS TAR.....	86	diflunisal.....	7
desmopressin acetate spray refrigerated.....	93	DHS TAR GEL.....	86	DIGESTIVE ADVANTAGE.....	26
DESOGEN.....	50	DIAB.....	87	DIGESTIVE ADVANTAGE LACTOSE DEFENSE	
desogestrel & ethinyl estradiol.....	50	DIAB DAILY CARE.....	87	FORMULA.....	26
desogestrel-ethinyl estradiol (biphasic).....	50	DIAB F.D.G. FREEZE- DRIED.....	87	DIGOXIN.....	49
desogestrel-ethinyl estradiol (triphasic).....	51	DIABETA.....	25	digoxin.....	49
DESONATE.....	68	DIABETIC TUSSIN COLD/FLU.....	56	dihydroergotamine mesylate.....	107
desonide.....	68	DIABETIDERM.....	72	DIHYDROERGOTAMINE MESYLATE.....	107
DESOWEN.....	68	DIABETIDERM FOOT REJUVENATING.....	73	DILANTIN.....	18
desoximetasone.....	68	DIABETIDERM HAND & BODY.....	73	DILANTIN INFATABS.....	18
DESOXYN.....	1	DIABETIDERM MASSAGE STIMULATOR.....	79	DILANTIN-125.....	18
DESQUAM-X WASH.....	61	DIAMOX.....	91	DILATRATE SR.....	13
DESVENLAFAXINE ER.....	21	diaper rash products.....	70	DILAUDID.....	7
desvenlafaxine succinate.....	21	DIASTAT ACUDIAL.....	16	diltiazem hcl.....	48
DETROL.....	138	DIASTAT PEDIATRIC.....	16	diltiazem hcl coated beads.....	48
DETROL LA.....	138	DIASTIX.....	89	diltiazem hcl extended release beads.....	48
DEX4.....	23	diazepam.....	13	dimenhydrinate.....	28
DEX4 FAST ACTING GLUCOSE.....	23	DIAZEPAM.....	14	DIMETAPP COLD & ALLERGY.....	56
DEX4 NATURALS.....	23	diazepam.....	14	DIMETAPP DM COLD & COUGH.....	56
DEX4 POUCH PACK.....	23	DIAZEPAM.....	16	DIMETAPP LONG ACTING COUGH PLUS COLD.....	56
DEX4 QUICK DISSOLVE GLUCOSE.....	23	DIAZEPAM RECTAL GEL.....	16	dimethicone (topical).....	81
dexamethasone.....	53	dibucaine.....	78	DIOVAN.....	34
DEXAMETHASONE.....	53	dibucaine (rectal).....	11	DIOVAN HCT.....	35
dexamethasone.....	53	DICLEGIS.....	29	DIPENTUM.....	96
DEXAMETHASONE.....	53	diclofenac potassium.....	4	diphenhydramine hcl.....	30
DEXAMETHASONE INTENSOL.....	53	diclofenac sodium.....	4	diphenhydramine hcl (sleep).....	101
dexamethasone sodium phosphate.....	53	diclofenac sodium (actinic keratoses).....	66	diphenhydramine hcl (topical).....	65
DEXAMETHASONE SODIUM PHOSPHATE.....	126	diclofenac sodium (ophth).....	127	diphenhydramine-phenylephrine .....	56
DEXEDRINE.....	1	diclofenac sodium (topical).....	63	diphenhydramine-phenylephrine- acetaminophen.....	56
DEXILANT.....	136			diphenhydramine-zinc acetate.....	65,66
dexmethylphenidate hcl.....	2			diphenoxylate w/ atropine.....	28

DIPHENOXYLATE/ATROPINE	DROPLET PEN NEEDLES 32G	EDURANT	43
28	X 3/16"	efavirenz	43
DIPROLENE	106	EFFER-K	110
68	DROPLET PEN NEEDLES 32G	EFFEXOR XR	21
dipyridamole	X 5/16"	EFFIENT	99
99	106	EFUDEX	66
DISALCID	DROPLET PEN NEEDLES 32G	ELAVIL	21
7	X 5/32"	ELDEPRYL	40
disopyramide phosphate	106	ELESTAT	127
14	drosiprenone-ethinyl	eletriptan hydrobromide	108
DISTILLED WATER	estradiol	ELIDEL	77
129	51	ELIMITE	85
disulfiram	drosiprenone-ethinyl estradiol-	ELIPHOS	96
131	levomefolate calcium	ELIQUIS	16
DITROPAN XL	51	ELIQUIS STARTER PACK	16
138	DROSPIRENONE/ETHINYL	ELIXOPHYLLIN	16
DIURIL	ESTRADIOL/LEVOMEFOLATE	ELLA	52
92	CALCIUM	ELMIRON	97
divalproex sodium	51	ELOCON	68
19	DROXIA	ELOCTATE	98
DIVIGEL	99	ELON SKIN REPAIR	73
94	DROXY CREAM	SYSTEM	73
DMAE	73	ELTA	73
73	DRUG MART UNILET MICRO	ELTA DERMAL GEL	87
DML FORTE	THIN LANCETS 33G	ELTA DERMAL WOUND	87
73	105	CLEANSER	87
docosahexaenoic acid	DRY MOUTH SPRAY	ELTA DERMAL WOUND	87
122	113	GEL	87
docusate calcium	DRYSOL	EMADINE	127
104	81	EMCYT	38
docusate sodium	DUAVEE	EMEND	29
104	94	EMEND TRIPACK	29
DOCUSOL MINI	DUETACT	EMETROL	29
104	22	EMFLAZA	53
DOCUSOL PLUS MINI-	DUEXIS	EMLA	78
ENEMA	4	EMOLLIA-CREME	73
104	DULCOLAX	EMOLLIA-LOTION	73
dofetilide	103	emollient	73
14	DULERA	EMSAM	19
DOLOPHINE	15	EMTRIVA	43
7	duloxetine hcl	EMVERM	11
DOMEBORO	21	ENABLEX	138
81	DURAFLU	enalapril maleate	33
donepezil hydrochloride	56	enalapril maleate &	35
131	DURAGESIC	hydrochlorothiazide	35
DONNATAL	7	ENBREL	5
135	DURATION 12 HOUR	ENBREL SURECLICK	5
DORAL	121	ENCARE	140
101	DURATION SPRAY		
dorzolamide hcl	121		
127	DUREZOL		
dorzolamide hcl-timolol	126		
maleate	97		
124	dutasteride		
DOTHELLE DHA	97		
115	dutasteride-tamsulosin hcl		
DOVONEX	97		
66	DUTOPROL		
doxazosin mesylate	35		
34	DYAZIDE		
doxepin hcl	91		
21	DYMISTA		
DOXEPIN	120		
HYDROCHLORIDE	E.E.S. 400		
66	105		
doxercalciferol	E.E.S. GRANULES		
93	105		
DOXYCYCLINE	EASY TOUCH PEN NEEDLE		
85	30G X 5/16"		
doxycycline (monohydrate)	106		
133	EC-NAPROSYN		
doxycycline hyclate	4		
134	econazole nitrate		
doxylamine succinate	64		
(sleep)	ECOTRIN MAXIMUM		
101	STRENGTH		
doxylamine-dm	7		
56	ECOTRIN REGULAR		
DRAMAMINE	STRENGTH		
28	7		
DRISDOL	ED A-HIST		
142	56		
DRISTAN SPRAY	ED BRON GP		
121	56		
DRITHO-CREME HP	ED CHLORPED		
66	30		
dronabinol	EDARBYCLOR		
29	35		
DROPLET PEN NEEDLES 32G	EDECIN		
X 1/4"	91		
106	EDLUAR		
	101		



ENEMEEZ MINI.....	104	EQL MAKEUP REMOVER TOWELETTES.....	82	ESTROSTEP FE.....	51
ENEMEEZ PLUS.....	104	EQL MOISTURIZING CREAM.....	73	eszopiclone.....	101
ENFAMIL ENFALYTE.....	109	EQL OMEPRAZOLE.....	136	ethacrynic acid.....	91
ENFAMIL EXPECTA.....	115	EQL PRENATAL FORMULA.....	115	ethambutol hcl.....	37
ENGERIX-B.....	139	EQL PROBIOTIC COLON SUPPORT.....	26	ethosuximide.....	19
ENJUWIA.....	94	EQL SKIN ASTRINGENT.....	82	ethynodiol diacet & eth estradiol.....	51
enoxaparin sodium.....	16	EQL ULTRA MOISTURIZING DAILY LOTION.....	73	ETIDRONATE DISODIUM.....	92
entacapone.....	39	EQUALYTE.....	109	etodolac.....	4
entecavir.....	45	EQUETRO.....	40	ETOPOSIDE.....	39
ENVARUSUS XR.....	111	ergocalciferol.....	142	EUCERIN.....	73
EPANED.....	33	ERGOLOID MESYLATES.....	132	EUCERIN ADVANCED CLEANSING.....	82
EPCLUSA.....	45	ergotamine w/ caffeine.....	107	EUCERIN BABY.....	73
EPIFOAM.....	68	ERIVEDGE.....	37	EUCERIN CALMING DAILY MOISTURIZER.....	73
EPILYT.....	73	ERTACZO.....	64	EUCERIN DAILY PROTECTION/SPF 30.....	73
epinastine hcl (ophth).....	127	ERY-TAB.....	105	EUCERIN INTENSIVE REPAIR.....	73
EPINEPHRINE.....	142	ERYGEL.....	62	EUCERIN INTENSIVE REPAIRHAND.....	73
EPIPEN 2-PAK.....	142	ERYPED 200.....	105	EUCERIN ORIGINAL HEALINGSOOTHING REPAIR.....	73
EPIPEN-JR 2-PAK.....	142	ERYPED 400.....	105	EUCERIN PLUS.....	73
EPIVIR.....	43	ERYTHROCIN STEARATE.....	105	EUCERIN PLUS INTENSIVE REPAIR.....	73
EPIVIR HBV.....	45	erythromycin (acne aid).....	62	EUCERIN PROFESSIONAL REPAIR RICH FEEL.....	73
eplerenone.....	36	erythromycin (ophth).....	125	EUCERIN SKIN CALMING BODYWASH.....	82
EPOGEN.....	99	erythromycin base.....	105	EUCERIN SKIN CALMING DAILY MOISTURIZING.....	73
epoprostenol sodium.....	49	ERYTHROMYCIN BASE.....	105	EUCERIN SMOOTHING REPAIRADVANCED FORMULA.....	73
EPROSARTAN MESYLATE.....	34	erythromycin ethylsuccinate.....	105	EURAX.....	85
EPZICOM.....	43	ERYTHROMYCIN ETHYLSUCCINATE.....	105	EVAC.....	102
EQ OMEPRAZOLE.....	136	escitalopram oxalate.....	20	EVAMIST.....	94
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT.....	26	ESGIC.....	6	EVISTA.....	93
EQ THERAPEUTIC MOISTURIZING CREAM.....	73	esomeprazole magnesium.....	136	EVOCLIN.....	62
EQL ACIDOPHILUS EXTRA STRENGTH.....	26	ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED .....	82	EVOTAZ.....	43
EQL ADVANCED RECOVERY SKIN CARE.....	73	estazolam.....	101	EVOXAC.....	113
EQL BODY WASH/SENSITIVE SKIN.....	81	esterified estrogens & methyltestosterone.....	94	EVZIO.....	28
EQL BODY WASH/SHEA BUTTER.....	81	ESTRACE.....	94	EX-LAX.....	104
EQL CLEAR HAND SOAP REFILL.....	81	estradiol.....	94	EXCEDRIN EXTRA STRENGTH.....	6
EQL DAILY PROBIOTIC.....	26	estradiol & norethindrone acetate.....	94	EXCEDRIN MENSTRUAL COMPLETE.....	6
EQL DRY MOUTH ORAL RINSE.....	113	estradiol vaginal.....	141	EXCEDRIN MIGRAINE.....	6
EQL INFANTS DECONGESTANT/COUGH.....	56	ESTRING.....	141	EXCEDRIN TENSION HEADACHE.....	6
EQL INVIGORATING MAKEUP REMOVER TOWELETTES.....	81	ESTROPIPATE.....	94		
EQL LIQUID HAND SOAP.....	81				
EQL LIQUID HAND SOAP REFILL.....	82				

EXCEL-GEL.....	87	fenoprofen calcium.....	4	FIORINAL/CODEINE #3.....	8
EXELDERM.....	64	FENORTHO.....	4	FIRAZYR.....	98
EXELON.....	131	fentanyl.....	7	FIRST-PROGESTERONE VGS	
exemestane.....	38	fentanyl citrate.....	7	100 COMPOUNDING KIT..	141
EXFORGE.....	35	FENTORA.....	7	FIRST-PROGESTERONE VGS	
EXFORGE HCT.....	35	FEOSOL.....	100	200 COMPOUNDING KIT..	141
EXJADE.....	28	FEOSOL BIFERA.....	99	FIRST-PROGESTERONE VGS	
EXTAVIA.....	132	FER-IN-SOL.....	100	25 COMPOUNDING KIT..	141
EXTINA.....	64	FERGON.....	100	FIRST-PROGESTERONE VGS	
EXTRA-VIRT PLUS DHA..	115	FERRALET 90.....	99	400 COMPOUNDING KIT..	141
EYE-SCRUB.....	82	FERRAPLUS 90.....	99	FIRST-PROGESTERONE VGS	
EYESCRUB.....	82	FERRETTS.....	100	50 COMPOUNDING KIT..	141
ezetimibe.....	33	FERRIPROX.....	28	FLAGYL.....	12
ezetimibe-simvastatin.....	31	ferrous fumarate.....	100	FLAVOR BLEND.....	129
EZFE FORTE.....	115	ferrous fumarate w/ b12-vit c-fa- ifc.....	99	FLAVOR PLUS.....	129
FABIOR.....	62	ferrous fumarate-fa-b complex- c-zn-mg-mn-cu.....	100	FLAVOR SWEET.....	130
FACTIVE.....	95	ferrous fumarate-folic acid.....	100	FLAVOR SWEET-SF.....	130
FALESSA.....	51	FERROUS GLUCONATE.....	100	flavoxate hcl.....	138
famciclovir.....	46	ferrous gluconate.....	100	FLEBOGAMMA DIF.....	128
famotidine.....	135	ferrous sulfate.....	100	flecainide acetate.....	14
famotidine-calcium carbonate- magnesium hydroxide.....	137	FERROUS SULFATE.....	100	FLECTOR.....	63
FAMVIR.....	46	ferrous sulfate.....	100	FLEET BISACODYL.....	104
FANAPT.....	41	FERROUS SULFATE.....	100	FLEET ENEMA.....	103
FANAPT TITRATION PACK.....	41	ferrous sulfate.....	100	FLEET ENEMA SIX PACK.....	103
FARESTON.....	38	FERROUS SULFATE.....	100	FLEET OIL.....	103
FASENRA.....	14	ferrous sulfate.....	100	FLEET PEDIATRIC.....	103
FAZACLO.....	41	FERROUS SULFATE.....	100	FLOLAN.....	49
fe fum-iron polysacch complex-fa- b complex-c-zn-mn-cu.....	99	ferrous sulfate.....	100	FLOMAX.....	97
fe fumarate-vitamin c-vitamin b12-folic acid.....	99	FERROUS SULFATE.....	100	FLONASE ALLERGY RELIEF.....	121
FEIBA.....	98	ferrous sulfate.....	100	FLONASE ALLERGY RELIEF CHILDRENS.....	120
felbamate.....	18	ferrous sulfate dried.....	100	FLONASE SENSIMIST.....	121
FELBATOL.....	18	FETZIMA.....	21	FLORA VANCE.....	26
FELDENE.....	4	FETZIMA TITRATION PACK.....	21	FLORA-Q.....	26
felodipine.....	48	FEXMID.....	119	FLORA-Q 2.....	26
FEM-CAL CITRATE.....	110	fexofenadine hcl.....	31	FLORAJEN ACIDOPHILUS.....	26
FEMARA.....	38	fexofenadine-pseudoephedrine .....	56	FLORAJEN BIFIDOBLEND.....	26
FEMCON FE.....	51	FIASP.....	24	FLORAJEN3.....	26
FEMHRT LOW DOSE.....	94	FIASP FLEXTOUCH.....	24	FLORAJEN4KIDS.....	26
FEMRING.....	141	FIBERCON.....	102	FLOVENT DISKUS.....	15
FENOFIBRATE.....	32	FIBRICOR.....	32	FLOVENT HFA.....	15
fenofibrate.....	32	FINACEA.....	85	FLOXIN OTIC.....	127
fenofibrate micronized.....	32	finasteride.....	97	FLUAD 2016-2017.....	139
FENOFIBRIC ACID.....	32	FIORICET.....	6	FLUAD 2017-2018.....	139
FENOPROFEN CALCIUM.....	4	FIORICET/CODEINE.....	8	FLUARIX QUADRIVALENT 2015-2016.....	139
		FIORINAL.....	6	FLUARIX QUADRIVALENT 2016-2017.....	139

FLUARIX QUADRIVALENT 2017-2018.....	139	fluticasone propionate (nasal).....	121	FORMULA 405 LIGHT TEXTURED MOISTURIZER.	73
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FLUBLOK 2017-2018.....	139	FLUVIRIN 2016-2017.....	139	FORTEO.....	92
FLUBLOK QUADRIVALENT 2017-2018.....	139	FLUVIRIN 2017-2018.....	139	FORTESTA.....	10
FLUCELVAX 2015-2016.....	139	fluvoxamine maleate.....	20	FORTICAL.....	92
FLUCELVAX QUADRIVALENT 2016-2017.....	139	FLUZONE HIGH-DOSE PF 2015-2016.....	140	FORTIFY DAILY PROBIOTIC.....	26
FLUCELVAX QUADRIVALENT 2017-2018.....	139	FLUZONE HIGH-DOSE PF 2016-2017.....	140	FOSAMAX.....	92
fluconazole.....	29	FLUZONE HIGH-DOSE PF 2017-2018.....	140	FOSAMAX PLUS D.....	92
flucytosine.....	29	FLUZONE INTRADERMAL QUADRIVALENT 2015- 2016.....	140	fosamprenavir calcium.....	43
fludrocortisone acetate.....	53	FLUZONE INTRADERMAL QUADRIVALENT 2016- 2017.....	140	fosinopril sodium.....	33
FLULAVAL QUADRIVALENT 2014-2015.....	139	FLUZONE INTRADERMAL QUADRIVALENT 2017- 2018.....	140	fosinopril sodium & hydrochlorothiazide.....	35
FLULAVAL QUADRIVALENT 2015-2016.....	139	FLUZONE QUADRIVALENT 2015-2016.....	140	FOSRENOL.....	96
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FLUNISOLIDE.....	121	FML.....	126	frovatriptan succinate.....	108
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fluocinolone acetonide (otic).....	128	FML LIQUIFILM.....	126	FULYZAQ.....	25
fluocinonide.....	69	FOCALGIN 90 DHA.....	115	FUNGOID TINCTURE.....	64
fluocinonide emulsified base.	69	FOCALGIN CA.....	115	FURADANTIN.....	138
FLUOR-A-DAY.....	109	FOCALGIN DSS.....	100	furosemide.....	91
fluorometholone (ophth)....	126	FOCALIN.....	2	FUROSEMIDE.....	91
FLUOROPLEX.....	66	FOCALIN XR.....	2	FYCOMPA.....	16
FLUOROURACIL.....	66	FOLCAL DHA.....	115	gabapentin.....	17
fluorouracil (topical).....	66	FOLCAPS OMEGA 3.....	115	GABITRIL.....	18
FLUOXETINE.....	132	FOLGARD.....	100	galantamine hydrobromide.	131
FLUOXETINE DR.....	20	folic acid.....	99	GALANTAMINE HYDROBROMIDE.....	131
fluoxetine hcl.....	20	folic acid-vitamin b6-vitamin b12.....	100	galantamine hydrobromide.	131
FLUOXETINE HCL.....	20	FOLIVANE-OB.....	115	GALZIN.....	111
fluoxetine hcl.....	20	fondaparinux sodium.....	16	GAMASTAN S/D.....	128
fluphenazine decanoate.....	42	FORFIVO XL.....	19	GAMMAGARD LIQUID.....	128
FLUPHENAZINE HCL.....	42	formaldehyde.....	42	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	128
fluphenazine hcl.....	42	FORMULA 405 ENRICHED EYE.....	73	GAMMAKED.....	128
FLURA-DROPS.....	109	FORMULA 405 FACE CREAM.....	73	GAMMAPLEX.....	128
FLURAZEPAM HCL.....	101			GAMUNEX-C.....	128
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FLURBIPROFEN SODIUM.	127			GARDASIL 9.....	140
flurbiprofen sodium.....	127			GAS-X.....	95
flutamide.....	38			GAS-X EXTRA STRENGTH.	95
fluticasone propionate.....	69			GASTROCROM.....	95

gatifloxacin (ophth).....	125	GLUCOSE INSTANT ENERGY.....	23	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH SENSITIVE/OAT EXT.....	82
GATTEX.....	96	GLUCOTROL.....	25	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH SOFTENING/SHEA.....	82
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Gauze Pads.....	105	GLUCOVANCE.....	22	GOLD BOND ULTIMATE HEALING.....	74
Gauze Pads - Misc.....	105	GLUMETZA.....	23	GOLD BOND ULTIMATE PROTECTION.....	74
GAVICON.....	11	glyburide.....	25	GOLD BOND ULTIMATE RESTORING.....	74
GEL-KAM ORAL CARE RINSE.....	113	glyburide micronized.....	25	GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE.....	74
GELNIQUE.....	138	glyburide-metformin.....	22	GOLD BOND ULTIMATE SILKSOFTNESS.....	74
GELNIQUE PUMP.....	138	GLYCERIN.....	50	GOLD BOND ULTIMATE SOFTENING.....	74
gemfibrozil.....	32	glycerin (laxative).....	103	GOLD BOND ULTIMATE SOOTHING.....	74
GENADUR.....	79	GLYCERIN ADULT.....	103	GOLYTELY.....	102,103
GENERESS FE.....	51	glycerin-hypromellose-polyethylene glycol 400.....	123	GOODSENSE GLUCOSE.....	23
GENOTROPIN.....	92	GLYCERINE.....	50	GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS.....	89
GENOTROPIN MINIQUICK.....	92	GLYCEROL FORMAL.....	50	GOODSENSE PRENATAL VITAMINS.....	115
GENTAK.....	125	glycine (gu irrigant).....	97	GOODSENSE UNIVERSAL 1 MICRO THIN 33G.....	105
gentamicin sulfate (ophth).....	125	glycopyrrolate.....	135	GOODSENSE UNIVERSAL 1 MICRO-THIN 33G.....	105
gentamicin sulfate (topical).....	63	GLYNASE.....	25	GOODSENSE UNIVERSAL 1THIN 26G.....	105
GENTEAL MILD.....	123	GLYSET.....	22	GRALISE.....	132
GENTEAL MILD TO MODERATE.....	123	GNP ACIDOPHILUS HIGH POTENCY.....	26	GRALISE STARTER.....	132
GENTEAL SEVERE.....	123	GNP ADVANCED RECOVERY.....	73	granisetron hcl.....	28
GENTEAL TEARS MODERATEPF.....	123	GNP DAILY PRENATAL.....	115	GRANIX.....	99
GENTIAN VIOLET.....	64	GNP DAY TIME MUCUS RELIEFDM.....	56	GRAPE SYRUP.....	130
GENTLE.....	73	GNP GENTIAN VIOLET.....	64	GRASTEK.....	2
GENVOYA.....	43	GNP GLUCOSE.....	23	GRIS-PEG.....	29
GEODON.....	40	GNP ISOPROPYL ALCOHOL WIPES.....	82	griseofulvin microsize.....	29
GERI PROTECT.....	82	GNP OMEPRAZOLE.....	136	griseofulvin ultramicrosize.....	29
GERI-WASH.....	82	GNP PRENATAL.....	115	GRX ASC LOTIONIZED ANTIMICROBIAL SKIN CLEANSER.....	82
GIAZO.....	96	GNP PROBIOTIC COLON SUPPORT.....	26	GRX VITAMIN E.....	74
GILENYA.....	132	GNP QUICK DISSOLVE GLUCOSE.....	23	GRX WOUND.....	87
GILOTRIF.....	38	GNP SALINE WOUND WASH.....	82	guaifenesin.....	60
ginger (zingiber officinalis).....	3	GOLD BOND MEDICATED BODYLOTION.....	73	guaifenesin-codeine.....	56
glatiramer acetate.....	132	GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH.....	73	guanfacine hcl.....	34
GLEEVEC.....	38	GOLD BOND ULTIMATE.....	74		
GLENMAX PEB.....	56	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH EXFOLIATING.....	82		
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glipizide.....	25				
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GUANIDINE HCL.....	36	KWIKPEN.....	24	hydrocortisone acetate	
GYNAZOLE-1.....	141	HUMALOG KWIKPEN.....	24	(topical).....	69
GYNE-LOTRIMIN.....	141	HUMALOG MIX 50/50.....	24	hydrocortisone butyrate.....	69
GYNE-LOTRIMIN 3.....	141	HUMALOG MIX 50/50		hydrocortisone butyrate	
HALCION.....	101	KWIKPEN.....	24	hydrophilic lipo base.....	69
HALDOL DECANOATE 100.....	41	HUMALOG MIX 75/25.....	24	hydrocortisone valerate.....	69
HALDOL DECANOATE 50.....	41	HUMALOG MIX 75/25		hydrocortisone w/ acetic	
halobetasol propionate.....	69	KWIKPEN.....	24	acid.....	128
HALOG.....	69	HUMATE-P.....	98	hydrocortisone-aloe vera.....	69
haloperidol.....	41	HUMATROPE.....	92	HYDROGEL.....	87
haloperidol decanoate.....	41	HUMATROPE COMBO		HYDROGEL AG.....	87
haloperidol lactate.....	41	PACK.....	92	hydrogen peroxide.....	43
HARVONI.....	45	HUMIRA.....	3	hydromorphone hcl.....	7
HAVRIX.....	140	HUMIRA PEDIATRIC CROHNS		HYDROMORPHONE HCL.....	7
HEAD & SHOULDERS 2IN1		DISEASE STARTER PACK.....	3	hydromorphone hcl.....	7
CLASSIC CLEAN/NORMAL.....	66	HUMIRA PEN.....	3	HYDROPHILIC.....	130
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CLASSIC CLEAN/NORMAL.....	66	DISEASE STARTER.....	3	PETROLATUM.....	130
HEAD & SHOULDERS DRY		HUMIRA PEN-PSORIASIS		hydroquinone.....	85
SCALP 2 IN 1.....	66	STARTER.....	3	hydroxychloroquine sulfate.....	36
HECTOROL.....	93	HUMULIN 70/30.....	24	HYDROXYPROGESTERONE	
HELIXATE FS.....	98	HUMULIN 70/30		CAPROATE.....	38
HEMA-COMBISTIX.....	89	KWIKPEN.....	24	hydroxyurea.....	39
HEMANGEOL.....	47	HUMULIN N.....	24	hydroxyzine hcl.....	13
HEMATOGEN FA.....	100	HUMULIN N KWIKPEN.....	24	HYDROXYZINE PAMOATE.....	13
HEMENATAL OB.....	115	HUMULIN R.....	24	hydroxyzine pamoate.....	13
HEMENATAL OB + DHA.....	115	HUMULIN R U-500		HYOPHEN.....	137
HEMLIBRA.....	98	(CONCENTRATED).....	24	hyoscyamine sulfate.....	135
HEMOCYTE.....	100	HUMULIN R U-500		HYOSCYAMINE SULFATE.....	135
HEPAGAM B.....	128	KWIKPEN.....	24	HYOSCYAMINE SULFATE.....	135
heparin sodium (porcine).....	16	HURRICAIN.....	112	HYPERRAB S/D.....	128
HEPSERA.....	45	HURRICAIN ONE.....	112	HYPERRHO S/D.....	128
HETLIOZ.....	102	HY-VEE GLUCOSE.....	23	HYPERRHO S/D MINI-	
HEXALEN.....	37	HYCAMTIN.....	39	DOSE.....	128
HIBICLENS.....	43	HYCET.....	8	HYPOTEAR.....	123
HIPREX.....	138	hydralazine hcl.....	36	hypromellose (ophth).....	123
HIZENTRA.....	128	HYDRASYN25.....	74	HYVEE ADVANCED ANTACID	
HM ACIDOPHILUS.....	26	HYDREA.....	39	MAXIMUM STRENGTH.....	11
HM EYELID WIPES.....	82	HYDRO-LAN.....	74	HYZAAR.....	35
HM GLUCOSE.....	23	HYDROCERIN.....	82	ibandronate sodium.....	92
HM OMEPRAZOLE.....	136	hydrochlorothiazide.....	92	IBRANCE.....	38
HM ONE DAILY PRENATAL		HYDROCIL INSTANT.....	102	IBUDONE.....	9
COMBO.....	115	hydrocodone w/		ibuprofen.....	4
HM PRENATAL.....	115	homatropine.....	54	ICLUSIG.....	38
homatropine hbr.....	124	hydrocodone-		ICY HOT PAIN RELIEVING	
HORIZANT.....	132	acetaminophen.....	9	GEL.....	63
HUMALOG.....	24	hydrocodone-ibuprofen.....	9	IDHIFA.....	38
		hydrocortisone.....	53	ILEVRO.....	127
		hydrocortisone (intrarectal).....	10	imatinitib mesylate.....	38
		hydrocortisone (rectal).....	11		

IMBRUVICA.....	38	Insulin Pen Needle 31 G X 6 MM (1/4").....	106	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2".....	107
imipramine hcl.....	21	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16").....	106	Insulin Syringe/Needle U-100 1/2 ML 30 x 3/8".....	107
imipramine pamoate.....	22	Insulin Pen Needle 32 G X 4 MM (5/32").....	106	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16".....	107
imiquimod.....	77	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16").....	106	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16".....	107
IMITREX.....	108	Insulin Pen Needle 32 G X 6 MM (1/4").....	106	INTELENCE.....	43
IMITREX STATDOSE REFILL.....	108	Insulin Pen Needle 32 G X 8 MM.....	106	INTERMEZZO.....	101
IMITREX STATDOSE SYSTEM.....	108	Insulin Pen Needle 33 G X 4 MM (5/32").....	106	INTRASITE GEL APPLIPAK.....	87
IMODIUM A-D.....	28	Insulin Syringe (Disp) U-100 1 ML.....	106	INTRON A.....	39
IMODIUM MULTI-SYMPTOM RELIEF.....	27	Insulin Syringe/Needle U-100 0.3 ML 28 x 1/2".....	106	INTRON A W/DILUENT.....	39
IMOGAM RABIES-HT.....	128	Insulin Syringe/Needle U-100 0.3 ML 29 x 1".....	106	INTUNIV.....	1
IMURAN.....	111	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2".....	106	INVEGA.....	41
INATAL ADVANCE.....	115	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2".....	106	INVEGA SUSTENNA.....	41
INATAL GT.....	115	Insulin Syringe/Needle U-100 0.3 ML 30 x 3/8".....	106	INVEGA TRINZA.....	41
INATAL ULTRA.....	115	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16".....	106	INVIRASE.....	43
INCRELEX.....	93	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16".....	106	INVOKAMET.....	22
INCRUSE ELLIPTA.....	14	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16".....	106	INVOKANA.....	25
indapamide.....	92	Insulin Syringe/Needle U-100 1 ML 25 x 1".....	106	IONIL.....	82
INDERAL LA.....	47	Insulin Syringe/Needle U-100 1 ML 25 x 5/8".....	106	IOPIDINE.....	124
INDERAL XL.....	47	Insulin Syringe/Needle U-100 1 ML 26 x 1/2".....	106	ipratropium bromide.....	14
INDOCIN.....	4	Insulin Syringe/Needle U-100 1 ML 27 x 1/2".....	106	ipratropium bromide (nasal).....	120
indomethacin.....	4	Insulin Syringe/Needle U-100 1 ML 27 x 5/8".....	106	ipratropium-albuterol.....	15
INFANATE BALANCE.....	115	Insulin Syringe/Needle U-100 1 ML 28 x 1/2".....	106	irbesartan.....	34
INFANTS ADVIL.....	4	Insulin Syringe/Needle U-100 1 ML 29 x 1/2".....	106	irbesartan-hydrochlorothiazide .....	35
INFINITY VOICE.....	89	Insulin Syringe/Needle U-100 1 ML 30 x 1/2".....	106	IRON CHEWS PEDIATRIC.....	100
INGREZZA.....	132	Insulin Syringe/Needle U-100 1 ML 30 x 5/16".....	106	iron polysaccharide complex-vit b12-folic acid.....	100
INLYTA.....	38	Insulin Syringe/Needle U-100 1 ML 31 x 15/64".....	106	iron w/ vitamins liqd.....	114
INNOPRAN XL.....	47	Insulin Syringe/Needle U-100 1 ML 31 x 5/16".....	106	iron w/ vitamins tabs.....	114
inositol niacinate.....	49	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2".....	106	ISENTRESS.....	43,44
INOVA.....	62	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2".....	106	ISONIAZID.....	37
INOVA 4/1 ACNE CONTROL THERAPY.....	62	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2".....	106	isoniazid.....	37
INOVA 8/2 ACNE CONTROL THERAPY.....	62	Insulin Syringe/Needle U-100 1 ML 30 x 1/2".....	106	ISOPROPYL ALCOHOL.....	82
INSPIRA.....	36	Insulin Syringe/Needle U-100 1 ML 30 x 5/16".....	106	WIPEES.....	82
Insulin Pen Needle 29 G X 10 MM.....	106	Insulin Syringe/Needle U-100 1 ML 31 x 15/64".....	106	ISOPTO CARPINE.....	124
Insulin Pen Needle 29 G X 12 MM (1/2").....	106	Insulin Syringe/Needle U-100 1 ML 31 x 5/16".....	106	ISOPTO TEARS.....	123
Insulin Pen Needle 29 G X 12.7 MM.....	106	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2".....	106	ISORDIL TITRADOSE.....	13
Insulin Pen Needle 29 G X 13 MM (1/2").....	106	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2".....	107	isosorbide dinitrate.....	13
Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16").....	106	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2".....	107	ISOSORBIDE DINITRATE ER.....	13
Insulin Pen Needle 31 G X 4 MM (1/6").....	106			isosorbide mononitrate.....	13
Insulin Pen Needle 31 G X 5 MM (3/16").....	106			isotretinoin.....	62
				isradipine.....	48
				ISTALOL.....	124
				ITCH-X.....	78
				itraconazole.....	29



ivermectin	11	KERI ORIGINAL	74	L-METHYL-MC NAC	90
IXINITY	98	KERI OVERNIGHT	74	labetalol hcl	47
J & J BURN CREAM	74	KERI RENEWAL MILK		LABSTIX	89
JADENU	28	BODY	74	LAC-HYDRIN	74
JAKAFI	38	KERI RENEWAL SKIN		LAC-HYDRIN TWELVE	74
JALYN	97	FIRMING	74	LACRISERT	123
JANUMET	22	KERI RENEWAL STRETCH		LACTAID	90
JANUMET XR	22	MARK MINIMIZER	74	LACTAID FAST ACT	90
JANUVIA	24	KERI SENSITIVE SKIN	74	lactase	90
JARDIANCE	25	KETEK	12	lactated ringer's	109
JENTADUETO	22	KETO-DIASTIX	89	lactated ringer's (irrigation)	112
JENTADUETO XR	22	KETOCARE	89	lactic acid (ammonium	
JOBST IT STAYS/ROLL-ON	79	ketoconazole	29	lactate)	74
JUBLIA	64	ketoconazole (topical)	64	LACTINOL HX	74
JUXTAPID	33	KETONE TEST STRIPS	89	LACTO-PECTIN	26
K-PHOS	110	KETOPROFEN	4	lactobacillus	26
K-PHOS NEUTRAL	110	ketoprofen	4	lactulose	103
K-PHOS NO 2	97	KETOPROFEN ER	4	lactulose (encephalopathy)	96
K-TAB	110	ketorolac tromethamine	4	LADY ESTHER 4 PURPOSE	
KADIAN	7	ketorolac tromethamine		FACE CREAM	74
KALA	27	(ophth)	127	LAMICTAL	17
KALBITOR	98	KETOSTIX	89	LAMICTAL CHEWABLE	
KALETRA	44	ketotifen fumarate (ophth)	127	DISPERSIBLE	17
KALYDECO	133	KEY-E	142	LAMICTAL ODT	17
KANUMA	93	KHEDEZLA	21	LAMICTAL XR	17
KAPVAY	1	KINERET	3	LAMISIL	29
KAYEXALATE	112	KITABIS PAK	3	LAMISIL ADVANCED	64
KAZANO	22	KLARON	62	LAMISIL AT	64
KEDRAB	128	KLONOPIN	17	LAMISIL AT JOCK ITCH	64
KEFLEX	49,50	KLOR-CON M15	110	LAMISIL AT SPRAY	64
KENALOG	69	KLOR-CON/25	110	lamivudine	44
KENDALL AMORPHOUS		KLOUT	85	lamivudine (hbv)	45
HYDROGEL WOUND		KLS OMEPRAZOLE	136	lamivudine-zidovudine	44
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KERAGEL	87	KONSYL	102	lanolin	130
KERAGELT	87	KONSYL-D	102	lanolin (topical)	82
KERALYT	77	KORLYM	23	LANOLIN ANHYDROUS	130
KERASAL FUNGAL NAIL		KP GENTLE SKIN		LANOLIN ANHYDROUS-	
RENEWAL	79	CLEANSER	82	GRX	130
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LEADER QUICK DISSOLVE GLUCOSE.....	23	lidocaine hcl.....	78	loperamide hcl.....	28
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LETAIRIS.....	49	lidocaine-transparent dressing.....	79	lopinavir-ritonavir.....	44
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LUBRIDERM SERIOUSLY SENSITIVE	75		
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MAGNESIUM	110		
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MARINOL	29		
MARNATAL-F	115		
MARPLAN	19		
MATULANE	39		
MAVIK	33		
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MAXZIDE	91		
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MEDERMA AG FACE CREAM	75		
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meperidine hcl	7		
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METHADONE HCL	7		
methadone hcl	7		
METHADONE HCL	7		
methadone hcl	7		
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methenamine mandelate....	138	metronidazole vaginal....	141	PACK.....	45	
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methyltestosterone.....	10	MINOCIN.....	134	MORPHINE SULFATE ER... 8		
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MUCINEX DM MAXIMUM STRENGTH.....	57	MULTISTIX 9 SG.....	89	naphazoline w/ pheniramine.....	125
MUCINEX FAST-MAX COLD & SINUS.....	57	mupirocin.....	63	NAPHCON-A.....	125
MUCINEX FAST-MAX COLD FLU& SORE THROAT.....	57	mupirocin calcium (topical).....	63	NAPRELAN.....	5
MUCINEX FAST-MAX COLD FLU& SORE THROAT CLEAR & COOL.....	57	MURO 128.....	127	NAPROSYN.....	5
MUCINEX FAST-MAX SEVERE COLD.....	57	MX-SOL.....	130	NAPROXEN.....	5
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH.....	57	MX-SOL BLEND.....	130	naproxen.....	5
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL.....	57	MX-SOL BLEND SF.....	130	naproxen sodium.....	5
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL.....	57	MX-SOL SF.....	130	naratriptan hcl.....	108
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MULTIGEN FOLIC.....	100	MYLERAN.....	37	NASONEX.....	121
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norethindrone & ethinyl estradiol-fe	51	NU-MAG	110	OCUSOFT LID SCRUB	83
norethindrone (contraceptive)	52	NUCYNTA	8	OCUSOFT LID SCRUB PLUS	83
norethindrone acet & eth estra	51	NUCYNTA ER	8	ODEFSEY	44
norethindrone acetate	131	NUDEXTA	132	OFF ACTIVE	83
norethindrone acetate-ethinyl estradiol	94	NULYTELY/FLAVOR PACKS	103	OFF DEEP WOODS	83
norethindrone acetate-ethinyl estradiol-fe	51	NUMOISYN	113	OFF DEEP WOODS DRY	83
norethindrone-eth estradiol (triphasic)	51	NUPERCAINAL	11	OFF DEEP WOODS SPORTSMEN	83
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norgestimate-ethinyl estradiol (triphasic)	51	NUTRADERM	75	OFF SMOOTH & DRY	83
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NORINYL 1+35	52	NUTRASEB	76	ofloxacin (ophth)	125
NORINYL 1+50	52	NUTRICION PORVIDA	116	ofloxacin (otic)	127
NORITATE	85	NUTROPIN AQ NUSPIN 10	92	OGESTREL	52
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NORTHERA	142	NUVIGIL	2	olmesartan medoxomil-hydrochlorothiazide	35
nortriptyline hcl	22	NUWIQ	98	olopatadine hcl	127
NORTRIPTYLINE HCL	22	NYMALIZE	48	olopatadine hcl (nasal)	120
NORTUSS-EX	57	nystatin	29	OLUX	69
NORVASC	48	nystatin (mouth-throat)	113	OLUX-E	70
NORVIR	44	nystatin (topical)	65	OLYSIO	46
NOVA MAX PLUS KETONE TESTSTRIPS	89	nystatin-triamcinolone	65	OMECLAMOX-PAK	137
NOVAFERRUM 125	100	NYTOL MAXIMUM STRENGTH	101	omega-3 fatty acids	122
NOVAFERRUM 50	100	O-CAL FA	116	omega-3-acid ethyl esters	31
NOVAREL	92	O-CAL PRENATAL	116	omeprazole	136
NOVOLIN 70/30	24	OB COMPLETE ONE	116	OMEPRAZOLE	136
NOVOLIN 70/30 RELION	24	OB COMPLETE PETITE	116	omeprazole magnesium	136
NOVOLIN N	24	OB COMPLETE PREMIER	116	omeprazole-sodium bicarbonate	137
NOVOLIN N RELION	24	OBSTETRIX DHA	116	OMNARIS	121
NOVOLIN R	25	OBTREX DHA	116	OMNIPRED	126
NOVOLIN R RELION	25	OALIVA	95	OMNITROPE	92
NOVOLOG	25	OCCLUVAN	130	ondansetron	28
NOVOLOG FLEXPEN	25	OCEAN NASAL SPRAY	120	ondansetron hcl	28
NOVOLOG MIX 70/30	25	OCTAGAM	128	ONE-A-DAY WOMENS PRENATAL	116
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	25	octreotide acetate	94	ONFI	17
NOVOLOG PENFILL	25	OCUFEN	127	ONGLYZA	24
NOXAFIL	29	OCUFLOX	125	ONMEL	29
		OCUSOFT BABY EYELID & EYELASH CLEANSER	83	OPANA	8
				OPCON-A	125

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OPSUMIT.....	49	OTEZLA.....	5	pantoprazole sodium.....	136
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OPTIONS GYNOL II		OVACE PLUS WASH.....	67	PARLODEL.....	40
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ORA-BLEND SF.....	130	OXANDRIN.....	10	paroxetine mesylate	
ORA-PLUS.....	130	oxandrolone.....	10	(vasomotor).....	133
ORA-SWEET.....	130	oxaprozin.....	5	PASER.....	37
ORA-SWEET SF.....	130	oxazepam.....	14	PATADAY.....	127
ORABASE.....	112	oxcarbazepine.....	17	PATANASE.....	120
ORABASE-B.....	112	oxiconazole nitrate.....	65	PAXIL.....	20
ORACEA.....	85	OXISTAT.....	65	PAXIL CR.....	20
oral electrolytes.....	109	OXSORALEN.....	85	PCCA SWEET-SF.....	130
ORAL MIX FLAVORED		OXSORALEN ULTRA.....	66	PCCA SYRUP VEHICLE...	130
SUSPENDING VEHICLE...	130	oxybutynin chloride.....	138	PCCA-PLUS.....	130
ORAL MIX SF.....	130	oxycodone hcl.....	8	PCE.....	105
ORAL RELIEF SPRAY FOR		OXYCODONE HCL ER....	8	Peak Flow Meter.....	107
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DISCOMFORT.....	113	acetaminophen.....	9	PEDIA-LAX.....	103,104
ORAL SUSPEND.....	130	oxycodone-aspirin.....	9	PEDIADERM AF COMPLETE	
ORAL SYRUP FLAVORED		OXYCODONE/ACETAMINOPH		KIT.....	65
VEHICLE.....	130	EN.....	9	PEDIADERM HC.....	70
ORAL SYRUP SF.....	130	OXYCODONE/IBUPROFEN9		PEDIALYTE.....	109
ORALAIR.....	2	OXYCONTIN.....	8	PEDIALYTE ADVANCED	
ORALAIR ADULT SAMPLE		oxymetazoline hcl.....	122	CARE.....	109
KIT.....	2	oxymorphone hcl.....	8	PEDIALYTE FREEZER	
ORALAIR ADULT STARTER		OXYMORPHONE		POPS.....	109
PACK.....	2	HYDROCHLORIDE ER....	8	PEDIALYTE SINGLES....	109
ORAMAGIC PLUS.....	112	OXYTROL.....	138	PEDIAPRED.....	53
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ORAPRED ODT.....	53	oyster shell.....	109	minerals liqd/soln.....	114
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ORENCIA.....	5	FORMULA.....	116	.....	114
ORENITRAM.....	49	PAIN-A-LAY.....	113	pediatric multiple vitamin w/ c	
ORFADIN.....	93	paliperidone.....	41	soln.....	114
ORKAMBI.....	133	PALOMAR E.....	83	pediatric multiple vitamin w/	
orphenadrine citrate.....	120	PAMELOR.....	22	minerals.....	114
ORTHO MICRONOR.....	52	PAMINE.....	135	pediatric multiple vitamins	
ORTHO TRI-CYCLEN.....	52	PAMINE FORTE.....	135	liqd.....	114
ORTHO TRI-CYCLEN LO...	52	PANCREAZE.....	90	pediatric multiple vitamins w/ iron	
ORTHO-CYCLEN.....	52	PANDEL.....	70	chew.....	114
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ORTHO-NOVUM 7/7/7...	52	PANOXYL-4 CREAMY		soln.....	114
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peg 3350-kcl-sod bicarb-sod chloride-sod sulfate . . . . .	103	PETROLATUM . . . . .	76	PHOS-NAK POWDER CONCENTRATE . . . . .	110
peg 3350-potassium chloride-sod bicarbonate-sod chloride . . . . .	103	PETROLEUM JELLY LIP TREATMENT . . . . .	83	PHOSLYRA . . . . .	96
PEG-INTRON . . . . .	46	PEXEVA . . . . .	20	PHOSPHOLINE IODIDE . . . . .	124
PEG-INTRON REDIPEN . . . . .	46	PH 12 STERILE DILUENT FORFLOLAN . . . . .	130	PICATO . . . . .	66
PEG-INTRON REDIPEN PAK 4 . . . . .	46	PHARMACIST CHOICE ALCOHOL PRED PADS . . . . .	83	pilocarpine hcl . . . . .	124
PEGANONE . . . . .	18	phenazopyridine hcl . . . . .	97	pilocarpine hcl (oral) . . . . .	114
PEGASYS . . . . .	46	phenelzine sulfate . . . . .	20	pimozide . . . . .	132
PEGASYS PROCLICK . . . . .	46	phenobarbital . . . . .	101	pindolol . . . . .	47
PEGINTRON . . . . .	46	PHENOBARBITAL . . . . .	101	pioglitazone hcl . . . . .	24
PELEVERUS . . . . .	83	phenobarbital . . . . .	101	pioglitazone hcl-glimepiride . . . . .	22
PELEVERUS CLEAR . . . . .	83	phenobarbital-hyoscyamine- atropine-scopolamine . . . . .	135	pioglitazone hcl-metformin hcl . . . . .	22
PELEVERUS GOLD . . . . .	83	phenol (antiseptic) . . . . .	113	piroxicam . . . . .	5
PEN-KERA . . . . .	76	phenylephrine hcl . . . . .	122	PLAN B ONE-STEP . . . . .	52
penicillin v potassium . . . . .	129	phenylephrine hcl (ophth) . . . . .	125	PLAQUENIL . . . . .	36
PENICILLIN V . . . . .	129	phenylephrine hcl (oral) . . . . .	122	PLAVIX . . . . .	99
penicillin v potassium . . . . .	129	phenylephrine w/ acetaminophen . . . . .	57	PLEGRIDY . . . . .	132
PENLAC NAIL LACQUER . . . . .	65	phenylephrine w/ dm-gg . . . . .	57	PLEGRIDY STARTER PACK . . . . .	132
pentazocine w/ naloxone . . . . .	10	phenylephrine-acetaminophen- guaifenesin . . . . .	57	PNEUMOVAX 23 . . . . .	139
pentoxifylline . . . . .	98	phenylephrine- brompheniramine-dm . . . . .	57	PNEUMOVAX 23/1 DOSE . . . . .	139
PENTRAVAN . . . . .	76	phenylephrine-chlorphen-dm . . . . .	57	PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID . . . . .	116
PENTRAVAN PLUS . . . . .	76	phenylephrine- chlorpheniramine-dm w/ apap . . . . .	57	PNV FOLIC ACID + IRON MULTIVITAMIN . . . . .	116
PEPCID . . . . .	135	phenylephrine-dm . . . . .	57	PNV OB+DHA . . . . .	116
PEPCID AC . . . . .	135	phenylephrine-dm-gg w/ apap . . . . .	58	PNV PRENATAL PLUS MULTIVITAMIN . . . . .	116
PEPCID AC MAXIMUM STRENGTH . . . . .	135	phenylephrine-doxylamine- dextromethorphan- acetaminophen . . . . .	58	PNV TABS 29-1 . . . . .	116
PEPCID COMPLETE . . . . .	137	phenylephrine-guaifenesin . . . . .	58	PNV-DHA . . . . .	116
PEPTO BISMOL . . . . .	26	phenylephrine-shark liver oil- cocoa butter . . . . .	10	PNV-DHA+DOCUSATE . . . . .	116
PEPTO-BISMOL . . . . .	26	phenylephrine-shark liver oil- glycerin-petrolatum . . . . .	10	PNV-OMEGA . . . . .	116
PEPTO-BISMOL INSTACOOOL . . . . .	26	phenylephrine-shark liver oil- mineral oil-petrolatum . . . . .	11	PNV-SELECT . . . . .	116
PEPTO-BISMOL MAX STRENGTH . . . . .	27	PHENYLEPHRINE/GUAIFENE SIN . . . . .	58	PNV-TOTAL . . . . .	116
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PERFOROMIST . . . . .	15	phenytoin . . . . .	18	poison ivy treatments . . . . .	85
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perindopril erbumine . . . . .	33			polyethylene glycol-propylene glycol (ophth) . . . . .	123
permethrin . . . . .	86			polymyxin b-trimethoprim . . . . .	125
permethrin & pyrethrins-piperonyl butoxide . . . . .	86			polysaccharide iron complex . . . . .	100
perphenazine . . . . .	42			POLYSPORIN . . . . .	64
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POMALYST.....	38	PREDATOR.....	79	PRENATAL VITAMINS.....	118
PONSTEL.....	5	prednicarbate.....	70	PRENATAL VITAMINS PLUS LOW IRON.....	118
pot & sod citrates w/citric ac.	97	PREDNICARBATE.....	70	PRENATAL+DHA.....	118
pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	110	prednisolone.....	53	PRENATAL-U.....	118
potassium bicarb & chloride	110	prednisolone acetate (ophth).....	126	PRENATE DHA.....	118
potassium bicarbonate.....	110	prednisolone sodium phosphate.....	53	PRENATE ENHANCE.....	118
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POTASSIUM CHLORIDE ER.....	110	PREDNISONE.....	53	PREORBOTIC.....	27
potassium chloride microencapsulated crystals er.....	110	PREDNISONE INTENSOL	53	PREPARATION H.....	11
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potassium citrate-citric acid..	97	PREFERRED PLUS GLUCOSE.....	23	PAIN RELIEF.....	11
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pramoxine-calamine.....	79	PRENATAL + DHA.....	116	PREVIDENT 5000 DRY MOUTH.....	113
pramoxine-hc-chloroxylenol .....	128	PRENATAL 19.....	117	PREVIDENT 5000 PLUS..	113
pramoxine-phenylephrine- glycerin-petrolatum.....	11	PRENATAL AND IRON..	117	PREVIDENT FLUORIDE..	113
pramoxine-zinc acetate.....	79	PRENATAL COMPLETE.	117	PREVNAR 13.....	139
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PRAVACHOL.....	33	PRENATAL FORTE.....	117	PREZISTA.....	44
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PRE-NATAL FORMULA.....	116	PRENATAL MULTIVITAMIN.....	117	PRILOSEC OTC.....	137
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PRED FORTE.....	126	PRENATAL ONE DAILY.	117	PRIMLEV.....	9
PRED MILD.....	126	PRENATAL PLUS.....	117	PRIMSOL.....	12
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		PRENATAL VITAMIN...	117	PRISTIQ.....	21
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PROAIR HFA.....	16	promethazine-dm.....	58	psyllium.....	102
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PROBIOMAX DAILY DF.....	27	codeine.....	58	TEST.....	89
PROBIOTIC.....	27	PROMETHAZINE/PHENYLEP		PULMICORT.....	15
PROBIOTIC & ACIDOPHILUS		HRINE.....	58	PULMICORT FLEXHALER..	15
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STRENGTH.....	27	propafenone hcl.....	14	PURACYN PLUS DUO-	
PROBIOTIC + OMEGA-3.....	27	PROPANTHELINE		CARE.....	87
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BEADS.....	27	propranolol hcl.....	47	PURILON.....	87
PROBIOTIC ADVANCED		PROPRANOLOL HCL.....	47	PURIXAN.....	37
ULTRAPOTENCY.....	27	propranolol hcl.....	47	PX DAYTIME MULTI-	
PROBIOTIC COLON		PROPRANOLOL/HYDROCHL		SYMPTOM.....	58
SUPPORT.....	27	OROTHIAZIDE.....	35	PX GLUCOSE.....	23
PROBIOTIC		propylene glycol (ophth)..	123	PX NITETIME MULTI-	
COMPLEX/ACIDOPHILUS ..	27	propylene glycol-glycerin.	123	SYMPTOM.....	58
PROBIOTIC DAILY.....	27	propylthiouracil.....	134	PX OMEPRAZOLE.....	137
PROBIOTIC GOLD EXTRA		PROSCAR.....	97	PX PRENATAL	
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KIT.....	10	PROVIGIL.....	2	pyridostigmine bromide.....	36
PROCARDIA.....	48	PROZAC.....	20	pyridoxine hcl.....	143
PROCARDIA XL.....	48	PROZAC WEEKLY.....	20	pyrithione zinc.....	67
PROCENTRA.....	1	PRUDOXIN.....	66	QC CALAMINE.....	83
prochlorperazine.....	42	pseudoephed-bromphen-		QC PRENATAL.....	118
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PROCRIT.....	99	pseudoephed-doxyl-dm		QNASL.....	121
PROCTOCORT.....	11	w/apap.....	58	QUALAQUIN.....	36
PROCTOFOAM.....	11	pseudoephedrine hcl.....	122	QUARTETTE.....	52
PRODIGEN.....	27	pseudoephedrine w/ codeine-		QUAZEPAM.....	101
PROFE.....	100	gg.....	58	QUDEXY XR.....	18
PROFE FORTE.....	118	pseudoephedrine w/ dm-		QUESTRAN.....	32
progesterone micronized ..	131	gg.....	58	QUESTRAN LIGHT.....	32
PROGLYCEM.....	23	pseudoephedrine-		quetiapine fumarate.....	42
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PROLEUKIN.....	39	pseudoephedrine-chlorphen-		quinapril-hydrochlorothiazide	
PROMACTA.....	99	dm.....	58	.....	35
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phenylephrine.....	58	pseudoephedrine-guaifenesin		QUINIDINE SULFATE.....	14
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RA CRYSTAL LAKE		MEDICINE.....	12	REPLESTA.....	142
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RA GLUCOSE.....	23	REFRESH.....	123	RESCON DM.....	58
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83		CLEANSER/FOAMER.....	87	REVATIO.....	49
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RANEXA.....	13	REMICADE.....	96	RHINOCORT AQUA.....	121
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RIFATER	37	ROC DEEP WRINKLE		SAMSCA	94
RIGHT STEP PRENATAL	118	SERUM	76	SANCUSO	28
RILUTEK	122	ROC MAX RESURFACING		SANDIMMUNE	112
riluzole	122	FACEAL CLEANSER	84	SANDOSTATIN	94
rimantadine hydrochloride	46	ROC MULTI CORREXION 5		SANTYL	77
RISABAL-PH	76	IN1 RESTORING EYE		SAPHRIS	42
RISACAL-D	109	CREAM	76	SARNA	66
RISAMINE	84	ROC MULTI CORREXION 5		SAVELLA	132
RISAQUAD	27	IN1 RESTORING NIGHT		SAVELLA TITRATION	
RISAQUAD-2	27	CREAM	76	PACK	132
risedronate sodium	92	ROC RETINOL		SAWYER INSECT	
RISPERDAL	41	CORREXION	76	REPELLENT	84
RISPERDAL CONSTA	41	ROC RETINOL CORREXION		SAWYER INSECT REPELLENT	
RISPERDAL M-TAB	41	MAX	76	CONTROLLED RELEASE	84
risperidone	41	ROC RETINOL CORREXION		SB OMEPRAZOLE	137
RISPERIDONE ODT	41	SENSITIVE EYE	76	SCHOOLTIME SHAMPOO	86
RITALIN	2	ROC RETINOL CORREXION		scopolamine	29
RITALIN LA	2	SENSITIVE NIGHT	76	SCOT-TUSSIN	59
RITUXAN HYCELA	38	ROCALTROL	93	SCOT-TUSSIN DM	59
rivastigmine	132	ropinirole hydrochloride	40	SCOT-TUSSIN SENIOR	59
rivastigmine tartrate	132	ROSE MILK	76	SE-NATAL 19	118
RIXUBIS	98	ROSULA	62	SE-TAN DHA	118
rizatriptan benzoate	108	rosuvastatin calcium	33	SEA-CLENS WOUND	
ROBAXIN	120	ROWASA	96	CLEANSER	88
ROBAXIN-750	120	ROXICODONE	8	SEASONIQUE	52
ROBINUL	135	ROZEREM	102	SEBULEX	67
ROBINUL FORTE	135	RULAVITE DHA	118	SECONAL	101
ROBITUSSIN CHILDRENS		RYTHMOL	14	SECONAL SODIUM	101
COUGH & COLD CF	58	RYTHMOL SR	14	SECTRAL	47
ROBITUSSIN CHILDRENS		SABRIL	18	SELECT-OB	118
COUGH LONG-ACTING	54	SAF-CLENS AF	88	SELECT-OB+DHA	118
ROBITUSSIN CHILDRENS		SAF-GEL	88	selegiline hcl	40
COUGH/COLD LONG-		SAFE WASH	84	selenium sulfide	67
ACTING	59	SAFYRAL	52	SELSUN BLUE	67
ROBITUSSIN DM	59	SAIZEN	92	SELSUN BLUE DAILY	67
ROBITUSSIN LINGERING		SAIZEN CLICK.EASY	92	SELSUN BLUE	
COLDLONG-ACTING		SAIZENPREP		MEDICATED	67
COUGHGELS	54	RECONSTITUTIONKIT	93	SELSUN BLUE	
ROBITUSSIN NIGHTTIME		SALAGEN	114	MOISTURIZING	67
COUGH LONG-ACTING DM		SALEX	77	SELZENTRY	44
CHILDRENS	59	SALEX CREAM	77	SEMPREX-D	59
ROBITUSSIN PEAK COLD		SALEX LOTION	77	SENNA	104
COUGH+ CHEST CONGESTION		salicylic acid	77	senosides	104
DM MAX STRENGTH	59	salicylic acid & sulfur	67	senosides-docusate	
ROBITUSSIN PEAK COLD		salicylic acid w/ cleanser	78	sodium	103
DM	59	saline	120		

SENOKOT.....	104	SM CALAMINE.....	84	SOOTHE & COOL SHAMPOO	
SENOKOT S.....	103	SM GLUCOSE.....	23	ANDBODY WASH WITH	
SENSI-CARE		SM IPECAC SYRUP.....	28	ALOE.....	84
MOISTURIZING.....	84	SM OMEPRAZOLE.....	137	SOOTHE & COOL SKIN	
SENSI-CARE SEPTI-SOFT		SM ONE DAILY		CREAMWITH ALOE &	
CONCENTRATE.....	84	PRENATAL.....	118	VITAMINS A, D & E.....	76
SENSIPAR.....	93	SM PRENATAL		SORBIDON HYDRATE.....	84
SEREVENT DISKUS.....	16	VITAMINS.....	118	SORBITOL.....	103,130
SEROQUEL.....	42	SMART SENSE		SORBOLENE.....	76
SEROQUEL XR.....	42	GLUCOSE.....	23	SORIATANE.....	66
SEROSTIM.....	93	SMART SENSE GLUCOSE		SORILUX.....	66
sertraline hcl.....	21	TABLETS.....	23	sotalol hcl.....	47
sevelamer carbonate.....	96	soap & cleansers.....	84	sotalol hcl (afib/afI).....	47
SFROWASA.....	96	sodium bicarbonate		SOVALDI.....	46
SHOHL'S SOLUTION		(antacid).....	11	SP ANTIPRURITIC.....	88
MODIFIED.....	97	sodium chloride (gu		SPECIAL CARE CREAM.....	76
SHUR-CLENS.....	88	irrigant).....	97	SPECTRACEF.....	50
SHUR-SEAL.....	140	sodium chloride (inhalant).....	60	SPECTRAGEL.....	88
SIGNIFOR.....	94	sodium chloride		SPINOSAD.....	86
sildenafil citrate (pulmonary		hypertonic.....	127	SPIRIVA HANDIHALER.....	14
hypertension).....	49	sodium citrate & citric acid.....	97	spironolactone.....	91
SILENOR.....	101	sodium fluoride.....	109	spironolactone &	
SILPHEN COUGH.....	30	SODIUM FLUORIDE.....	109	hydrochlorothiazide.....	91
SILVADENE.....	67	sodium fluoride (dental).....	113	SPORANOX.....	29,30
SILVASORB.....	88	sodium phenylbutyrate.....	93	SPORANOX PULSEPAK.....	30
silver sulfadiazine.....	67	sodium phosphates.....	103	SPORTSCREME.....	78
SILVERMED.....	88	sodium polystyrene		SPRYCEL.....	38
SIMBRINZA.....	124	sulfonate.....	112	SSKI.....	109
simethicone.....	95	SODIUM		SSS 10-5.....	62
SIMPLYTHICK.....	129	SULFACETAMIDE/SULFUR		ST IVES SWISS FORMULA	
SIMPONI.....	3	.....	62	24HOUR MOISTURE.....	76
simvastatin.....	33	SOLARAZE.....	66	STALEVO 100.....	40
SINEMET.....	40	SOLODYN.....	134	STALEVO 125.....	40
SINEMET CR.....	40	SOLOSITE.....	88	STALEVO 150.....	40
SINGULAIR.....	14	SOLVATECH PLUS.....	130	STALEVO 200.....	40
sirolimus.....	112	SOLVATECH SWEET SF.....	130	STALEVO 50.....	40
SIRTURO.....	37	SOMA.....	120	STALEVO 75.....	40
SITAVIG.....	46	SOMAVERT.....	92	stannous fluoride.....	113
SIVEXTRO.....	13	SONATA.....	101	STAPHSCRUB.....	84
SKELAXIN.....	120	SOOTHE & COOL FREE		starch-maltodextrin	
skin protectants, misc.....	84	MEDSEPTIC.....	84	(thickening).....	129
SKIN REPAIR.....	76	SOOTHE & COOL FREE		STARLIX.....	25
SKINTEGRITY HYDROGEL.....	88	MOISTURE BARRIER.....	84	stavudine.....	44
SKINTEGRITY WOUND.....	88	SOOTHE & COOL FREE SKIN		STERILE DILUENT FOR	
SLO-NIACIN.....	143	PASTE.....	84	EPOPROSTENOL	
SLOW FE.....	100	SOOTHE & COOL MOISTURE		SODIUM.....	130
SLOW-MAG.....	110	BARRIER.....	84	STERILE DILUENT FOR	
SM ACIDOPHILUS PEARLS.....	27	SOOTHE & COOL		REMODOULIN.....	130
		MOISTURIZING BODY		STIMATE.....	93
		LOTION WITH ALOE.....	76	STIMULEN.....	88
		SOOTHE & COOL PROTECT			
		MOISTURE BARRIER.....	84		

STIVARGA.....	38	sumatriptan-naproxen		Syringe/Needle (Disp) 3 ML 23 x	
STRATTERA.....	1	sodium.....	107	1".....	107
STRIANT.....	10	SUMAXIN.....	63	Syringe/Needle (Disp) 3 ML 23 x	
STRIBILD.....	44	SUMAXIN CP KIT.....	63	1-1/2".....	107
STRIVERDI RESPIMAT.....	16	SUMAXIN TS.....	63	Syringe/Needle (Disp) 3 ML 25 x	
STROMEKTOL.....	12	SUMAXIN WASH.....	63	1".....	107
STUDIO 35 EXTRA		SUMMERS EVE CLEANSING		Syringe/Needle (Disp) 3 ML 25 x	
MOISTURIZING LOTION.....	76	WASH/SENSITIVE SKIN.....	84	1-1/2".....	107
STUDIO 35 MOISTURIZING		SUMMERS EVE NIGHT-TIME		Syringe/Needle (Disp) 3 ML 25 x	
SKIN.....	76	CLEANSING		5/8".....	107
SUBOXONE.....	10	WASH/SENSITIVE SKIN.....	84	Syringe/Needle (Disp) 3 ML 26 x	
SUBSYS.....	8	SUPER PROBIOTIC.....	27	5/8".....	107
SUCRAID.....	91	SUPER PROBIOTIC		SYRPALTA.....	130
sucralfate.....	136	DIGESTIVE SUPPORT.....	27	SYRSPEND SF.....	130
SUDAFED 24 HOUR.....	122	SUPRAX.....	50	SYRUP VEHICLE.....	130
SUDAFED CHILDRENS.....	122	SUPREP BOWEL PREP		SYRUP VEHICLE SF.....	130
SUDAFED CONGESTION.....	122	KIT.....	103	SYSTANE.....	123
SUDAFED NASAL		SURE COMFORT ALCOHOL		SYSTANE BALANCE	
DECONGESTANT MAXIMUM		PREP PADS.....	84	RESTORATIVE FORMULA.....	123
STRENGTH.....	122	SURMONTIL.....	22	SYSTANE LID WIPES.....	84
SUDAFED PE CHILDRENS		SUSPENSION VEHICLE.....	130	SYSTANE OVERNIGHT	
NASAL DECONGESTANT.....	122	SUSTIVA.....	44	THERAPY LUBRICANT	
SUDAFED PE		SUTENT.....	38	EYE.....	123
CONGESTION.....	122	SW OMEPRAZOLE.....	137	SYSTANE ULTRA.....	123
SULAR.....	48	SWEEN CREAM.....	76	SYSTANE ULTRA HOME &	
sulfacetamide sod-		SYLATRON.....	39	AWAY PACK.....	123
prednisolone.....	126	SYLVANT.....	112	TABLOID.....	37
sulfacetamide sodium.....	67	SYMAX DUOTAB.....	135	tacrolimus.....	112
SULFACETAMIDE		SYMBICORT.....	16	tacrolimus (topical).....	77
SODIUM.....	125	SYMBYAX.....	132	TAFINLAR.....	38
sulfacetamide sodium (acne).....	62	SYMLINPEN 120.....	22	TAGAMET HB.....	136
sulfacetamide sodium		SYMLINPEN 60.....	22	TAMIFLU.....	46
(ophth).....	125	SYNAGIS.....	128	tamoxifen citrate.....	38
sulfacetamide sodium w/		SYNALAR.....	70	tamsulosin hcl.....	97
sulfur.....	62	SYNALGOS-DC.....	9	TANDEM PLUS.....	100
sulfacetamide sodium-sulfur w/		SYNAREL.....	93	TANZEUM.....	24
skin cleanser.....	62	SYNTHROID.....	134	TAPAZOLE.....	134
SULFADIAZINE.....	133	Syringe (Disposable) 3		TARCEVA.....	38
sulfamethoxazole-trimethoprim		ML.....	107	TARGETIN.....	39
.....	12	Syringe/Needle (Disp) 1 ML 20		TARKA.....	35
SULFAMYLON.....	67	x 1".....	107	TARON FORTE.....	100
sulfasalazine.....	96	Syringe/Needle (Disp) 3 ML 20		TARON-C DHA.....	118
SULFZIX.....	90	x 1".....	107	TARON-PREX.....	118
sulindac.....	5	Syringe/Needle (Disp) 3 ML 20		TASIGNA.....	39
SUMADAN KIT.....	62	x 1-1/2".....	107	TASMAR.....	39
SUMADAN WASH.....	63	Syringe/Needle (Disp) 3 ML 22		TAVIST ALLERGY.....	30
sumatriptan.....	108	x 1".....	107	tazarotene.....	66
sumatriptan succinate.....	108	Syringe/Needle (Disp) 3 ML 22		TAZORAC.....	66
SUMATRIPTAN		x 1-1/2".....	107	TBC.....	77
SUCCINATE.....	108	Syringe/Needle (Disp) 3 ML 22		TEARS NATURALE PM.....	123
sumatriptan succinate.....	108	x 3/4".....	107		

TECFIDERA.....	132	tetrahydrozoline w/ zinc sulfate.....	125	TIMOLOL MALEATE OPTHALMIC GEL FORMING.....	124
TECFIDERA STARTER PACK.....	132	TEXACORT.....	70	TIMOPTIC.....	124
TEGADERM HYDROGEL WOUND FILLER.....	88	TGQ 30PSE/150GFN/15DM.....	59	TIMOPTIC OCUDOSE.....	124
TEGRETOL.....	18	TGT GLUCOSE.....	23	TIMOPTIC-XE.....	124
TEGRETOL-XR.....	18	TGT OMEPRAZOLE.....	137	TINACTIN.....	65
TEKTURNA.....	36	THALOMID.....	111	TINACTIN DEODORANT.....	65
TEKTURNA HCT.....	35	THEO-24.....	16	TINACTIN JOCK ITCH.....	65
telmisartan.....	34	theophylline.....	16	TINDAMAX.....	12
telmisartan-amlodipine.....	35	THERA-FLUR-N.....	113	tinidazole.....	12
telmisartan-hydrochlorothiazide.....	35	THERABETIC SKIN CARE.....	76	tioconazole vaginal.....	141
temazepam.....	101	THERACAL D2000.....	110	TIROSINT.....	134
TEMODAR.....	37	THERACAL D4000.....	110	TIVICAY.....	44
TEMOVATE.....	70	THERACAL RAPID REPLETION.....	110	tizanidine hcl.....	120
TEMOVATE E.....	70	THERAFLU SEVERE COLD NIGHTTIME.....	59	TL-CARE DHA.....	118
temozolomide.....	37	THERAHONEY.....	88	TL-SELECT.....	118
TENA SKIN-CARING BODY WASH.....	84	THERANATAL CORE NUTRITION.....	118	TOBI.....	3
TENA SKIN-CARING WASH CREAM.....	84	THERAPEUTIC MOISTURIZING.....	76	TOBI PODHALER.....	3
TENCON.....	6	THERAPLEX HYDROLOTION.....	76	TOBRADEX.....	126
TENEX.....	34	THERAPLEX T.....	86	TOBRADEX ST.....	126
tenofovir disoproxil fumarate.....	44	thiamine hcl.....	143	TOBRAMYCIN.....	3
TENORETIC 100.....	36	thiamine mononitrate.....	143	tobramycin.....	3
TENORETIC 50.....	36	THICK-IT ORIGINAL.....	129	tobramycin (ophth).....	125
TENORMIN.....	47	THIOLA.....	98	TOBRAMYCIN SULFATE.....	3
TERAZOL 3.....	141	thioridazine hcl.....	42	tobramycin sulfate.....	3
TERAZOL 7.....	141	thiothixene.....	42	tobramycin-dexamethasone.....	126
terazosin hcl.....	34	THRIVITE 19.....	118	TOBEX.....	125
terbinafine hcl.....	29	THRIVITE RX.....	118	TOFRANIL.....	22
terbinafine hcl (topical).....	65	THUM.....	79	TOLAZAMIDE.....	25
terbutaline sulfate.....	16	thyroid.....	134	TOLBUTAMIDE.....	25
TERCONAZOLE.....	141	THYROLAR-1.....	134	tolcapone.....	39
terconazole vaginal.....	141	THYROLAR-1/2.....	134	TOLMETIN SODIUM.....	5
TESSALON PERLES.....	54	THYROLAR-1/4.....	134	tolmetin sodium.....	5
TESTIM.....	10	THYROLAR-2.....	134	tolnaftate.....	65
TESTOSTERONE.....	10	THYROLAR-3.....	134	TOLMETIN SODIUM.....	5
testosterone.....	10	tiagabine hcl.....	18	tolnaftate.....	65
testosterone cypionate.....	10	TIAZAC.....	48	TOLNAFTATE.....	65
TESTOSTERONE PUMP.....	10	TIGAN.....	29	tolterodine tartrate.....	138
TESTRED.....	10	TIGER BALM PAIN RELIEVING.....	78	TOPAMAX.....	18
tetrabenazine.....	132	TIKOSYN.....	14	TOPAMAX SPRINKLE.....	18
tetracaine hcl (ophth).....	125	TIMOLOL MALEATE.....	47	TOPICORT.....	70
tetracycline hcl.....	134	timolol maleate (ophth).....	124	topiramate.....	18
TETRACYCLINE HCL.....	134			TOPIRAMATE ER.....	18
tetrahydrozoline hcl (ophth).....	125			TOPROL XL.....	47
				torsemide.....	91
				TOUJEO SOLOSTAR.....	25

TOVIAZ.....	138	TRIAZOLAM.....	102	TRUECONTROL GLUCOSE	
TRACLEER.....	49	triazolam.....	102	CONTROL LEVEL 0.....	105
TRADJENTA.....	24	TRICARE.....	119	TRUECONTROL GLUCOSE	
tramadol hcl.....	8	TRICARE PRENATAL DHA		CONTROL LEVEL 1.....	105
TRAMADOL HCL ER.....	8	ONE.....	118	TRUETEST BLOOD GLUCOSE	
tramadol-acetaminophen.....	9	TRICITRATES.....	97	TEST.....	90
trandolapril.....	33,34	TRICOR.....	32	TRUETEST BLOOD GLUCOSE	
trandolapril-verapamil hcl.....	36	TRIDESILON.....	70	TEST STRIPS.....	89,90
tranexamic acid.....	101	trifluoperazine hcl.....	42	TRUETEST GLUCOSE	
TRANSDERM-SCOP.....	29	trifluridine.....	125	CONTROLLEVEL 1.....	105
Transparent Dressings -		TRIGLIDE.....	32	TRUETEST GLUCOSE	
Misc.....	105	trihexyphenidyl hcl.....	39	CONTROLLEVEL 2.....	105
TRANXENE T.....	14	TRILEPTAL.....	18	TRUETEST GLUCOSE	
tranylcypromine sulfate.....	20	TRILIPIX.....	32	CONTROLLEVEL 3.....	106
TRAVOPROST.....	127	TRIMETHOBENZAMIDE hcl.....	29	TRUETEST STRIPS.....	90
trazodone hcl.....	21	trimethoprim.....	12	TRUETRACK BLOOD	
TRECATOR.....	37	trimipramine maleate.....	22	GLUCOSE TEST.....	90
TRESIBA FLEXTOUCH.....	25	TRIMPEX.....	12	TRUETRACK BLOOD	
tretinoin.....	63	TRINATAL GT.....	119	GLUCOSE TEST STRIPS.....	90
tretinoin (chemotherapy).....	39	TRINATAL RX 1.....	119	TRUETRACK TEST.....	90
tretinoin microsphere.....	63	TRINATE.....	119	TRUNATURE DIGESTIVE	
TRETTEN.....	98	TRINTELLIX.....	21	PROBIOTIC.....	27
TREXALL.....	37	TRIPLE CREAM.....	76	TRUSOPT.....	127
TREXIMET.....	107	TRIPLE PASTE.....	84	TRUVADA.....	45
TRI-LUMA.....	85	TRIPLE PASTE SP.....	85	Tuberculin/Allergy	
TRI-NORINYL 28.....	52	triprolidine &		Syringe/Needle (Disp) 1 ML 21 x	
TRI-TABS DHA.....	118	pseudoephedrine.....	59	1".....	107
TRIAD HYDROPHILIC WOUND		TRIPTODUR.....	93	Tuberculin/Allergy	
DRESSING.....	88	TRISENOX.....	39	Syringe/Needle (Disp) 1 ML 25 x	
TRIADVANCE.....	118	TRIUMEQ.....	44	5/8".....	107
triamcinolone acetonide		TRIVEEN-DUO DHA.....	119	Tuberculin/Allergy	
(mouth).....	113	TRIXAICIN.....	78	Syringe/Needle (Disp) 1 ML 26 x	
triamcinolone acetonide		TRIZIVIR.....	45	3/8".....	107
(nasal).....	121	TROKENDI XR.....	18	Tuberculin/Allergy	
triamcinolone acetonide		trolamine salicylate.....	78	Syringe/Needle (Disp) 1 ML 28 x	
(topical).....	70	TROPAZONE.....	76	1/2".....	107
TRIAMINIC COLD & COUGH		tropicamide.....	124	TUDORZA PRESSAIR.....	14
DAY TIME CHILDRENS.....	59	trospium chloride.....	138	TUMS.....	11
TRIAMINIC FEVER		TRUBIOTICS.....	27	TUMS LASTING EFFECTS.....	11
REDUCERPAIN RELIEVER		TRUE FOCUS SELF		TUSNEL.....	59
CHILDRENS.....	6	MONITORING BLOOD		TUSNEL PEDIATRIC.....	59
TRIAMINIC FEVER		GLUCOSE TEST STRIPS.....	89	TWYNSTA.....	36
REDUCERPAIN RELIEVER		TRUE METRIX BLOOD		TYBOST.....	45
INFANTS.....	6	GLUCOSE TEST STRIPS.....	89	TYKERB.....	39
TRIAMINIC FLU COUGH &		TRUE METRIX BLOOD		TYLENOL.....	6
FEVER.....	59	GLUCOSE TEST STRIPS.....	89	TYLENOL 8 HOUR.....	6
TRIAMINIC LONG ACTING		TRUE METRIX SELF		TYLENOL 8 HOUR	
COUGH.....	54	MONITORING BLOOD		ARTHRTISPAIN.....	6
triamterene &		GLUCOSE TEST STRIPS.....	89	TYLENOL CHILDRENS.....	6
hydrochlorothiazide.....	91	TRUE METRIX SELF		TYLENOL CHILDRENS PLUS	
TRIAMTERENE/HYDROCHLOR		MONITORING BLOOD		FLU.....	59
OTHIAZIDE.....	91	GLUCOSE STRIPS.....	89	TYLENOL CHILDRENS PLUS	
				MULTI-SYMPTOM COLD... ..	59
				TYLENOL COLD & FLU	
				SEVERE.....	59

TYLENOL COLD & HEAD SEVERE CONGESTION.....	59	urea in zinc undecylenate-lactic acid vehicle.....	70	VELPHORO.....	96
TYLENOL COLD MAX.....	59	UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE.....	71	VELTIN.....	63
TYLENOL COLD MULTI-SYMPTOM NIGHTTIME.....	59	URECHOLINE.....	138	VELVACHOL.....	77
TYLENOL COLD MULTI-SYMPTOM SEVERE DAYTIME.....	59	URISTIX.....	90	VEMAVITE-PRX 2.....	119
TYLENOL COLD/COUGH/RUNNYNOSE CHILDRENS.....	60	URISTIX 4.....	90	VENA-BAL DHA.....	119
TYLENOL EXTRA STRENGTH.....	6	UROCIT-K 10.....	97	venlafaxine hcl.....	21
TYLENOL INFANTS.....	6	UROCIT-K 15.....	97	VENLAFAXINE HCL ER.....	21
TYLENOL INFANTS PAIN+FEVER.....	6	UROCIT-K 5.....	97	VENTAVIS.....	49
TYLENOL SINUS SEVERE.....	60	UROGESIC-BLUE.....	138	VENTOLIN HFA.....	16
TYLENOL SORE THROAT DAYTIME.....	6	UROXATRAL.....	97	VERAMYST.....	121
TYLENOL WARMING COUGH & SEVER CONGESTION DAYTIME.....	60	URSO 250.....	95	verapamil hcl.....	48
TYLENOL/CODEINE #3.....	9	URSO FORTE.....	95	VEREGEN.....	63
TYLENOL/CODEINE #4.....	9	ursodiol.....	95	VERELAN.....	48
TYVASO.....	49	UTI HOME TEST.....	90	VERELAN PM.....	48
TYVASO REFILL.....	49	VAGIFEM.....	141	VERIPRED 20.....	53
TYVASO STARTER.....	49	VAGISTAT-1.....	141	VERSACLOZ.....	42
TYZEKA.....	46	valacyclovir hcl.....	46	VERSAFREE.....	130
TYZINE PEDIATRIC NASAL DROPS.....	122	VALCHLOR.....	66	VERSAPLUS.....	130
UDDERLY SMOOTH.....	76	VALCYTE.....	45	VERZENIO.....	39
UDDERLY SMOOTH EXTRA CARE.....	76	valganciclovir hcl.....	45	VESICARE.....	138
UDDERLY SMOOTH EXTRA CARE20.....	76	VALIUM.....	14	VEXASYN.....	88
ULESFIA.....	86	valproic acid.....	19	VEXOL.....	126
ULORIC.....	98	valsartan.....	34	VFEND.....	30
ULTIMATECARE ONE.....	119	valsartan-hydrochlorothiazide.....	36	VIActiv.....	109
ULTRACET.....	9	VALTRESX.....	46	VIBRAMYCIN.....	134
ULTRAFLORA IMMUNE HEALTH.....	27	VALUE PLUS GLUCOSE.....	23	VICKS DAYQUIL COUGH.....	54
ULTRAM.....	8	VANOCOCIN HCL.....	12	VICKS DAYQUIL MUCUS CONTROL DM.....	60
ULTRAM ER.....	8	vancomycin hcl.....	12	VICKS NYQUIL COUGH.....	60
ULTRATHON INSECT REPELLENT.....	85	VANICREAM.....	76	VICKS SINEX.....	122
ULTRATHON INSECT REPELLENT 8.....	85	VANICREAM LITE.....	77	VICKS SINEX 12 HOUR DECONGESTANT.....	122
ULTRAVATE.....	70	VANOS.....	70	VICKS SINEX 12 HOUR DECONGESTANT ULTRA FINE MIST.....	122
UNISOM.....	101	VAQTA.....	140	VICKS SINEX 12 HOUR DECONGESTANT ULTRA FINE MIST/MOISTURIZNG.....	122
UNISOM SLEEPGELS.....	101	VARIVAX.....	140	VICKS SINEX MOISTURIZING.....	122
UP & UP GLUCOSE.....	23	VASCEPA.....	31	VICKS SINEX SEVERE NASALDECONGESTANT.....	122
urea.....	70,71	VASCUDERM HYDROGEL WOUND DRESSING.....	88	VICOPROFEN.....	9
		VASERETIC.....	36	VICTOZA.....	24
		VASOTEC.....	34	VIDEX EC.....	45
		VCF VAGINAL CONTRACEPTIVE FILM.....	140	VIDEXPEDIATRIC.....	45
		VCF VAGINAL CONTRACEPTIVE FOAM.....	140	vigabatrin.....	18
		VECAMYL.....	36	VIGAMOX.....	125
		VELETRI.....	49	VIIBRYD.....	21



VIMOVO	5	VOTRIENT	39	XIFAXAN	12
VIMPAT	18	VP DERMABASE	77	XODOL	9
VINATE DHA RF	119	VP-CH PLUS	119	XOLEGEL	65
VINATE II	119	VP-HEME OB	119	XOPENEX	16
VINATE M	119	VP-HEME OB + DHA	119	XOPENEX CONCENTRATE	16
VINATE ONE	119	VP-HEME ONE	119	XOPENEX HFA	16
VIRACEPT	45	VRAYLAR	41	XTANDI	38
VIRAMUNE	45	VSL#3	27	XULANE	52
VIRAMUNE XR	45	VUSION	65	XYREM	131
VIREAD	45	VYTORIN	31	XYZAL	31
VIROPTIC	125	VYVANSE	1	XYZAL ALLERGY 24HR	31
VIRT NATE	119	WALGREENS GLUCOSE	23	YASMIN 28	52
VIRT-ADVANCE	119	warfarin sodium	16	YAZ	52
VIRT-C DHA	119	water for irrigation, sterile	112	ZADITOR	127
VIRT-PN	119	WEGMANS COMPLETE		zafirlukast	15
VIRT-PN DHA	119	PRENATAL+DHA	119	zaleplon	102
VIRT-PN PLUS	119	WELCHOL	32	ZAMICET	9
VIRT-SELECT	119	WELLBUTRIN	19	ZANABIN ANTIPRURITIC	
VIRT-VITE GT	119	WELLBUTRIN SR	19	HYDROGEL	88
VISBIOME PROBIOTIC HIGH		WELLBUTRIN XL	19	ZANAFLEX	120
POTENCY	27	WESTCORT	70	ZANFEL	85
VISINE	125	WESTHROID	134	ZANTAC	136
VISINE EXTRA	125	wheat dextrin	102	ZANTAC 150 MAXIMUM	
VISINE TEARS	123	white petrolatum	130	STRENGTH	136
VISTARIL	13	white petrolatum-mineral		ZANTAC 75	136
VISTOGARD	28	oil	123	ZARONTIN	19
VITAFOL ULTRA	119	WIBI	77	ZARXIO	99
VITAFOL-NANO	119	WINRHO SDF	128	ZATEAN-CH	119
VITAFOL-OB	119	witch hazel-glycerin	85	ZATEAN-PN DHA	119
VITAMIN D3	142	WOUN'DRES COLLAGEN		ZATEAN-PN PLUS	119
vitamin e	142	HYDROGEL WOUND		ZAVESCA	99
VITAMIN E	142	DRESSING	88	ZEBETA	47
vitamin e	142	WOUND CLEANSER	88	ZEGERID	137
VITAMIN E WITH		wound cleansers	88	ZEGERID OTC	137
PANTHENOL	77	WOUND GEL	88	ZELAPAR	40
vitamins a & d (topical)	77	WOUND GEL SPRAY	88	ZELBORAF	39
VITEKTA	45	WOUND WASH	88	ZEMPLAR	93
VIVELLE-DOT	94	WOUND WASH SALINE	85	ZENPEP	91
VIVITROL	28	WP THYROID	134	ZENZEDI	1
VOGELXO	10	XALATAN	127	ZEPATIER	46
VOGELXO PUMP	10	XANAX	14	ZERIT	45
VOL-NATE	119	XANAX XR	14	ZESTORETIC	36
VOL-PLUS	119	XARELTO	16	ZESTRIL	34
VOL-TAB RX	119	XARTEMIS XR	9	ZETIA	33
VOLTAREN	63	XELJANZ	3	ZETONNA	121
voriconazole	30	XELODA	37	ZIAC	36
VOSPIRE ER	16	XENAZINE	132	ZIAGEN	45
		XERESE	67		

ZIANA.....	63	ZYDELIG.....	39
zidovudine.....	45	ZYFLO.....	15
ZIKS ARTHRITIS PAIN RELIEF.....	78	ZYLET.....	126
ZIMS CRACK CREME DAYTIME.....	77	ZYLOPRIM.....	98
zinc.....	111	ZYMAXID.....	125
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zinc sulfate.....	111	ZYPREXA RELPREVV.....	42
ZINC SULFATE.....	111	ZYPREXA ZYDIS.....	42
ZINC SULFATE HEPTAHYDRATE.....	111	ZYRTEC ALLERGY.....	31
ZINC SULFATE MONOHYDRATE.....	111	ZYRTEC CHILDRENS ALLERGY.....	31
ziprasidone hcl.....	41	ZYRTEC-D ALLERGY/CONGESTION.....	60
ZIPSOR.....	5	ZYTIGA.....	38
ZIRGAN.....	125	ZYVOX.....	13
ZITHROMAX.....	104		
ZITHROMAX TRI-PAK.....	104		
ZITHROMAX Z-PAK.....	104		
ZMAX.....	104		
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ZOFRAN.....	28		
ZOFRAN ODT.....	28		
ZOLINZA.....	39		
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ZOLOFT.....	21		
zolpidem tartrate.....	102		
ZOLPIMIST.....	102		
ZOMACTON.....	93		
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ZOMIG ZMT.....	108		
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ZONTIVITY.....	99		
ZORBTIVE.....	93		
ZORTRESS.....	112		
ZORVOLEX.....	5		
ZOSTAVAX.....	140		
ZOSTRIX DIABETIC FOOT PAIN.....	79		
ZOVIRAX.....	46,67		
ZUBSOLV.....	10		
ZUPLENZ.....	28		
ZYBAN.....	133		
ZYCLARA.....	77		
ZYCLARA PUMP.....	77		