

Comprehensive
PREFERRED DRUG LIST

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. 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.

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.

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 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. 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. 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.

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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
Amphetamines		
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
Analeptics		
caffeine citrate soln	F	
CAFFEINE CITRATED POWD	F	
Attention-Deficit/Hyperactivity Disorder (ADHD)		
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
Stimulants - Misc.		
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 May 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>)	***	
<i>methylphenidate hcl chew 5 mg, 10 mg, 2.5 mg</i>	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 May 1, 2018

Drug Name	Drug Tier	Requirements/Limits
<i>coenzyme q10 (ubidecarenone) caps 50 mg</i>	F	
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) caps</i>	F	QL(4 ea daily)
Alternative Medicine - M's		
<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)
Alternative Medicine - U		
CYTO-Q MAX LIQD	F	
QH LIQD	F	
Alternative Medicine Combinations		
LIQ-10 SYRP	F	
<i>melatonin-pyridoxine tabs</i>	F	
AMINOGLYCOSIDES		
Aminoglycosides		
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
ANALGESICS - ANTI-INFLAMMATORY		
Anti-TNF-alpha - Monoclonal Antibodies		
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
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	F	PA; SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ	F	PA; SP
RASUVO SOAJ	F	PA; SP
RHEUMATREX TABS	F	
Gold Compounds		
RIDAURA CAPS	F	
Interleukin-1 Blockers		
ARCALYST SOLR	F	PA; SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	F	PA; SP
Interleukin-6 Receptor Inhibitors		

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

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SOSY	F	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
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)
celecoxib caps 400 mg	F	PA
celecoxib caps 50 mg, 100 mg, 200 mg	F	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (Use Ibuprofen)	***	RX/OTC
CHILDRENS MOTRIN SUSP (Use Ibuprofen)	***	RX/OTC
DAYPRO TABS (Use Oxaprozin)	***	
diclofenac potassium tabs	F	
diclofenac sodium tb24	F	
diclofenac sodium tbec	F	
DUEXIS TABS	F	PA
EC-NAPROSYN TBEC (Use Naproxen)	***	QL(2 ea daily)
etodolac caps	F	
etodolac tabs	F	
etodolac tb24	F	

Drug Name	Drug Tier	Requirements/Limits
FELDENE CAPS (Use Piroxicam)	***	
FENOPROFEN CALCIUM CAPS 400 MG	F	PA
fenoprofen calcium tabs 600 mg	F	
FENORTHO CAPS	F	PA
flurbiprofen tabs	F	
ibuprofen caps 200 mg	F	
ibuprofen chew 100 mg	F	
ibuprofen susp 100 mg/5ml	F	RX/OTC
ibuprofen susp 40 mg/ml, 50 mg/1.25ml	F	
ibuprofen tabs 100 mg, 200 mg, 400 mg, 600 mg, 800 mg	F	
INDOCIN SUPP	F	
INDOCIN SUSP	F	
indomethacin caps	F	
indomethacin cpcr	F	
INFANTS ADVIL SUSP (Use Ibuprofen)	***	
KETOPROFEN CAPS 50 MG, 75 MG	F	
ketoprofen caps 50 mg, 75 mg	F	
KETOPROFEN ER CP24	F	
ketorolac tromethamine tabs	F	QL(20 ea per 30 days retail); AL; At least 17 yrs old
LODINE TABS (Use Etodolac)	***	
MECLOFENAMATE SODIUM CAPS	F	
mefenamic acid caps	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>meloxicam tabs</i>	F	
MOBIC SUSP 7.5 MG/5ML	F	
MOBIC TABS 15 MG, 7.5 MG (Use <i>Meloxicam</i>)	***	
MOTRIN INFANTS DROPS SUSP (Use <i>Ibuprofen</i>)	***	
<i>nabumetone tabs</i>	F	
NALFON CAPS	F	PA
NAPRELAN TB24 375 MG, 500 MG (Use <i>Naproxen Sodium</i>)	***	PA
NAPRELAN TB24 750 MG	F	PA
NAPROSYN SUSP (Use <i>Naproxen</i>)	***	
NAPROSYN TABS (Use <i>Naproxen</i>)	***	
<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
<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 <i>Mefenamic Acid</i>)	***	PA
<i>sulindac tabs</i>	F	
<i>tolmetin sodium caps 400 mg</i>	F	PA
TOLMETIN SODIUM CAPS 400 MG	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
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	F	PA; SP
OTEZLA TBPB	F	PA; SP
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use <i>Leflunomide</i>)	***	QL(1 ea daily)
<i>leflunomide tabs</i>	F	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR	F	PA; SP
ORENCIA SOSY	F	PA; SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	F	PA; SP
ENBREL SOSY	F	PA; SP
ENBREL SURECLICK SOAJ	F	PA; SP
ANALGESICS - NonNarcotic		
Analgesic Combinations		
<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)

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

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	
Analgesics Other		
<i>acetaminophen caps or 500 mg</i>	F	
<i>acetaminophen chew or 80 mg, 160 mg</i>	F	
<i>acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml</i>	F	
<i>acetaminophen liqd or 160 mg/5ml, 500 mg/15ml, 1000 mg/30ml</i>	F	
<i>acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml</i>	F	
<i>acetaminophen supp re 120 mg, 325 mg, 650 mg</i>	F	QL(12 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen susp or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml</i>	F	
<i>acetaminophen tabs or 325 mg, 500 mg</i>	F	
<i>acetaminophen tbc or 650 mg</i>	F	
<i>acetaminophen tbdp or 80 mg</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>)	***	
Salicylates		
<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	

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

Drug Name	Drug Tier	Requirements/Limits
ASPIRIN SUPP RE 120 MG, 200 MG, 300 MG, 600 MG	F	QL(12 ea per 30 days retail)
<i>aspirin supp re 300 mg, 600 mg</i>	F	QL(12 ea per 30 days retail)
<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 & 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	
ANALGESICS - OPIOID		
Opioid Agonists		
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)

Drug Name	Drug Tier	Requirements/Limits
DOLOPHINE TABS 10 MG (Use Methadone HCl)	***	PA; QL(10 ea daily)
DOLOPHINE TABS 5 MG (Use Methadone HCl)	***	PA; QL(4 ea daily)
DURAGESIC PT72 (Use Fentanyl)	***	QL(0.34 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</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)

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

Drug Name	Drug Tier	Requirements/Limits
<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 <i>Methadone HCl</i>)	***	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use <i>Methadone HCl</i>)	***	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	QL(500 ml per 30 days retail)
<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 <i>Morphine Sulfate</i>)	***	QL(3 ea daily)
NUCYNTA ER TB12	F	PA
NUCYNTA TABS	F	PA
OPANA TABS (Use <i>Oxymorphone HCl</i>)	***	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

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tabs</i>	F	PA
<i>oxymorphone hcl tb12</i>	F	PA
OXYMORPHONE HYDROCHLORIDE ER TB12	F	PA
ROXICODONE TABS (Use <i>Oxycodone HCl</i>)	***	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 <i>Tramadol HCl</i>)	***	PA
ULTRAM TABS (Use <i>Tramadol HCl</i>)	***	QL(8 ea daily)
Opioid Combinations		
<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 <i>Butalbital-Acetaminophen-Caffeine w/ Codeine</i>)	***	PA
FIORINAL/CODEINE #3 CAPS (Use <i>Butalbital-Aspirin-Caffeine w/Cod</i>)	***	QL(4 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone-aspirin tabs</i>	F	
OXYCODONE/ACETAMINOPHEN SOLN	F	QL(30 ml daily)
OXYCODONE/IBUPROFEN TABS	F	PA
PERCOCET TABS 2.5MG-325MG (<i>Use Oxycodone w/ Acetaminophen</i>)	***	
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (<i>Use Oxycodone w/ Acetaminophen</i>)	***	QL(6 ea daily)
PRIMLEV TABS	F	PA
REPREXAIN TABS (<i>Use Hydrocodone-Ibuprofen</i>)	***	PA
SYNALGOS-DC CAPS	F	PA
<i>tramadol-acetaminophen tabs</i>	F	PA
TYLENOL/CODEINE #3 TABS (<i>Use Acetaminophen w/ Codeine</i>)	***	QL(6 ea daily)
TYLENOL/CODEINE #4 TABS (<i>Use Acetaminophen w/ Codeine</i>)	***	QL(6 ea daily)
ULTRACET TABS (<i>Use Tramadol-Acetaminophen</i>)	***	PA
VICOPROFEN TABS (<i>Use Hydrocodone-Ibuprofen</i>)	***	PA
XARTEMIS XR TBCR	F	PA
XODOL TABS (<i>Use Hydrocodone-Acetaminophen</i>)	***	PA
ZAMICET SOLN	F	PA
Opioid Partial Agonists		
BELBUCA FILM	F	PA; Use Suboxone Film
BUNAVAIL FILM	F	PA; Use Suboxone Film
BUPRENEX SOLN (<i>Use Buprenorphine HCl</i>)	***	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	F	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	F	PA
<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
SUBLOCADE SOSY	F	PA; 1 rtl MAX fill, 30 rtl day(s) supply,; 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
ANDROGENS-ANABOLIC		
Anabolic Steroids		
ANADROL-50 TABS	F	PA
OXANDRIN TABS (<i>Use Oxandrolone</i>)	***	PA
<i>oxandrolone tabs</i>	F	PA
Androgens		
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

Drug Name	Drug Tier	Requirements/ Limits
ANDROID CAPS (<i>Use Methyltestosterone</i>)	***	PA
AXIRON SOLN (<i>Use Testosterone</i>)	***	PA
<i>danazol caps</i>	F	
DEPO-TESTOSTERONE SOLN (<i>Use Testosterone Cypionate</i>)	***	QL(4 ml per 30 days retail)
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	QL(4 ml per 30 days retail)
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
ANORECTAL AGENTS		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	***	
CORTIFOAM FOAM	F	PA
<i>hydrocortisone (intrarectal) enem</i>	F	
Rectal Combinations		

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

Drug Name	Drug Tier	Requirements/Limits
ANALPRAM-HC LOTN	F	QL(62 ml per 30 days retail)
<i>phenylephrine-shark liver oil-cocoa butter supp</i>	F	QL(12 ea per 30 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum oint</i>	F	QL(31 gm per 30 days retail)
<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)	***	
Rectal Local Anesthetics		
<i>dibucaine (rectal) oint</i>	F	
NUPERCAINAL OINT (Use Dibucaine (Rectal))	***	
<i>pramoxine hcl (rectal) foam</i>	F	
PROCTOFOAM FOAM (Use Pramoxine HCl (Rectal))	***	
Rectal Steroids		
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
Vasodilating Agents		
RECTIV OINT	F	PA
ANTACIDS		
Antacid Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml</i>	F	QL(744 ml per 30 days retail)
<i>alum & mag hydrox-simethicone liqd 400mg/5ml-40mg/5ml-400mg/5ml</i>	F	
<i>alum & mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml, 200mg/5ml-200mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml</i>	F	QL(744 ml per 30 days retail)
<i>alum & mag hydrox-simethicone susp 400mg/5ml-40mg/5ml-400mg/5ml, 400mg/5ml-400mg/5ml-40mg/5ml-400mg/5ml</i>	F	
<i>aluminum hydroxide-mag carb susp</i>	F	
<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)	***	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP OR	F	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs</i>	F	QL(100 ea per 30 days retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) chew</i>	F	
<i>calcium carbonate (antacid) tabs</i>	F	
CALCIUM CARBONATE TABS 648 MG	F	

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

Drug Name	Drug Tier	Requirements/Limits
TUMS CHEW (<i>Use Calcium Carbonate (Antacid)</i>)	***	
TUMS LASTING EFFECTS CHEW (<i>Use Calcium Carbonate (Antacid)</i>)	***	
Antacids - Magnesium Salts		
<i>magnesium oxide tabs</i>	F	
ANTHELMINTICS		
Anthelmintics		
ALBENZA TABS	F	PA
BILTRICIDE TABS	F	PA
EMVERM CHEW	F	QL(1 ea per 14 days retail)
<i>ivermectin tabs</i>	F	PA
<i>pyrantel pamoate susp</i>	F	Limit 1 fill per Month;QL(60 ml per fill retail)
REESES PINWORM MEDICINE TABS	F	QL(16 ea per fill retail)
STROMEKTOL TABS (<i>Use Ivermectin</i>)	***	PA
ANTI-INFECTIVE AGENTS - MISC.		
Anti-infective Agents - Misc.		
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

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim tabs</i>	F	
TRIMPEX SOLN	F	PA
VANCOCIN HCL CAPS 125 MG (<i>Use Vancomycin HCl</i>)	***	QL(4 ea daily)
VANCOCIN 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	QL(14 ea per 30 days retail)
XIFAXAN TABS	F	PA
Anti-infective Misc. - Combinations		
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	
Antiprotozoal Agents		
ALINIA SUSR	F	PA
ALINIA TABS	F	PA
<i>atovaquone susp</i>	F	
MEPRON SUSP (<i>Use Atovaquone</i>)	***	
Ketolides		
KETEK TABS	F	PA
Leprostatics		
<i>dapsone tabs</i>	F	

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

Drug Name	Drug Tier	Requirements/ Limits
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (Use <i>Clindamycin HCl</i>)	***	
CLEOCIN CAPS OR 75 MG (Use <i>Clindamycin HCl</i>)	***	PA
CLEOCIN PEDIATRIC GRANULES SOLR (Use <i>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)
Oxazolidinones		
<i>linezolid susr</i>	F	PA
<i>linezolid tabs</i>	F	PA
SIVEXTRO TABS	F	PA; QL(6 ea per fill retail)
ZYVOX SUSR (Use <i>Linezolid</i>)	***	PA
ZYVOX TABS (Use <i>Linezolid</i>)	***	PA
ANTIANGINAL AGENTS		
Antianginals-Other		
RANEXA TB12	F	PA
Nitrates		
DILATRATE SR CPR	F	PA
ISORDIL TITRADOSE TABS 40 MG	F	
ISORDIL TITRADOSE TABS 5 MG (Use <i>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)

Drug Name	Drug Tier	Requirements/ Limits
<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 (Use <i>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	
NITROLINGUAL PUMPSPRAY SOLN (Use <i>Nitroglycerin</i>)	***	PA
NITROSTAT SUBL (Use <i>Nitroglycerin</i>)	***	
ANTIANGIETY AGENTS		
Antianxiety Agents - Misc.		
<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 (Use <i>Hydroxyzine Pamoate</i>)	***	
Benzodiazepines		

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

Drug Name	Drug Tier	Requirements/ Limits
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 (Use Lorazepam)	***	QL(3 ea daily)
ATIVAN TABS 1 MG (Use Lorazepam)	***	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	
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 10 mg, 15 mg, 30 mg</i>	F	QL(4 ea daily)
OXAZEPAM CAPS 30 MG	F	QL(4 ea daily)
TRANXENE T TABS (Use Clorazepate Dipotassium)	***	QL(3 ea daily)
VALIUM TABS (Use Diazepam)	***	QL(4 ea daily)
XANAX TABS (Use Alprazolam)	***	QL(4 ea daily)
XANAX XR TB24 (Use Alprazolam)	***	PA
ANTIARRHYTHMICS		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
NORPACE CAPS (Use Disopyramide Phosphate)	F	
NORPACE CR CP12	F	
<i>quinidine gluconate tbcr</i>	F	
QUINIDINE SULFATE TABS	F	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	F	
Antiarrhythmics Type I-C		
<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 (Use Propafenone HCl)	***	PA
RYTHMOL TABS (Use Propafenone HCl)	***	
Antiarrhythmics Type III		
<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 (Use Dofetilide)	***	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	F	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA SOSY	F	PA; SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	F	

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

Drug Name	Drug Tier	Requirements/ Limits
INCRUSE ELLIPTA AEPB	F	QL(7 ea per 30 days retail)
INCRUSE ELLIPTA AEPB	F	QL(30 ea per 30 days retail)
<i>ipratropium bromide soln</i>	F	QL(375 ml per 25 days retail)
SPIRIVA HANDIHALER CAPS	F	PA; QL(90 ea per fill retail)
TUDORZA PRESSAIR AEPB	F	QL(1 ea per 30 days retail)
Leukotriene Modulators		
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)
SINGULAIR TABS (<i>Use Montelukast Sodium</i>)	***	QL(1 ea daily)
<i>zafirlukast tabs</i>	F	PA
ZYFLO TABS	F	PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 500 MCG	F	PA
Steroid Inhalants		
AEROSPAN AERS	F	PA; QL(9 gm per 30 days retail)
ALVESCO AERS	F	PA
ASMANEX TWISTHALER 120 METERED DOSES AEPB	F	PA
ASMANEX TWISTHALER 14 METERED DOSES AEPB	F	PA

Drug Name	Drug Tier	Requirements/ Limits
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	QL(120 ml per 30 days retail); 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>)	***	QL(120 ml per 30 days retail); AL; At least 1 yrs old - Up to 8 yrs old
QVAR AERS	F	PA; QL(17.4 gm per fill retail)
QVAR REDIHALER AERB	F	PA; QL(21.6 gm per fill retail)
Sympathomimetics		
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 0.5 %</i>	F	

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml</i>	F	QL(375 ml per 30 days retail)
<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	QL(4 gm per 30 days retail)
DULERA AERO	F	QL(13 gm per 30 days retail)
<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
PROAIR HFA AERS	***	
PROVENTIL HFA AERS	***	
SEREVENT DISKUS AEPB	F	QL(60 ea per 30 days retail)
STRIVERDI RESPIMAT AERS	F	PA
SYMBICORT AERO	F	QL(11 gm per fill retail)
<i>terbutaline sulfate tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
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
Xanthines		
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	
ANTICOAGULANTS		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	F	
<i>warfarin sodium tabs</i>	F	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	F	QL(4 ea daily)
ELIQUIS TABS	F	QL(4 ea daily)
XARELTO TABS 10 MG	F	QL(1 ea daily, 35 ea per 180 days retail)
XARELTO TABS 15 MG	F	QL(2 ea daily)
XARELTO TABS 20 MG	F	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN (<i>Use Fondaparinux Sodium</i>)	***	PA; SP

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

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	F	Limit 3 fills per 180 days;QL(42 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	F	Limit 3 fills per 180 days;QL(14 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	F	Limit 3 fills per 180 days;QL(5 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	F	Limit 3 fills per 180 days;QL(6 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	F	Limit 3 fills per 180 days;QL(9 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	F	Limit 3 fills per 180 days;QL(12 ml per 7 days retail); SP
<i>fondaparinux sodium soln</i>	F	PA; SP
FRAGMIN SOLN	F	PA; SP
<i>heparin sodium (porcine) soln</i>	F	
LOVENOX SOLN IJ 300 MG/3ML (Use <i>Enoxaparin Sodium</i>)	***	Limit 3 fills per 180 days;QL(42 ml per 7 days retail); SP
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use <i>Enoxaparin Sodium</i>)	***	Limit 3 fills per 180 days;QL(14 ml per 7 days retail); SP
LOVENOX SOLN SC 30 MG/0.3ML (Use <i>Enoxaparin Sodium</i>)	***	Limit 3 fills per 180 days;QL(5 ml per 7 days retail); SP

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN SC 40 MG/0.4ML (Use <i>Enoxaparin Sodium</i>)	***	Limit 3 fills per 180 days;QL(6 ml per 7 days retail); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use <i>Enoxaparin Sodium</i>)	***	Limit 3 fills per 180 days;QL(9 ml per 7 days retail); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use <i>Enoxaparin Sodium</i>)	***	Limit 3 fills per 180 days;QL(12 ml per 7 days retail); SP
Thrombin Inhibitors		
PRADAXA CAPS	F	PA
ANTICONVULSANTS		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS	F	PA
Anticonvulsants - Benzodiazepines		
<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
KLONOPIN TABS (Use <i>Clonazepam</i>)	***	QL(4 ea daily)
ONFI SUSP	F	PA
ONFI TABS	F	PA
Anticonvulsants - Misc.		

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

Drug Name	Drug Tier	Requirements/Limits
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 (Use Carbamazepine)	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 (Use Levetiracetam)	***	QL(16 ml daily)
KEPPRA TABS 250 MG, 750 MG, 1000 MG (Use Levetiracetam)	***	QL(4 ea daily)
KEPPRA TABS 500 MG (Use Levetiracetam)	***	QL(6 ea daily)
KEPPRA XR TB24 (Use Levetiracetam)	***	PA
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	***	
LAMICTAL ODT KIT (Use Lamotrigine)	***	PA
LAMICTAL ODT TBDP (Use Lamotrigine)	***	PA
LAMICTAL TABS (Use Lamotrigine)	***	
LAMICTAL XR KIT	F	PA

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (Use Lamotrigine)	***	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 (Use Primidone)	***	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use Gabapentin)	***	QL(9 ea daily)
NEURONTIN SOLN 250 MG/5ML (Use Gabapentin)	***	
NEURONTIN TABS 600 MG (Use Gabapentin)	***	QL(6 ea daily)
NEURONTIN TABS 800 MG (Use Gabapentin)	***	QL(4 ea daily)
<i>oxcarbazepine susp</i>	F	
<i>oxcarbazepine tabs</i>	F	
POTIGA TABS	F	PA
<i>primidone tabs</i>	F	
QUDEXY XR CS24	F	PA
TEGRETOL SUSP (Use Carbamazepine)	F	

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

Drug Name	Drug Tier	Requirements/Limits
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>)	***	
<i>zonisamide caps</i>	F	
Carbamates		
<i>felbamate susp</i>	F	
<i>felbamate tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
FELBATOL SUSP (<i>Use Felbamate</i>)	***	
FELBATOL TABS (<i>Use Felbamate</i>)	***	
GABA Modulators		
GABITRIL TABS (<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
Hydantoins		
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	
Succinimides		
CELONTIN CAPS	F	PA
<i>ethosuximide caps</i>	F	
<i>ethosuximide soln</i>	F	
ZARONTIN CAPS (<i>Use Ethosuximide</i>)	F	
ZARONTIN SOLN (<i>Use Ethosuximide</i>)	F	

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

Drug Name	Drug Tier	Requirements/ Limits
Valproic Acid		
DEPAKENE CAPS (<i>Use Valproic Acid</i>)	F	
DEPAKOTE ER TB24 (<i>Use Divalproex Sodium</i>)	***	
DEPAKOTE SPRINKLES CSDR (<i>Use Divalproex Sodium</i>)	***	
DEPAKOTE TBEC (<i>Use 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	
ANTIDEPRESSANTS		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<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 (<i>Use Mirtazapine</i>)	***	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>Use Mirtazapine</i>)	***	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>Use Mirtazapine</i>)	***	QL(1 ea daily)
REMERON TABS 15 MG (<i>Use Mirtazapine</i>)	***	QL(3 ea daily)
REMERON TABS 30 MG (<i>Use Mirtazapine</i>)	***	QL(1.5 ea daily)
REMERON TABS 45 MG (<i>Use Mirtazapine</i>)	***	QL(1 ea daily)
Antidepressants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
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 (<i>Use Bupropion HCl</i>)	***	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use Bupropion HCl</i>)	***	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use Bupropion HCl</i>)	***	QL(2 ea daily)
WELLBUTRIN TABS (<i>Use Bupropion HCl</i>)	***	QL(3 ea daily)
WELLBUTRIN XL TB24 (<i>Use Bupropion HCl</i>)	***	QL(3 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24 9 MG/24HR	F	PA
MARPLAN TABS	F	PA
NARDIL TABS (<i>Use Phenelzine Sulfate</i>)	***	
PARNATE TABS (<i>Use Tranylcypromine Sulfate</i>)	***	
<i>phenelzine sulfate tabs</i>	F	
<i>tranylcypromine sulfate tabs</i>	F	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Use Citalopram Hydrobromide</i>)	***	QL(4 ea daily); AL; At least 6 yrs old

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

Drug Name	Drug Tier	Requirements/ Limits
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); AL; At least 7 yrs old
<i>fluoxetine hcl soln 20 mg/5ml</i>	F	QL(120 ml per 30 days retail)
<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
<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

Drug Name	Drug Tier	Requirements/ Limits
<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); AL; At least 7 yrs old
PROZAC WEEKLY CPDR (Use Fluoxetine HCl)	***	PA
<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)

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

Drug Name	Drug Tier	Requirements/Limits
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)
Serotonin Modulators		
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)
Serotonin-Norepinephrine Reuptake Inhibitors		
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)
FETZIMA CP24	F	PA
FETZIMA TITRATION PACK C4PK	F	PA
KHEDEZLA TB24	F	PA

Drug Name	Drug Tier	Requirements/Limits
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)
Tricyclic Agents		
<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	
<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)

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

Drug Name	Drug Tier	Requirements/Limits
NORPRAMIN TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG (Use Desipramine HCl)	***	
NORPRAMIN TABS 25 MG (Use Desipramine HCl)	***	QL(2 ea daily)
nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg	F	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	F	QL(20 ml daily)
PAMELOR CAPS (Use Nortriptyline HCl)	***	
protriptyline hcl tabs 10 mg	F	
SURMONTIL CAPS (Use Trimipramine Maleate)	***	PA
TOFRANIL TABS (Use Imipramine HCl)	***	
trimipramine maleate caps	F	PA
ANTIDIABETICS		
Alpha-Glucosidase Inhibitors		
acarbose tabs	F	QL(3 ea daily)
GLYSET TABS (Use Miglitol)	***	PA
miglitol tabs	F	PA
PRECOSE TABS (Use Acarbose)	***	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	F	PA; QL(11 ml per 30 days retail)
SYMLINPEN 60 SOPN	F	PA; QL(6 ml per 30 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use Pioglitazone HCl-Metformin HCl)	***	QL(2 ea daily)
ACTOPLUS MET XR TB24	F	PA
ALOGLIPTIN/METFORMIN HCL TABS	F	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ALOGLIPTIN/PIOGLITAZONE TABS	F	PA; QL(1 ea daily)
DUETACT TABS (Use Pioglitazone HCl-Glimepiride)	***	PA
glipizide-metformin hcl tabs	F	
GLUCOVANCE TABS (Use Glyburide-Metformin)	***	
glyburide-metformin tabs	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 Alogliptin-Metformin HCl)	***	
KOMBIGLYZE XR TB24	F	PA; QL(2 ea daily)
OSENI TABS (Use Alogliptin-Pioglitazone)	***	
pioglitazone hcl-glimepiride tabs	F	PA
pioglitazone hcl-metformin hcl tabs	F	QL(2 ea daily)
REPAGLINIDE/METFORMIN IN HYDROCHLORIDE TABS	F	PA
Biguanides		
FORTAMET TB24 (Use Metformin HCl)	***	PA
GLUCOPHAGE TABS 500 MG (Use Metformin HCl)	***	QL(4 ea daily)
GLUCOPHAGE TABS 850 MG, 1000 MG (Use Metformin HCl)	***	
GLUCOPHAGE XR TB24 500 MG (Use Metformin HCl)	***	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
Diabetic Other		
BD GLUCOSE CHEW	F	QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW 4 GM	F	QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW 4GM-6MG	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	QL(50 ea per 30 days retail)
<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 4 GM	F	QL(50 ea per 30 days retail)
GLUCOSE CHEW 4GM-6MG, 4GM-4GM-6MG	F	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE INSTANT ENERGY CHEW	F	
GNP GLUCOSE CHEW 4 GM	F	QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW 4GM-6MG	F	
GNP QUICK DISSOLVE GLUCOSE CHEW	F	QL(50 ea per 30 days retail)
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	QL(50 ea per 30 days retail)
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 4 GM	F	QL(50 ea per 30 days retail)
SM GLUCOSE CHEW 4GM-6MG	F	
SMART SENSE GLUCOSE CHEW	F	
SMART SENSE GLUCOSE TABLETS CHEW	F	
TGT GLUCOSE CHEW	F	

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

Drug Name	Drug Tier	Requirements/ Limits
UP & UP GLUCOSE CHEW	F	
VALUE PLUS GLUCOSE CHEW	F	
WALGREENS GLUCOSE CHEW 4 GM	F	QL(50 ea per 30 days retail)
WALGREENS GLUCOSE CHEW 4GM-6MG	F	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
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
Incretin Mimetic Agents (GLP-1 Receptor)		
BYDUREON PEN PEN	F	PA; QL(4 ea per 28 days retail); AL; At least 18 yrs old
BYDUREON SRER	F	PA; QL(4 ea per 28 days retail); AL; At least 18 yrs old
BYETTA SOPN 10 MCG/0.04ML	F	PA; QL(2 ml per 30 days retail); AL; At least 18 yrs old
BYETTA SOPN 5 MCG/0.02ML	F	PA; QL(1 ml per 30 days retail); AL; At least 18 yrs old
TANZEUM PEN	F	PA
VICTOZA SOPN	F	PA; QL(1.8 ml daily)
Insulin Sensitizing Agents		
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)

Drug Name	Drug Tier	Requirements/ Limits
Insulin		
ADMELOG SOLN	F	QL(40 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	F	QL(30 ml per 30 days retail)
AFREZZA POWD	F	PA
APIDRA SOLN	F	QL(40 ml per 30 days retail)
APIDRA SOLOSTAR SOPN	F	
BASAGLAR KWIKPEN SOPN	F	QL(30 ml per 30 days retail)
FIASP FLEXTOUCH SOPN	F	QL(30 ml per 30 days retail)
FIASP SOLN	F	QL(40 ml per 30 days retail)
HUMALOG JUNIOR KWIKPEN SOPN	F	QL(30 ml per 30 days retail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	F	QL(30 ml per 30 days retail)
HUMALOG MIX 50/50 KWIKPEN SUPN	F	QL(30 ml per 30 days retail)
HUMALOG MIX 50/50 SUSP	F	QL(40 ml per 30 days retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	F	QL(30 ml per 30 days retail)
HUMALOG MIX 75/25 SUSP	F	QL(40 ml per 30 days retail)
HUMALOG SOCT	F	QL(30 ml per 30 days retail)
HUMALOG SOLN	F	QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN	F	QL(30 ml per 30 days retail)
HUMULIN 70/30 SUSP	F	QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	F	QL(30 ml per 30 days retail)
HUMULIN N SUSP	F	QL(40 ml per 30 days retail)
HUMULIN R SOLN	F	QL(40 ml per 30 days retail)
HUMULIN R U-500 (<i>CONCENTRATED</i>) SOLN	F	

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

Drug Name	Drug Tier	Requirements/ Limits
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, 30 ml per 30 days retail)
LEVEMIR SOLN	F	PA
NOVOLIN 70/30 RELION SUSP	F	QL(40 ml per 30 days retail)
NOVOLIN 70/30 SUSP	F	QL(40 ml per 30 days retail)
NOVOLIN N RELION SUSP	F	QL(40 ml per 30 days retail)
NOVOLIN N SUSP	F	QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN	F	QL(40 ml per 30 days retail)
NOVOLIN R SOLN	F	QL(40 ml per 30 days retail)
NOVOLOG FLEXPEN SOPN	F	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	F	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 SUSP	F	QL(40 ml per 30 days retail)
NOVOLOG PENFILL SOCT	F	QL(30 ml per 30 days retail)
NOVOLOG SOLN	F	QL(40 ml per 30 days retail)
TOUJEO MAX SOLOSTAR SOPN	F	PA
TOUJEO SOLOSTAR SOPN	F	PA
TRESIBA FLEXTOUCH SOPN	F	PA
Meglitinide Analogues		
<i>nateglinide tabs</i>	F	QL(3 ea daily)
PRANDIN TABS (<i>Use Repaglinide</i>)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide tabs</i>	F	PA
STARLIX TABS (<i>Use Nateglinide</i>)	***	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA TABS	F	PA
JARDIANCE TABS	F	PA; QL(1 ea daily)
Sulfonylureas		
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	
<i>glimepiride tabs 1 mg, 2 mg</i>	F	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	F	QL(2 ea daily)
<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	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
Antidiarrheal - Chloride Channel Antagonists		
FULYZAQ TBEC	F	PA
MYTESI TBEC	F	PA
Antidiarrheal/Probiotic Agents - Misc.		

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
EQL PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC
FLORA VANCE 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

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

Drug Name	Drug Tier	Requirements/ Limits
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)	***	
PEPTO-BISMOL MAX STRENGTH SUSP (Use Bismuth Subsalicylate)	***	
PEPTO-BISMOL TO-GO CHEW (Use Bismuth Subsalicylate)	***	
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	RX/OTC
PROBIOTIC CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
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
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
RA PROBIOTIC MAXIMUM STRENGTH 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

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

Drug Name	Drug Tier	Requirements/Limits
ULTRAFLOA IMMUNE HEALTH CAPS	F	RX/OTC
VISBIOME PROBIOTIC HIGH POTENCY CAPS	F	RX/OTC
VSL#3 CAPS	F	RX/OTC
Antidiarrheal/Probiotic Combinations		
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	
Antiperistaltic Agents		
<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
ANTIDOTES AND SPECIFIC ANTAGONISTS		

Drug Name	Drug Tier	Requirements/Limits
Antidotes - Chelating Agents		
CHEMET CAPS	F	
EXJADE TBSO	F	PA; SP
FERRIPROX TABS	F	PA; SP
JADENU TABS	F	PA; SP
Antidotes and Specific Antagonists		
SM IPECAC SYRUP SYRP	F	
VISTOGARD PACK	F	
Opioid Antagonists		
EVZIO SOAJ	F	PA
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	QL(4 ml per 90 days retail)
<i>naltrexone hcl tabs</i>	F	
NARCAN LIQD	F	QL(2 ea per 60 days retail)
VIVITROL SUSR	F	SP
ANTIEMETICS		
5-HT3 Receptor Antagonists		
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	QL(50 ml per 30 days retail)
<i>ondansetron hcl tabs or 24 mg</i>	F	QL(1 ea per 14 days retail)
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	F	QL(2 ea daily)
<i>ondansetron tbdp</i>	F	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
SANCUSO PTCH	F	PA
ZOFRAN ODT TBDP (Use Ondansetron)	***	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	***	QL(50 ml per 30 days retail)
ZOFRAN TABS 4 MG, 8 MG (Use Ondansetron HCl)	***	QL(2 ea daily)
ZUPLENZ FILM	F	PA
Antiemetics - Anticholinergic		
<i>dimenhydrinate tabs</i>	F	QL(24 ea per fill retail)
DRAMAMINE CHEW	F	QL(24 ea per fill retail)
DRAMAMINE TABS (Use Dimenhydrinate)	***	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 (Use Trimethobenzamide HCl)	***	
TRANSDERM-SCOP PT72	F	PA
TRANSDERM-SCOP PT72 (Use Scopolamine)	***	PA
<i>trimethobenzamide hcl caps</i>	F	
Antiemetics - Miscellaneous		
CESAMET CAPS	F	PA
DICLEGIS TBEC	F	PA
<i>dronabinol caps</i>	F	
EMETROL SOLN (Use Fructose-Dextrose-Phosphoric Acid)	***	
<i>fructose-dextrose-phosphoric acid liqd</i>	F	
<i>fructose-dextrose-phosphoric acid soln</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
MARINOL CAPS (Use Dronabinol)	***	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	F	PA
EMEND CAPS (Use Aprepitant)	***	PA
EMEND TRIPACK CAPS (Use Aprepitant)	***	PA
ANTIFUNGALS		
Antifungals		
ANCOBON CAPS (Use Flucytosine)	***	PA
<i>flucytosine caps</i>	F	PA
GRIS-PEG TABS (Use Griseofulvin Ultramicrosize)	***	
<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 (Use Terbinafine HCl)	***	QL(1 ea daily, 90 ea per 120 days retail)
<i>nystatin tabs</i>	F	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	F	QL(1 ea daily, 90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML (Use Fluconazole)	***	QL(70 ml per fill retail)
DIFLUCAN SUSR 40 MG/ML (Use Fluconazole)	***	
DIFLUCAN TABS 100 MG, 200 MG (Use Fluconazole)	***	
DIFLUCAN TABS 150 MG (Use Fluconazole)	***	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG (Use Fluconazole)	***	QL(3 ea per 14 days retail)

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

Drug Name	Drug Tier	Requirements/ Limits
<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 100 mg, 200 mg</i>	F	
<i>fluconazole tabs 150 mg</i>	F	QL(2 ea per fill retail)
<i>fluconazole tabs 50 mg</i>	F	QL(3 ea per 14 days retail)
<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 (Use <i>Itraconazole</i>)	***	PA
SPORANOX PULSEPAK CAPS (Use <i>Itraconazole</i>)	***	PA
SPORANOX SOLN 10 MG/ML	F	PA
VFEND SUSR (Use <i>Voriconazole</i>)	***	PA
VFEND TABS (Use <i>Voriconazole</i>)	***	PA
<i>voriconazole susr</i>	F	PA
<i>voriconazole tabs</i>	F	PA
ANTIHISTAMINES		
Antihistamines - Alkylamines		
CHLOR-TRIMETON ALLERGY TBCR (Use <i>Chlorpheniramine Maleate</i>)	***	
CHLOR-TRIMETON SYRP 2 MG/5ML (Use <i>Chlorpheniramine Maleate</i>)	***	
CHLOR-TRIMETON TABS 4 MG (Use <i>Chlorpheniramine Maleate</i>)	***	QL(120 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpheniramine maleate syrps 2 mg/5ml</i>	F	
<i>chlorpheniramine maleate tabs 4 mg</i>	F	QL(120 ea per fill retail)
<i>chlorpheniramine maleate tbcr 12 mg</i>	F	
ED CHLORPED LIQD	F	
Antihistamines - Ethanolamines		
ALER-DRYL TABS	F	QL(4 ea daily)
BENADRYL ALLERGY CAPS (Use <i>Diphenhydramine HCl</i>)	***	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS CHEW 12.5 MG (Use <i>Diphenhydramine HCl</i>)	***	
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (Use <i>Diphenhydramine HCl</i>)	***	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (Use <i>Diphenhydramine HCl</i>)	***	QL(4 ea daily)
<i>carbinoxamine maleate tabs</i>	F	PA
<i>clemastine fumarate tabs 1.34 mg</i>	F	QL(2 ea daily)
<i>clemastine fumarate tabs 2.68 mg</i>	F	
CLEMASTINE FUMARATE TABS 2.68 MG	F	
<i>diphenhydramine hcl caps 25 mg</i>	F	QL(4 ea daily)
<i>diphenhydramine hcl caps 50 mg</i>	F	QL(4 ea daily); RX/OTC
<i>diphenhydramine hcl chew 12.5 mg</i>	F	
<i>diphenhydramine hcl elix 12.5 mg/5ml</i>	F	QL(240 ml per fill retail); RX/OTC
<i>diphenhydramine hcl liqd 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>diphenhydramine hcl syrps 12.5 mg/5ml</i>	F	QL(240 ml per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl tabs 25 mg</i>	F	QL(4 ea daily)
SILPHEN COUGH SYRP	F	QL(240 ml per fill retail)
TAVIST ALLERGY TABS (Use <i>Clemastine Fumarate</i>)	***	QL(2 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP (Use <i>Fexofenadine HCl</i>)	***	
ALLEGRA ALLERGY TABS (Use <i>Fexofenadine HCl</i>)	***	
<i>cetirizine hcl caps 10 mg</i>	F	
<i>cetirizine hcl chew 5 mg, 10 mg</i>	F	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	F	QL(240 ml per fill retail); RX/OTC
<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 <i>Desloratadine</i>)	***	PA
CLARITIN ALLERGY CHILDRENS SYRP (Use <i>Loratadine</i>)	***	QL(240 ml per fill retail)
CLARITIN CAPS 10 MG (Use <i>Loratadine</i>)	***	
CLARITIN CHEW 5 MG	F	
CLARITIN CHILDRENS CHEW	F	
CLARITIN REDITABS TBDP 10 MG (Use <i>Loratadine</i>)	***	QL(1 ea daily)
CLARITIN REDITABS TBDP 5 MG	F	PA
CLARITIN SYRP 5 MG/5ML (Use <i>Loratadine</i>)	***	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN TABS 10 MG (Use <i>Loratadine</i>)	***	QL(1 ea daily)
DES LorATADINE ODT TBP	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)
XYZAL ALLERGY 24HR TABS (Use <i>Levocetirizine Dihydrochloride</i>)	***	PA; RX/OTC
XYZAL TABS (Use <i>Levocetirizine Dihydrochloride</i>)	***	PA; RX/OTC
ZYRTEC ALLERGY CAPS (Use <i>Cetirizine HCl</i>)	***	
ZYRTEC ALLERGY TABS (Use <i>Cetirizine HCl</i>)	***	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use <i>Cetirizine HCl</i>)	***	QL(240 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
<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
Antihistamines - Piperidines		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>cyproheptadine hcl syrp</i>	F	
<i>cyproheptadine hcl tabs</i>	F	
ANTHYPERLIPIDEMICS		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	F	PA
VYTORIN TABS (<i>Use Ezetimibe-Simvastatin</i>)	***	PA
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	F	PA; SP
LOVAZA CAPS (<i>Use Omega-3-acid Ethyl Esters</i>)	***	PA
<i>omega-3-acid ethyl esters caps</i>	F	PA
VASCEPA CAPS	F	PA
Bile Acid Sequestrants		
<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 (<i>Use Colestipol HCl</i>)	***	PA
COLESTID FLAVORED PACK (<i>Use Colestipol HCl</i>)	***	PA
COLESTID GRAN 5 GM (<i>Use Colestipol HCl</i>)	***	PA
COLESTID PACK 5 GM (<i>Use Colestipol HCl</i>)	***	PA
COLESTID TABS 1 GM (<i>Use Colestipol HCl</i>)	***	
<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	

Drug Name	Drug Tier	Requirements/ Limits
QUESTRAN LIGHT POWD (<i>Use Cholestyramine Light</i>)	***	
QUESTRAN PACK (<i>Use Cholestyramine</i>)	***	
QUESTRAN POWD (<i>Use Cholestyramine</i>)	***	
WELCHOL PACK	F	PA
WELCHOL TABS	F	PA
Fibric Acid Derivatives		
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)
<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 (<i>Use Fenofibrate Micronized</i>)	***	QL(1 ea daily)
LOFIBRA CAPS 67 MG (<i>Use Fenofibrate Micronized</i>)	***	QL(2 ea daily)
LOFIBRA TABS 160 MG (<i>Use Fenofibrate</i>)	***	QL(1 ea daily)
LOFIBRA TABS 54 MG (<i>Use Fenofibrate</i>)	***	QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
LOPID TABS (<i>Use Gemfibrozil</i>)	***	QL(2 ea daily)
TRICOR TABS (<i>Use Fenofibrate</i>)	***	PA
TRIGLIDE TABS	F	QL(1 ea daily)
TRILIPIX CPDR (<i>Use Choline Fenofibrate</i>)	***	PA
HMG CoA Reductase Inhibitors		
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 (<i>Use Rosuvastatin Calcium</i>)	***	PA
<i>fluvastatin sodium caps</i>	F	PA
<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</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)

Drug Name	Drug Tier	Requirements/Limits
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)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	F	PA
ZETIA TABS (<i>Use Ezetimibe</i>)	***	PA
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	F	PA; SP
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	F	
NIACOR TABS	F	
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	***	
ANTIHYPERTENSIVES		
ACE Inhibitors		
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	

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

Drug Name	Drug Tier	Requirements/Limits
LOTENSIN TABS 20 MG (Use Benazepril HCl)	***	QL(1 ea daily)
LOTENSIN TABS 40 MG (Use Benazepril HCl)	***	QL(2 ea daily)
MAVIK TABS (Use Trandolapril)	***	QL(1 ea daily)
moexipril hcl tabs	F	
perindopril erbumine tabs	F	
PRINIVIL TABS (Use Lisinopril)	***	
quinapril hcl tabs	F	
ramipril caps	F	QL(2 ea daily)
trandolapril tabs 1 mg, 2 mg	F	QL(1 ea daily)
trandolapril tabs 4 mg	F	QL(2 ea daily)
VASOTEC TABS (Use Enalapril Maleate)	***	QL(2 ea daily)
ZESTRIL TABS (Use Lisinopril)	***	
Agents for Pheochromocytoma		
DEMSER CAPS	F	PA; SP
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use Candesartan Cilexetil)	***	PA
AVAPRO TABS (Use Irbesartan)	***	QL(1 ea daily)
BENICAR TABS (Use Olmesartan Medoxomil)	***	ST
candesartan cilexetil tabs	F	PA
COZAAR TABS (Use Losartan Potassium)	***	QL(1 ea daily)
DIOVAN TABS (Use Valsartan)	***	QL(1 ea daily)
EPROSARTAN MESYLATE TABS	F	PA
irbesartan tabs	F	QL(1 ea daily)
losartan potassium tabs	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MICARDIS TABS (Use Telmisartan)	***	QL(1 ea daily)
olmesartan medoxomil tabs	F	ST
telmisartan tabs	F	QL(1 ea daily)
valsartan tabs	F	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	***	
CATAPRES TABS (Use Clonidine HCl)	***	
CATAPRES-TTS-1 PTWK (Use Clonidine HCl)	***	PA
CATAPRES-TTS-2 PTWK (Use Clonidine HCl)	***	PA
CATAPRES-TTS-3 PTWK (Use Clonidine HCl)	***	PA
clonidine hcl ptwk td 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	F	PA
clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg	F	
doxazosin mesylate tabs	F	
guanfacine hcl tabs	F	
methyldopa tabs	F	
MINIPRESS CAPS (Use Prazosin HCl)	***	
prazosin hcl caps	F	
TENEX TABS (Use Guanfacine HCl)	***	
terazosin hcl caps	F	
Antihypertensive Combinations		
ACCURETIC TABS (Use Quinapril-Hydrochlorothiazide)	***	QL(2 ea daily)
amlodipine besylate-benazepril hcl caps	F	QL(1 ea daily)
amlodipine besylate-olmesartan medoxomil tabs	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-valsartan tabs</i>	F	ST
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	F	ST
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	***	PA
<i>atenolol & chlorthalidone tabs</i>	F	QL(2 ea daily)
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	***	QL(1 ea daily)
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	***	PA
<i>benazepril & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	***	ST
<i>bisoprolol & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	F	PA
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS 25MG-15MG, 25MG-25MG, 50MG-15MG	F	QL(2 ea daily)
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS 50MG-25MG	F	QL(3 ea daily)
CLORPRES TABS	F	PA
CORZIDE TABS (Use Nadolol & Bendroflumethiazide)	***	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	***	QL(1 ea daily)
DUTOPROL TB24	F	QL(1 ea daily)
EDARBYCLOR TABS	F	PA
<i>enalapril maleate & hydrochlorothiazide tabs</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	***	ST
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	***	ST
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	***	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide tabs</i>	F	
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	***	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	***	QL(1 ea daily)
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	***	QL(1 ea daily)
METHYLDOPA/HYDROCH LOROTHIAZIDE TABS	F	
<i>metoprolol & hydrochlorothiazide tabs 100mg-50mg</i>	F	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide tabs 50mg-25mg, 100mg-25mg</i>	F	QL(2 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIA ZIDE TB24	F	QL(1 ea daily)
METOPROLOL/HYDROCH LOROTHIAZIDE TABS	F	QL(1 ea daily)
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	***	QL(1 ea daily)
<i>moexipril-hydrochlorothiazide tabs</i>	F	QL(2 ea daily)
<i>nadolol & bendroflumethiazide tabs</i>	F	

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

Drug Name	Drug Tier	Requirements/Limits
<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 (Use Trandolapril-Verapamil HCl)	***	
TEKTURNA HCT TABS	F	PA
<i>telmisartan-amlodipine tabs</i>	F	
<i>telmisartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
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	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	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)
Antihypertensives - Misc.		
VECAMYL TABS	F	PA; SP
Direct Renin Inhibitors		
TEKTURNA TABS	F	PA
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
INSPRA TABS (Use Eplerenone)	***	
Vasodilators		
<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)
ANTIMALARIALS		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	F	PA
COARTEM TABS	F	QL(24 ea per fill retail)
MALARONE TABS (Use Atovaquone-Proguanil HCl)	***	PA
Antimalarials		
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	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	F	PA

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

Drug Name	Drug Tier	Requirements/Limits
MESTINON SYRP 60 MG/5ML	F	
MESTINON TABS 60 MG (Use <i>Pyridostigmine Bromide</i>)	***	
MESTINON TIMESPAN TBCR (Use <i>Pyridostigmine Bromide</i>)	***	
<i>pyridostigmine bromide tabs</i>	F	
<i>pyridostigmine bromide tbc</i>	F	
ANTIMYCOBACTERIAL AGENTS		
Anti TB Combinations		
RIFAMATE CAPS	F	PA
RIFATER TABS	F	PA
Antimycobacterial Agents		
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

Drug Name	Drug Tier	Requirements/Limits
TRECTOR TABS	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
Alkylating Agents		
ALKERAN TABS (Use <i>Melphalan</i>)	***	
<i>cyclophosphamide caps 25 mg, 50 mg</i>	F	
CYCLOPHOSPHAMIDE CAPS 25 MG, 50 MG (Use <i>Cyclophosphamide</i>)	***	
GLEOSTINE CAPS	F	
HEXALEN CAPS	F	PA
LEUKERAN TABS	F	
<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
Antimetabolites		
<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	

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

Drug Name	Drug Tier	Requirements/ Limits
TABLOID TABS	F	PA; SP
TREXALL TABS	F	
XELODA TABS (Use Capecitabine)	***	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	F	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	F	PA; SP
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs</i>	F	
ARIMIDEX TABS (Use Anastrozole)	***	
AROMASIN TABS (Use Exemestane)	***	ST; SP
<i>bicalutamide tabs</i>	F	QL(1 ea daily)
CASODEX TABS (Use Bicalutamide)	***	QL(1 ea daily)
EMCYT CAPS	F	PA; SP
<i>exemestane tabs</i>	F	ST; SP
FARESTON TABS	F	PA
FEMARA TABS (Use Letrozole)	***	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 (Use Megestrol Acetate)	***	
<i>megestrol acetate susp</i>	F	
<i>megestrol acetate tabs</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
NILANDRON TABS (Use Nilutamide)	***	PA
<i>nilutamide tabs</i>	F	PA
<i>tamoxifen citrate tabs</i>	F	
XTANDI CAPS	F	PA; SP
ZYTIGA TABS	F	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	F	PA; SP
Antineoplastic Combinations		
RITUXAN HYCELA SOLN	F	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	F	PA; SP
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 (Use Imatinib Mesylate)	***	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 140 MG	F	PA; SP

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

Drug Name	Drug Tier	Requirements/Limits
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
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
Antineoplastics Misc.		
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

Drug Name	Drug Tier	Requirements/Limits
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
Chemotherapy Rescue/Antidote Agents		
LEUCOVORIN CALCIUM TABS 10 MG, 15 MG	F	
<i>leucovorin calcium tabs 5 mg, 25 mg</i>	F	
Mitotic Inhibitors		
ETOPOSIDE CAPS	F	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	F	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	F	PA
LODOSYN TABS (<i>Use Carbidopa</i>)	***	PA
Antiparkinson Anticholinergics		
<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	
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Use Entacapone</i>)	***	
<i>entacapone tabs</i>	F	

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

Drug Name	Drug Tier	Requirements/Limits
TASMAR TABS (<i>Use Tolcapone</i>)	***	PA
<i>tolcapone tabs</i>	F	PA
Antiparkinson Dopaminergics		
<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	
<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)

Drug Name	Drug Tier	Requirements/Limits
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
STALEVO 150 TABS	F	PA
STALEVO 200 TABS	F	PA
STALEVO 50 TABS	F	PA
STALEVO 75 TABS	F	PA
Antiparkinson Monoamine Oxidase Inhibitors		
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
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
Antimanic Agents		
<i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i>	F	

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

Drug Name	Drug Tier	Requirements/ Limits
LITHIUM CARBONATE CAPS 150 MG, 600 MG (Use Lithium Carbonate)	F	
<i>lithium carbonate tabs 300 mg</i>	F	
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	F	
LITHIUM SOLN	F	
LITHOBID TBCR (Use Lithium Carbonate)	F	
Antipsychotics - Misc.		
EQUETRO CP12	F	PA
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use Ziprasidone HCl)	***	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)
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
Benzisoxazoles		
FANAPT TABS	F	PA
FANAPT TITRATION PACK TABS	F	PA
INVEGA SUSTENNA SUSP	F	PA; SP
INVEGA TB24 (Use Paliperidone)	***	PA
INVEGA TRINZA SUSP	F	PA; SP
<i>paliperidone tb24</i>	F	PA
RISPERDAL CONSTA SUSR	F	

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL M-TAB TBDP (Use Risperidone)	***	QL(2 ea daily); AL; At least 5 yrs old
RISPERDAL SOLN 1 MG/ML (Use Risperidone)	***	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 (Use Risperidone)	***	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	
<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
Butyrophenones		
HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)	***	
HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)	***	
<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	
Dibenzapines		
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

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tbdp 25 mg, 100 mg, 12.5 mg</i>	F	PA
CLOZARIL TABS 100 MG (Use Clozapine)	***	QL(9 ea daily); AL; At least 18 yrs old
CLOZARIL TABS 25 MG (Use Clozapine)	***	QL(3 ea daily); AL; At least 18 yrs old
FAZACLO TBDP 150 MG, 200 MG	F	PA
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (Use Clozapine)	***	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
<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 (Use Quetiapine Fumarate)	***	QL(2 ea daily); AL; At least 10 yrs old
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	***	PA; QL(1 ea daily)
VERSACLOZ SUSP	F	PA
ZYPREXA RELPREVV SUSR	F	

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS OR 10 MG, 7.5 MG (Use Olanzapine)	***	QL(2 ea daily); AL; At least 10 yrs old
ZYPREXA TABS OR 15 MG, 20 MG (Use Olanzapine)	***	QL(1 ea daily); AL; At least 10 yrs old
ZYPREXA TABS OR 5 MG, 2.5 MG (Use Olanzapine)	***	QL(4 ea daily); AL; At least 10 yrs old
ZYPREXA ZYDIS TBDP (Use Olanzapine)	***	PA; QL(1 ea daily)
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	F	PA
Phenothiazines		
<i>chlorpromazine hcl tabs</i>	F	QL(3 ea daily)
<i>fluphenazine decanoate soln</i>	F	
FLUPHENAZINE HCL CONC OR 5 MG/ML	F	
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)
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	F	QL(1 ea per 24 days retail); SP
ABILIFY MAINTENA SRER	F	QL(1 ea per 24 days retail); SP
ABILIFY TABS (Use Aripiprazole)	***	PA; QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole soln 1 mg/ml</i>	F	PA; QL(750 ml per 30 days retail)
<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
Thioxanthenes		
<i>thiothixene caps</i>	F	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde soln</i>	F	QL(90 ml per fill retail)
<i>hydrogen peroxide soln</i>	F	
Chlorine Antiseptics		
<i>chlorhexidine gluconate liqd</i>	F	QL(946 ml per fill retail)
HIBICLENS LIQD (Use Chlorhexidine Gluconate)	***	QL(946 ml per fill retail)
Iodine Antiseptics		
BETADINE SKIN CLEANSER SOLN (Use Povidone-Iodine)	***	QL(15200 ml per fill retail)
BETADINE SOLN (Use Povidone-Iodine)	***	QL(3800 ml per fill retail)
BETADINE SURGICAL SCRUB SOLN (Use Povidone-Iodine)	***	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)

Drug Name	Drug Tier	Requirements/ Limits
ANTIVIRALS		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	F	QL(30 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	F	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	F	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	F	QL(2 ea daily)
APTIVUS CAPS 250 MG	F	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	F	QL(10 ml daily)
<i>atazanavir sulfate caps</i>	F	QL(2 ea daily)
ATRIPLA TABS	F	
COMBIVIR TABS (Use Lamivudine-Zidovudine)	***	QL(2 ea daily)
COMPLERA TABS	F	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	F	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	F	QL(6 ea daily)
DESCOVY TABS	F	
<i>didanosine cpdr</i>	F	QL(1 ea daily)
EDURANT TABS	F	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	F	QL(1 ea daily)
<i>efavirenz caps 50 mg</i>	F	QL(2 ea daily)
<i>efavirenz tabs 600 mg</i>	F	QL(1 ea daily)
EMTRIVA CAPS 200 MG	F	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	F	
EPIVIR SOLN 10 MG/ML (Use Lamivudine)	***	QL(30 ml daily)
EPIVIR TABS 150 MG (Use Lamivudine)	***	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
EPIVIR TABS 300 MG (Use Lamivudine)	***	QL(1 ea daily)
EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)	***	QL(1 ea daily)
EVOTAZ TABS	F	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	F	QL(4 ea daily)
GENVOYA TABS	F	QL(1 ea daily)
INTELENCE TABS 200 MG	F	QL(2 ea daily)
INTELENCE TABS 25 MG, 100 MG	F	QL(4 ea daily)
INVIRASE CAPS 200 MG	F	QL(10 ea daily)
INVIRASE TABS 500 MG	F	QL(4 ea daily)
ISENTRESS CHEW 100 MG	F	QL(6 ea daily)
ISENTRESS CHEW 25 MG	F	QL(12 ea daily)
ISENTRESS PACK 100 MG	F	QL(2 ea daily)
ISENTRESS TABS 400 MG	F	QL(2 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	***	
KALETRA TABS 100MG-25MG	F	QL(4 ea daily)
KALETRA TABS 200MG-50MG	F	QL(6 ea daily)
<i>lamivudine soln 10 mg/ml</i>	F	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	F	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	F	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	F	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	F	QL(56 ml daily)
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	***	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln</i>	F	
<i>nevirapine tabs 200 mg</i>	F	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	F	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	F	QL(1 ea daily)
NORVIR CAPS 100 MG	F	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	F	QL(15 ml daily)
NORVIR TABS 100 MG (Use Ritonavir)	***	QL(12 ea daily)
ODEFSEY TABS	F	
PREZCOBIX TABS	F	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	F	QL(12 ml daily)
PREZISTA TABS 150 MG	F	QL(3 ea daily)
PREZISTA TABS 75 MG, 600 MG	F	QL(2 ea daily)
PREZISTA TABS 800 MG	F	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	F	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	F	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use Zidovudine)	***	QL(6 ea daily)
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	***	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG, 300 MG (Use Atazanavir Sulfate)	***	QL(2 ea daily)
REYATAZ PACK 50 MG	F	QL(6 ea daily)
<i>ritonavir tabs</i>	F	QL(12 ea daily)
SELZENTRY TABS 150 MG	F	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	F	QL 2 per day;QL(2 ea daily)
SELZENTRY TABS 300 MG	F	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>stavudine caps</i>	F	QL(2 ea daily)
STRIBILD TABS	F	PA; QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use <i>Efavirenz</i>)	***	QL(1 ea daily)
SUSTIVA CAPS 50 MG (Use <i>Efavirenz</i>)	***	QL(2 ea daily)
SUSTIVA TABS 600 MG (Use <i>Efavirenz</i>)	***	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	F	QL(1 ea daily)
TIVICAY TABS 50 MG	F	
TRIUMEQ TABS	F	QL(1 ea daily); AL; At least 18 yrs old
TRIZIVIR TABS (Use <i>Abacavir Sulfate-Lamivudine-Zidovudine</i>)	***	QL(2 ea daily)
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	F	
TRUVADA TABS 300MG-200MG	F	QL(1 ea daily)
TYBOST TABS	F	QL(1 ea daily); AL; At least 18 yrs old
VIDEX EC CPDR 125 MG	F	QL(1 ea daily)
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use <i>Didanosine</i>)	***	QL(1 ea daily)
VIDEXPEDIATRIC SOLR 2 GM	F	QL(20 ml daily)
VIDEXPEDIATRIC SOLR 4 GM	F	
VIRACEPT TABS 250 MG	F	QL(9 ea daily)
VIRACEPT TABS 625 MG	F	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML	F	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use <i>Nevirapine</i>)	***	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (Use <i>Nevirapine</i>)	***	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VIRAMUNE XR TB24 400 MG (Use <i>Nevirapine</i>)	***	QL(1 ea daily)
VIREAD POWD 40 MG/GM	F	
VIREAD TABS 150 MG, 200 MG, 250 MG	F	QL(1 ea daily)
VIREAD TABS 300 MG (Use <i>Tenofovir Disoproxil Fumarate</i>)	***	QL(1 ea daily)
VITEKTA TABS	F	QL(1 ea daily); AL; At least 18 yrs old
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use <i>Stavudine</i>)	***	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	F	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use <i>Abacavir Sulfate</i>)	***	QL(30 ml daily)
ZIAGEN TABS 300 MG (Use <i>Abacavir Sulfate</i>)	***	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	F	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	F	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	F	QL(2 ea daily)
CMV Agents		
VALCYTE TABS (Use <i>Valganciclovir HCl</i>)	***	QL(2 ea daily)
<i>valganciclovir hcl tabs</i>	F	QL(2 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	F	PA
BARACLUDE SOLN 0.05 MG/ML	F	PA
BARACLUDE TABS 0.5 MG, 1 MG (Use <i>Entecavir</i>)	***	PA
COPEGUS TABS (Use <i>Ribavirin (Hepatitis C)</i>)	***	PA; SP
<i>entecavir tabs</i>	F	PA
EPIVIR HBV SOLN 5 MG/ML	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	***	PA
HEPSERA TABS (Use Adefovir Dipivoxil)	***	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
OLYSIO CAPS	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 400 MG, 600 MG	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
Herpes Agents		
<i>acyclovir caps 200 mg</i>	F	QL(50 ea per 30 days retail)
<i>acyclovir susp 200 mg/5ml</i>	F	QL(400 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir tabs 400 mg</i>	F	QL(3 ea daily)
<i>acyclovir tabs 800 mg</i>	F	QL(50 ea per 30 days retail)
<i>famciclovir tabs</i>	F	
FAMVIR TABS (Use Famciclovir)	***	
SITAVIG TABS	F	PA
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	F	QL(21 ea per 30 days retail)
<i>valacyclovir hcl tabs 500 mg</i>	F	QL(60 ea per 30 days retail)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	***	QL(21 ea per 30 days retail)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	***	QL(60 ea per 30 days retail)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	***	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	***	QL(400 ml per 30 days retail)
ZOVIRAX TABS OR 400 MG (Use Acyclovir)	***	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (Use Acyclovir)	***	QL(50 ea per 30 days retail)
Influenza Agents		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	***	QL(20 ea per 10 days retail)
<i>oseltamivir phosphate caps 30 mg</i>	F	Limit 1 Fill per 180 days;QL(20 ea per 30 days retail)
<i>oseltamivir phosphate caps 45 mg, 75 mg</i>	F	Limit 1 Fill per 180 days;QL(10 ea per 30 days retail)
<i>oseltamivir phosphate susr 6 mg/ml</i>	F	Limit 1 Fill per 180 days;QL(120 ml per 30 days retail)

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

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER AEPB	F	QL(20 ea per fill retail); AL; At least 5 yrs old
<i>rimantadine hydrochloride tabs</i>	F	QL(20 ea per 10 days retail)
TAMIFLU CAPS 30 MG (Use <i>Oseltamivir Phosphate</i>)	***	Limit 1 Fill per 180 days; QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (Use <i>Oseltamivir Phosphate</i>)	***	Limit 1 Fill per 180 days; QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (Use <i>Oseltamivir Phosphate</i>)	***	Limit 1 Fill per 180 days; QL(120 ml per 30 days retail)
BETA BLOCKERS		
Alpha-Beta Blockers		
<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 <i>Carvedilol Phosphate</i>)	***	PA
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (Use <i>Carvedilol</i>)	***	QL(3 ea daily)
COREG TABS 25 MG (Use <i>Carvedilol</i>)	***	QL(4 ea daily)
<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)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	F	
<i>atenolol tabs</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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 <i>Metoprolol Tartrate</i>)	***	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (Use <i>Metoprolol Tartrate</i>)	***	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 <i>Acebutolol HCl</i>)	***	
TENORMIN TABS (Use <i>Atenolol</i>)	***	QL(2 ea daily)
TOPROL XL TB24 200 MG (Use <i>Metoprolol Succinate</i>)	***	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use <i>Metoprolol Succinate</i>)	***	QL(4 ea daily)
ZEBETA TABS (Use <i>Bisoprolol Fumarate</i>)	***	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use <i>Sotalol HCl (AFIB/AFL)</i>)	***	QL(2 ea daily)
BETAPACE TABS (Use <i>Sotalol HCl</i>)	***	
CORGARD TABS (Use <i>Nadolol</i>)	***	QL(2 ea daily)
HEMANGEOL SOLN	F	PA
INDERAL LA CP24 (Use <i>Propranolol HCl</i>)	***	QL(2 ea daily)
INDERAL XL CP24	F	PA
INNOPRAN XL CP24	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
<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	

CALCIUM CHANNEL BLOCKERS

Calcium Channel Blockers

ADALAT CC TB24 30 MG, 90 MG (<i>Use Nifedipine</i>)	***	QL(1 ea daily)
ADALAT CC TB24 60 MG (<i>Use Nifedipine</i>)	***	QL(2 ea daily)
<i>amlodipine besylate tabs</i>	F	QL(1 ea daily)
CALAN SR TBCR (<i>Use Verapamil HCl</i>)	***	QL(2 ea daily)
CALAN TABS (<i>Use Verapamil HCl</i>)	***	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG (<i>Use Diltiazem HCl Coated Beads</i>)	***	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (<i>Use Diltiazem HCl Coated Beads</i>)	***	QL(2 ea daily)
CARDIZEM CD CP24 360 MG (<i>Use Diltiazem HCl Coated Beads</i>)	***	
CARDIZEM LA TB24 120 MG	F	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>nisoldipine tb24</i>	F	PA
NORVASC TABS (<i>Use Amlodipine Besylate</i>)	***	QL(1 ea daily)
NYMALIZE SOLN	F	PA
PROCARDIA CAPS (<i>Use Nifedipine</i>)	***	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (<i>Use Nifedipine</i>)	***	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (<i>Use Nifedipine</i>)	***	QL(2 ea daily)
SULAR TB24 (<i>Use Nisoldipine</i>)	***	PA
TIAZAC CP24 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>Use Diltiazem HCl Extended Release Beads</i>)	***	QL(1 ea daily)
TIAZAC CP24 240 MG (<i>Use Diltiazem HCl Extended Release Beads</i>)	***	QL(2 ea daily)
<i>verapamil hcl cp24 100 mg, 200 mg</i>	F	QL(2 ea daily)
<i>verapamil hcl cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	F	QL(1 ea daily)
<i>verapamil hcl tabs 40 mg, 80 mg, 120 mg</i>	F	QL(3 ea daily)
<i>verapamil hcl tbc 120 mg, 180 mg, 240 mg</i>	F	QL(2 ea daily)
VERELAN CP24 (<i>Use Verapamil HCl</i>)	***	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (<i>Use Verapamil HCl</i>)	***	QL(2 ea daily)
VERELAN PM CP24 300 MG (<i>Use Verapamil HCl</i>)	***	QL(1 ea daily)
CARDIOTONICS		
Cardiac Glycosides		
DIGOXIN SOLN 0.05 MG/ML	F	
<i>digoxin tabs 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS 125 MCG, 250 MCG (<i>Use Digoxin</i>)	F	
LANOXIN TABS 62.5 MCG, 187.5 MCG	F	PA
CARDIOVASCULAR AGENTS - MISC.		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	F	PA
BIDIL TABS	F	PA
CADUET TABS (<i>Use Amlodipine Besylate-Atorvastatin Calcium</i>)	***	PA
Peripheral Vasodilators		
<i>inositol niacinate caps</i>	F	
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	F	PA; SP
FLOLAN SOLR (<i>Use Epoprostenol Sodium</i>)	***	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
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	F	PA; SP
OPSUMIT TABS	F	PA; SP
TRACLEER TABS	F	PA; SP
TRACLEER TBSO	F	PA; SP
Pulmonary Hypertension - Phosphodiesterase		

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

Drug Name	Drug Tier	Requirements/Limits
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
sildenafil citrate (pulmonary hypertension) soln	F	PA; SP
sildenafil citrate (pulmonary hypertension) tabs	F	PA; SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	F	PA; SP
CEPHALOSPORINS		
Cephalosporins - 1st Generation		
cefadroxil caps 500 mg	F	QL(20 ea per fill retail)
cefadroxil susr 250 mg/5ml, 500 mg/5ml	F	QL(100 ml per fill retail)
cefadroxil tabs 1 gm	F	QL(10 ea per fill retail)
cephalexin caps 250 mg, 500 mg	F	
cephalexin caps 750 mg	F	PA
cephalexin susr 125 mg/5ml, 250 mg/5ml	F	
CEPHALEXIN TABS 250 MG, 500 MG	F	PA
KEFLEX CAPS 250 MG, 500 MG (Use Cephalexin)	***	
KEFLEX CAPS 750 MG (Use Cephalexin)	***	PA
Cephalosporins - 2nd Generation		
cefaclor caps 250 mg, 500 mg	F	
CEFACLOR ER TB12	F	PA

Drug Name	Drug Tier	Requirements/Limits
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	F	
cefprozil susr 125 mg/5ml	F	QL(200 ml per fill retail)
cefprozil susr 250 mg/5ml	F	QL(100 ml per fill retail)
cefprozil tabs 250 mg, 500 mg	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)
cefuroxime axetil tabs	F	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
CEDAX CAPS	F	PA
CEDAX SUSR	F	PA
cefdinir caps 300 mg	F	QL(20 ea per fill retail)
cefdinir susr 125 mg/5ml, 250 mg/5ml	F	QL(100 ml per fill retail)
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	F	PA
cefixime susr	F	PA
cefpodoxime proxetil susr	F	PA
cefpodoxime proxetil tabs	F	PA
CEFTIBUTEN CAPS	F	PA
CEFTIBUTEN SUSR	F	PA
ceftriaxone sodium solr	F	Limit 1 fill per Month;QL(3 ea per fill retail)
SPECTRACEF TABS	F	PA
SUPRAX CAPS 400 MG	F	PA
SUPRAX CHEW 100 MG, 200 MG	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	***	PA
SUPRAX SUSR 500 MG/5ML	F	PA
CHEMICALS		
Bulk Chemicals - H's		
HYDROXYPROGESTERONE CAPROATE POWD XX	F	
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD XX	F	
Liquids		
GLYCERIN LIQD	F	RX/OTC
GLYCERINE LIQD	F	RX/OTC
GLYCEROL FORMAL LIQD	F	RX/OTC
CONTRACEPTIVES		
Combination Contraceptives - Oral		
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)	***	
desogestrel & ethinyl estradiol tabs	F	
desogestrel-ethinyl estradiol (biphasic) tabs	F	
desogestrel-ethinyl estradiol (triphasic) tabs	F	
drospirenone-ethinyl estradiol tabs 3mg-0.02mg	F	QL(1 ea daily)
drospirenone-ethinyl estradiol tabs 3mg-0.03mg	F	

Drug Name	Drug Tier	Requirements/ Limits
drospirenone-ethinyl estradiol-levomefolate calcium tabs	F	PA
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	***	
ethynodiol diacet & eth estrad tabs	F	
FALESSA KIT	F	PA
FEMCON FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	***	
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	***	
levonorgestrel & eth estradiol tabs	F	
levonorgestrel-eth estradiol (triphasic) tabs	F	
levonorgestrel-ethinyl estradiol (91-day) tabs	F	PA
levonorgestrel-ethinyl estradiol (91-day) tabs	F	
levonorgestrel-ethinyl estradiol (91-day) tabs	F	QL(91 ea per 91 days retail)
levonorgestrel-ethinyl estradiol (continuous) tabs	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)	***	
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

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

Drug Name	Drug Tier	Requirements/ Limits
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	
norethin acet & estrad-fe chew 75mg-20mcg-1mg	F	PA
norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg	F	
norethindrone & eth estradiol tabs	F	
norethindrone & ethinyl estradiol-fe chew	F	
norethindrone acet & eth estra tabs	F	
norethindrone acetate-ethinyl estradiol-fe tabs	F	
norethindrone-eth estradiol (triphasic) tabs	F	
norgestimate-ethinyl estradiol (triphasic) tabs	F	
norgestimate-ethinyl estradiol tabs	F	
norgestrel & ethinyl estradiol tabs	F	QL(2 ea daily)
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	***	
NORINYL 1+50 TABS	F	
OGESTREL TABS	F	
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	***	

Drug Name	Drug Tier	Requirements/ Limits
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	***	
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	***	
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	***	
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	***	
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	***	
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	***	PA
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	***	PA
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	***	
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	***	
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	***	
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	***	QL(1 ea daily)
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol ptwk	F	QL(3 ea per fill retail)
XULANE PTWK	***	QL(3 ea per fill retail)
Combination Contraceptives - Vaginal		
NUVARING RING	F	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA TABS	F	QL(4 ea per 365 days retail)

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel (emergency oc) tabs</i>	F	Limit 4 per year; QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (Use <i>Levonorgestrel (Emergency OC)</i>)	***	Limit 4 per year; QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	***	
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	***	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	F	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susp</i>	F	
<i>medroxyprogesterone acetate (contraceptive) susy</i>	F	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
NOR-QD TABS (Use <i>Norethindrone (Contraceptive)</i>)	***	
<i>norethindrone (contraceptive) tabs</i>	F	
ORTHO MICRONOR TABS (Use <i>Norethindrone (Contraceptive)</i>)	***	
CORTICOSTEROIDS		
Glucocorticosteroids		
CORTEF TABS (Use <i>Hydrocortisone</i>)	***	
CORTISONE ACETATE TABS	F	
<i>dexamethasone elix 0.5 mg/5ml</i>	F	
DEXAMETHASONE INTENSOL CONC	F	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	F	QL(150 ml per 30 days retail)
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 TBPB (Use <i>Methylprednisolone</i>)	***	
MEDROL TABS (Use <i>Methylprednisolone</i>)	***	
<i>methylprednisolone tabs</i>	F	
<i>methylprednisolone tbpk</i>	F	
MILLIPRED SOLN 10 MG/5ML (Use <i>Prednisolone Sodium Phosphate</i>)	***	PA
MILLIPRED TABS 5 MG	F	
ORAPRED ODT TBDP (Use <i>Prednisolone Sodium Phosphate</i>)	***	PA
PEDIAPRED SOLN (Use <i>Prednisolone Sodium Phosphate</i>)	***	
<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)
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone soln</i>	F	
<i>prednisolone syrp</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 (<i>Use Prednisolone Sodium Phosphate</i>)	***	QL(150 ml per fill retail)
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	F	
COUGH/COLD/ALLERGY		
Antitussives		
<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;QL(20 ea per 30 days retail)
DELSYM COUGH CHILDRENS SUER (<i>Use Dextromethorphan Polistirex</i>)	***	QL(240 ml per 6 days retail)
DELSYM SUER (<i>Use Dextromethorphan Polistirex</i>)	***	QL(240 ml per 6 days retail)
<i>dextromethorphan hbr caps 15 mg</i>	F	
<i>dextromethorphan hbr liqd 15 mg/5ml, 15 mg/15ml</i>	F	
<i>dextromethorphan hbr liqd 7.5 mg/5ml</i>	F	QL(240 ml per 6 days retail)
<i>dextromethorphan hbr syrp 15 mg/5ml, 7.5 mg/5ml</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan polistirex suer</i>	F	QL(240 ml per 6 days retail)
<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 (<i>Use Dextromethorphan HBr</i>)	***	
TESSALON PERLES CAPS (<i>Use Benzonatate</i>)	***	
TRIAMINIC LONG ACTING COUGH LIQD (<i>Use Dextromethorphan HBr</i>)	***	QL(240 ml per 6 days retail)
VICKS DAYQUIL COUGH LIQD (<i>Use Dextromethorphan HBr</i>)	***	
Cough/Cold/Allergy Combinations		
<i>acetaminophen w/ dm liqd</i>	F	
ACTICON SOLN	F	PA
ACTINEL LIQD	F	
ACTINEL PEDIATRIC LIQD	F	
ADVIL COLD & SINUS TABS (<i>Use Pseudoephedrine-Ibuprofen</i>)	***	
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (<i>Use Fexofenadine-Pseudoephedrine</i>)	***	
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (<i>Use Fexofenadine-Pseudoephedrine</i>)	***	
BENADRYL-D ALLERGY & SINUS CHILDRENS SOLN	F	

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

Drug Name	Drug Tier	Requirements/ Limits
BIONEL LIQD	F	
BIONEL PEDIATRIC LIQD	F	
BIOSPEC DMX LIQD	F	
<i>brompheniramine & phenyleph elix</i>	F	Limit 1 fill per Month;QL(120 ml per 30 days retail)
<i>brompheniramine & pseudoeph elix</i>	F	Limit 1 fill per Month;QL(120 ml per 30 days retail)
<i>brompheniramine & pseudoeph liqd</i>	F	Limit 1 fill per Month;QL(120 ml per 30 days retail)
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 & phenylephrine liqd</i>	F	
<i>chlorpheniramine & phenylephrine tabs</i>	F	
<i>chlorpheniramine & 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

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 <i>Loratadine & Pseudoephedrine</i>)	***	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use <i>Loratadine & Pseudoephedrine</i>)	***	QL(1 ea daily)
CLEAR COUGH PM MULTI-SYMPTOM LIQD (Use <i>Dextromethorphan-Doxylamine-Acetaminophen</i>)	***	
CODITUSS DM SYRP	F	QL(240 ml per fill retail)
COLD & FLU RELIEF NIGHTTIME D LIQD	F	
COMTREX COLD & COUGH MAXIMUM STRENGTH TABS (Use <i>Dextromethorphan-Phenylephrine-Acetaminophen</i>)	***	
COMTREX COLD & COUGH NIGHTTIME MAXIMUM STRENGTH TABS (Use <i>Phenylephrine-Chlorpheniramine-DM w/ APAP</i>)	***	
CONEX COLD/ALLERGY SOLN	F	PA
CORICIDIN HBP COLD & FLU TABS (Use <i>Chlorpheniramine-Acetaminophen</i>)	***	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (Use <i>Dextromethorphan-Phenylephrine-Acetaminophen</i>)	***	
DECON-A ELIX	F	

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

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-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	

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 Brompheniramine & Phenyleph)	***	Limit 1 fill per Month;QL(120 ml per 30 days retail)
DIMETAPP DM COLD & COUGH LIQD (Use Phenylephrine-Brompheniramine-DM)	***	
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 Chlorpheniramine & Phenylephrine)	***	
ED BRON GP LIQD	F	QL(240 ml per 6 days retail)

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

Drug Name	Drug Tier	Requirements/ Limits
EQL INFANTS DECONGESTANT/COUGH SOLN	F	QL(30 ml per 6 days retail)
<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 & pseudoephedrine tb12 5mg-120mg</i>	F	QL(2 ea daily)
<i>loratadine & 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)

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

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

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 syrp	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)

Drug Name	Drug Tier	Requirements/ Limits
phenylephrine-dm-gg w/ apap liqd 10mg/10ml-325mg/10ml-200mg/10ml-5mg/10ml, 20mg/20ml-650mg/20ml-400mg/20ml-10mg/20ml	F	PA; QL(266 ml per fill retail)
phenylephrine-dm-gg w/ apap liqd 10mg/15ml-325mg/15ml-200mg/15ml-5mg/15ml, 20mg/30ml-650mg/30ml-400mg/30ml-10mg/30ml	F	
phenylephrine-dm-gg w/ apap tabs 10mg-325mg-200mg-5mg, 10mg-10mg-325mg-325mg-200mg-200mg-5mg-5mg	F	
phenylephrine-doxylamine-dextromethorphan-acetaminophen liqd	F	
phenylephrine-guaifenesin liqd 100mg/5ml-2.5mg/5ml	F	
phenylephrine-guaifenesin liqd 100mg/5ml-5mg/5ml	F	QL(240 ml per 6 days retail)
PHENYLEPHRINE/GUAIFENESIN LIQD	F	
PHENYLHISTINE DH LIQD	F	
PRO-CLEAR AC SYRP	F	
PRO-RED AC SYRP	F	PA
promethazine & phenylephrine soln	F	QL(240 ml per 5 days retail); AL; At least 2 yrs old
promethazine & phenylephrine syrp	F	QL(240 ml per 5 days retail); AL; At least 2 yrs old
promethazine w/codeine syrp	F	QL(240 ml per fill retail); AL; At least 6 yrs old
promethazine-dm syrp	F	QL(240 ml per fill retail); AL; At least 2 yrs old

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

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine-phenylephrine-codeine syrp</i>	F	QL(240 ml per fill retail); AL; At least 6 yrs old
PROMETHAZINE/PHENYL EPHRINE SYRP	F	QL(240 ml per 5 days retail); AL; At least 2 yrs old
<i>pseudoephed-bromphen-dm elix</i>	F	QL(240 ml per fill retail)
<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	QL(240 ml per 6 days retail)
<i>pseudoephedrine w/ dm-gg liqd</i>	F	QL(240 ml per 6 days retail)
<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	

Drug Name	Drug Tier	Requirements/ Limits
RESCON-GG LIQD (<i>Use Phenylephrine-Guaifenesin</i>)	***	QL(240 ml per 6 days retail)
RESPAIRE-30 CAPS	F	
ROBITUSSIN CHILDRENS COUGH & COLD CF LIQD	F	
ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING LIQD	F	
ROBITUSSIN DM SYRP (<i>Use 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 (<i>Use Dextromethorphan-Guaifenesin</i>)	***	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD DM SYRP (<i>Use Dextromethorphan-Guaifenesin</i>)	***	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD LIQD (<i>Use Phenylephrine w/ DM-GG</i>)	***	
ROBITUSSIN TO GO COUGH & COLD CF LIQD (<i>Use Phenylephrine w/ DM-GG</i>)	***	
SCOT-TUSSIN DM LIQD	F	QL(240 ml per fill retail)
SCOT-TUSSIN LIQD (<i>Use Pheniramine-PE w/ Sod Salicylate & Caffeine Citrate</i>)	***	
SCOT-TUSSIN SENIOR LIQD	F	
SEMPREX-D CAPS	F	PA
TGQ 30PSE/150GFN/15DM SYRP	F	

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

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

Drug Name	Drug Tier	Requirements/Limits
TYLENOL COLD MULTI-SYMPTOM NIGHTTIME LIQD (Use Phenylephrine-Doxylamine-Dextromethorphan-Acetaminophen)	***	
TYLENOL COLD MULTI-SYMPTOM SEVERE DAYTIME LIQD (Use Phenylephrine-DM-GG w/ APAP)	***	
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)
Expectorants		
guaifenesin liqd 100 mg/5ml, 200 mg/10ml, 400 mg/20ml	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)
guaifenesin soln 100 mg/5ml, 200 mg/10ml, 300 mg/15ml	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)
guaifenesin syrp 100 mg/5ml, 200 mg/10ml	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)

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

Drug Name	Drug Tier	Requirements/ Limits
<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;QL(40 ea per 30 days retail)
MUCINEX FOR KIDS PACK	F	PA
MUCINEX MAXIMUM STRENGTH TB12 (Use <i>Guaifenesin</i>)	***	QL(2 ea daily)
MUCINEX TB12 (Use <i>Guaifenesin</i>)	***	Limit 1 fill per Month;QL(40 ea per 30 days retail)
Misc. Respiratory Inhalants		
<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	
Mucolytics		
<i>acetylcysteine soln</i>	F	
DERMATOLOGICALS		
Acne Products		
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

Drug Name	Drug Tier	Requirements/ Limits
ATRALIN GEL (Use <i>Tretinoin</i>)	***	PA
AVAR LS CLEANSER LIQD (Use <i>Sulfacetamide Sodium w/ Sulfur</i>)	***	PA
AVAR LS PADS	F	PA
AVAR PADS	F	PA
AZELEX CREA	F	PA
BENZAC AC WASH LIQD (Use <i>Benzoyl Peroxide</i>)	***	RX/OTC
BENZAACLIN GEL (Use <i>Clindamycin Phosphate-Benzoyl Peroxide</i>)	***	PA
BENZAACLIN WITH PUMP GEL (Use <i>Clindamycin Phosphate-Benzoyl Peroxide</i>)	***	PA
BENZAMYCIN GEL (Use <i>Benzoyl Peroxide-Erythromycin</i>)	***	PA; QL(46.6 gm per fill retail)
BENZEFOAM FOAM (Use <i>Benzoyl Peroxide</i>)	***	PA; RX/OTC
BENZEFOAM ULTRA FOAM (Use <i>Benzoyl Peroxide</i>)	***	PA
BENZEFOAMULTRA FOAM (Use <i>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	

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

Drug Name	Drug Tier	Requirements/ Limits
<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
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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
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)
NEUAC KIT KIT	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA ON-THE-SPOT ACNE TREATMENT CREA (Use Benzoyl Peroxide)	***	
PANOXYL LIQD (Use Benzoyl Peroxide)	***	RX/OTC
PANOXYL-4 CREAMY WASH LIQD (Use Benzoyl Peroxide)	***	QL(204 gm per fill retail)
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (Use Tretinoin)	***	QL(20 gm per fill retail); AL; Up to 35 yrs old
RETIN-A GEL 0.01 % (Use Tretinoin)	***	QL(15 gm per fill retail); AL; Up to 35 yrs old
RETIN-A GEL 0.025 % (Use Tretinoin)	***	AL; Up to 35 yrs old
RETIN-A MICRO GEL (Use Tretinoin Microsphere)	***	PA
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % (Use Tretinoin Microsphere)	***	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
sulfacetamide sodium (acne) lotn	F	QL(236 ml per fill retail)
sulfacetamide sodium (acne) susp	F	QL(236 ml per fill retail)
sulfacetamide sodium w/ sulfur crea 5%-10%	F	PA
sulfacetamide sodium w/ sulfur emul 1%-10%	F	PA
sulfacetamide sodium w/ sulfur emul 5%-10%	F	QL(340.2 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium w/ sulfur liqd 4%-9%, 2%-10%, 4.5%-9%, 2%-2%-10%-10%	F	PA
sulfacetamide sodium w/ sulfur lotn 5%-10%	F	QL(60 gm per fill retail)
sulfacetamide sodium w/ sulfur pads 4%-10%, 4%-4%-10%-10%	F	PA
sulfacetamide sodium w/ sulfur susp 4%-8%	F	PA
sulfacetamide sodium-sulfur w/ skin cleanser kit	F	PA
SUMADAN KIT KIT (Use Sulfacetamide Sodium-Sulfur w/ Skin Cleanser)	***	PA
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
tretinoin crea 0.025 %, 0.05 %, 0.1 %	F	QL(20 gm per fill retail); AL; Up to 35 yrs old
tretinoin gel 0.01 %	F	QL(15 gm per fill retail); AL; Up to 35 yrs old
tretinoin gel 0.025 %	F	AL; Up to 35 yrs old
tretinoin gel 0.05 %	F	PA
tretinoin microsphere gel	F	PA
VELTIN GEL	F	PA
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	***	PA

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

Drug Name	Drug Tier	Requirements/ Limits
Agents for External Genital and Perianal Warts		
VEREGEN OINT	F	PA
Analgesics - Topical		
ICY HOT PAIN RELIEVING GEL GEL (<i>Use Menthol (Topical Analgesic)</i>)	***	
<i>menthol (topical analgesic) gel</i>	F	
Anti-inflammatory Agents - Topical		
<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
VOLTAREN GEL (<i>Use Diclofenac Sodium (Topical)</i>)	***	PA; QL(6.68 gm daily)
Antibiotics - Topical		
ALTABAX OINT	F	PA
BACIGUENT OINT (<i>Use Bacitracin (Topical)</i>)	***	
<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 (<i>Use Mupirocin Calcium (Topical)</i>)	***	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)

Drug Name	Drug Tier	Requirements/ Limits
<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	QL(15 gm per 30 days retail)
NEOSPORIN ORIGINAL OINT (<i>Use Neomycin-Bacitracin-Polymyxin</i>)	***	QL(907.8 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (<i>Use Neomycin-Polymyxin w/ Pramoxine</i>)	***	QL(15 gm per 30 days retail)
POLYSPORIN OINT (<i>Use Bacitracin-Polymyxin B</i>)	***	QL(144 gm per fill retail)
Antifungals - Topical		
ALEVAZOL OINT	F	PA
ALOE VESTA ANTIFUNGAL OINT (<i>Use Miconazole Nitrate (Topical)</i>)	***	QL(2712 gm per fill retail)
ALOE VESTA CLEAR ANTIFUNGAL OINT (<i>Use Miconazole Nitrate (Topical)</i>)	***	QL(2712 gm per fill retail)
AZOLEN TINCTURE SOLN	F	QL(29.57 ml per fill retail)
<i>butenafine hcl crea</i>	F	RX/OTC
<i>ciclopirox gel 0.77 %</i>	F	QL(100 gm per fill retail)
<i>ciclopirox olamine crea</i>	F	
<i>ciclopirox olamine susp</i>	F	QL(60 ml per fill retail)
<i>ciclopirox sham 1 %</i>	F	PA
<i>ciclopirox soln 8 %</i>	F	QL(6.6 ml per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole (topical) crea</i>	F	QL(113 gm per fill retail); RX/OTC
<i>clotrimazole (topical) soln</i>	F	QL(60 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	F	QL(45 gm per 30 days retail)
<i>clotrimazole w/ betamethasone lotn</i>	F	QL(30 ml per 30 days retail)
<i>econazole nitrate crea</i>	F	QL(30 gm per fill retail)
ERTACZO CREA	F	PA
EXELDERM CREA	F	PA
EXELDERM SOLN	F	PA
EXTINA FOAM (<i>Use Ketoconazole (Topical)</i>)	***	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
<i>ketoconazole (topical) crea</i>	F	QL(60 gm per fill retail)
<i>ketoconazole (topical) foam</i>	F	PA
<i>ketoconazole (topical) sham</i>	F	QL(120 ml per fill retail)
LAMISIL ADVANCED GEL	F	QL(12 gm per fill retail)
LAMISIL AT CREA (<i>Use Terbinafine HCl (Topical)</i>)	***	QL(42 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (<i>Use Terbinafine HCl (Topical)</i>)	***	QL(42 gm per fill retail)
LAMISIL AT SPRAY SOLN	F	QL(125 ml per fill retail)
LOPROX CREA (<i>Use Ciclopirox Olamine</i>)	***	
LOPROX SHAMPOO SHAM (<i>Use Ciclopirox</i>)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
LOPROX SUSP (<i>Use Ciclopirox Olamine</i>)	***	QL(60 ml per fill retail)
LOTRIMIN AF CREA (<i>Use Clotrimazole (Topical)</i>)	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (<i>Use Clotrimazole (Topical)</i>)	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (<i>Use Clotrimazole (Topical)</i>)	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN ULTRA CREA	F	RX/OTC
LOTRIMIN ULTRA CREA (<i>Use Butenafine HCl</i>)	***	RX/OTC
LOTRISONE CREA (<i>Use Clotrimazole w/ Betamethasone</i>)	***	QL(45 gm per 30 days retail)
MENTAX CREA	F	RX/OTC
MICATIN CREA (<i>Use Miconazole Nitrate (Topical)</i>)	***	
<i>miconazole nitrate (topical) crea</i>	F	
<i>miconazole nitrate (topical) oint</i>	F	QL(2712 gm per fill retail)
<i>miconazole nitrate (topical) powd</i>	F	QL(1020 gm per fill retail)
<i>naftifine hcl crea</i>	F	PA
NAFTIN CREA 2 % (<i>Use Naftifine HCl</i>)	***	PA
NAFTIN GEL 1 %, 2 %	F	PA
NIZORAL A-D SHAM	F	
NIZORAL SHAM (<i>Use Ketoconazole (Topical)</i>)	***	QL(120 ml per fill retail)
<i>nystatin (topical) crea</i>	F	QL(30 gm per fill retail)
<i>nystatin (topical) oint</i>	F	QL(30 gm per fill retail)
<i>nystatin-triamcinolone crea</i>	F	QL(60 gm per fill retail)
<i>nystatin-triamcinolone oint</i>	F	QL(60 gm per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxiconazole nitrate crea</i>	F	PA
OXISTAT CREA (<i>Use Oxiconazole Nitrate</i>)	***	PA
OXISTAT LOTN	F	PA
PEDIADERM AF COMPLETE KIT KIT	F	PA
PENLAC NAIL LACQUER SOLN (<i>Use Ciclopirox</i>)	***	QL(6.6 ml per fill retail)
<i>terbinafine hcl (topical) crea</i>	F	QL(42 gm per fill retail)
TINACTIN AERP (<i>Use Tolnaftate</i>)	***	QL(138 gm per fill retail)
TINACTIN CREA (<i>Use Tolnaftate</i>)	***	QL(30 gm per fill retail)
TINACTIN DEODORANT AERP (<i>Use Tolnaftate</i>)	***	QL(138 gm per fill retail)
TINACTIN JOCK ITCH AERP (<i>Use Tolnaftate</i>)	***	QL(138 gm per fill retail)
TINACTIN JOCK ITCH CREA (<i>Use Tolnaftate</i>)	***	QL(30 gm per fill retail)
TINACTIN POWD (<i>Use Tolnaftate</i>)	***	QL(113 gm per fill retail)
<i>tolnaftate aerp ex</i>	F	QL(138 gm per fill retail)
<i>tolnaftate crea ex</i>	F	QL(30 gm per fill retail)
<i>tolnaftate liqd ex</i>	F	QL(151 ml per fill retail)
<i>tolnaftate powd ex</i>	F	QL(113 gm per fill retail)
TOLNAFTATE POWD XX	F	
<i>tolnaftate soln ex</i>	F	QL(151 ml per fill retail)
VUSION OINT	F	PA
XOLEGEL GEL	F	PA
Antihistamines-Topical		
BENADRYL EXTRA STRENGTH CREA (<i>Use Diphenhydramine-Zinc Acetate</i>)	***	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
BENADRYL ITCH STOPPING CREA (<i>Use Diphenhydramine-Zinc Acetate</i>)	***	
<i>diphenhydramine hcl (topical) crea</i>	F	
<i>diphenhydramine hcl (topical) gel</i>	F	
<i>diphenhydramine hcl (topical) soln</i>	F	
<i>diphenhydramine-zinc acetate crea 0.1%-0.1%-2%-2%, 0.1%-2%</i>	F	QL(30 gm per fill retail)
<i>diphenhydramine-zinc acetate crea 0.1%-1%</i>	F	
<i>diphenhydramine-zinc acetate liqd 0.1%-2%</i>	F	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	F	
<i>diclofenac sodium (actinic keratoses) gel</i>	F	PA
EFUDEX CREA (<i>Use Fluorouracil (Topical)</i>)	***	QL(40 gm per 30 days retail)
FLUOROPLEX CREA	F	PA
<i>fluorouracil (topical) crea</i>	F	QL(40 gm per 30 days retail)
FLUOROURACIL CREA 0.5 %	F	
FLUOROURACIL SOLN 2 %, 5 %	F	QL(10 ml per 30 days retail)
PANRETIN GEL	F	PA
PICATO GEL	F	PA
SOLARAZE GEL (<i>Use Diclofenac Sodium (Actinic Keratoses)</i>)	***	PA
VALCHLOR GEL	F	PA
Antipruritics - Topical		
<i>camphor & menthol lotn</i>	F	QL(222 ml per fill retail)
DOXEPIN HYDROCHLORIDE CREA	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
PRUDOXIN CREA	F	PA
SARNA LOTN (<i>Use Camphor & Menthol</i>)	***	QL(222 ml per fill retail)
ZONALON CREA	F	PA
Antipsoriatics		
8-MOP CAPS	F	PA
<i>acitretin caps</i>	F	PA
<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 (<i>Use Calcipotriene</i>)	***	QL(120 gm per fill retail)
DRITHO-CREME HP CREA	F	
<i>methoxsalen rapid caps</i>	F	PA
OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>)	***	PA
SORIATANE CAPS (<i>Use Acitretin</i>)	***	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 % (<i>Use Tazarotene</i>)	***	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
Antiseborrheic Products		
HEAD & SHOULDERS 2IN1 CLASSIC CLEAN/NORMAL SHAM (<i>Use Pyrithione Zinc</i>)	***	

Drug Name	Drug Tier	Requirements/ Limits
HEAD & SHOULDERS CLASSICCLEAN/NORMAL SHAM (<i>Use Pyrithione Zinc</i>)	***	
HEAD & SHOULDERS DRY SCALP 2 IN 1 SHAM (<i>Use Pyrithione Zinc</i>)	***	
OVACE PLUS LOTN	F	PA
OVACE PLUS WASH GEL (<i>Use Sulfacetamide Sodium</i>)	***	PA
OVACE PLUS WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	***	
OVACE WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	***	
<i>pyrithione zinc sham</i>	F	
<i>salicylic acid & sulfur sham</i>	F	QL(355 ml per fill retail)
SEBULEX SHAM (<i>Use Salicylic Acid & Sulfur</i>)	***	QL(355 ml per fill retail)
<i>selenium sulfide lotn 1 %</i>	F	QL(420 ml per fill retail)
<i>selenium sulfide lotn 2.5 %</i>	F	QL(120 ml per fill retail)
<i>selenium sulfide sham 1 %</i>	F	QL(420 ml per fill retail)
SELSUN BLUE DAILY LOTN (<i>Use Selenium Sulfide</i>)	***	QL(420 ml per fill retail)
SELSUN BLUE LOTN (<i>Use Selenium Sulfide</i>)	***	QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (<i>Use Selenium Sulfide</i>)	***	QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (<i>Use Selenium Sulfide</i>)	***	QL(420 ml per fill retail)
<i>sulfacetamide sodium gel ex</i>	F	PA
<i>sulfacetamide sodium liqd ex</i>	F	
Antivirals - Topical		
<i>acyclovir topical oint</i>	F	QL(30 gm per 30 days retail)

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

Drug Name	Drug Tier	Requirements/ Limits
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)	***	QL(30 gm per 30 days retail)
Burn Products		
<i>mafenide acetate pack</i>	F	PA
SILVADENE CREA (Use Silver Sulfadiazine)	***	
<i>silver sulfadiazine crea</i>	F	
SULFAMYLON CREA 85 MG/GM	F	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	***	PA
Corticosteroids - Topical		
ACLOVATE CREA (Use Alclometasone Dipropionate)	***	PA
<i>alclometasone dipropionate crea</i>	F	PA
<i>alclometasone dipropionate oint</i>	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)
<i>betamethasone dipropionate (topical) crea</i>	F	1 rtl pack lmt per fill,
<i>betamethasone dipropionate (topical) lotn</i>	F	QL(60 ml per fill retail)
<i>betamethasone dipropionate (topical) oint</i>	F	
<i>betamethasone dipropionate augmented gel</i>	F	QL(50 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented oint</i>	F	QL(50 gm per fill retail)
<i>betamethasone valerate crea 0.1 %</i>	F	
<i>betamethasone valerate foam 0.12 %</i>	F	PA
<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 (Use Clobetasol Propionate)	***	PA
CLOBEX LOTN (Use Clobetasol Propionate)	***	PA
CLOBEX SHAM (Use Clobetasol Propionate)	***	PA
CLOCORTOLONE PIVALATE CREA	F	PA
CLOCORTOLONE PIVALATE PUMP CREA	F	PA
CLODAN KIT KIT	F	PA
CLODERM CREA	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
CLODERM PUMP CREA	F	PA
CORDRAN TAPE	F	PA
CORDRAN TAPE TAPE	F	PA
CUTIVATE LOTN (Use Fluticasone Propionate)	***	PA
DERMATOP CREA (Use Prednicarbate)	***	PA
DERMATOP OINT (Use Prednicarbate)	***	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 (Use Desonide)	***	PA; QL(60 gm per fill retail)
DESOWEN LOTN (Use Desonide)	***	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 (Use Betamethasone Dipropionate Augmented)	***	QL(50 gm per fill retail)
ELOCON CREA (Use Mometasone Furoate)	***	QL(50 gm per fill retail)
ELOCON LOTN (Use Mometasone Furoate)	***	PA
ELOCON OINT (Use Mometasone Furoate)	***	QL(45 gm per fill retail)
EPIFOAM FOAM	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide crea 0.01 %</i>	F	PA; QL(60 gm per fill retail)
<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 %</i>	F	
<i>hydrocortisone (topical) crea 1%, 1 %</i>	F	QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	F	QL(120 gm per 30 days retail)
<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)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) oint 0.5 %</i>	F	QL(56 gm per fill retail)
<i>hydrocortisone (topical) oint 1 %</i>	F	QL(60 gm per 30 days retail); RX/OTC
<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 (<i>Use Triamcinolone Acetonide (Topical)</i>)	***	PA
LOCOID CREA (<i>Use Hydrocortisone Butyrate</i>)	***	
LOCOID LIPOCREAM CREA (<i>Use Hydrocortisone Butyrate Hydrophilic Lipo Base</i>)	***	PA
LOCOID OINT (<i>Use Hydrocortisone Butyrate</i>)	***	
LOCOID SOLN (<i>Use Hydrocortisone Butyrate</i>)	***	
LUXIQ FOAM (<i>Use Betamethasone Valerate</i>)	***	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

Drug Name	Drug Tier	Requirements/ Limits
MONISTAT SOOTHING CARE ITCH RELIEF CREA (<i>Use Hydrocortisone (Topical)</i>)	***	QL(454 gm per fill retail); RX/OTC
OLUX FOAM (<i>Use Clobetasol Propionate</i>)	***	PA
OLUX-E FOAM (<i>Use Clobetasol Propionate Emulsion</i>)	***	PA
PANDEL CREA	F	PA
PEDIADERM HC KIT	F	PA
PREDNICARBATE CREA	F	PA
<i>prednicarbate crea</i>	F	PA
PREDNICARBATE OINT	F	PA
PSORCON CREA	F	QL(60 gm per fill retail)
SYNALAR CREA 0.025 % (<i>Use Fluocinolone Acetonide</i>)	***	PA; QL(120 gm per fill retail)
SYNALAR OINT 0.025 % (<i>Use Fluocinolone Acetonide</i>)	***	PA; QL(120 gm per fill retail)
SYNALAR SOLN 0.01 % (<i>Use Fluocinolone Acetonide</i>)	***	PA
TEMOVATE CREA (<i>Use Clobetasol Propionate</i>)	***	QL(60 gm per fill retail)
TEMOVATE E CREA (<i>Use Clobetasol Propionate Emollient Base</i>)	***	QL(60 gm per fill retail)
TEMOVATE OINT (<i>Use Clobetasol Propionate</i>)	***	QL(60 gm per fill retail)
TEXACORT SOLN	F	PA
TOPICORT CREA 0.05 % (<i>Use Desoximetasone</i>)	***	QL(300 gm per fill retail)
TOPICORT CREA 0.25 % (<i>Use Desoximetasone</i>)	***	PA; QL(200 gm per fill retail)
TOPICORT GEL 0.05 % (<i>Use Desoximetasone</i>)	***	PA; QL(60 gm per fill retail)
TOPICORT LIQD 0.25 %	F	PA

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

Drug Name	Drug Tier	Requirements/Limits
TOPICORT OINT 0.25 % (Use Desoximetasone)	***	PA; QL(100 gm per fill retail)
triamcinolone acetonide (topical) aers 0.147 mg/gm	F	PA
triamcinolone acetonide (topical) crea 0.025 %	F	QL(120 gm per 30 days retail)
triamcinolone acetonide (topical) crea 0.1 %	F	
triamcinolone acetonide (topical) crea 0.5 %	F	QL(15 gm per fill retail)
triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %	F	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.025 %	F	QL(454 gm per fill retail)
triamcinolone acetonide (topical) oint 0.1 %	F	
triamcinolone acetonide (topical) oint 0.5 %	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
Diaper Rash Products		
diaper rash products oint	F	
Emollient/Keratolytic Agents		
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)	***	
urea crea 10 %	F	QL(1704 gm per fill retail)
urea crea 20 %, 40 %	F	
urea crea 50 %	F	PA

Drug Name	Drug Tier	Requirements/Limits
urea in zinc undecylenate-lactic acid vehicle emul	F	PA
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE EMUL	F	PA
urea lotn 10 %	F	QL(480 ml per fill retail)
urea lotn 40 %	F	
Emollients		
A + D PERSONAL CARE LOTION LOTN	F	RX/OTC
ALBOLENE CREA	F	RX/OTC
ALOE AFTERSUN LOTION LOTN	F	RX/OTC
AMLACTIN CERAPEUTIC LOTN	F	RX/OTC
AMLACTIN ULTRA CREA	F	RX/OTC
AQUA GLYCOLIC FACE CREAM CREA	F	RX/OTC
AQUA GLYCOLIC HAND & BODYLOTION 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

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

Drug Name	Drug Tier	Requirements/ Limits
AVEENO ACTIVE NATURALS ECZEMA THERAPY CREA (Use Colloidal Oatmeal)	***	
AVEENO ACTIVE NATURALS ECZEMA THERAPY HAND CREA (Use Colloidal Oatmeal)	***	
AVEENO ACTIVE NATURALS SKIN RELIEF MOISTURE REPAIR CREA	F	RX/OTC
AVEENO BABY ECZEMA THERAPY CREA (Use Colloidal Oatmeal)	***	
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

Drug Name	Drug Tier	Requirements/ Limits
BETA CARE LOTN	F	RX/OTC
BETA XMA CREA	F	RX/OTC
BOUDREAU'S BABY BUTT SMOOTH DRY SKIN OINT	F	QL(10896 gm per fill retail)
CAM LOTN	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 DERMA CONTROL 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
CETAPHIL THERAPEUTIC HAND CREA	F	RX/OTC
CLN FACIAL MOISTURIZER NOURISHING LOTN	F	RX/OTC
COCOA BUTTER HAND & BODY LOTION LOTN	F	RX/OTC
COCOA BUTTER LOTN	F	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>)	***	QL(385 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	***	QL(1368 ml per fill retail); RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	***	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
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	F	RX/OTC
LUBRIDERM DAILY MOISTURESHEA + 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

Drug Name	Drug Tier	Requirements/ Limits
LUBRIDERM SKIN NOURISHINGWITH 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
NEUTROGENA HAND CREA	F	RX/OTC
NEUTROGENA HAND/NORWEGIANFOR MULA/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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/Limits
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
VANICREAM LITE LOTN	F	RX/OTC
VELVACHOL CREA	F	RX/OTC
VITAMIN E WITH PANTHENOL CREA	F	RX/OTC
<i>vitamins a & d (topical) oint</i>	F	
VP DERMABASE CREA	F	RX/OTC
WIBI LOTN	F	RX/OTC
ZIMS CRACK CREME DAYTIME CREA	F	RX/OTC
Enzymes - Topical		
SANTYL OINT	F	PA
TBC AERS	F	PA

Drug Name	Drug Tier	Requirements/Limits
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	***	PA
<i>imiquimod crea</i>	F	PA
ZYCLARA CREA	F	PA
ZYCLARA PUMP CREA	F	PA
Immunosuppressive Agents - Topical		
ELIDEL CREA	F	PA; QL(30 gm per 30 days retail)
PROTOPIC OINT 0.03 % (<i>Use Tacrolimus (Topical)</i>)	***	PA; QL(30 gm per 30 days retail); AL; At least 2 yrs old
PROTOPIC OINT 0.1 % (<i>Use Tacrolimus (Topical)</i>)	***	PA; QL(30 gm per 30 days retail); AL; At least 16 yrs old
<i>tacrolimus (topical) oint 0.03 %</i>	F	PA; QL(30 gm per 30 days retail); AL; At least 2 yrs old
<i>tacrolimus (topical) oint 0.1 %</i>	F	PA; QL(30 gm per 30 days retail); AL; At least 16 yrs old
Keratolytic/Antimitotic Agents		
CLEAR AWAY ONE STEP WARTREMOVER PADS (<i>Use Salicylic Acid</i>)	***	
CLEAR AWAY PLANTAR SYSTEM PADS (<i>Use Salicylic Acid</i>)	***	
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)

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

Drug Name	Drug Tier	Requirements/ Limits
CONDYLOX GEL	F	PA
CONDYLOX SOLN (Use Podofilox)	***	
CORN REMOVER ONE STEP PADS (Use Salicylic Acid)	***	
CORN REMOVER ULTRA THIN PADS (Use Salicylic Acid)	***	
CORN REMOVER WATERPROOF PADS (Use Salicylic Acid)	***	
DERMAREST PSORIASIS GEL	F	
KERALYT GEL 3 %	F	
KERALYT GEL 6 % (Use Salicylic Acid)	***	
podofilox soln	F	
SALEX CREAM KIT (Use Salicylic Acid w/ Cleanser)	***	PA
SALEX LOTION KIT (Use Salicylic Acid w/ Cleanser)	***	PA
SALEX SHAM (Use Salicylic Acid)	***	
salicylic acid gel ex 17 %	F	QL(14 gm per fill retail)
salicylic acid gel ex 6 %	F	
salicylic acid liqd ex 17 %	F	
salicylic acid pads ex 40 %	F	
salicylic acid sham ex 6 %	F	
salicylic acid soln ex 17 %	F	QL(15 ml per fill retail)
salicylic acid w/ cleanser kit	F	PA
Liniments		
ASPERCREME/ALOE CREA (Use Trolamine Salicylate)	***	

Drug Name	Drug Tier	Requirements/ Limits
BENGAY GREASELESS CREA (Use Menthol-Methyl Salicylate (Liniments))	***	
BENGAY ULTRA STRENGTH CREA (Use Camphor-Menthol-Methyl Salicylate)	***	
camphor-menthol-methyl salicylate crea	F	
liniments & rubs oint	F	
menthol-methyl salicylate (liniments) crea	F	
menthol-methyl salicylate (liniments) oint	F	
MOBISYL CREA (Use Trolamine Salicylate)	***	
MYOFLEX CREA (Use Trolamine Salicylate)	***	
SPORTSCREME CREA (Use Trolamine Salicylate)	***	
TIGER BALM PAIN RELIEVING PTCH	F	
TRIXAICIN CREA	F	QL(60 gm per fill retail)
trolamine salicylate crea	F	
ZIKS ARTHRITIS PAIN RELIEF CREA	F	QL(56.6 gm per fill retail)
Local Anesthetics - Topical		
ARTHRITIS PAIN RELIEVING CREA	F	QL(60 gm per fill retail)
AVEENO ANTI-ITCH LOTN	F	
benzocaine-triclosan aero	F	
CALADRYL LOTN (Use Pramoxine-Calamine)	***	
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)
capsaicin crea 0.025 %	F	

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

Drug Name	Drug Tier	Requirements/ Limits
<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	QL(31 gm per 30 days retail)
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)
<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)

Drug Name	Drug Tier	Requirements/ Limits
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)
Misc. Dermatological Products		
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
THUM LIQD	F	QL(473 ml per fill retail); RX/OTC
Misc. Topical		
4-N-1 CREA	F	QL(5676 ml per fill retail)
A+D FIRST AID OINT	F	QL(10896 ml per fill retail)
ABSORBASE OINT	F	QL(10896 ml per fill retail)
ACUWASH LIQD	F	

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

Drug Name	Drug Tier	Requirements/ Limits
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 & 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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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 ULTRASMooth FORTIFY OINT	F	QL(10896 ml per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
CHAPSTICK ULTRASMOOTH NOURISH OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMOOTH REJUVENATE OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMOOTH 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 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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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 CREAM	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
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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 (<i>Use Aluminum Hydroxide</i>)	***	QL(2712 gm per fill retail)
DERMAGRAN SKIN PROTECTANT OINT (<i>Use Aluminum Hydroxide</i>)	***	QL(2712 gm per fill retail)
<i>dimethicone (topical) lotn</i>	F	QL(11328 ml per fill retail)
DOMEBORO PACK (<i>Use Aluminum Sulfate & Calcium Acetate</i>)	***	
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 TOWELETTES PADS	F	
EQL LIQUID HAND SOAP LIQD	F	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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	
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	F	Limit 1 package per Claim, 2 per Month

Drug Name	Drug Tier	Requirements/ Limits
OFF DEEP WOODS AERO	***	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)
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)
PURPOSE GENTLE CLEANING WASH LIQD	F	
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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
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	

Drug Name	Drug Tier	Requirements/ Limits
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
<i>skin protectants, misc. oint 0.7%-0.4%-1.7%, 0.5%-6.3%-70%, 51.1 %,</i>	F	QL(10896 ml per fill retail)
SM CALAMINE LOTN	F	
<i>soap & 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)

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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
Pigmenting-Depigmenting Agents		
<i>hydroquinone crea</i>	F	PA
OXSORALEN LOTN	F	PA
TRI-LUMA CREA	F	PA
Poison Ivy Products		
<i>poison ivy treatments misc</i>	F	
ZANFEL MISC (<i>Use Poison Ivy Treatments</i>)	***	
Rosacea Agents		
DOXYCYCLINE CPDR	F	PA
FINACEA GEL	F	PA
METROCREAM CREA (<i>Use Metronidazole (Topical)</i>)	***	QL(45 gm per 30 days retail)
METROGEL GEL (<i>Use Metronidazole (Topical)</i>)	***	PA
METROLOTION LOTN (<i>Use Metronidazole (Topical)</i>)	***	
<i>metronidazole (topical) crea 0.75 %</i>	F	QL(45 gm per 30 days retail)
<i>metronidazole (topical) gel 0.75 %</i>	F	PA; QL(45 gm per 31 days retail)
<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
Scabicides & Pediculicides		
A-200 GEL EX 0.33%-4%	F	
A-200 KIT CO 0.5%-0.33%-4% (<i>Use Permethrin & Pyrethrins-Piperonyl Butoxide</i>)	***	

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

Drug Name	Drug Tier	Requirements/Limits
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	QL(1 ml per 14 days retail)
LICEMD GEL	F	
LICIDE TREATMENT KIT KIT	F	
LINDANE SHAM	F	PA
<i>lindane sham</i>	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)
<i>permethrin & 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	
RA LICE SOLUTION KIT KIT	F	
RID AERO (Use Permethrin)	***	

Drug Name	Drug Tier	Requirements/Limits
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	QL(1 ml per 14 days retail)
SPINOSAD SUSP	F	
ULESFIA LOTN	F	PA
Tar Products		
<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)	***	
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)
Wound Care Products		
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

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

Drug Name	Drug Tier	Requirements/ Limits
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
CARRASMART 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
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

Drug Name	Drug Tier	Requirements/ Limits
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
LIDOTREX GEL	F	PA
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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
<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

DIAGNOSTIC PRODUCTS

Diagnostic Drugs

GLUCAGEN DIAGNOSTIC SOLR	F	Limit 1 fill per Month
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Diagnostic Tests

ALBUSTIX STRP	F	QL(100 ea per 30 days retail)
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,30 ea per 30 days retail)
CHEMSTRIP 10 MD STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CHEMSTRIP 2 GP STRIPS STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CHEMSTRIP 5 OB STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CHEMSTRIP 7 STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CHEMSTRIP 9 STRIPS STRP	F	QL(1 ea daily,30 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
CHEMSTRIP UGK STRP	F	QL(100 ea per 30 days retail)
CHEMSTRIP-K STRP	F	QL(100 ea per fill retail)
CHEMSTRIP-MICRAL STRP	F	QL(100 ea per 30 days retail)
COMBISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CVS KETONE CARE STRP	F	QL(100 ea per 30 days retail)
DIASTIX STRP	F	QL(30 ea per 30 days retail)
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
HEMA-COMBISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
INFINITY VOICE STRP VI	***	RX/OTC
KETO-DIASTIX STRP	F	QL(100 ea per 30 days retail)
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,30 ea per 30 days retail)
MULTISTIX 10 SG STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX 5 STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX 7 STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX 8 SG STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX 9 SG STRP	F	QL(1 ea daily,30 ea per 30 days retail)

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

Drug Name	Drug Tier	Requirements/ Limits
MULTISTIX 9 STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
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	F	QL(1 ea daily)
PTS PANELS KETONE TEST STRP	***	QL(1 ea daily)
RELION KETONE STRP	***	
RELION KETONE TEST STRIPS STRP	***	
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
TRUETEST BLOOD GLUCOSE TEST STRIPS	F	QL (5 ea daily); RX/OTC
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

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

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,30 ea per 30 days retail)
URISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
UTI HOME TEST TEST	F	QL(30 ea per 30 days retail)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
L-METHYL-MC NAC TABS	F	PA
METAFOLBIC PLUS TABS	F	PA
NEOKE BCAA4 POWD	F	RX/OTC
SULFZIX POWD	F	RX/OTC
DIGESTIVE AIDS		
Digestive Enzymes		
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	

Drug Name	Drug Tier	Requirements/ Limits
PANCREAZE CPEP	F	
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	
DIURETICS		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	F	
<i>acetazolamide tabs</i>	F	
DIAMOX CP12 (Use Acetazolamide)	***	
<i>methazolamide tabs</i>	F	
NEPTAZANE TABS (Use Methazolamide)	***	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	***	
ALDACTAZIDE TABS 50MG-50MG	F	PA
<i>amiloride & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	***	
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	***	
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	***	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone & hydrochlorothiazide tabs</i>	F	
<i>triamterene & hydrochlorothiazide caps</i>	F	
<i>triamterene & hydrochlorothiazide tabs</i>	F	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	F	
Loop Diuretics		
<i>bumetanide tabs</i>	F	
BUMEX TABS (Use Bumetanide)	***	
DEMADEX TABS 20 MG (Use Toremide)	***	
DEMADEX TABS 5 MG, 10 MG (Use Toremide)	***	QL(1 ea daily)
EDECIN TABS (Use Ethacrynic Acid)	***	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 (Use Furosemide)	***	
<i>toremide tabs 20 mg</i>	F	
<i>toremide tabs 5 mg, 10 mg, 100 mg</i>	F	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	***	
<i>amiloride hcl tabs</i>	F	QL(4 ea daily)
<i>spironolactone tabs</i>	F	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	F	QL(2 ea daily)
<i>chlorothiazide tabs 500 mg</i>	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorthalidone tabs</i>	F	
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 (Use Hydrochlorothiazide)	***	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
Bone Density Regulators		
ACTONEL TABS (Use Risedronate Sodium)	***	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)
AELVIA TBEC (Use Risedronate Sodium)	***	PA
BONIVA TABS (Use Ibandronate Sodium)	***	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 (Use Alendronate Sodium)	***	QL(0.15 ea daily)
<i>ibandronate sodium tabs</i>	F	PA

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

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
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	F	PA; SP
NOVAREL SOLR	F	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	F	PA; SP
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	F	PA; SP
Growth Hormones		
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

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

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

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 (<i>Use Calcitriol</i>)	***	
ROCALTROL SOLN (<i>Use Calcitriol</i>)	***	
SENSIPAR TABS	F	PA; SP
<i>sodium phenylbutyrate tabs</i>	F	PA; SP
ZEMPLAR CAPS (<i>Use Paricalcitol</i>)	***	PA
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 %	F	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (<i>Use Desmopressin Acetate Spray</i>)	***	QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (<i>Use Desmopressin Acetate</i>)	***	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
Prolactin Inhibitors		

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

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

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 OR 0.5 MG, 1 MG, 2 MG (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)
FLUOROQUINOLONES		
Fluoroquinolones		

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)
GASTROINTESTINAL AGENTS - MISC.		
Antiflatulents		
GAS-X CHEW (Use Simethicone)	***	

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

Drug Name	Drug Tier	Requirements/Limits
GAS-X EXTRA STRENGTH CHEW (Use Simethicone)	***	
MYLICON INFANTS GAS RELIEF SUSP (Use Simethicone)	***	QL(31 ml per 30 days retail)
MYLICON SUSP (Use Simethicone)	***	QL(31 ml per 30 days retail)
simethicone chew 80 mg, 125 mg	F	
simethicone liqd 20 mg/0.3ml, 40 mg/0.6ml	F	QL(31 ml per 30 days retail)
simethicone susp 20 mg/0.3ml, 40 mg/0.6ml	F	QL(31 ml per 30 days retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	F	PA; QL(5 ea daily); SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	F	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use Ursodiol)	***	
CHENODAL TABS	F	PA
URSO 250 TABS (Use Ursodiol)	***	QL(7 ea daily)
URSO FORTE TABS (Use Ursodiol)	***	
ursodiol caps 300 mg	F	
ursodiol tabs 250 mg	F	QL(7 ea daily)
ursodiol tabs 500 mg	F	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis) conc	F	PA
GASTROCROM CONC (Use Cromolyn Sodium (Mastocytosis))	***	PA
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	F	PA
Gastrointestinal Stimulants		

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tbec</i>	F	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	F	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	F	PA
LINZESS CAPS 145 MCG, 290 MCG	F	PA; SP
LOTROXON TABS (Use Alosetron HCl)	***	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	F	
<i>calcium acetate (phosphate binder) tabs</i>	F	RX/OTC
ELIPHOS TABS (Use Calcium Acetate (Phosphate Binder))	***	RX/OTC
FOSRENOL CHEW (Use Lanthanum Carbonate)	***	PA
<i>lanthanum carbonate chew</i>	F	PA
PHOSLYRA SOLN	F	PA
RENAGEL TABS	F	PA
RENVELA PACK (Use Sevelamer Carbonate)	***	PA
RENVELA TABS (Use Sevelamer Carbonate)	***	PA
<i>sevelamer carbonate pack</i>	F	PA
<i>sevelamer carbonate tabs</i>	F	PA
VELPHORO CHEW	F	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	F	PA; SP
GENITOURINARY AGENTS - MISCELLANEOUS		
Acidifiers		
K-PHOS NO 2 TABS	F	PA

Drug Name	Drug Tier	Requirements/Limits
Alkalinizers		
CYTRA-3 SYRP	F	PA
<i>pot & sod citrates w/citric ac soln</i>	F	PA
<i>potassium citrate (alkalinizer) tbc r 15 meq</i>	F	PA
<i>potassium citrate (alkalinizer) tbc r 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)	***	QL(500 ml per 30 days retail); RX/OTC
<i>sodium citrate & citric acid soln</i>	F	QL(500 ml per 30 days retail); RX/OTC
TRICITRATES SOLN	F	PA
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	***	
UROKIT-K 15 TBCR (Use Potassium Citrate (Alkalinizer))	***	PA
UROKIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))	***	
Cystinosis Agents		
CYSTAGON CAPS	F	PA; SP
Genitourinary Irrigants		
<i>acetic acid soln</i>	F	PA
<i>glycine (gu irrigant) soln</i>	F	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
Urinary Stone Agents		
LITHOSTAT TABS	F	PA
THIOLA TABS	F	PA
GOUT AGENTS		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	F	
Gout Agents		
<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 (Use <i>Allopurinol</i>)	***	
Uricosurics		
<i>probenecid tabs</i>	F	
HEMATOLOGICAL AGENTS - MISC.		
Antihemophilic Products		
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

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

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
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	F	PA; SP
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	F	
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	F	PA; SP
Platelet Aggregation Inhibitors		
AGGRENOLX CP12 (Use Aspirin-Dipyridamole)	***	PA
AGRYLIN CAPS (Use Anagrelide HCl)	***	
<i>anagrelide hcl caps</i>	F	
<i>aspirin-dipyridamole cp12</i>	F	PA

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 (Use Prasugrel HCl)	***	PA
PERSANTINE TABS (Use Dipyridamole)	***	
PLAVIX TABS (Use Clopidogrel Bisulfate)	***	
<i>prasugrel hcl tabs</i>	F	PA
ZONTIVITY TABS	F	PA
HEMATOPOIETIC AGENTS		
Agents for Gaucher Disease		
CERDELGA CAPS	F	PA; SP
<i>miglustat caps</i>	F	PA; SP
ZAVESCA CAPS (Use Miglustat)	***	PA; SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	F	
Cobalamins		
B-12 LOZG	F	
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	F	QL(10 ml per 270 days retail)
<i>cyanocobalamin subl sl 1000 mcg</i>	F	
<i>cyanocobalamin tabs or 100 mcg, 250 mcg, 500 mcg, 1000 mcg, 2000 mcg</i>	F	
<i>cyanocobalamin tbc or 1000 mcg</i>	F	
NASCOBAL SOLN	F	PA
Folic Acid/Folates		
<i>folic acid tabs 1 mg</i>	F	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tabs 400 mcg, 800 mcg</i>	F	QL(1 ea daily)
Hematopoietic Growth Factors		
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
Hematopoietic Mixtures		
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

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous fumarate w/ b12-vit c-fa-ifc caps</i>	F	PA
<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
Iron		
<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)
FERRETTS TABS	F	QL(2 ea daily)
<i>ferrous fumarate tabs</i>	F	QL(2 ea daily)

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

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)	***	
HEMOSTATICS		
Hemostatics - Systemic		
AMICAR TABS 1000 MG	F	PA; SP
AMICAR TABS 500 MG	F	QL(24 ea per fill retail); SP

Drug Name	Drug Tier	Requirements/ Limits
LYSTEDA TABS (Use Tranexamic Acid)	***	Limit 1 fill per Month;QL(30 ea per 5 days retail); AL; At least 12 yrs old
<i>tranexamic acid tabs</i>	F	Limit 1 fill per Month;QL(30 ea per 5 days retail); AL; At least 12 yrs old
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<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 (Use Diphenhydramine HCl (Sleep))	***	
UNISOM SLEEPGELS CAPS (Use Diphenhydramine HCl (Sleep))	***	
UNISOM TABS (Use Doxylamine Succinate (Sleep))	***	
Barbiturate Hypnotics		
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 SODIUM CAPS	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
Hypnotics - Tricyclic Agents		
SILENOR TABS	F	PA
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use Zolpidem Tartrate)	***	PA
AMBIEN TABS (Use Zolpidem Tartrate)	***	QL(1 ea daily)
DORAL TABS	F	PA
EDLUAR SUBL	F	PA
estazolam tabs	F	
eszopiclone tabs	F	PA
FLURAZEPAM HCL CAPS	F	QL(1 ea daily)
HALCION TABS (Use Triazolam)	***	QL(1 ea daily)
INTERMEZZO SUBL (Use Zolpidem Tartrate)	***	PA
LUNESTA TABS (Use Eszopiclone)	***	PA
midazolam hcl soln ij 5 mg/5ml, 25 mg/5ml	F	QL(10 ml per 30 days retail)
midazolam hcl soln ij 5 mg/ml	F	QL(6 ml per 84 days retail)
midazolam hcl soln ij 5 mg/ml, 10 mg/10ml, 50 mg/10ml	F	QL(20 ml per 30 days retail)
midazolam hcl soln ij 5 mg/ml, 2 mg/2ml, 10 mg/2ml	F	QL(4 ml per 30 days retail)
midazolam hcl syrp or 2 mg/ml	F	PA
QUAZEPAM TABS	F	PA
RESTORIL CAPS 15 MG, 30 MG (Use Temazepam)	***	QL(1 ea daily); AL; At least 18 yrs old
RESTORIL CAPS 7.5 MG, 22.5 MG (Use Temazepam)	***	PA
SONATA CAPS 10 MG (Use Zaleplon)	***	ST; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SONATA CAPS 5 MG (Use Zaleplon)	***	ST; QL(1 ea daily)
temazepam caps 15 mg, 30 mg	F	QL(1 ea daily); AL; At least 18 yrs old
temazepam caps 7.5 mg, 22.5 mg	F	PA
TRIAZOLAM TABS 0.125 MG	F	QL(1 ea daily)
triazolam tabs 0.25 mg	F	QL(1 ea daily)
zaleplon caps 10 mg	F	ST; QL(2 ea daily)
zaleplon caps 5 mg	F	ST; QL(1 ea daily)
zolpidem tartrate subl sl 3.5 mg, 1.75 mg	F	PA
zolpidem tartrate tabs or 5 mg, 10 mg	F	QL(1 ea daily)
zolpidem tartrate tbcr or 12.5 mg, 6.25 mg	F	PA
ZOLPIMIST SOLN	F	PA
Orexin Receptor Antagonists		
BELSOMRA TABS 5 MG, 10 MG, 20 MG	F	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	F	PA; SP
ROZEREM TABS	F	PA
LAXATIVES		
Bulk Laxatives		
BENEFIBER FOR CHILDREN POWD (Use Wheat Dextrin)	***	
BENEFIBER POWD (Use Wheat Dextrin)	***	
calcium polycarbophil tabs	F	QL(10 ea daily)
CITRUCEL FIBER LAXATIVE POWD (Use Methylcellulose (Laxative))	***	
CITRUCEL TABS (Use Methylcellulose (Laxative))	***	

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

Drug Name	Drug Tier	Requirements/ Limits
CVS NATURAL FIBER SUPPLEMENT PACK	F	
EVAC POWD (<i>Use Psyllium</i>)	***	
FIBERCON TABS (<i>Use Calcium Polycarbophil</i>)	***	QL(10 ea daily)
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) powd</i>	F	
<i>methylcellulose (laxative) tabs</i>	F	
<i>psyllium caps</i>	F	
<i>psyllium powd</i>	F	
<i>wheat dextrin powd</i>	F	
Laxative Combinations		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	F	

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

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

Drug Name	Drug Tier	Requirements/ Limits
PEDIA-LAX SUPP RE 1 GM (Use Glycerin (Laxative))	***	
PEDIA-LAX SUPP RE 2.8 GM	F	
polyethylene glycol 3350 pack	F	RX/OTC
polyethylene glycol 3350 powd	F	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	F	
Lubricant Laxatives		
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
Saline Laxatives		
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	QL(992 ml per 30 days retail)
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	
Stimulant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
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)
EX-LAX CHEW (Use Sennosides)	***	
EX-LAX TABS (Use Sennosides)	***	
FLEET BISACODYL ENEM	F	
SENNA SYRP	F	
sennosides chew	F	
sennosides liqd	F	
sennosides syrp	F	
sennosides tabs	F	
SENOKOT TABS (Use Sennosides)	***	
Surfactant Laxatives		
COLACE CAPS (Use Docusate Sodium)	***	QL(3 ea daily)
COLACE CLEAR CAPS (Use Docusate Sodium)	***	
docusate calcium caps	F	
docusate sodium caps 100 mg, 250 mg	F	QL(3 ea daily)
docusate sodium caps 50 mg	F	
docusate sodium liqd 50 mg/5ml, 150 mg/15ml	F	
docusate sodium syrp 60 mg/15ml	F	
docusate sodium tabs 100 mg	F	
DOCUSOL MINI ENEM	F	
DOCUSOL PLUS MINI-ENEMA ENEM	F	

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

Drug Name	Drug Tier	Requirements/Limits
ENEMEEZ MINI ENEM	F	
ENEMEEZ PLUS ENEM	F	
PEDIA-LAX LIQD OR 50 MG/15ML	F	
MACROLIDES		
Azithromycin		
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	QL(8 ea per 28 days retail)
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>)	***	QL(8 ea per 28 days retail)
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
Clarithromycin		
BIAXIN SUSR 250 MG/5ML (<i>Use Clarithromycin</i>)	***	

Drug Name	Drug Tier	Requirements/Limits
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)
CLARITHROMYCIN SUSR 250 MG/5ML	F	
<i>clarithromycin susr 250 mg/5ml</i>	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)
Erythromycins		
E.E.S. 400 TABS	F	
E.E.S. GRANULES SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	***	
ERY-TAB TBEC	F	
ERYPED 200 SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	***	
ERYPED 400 SUSR	F	
ERYTHROCIN STEARATE TABS	F	
<i>erythromycin base cpep</i>	F	
<i>erythromycin base tabs</i>	F	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	F	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	F	
PCE TBEC	F	
Fidaxomicin		
DIFICID TABS	F	PA
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		

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

Drug Name	Drug Tier	Requirements/ Limits
Adhesive Tape	F	
Gauze Bandages	F	
Gauze Pads	F	
Gauze Pads - Misc	F	
Transparent Dressings - Misc	F	
Contraceptives		
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)
Diabetic Supplies		
ADVANCED MOBILE LANCET 30G MISC	F	QL(200 ea per 30 days retail)
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	QL(200 ea per 30 days retail)
GOODSENSE UNIVERSAL 1 MICRO THIN 33G MISC	F	QL(200 ea per 30 days retail)
GOODSENSE UNIVERSAL 1 MICRO-THIN 33G MISC	F	QL(200 ea per 30 days retail)
GOODSENSE UNIVERSAL 1THIN 26G MISC	F	QL(200 ea per 30 days retail)
INFINITY VOICE LEVEL 2 LIQD	***	
Lancets - Misc	F	QL (200 ea per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Lancets Devices - Misc	F	QL (1 ea per 180 days)
PUSH BUTTON SAFETY LANCETS 28G MISC	***	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	F	QL(3 ea per 270 days retail)
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	F	QL(3 ea per 270 days retail)
TRUETEST GLUCOSE CONTROLLEVEL 1 LIQD	F	QL(3 ea per 270 days retail)
TRUETEST GLUCOSE CONTROLLEVEL 2 LIQD	F	QL(3 ea per 270 days retail)
TRUETEST GLUCOSE CONTROLLEVEL 3 LIQD	F	QL(3 ea per 270 days retail)
Misc. Devices		
ALCOHOL PADS PADS	***	RX/OTC
ALCOHOL PREP PADS PADS	***	RX/OTC
Alcohol Swabs - Misc	F	QL (400 ea per 30 days)
Parenteral Therapy Supplies		
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 (Disp) 25 x 5/8"	F	
Syringe (Disposable) 3 ML	F	
Syringe/Needle (Disp) 1 ML 20 x 1"	F	
Syringe/Needle (Disp) 3 ML 20 x 1"	F	
Syringe/Needle (Disp) 3 ML 20 x 1-1/2"	F	
Syringe/Needle (Disp) 3 ML 22 x 1"	F	
Syringe/Needle (Disp) 3 ML 22 x 1-1/2"	F	
Syringe/Needle (Disp) 3 ML 22 x 3/4"	F	
Syringe/Needle (Disp) 3 ML 23 x 1"	F	

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

Drug Name	Drug Tier	Requirements/Limits
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	
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	
Respiratory Therapy Supplies		
*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)
MIGRAINE PRODUCTS		
Migraine Combinations		
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

Drug Name	Drug Tier	Requirements/Limits
TREXIMET TABS 85MG-500MG (<i>Use Sumatriptan-Naproxen Sodium</i>)	***	PA
Migraine Products		
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	
Serotonin Agonists		
<i>almotriptan malate tabs</i>	F	PA
AMERGE TABS (<i>Use Naratriptan HCl</i>)	***	QL(9 ea per 30 days retail); AL; At least 18 yrs old
AXERT TABS (<i>Use Almotriptan Malate</i>)	***	PA
<i>eletriptan hydrobromide tabs</i>	F	PA
FROVA TABS (<i>Use Frovatriptan Succinate</i>)	***	PA
<i>frovatriptan succinate tabs</i>	F	PA
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>)	***	QL(6 ea per 30 days retail); AL; At least 12 yrs old
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	***	QL(3 ml per 30 days retail); AL; At least 12 yrs old
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	***	QL(3 ml per 30 days retail); AL; At least 12 yrs old
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	***	QL(2 ml per 30 days retail); AL; At least 12 yrs old

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

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use Sumatriptan Succinate)	***	QL(3 ml per 30 days retail); AL; At least 12 yrs old
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use Sumatriptan Succinate)	***	QL(2 ml per 30 days retail); AL; At least 12 yrs old
IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use Sumatriptan Succinate)	***	QL(9 ea per 30 days retail); AL; At least 12 yrs old
MAXALT TABS (Use Rizatriptan Benzoate)	***	QL(12 ea per 30 days retail); AL; At least 6 yrs old
MAXALT-MLT TBDP (Use Rizatriptan Benzoate)	***	PA; QL(0.4 ea daily)
<i>naratriptan hcl tabs</i>	F	QL(9 ea per 30 days retail); AL; At least 18 yrs old
RELPAK TABS (Use Eletriptan Hydrobromide)	***	PA
<i>rizatriptan benzoate tabs 5 mg, 10 mg</i>	F	QL(12 ea per 30 days retail); AL; At least 6 yrs old
<i>rizatriptan benzoate tbdp 5 mg, 10 mg</i>	F	PA; QL(0.4 ea daily)
<i>sumatriptan soln</i>	F	QL(6 ea per 30 days retail); AL; At least 12 yrs old
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	F	QL(3 ml per 30 days retail); AL; At least 12 yrs old
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	F	QL(2 ml per 30 days retail); AL; At least 12 yrs old
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	F	QL(3 ml per 30 days retail); AL; At least 12 yrs old

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	F	QL(2 ml per 30 days retail); AL; At least 12 yrs old
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	F	QL(3 ml per 30 days retail); AL; At least 12 yrs old
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	F	QL(3 ml per 30 days retail); AL; At least 12 yrs old
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	F	QL(9 ea per 30 days retail); AL; At least 12 yrs old
<i>zolmitriptan tabs</i>	F	PA
<i>zolmitriptan tbdp</i>	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
MINERALS & ELECTROLYTES		
Calcium		
CALCI-CHEW CHEW	F	
CALCIONATE SYRP	F	
<i>calcium carbonate tabs 600mg, 500 mg, 600 mg, 1250 mg, 1500 mg</i>	F	
<i>calcium carbonate-cholecalciferol chew</i>	F	
<i>calcium carbonate-cholecalciferol tabs</i>	F	
<i>calcium carbonate-ergocalciferol tabs</i>	F	
<i>calcium carbonate-vitamin d caps 600mg-200unit</i>	F	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate-vitamin d chew 600mg-400unit</i>	F	
<i>calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 125unit-600mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-400unit, 600mg-125unit, 500mg-500mg-200unit-200unit</i>	F	
<i>calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit</i>	F	QL(62 ea per 31 days retail)
<i>calcium carbonate-vitamin d w/ minerals chew</i>	F	
<i>calcium citrate tabs</i>	F	
<i>calcium citrate-vitamin d tabs</i>	F	
CALCIUM GLUCONATE TABS	F	
CALCIUM LACTATE TABS	F	
CALCIUM TABS	F	
<i>calcium w/ vitamin d tabs</i>	F	
<i>calcium w/ vitamins d & 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	

Drug Name	Drug Tier	Requirements/ Limits
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)	***	
Electrolyte Mixtures		
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	
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)	***	
Fluoride		
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	

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

Drug Name	Drug Tier	Requirements/ Limits
SODIUM FLUORIDE TABS 1 MG	F	
Magnesium		
MAG-TAB SR TBCR (<i>Use Magnesium Lactate</i>)	***	
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 lactate tbcr</i>	F	
<i>magnesium oxide (mg supplement) tabs 250 mg, 500 mg, 241.3 mg</i>	F	
<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	
MAGOX 400 TABS (<i>Use Magnesium Oxide (Mg Supplement)</i>)	***	
NU-MAG TBEC	F	
SLOW-MAG TBEC	F	
Mineral Combinations		
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	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM/MAGNESIUM/ZINC TABS	F	
CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS	F	
CITRACAL PLUS TABS	F	
CVS CALCIUM CITRATE+D/MAGNESIUM 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	
THERACAL D2000 TABS	F	
THERACAL D4000 TABS	F	
THERACAL RAPID REPLETION TABS	F	
Phosphate		
K-PHOS NEUTRAL TABS (<i>Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic</i>)	***	QL(8 ea daily)
K-PHOS TABS	F	PA
PHOS-NAK POWDER CONCENTRATE PACK (<i>Use Potassium & Sodium Phosphates</i>)	***	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	F	QL(8 ea daily)
<i>potassium & sodium phosphates pack</i>	F	
Potassium		

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

Drug Name	Drug Tier	Requirements/Limits
EFFER-K TBEF	F	PA
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	***	
K-TAB TBCR 8 MEQ	F	
KLOR-CON M15 TBCR	F	
KLOR-CON/25 PACK	F	
MICRO-K CPCR 10 MEQ (Use Potassium Chloride)	***	
MICRO-K CPCR 8 MEQ (Use Potassium Chloride)	***	QL(1 ea daily)
potassium bicarb & chloride tbeF	F	PA
potassium bicarbonate tbeF	F	
potassium chloride cpcr 10 meq	F	
potassium chloride cpcr 8 meq	F	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR	F	
potassium chloride microencapsulated crystals er tbcR	F	
potassium chloride pack 20 meq	F	
potassium chloride soln 10 %, 20 %	F	
POTASSIUM CHLORIDE SOLN 20 %	F	
potassium chloride tbcR 8 meq, 10 meq	F	
Zinc		
GALZIN CAPS	F	PA
zinc sulfate caps or	F	
ZINC SULFATE HEPTAHYDRATE POWD	F	RX/OTC
ZINC SULFATE MONOHYDRATE POWD	F	RX/OTC
ZINC SULFATE POWD XX	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
zinc tabs	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	F	PA
DEPEN TITRATABS TABS	F	
Immunomodulators		
REVLIMID CAPS	F	PA; SP
THALOMID CAPS	F	PA; SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	F	PA; SP
ATGAM INJ	F	PA; SP
AZASAN TABS	F	PA; QL(3 ea daily)
azathioprine tabs	F	QL(3 ea daily)
CELLCEPT CAPS 250 MG (Use Mycophenolate Mofetil)	***	QL(6 ea daily); SP
CELLCEPT SUSR 200 MG/ML (Use Mycophenolate Mofetil)	***	SP
CELLCEPT TABS 500 MG (Use Mycophenolate Mofetil)	***	PA; QL(6 ea daily); SP
cyclosporine caps or 25 mg, 100 mg	F	SP
cyclosporine modified (for microemulsion) caps	F	SP
cyclosporine modified (for microemulsion) soln	F	SP
CYCLOSPORINE MODIFIED CAPS (Use Cyclosporine Modified (For Microemulsion))	***	SP
ENVARUSUS XR TB24	F	PA
IMURAN TABS (Use Azathioprine)	***	QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<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 <i>Mycophenolate Sodium</i>)	***	QL(3 ea daily); SP
MYFORTIC TBEC 360 MG (Use <i>Mycophenolate Sodium</i>)	***	QL(4 ea daily); SP
NEORAL CAPS (Use <i>Cyclosporine Modified (For Microemulsion)</i>)	***	SP
NEORAL SOLN (Use <i>Cyclosporine Modified (For Microemulsion)</i>)	***	SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use <i>Tacrolimus</i>)	***	
RAPAMUNE SOLN 1 MG/ML	F	SP
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use <i>Sirolimus</i>)	***	SP
SANDIMMUNE CAPS OR 25 MG, 100 MG (Use <i>Cyclosporine</i>)	F	SP
SANDIMMUNE SOLN OR 100 MG/ML	F	PA; SP
<i>sirolimus tabs</i>	F	SP
<i>tacrolimus caps</i>	F	
ZORTRESS TABS	F	PA; SP
Irrigation Solutions		
<i>lactated ringer's (irrigation) soln</i>	F	PA
<i>water for irrigation, sterile soln</i>	F	

Drug Name	Drug Tier	Requirements/Limits
Lymphatic Agents		
SYLVANT SOLR	F	PA; SP
Potassium Removing Agents		
KAYEXALATE POWD (Use <i>Sodium Polystyrene Sulfonate</i>)	***	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate powd</i>	F	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate susp</i>	F	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	F	PA; SP
BENLYSTA SOSY	F	PA; SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
ANBESOL MAXIMUM STRENGTH GEL (Use <i>Benzocaine (Dental)</i>)	***	
ANBESOL MAXIMUM STRENGTH LIQD (Use <i>Benzocaine (Dental)</i>)	***	
BABY ANBESOL GEL (Use <i>Benzocaine (Dental)</i>)	***	
<i>benzocaine (dental) gel</i>	F	
<i>benzocaine (dental) liqd</i>	F	
<i>benzocaine (dental) pste</i>	F	
<i>benzocaine (dental) soln</i>	F	
<i>benzocaine-menthol (mouth-throat) lozg</i>	F	
CEPACOL DUAL RELIEF SORETHROAT SPRAY LIQD	F	
CEPACOL SORE THROAT EXTRA STRENGTH LOZG (Use <i>Benzocaine-Menthol (Mouth-Throat)</i>)	***	
CEPACOL SORE THROAT LOZG 2.1MG-10MG	F	

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

Drug Name	Drug Tier	Requirements/ Limits
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))	***	
<i>lidocaine hcl (mouth-throat) soln</i>	F	QL(100 ml per fill retail)
ORABASE PSTE (Use Benzocaine (Dental))	***	
ORABASE-B PSTE (Use Benzocaine (Dental))	***	
ORAMAGIC PLUS SUSR	F	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	F	
<i>clotrimazole troc</i>	F	
<i>nystatin (mouth-throat) susp</i>	F	
ORAVIG TABS	F	PA
Antiseptics - Mouth/Throat		
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))	***	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenol (antiseptic) liqd</i>	F	
Dental Products		
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))	***	QL(60 ml per 30 days retail)
PREVIDENT 5000 PLUS CREA (Use Sodium Fluoride (Dental))	***	
PREVIDENT FLUORIDE GEL (Use Sodium Fluoride (Dental))	***	QL(60 ml per 30 days retail)
PREVIDENT SOLN (Use Sodium Fluoride (Dental))	***	
<i>sodium fluoride (dental) crea dt 1.1 %</i>	F	
<i>sodium fluoride (dental) gel dt 1.1 %</i>	F	QL(60 ml per 30 days retail)
<i>sodium fluoride (dental) pste dt 1.1 %</i>	F	
<i>sodium fluoride (dental) soln mt 0.2 %</i>	F	
<i>stannous fluoride conc</i>	F	RX/OTC
THERA-FLUR-N GEL (Use Sodium Fluoride (Dental))	***	QL(60 ml per 30 days retail)
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	F	QL(5 gm per fill retail)
Throat Products - Misc.		
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

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

Drug Name	Drug Tier	Requirements/ Limits
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 (<i>Use Cevimeline HCl</i>)	***	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
<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 (<i>Use Pilocarpine HCl (Oral)</i>)	***	QL(6 ea daily)
SALAGEN TABS 7.5 MG (<i>Use Pilocarpine HCl (Oral)</i>)	***	
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamin caps/tabs</i>	F	QL (1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex w/ c caps</i>	F	QL (1 ea daily)
<i>b-complex w/ c tabs/tabcr</i>	F	
B-Complex w/ Folic Acid		
<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	
Iron w/ Vitamins		
<i>iron w/ vitamins liqd</i>	F	
<i>iron w/ vitamins tabs</i>	F	RX/OTC
Multiple Vitamins w/ Calcium		
<i>multiple vitamins w/ calcium tabs</i>	F	
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs</i>	F	QL (1 ea daily)
Multiple Vitamins w/ Minerals		
<i>multiple vitamins w/ minerals caps</i>	F	RX/OTC
<i>multiple vitamins w/ minerals chew</i>	F	
<i>multiple vitamins w/ minerals liqd</i>	F	RX/OTC
<i>multiple vitamins w/ minerals tabs</i>	F	QL (1 ea daily); RX/OTC
Multivitamins		
<i>multiple vitamin caps</i>	F	
<i>multiple vitamin tabs</i>	F	QL (1 ea daily)
Ped MV w/ Fluoride		
<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)
Ped MV w/ Iron		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multiple vitamins w/ iron chew</i>	F	
<i>pediatric multiple vitamins w/ iron soln</i>	F	QL (60 ml per fill)
Ped Multiple Vitamins w/ Minerals		
<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	
Pediatric Multiple Vitamins		
<i>pediatric multiple vitamin w/ c soln</i>	F	QL (50 ml per fill)
<i>pediatric multiple vitamins liqd</i>	F	
Prenatal Vitamins		
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
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)
CO-NATAL FA TABS	F	QL(1 ea daily)
COMPLETE NATAL DHA MISC	F	PA
COMPLETE PRENATAL MULTIVITAMIN/PRENATAL DHA MISC	F	

Drug Name	Drug Tier	Requirements/ Limits
COMPLETENATE CHEW	F	QL(1 ea daily)
CONCEPT DHA CAPS	F	PA
CONCEPT OB CAPS	F	PA
CVS PRENATAL TABS	F	QL(1 ea daily)
CVS WOMENS PRENATAL+DHA MISC	F	
DOTHELLE DHA CAPS	F	PA
ENFAMIL EXPECTA MISC	F	
EQL PRENATAL FORMULA TABS	F	QL(1 ea daily)
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
FOLIVANE-OB CAPS	F	PA
GNP DAILY PRENATAL MISC	F	
GNP PRENATAL TABS	F	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	F	QL(1 ea daily)
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)
INATAL GT TABS	F	QL(1 ea daily)
INFANATE BALANCE CAPS	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily)
KPN PRENATAL TABS	F	
LEVOMEFOLATE DHA CAPS	F	PA
M-VIT TABS	F	QL(1 ea daily); RX/OTC
MACNATAL CN DHA CAPS	F	PA
MARNATAL-F CAPS	F	PA
MULTI PRENATAL TABS	F	QL(1 ea daily)
MYNATAL ADVANCE TABS	F	QL(1 ea daily)
MYNATAL CAPS	F	
MYNATAL PLUS TABS	F	QL(1 ea daily)
MYNATAL ULTRACAPLET TABS	F	QL(1 ea daily)
MYNATAL-Z TABS	F	QL(1 ea daily)
MYNATE 90 PLUS TBCR	F	QL(1 ea daily)
NAT-RUL PRENATAL VITAMINS TABS	F	QL(1 ea daily)
NATALVIT TABS	F	QL(1 ea daily)
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); RX/OTC
NUTRICION PORVIDA TABS	F	
O-CAL FA TABS	F	QL(1 ea daily); RX/OTC
O-CAL PRENATAL TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
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/FOLIC ACID TABS	F	
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	F	QL(1 ea daily); RX/OTC
PNV OB+DHA MISC	F	PA
PNV PRENATAL PLUS MULTIVITAMIN TABS	F	QL(1 ea daily); 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)
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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
PRENATABS RX TABS	F	
PRENATAL + DHA THPK	F	
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)
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)
PRENATAL FORTE TABS	F	
PRENATAL LOW IRON TABS	F	QL(1 ea daily)
PRENATAL MULTI +DHA CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL MULTIVITAMIN + DHA MISC	F	
PRENATAL MULTIVITAMIN PLUS DHA MISC	F	
PRENATAL MULTIVITAMIN TABS	F	QL(1 ea daily)
PRENATAL ONE DAILY TABS	F	QL(1 ea daily)
PRENATAL PLUS IRON TABS	F	
PRENATAL PLUS TABS	F	QL(1 ea daily); 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-200MG-25MG-1.8MG-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)

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

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	F	QL(1 ea daily); 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)
PRENATAL VITAMIN TABS	F	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	F	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	F	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS	F	QL(1 ea daily)
PRENATAL+DHA MISC	F	
PRENATAL-U CAPS	F	QL(1 ea daily)
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); RX/OTC
PRETAB TABS	F	QL(1 ea daily)
PROFE FORTE CAPS	F	
PROVIDA OB CAPS	F	PA

Drug Name	Drug Tier	Requirements/Limits
PUREFE OB PLUS CAPS	F	PA
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily)
QC PRENATAL TABS	F	QL(1 ea daily)
R-NATAL OB CAPS	F	PA
RA ONE DAILY MISC	F	
RA PRENATAL FORMULA/FOLICACID TABS	F	QL(1 ea daily)
RA PRENATAL TABS	F	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	F	QL(1 ea daily)
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)
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)
TARON-C DHA CAPS	F	PA
TARON-PREX CAPS	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily); 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)
TRICARE PRENATAL DHA ONE CAPS	F	PA
TRICARE TABS	F	QL(1 ea daily); RX/OTC
TRINATAL GT TABS	F	QL(1 ea daily)
TRINATAL RX 1 TABS	F	QL(1 ea daily)
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)
VINATE ONE TABS	F	QL(1 ea daily)
VIRT NATE TABS	F	PA
VIRT-ADVANCE TABS	F	QL(1 ea daily)
VIRT-C DHA CAPS	F	PA
VIRT-PN DHA CAPS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
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)
VITAFOL ULTRA CAPS	F	PA
VITAFOL-NANO TABS	F	PA
VITAFOL-OB TABS	F	QL(1 ea daily)
VOL-NATE TABS	F	PA
VOL-PLUS TABS	F	QL(1 ea daily); 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

MUSCULOSKELETAL THERAPY AGENTS

Central Muscle Relaxants

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	

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

Drug Name	Drug Tier	Requirements/Limits
<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 (Use Cyclobenzaprine HCl)	***	PA
LIORESAL INTRATHECAL SOLN	F	PA
LORZONE TABS	F	PA
<i>metaxalone tabs</i>	F	PA
<i>methocarbamol tabs</i>	F	
<i>orphenadrine citrate tb12</i>	F	QL(2 ea daily)
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	***	
ROBAXIN TABS (Use Methocarbamol)	***	
ROBAXIN-750 TABS (Use Methocarbamol)	***	
SKELAXIN TABS (Use Metaxalone)	***	PA
SOMA TABS 250 MG (Use Carisoprodol)	***	PA
SOMA TABS 350 MG (Use Carisoprodol)	***	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 Tizanidine HCl)	***	PA
ZANAFLEX TABS 4 MG (Use Tizanidine HCl)	***	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use Dantrolene Sodium)	***	
<i>dantrolene sodium caps</i>	F	
Muscle Relaxant Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol w/ aspirin & codeine tabs</i>	F	PA
<i>carisoprodol w/ aspirin tabs</i>	F	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
Nasal Agent Combinations		
DYMISTA SUSP	F	PA
Nasal Agents - Misc.		
AYR NASAL DROPS SOLN	F	
AYR NASAL MIST ALLERGY & SINUS HYPERTONIC SALINE SOLN	F	
OCEAN NASAL SPRAY SOLN (Use Saline)	***	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)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	F	
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	***	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	QL(26 ml per 30 days retail)
NASALCROM AERS (Use Cromolyn Sodium (Nasal))	***	QL(26 ml per 30 days retail)
<i>olopatadine hcl (nasal) soln</i>	F	PA
PATANASE SOLN (Use Olopatadine HCl (Nasal))	***	PA
Nasal Anticholinergics		
ATROVENT SOLN (Use Ipratropium Bromide (Nasal))	***	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide (nasal) soln</i>	F	
Nasal Steroids		
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>)	***	QL(16 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	***	QL(16 ml per 30 days retail); RX/OTC
FLONASE SENSIMIST SUSP	F	PA; RX/OTC
FLUNISOLIDE SOLN	F	QL(25 ml per 30 days retail)
<i>fluticasone propionate (nasal) susp</i>	F	QL(16 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	F	PA; QL(17 gm per 30 days retail)
NASACORT ALLERGY 24HR AERO	F	QL(17 ml per 30 days retail); AL; At least 2 yrs old; RX/OTC
NASACORT ALLERGY 24HR AERO (Use <i>Triamcinolone Acetonide (Nasal)</i>)	***	QL(17 ml per 30 days retail); AL; At least 2 yrs old; RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>Triamcinolone Acetonide (Nasal)</i>)	***	QL(17 ml per 30 days retail); AL; At least 2 yrs old; RX/OTC
NASONEX SUSP (Use <i>Mometasone Furoate (Nasal)</i>)	***	PA; QL(17 gm per 30 days retail)
OMNARIS SUSP	F	PA
QNASL AERS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
RHINOCORT AQUA SUSP (Use <i>Budesonide (Nasal)</i>)	***	PA; RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	F	QL(17 ml per 30 days retail); AL; At least 2 yrs old; RX/OTC
VERAMYST SUSP	F	PA; RX/OTC
ZETONNA AERS	F	PA
Sympathomimetic Decongestants		
ADRENALIN SOLN	F	
AFRIN 12 HOUR SOLN (Use <i>Oxymetazoline HCl</i>)	***	
AFRIN ALL NIGHT NODRIP SOLN (Use <i>Oxymetazoline HCl</i>)	***	
AFRIN CHILDRENS SOLN	F	
AFRIN NASAL SPRAY SOLN (Use <i>Oxymetazoline HCl</i>)	***	
AFRIN NODRIP EXTRA MOISTURIZING SOLN (Use <i>Oxymetazoline HCl</i>)	***	
AFRIN NODRIP ORIGINAL SOLN (Use <i>Oxymetazoline HCl</i>)	***	
AFRIN NODRIP SEVERE CONGESTION SOLN (Use <i>Oxymetazoline HCl</i>)	***	
AFRIN NODRIP SINUS SOLN (Use <i>Oxymetazoline HCl</i>)	***	
AFRIN SINUS SOLN (Use <i>Oxymetazoline HCl</i>)	***	
AFRIN SOLN (Use <i>Oxymetazoline HCl</i>)	***	
DRISTAN SPRAY SOLN (Use <i>Oxymetazoline HCl</i>)	***	
DURATION 12 HOUR SOLN (Use <i>Oxymetazoline HCl</i>)	***	
DURATION SPRAY SOLN (Use <i>Oxymetazoline HCl</i>)	***	

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

Drug Name	Drug Tier	Requirements/ Limits
LITTLE NOSES DECONGESTANTNOSE DROPS SOLN	F	
NASAL DECONGESTANT LIQD	F	
NASAL DECONGESTANT SYRP	F	
NEO-SYNEPHRINE 12 HOUR EXTRA MOISTURIZING SOLN (Use Oxymetazoline HCl)	***	
NEO-SYNEPHRINE COLD & SINUS EXTRA SOLN (Use Phenylephrine HCl)	***	
NEO-SYNEPHRINE COLD & SINUS MILD SOLN (Use Phenylephrine HCl)	***	
NEO-SYNEPHRINE COLD & SINUS REGULAR SOLN	F	
oxymetazoline hcl soln	F	
phenylephrine hcl (oral) tabs	F	QL(24 ea per fill retail)
phenylephrine hcl soln	F	
pseudoephedrine hcl liqd 15 mg/5ml	F	
pseudoephedrine hcl tabs 30 mg, 60 mg	F	
pseudoephedrine hcl tb12 120 mg	F	QL(62 ea per 30 days retail)
SUDAFED 24 HOUR TB24	F	
SUDAFED CHILDRENS LIQD (Use Pseudoephedrine HCl)	***	
SUDAFED CONGESTION TABS (Use Pseudoephedrine HCl)	***	
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (Use Pseudoephedrine HCl)	***	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	F	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
SUDAFED PE CONGESTION TABS (Use Phenylephrine HCl (Oral))	***	QL(24 ea per fill retail)
TYZINE PEDIATRIC NASAL DROPS SOLN	F	PA
VICKS SINEX 12 HOUR DECONGESTANT SOLN (Use Oxymetazoline HCl)	***	
VICKS SINEX 12 HOUR DECONGESTANT ULTRA FINE MIST SOLN (Use Oxymetazoline HCl)	***	
VICKS SINEX 12 HOUR DECONGESTANT ULTRA FINE MIST/MOISTURIZNG SOLN (Use Oxymetazoline HCl)	***	
VICKS SINEX MOISTURIZING SOLN (Use Oxymetazoline HCl)	***	
VICKS SINEX SEVERE NASALDECONGESTANT SOLN (Use Oxymetazoline HCl)	***	
VICKS SINEX SOLN (Use Oxymetazoline HCl)	***	
NEUROMUSCULAR AGENTS		
ALS Agents		
RILUTEK TABS (Use Riluzole)	***	PA
riluzole tabs	F	PA
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	F	
POLYCOSE POWD	F	
Misc. Nutritional Substances		
docosahexaenoic acid caps	F	
omega-3 fatty acids caps	F	
omega-3 fatty acids cpdr	F	

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

Drug Name	Drug Tier	Requirements/ Limits
Proteins		
ARGININE TABS	F	
<i>arginine tabs</i>	F	
OPHTHALMIC AGENTS		
Artificial Tears and Lubricants		
<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	
GENTEAL MILD SOLN	F	
GENTEAL MILD TO MODERATE SOLN (Use <i>Hypromellose (Ophth)</i>)	***	
GENTEAL SEVERE GEL	F	
<i>glycerin-hypromellose-polyethylene glycol 400 soln</i>	F	
HYPOTEARs SOLN	F	QL(31 ml per 30 days retail)
<i>hypromellose (ophth) soln</i>	F	
ISOPTO TEARS SOLN	F	
LACRISERT INST	F	PA
MOISTURE EYES SOLN (Use <i>Propylene Glycol-Glycerin</i>)	***	
<i>polyethylene glycol-propylene glycol (ophth) soln</i>	F	
<i>polyvinyl alcohol soln</i>	F	QL(31 ml per 30 days retail)
<i>polyvinyl alcohol-povidone (ophth) soln</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>propylene glycol (ophth) soln</i>	F	
<i>propylene glycol-glycerin soln</i>	F	
REFRESH LIQUIGEL SOLN	F	
REFRESH OPTIVE SENSITIVE SOLN	F	
REFRESH OPTIVE SOLN (Use <i>Carboxymethylcellulose-Glycerin</i>)	***	
REFRESH TEARS SOLN (Use <i>Carboxymethylcellulose Sodium (Ophth)</i>)	***	
SYSTANE OVERNIGHT THERAPY LUBRICANT EYE GEL	F	
SYSTANE SOLN (Use <i>Polyethylene Glycol-Propylene Glycol (Ophth)</i>)	***	
SYSTANE ULTRA HOME & AWAY PACK SOLN (Use <i>Polyethylene Glycol-Propylene Glycol (Ophth)</i>)	***	
SYSTANE ULTRA SOLN (Use <i>Polyethylene Glycol-Propylene Glycol (Ophth)</i>)	***	
TEARS NATURALE PM OINT (Use <i>White Petrolatum-Mineral Oil</i>)	***	QL(42 gm per fill retail)
VISINE TEARS SOLN (Use <i>Glycerin-Hypromellose-Polyethylene Glycol 400</i>)	***	
<i>white petrolatum-mineral oil oint</i>	F	QL(42 gm per fill retail)
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use <i>Levobunolol HCl</i>)	***	QL(15 ml per 30 days retail)
<i>betaxolol hcl (ophth) soln</i>	F	QL(15 ml per fill retail)
BETIMOL SOLN	F	QL(15 ml per 30 days retail)
BETOPTIC-S SUSP	F	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>carteolol hcl (ophth) soln</i>	F	Limit 1 fill per Month
CARTEOLOL HCL SOLN	F	Limit 1 fill per Month
COMBIGAN SOLN	F	PA
COSOPT PF SOLN	F	PA
COSOPT SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	***	QL(10 ml per 30 days retail)
<i>dorzolamide hcl-timolol maleate soln</i>	F	QL(10 ml per 30 days retail)
ISTALOL SOLN	F	PA
ISTALOL SOLN (<i>Use Timolol Maleate (Ophth)</i>)	***	PA
<i>levobunolol hcl soln</i>	F	QL(15 ml per 30 days retail)
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 0.25 %, 0.5 %	F	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE OINT	F	
ATROPINE SULFATE SOLN	F	
CYCLOGYL SOLN 0.5 % (<i>Use Cyclopentolate HCl</i>)	***	QL(15 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
CYCLOGYL SOLN 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 %</i>	F	QL(15 ml per 30 days retail)
<i>cyclopentolate hcl soln 1 %</i>	F	
<i>cyclopentolate hcl soln 2 %</i>	F	QL(15 ml per fill retail)
<i>homatropine hbr soln</i>	F	
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	***	
<i>tropicamide soln</i>	F	
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	***	
PHOSPHOLINE IODIDE SOLR	F	PA
<i>pilocarpine hcl soln</i>	F	
Ophthalmic Adrenergic Agents		
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
Ophthalmic Anti-infectives		
AZASITE SOLN	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
BACITRACIN OINT	F	QL(4 gm per 30 days retail)
<i>bacitracin-polymyxin b (ophth) oint</i>	F	QL(4 gm per 30 days retail)
BESIVANCE SUSP	F	PA
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	***	QL(15 ml per 30 days retail)
CILOXAN OINT	F	QL(3.5 gm per fill retail)
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	***	QL(10 ml per fill retail)
<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	QL(4 gm per 30 days retail)
<i>gentamicin sulfate (ophth) oint</i>	F	QL(4 gm per 30 days retail)
<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	QL(4 gm per 30 days retail)
<i>neomycin-polymyxin-gramicidin soln</i>	F	QL(10 ml per 30 days retail)
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	***	QL(10 ml per 30 days retail)
OCUFLOX SOLN (Use Ofloxacin (Ophth))	***	QL(10 ml per 30 days retail)
<i>ofloxacin (ophth) soln</i>	F	QL(10 ml per 30 days retail)
<i>polymyxin b-trimethoprim soln</i>	F	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	***	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln</i>	F	QL(15 ml per 30 days retail)
SULFACETAMIDE SODIUM OINT OP	F	QL(4 gm per 30 days retail)
<i>tobramycin (ophth) soln</i>	F	QL(5 ml per 30 days retail)
TOBEX OINT	F	
TOBEX SOLN (Use Tobramycin (Ophth))	***	QL(5 ml per 30 days retail)
<i>trifluridine soln</i>	F	QL(8 ml per 30 days retail)
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	***	QL(3 ml per fill retail)
VIROPTIC SOLN (Use Trifluridine)	***	QL(8 ml per 30 days retail)
ZIRGAN GEL	F	PA
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	***	PA
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine soln 0.025%-0.3%</i>	F	
<i>naphazoline w/ pheniramine soln 0.027%-0.315%</i>	F	QL(15 ml per 30 days retail)
NAPHCON-A SOLN (Use Naphazoline w/ Pheniramine)	***	
OPCON-A SOLN (Use Naphazoline w/ Pheniramine)	***	QL(15 ml per 30 days retail)
<i>phenylephrine hcl (ophth) soln 10 %</i>	F	PA
<i>phenylephrine hcl (ophth) soln 2.5 %</i>	F	QL(5 ml per 30 days retail)
<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)

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

Drug Name	Drug Tier	Requirements/ Limits
VISINE SOLN (<i>Use Tetrahydrozoline HCl (Ophth)</i>)	***	QL(30 ml per fill retail)
Ophthalmic Immunomodulators		
RESTASIS EMUL	F	PA
RESTASIS MULTIDOSE EMUL	F	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (<i>Use Proparacaine HCl</i>)	***	PA
<i>proparacaine hcl soln</i>	F	PA
<i>tetracaine hcl (ophth) soln</i>	F	PA
Ophthalmic Steroids		
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 (<i>Use Fluorometholone (Ophth)</i>)	***	QL(15 ml per fill retail)
FML OINT	F	QL(4 gm per 30 days retail)
LOTEMAX GEL	F	PA
LOTEMAX SUSP	F	PA
MAXIDEX SUSP	F	PA

Drug Name	Drug Tier	Requirements/ Limits
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (<i>Use Neomycin-Polymy-Dexameth</i>)	***	QL(4 gm per 30 days retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (<i>Use Neomycin-Polymy-Dexameth</i>)	***	QL(10 ml per 30 days retail)
<i>neomycin-polymy-dexameth oint 10000unit/gm-3.5mg/gm-0.1%</i>	F	QL(4 gm per 30 days retail)
<i>neomycin-polymy-dexameth susp 10000unit/ml-3.5mg/ml-0.1%</i>	F	QL(10 ml per 30 days retail)
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	F	QL(15 ml per 30 days retail)
OMNIPRED SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	***	QL(15 ml per fill retail)
PRED FORTE SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	***	QL(15 ml per fill retail)
PRED MILD SUSP	F	QL(10 ml per 30 days retail)
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 ACETATE P-F SUSP	F	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	F	QL(15 ml per 30 days retail)
<i>sulfacetamide sod-prednisolone soln</i>	F	QL(10 ml per 30 days retail)
TOBRADEX OINT	F	QL(4 gm per 30 days retail)
TOBRADEX ST SUSP	F	PA
TOBRADEX SUSP (<i>Use Tobramycin-Dexamethasone</i>)	***	QL(10 ml per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin-dexamethasone susp</i>	F	QL(10 ml per fill retail)
VEXOL SUSP	F	
ZYLET SUSP	F	PA
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	***	
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	***	QL(10 ml per fill retail)
ACUVAIL SOLN	F	PA
ALOCRIAL SOLN	F	ST; QL(5 ml per 30 days retail)
ALOMIDE SOLN	F	ST; QL(10 ml per 30 days retail)
<i>azelastine hcl (ophth) soln</i>	F	QL(6 ml per 30 days retail)
AZOPT SUSP	F	QL(15 ml per fill retail)
<i>bromfenac sodium (ophth) soln</i>	F	PA
BROMFENAC SOLN	F	PA
<i>cromolyn sodium (ophth) soln</i>	F	QL(10 ml per fill retail)
<i>diclofenac sodium (ophth) soln</i>	F	QL(3 ml per 30 days retail)
<i>dorzolamide hcl soln</i>	F	QL(10 ml per 30 days retail)
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	***	PA
EMADINE SOLN	F	PA
<i>epinastine hcl (ophth) soln</i>	F	PA
<i>flurbiprofen sodium soln</i>	F	QL(5 ml per 30 days retail)
FLURBIPROFEN SODIUM SOLN	F	QL(5 ml per 30 days retail)
ILEVRO SUSP	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use Sodium Chloride Hypertonic</i>)	***	QL(7 gm per fill retail)
MURO 128 SOLN (<i>Use Sodium Chloride Hypertonic</i>)	***	QL(30 ml per fill retail)
OCUFEN SOLN (<i>Use Flurbiprofen Sodium</i>)	***	QL(5 ml per 30 days retail)
<i>olopatadine hcl soln</i>	F	PA
PATADAY SOLN (<i>Use 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 (<i>Use Dorzolamide HCl</i>)	***	QL(10 ml per 30 days retail)
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	***	QL(240 ml per fill retail)
Prostaglandins - Ophthalmic		
<i>latanoprost soln</i>	F	QL(5 ml per 30 days retail)
LUMIGAN SOLN	F	PA
RESCULA SOLN	F	PA
TRAVOPROST SOLN	F	PA
XALATAN SOLN (<i>Use Latanoprost</i>)	***	QL(5 ml per 30 days retail)
OTIC AGENTS		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	F	QL(15 ml per 30 days retail)

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

Drug Name	Drug Tier	Requirements/Limits
ACETIC ACID/ALUMINUM ACETATE SOLN	F	
<i>carbamide peroxide (otic) soln</i>	F	QL(15 ml per 30 days retail)
DEBROX SOLN (<i>Use Carbamide Peroxide (Otic)</i>)	***	QL(15 ml per 30 days retail)
Otic Anti-infectives		
CETRAXAL SOLN	F	PA
CIPROFLOXACIN SOLN OT 0.2 %	F	PA
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	***	QL(10 ml per fill retail)
<i>ofloxacin (otic) soln</i>	F	QL(10 ml per fill retail)
Otic Combinations		
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 (<i>Use Pramoxine-HC-Chloroxylenol</i>)	***	QL(15 ml per fill retail)
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	QL(20 ml per 30 days retail)
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)
Otic Steroids		
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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone w/acetic acid soln</i>	F	QL(20 ml per 30 days retail)
OXYTOCICS		
Oxytocics		
METHERGINE TABS	F	
<i>methylergonovine maleate tabs</i>	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
Immune Serums		
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
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
HYPERRHO S/D MINI-DOSE SOSY	F	PA; SP
HYPERRHO S/D SOSY	F	PA; SP
MICRHOGAM ULTRA-FILTEREDPLUS SOSY	F	PA; SP
OCTAGAM SOLN	F	PA; SP

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

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN SOLN	F	PA; SP
RHOGAM ULTRA-FILTERED PLUS SOSY	F	PA; SP
RHOPHYLAC SOSY	F	PA; SP
WINRHO SDF SOLN	F	PA; SP
Monoclonal Antibodies		
SYNAGIS SOLN	F	PA; SP
PENICILLINS		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	F	
AMOXICILLIN CHEW 125 MG, 250 MG	F	
AMOXICILLIN ER TB24	F	PA
<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
Natural Penicillins		
<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	
Penicillin Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml</i>	F	QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 250mg/5ml-62.5mg/5ml</i>	F	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml</i>	F	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 600mg/5ml-42.9mg/5ml</i>	F	QL(400 ml per fill retail)
<i>amoxicillin & pot clavulanate tabs 250mg-125mg, 500mg-125mg</i>	F	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate tabs 875mg-125mg</i>	F	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate tb12 1000mg-62.5mg</i>	F	QL(40 ea per 30 days retail)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	F	QL(20 ea per fill retail)
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)	***	QL(40 ea per 30 days retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	F	
PHARMACEUTICAL ADJUVANTS		

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

Drug Name	Drug Tier	Requirements/ Limits
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX GEL	F	QL(6000 ml per fill retail)
SIMPLYTHICK GEL	F	QL(6000 ml per fill retail)
<i>starch-maltodextrin (thickening) powd</i>	F	
THICK-IT ORIGINAL POWD (Use Starch-Maltodextrin (Thickening))	***	
Liquid Vehicles		
BLENDED SUSPENDING COMPOUND SUSP	F	RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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 SUSPENDING COMPOUNDPLUS SUSP	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
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
SWEETENING SUSPENDING COMPOUND SYRP	F	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
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
Semi Solid Vehicles		
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
PROGESTINS		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	***	
MAKENA OIL IM 250 MG/ML	F	SP
MAKENA OIL IM 250 MG/ML	F	QL(4 ml per 28 days retail); SP
<i>medroxyprogesterone acetate tabs</i>	F	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	***	PA
<i>megestrol acetate (appetite) susp</i>	F	PA
<i>norethindrone acetate tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone micronized caps</i>	F	QL(30 ea per 30 days retail)
PROMETRIUM CAPS (Use Progesterone Micronized)	***	QL(30 ea per 30 days retail)
PROVERA TABS (Use Medroxyprogesterone Acetate)	***	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	F	PA
ANTABUSE TABS (Use Disulfiram)	***	
<i>disulfiram tabs</i>	F	
Anti-Cataplectic Agents		
XYREM SOLN	F	PA; SP
Antidementia Agents		
ARICEPT TABS 23 MG (Use Donepezil Hydrochloride)	***	PA
ARICEPT TABS 5 MG, 10 MG (Use Donepezil Hydrochloride)	***	QL(31 ea per 31 days retail)
<i>donepezil hydrochloride tabs 23 mg</i>	F	PA
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	F	QL(31 ea per 31 days retail)
<i>donepezil hydrochloride tbdp 5 mg, 10 mg</i>	F	QL(31 ea per 31 days retail)
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
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	F	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	F	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	F	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl cp24 14 mg, 21 mg, 28 mg</i>	F	PA; QL(2 ea daily)
<i>memantine hcl cp24 7 mg</i>	F	PA
<i>memantine hcl soln 2 mg/ml</i>	F	PA; QL(2 ml daily)
<i>memantine hcl tabs</i>	F	PA
<i>memantine hcl tabs 5 mg, 10 mg</i>	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)
RAZADYNE TABS (Use Galantamine Hydrobromide)	***	QL(2 ea daily)
<i>rivastigmine pt24</i>	F	PA
<i>rivastigmine tartrate caps</i>	F	QL(2 ea daily)
Combination Psychotherapeutics		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS	F	
<i>olanzapine-fluoxetine hcl caps</i>	F	PA
PERPHENAZINE/AMITRIPTYLINE TABS	F	
SYMBYAX CAPS (Use Olanzapine-Fluoxetine HCl)	***	PA
Fibromyalgia Agents		

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TABS	F	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	F	PA; QL(55 ea per 365 days retail)
Movement Disorder Drug Therapy		
INGREZZA CAPS	F	PA; SP
<i>tetrabenazine tabs</i>	F	PA; SP
XENAZINE TABS (Use Tetrabenazine)	***	PA; SP
Multiple Sclerosis Agents		
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 (Use Glatiramer Acetate)	***	PA; SP
EXTAVIA KIT	F	PA; SP
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

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

Drug Name	Drug Tier	Requirements/ Limits
REBIF TITRATION PACK SOSY	F	PA; SP
TECFIDERA CPDR	F	PA; SP
TECFIDERA STARTER PACK MISC	F	PA; SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE STARTER MISC	F	PA
GRALISE TABS	F	PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS	F	QL(124 ea per 30 days retail)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	F	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	F	PA
ORAP TABS (<i>Use Pimozide</i>)	***	
<i>pimozide tabs</i>	F	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	F	PA
Smoking Deterrents		
<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 (<i>Use Nicotine</i>)	***	QL(1 ea daily)
NICODERM CQ PT24 7 MG/24HR (<i>Use Nicotine</i>)	***	

Drug Name	Drug Tier	Requirements/ Limits
NICORETTE GUM 2 MG, 4 MG (<i>Use Nicotine Polacrilex</i>)	***	QL(24 ea daily)
NICORETTE LOZG 2 MG, 4 MG (<i>Use Nicotine Polacrilex</i>)	***	QL(20 ea daily)
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	***	QL(20 ea daily)
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	***	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	QL(120 ml per 30 days retail)
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	***	QL(2 ea daily)
Vasomotor Symptom Agents		
BRISDELLE CAPS (<i>Use Paroxetine Mesylate (Vasomotor)</i>)	***	PA
<i>paroxetine mesylate (vasomotor) caps</i>	F	PA
RESPIRATORY AGENTS - MISC.		
Cystic Fibrosis Agents		
KALYDECO PACK	F	PA; SP
KALYDECO TABS	F	PA; SP
ORKAMBI TABS	F	PA; SP
PULMOZYME SOLN	F	PA; SP

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

Drug Name	Drug Tier	Requirements/ Limits
SULFONAMIDES		
Sulfonamides		
SULFADIAZINE TABS	F	PA
TETRACYCLINES		
Tetracyclines		
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
demeclocycline hcl tabs	F	PA
doxycycline (monohydrate) caps	F	PA
doxycycline (monohydrate) susr	F	PA
doxycycline (monohydrate) tabs	F	PA
doxycycline hyclate caps 50 mg, 100 mg	F	
doxycycline hyclate tabs 20 mg, 100 mg	F	
doxycycline hyclate tbec 75 mg, 100 mg, 150 mg	F	PA
MINOCIN CAPS (Use Minocycline HCl)	***	
minocycline hcl caps 50 mg, 75 mg, 100 mg	F	
minocycline hcl tb24 45 mg, 65 mg, 90 mg, 115 mg, 135 mg	F	PA
MONODOX CAPS (Use Doxycycline Monohydrate))	***	PA
SOLODYN TB24 55 MG, 80 MG, 105 MG	F	PA

Drug Name	Drug Tier	Requirements/ Limits
SOLODYN TB24 65 MG, 115 MG (Use Minocycline HCl)	***	PA
tetracycline hcl caps 250 mg, 500 mg	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		
Antithyroid Agents		
methimazole tabs	F	
propylthiouracil tabs	F	
TAPAZOLE TABS (Use Methimazole)	***	
Thyroid Hormones		
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)	***	
levothyroxine sodium tabs	F	
liothyronine sodium tabs	F	
NATURE-THROID TABS	F	
SYNTHROID TABS (Use Levothyroxine Sodium)	F	
thyroid tabs	F	
THYROLAR-1 TABS	F	
THYROLAR-1/2 TABS	F	

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

Drug Name	Drug Tier	Requirements/ Limits
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		
Antispasmodics		
ANASPAZ TBDP (<i>Use Hyoscyamine Sulfate</i>)	***	
BELLADONNA & OPIUM SUPP	F	PA
BELLADONNA ALKALOIDS & OPIUM SUPP	F	PA
BENTYL CAPS (<i>Use Dicyclomine HCl</i>)	***	
BENTYL TABS (<i>Use Dicyclomine HCl</i>)	***	
CUVPOSA SOLN	F	PA
<i>dicyclomine hcl caps 10 mg</i>	F	
<i>dicyclomine hcl soln 10 mg/5ml</i>	F	QL(496 ml per 30 days retail)
<i>dicyclomine hcl tabs 20 mg</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 (<i>Use Phenobarbital- Hyoscyamine-Atropine- Scopolamine</i>)	***	
<i>glycopyrrolate tabs</i>	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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	
LEVVID TB12 (<i>Use Hyoscyamine Sulfate</i>)	***	QL(4 ea daily)
LEVSIN SOLN IJ 0.5 MG/ML	F	
LEVSIN TABS OR 0.125 MG (<i>Use Hyoscyamine Sulfate</i>)	***	
LEVSIN/SL SUBL (<i>Use Hyoscyamine Sulfate</i>)	***	
<i>methscopolamine bromide tabs</i>	F	PA
<i>phenobarbital-hyoscyamine-atropine-scopolamine tabs</i>	F	
PROPANTHELINE BROMIDE TABS	F	QL(4 ea daily)
ROBINUL FORTE TABS (<i>Use Glycopyrrolate</i>)	***	QL(4 ea daily)
ROBINUL TABS (<i>Use Glycopyrrolate</i>)	***	QL(4 ea daily)
SYMAX DUOTAB TBCR	F	
H-2 Antagonists		
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	

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

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use Famotidine</i>)	***	RX/OTC
PEPCID AC TABS (<i>Use Famotidine</i>)	***	
PEPCID SUSR 40 MG/5ML (<i>Use Famotidine</i>)	***	
PEPCID TABS 20 MG (<i>Use Famotidine</i>)	***	RX/OTC
PEPCID TABS 40 MG (<i>Use Famotidine</i>)	***	
<i>ranitidine hcl caps 150 mg</i>	F	QL(2 ea daily)
<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 (<i>Use Cimetidine</i>)	***	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (<i>Use Ranitidine HCl</i>)	***	RX/OTC
ZANTAC 75 TABS (<i>Use Ranitidine HCl</i>)	***	QL(2 ea daily)
ZANTAC TABS 150 MG (<i>Use Ranitidine HCl</i>)	***	RX/OTC
ZANTAC TABS 300 MG (<i>Use Ranitidine HCl</i>)	***	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	F	QL(420 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CARAFATE TABS 1 GM (<i>Use Sucralfate</i>)	***	
<i>sucralfate tabs</i>	F	
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP	F	PA
ACIPHEX TBEC (<i>Use 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
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)
<i>lansoprazole tbdp 15 mg, 30 mg</i>	F	QL(1 ea daily)
NEXIUM 24HR CLEAR MINIS CPDR (<i>Use Esomeprazole Magnesium</i>)	***	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (<i>Use Esomeprazole Magnesium</i>)	***	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (<i>Use Esomeprazole Magnesium</i>)	***	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (<i>Use Esomeprazole Magnesium</i>)	***	PA
NEXIUM PACK 10 MG, 20 MG, 40 MG	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
<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 Lansoprazole)	***	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use Lansoprazole)	***	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use Lansoprazole)	***	QL(2 ea daily)
PREVACID SOLUTAB TBDP (Use Lansoprazole)	***	QL(1 ea daily)
PRILOSEC CPDR 10 MG (Use Omeprazole)	***	QL(1 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use Misoprostol)	***	
<i>misoprostol tabs</i>	F	
Ulcer Therapy Combinations		
<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
<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 Famotidine-Calcium Carbonate-Magnesium Hydroxide)	***	
PREVPAC MISC (Use Amoxicillin-Clarithromycin w/ Lansoprazole)	***	PA
PYLERA CAPS	F	PA
ZEGERID CAPS 20MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	***	QL(2 ea daily); RX/OTC
ZEGERID CAPS 40MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	***	PA

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

Drug Name	Drug Tier	Requirements/ Limits
ZEGERID OTC CAPS (<i>Use Omeprazole-Sodium Bicarbonate</i>)	***	QL(2 ea daily); RX/OTC
ZEGERID PACK 20MG-1680MG, 40MG-1680MG (<i>Use Omeprazole-Sodium Bicarbonate</i>)	***	
URINARY ANTI-INFECTIVES		
Urinary Anti-infective Combinations		
HYOPHEN TABS	F	PA
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal tabs</i>	F	PA
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal caps 40.8mg-0.12mg-36mg-120mg-10mg</i>	F	PA
<i>methenamine-hyosc-methylene blue-sod phosph-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 (<i>Use Methenamine-Hyoscamine-Methylene Blue-Sodium Phosphate</i>)	***	PA
UTA CAPS	F	PA
Urinary Anti-infectives		
FURADANTIN SUSP (<i>Use Nitrofurantoin</i>)	***	QL(40 ml daily)
HIPREX TABS (<i>Use Methenamine Hippurate</i>)	***	PA
MACROBID CAPS (<i>Use Nitrofurantoin Monohyd Macro</i>)	***	

Drug Name	Drug Tier	Requirements/ Limits
MACRODANTIN CAPS (<i>Use Nitrofurantoin Macrocrystal</i>)	***	
<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)
URINARY ANTISPASMODICS		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	F	PA
DETROL LA CP24 (<i>Use Tolterodine Tartrate</i>)	***	
DETROL TABS (<i>Use Tolterodine Tartrate</i>)	***	PA
DITROPAN XL TB24 (<i>Use Oxybutynin Chloride</i>)	***	QL(2 ea daily)
ENABLEX TB24 (<i>Use Darifenacin Hydrobromide</i>)	***	PA
GELNIQUE GEL	F	PA
GELNIQUE PUMP GEL	F	PA
<i>oxybutynin chloride syr 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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	F	PA
TOVIAZ TB24	F	PA
<i>trosipium chloride cp24 60 mg</i>	F	PA
<i>trosipium chloride tabs 20 mg</i>	F	QL(2 ea daily)
VESICARE TABS	F	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	F	
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	***	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	F	
VACCINES		
Bacterial Vaccines		
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
Viral Vaccines		
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	QL(1 ml per 180 days retail); AL; At least 9 yrs old

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
AFLURIA QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); 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	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUARIX QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUARIX QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUBLOK 2015-2016 SOLN	F	
FLUBLOK 2016-2017 SOLN	F	
FLUBLOK 2017-2018 SOLN	F	
FLUBLOK QUADRIVALENT 2017-2018 SOSY	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUCELVAX 2015-2016 SUSY	F	
FLUCELVAX QUADRIVALENT 2016-2017 SUSY	F	

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

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUCELVAX QUADRIVALENT 2017-2018 SUSY	F	
FLULAVAL QUADRIVALENT 2014-2015 SUSY	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLULAVAL QUADRIVALENT 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLULAVAL QUADRIVALENT 2016-2017 SUSP	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLULAVAL QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLULAVAL QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLULAVAL QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); 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	
FLUVIRIN 2017-2018 SUSY	F	
FLUZONE HIGH-DOSE PF 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE INTRADERMAL QUADRIVALENT 2015-2016 SUPN	F	QL(0.0 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE INTRADERMAL QUADRIVALENT 2016-2017 SUPN	F	QL(0.0 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE INTRADERMAL QUADRIVALENT 2017-2018 SUPN	F	QL(0.0 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2015-2016 SUSY	F	QL(0.0 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2016-2017 SUSP	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2016-2017 SUSY	F	QL(0.0 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old

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

Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2017-2018 SUSY	F	QL(0.0 ml per 180 days retail); AL; At least 9 yrs old
FLUZONE QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); 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
MEDICAL PROVIDER EZ FLU SHOT 2015-2016 PSKT	F	
MEDICAL PROVIDER SINGLE USE EZ FLU SHOT PSKT	F	QL(1 ea per 180 days retail); 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
SHINGRIX SUSR	F	QL(2 ea per 999 days retail); AL; At least 50 yrs old
VAQTA SUSP	F	AL; At least 18 yrs old
VARIVAX INJ	F	AL; At least 18 yrs old
ZOSTAVAX SUSR	F	QL(1 ea per 999 days retail); AL; At least 50 yrs old
VAGINAL PRODUCTS		
Spermicides		

Drug Name	Drug Tier	Requirements/Limits
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 (Use <i>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)
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use <i>Clindamycin Phosphate Vaginal</i>)	***	
CLEOCIN SUPP VA 100 MG	F	PA
<i>clindamycin phosphate vaginal crea</i>	F	
CLINDESSE CREA	F	
<i>clotrimazole vaginal crea 1 %</i>	F	QL(45 gm per 30 days retail)
<i>clotrimazole vaginal crea 2 %</i>	F	QL(31 gm per 30 days retail)
GYNAZOLE-1 CREA	F	
GYNE-LOTRIMIN 3 CREA (Use <i>Clotrimazole Vaginal</i>)	***	QL(31 gm per 30 days retail)
GYNE-LOTRIMIN CREA (Use <i>Clotrimazole Vaginal</i>)	***	QL(45 gm per 30 days retail)
METROGEL-VAGINAL GEL (Use <i>Metronidazole Vaginal</i>)	***	QL(70 gm per 30 days retail)
<i>metronidazole vaginal gel</i>	F	QL(70 gm per 30 days retail)
MICONAZOLE 3 SUPP	F	QL(3 ea per 30 days retail)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole nitrate vaginal crea 2 %, 4 %</i>	F	QL(45 gm per 30 days retail)
<i>miconazole nitrate vaginal kit</i>	F	QL(1 ea per fill retail)
<i>miconazole nitrate vaginal kit</i>	F	QL(24 gm per fill retail)
<i>miconazole nitrate vaginal supp 100 mg</i>	F	QL(7 ea per 30 days retail)
MONISTAT 1 COMBO PACK KIT (Use <i>Miconazole Nitrate Vaginal</i>)	***	QL(1 ea per fill retail)
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (Use <i>Miconazole Nitrate Vaginal</i>)	***	QL(1 ea per fill retail)
MONISTAT 3 COMBINATION PACK KIT (Use <i>Miconazole Nitrate Vaginal</i>)	***	QL(24 gm per fill retail)
MONISTAT 3 CREA (Use <i>Miconazole Nitrate Vaginal</i>)	***	QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA (Use <i>Miconazole Nitrate Vaginal</i>)	***	QL(45 gm per 30 days retail)
TERAZOL 3 CREA (Use <i>Terconazole Vaginal</i>)	***	
TERAZOL 7 CREA (Use <i>Terconazole Vaginal</i>)	***	
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 <i>Tioconazole Vaginal</i>)	***	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (Use <i>Estradiol Vaginal</i>)	***	QL(43 gm per 30 days retail)
<i>estradiol vaginal crea 0.1 mg/gm</i>	F	QL(43 gm per 30 days retail)
<i>estradiol vaginal tabs 10 mcg</i>	F	PA

Drug Name	Drug Tier	Requirements/ Limits
ESTRING RING	F	PA
FEMRING RING	F	PA
PREMARIN CREA VA 0.625 MG/GM	F	QL(43 gm per 30 days retail)
VAGIFEM TABS (Use <i>Estradiol Vaginal</i>)	***	PA
Vaginal Progestins		
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
VASOPRESSORS		
Anaphylaxis Therapy Agents		
ADRENACLICK SOAJ 0.15 MG/0.15ML	F	PA; Limit 1 fill (2 pens) per month; 4 pens per year;QL(4 ea per 365 days retail)
ADRENACLICK SOAJ 0.3 MG/0.3ML	F	Limit 1 fill (2 pens) per month; 4 pens per year;QL(4 ea per 365 days retail)
AUVI-Q SOAJ 0.15 MG/0.15ML	F	PA; Limit 1 fill (2 pens) per month; 4 pens per year;QL(4 ea per 365 days retail)

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

Drug Name	Drug Tier	Requirements/ Limits
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; QL(4 ea per 365 days retail)
EPINEPHRINE SOAJ 0.15 MG/0.3ML, 0.3 MG/0.3ML	F	Limit 1 fill (2 pens) per month; 4 pens per year; QL(4 ea per 365 days retail)
EPINEPHRINE SOAJ 0.3 MG/0.3ML	***	
EPIPEN 2-PAK SOAJ	***	
EPIPEN-JR 2-PAK SOAJ	***	
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS 100 MG, 200 MG	F	PA; QL(3 ea daily); SP
NORTHERA CAPS 300 MG	F	PA; QL(6 ea daily); SP
Vasopressors		
midodrine hcl tabs	F	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 1000 unit, 2000 unit	F	QL(100 ea per fill retail)
cholecalciferol caps 400 unit, 10000 unit	F	
cholecalciferol caps 5000 unit	F	QL(2 ea daily)
cholecalciferol caps 50000 unit	F	QL(8 ea per 30 days retail)
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	

Drug Name	Drug Tier	Requirements/ Limits
D-VI-SOL LIQD (<i>Use Cholecalciferol</i>)	***	
DRISDOL CAPS (<i>Use Ergocalciferol</i>)	***	
DRISDOL SOLN (<i>Use Ergocalciferol</i>)	***	
<i>ergocalciferol caps</i>	F	
<i>ergocalciferol soln</i>	F	
KEY-E CHEW	F	QL(62 ea per 30 days retail)
MEPHYTON TABS	F	
REPLESTA WAFR	F	
VITAMIN D3 LIQD	F	
<i>vitamin e caps 100 unit, 200 unit, 400 unit</i>	F	QL(62 ea per 30 days retail)
VITAMIN E CHEW 400 UNIT	F	QL(62 ea per 30 days retail)
<i>vitamin e soln 15 unit/0.3ml</i>	F	
Water Soluble Vitamins		
<i>ascorbic acid chew 250mg, 500mg, 250 mg, 500 mg, 7.5mg-500mg</i>	F	
<i>ascorbic acid tabs 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg</i>	F	QL(100 ea per 30 days retail)
<i>ascorbic acid tbc 500mg, 500 mg</i>	F	
B-1 TABS	F	QL(100 ea per 30 days retail)
<i>biotin caps</i>	F	
BIOTIN FORTE TABS	F	
<i>biotin tabs</i>	F	
<i>niacin cpcr</i>	F	
<i>niacin tabs</i>	F	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin tbc</i>	F	
NIACIN TR TBCR	F	
<i>pyridoxine hcl tabs</i>	F	
<i>riboflavin tabs</i>	F	QL(100 ea per 30 days retail)
SLO-NIACIN TBCR (<i>Use Niacin</i>)	***	
<i>thiamine hcl tabs</i>	F	QL(100 ea per 30 days retail)
<i>thiamine mononitrate tabs</i>	F	QL(100 ea per 30 days retail)

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Index

*Respiratory Therapy Supplies - Misc**	109	ACIDOPHILUS SUPER PROBIOTIC	27	ADOXA PAK 2/100	136
*Respiratory Therapy Supplies - Mouthpieces**	109	ACIDOPHILUS/CITRUS PECTIN	29	ADRENACLICK	144
*Spacer/Aerosol-Holding Chamber Supplies - Bags***	109	ACIDOPHILUS/GOAT MILK	27	ADRENALIN	123
*Spacer/Aerosol-Holding Chambers - Device***	109	ACIPHEX	138	ADVAIR DISKUS	15
4-N-1	80	ACIPHEX SPRINKLE	138	ADVAIR HFA	15
5 DAY	80	acitretin	68	ADVANCED CALCIUM/VITAMIND/MAGNESIUM	112
8-MOP	68	ACLOVATE	69	ADVANCED MOBILE LANCET 30G	107
A + D PERSONAL CARE LOTION	72	ACNE MEDICATION 10	62	ADVANCED PROBIOTIC	27
A+D FIRST AID	80	ACNE MEDICATION 5	62	ADVANCED PROBIOTIC 10	27
A-200	86	ACTEMRA	4	ADVATE	99
abacavir sulfate	44	ACTICON	55	ADVIL	4
abacavir sulfate-lamivudine	44	ACTIGALL	97	ADVIL COLD & SINUS	55
abacavir sulfate-lamivudine-zidovudine	44	ACTIMARIS WOUND GEL	87	ADVIL MIGRAINE	4
ABILIFY	43	ACTIMMUNE	40	AEROSPAN	15
ABILIFY MAINTENA	43	ACTINEL	55	AFINITOR	39
ABSORBASE	80	ACTINEL PEDIATRIC	55	AFINITOR DISPERZ	39
ABSORICA	62	ACTIQ	7	AFLURIA 2015-2016	141
ABSTRAL	7	ACTIVE OB	117	AFLURIA 2016-2017	141
acamprosate calcium	133	ACTIVELLA	95	AFLURIA 2017-2018	141
ACANYA	62	ACTONEL	93	AFLURIA PF 2015-2016	141
acarbose	23	ACTOPLUS MET	23	AFLURIA PF 2016-2017	141
ACCOLATE	15	ACTOPLUS MET XR	23	AFLURIA PF 2017-2018	141
ACCUPRIL	34	ACTOS	25	AFLURIA QUADRIVALENT 2016-2017	141
ACCURETIC	35	ACULAR	129	AFLURIA QUADRIVALENT 2017-2018	141
acebutolol hcl	48	ACULAR LS	129	AFREZZA	25
ACEON	34	ACUVAIL	129	AFRIN	123
acetaminophen	6	ACUWASH	80	AFRIN 12 HOUR	123
acetaminophen w/ codeine	8	acyclovir	47	AFRIN ALL NIGHT NODRIP	123
acetaminophen w/ dm	55	acyclovir topical	68	AFRIN CHILDRENS	123
acetaminophen-caffeine	5	ADALAT CC	49	AFRIN NASAL SPRAY	123
acetazolamide	92	ADAPALENE	62	AFRIN NODRIP EXTRA MOISTURIZING	123
acetic acid	98	ADCETRIS	39	AFRIN NODRIP ORIGINAL	123
acetic acid (otic)	129	ADCIRCA	51	AFRIN NODRIP SEVERE CONGESTION	123
ACETIC ACID/ALUMINUM ACETATE	130	ADDERALL	1	AFRIN NODRIP SINUS	123
acetylcysteine	62	ADDERALL XR	1	AFRIN SINUS	123
ACIDOPHILUS	27	adefovir dipivoxil	46	AGGRENOLX	100
ACIDOPHILUS HIGH-POTENCY	27	ADEMPAS	51	AGRYLIN	100
ACIDOPHILUS PEARLS	27	Adhesive Tape	107	AKTIPAK	62
ACIDOPHILUS PLUS PECTIN	29	ADMELOG	25	ALBENZA	12
ACIDOPHILUS PROBIOTIC BLEND	27	ADMELOG SOLOSTAR	25	ALBOLENE	72
		ADOXA	136	ALBUSTIX	90
		ADOXA PAK 1/100	136		
		ADOXA PAK 1/150	136		

albuterol sulfate.....	15,16	ALOMIDE.....	129	amlodipine besylate-olmesartan	
ALBUTEROL SULFATE ER.	15	ALORA.....	96	medoxomil.....	35
ALCAINE.....	128	alose tron hcl.....	98	amlodipine besylate-	
alclometasone dipropionate.	69	ALPHA LIPOIC ACID.....	2	valsartan.....	36
ALCOHOL PADS.....	107	ALPHAGAN P.....	126	amlodipine-valsartan-	
ALCOHOL PREP PADS.....	107	ALPHANATE/VON		hydrochlorothiazide.....	36
Alcohol Swabs - Misc.....	107	WILLEBRANDFACTOR		AMOXAPINE.....	22
ALDACTAZIDE.....	92	COMPLEX/HUMAN.....	99	amoxicillin.....	131
ALDACTONE.....	93	ALPHANINE SD.....	99	AMOXICILLIN.....	131
ALDARA.....	78	alprazolam.....	14	amoxicillin.....	131
ALENDRONATE SODIUM.....	93	ALPRAZOLAM INTENSOL	14	amoxicillin & pot	
alendronate sodium.....	93	ALPROLIX.....	99	clavulanate.....	131
ALENDRONATE SODIUM.....	93	ALREX.....	128	AMOXICILLIN ER.....	131
alendronate sodium.....	93	ALTABAX.....	65	amoxicillin-clarithromycin w/	
ALER-DRYL.....	31	ALTACE.....	34	lansoprazole.....	139
ALEVAZOL.....	65	ALTOPREV.....	34	AMOXICILLIN/CLAVULANATE	
ALEVE.....	4	alum & mag hydrox-		POTASSIUM.....	131
ALEVE ARTHRITIS.....	4	simethicone.....	11	amphetamine-	
alfuzosin hcl.....	99	ALUMINUM HYDROXIDE.	11	dextroamphetamine.....	1
ALIGN.....	27	aluminum hydroxide.....	81	ampicillin.....	131
ALINIA.....	12	aluminum hydroxide-mag		AMPICILLIN.....	131
ALKERAN.....	38	carb.....	11	AMPYRA.....	134
ALLEGRA ALLERGY.....	32	aluminum hydroxide-mag		AMRIX.....	121
ALLEGRA ALLERGY		trisil.....	11	ANADROL-50.....	10
CHILDRENS.....	32	aluminum sulfate & calcium		ANAFRANIL.....	22
ALLEGRA-D 12 HOUR		acetate.....	81	anagrelide hcl.....	100
ALLERGY & CONGESTION.	55	ALVESCO.....	15	ANALPRAM-HC.....	11
ALLEGRA-D 24 HOUR		amantadine hcl.....	41	ANAPROX DS.....	4
ALLERGY & CONGESTION.	55	AMARYL.....	26	ANASPAZ.....	137
Allergy Tray Kit 1 ML 26 x		AMBIEN.....	103	anastrozole.....	39
1/2".....	107	AMBIEN CR.....	103	ANBESOL MAXIMUM	
Allergy Tray Kit 1/2 ML 27 x		AMCINONIDE.....	69	STRENGTH.....	114
1/2".....	107	AMERGE.....	109	ANCOBON.....	30
allopurinol.....	99	AMERIDERM		ANDRODERM.....	10
almotriptan malate.....	109	PERISHIELD.....	81	ANDROGEL.....	10
ALOCRI L.....	129	AMERIGEL WOUND		ANDROGEL PUMP.....	10
ALOE AFTERSUN LOTION.	72	DRESSING.....	87	ANDROID.....	10
ALOE VESTA ANTIFUNGAL	65	AMICAR.....	102	ANGELIQ.....	95
ALOE VESTA CLEAR		amiloride &		ANORO ELLIPTA.....	16
ANTIFUNGAL.....	65	hydrochlorothiazide.....	92	ANTABUSE.....	133
ALOE VESTA DAILY		amiloride hcl.....	93	ANTARA.....	33
MOISTURIZER.....	81	amiodarone hcl.....	14	ANUSOL-HC.....	11
ALOE VESTA PROTECTIVE	81	AMITIZA.....	97	ANZEMET.....	29
ALOE VESTA SKIN		amitriptyline hcl.....	22	APEXICON E.....	69
CONDITIONER.....	81	AMLACTIN CERAPEUTIC.	72	APIDRA.....	25
ALOGLIPTIN.....	25	AMLACTIN ULTRA.....	72	APIDRA SOLOSTAR.....	25
ALOGLIPTIN/METFORMIN		amlodipine besylate.....	49	APLENZIN.....	20
HCL.....	23	amlodipine besylate-		apraclonidine hcl.....	126
ALOGLIPTIN/PIOGLITAZONE		atorvastatin calcium.....	50	aprepitant.....	30
.....	23	amlodipine besylate-benazepril		APRISO.....	97
		hcl.....	35		

APTIOM.....	18	ASMANEX TWISTHALER 30 METERED DOSES.....	15	AVALIDE.....	36
APTIVUS.....	44	ASMANEX TWISTHALER 60 METERED DOSES.....	15	AVANDIA.....	25
AQUA GLYCOLIC FACE CREAM.....	72	ASMANEX TWISTHALER 7 METERED DOSES.....	15	AVAPRO.....	35
AQUA GLYCOLIC FACIAL CLEANSER.....	81	ASPERCREME/ALOE.....	79	AVAR.....	62
AQUA GLYCOLIC HAND & BODYLOTION.....	72	aspirin.....	6	AVAR LS.....	62
AQUA GLYCOLIC SHAMPOO & BODY CLEANSER.....	81	ASPIRIN.....	7	AVAR LS CLEANSER.....	62
AQUA GLYCOLIC TONER..	81	aspirin.....	7	AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT.....	72
AQUA LACTEN.....	72	aspirin buffered (cal carb-mag carb-mag oxide).....	6	AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO.....	72
AQUADERM.....	72	ASPIRIN LOW DOSE.....	6	AVEENO ACTIVE NATURALS ECZEMA THERAPY.....	73
AQUADERM TREATMENT/MOISTURIZER	72	aspirin-acetaminophen- caffeine.....	5	AVEENO ACTIVE NATURALS ECZEMA THERAPY HAND..	73
AQUAMED.....	72	ASPIRIN-CAFFEINE- DIHYDROCODEINE.....	8	AVEENO ACTIVE NATURALS SKIN RELIEF MOISTURE REPAIR.....	73
AQUAPHILIC.....	72	aspirin-dipyridamole.....	100	AVEENO ANTI-ITCH.....	79
AQUAPHOR.....	72	ASTAGRAF XL.....	113	AVEENO BABY CALMING COMFORT BATH.....	81
AQUAPHOR ADVANCED THERAPY.....	72	ASTEPRO.....	122	AVEENO BABY CLEANSING THERAPY MOISTURIZING WASH.....	81
AQUAPHOR LIP REPAIR..	81	ATACAND.....	35	AVEENO BABY ECZEMA THERAPY.....	73
AQUORAL.....	115	ATACAND HCT.....	36	AVEENO DAILY MOISTURIZINGSPF 15.....	73
ARANESP ALBUMIN FREE.....	101	atazanavir sulfate.....	44	AVEENO INTENSE RELIEF HAND.....	73
ARAVA.....	5	ATELVIA.....	93	AVEENO POSITIVELY AGELESSFIRMING BODY..	73
ARCALYST.....	3	atenolol.....	48	AVEENO POSITIVELY AGELESSSKIN STRENGTHENING BODY CREAM.....	73
ARCAPTA NEOHALER.....	16	atenolol & chlorthalidone..	36	AVEENO POSITIVELY AGELESSSKIN STRENGTHENING HAND CREAM.....	73
ARGININE.....	125	ATGAM.....	113	AVEENO POSITIVELY NOURISHING 24-HOUR ULTRA- HYDRATING.....	73
arginine.....	125	ATIVAN.....	14	AVEENO POSITIVELY NOURISHING ANTIOXIDANT INFUSED BODY WASH.....	81
ARICEPT.....	133	atomoxetine hcl.....	1	AVEENO POSITIVELY RADIANT.....	73
ARIMIDEX.....	39	atorvastatin calcium.....	34	AVEENO POSITIVELY RADIANT60 SECOND IN- SHOWER FACIAL.....	81
aripiprazole.....	44	atovaquone.....	12	AVEENO POSITIVELY RADIANTOVERNIGHT HYDRATING FACIAL MOISTURI.....	73
ARISTADA.....	44	atovaquone-proguanil hcl..	37		
ARIXTRA.....	16	ATRAC-TAIN.....	72		
armodafinil.....	1	ATRALIN.....	62		
ARMOUR THYROID.....	136	ATRAPRO ANTIPRURITIC HYDROGEL.....	88		
AROMASIN.....	39	ATRAPRO DERMAL SPRAY.....	88		
ARTHRITIS PAIN RELIEVING.....	79	ATRIPLA.....	44		
artificial tear ointment.....	125	ATROPINE SULFATE.....	126		
artificial tear solution.....	125	ATROVENT.....	122		
ARTIFICIAL TEARS.....	125	ATROVENT HFA.....	14		
ASC LOTIONIZED ANTIMICROBIAL SKIN CLEANSER.....	81	AUBAGIO.....	134		
ascorbic acid.....	145	AUGMENTED BETAMETHASONE DIPROPIONATE.....	69		
ASMANEX TWISTHALER 120 METERED DOSES.....	15	AUGMENTIN.....	131		
ASMANEX TWISTHALER 14 METERED DOSES.....	15	AUGMENTIN ES-600....	131		
		AUGMENTIN XR.....	131		
		AUVI-Q.....	144,145		

AVEENO STRESS RELIEF MOISTURIZING.....	73	baclofen.....	121	BENZAFLIN.....	62
AVELOX.....	96	BACTRIM.....	12	BENZAFLIN WITH PUMP...	62
AVELOX ABC PACK.....	96	BACTRIM DS.....	12	BENZAMYCIN.....	62
AVODART.....	99	BACTROBAN.....	65	BENZEFOAM.....	62
AVONEX.....	134	BACTROBAN NASAL.....	122	BENZEFOAM ULTRA.....	62
AVONEX PEN.....	134	BAL-CARE DHA.....	117	BENZEFOAMULTRA.....	62
AXERT.....	109	balsalazide disodium.....	97	benzocaine (dental).....	114
AXIRON.....	10	BANZEL.....	18	benzocaine-menthol (mouth- throat).....	114
AYGESTIN.....	133	BARACLUDGE.....	46	benzocaine-triclosan.....	79
AYR NASAL DROPS.....	122	BASAGLAR KWIKPEN.....	25	benzonatate.....	55
AYR NASAL MIST ALLERGY &SINUS HYPERTONIC SALINE.....	122	BASIS CLEANSER EXTRA DRY.....	81	benzoyl peroxide.....	62
AZASAN.....	113	BASIS CLEANSER NORMAL/DRY.....	81	BENZOYL PEROXIDE.....	62
AZASITE.....	126	BASIS CLEANSER SENSITIVE.....	81	benzoyl peroxide.....	63
azathioprine.....	113	BASIS FACIAL MOISTURIZER.....	81	BENZOYL PEROXIDE 8%..	62
azelastine hcl.....	122	BASIS OVERNIGHT.....	81	BENZOYL PEROXIDE CLEANSER.....	62
azelastine hcl (ophth).....	129	BASLE.....	73	benzoyl peroxide- erythromycin.....	63
AZELEX.....	62	BD GLUCOSE.....	24	benztropine mesylate.....	40
AZILECT.....	41	BECONASE AQ.....	123	BESIVANCE.....	127
AZITHROMYCIN.....	106	BELBUCA.....	9	BETA CARE.....	73
azithromycin.....	106	BELLADONNA & OPIUM.....	137	BETA XMA.....	73
AZOLEN TINCTURE.....	65	BELLADONNA ALKALOIDS & OPIUM.....	137	BETADINE.....	44
AZOPT.....	129	BELSOMRA.....	103	BETADINE SKIN CLEANSER.....	44
AZOR.....	36	BENADRYL ALLERGY.....	31	BETADINE SURGICAL SCRUB.....	44
AZULFIDINE.....	97	BENADRYL ALLERGY CHILDRENS.....	31	BETAGAN.....	125
AZULFIDINE EN-TABS.....	97	BENADRYL EXTRA STRENGTH.....	67	betamethasone dipropionate (topical).....	69
B-1.....	145	BENADRYL ITCH STOPPING.....	67	betamethasone dipropionate augmented.....	69
B-12.....	100	BENADRYL-D ALLERGY & SINUS CHILDRENS.....	55	betamethasone valerate.....	69
B-12 1000.....	101	benazepril & hydrochlorothiazide.....	36	BETAPACE.....	48
b-complex vitamin caps/tabs.....	116	benazepril hcl.....	34	BETAPACE AF.....	48
b-complex w/ biotin.....	116	BENEFIBER.....	103	BETASERON.....	134
b-complex w/ c.....	116	BENEFIBER FOR CHILDREN.....	103	betaxolol hcl.....	48
b-complex w/ c caps.....	116	BENEFIX.....	99	betaxolol hcl (ophth).....	125
b-complex w/ c tabs/tabcr..	116	BENGAY GREASELESS..	79	bethanechol chloride.....	141
b-complex w/ folic acid tabs	116	BENGAY ULTRA STRENGTH.....	79	BETHKIS.....	3
BABY ANBESOL.....	114	BENICAR.....	35	BETIMOL.....	125
BACIGUENT.....	65	BENICAR HCT.....	36	BETOPTIC-S.....	125
BACITRACIN.....	127	BENLYSTA.....	114	bexarotene.....	40
bacitracin (topical).....	65	BENTYL.....	137	BEYAZ.....	52
bacitracin zinc.....	65	BENZAC AC WASH.....	62	BIAXIN.....	106
bacitracin-poly-neomycin-hc	128			bicalutamide.....	39
bacitracin-polymyxin b.....	65			BIDIL.....	50
bacitracin-polymyxin b (ophth).....	127			BIFERA.....	101

BILTRICIDE.....	12	BROMFENAC.....	129	CALADRYL.....	79
BIOHM PROBIOTIC SUPPLEMENT.....	27	bromfenac sodium (ophth).....	129	CALAMINE.....	81
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C.....	27	bromocriptine mesylate.....	41	CALAN.....	49
BIONEL.....	56	brompheniramine & phenyleph.....	56	CALAN SR.....	49
BIONEL PEDIATRIC.....	56	brompheniramine & pseudoeph.....	56	CALCI-CHEW.....	110
BIOSPEC DMX.....	56	BROTAPP DM.....	56	CALCIONATE.....	110
BIOTENE DRY MOUTH MOISTURIZING SPRAY.....	115	BROVANA.....	16	calcipotriene.....	68
biotin.....	145	budesonide (inhalation).....	15	calcitonin (salmon).....	93
BIOTIN FORTE.....	145	budesonide (nasal).....	123	calcitriol.....	94
bisacodyl.....	105	BUFFERIN.....	7	CALCIUM.....	111
bisacodyl-peg 3350-pot chloride- sod bicarb-sod chloride.....	104	bumetanide.....	93	calcium acetate (phosphate binder).....	98
bismuth subsalicylate.....	27	BUMEX.....	93	CALCIUM CARBONATE.....	11
bisoprolol & hydrochlorothiazide.....	36	BUNAVAIL.....	9	calcium carbonate.....	110
bisoprolol fumarate.....	48	BUPHENYL.....	94	calcium carbonate (antacid).....	11
BIVIGAM.....	130	BUPRENEX.....	9	calcium carbonate- cholecalciferol.....	110
BLENDED SUSPENDING COMPOUND.....	132	BUPRENORPHINE.....	10	calcium carbonate- ergocalciferol.....	110
BLEPH-10.....	127	buprenorphine hcl.....	10	calcium carbonate-vitamin d.....	110,111
BLEPHAMIDE.....	128	buprenorphine hcl-naloxone hcl dihydrate.....	10	calcium carbonate-vitamin d w/ minerals.....	111
BLEPHAMIDE S.O.P.....	128	bupropion hcl.....	20	calcium citrate.....	111
Blood Glucose Calibration - Liquid.....	107	bupropion hcl (smoking deterrent).....	135	calcium citrate-vitamin d.....	111
Blood Glucose Calibration - Liquid - High.....	107	buspirone hcl.....	13	CALCIUM GLUCONATE.....	111
Blood Glucose Calibration - Liquid - Low.....	107	butalbital-acetaminophen.....	5	CALCIUM LACTATE.....	111
Blood Glucose Calibration - Liquid - Normal.....	107	butalbital-acetaminophen- caffeine.....	5	CALCIUM PNV.....	117
BONE DENSITY BUILDER.....	112	butalbital-acetaminophen- caffeine w/ codeine.....	8	calcium polycarbophil.....	103
BONIVA.....	93	butalbital-aspirin-caffeine.....	6	calcium w/ vitamin d.....	111
BORTEZOMIB.....	39	butalbital-aspirin-caffeine w/cod.....	8	calcium w/ vitamins d & k.....	111
BOSULIF.....	39	butenafine hcl.....	65	CALCIUM/MAGNESIUM/ZINC	112
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN.....	73	BUTISOL SODIUM.....	102	CALCIUM/MAGNESIUM/ZINC/VI TAMIN D3.....	112
BOUDREAUXS BUTT BATH		butorphanol tartrate.....	10	CALNA.....	117
BODYWASH & SHAMPOO.....	81	BUTRANS.....	10	CALQUENCE.....	39
BOUDREAUXS BUTT PASTE.....	81	BYDUREON.....	25	CALTRATE 600+D PLUS MINERALS.....	111
BP CLEANSING WASH.....	63	BYDUREON PEN.....	25	CAM.....	73
BPO CREAMY WASH		BYETTA.....	25	camphor & menthol.....	67
COMPLETEPACK.....	63	BYSTOLIC.....	48	camphor-menthol-methyl salicylate.....	79
BREO ELLIPTA.....	16	cabergoline.....	95	CANASA.....	97
BREVICON-28.....	52	CADUET.....	50	candesartan cilexetil.....	35
BRILINTA.....	100	CAFERGOT.....	109	candesartan cilexetil- hydrochlorothiazide.....	36
brimonidine tartrate.....	126	caffeine citrate.....	1	CAPCOF.....	56
BRINTELLIX.....	22	CAFFEINE CITRATED.....	1	capecitabine.....	38
BRISDELLE.....	135	CAL MAG ZINC +D3.....	112	CAPEX.....	69
		CAL-MAG-ZINC-D.....	112		
		CAL-MAG-ZINC-D3.....	112		

CAPHOSOL.....	116	CARRASYN HYDROGEL WOUND DRESSING.....	88	CERAVE.....	73
CAPITAL/CODEINE.....	8	CARRASYN V HYDROGEL WOUND DRESSING.....	88	CERAVE AM SPF 30.....	73
CAPMIST DM.....	56	CARRINGTON MOISTURE BARRIER.....	81	CERAVE FOAMING FACIAL CLEANSER.....	81
CAPRELSA.....	39	CARRINGTON MOISTURE BARRIER/ZINC.....	81	CERAVE HYDRATING CLEANSER.....	81
CAPRON DM.....	56	CARTEOLOL HCL.....	126	CERAVE PM.....	73
CAPSAGEL.....	79	carteolol hcl (ophth).....	126	CERAVE RENEWING SA.....	73
CAPSAGEL EXTRA STRENGTH.....	79	carvedilol.....	48	CERAVE SA RENEWING.....	73
CAPSAGEL MAXIMUM STRENGTH.....	79	carvedilol phosphate.....	48	CERDELGA.....	100
capsaicin.....	79,80	CASODEX.....	39	CERVARIX.....	141
captopril.....	34	CASTIVA WARMING.....	80	CESAMET.....	30
CAPTOPRIL/HYDROCHLOROT HIAZIDE.....	36	CATAPRES.....	35	CETAKLENZ.....	81
CAPZASIN QUICK RELIEF.....	80	CATAPRES-TTS-1.....	35	CETAPHIL.....	73
CAPZASIN-HP.....	80	CATAPRES-TTS-2.....	35	CETAPHIL DAILY ADVANCE ULTRA HYDRATING.....	73
CAPZASIN-P.....	80	CATAPRES-TTS-3.....	35	CETAPHIL DAILY FACIAL MOISTURIZER.....	73
CARA-KLENZ.....	81	CEDAX.....	51	CETAPHIL DERMACONTROL FOAM WASH.....	81
CARAC.....	67	cefaclor.....	51	CETAPHIL DERMACONTROL MOISTURIZER/SPF 30.....	73
CARAFATE.....	138	CEFACLOR ER.....	51	CETAPHIL GENTLE CLEANSER.....	81
CARBAGLU.....	94	cefadroxil.....	51	CETAPHIL MOISTURIZING.....	73
carbamazepine.....	18	cefdinir.....	51	CETAPHIL RESTORADERM.....	73
carbamide peroxide (otic).....	130	CEFDITOREN PIVOXIL.....	51	CETAPHIL THERAPEUTIC HAND.....	73
CARBATROL.....	18	cefixime.....	51	cetirizine hcl.....	32
carbidopa.....	40	cefpodoxime proxetil.....	51	cetirizine-pseudoephedrine.....	56
carbidopa-levodopa.....	41	cefprozil.....	51	CETRAXAL.....	130
CARBIDOPA/LEVODOPA/ENTA CAPONE.....	41	CEFTIBUTEN.....	51	cevimeline hcl.....	116
carbinoxamine maleate.....	31	CEFTIN.....	51	CHANTIX.....	135
carbonyl iron.....	101	ceftriaxone sodium.....	51	CHANTIX CONTINUING MONTHPAK.....	135
carboxymethylcellulose sodium (ophth).....	125	cefuroxime axetil.....	51	CHANTIX STARTING MONTH PAK.....	135
carboxymethylcellulose-glycerin	125	CELEBREX.....	4	CHAPSTICK OVERNIGHT.....	81
CARDIZEM.....	49	celecoxib.....	4	CHAPSTICK ULTRA MOISTUREDAYTIME FORMULA.....	81
CARDIZEM CD.....	49	CELEXA.....	20,21	CHAPSTICK ULTRASMOOTH FORTIFY.....	81
CARDIZEM LA.....	49	CELLCEPT.....	113	CHAPSTICK ULTRASMOOTH NOURISH.....	82
CARDURA.....	35	CELONTIN.....	19	CHAPSTICK ULTRASMOOTH REJUVENATE.....	82
CARDURA XL.....	99	CENTANY.....	65	CHAPSTICK ULTRASMOOTH SOOTHE.....	82
CARIMUNE NANOFILTERED.....	130	CEPACOL DUAL RELIEF SORETHROAT SPRAY.....	114	CHEK-STIX COMBO PAK URINALYSIS CONTROL.....	90
carisoprodol.....	121	CEPACOL SORE THROAT.....	114,115	CHEK-STIX CONTROL.....	90
carisoprodol w/ aspirin.....	122	CEPACOL SORE THROAT EXTRA STRENGTH.....	114	CHEMET.....	29
carisoprodol w/ aspirin & codeine.....	122	CEPACOL SORE THROAT MAXIMUM NUMBING.....	115		
CARMOL 10.....	72	cephalexin.....	51		
CARMOL 20.....	72	CEPHALEXIN.....	51		
CARNITOR.....	94	CERASPORT.....	111		
CARNITOR SF.....	94	CERASPORT EX1.....	111		
CARRASmart.....	88				

CHEMSTRIP -10 WITH SG	90	cholestyramine	33	CLARITIN ALLERGY	
CHEMSTRIP 10 MD	90	cholestyramine light	33	CHILDRENS	32
CHEMSTRIP 2 GP STRIPS	90	choline & mag salicylate	7	CLARITIN CHILDRENS	32
CHEMSTRIP 5 OB	90	choline fenofibrate	33	CLARITIN REDITABS	32
CHEMSTRIP 7	90	CHORIONIC		CLARITIN-D 12 HOUR	56
CHEMSTRIP 9 STRIPS	90	GONADOTROPIN	94	CLARITIN-D 24 HOUR	56
CHEMSTRIP UGK	90	ciclopirox	65	CLASSIC PRENATAL	117
CHEMSTRIP-K	90	ciclopirox olamine	65	CLEAN & CLEAR ADVANTAGE	
CHEMSTRIP-MICRAL	90	cilostazol	100	3-IN-1 EXFOLIATING	
CHENODAL	97	CILOXAN	127	CLEANSER	63
CHERACOL PLUS	56	cimetidine	137	CLEAN & CLEAR	
CHERACOL SORE		CIMETIDINE HCL	137	ESSENTIALSFOAMING FACIAL	
THROAT	115	CIMZIA	97	CLEANSER	82
CHERACOL-D COUGH	56	CIPRO	96	CLEAN & CLEAR FOAMING	
CHEW Q	2	CIPRO HC	130	FACIAL CLEANSER SENSITIVE	
CHILDRENS ADVIL	4	CIPRO XR	96	SKIN	82
CHILDRENS MOTRIN	4	CIPRODEX	130	CLEAN & CLEAR MORNING	
CHILDRENS PROBIOTIC		ciprofloxacin	96	BURST DETOXIFYING FACIAL	
PEARLS	27	CIPROFLOXACIN	130	CLEANSER	82
CHLOR-TRIMETON	31	CIPROFLOXACIN HCL	96	CLEAN & CLEAR MORNING	
CHLOR-TRIMETON		ciprofloxacin hcl	96	BURST FACIAL CLEANSER	82
ALLERGY	31	ciprofloxacin hcl (ophth)	127	CLEAN & CLEAR MORNING	
CHLORASEPTIC	115	ciprofloxacin-ciprofloxacin	96	BURST HYDRATING FACIAL	
CHLORASEPTIC SORE		hcl	96	CLEANSER	82
THROAT/LIQUID CENTER	115	citalopram hydrobromide	21	CLEAN & CLEAR NIGHT	
chlordiazepoxide hcl	14	CITRACAL + D3		RELAXING DEEP CLEANING	
CHLORDIAZEPOXIDE/AMITRIP		MAXIMUM	111	FACE WASH	82
TYLINE	134	CITRACAL MAXIMUM	111	CLEANSING EYELID PADS	82
chlorhexidine gluconate	44	CITRACAL		CLEAR AWAY ONE STEP	
chlorhexidine gluconate (mouth-		PETITES/VITAMIND	111	WARTREMOVER	78
throat)	115	CITRACAL PLUS	112	CLEAR AWAY PLANTAR	
CHLOROQUINE		CITRACAL		SYSTEM	78
PHOSPHATE	37	CITRANATAL 90 DHA	117	CLEAR AWAY WART	
chloroquine phosphate	37	CITRANATAL ASSURE	117	REMOVER SYSTEM	78
CHLOROTHIAZIDE	93	CITRANATAL BLOOM		CLEAR COUGH PM MULTI-	
chlorothiazide	93	DHA	117	SYMPTOM	56
chlorpheniramine &		CITRANATAL DHA	117	clemastine fumarate	31
phenylephrine	56	CITRANATAL		CLEMASTINE FUMARATE	31
chlorpheniramine &		HARMONY	117	CLEOCIN	13,143
pseudoeph	56	CITRANATAL RX	117	CLEOCIN PEDIATRIC	
chlorpheniramine maleate	31	CITRUCEL	103	GRANULES	13
chlorpheniramine-acetaminophen		CITRUCEL FIBER		CLEOCIN-T	63
	56	LAXATIVE	103	CLIMARA	96
chlorpheniramine-phenylephrine-		CLARINEX	32	CLIMARA PRO	95
acetaminophen	56	CLARINEX-D 12 HOUR	56	CLINDAGEL	63
chlorpromazine hcl	43	CLARITHROMYCIN	106	clindamycin hcl	13
CHLORPROPAMIDE	26	clarithromycin	106	clindamycin palmitate	
chlorthalidone	93	CLARITHROMYCIN	106	hydrochloride	13
CHLORZOXAZONE	121	clarithromycin	106	clindamycin phosphate	
CHOLBAM	97	CLARITIN	32	(topical)	63
cholecalciferol	145			clindamycin phosphate	
				vaginal	143
				clindamycin phosphate-benzoyl	
				peroxide	63

clindamycin phosphate-tretinoin.....	63	CODITUSS DM.....	56	CONCEPT OB.....	117
CLINDESSE.....	143	coenzyme q10 (ubidecarenone).....	2,3	CONCERTA.....	1
CLN BODY WASH GENTLE NON-DRYING.....	82	COLACE.....	105	Condoms - Female.....	107
CLN FACIAL CLEANSER MOISTURE BALANCING.....	82	COLACE CLEAR.....	105	Condoms Latex Lubricated - Male.....	107
CLN FACIAL MOISTURIZER NOURISHING.....	73	COLAZAL.....	97	Condoms Latex Non-Lubricated - Male.....	107
CLN HAND & FOOT WASH DEEP CLEANSING.....	82	COLCHICINE.....	99	Condoms Non-Latex Non-Lubricated - Male.....	107
CLN SPORT WASH HIGH PERFORMANCE.....	82	colchicine w/ probenecid.....	99	CONDYLOX.....	79
CLN SPORTWASH.....	82	COLCRYS.....	99	CONEX COLD/ALLERGY.....	56
clobetasol propionate.....	69	COLD & FLU RELIEF NIGHTTIME D.....	56	CONZIP.....	7
clobetasol propionate emollient base.....	69	COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY.....	82	COOL BOTTOMS.....	82
clobetasol propionate emulsion.....	69	COLEMAN INSECT REPELLENT/HIGH & DRY.....	82	COPAXONE.....	134
CLOBEX.....	69	COLEMAN INSECT REPELLENT/SPORTSMEN.....	82	COPEGUS.....	46
CLOCORTOLONE PIVALATE.....	69	COLESTID.....	33	CORDRAN.....	70
CLOCORTOLONE PIVALATE PUMP.....	69	COLESTID FLAVORED.....	33	CORDRAN TAPE.....	70
CLODAN KIT.....	69	colestipol hcl.....	33	COREG.....	48
CLODERM.....	69	colloidal oatmeal.....	74	COREG CR.....	48
CLODERM PUMP.....	70	COLY-MYCIN S.....	130	CORGARD.....	48
clomipramine hcl.....	22	COLYTE-FLAVOR PACKS.....	104	CORICIDIN HBP COLD & FLU.....	56
clonazepam.....	17	COMBIGAN.....	126	CORN REMOVER ONE STEP.....	79
clonidine hcl.....	35	COMBIPATCH.....	95	CORN REMOVER ULTRA THIN.....	79
clonidine hcl (adhd).....	1	COMBISTIX.....	90	CORN REMOVER WATERPROOF.....	79
clopidogrel bisulfate.....	100	COMBIVENT RESPIMAT.....	16	CORTANE-B AQUEOUS.....	130
clorazepate dipotassium.....	14	COMBIVIR.....	44	CORTANE-B-OTIC.....	130
CLORPRES.....	36	COMETRIQ.....	39	CORTEF.....	54
clotrimazole.....	115	COMFEEL PASTE.....	88	CORTENEMA.....	10
clotrimazole (topical).....	66	COMPLERA.....	44	CORTIFOAM.....	10
clotrimazole vaginal.....	143	COMPLETE NATAL DHA.....	117	CORTISONE ACETATE.....	54
clotrimazole w/ betamethasone.....	66	COMPLETE PRENATAL MULTIVITAMIN/PRENATAL DHA.....	117	CORTISPORIN.....	65
clozapine.....	42,43	COMPLETENATE.....	117	CORTISPORIN-TC.....	130
CLOZAPINE ODT.....	42	COMPOUND W.....	78	CORZIDE.....	36
CLOZARIL.....	43	COMPOUND W FREEZE OFF WART REMOVAL SYSTEM.....	78	COSOPT.....	126
CO-NATAL FA.....	117	COMPOUND W MAXIMUM STRENGTH.....	78	COSOPT PF.....	126
coal tar extract.....	87	COMTAN.....	40	COTELIC.....	39
COARTEM.....	37	COMTrex COLD & COUGH MAXIMUM STRENGTH.....	56	COUMADIN.....	16
COCOA BUTTER.....	73	COMTrex COLD & COUGH NIGHTTIME MAXIMUM STRENGTH.....	56	COZAAR.....	35
COCOA BUTTER HAND & BODYLOTION.....	73	CONCEPT DHA.....	117	CREON.....	92
COCONUT OIL BEAUTY.....	74			CRESTOR.....	34
codeine sulfate.....	7			CRINONE.....	144
CODEINE SULFATE.....	7			CRITIC-AID CLEAR MOISTUREBARRIER.....	82
				CRIVAN.....	44
				cromolyn sodium.....	14

cromolyn sodium (mastocytosis).....	97	CVS SALINE WOUND WASH.....	82	DELBASE COMPOUNDING.....	133
cromolyn sodium (nasal)....	122	CVS SENIOR PROBIOTIC.....	27	DELSYM.....	55
cromolyn sodium (ophth)....	129	CVS SILVER GEL.....	88	DELSYM COUGH CHILDRENS.....	55
CULTURELLE ADVANCED IMMUNE DEFENSE.....	27	CVS TOTAL HOME INSECT REPELLENT.....	83	DEMADEX.....	93
CULTURELLE PRO-WELL.....	27	CVS WOMENS PRENATAL+DHA.....	117	demeclocycline hcl.....	136
CUPRIMINE.....	113	cyanocobalamin.....	100	DEMEROL.....	7
CURAFIL GEL WOUND DRESSING.....	88	CYCLESSA.....	52	DEMSEK.....	35
CUTIVATE.....	70	cyclobenzaprine hcl.....	122	DENAVIR.....	69
CUTTER.....	82	CYCLOGYL.....	126	DENOREX THERAPEUTIC 2-IN-1.....	87
CUTTER ALL FAMILY.....	82	CYCLOMYDRIL.....	126	DEPAKENE.....	20
CUTTER BACKWOODS.....	82	cyclopentolate hcl.....	126	DEPAKOTE.....	20
CUTTER BACKWOODS DRY.....	82	cyclophosphamide.....	38	DEPAKOTE ER.....	20
CUTTER DRY.....	82	CYCLOPHOSPHAMIDE.....	38	DEPAKOTE SPRINKLES.....	20
CUTTER SKINSATIONS.....	82	CYCLOSERINE.....	38	DEPEN TITRATABS.....	113
CUTTER SPORT.....	82	cyclosporine.....	113	DEPO-PROVERA CONTRACEPTIVE.....	54
CUVITRU.....	130	CYCLOSPORINE MODIFIED.....	113	DEPO-SUBQ PROVERA 104.....	54
CUVPOSA.....	137	cyclosporine modified (for microemulsion).....	113	DEPO-TESTOSTERONE.....	10
CVS ADULT 50+ PROBIOTIC.....	27	CYMBALTA.....	22	DERMABASE OIL IN WATER.....	74
CVS ADULT PROBIOTIC.....	27	cyproheptadine hcl.....	33	DERMADROX.....	83
CVS CALCIUM CITRATE+D/MAGNESIUM.....	112	CYSTAGON.....	98	DERMAGRAN.....	83
CVS CLEANSING EYELID WIPES.....	82	CYTO-Q MAX.....	3	DERMAGRAN HYDROGEL WOUND DRESSING.....	88
CVS DAILY ULTRA MOISTURE LOTION.....	74	CYTOGAM.....	130	DERMAGRAN SKIN PROTECTANT.....	83
CVS DIGESTIVE PROBIOTIC.....	27	CYTOMEL.....	136	DERMAGRAN-B HYDROPHILIC WOUND DRESSING.....	88
CVS DISTILLED WATER.....	132	CYTOTEC.....	139	DERMAIDE ALOE.....	74
CVS DRY MOUTH SPRAY.....	116	CYTRA-3.....	98	DERMAL THERAPY EXTRA STRENGTH BODY LOTION.....	74
CVS GLUCOSE.....	24	D-VI-SOL.....	145	DERMAL THERAPY FACE CARE MOISTURIZING LOTION.....	74
CVS INSECT REPELLENT.....	82	D.H.E. 45.....	109	DERMAL THERAPY FOOT MASSAGE.....	74
CVS ISOPROPYL ALCOHOL WIPES.....	82	DAILY CONDITIONING TREATMENT.....	74	DERMAL THERAPY HAND ELBOW & KNEE CREAM.....	74
CVS KETONE CARE.....	90	DAILY PROBIOTIC.....	27	DERMAL THERAPY HEEL CARE.....	74
CVS MANUKA HONEY WOUND GEL.....	88	DALIRESP.....	15	DERMALUBE DAILY MOISTURIZING LOTION.....	74
CVS MOISTURIZING CREAM.....	74	danazol.....	10	DERMAREST PSORIASIS.....	79
CVS NATURAL FIBER SUPPLEMENT.....	104	DANTRIUM.....	122	DERMASYN.....	88
CVS OMEPRAZOLE.....	138	dantrolene sodium.....	122	dermatological products, misc.....	80
CVS PRENATAL.....	117	dapsone.....	12	DERMATOP.....	70
CVS PROBIOTIC.....	27	DARAPRIM.....	37	DERMEND MOISTURIZING BRUISE FORMULA.....	74
CVS PROBIOTIC MAXIMUM STRENGTH.....	27	darifenacin hydrobromide.....	140	DERMOPLAST.....	80
CVS PROBIOTIC PEARLS EXTRA STRENGTH.....	27	DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF.....	56		
CVS PURIFIED WATER.....	132	DAYPRO.....	4		
		DAYTRANA.....	1		
		DDAVP.....	95		
		DEBROX.....	130		
		DECON-A.....	56		

DERMOPLAST PAIN RELIEVINGSPRAY	80	dextromethorphan hbr	55	didanosine	44
DERMOTIC	130	dextromethorphan polistirex	55	DIFF-STAT	27
DESCOVY	44	dextromethorphan-acetaminophen-chlorpheniramine	57	DIFFERIN	63
desipramine hcl	22	dextromethorphan-doxylamine-acetaminophen	57	DIFICID	106
desloratadine	32	dextromethorphan-guaifenesin	57	DIFLORASONE DIACETATE	70
DESLORATADINE ODT	32	dextromethorphan-phenylephrine-acetaminophen	57	DIFLUCAN	30
desmopressin acetate	95	dextrose (diabetic use)	24	diflunisal	7
desmopressin acetate refrigerated	95	DHEA	74	DIGESTIVE ADVANTAGE	27
desmopressin acetate spray	95	DHS TAR	87	DIGESTIVE ADVANTAGE LACTOSE DEFENSE FORMULA	27
desmopressin acetate spray refrigerated	95	DHS TAR GEL	87	DIGOXIN	50
DESOGEN	52	DIAB	88	digoxin	50
desogestrel & ethinyl estradiol	52	DIAB DAILY CARE	88	dihydroergotamine mesylate	109
desogestrel-ethinyl estradiol (biphasic)	52	DIAB F.D.G. FREEZE-DRIED	88	DIHYDROERGOTAMINE MESYLATE	109
desogestrel-ethinyl estradiol (triphasic)	52	DIABETIC TUSSIN COLD/FLU	57	DILANTIN	19
DESONATE	70	DIABETIDERM	74	DILANTIN INFATABS	19
desonide	70	DIABETIDERM FOOT REJUVENATING	74	DILANTIN-125	19
DESOWEN	70	DIABETIDERM HAND & BODY	74	DILATRATE SR	13
desoximetasone	70	DIABETIDERM MASSAGE STIMULATOR	80	DILAUDID	7
DESOXYN	1	DIAMOX	92	diltiazem hcl	49
DESQUAM-X WASH	63	diaper rash products	72	diltiazem hcl coated beads	49
DESVENLAFAXINE ER	22	DIASTAT ACUDIAL	17	diltiazem hcl extended release beads	49
desvenlafaxine succinate	22	DIASTAT PEDIATRIC	17	dimenhydrinate	30
DETROL	140	DIASTIX	90	DIMETAPP COLD & ALLERGY	57
DETROL LA	140	diazepam	14	DIMETAPP DM COLD & COUGH	57
DEX4	24	DIAZEPAM	14	DIMETAPP LONG ACTING COUGH PLUS COLD	57
DEX4 FAST ACTING GLUCOSE	24	diazepam	14	dimethicone (topical)	83
DEX4 NATURALS	24	DIAZEPAM	17	DIOVAN	35
DEX4 POUCH PACK	24	DIAZEPAM RECTAL GEL	17	DIOVAN HCT	36
DEX4 QUICK DISSOLVE GLUCOSE	24	dibucaine	80	DIPENTUM	97
dexamethasone	54	dibucaine (rectal)	11	diphenhydramine hcl	31
DEXAMETHASONE	54	DICLEGIS	30	diphenhydramine hcl (sleep)	102
dexamethasone	54	diclofenac potassium	4	diphenhydramine hcl (topical)	67
DEXAMETHASONE INTENSOL	54	diclofenac sodium	4	diphenhydramine-phenylephrine	57
dexamethasone sodium phosphate	54	diclofenac sodium (actinic keratoses)	67	diphenhydramine-phenylephrine-acetaminophen	57
DEXAMETHASONE SODIUM PHOSPHATE	128	diclofenac sodium (ophth)	129	diphenhydramine-zinc acetate	67
DEXEDRINE	1	diclofenac sodium (topical)	65	diphenoxylate w/ atropine	29
DEXILANT	138	dicloxacillin sodium	131	DIPHENOXYLATE/ATROPINE	29
dexmethylphenidate hcl	2	dicyclomine hcl	137		
dextroamphetamine sulfate	1				

DIPROLENE.....	70	DROPLET PEN NEEDLES 32G		EFFIENT.....	100
dipyridamole.....	100	X 5/16".....	107	EFUDEX.....	67
DISALCID.....	7	DROPLET PEN NEEDLES 32G		ELAVIL.....	22
disopyramide phosphate.....	14	X 5/32".....	107	ELDEPRYL.....	41
DISTILLED WATER.....	132	drosiprenone-ethinyl		ELESTAT.....	129
disulfiram.....	133	estradiol.....	52	eletriptan hydrobromide.....	109
DITROPAN XL.....	140	drosiprenone-ethinyl estradiol-		ELIDEL.....	78
DIURIL.....	93	levomefolate calcium.....	52	ELIMITE.....	87
divalproex sodium.....	20	DROXIA.....	100	ELIPHOS.....	98
DIVIGEL.....	96	DROXY CREAM.....	74	ELIQUIS.....	16
DMAE.....	74	DRUG MART UNILET MICRO		ELIQUIS STARTER PACK.....	16
DML FORTE.....	74	THIN LANCETS 33G.....	107	ELIXOPHYLLIN.....	16
docosahexaenoic acid.....	124	DRY MOUTH SPRAY.....	116	ELLA.....	53
docusate calcium.....	105	DRYSOL.....	83	ELMIRON.....	99
docusate sodium.....	105	DUAVEE.....	95	ELOCON.....	70
DOCUSOL MINI.....	105	DUETACT.....	23	ELOCTATE.....	99
DOCUSOL PLUS MINI-		DUEXIS.....	4	ELON SKIN REPAIR	
ENEMA.....	105	DULCOLAX.....	105	SYSTEM.....	74
dofetilide.....	14	DULERA.....	16	ELTA.....	74
DOLOPHINE.....	7	duloxetine hcl.....	22	ELTA DERMAL GEL.....	88
DOMEBORO.....	83	DURAFLU.....	57	ELTA DERMAL WOUND	
donepezil hydrochloride.....	133	DURAGESIC.....	7	CLEANSER.....	88
DONNATAL.....	137	DURATION 12 HOUR.....	123	ELTA DERMAL WOUND	
DORAL.....	103	DURATION SPRAY.....	123	GEL.....	88
dorzolamide hcl.....	129	DUREZOL.....	128	EMADINE.....	129
dorzolamide hcl-timolol		dutasteride.....	99	EMCYT.....	39
maleate.....	126	dutasteride-tamsulosin hcl.....	99	EMEND.....	30
DOTHELLE DHA.....	117	DUTOPROL.....	36	EMEND TRIPACK.....	30
DOVONEX.....	68	DYAZIDE.....	92	EMETROL.....	30
doxazosin mesylate.....	35	DYMISTA.....	122	EMFLAZA.....	54
doxepin hcl.....	22	E.E.S. 400.....	106	EMLA.....	80
DOXEPIN		E.E.S. GRANULES.....	106	EMOLLIA-CREME.....	74
HYDROCHLORIDE.....	67	EASY TOUCH PEN NEEDLE		EMOLLIA-LOTION.....	74
doxercalciferol.....	94	30G X 5/16".....	107	emollient.....	74
DOXYCYCLINE.....	86	EC-NAPROSYN.....	4	EMSAM.....	20
doxycycline (monohydrate).....	136	econazole nitrate.....	66	EMTRIVA.....	44
doxycycline hyclate.....	136	ECOTRIN MAXIMUM		EMVERM.....	12
doxylamine succinate		STRENGTH.....	7	ENABLEX.....	140
(sleep).....	102	ECOTRIN REGULAR		enalapril maleate.....	34
doxylamine-dm.....	57	STRENGTH.....	7	enalapril maleate &	
DRAMAMINE.....	30	ED A-HIST.....	57	hydrochlorothiazide.....	36
DRISDOL.....	145	ED BRON GP.....	57	ENBREL.....	5
DRISTAN SPRAY.....	123	ED CHLORPED.....	31	ENBREL SURECLICK.....	5
DRITHO-CREME HP.....	68	EDARBYCLOR.....	36	ENCARE.....	143
dronabinol.....	30	EDECRIN.....	93	ENEMEEZ MINI.....	106
DROPLET PEN NEEDLES 32G		EDLUAR.....	103	ENEMEEZ PLUS.....	106
X 1/4".....	107	EDURANT.....	44	ENFAMIL ENFALYTE.....	111
DROPLET PEN NEEDLES 32G		efavirenz.....	44	ENFAMIL EXPECTA.....	117
X 3/16".....	107	EFFER-K.....	113		
		EFFEXOR XR.....	22		

ENGERIX-B.....	141	EQL PROBIOTIC COLON SUPPORT.....	27	ETIDRONATE DISODIUM... 93	
ENJUWIA.....	96	EQL SKIN ASTRINGENT... 83		etodolac.....	4
enoxaparin sodium.....	17	EQL ULTRA MOISTURIZING DAILY LOTION.....	74	ETOPOSIDE.....	40
entacapone.....	40	EQUALYTE.....	111	EUCERIN.....	74
entecavir.....	46	EQUETRO.....	42	EUCERIN ADVANCED CLEANSING.....	83
ENVARUSUS XR.....	113	ergocalciferol.....	145	EUCERIN BABY.....	74
EPANED.....	34	ERGOLOID MESYLATES.....	135	EUCERIN CALMING DAILY MOISTURIZER.....	74
EPIFOAM.....	70	ergotamine w/ caffeine... 109		EUCERIN DAILY PROTECTION/SPF 30.....	74
EPILYT.....	74	ERIVEDGE.....	39	EUCERIN INTENSIVE REPAIR.....	74
epinastine hcl (ophth).....	129	ERTACZO.....	66	EUCERIN INTENSIVE REPAIRHAND.....	74
EPINEPHRINE.....	145	ERY-TAB.....	106	EUCERIN ORIGINAL HEALINGSOOTHING REPAIR.....	74
EPIPEN 2-PAK.....	145	ERYGEL.....	63	EUCERIN PLUS.....	75
EPIPEN-JR 2-PAK.....	145	ERYPED 200.....	106	EUCERIN PLUS INTENSIVE REPAIR.....	75
EPIVIR.....	44,45	ERYPED 400.....	106	EUCERIN PROFESSIONAL REPAIR RICH FEEL.....	75
EPIVIR HBV.....	46,47	ERYTHROCIN STEARATE.....	106	EUCERIN SKIN CALMING BODYWASH.....	83
eplerenone.....	37	erythromycin (acne aid)... 63		EUCERIN SKIN CALMING DAILY MOISTURIZING.....	75
EPOGEN.....	101	erythromycin (ophth).....	127	EUCERIN SMOOTHING REPAIRADVANCED FORMULA.....	75
epoprostenol sodium.....	50	erythromycin base.....	106	EURAX.....	87
EPROSARTAN MESYLATE... 35		erythromycin ethylsuccinate.....	106	EVAC.....	104
EPZICOM.....	45	ERYTHROMYCIN ETHYLSUCCINATE.....	106	EVAMIST.....	96
EQ OMEPRAZOLE.....	138	escitalopram oxalate.....	21	EVISTA.....	94
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT.....	27	ESGIC.....	6	EVOCLIN.....	63
EQ THERAPEUTIC MOISTURIZING CREAM... 74		esomeprazole magnesium.....	138	EVOTAZ.....	45
EQL ACIDOPHILUS EXTRA STRENGTH.....	27	ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED	83	EVOXAC.....	116
EQL ADVANCED RECOVERY SKIN CARE.....	74	estazolam.....	103	EVZIO.....	29
EQL BODY WASH/SENSITIVE SKIN.....	83	esterified estrogens & methyltestosterone.....	95	EX-LAX.....	105
EQL BODY WASH/SHEA BUTTER.....	83	ESTRACE.....	96,144	EXCEDRIN EXTRA STRENGTH.....	6
EQL CLEAR HAND SOAP REFILL.....	83	estradiol.....	96	EXCEDRIN MENSTRUAL COMPLETE.....	6
EQL DAILY PROBIOTIC... 27		estradiol & norethindrone acetate.....	95	EXCEDRIN MIGRAINE... 6	
EQL DRY MOUTH ORAL RINSE.....	116	estradiol vaginal.....	144	EXCEDRIN TENSION HEADACHE.....	6
EQL INFANTS DECONGESTANT/COUGH... 58		ESTRING.....	144	EXCEL-GEL.....	88
EQL INVIGORATING MAKEUP REMOVER TOWELETTES... 83		ESTROPIPATE.....	96	EXELDERM.....	66
EQL LIQUID HAND SOAP... 83		ESTROSTEP FE.....	52	EXELON.....	133
EQL LIQUID HAND SOAP REFILL.....	83	eszopiclone.....	103	exemestane.....	39
EQL MAKEUP REMOVER TOWELETTES.....	83	ethacrynic acid.....	93	EXFORGE.....	36
EQL MOISTURIZING CREAM.....	74	ethambutol hcl.....	38	EXFORGE HCT.....	36
EQL OMEPRAZOLE.....	138	ethosuximide.....	19	EXJADE.....	29
EQL PRENATAL FORMULA.....	117	ethynodiol diacet & eth estradiol.....	52		

EXTAVIA.....	134	FER-IN-SOL.....	101	FIRST-PROGESTERONE VGS	
EXTINA.....	66	FERRALET 90.....	101	400 COMPOUNDING KIT..	144
EXTRA-VIRT PLUS DHA..	117	FERRAPLUS 90.....	101	FIRST-PROGESTERONE VGS	
EYE-SCRUB.....	83	FERRETTS.....	101	50 COMPOUNDING KIT...	144
EYESCRUB.....	83	FERRIPROX.....	29	FLAGYL.....	12
ezetimibe.....	34	ferrous fumarate.....	101	FLAVOR BLEND.....	132
ezetimibe-simvastatin.....	33	ferrous fumarate w/ b12-vit c-fa- ifc.....	101	FLAVOR PLUS.....	132
EZFE FORTE.....	117	ferrous fumarate-fa-b complex- c-zn-mg-mn-cu.....	101	FLAVOR SWEET.....	132
FABIOR.....	63	ferrous fumarate-folic acid.....	101	FLAVOR SWEET-SF.....	132
FACTIVE.....	96	FERROUS GLUCONATE	102	flavoxate hcl.....	141
FALESSA.....	52	ferrous gluconate.....	102	FLEBOGAMMA DIF.....	130
famciclovir.....	47	ferrous sulfate.....	102	flecainide acetate.....	14
famotidine.....	137,138	FERROUS SULFATE.....	102	FLECTOR.....	65
famotidine-calcium carbonate- magnesium hydroxide.....	139	ferrous sulfate.....	102	FLEET BISACODYL.....	105
FAMVIR.....	47	FERROUS SULFATE.....	102	FLEET ENEMA.....	105
FANAPT.....	42	ferrous sulfate.....	102	FLEET ENEMA SIX PACK..	105
FANAPT TITRATION PACK.	42	FERROUS SULFATE.....	102	FLEET OIL.....	105
FARESTON.....	39	ferrous sulfate.....	102	FLEET PEDIATRIC.....	105
FASENRA.....	14	FERROUS SULFATE.....	102	FLOLAN.....	50
FAZACLO.....	43	ferrous sulfate.....	102	FLOMAX.....	99
fe fum-iron polysacch complex-fa- b complex-c-zn-mn-cu.....	101	FERROUS SULFATE.....	102	FLOMASE ALLERGY	
fe fumarate-vitamin c-vitamin b12-folic acid.....	101	ferrous sulfate.....	102	RELIEF.....	123
FEIBA.....	99	ferrous sulfate dried.....	102	FLOMASE ALLERGY RELIEF	
felbamate.....	19	FETZIMA.....	22	CHILDRENS.....	123
FELBATOL.....	19	FETZIMA TITRATION		FLOMASE SENSIMIST.....	123
FELDENE.....	4	PACK.....	22	FLORA VANCE.....	27
felodipine.....	49	FEXMID.....	122	FLORAJEN ACIDOPHILUS..	27
FEM-CAL CITRATE.....	112	fexofenadine hcl.....	32	FLORAJEN BIFIDOBLEND..	27
FEMARA.....	39	fexofenadine-pseudoephedrine	58	FLORAJEN3.....	27
FEMCON FE.....	52	FIASP.....	25	FLORAJEN4KIDS.....	27
FEMHRT LOW DOSE.....	95	FIASP FLEXTOUCH.....	25	FLOVENT DISKUS.....	15
FEMRING.....	144	FIBERCON.....	104	FLOVENT HFA.....	15
FENOFIBRATE.....	33	FIBRICOR.....	33	FLOXIN OTIC.....	130
fenofibrate.....	33	FINACEA.....	86	FLUAD 2016-2017.....	141
fenofibrate micronized.....	33	finasteride.....	99	FLUAD 2017-2018.....	141
FENOFIBRIC ACID.....	33	FIORICET.....	6	FLUARIX QUADRIVALENT	
FENOPROFEN CALCIUM...	4	FIORICET/CODEINE.....	8	2015-2016.....	141
fenopropfen calcium.....	4	FIORINAL.....	6	FLUARIX QUADRIVALENT	
FENORTHO.....	4	FIORINAL/CODEINE #3...	8	2016-2017.....	141
fentanyl.....	7	FIRAZYR.....	100	FLUARIX QUADRIVALENT	
fentanyl citrate.....	7	FIRST-PROGESTERONE VGS		2017-2018.....	141
FENTORA.....	7	100 COMPOUNDING KIT	144	FLUBLOK 2015-2016.....	141
FEOSOL.....	101	FIRST-PROGESTERONE VGS		FLUBLOK 2016-2017.....	141
FEOSOL BIFERA.....	101	200 COMPOUNDING		FLUBLOK 2017-2018.....	141
		KIT.....	144	FLUBLOK QUADRIVALENT	
		FIRST-PROGESTERONE VGS		2017-2018.....	141
		25 COMPOUNDING KIT..	144	FLUCELVAX 2015-2016...	141
				FLUCELVAX QUADRIVALENT	
				2016-2017.....	141

FLUCELVAX QUADRIVALENT 2017-2018.....	142	FLUZONE HIGH-DOSE PF 2016-2017.....	142	FOSAMAX.....	93
fluconazole.....	31	FLUZONE HIGH-DOSE PF 2017-2018.....	142	FOSAMAX PLUS D.....	93
flucytosine.....	30	FLUZONE INTRADERMAL QUADRIVALENT 2015- 2016.....	142	fosamprenavir calcium.....	45
fludrocortisone acetate.....	55	FLUZONE INTRADERMAL QUADRIVALENT 2016- 2017.....	142	fosinopril sodium.....	34
FLULAVAL QUADRIVALENT 2014-2015.....	142	FLUZONE INTRADERMAL QUADRIVALENT 2017- 2018.....	142	fosinopril sodium & hydrochlorothiazide.....	36
FLULAVAL QUADRIVALENT 2015-2016.....	142	FLUZONE QUADRIVALENT 2015-2016.....	142	FOSRENOL.....	98
FLULAVAL QUADRIVALENT 2016-2017.....	142	FLUZONE QUADRIVALENT 2016-2017.....	142	FRAGMIN.....	17
FLULAVAL QUADRIVALENT 2017-2018.....	142	FLUZONE QUADRIVALENT 2017-2018.....	142	FREE & CLEAR FOR SENSITIVE SKIN.....	83
FLUMADINE.....	47	FLUZONE SPLIT 2015- 2016.....	143	FROVA.....	109
FLUNISOLIDE.....	123	FML.....	128	frovatriptan succinate.....	109
fluocinolone acetonide.....	70	FML FORTE.....	128	fructose-dextrose-phosphoric acid.....	30
fluocinolone acetonide (otic).....	130	FML LIQUIFILM.....	128	FULYZAQ.....	26
fluocinonide.....	70	FOCALGIN 90 DHA.....	117	FUNGOID TINCTURE.....	66
fluocinonide emulsified base.....	70	FOCALGIN CA.....	117	FURADANTIN.....	140
FLUOR-A-DAY.....	111	FOCALGIN DSS.....	101	furosemide.....	93
fluorometholone (ophth).....	128	FOCALIN.....	2	FUROSEMIDE.....	93
FLUOROPLEX.....	67	FOCALIN XR.....	2	furosemide.....	93
FLUOROURACIL.....	67	FOLCAL DHA.....	117	FYCOMPA.....	17
fluorouracil (topical).....	67	FOLCAPS OMEGA 3.....	117	gabapentin.....	18
FLUOXETINE.....	135	FOLGARD.....	101	GABITRIL.....	19
FLUOXETINE DR.....	21	folc acid.....	100,101	galantamine hydrobromide.....	133
fluoxetine hcl.....	21	folc acid-vitamin b6-vitamin b12.....	101	GALANTAMINE HYDROBROMIDE.....	133
FLUOXETINE HCL.....	21	FOLIVANE-OB.....	117	galantamine hydrobromide.....	133
fluoxetine hcl.....	21	fondaparinux sodium.....	17	GALZIN.....	113
fluphenazine decanoate.....	43	FORFIVO XL.....	20	GAMASTAN S/D.....	130
FLUPHENAZINE HCL.....	43	formaldehyde.....	44	GAMMAGARD LIQUID.....	130
fluphenazine hcl.....	43	FORMULA 405 ENRICHED EYE.....	75	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	130
FLURA-DROPS.....	111	FORMULA 405 FACE CREAM.....	75	GAMMAKED.....	130
FLURAZEPAM HCL.....	103	FORMULA 405 LIGHT TEXTURED MOISTURIZER.....	75	GAMMAPLEX.....	130
flurbiprofen.....	4	FORMULA 405 MOISTURIZING.....	75	GAMUNEX-C.....	130
flurbiprofen sodium.....	129	FORTAMET.....	23	GARDASIL.....	143
FLURBIPROFEN SODIUM.....	129	FORTEO.....	93	GARDASIL 9.....	143
flutamide.....	39	FORTESTA.....	10	GAS-X.....	96
fluticasone propionate.....	70	FORTICAL.....	93	GAS-X EXTRA STRENGTH.....	97
fluticasone propionate (nasal).....	123	FORTIFY DAILY PROBIOTIC.....	27	GASTROCROM.....	97
fluvastatin sodium.....	34			gatifloxacin (ophth).....	127
FLUVIRIN 2015-2016.....	142			GATTEX.....	98
FLUVIRIN 2016-2017.....	142			Gauze Bandages.....	107
FLUVIRIN 2017-2018.....	142			Gauze Pads.....	107
fluvoxamine maleate.....	21			Gauze Pads - Misc.....	107
FLUZONE HIGH-DOSE PF 2015- 2016.....	142			GAVISCON.....	11
				GEL-KAM ORAL CARE RINSE.....	115
				GELNIQUE.....	140

GELNIQUE PUMP	140	glycerin (laxative)	104	GOLD BOND ULTIMATE RESTORING	75
gemfibrozil	33	GLYCERIN ADULT	104	GOLD BOND ULTIMATE SHEERRIBBONS	
GENADUR	80	glycerin-hypromellose-polyethylene glycol 400	125	PEARLRADIANCE	75
GENERESS FE	52	GLYCERINE	52	GOLD BOND ULTIMATE SHEERRIBBONS	
GENOTROPIN	94	GLYCEROL FORMAL	52	SILKSOFTNESS	75
GENOTROPIN MINIQUICK	94	glycine (gu irrigant)	98	GOLD BOND ULTIMATE SOFTENING	75
GENTAK	127	glycopyrrolate	137	GOLD BOND ULTIMATE SOOTHING	75
gentamicin sulfate (ophth)	127	GLYNASE	26	GOLYTELY	104
gentamicin sulfate (topical)	65	GLYSET	23	GOODSENSE GLUCOSE	24
GENTEAL MILD	125	GNP ACIDOPHILUS HIGH POTENCY	27	GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS	90
GENTEAL MILD TO MODERATE	125	GNP ADVANCED RECOVERY	75	GOODSENSE PRENATAL VITAMINS	117
GENTEAL SEVERE	125	GNP DAILY PRENATAL	117	GOODSENSE UNIVERSAL 1 MICRO THIN 33G	107
GENTIAN VIOLET	66	GNP DAY TIME MUCUS RELIEFDM	58	GOODSENSE UNIVERSAL 1 MICRO-THIN 33G	107
GENTLE	75	GNP GENTIAN VIOLET	66	GOODSENSE UNIVERSAL 1THIN 26G	107
GENVOYA	45	GNP GLUCOSE	24	GRALISE	135
GEODON	42	GNP ISOPROPYL ALCOHOL WIPES	83	GRALISE STARTER	135
GERI PROTECT	83	GNP OMEPRAZOLE	138	granisetron hcl	29
GERI-WASH	83	GNP PRENATAL	117	GRANIX	101
GIAZO	97	GNP PROBIOTIC COLON SUPPORT	27	GRAPE SYRUP	132
GILENYA	134	GNP QUICK DISSOLVE GLUCOSE	24	GRASTEK	2
GILOTRIF	39	GNP SALINE WOUND WASH	83	GRIS-PEG	30
ginger (zingiber officinalis)	3	GOLD BOND MEDICATED BODYLOTION	75	griseofulvin microsize	30
glatiramer acetate	134	GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH	75	griseofulvin ultramicrosize	30
GLEEVEC	39	GOLD BOND ULTIMATE	75	GRX ASC LOTIONIZED ANTIMICROBIAL SKIN CLEANSER	83
GLENMAX PEB	58	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH EXFOLIATING	83	GRX VITAMIN E	75
GLEOSTINE	38	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH HEALING	83	GRX WOUND	88
glimepiride	26	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH SENSITIVE/OAT EXT	83	guaifenesin	61,62
glipizide	26	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		guaifenesin-codeine	58
glipizide-metformin hcl	23	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		guanfacine hcl	35
GLUCAGEN DIAGNOSTIC	90	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		guanfacine hcl (adhd)	1
GLUCAGEN HYPOKIT	24	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		GUANIDINE HCL	37
GLUCAGON EMERGENCY KIT	24	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		GYNAZOLE-1	143
GLUCOPHAGE	23	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		GYNE-LOTRIMIN	143
GLUCOPHAGE XR	23,24	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		GYNE-LOTRIMIN 3	143
GLUCOSE	24	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		HALCION	103
GLUCOSE INSTANT ENERGY	24	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		HALDOL DECANOATE 100	42
GLUCOTROL	26	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		HALDOL DECANOATE 50	42
GLUCOTROL XL	26	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		halobetasol propionate	70
GLUCOVANCE	23	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH		HALOG	70
GLUMETZA	24	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH			
glyburide	26	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH			
glyburide micronized	26	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH			
glyburide-metformin	23	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH			
GLYCERIN	52	GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH			

haloperidol.....	42	HUMIRA.....	3	hydromorphone hcl.....	7
haloperidol decanoate.....	42	HUMIRA PEDIATRIC CROHNS		HYDROMORPHONE HCL.....	7
haloperidol lactate.....	42	DISEASE STARTER PACK.....	3	hydromorphone hcl.....	7
HAVRIX.....	143	HUMIRA PEN.....	3	HYDROPHILIC.....	133
HEAD & SHOULDERS 2IN1		HUMIRA PEN-CROHNS		HYDROPHILIC	
CLASSIC CLEAN/NORMAL.....	68	DISEASESTARTER.....	3	PETROLATUM.....	133
HEAD & SHOULDERS		HUMIRA PEN-PSORIASIS		hydroquinone.....	86
CLASSIC CLEAN/NORMAL.....	68	STARTER.....	3	hydroxychloroquine sulfate.....	37
HEAD & SHOULDERS DRY		HUMULIN 70/30.....	25	HYDROXYPROGESTERONE	
SCALP 2 IN 1.....	68	HUMULIN 70/30		CAPROATE.....	39
HECTOROL.....	94	KWIKPEN.....	25	hydroxyurea.....	40
HELIXATE FS.....	100	HUMULIN N.....	25	hydroxyzine hcl.....	13
HEMA-COMBISTIX.....	90	HUMULIN N KWIKPEN.....	25	HYDROXYZINE PAMOATE.....	13
HEMANGEOL.....	48	HUMULIN R.....	25	hydroxyzine pamoate.....	13
HEMATOGEN FA.....	101	HUMULIN R U-500		HYOPHEN.....	140
HEMENATAL OB.....	117	(CONCENTRATED).....	25	hyoscyamine sulfate.....	137
HEMENATAL OB + DHA.....	117	HUMULIN R U-500		HYOSCYAMINE SULFATE.....	137
HEMLIBRA.....	100	KWIKPEN.....	26	hyoscyamine sulfate.....	137
HEMOCYTE.....	102	HURRICAIN.....	115	HYPERRHO S/D.....	130
HEPAGAM B.....	130	HURRICAIN ONE.....	115	HYPERRHO S/D MINI-	
heparin sodium (porcine).....	17	HY-VEE GLUCOSE.....	24	DOSE.....	130
HEPSERA.....	47	HYCAMTIN.....	40	HYPOTEAR.....	125
HETLIOZ.....	103	HYCET.....	9	hypromellose (ophth).....	125
HEXALEN.....	38	hydralazine hcl.....	37	HYVEE ADVANCED ANTACID	
HIBICLENS.....	44	HYDRASYN25.....	75	MAXIMUM STRENGTH.....	11
HIPREX.....	140	HYDREA.....	40	HYZAAR.....	36
HIZENTRA.....	130	HYDRO-LAN.....	75	ibandronate sodium.....	93
HM ACIDOPHILUS.....	27	HYDROCERIN.....	83	IBRANCE.....	39
HM EYELID WIPES.....	83	hydrochlorothiazide.....	93	IBUDONE.....	9
HM GLUCOSE.....	24	HYDROCIL INSTANT.....	104	ibuprofen.....	4
HM OMEPRAZOLE.....	138	hydrocodone w/		ICLUSIG.....	39
HM ONE DAILY PRENATAL		homatropine.....	55	ICY HOT PAIN RELIEVING	
COMBO.....	117	hydrocodone-		GEL.....	65
HM PRENATAL.....	117	acetaminophen.....	9	IDHIFA.....	39
homatropine hbr.....	126	hydrocodone-ibuprofen.....	9	ILEVRO.....	129
HORIZANT.....	135	hydrocortisone.....	54	imatinib mesylate.....	39
HUMALOG.....	25	hydrocortisone (intrarectal).....	10	IMBRUVICA.....	39
HUMALOG JUNIOR		hydrocortisone (rectal).....	11	imipramine hcl.....	22
KWIKPEN.....	25	hydrocortisone (topical).....	70	imipramine pamoate.....	22
HUMALOG KWIKPEN.....	25	hydrocortisone acetate		imiquimod.....	78
HUMALOG MIX 50/50.....	25	(topical).....	71	IMITREX.....	109,110
HUMALOG MIX 50/50		hydrocortisone butyrate.....	71	IMITREX STATDOSE	
KWIKPEN.....	25	hydrocortisone butyrate		REFILL.....	109
HUMALOG MIX 75/25.....	25	hydrocortisone butyrate		IMITREX STATDOSE	
HUMALOG MIX 75/25		hydrophilic lipo base.....	71	SYSTEM.....	110
KWIKPEN.....	25	hydrocortisone valerate.....	71	IMODIUM A-D.....	29
HUMALOG MIX 75/25		hydrocortisone w/acetic		IMODIUM MULTI-SYMPTOM	
KWIKPEN.....	25	acid.....	130	RELIEF.....	29
HUMATE-P.....	100	hydrocortisone-aloe vera.....	71	IMURAN.....	113
HUMATROPE.....	94	HYDROGEL.....	88	INATAL GT.....	117
HUMATROPE COMBO		HYDROGEL AG.....	88		
PACK.....	94	hydrogen peroxide.....	44		

INCRELEX.....	94	Insulin Syringe/Needle U-100	INVOKAMET.....	23		
INCRUSE ELLIPTA.....	15	0.3 ML 29 x 1/2".....	108	INVOKANA.....	26	
indapamide.....	93	Insulin Syringe/Needle U-100	IONIL.....	83		
INDERAL LA.....	48	0.3 ML 30 x 1/2".....	108	IOPIDINE.....	126	
INDERAL XL.....	48	Insulin Syringe/Needle U-100	ipratropium bromide.....	15		
INDOCIN.....	4	0.3 ML 30 x 3/8".....	108	ipratropium bromide (nasal).....	123	
indomethacin.....	4	Insulin Syringe/Needle U-100	ipratropium-albuterol.....	16		
INFANATE BALANCE.....	117	0.3 ML 30 x 5/16".....	108	irbesartan.....	35	
INFANTS ADVIL.....	4	Insulin Syringe/Needle U-100 1	irbesartan-hydrochlorothiazide	36		
INFINITY VOICE.....	90	ML 25 x 1".....	108	IRON CHEWS PEDIATRIC.....	102	
INFINITY VOICE LEVEL 2.....	107	Insulin Syringe/Needle U-100 1	iron polysaccharide complex-vit	101		
INGREZZA.....	134	ML 25 x 5/8".....	108	b12-folic acid.....	101	
INLYTA.....	40	Insulin Syringe/Needle U-100 1	iron w/ vitamins liqd.....	116		
INNOPRAN XL.....	48	ML 26 x 1/2".....	108	iron w/ vitamins tabs.....	116	
inositol niacinate.....	50	Insulin Syringe/Needle U-100 1	ML 27 x 1/2".....	108	ISENTRESS.....	45
INOVA.....	63	Insulin Syringe/Needle U-100 1	ML 27 x 5/8".....	108	ISONIAZID.....	38
INOVA 4/1 ACNE CONTROL		Insulin Syringe/Needle U-100 1	ML 28 x 1/2".....	108	isoniazid.....	38
THERAPY.....	63	Insulin Syringe/Needle U-100 1	ML 29 x 1/2".....	108	ISOPROPYL ALCOHOL	
INOVA 8/2 ACNE CONTROL		Insulin Syringe/Needle U-100 1	ML 30 x 1/2".....	108	WIPES.....	83
THERAPY.....	63	Insulin Syringe/Needle U-100 1	ML 30 x 5/16".....	108	ISOPTO CARPINE.....	126
INSPIRA.....	37	Insulin Syringe/Needle U-100 1	ML 31 x 1/2".....	108	ISOPTO TEARS.....	125
Insulin Pen Needle 29 G X 10		Insulin Syringe/Needle U-100 1	ML 31 x 5/16".....	108	ISORDIL TITRADOSE.....	13
MM.....	107	Insulin Syringe/Needle U-100 1	1/2 ML 27 x 1/2".....	108	isosorbide dinitrate.....	13
Insulin Pen Needle 29 G X 12		Insulin Syringe/Needle U-100 1	1/2 ML 28 x 1/2".....	108	ISOSORBIDE DINITRATE	
MM (1/2").....	107	Insulin Syringe/Needle U-100 1	1/2 ML 29 x 1/2".....	108	ER.....	13
Insulin Pen Needle 29 G X 12.7		Insulin Syringe/Needle U-100 1	1/2 ML 30 x 1/2".....	108	isosorbide mononitrate.....	13
MM.....	107	Insulin Syringe/Needle U-100 1	1/2 ML 30 x 3/8".....	108	isotretinoin.....	63
Insulin Pen Needle 29 G X 13		Insulin Syringe/Needle U-100 1	1/2 ML 30 x 5/16".....	108	isradipine.....	49
MM (1/2").....	108	Insulin Syringe/Needle U-100 1	1/2 ML 31 x 5/16".....	108	ISTALOL.....	126
Insulin Pen Needle 30 G X 8 MM		Insulin Syringe/Needle U-100 1	INTELENCE.....	45	ITCH-X.....	80
(1/3" or 5/16").....	108	Insulin Syringe/Needle U-100 1	INTERMEZZO.....	103	itraconazole.....	31
Insulin Pen Needle 31 G X 4 MM		Insulin Syringe/Needle U-100 1	INTRASITE GEL		ivermectin.....	12
(1/6").....	108	Insulin Syringe/Needle U-100 1	APPLIPAK.....	88	IXINITY.....	100
Insulin Pen Needle 31 G X 5 MM		Insulin Syringe/Needle U-100 1	INTRON A.....	40	J & J BURN CREAM.....	75
(3/16").....	108	Insulin Syringe/Needle U-100 1	INTRON A W/DILUENT.....	40	JADENU.....	29
Insulin Pen Needle 31 G X 6 MM		Insulin Syringe/Needle U-100 1	INTUNIV.....	1	JAKAFI.....	40
(1/4").....	108	Insulin Syringe/Needle U-100 1	INVEGA.....	42	JALYN.....	99
Insulin Pen Needle 31 G X 8 MM		Insulin Syringe/Needle U-100 1	INVEGA SUSTENNA.....	42	JANUMET.....	23
(1/3" or 5/16").....	108	Insulin Syringe/Needle U-100 1	INVEGA TRINZA.....	42	JANUMET XR.....	23
Insulin Pen Needle 32 G X 4 MM		Insulin Syringe/Needle U-100 1	INVIRASE.....	45	JANUVIA.....	25
(5/32").....	108	Insulin Syringe/Needle U-100 1			JARDIANCE.....	26
Insulin Pen Needle 32 G X 5 MM		Insulin Syringe/Needle U-100 1			JENTADUETO.....	23
(1/5" or 3/16").....	108	Insulin Syringe/Needle U-100 1			JENTADUETO XR.....	23
Insulin Pen Needle 32 G X 6 MM		Insulin Syringe/Needle U-100 1			JOBST IT STAYS/ROLL-ON.....	80
(1/4").....	108	Insulin Syringe/Needle U-100 1			JUBLIA.....	66
Insulin Pen Needle 32 G X 8		Insulin Syringe/Needle U-100 1			JUXTAPID.....	34
MM.....	108	Insulin Syringe/Needle U-100 1			K-PHOS.....	112
Insulin Pen Needle 33 G X 4 MM		Insulin Syringe/Needle U-100 1				
(5/32").....	108	Insulin Syringe/Needle U-100 1				
Insulin Syringe (Disp) U-100 1		Insulin Syringe/Needle U-100 1				
ML.....	108	Insulin Syringe/Needle U-100 1				
Insulin Syringe/Needle U-100 0.3		Insulin Syringe/Needle U-100 1				
ML 28 x 1/2".....	108	Insulin Syringe/Needle U-100 1				
Insulin Syringe/Needle U-100 0.3		Insulin Syringe/Needle U-100 1				
ML 29 x 1".....	108	Insulin Syringe/Needle U-100 1				

K-PHOS NEUTRAL.....	112	ketorolac tromethamine.....	4	lactulose.....	104
K-PHOS NO 2.....	98	ketorolac tromethamine		lactulose (encephalopathy) .	98
K-TAB.....	113	(ophth).....	129	LADY ESTHER 4 PURPOSE	
KADIAN.....	7	KETOSTIX.....	90	FACE CREAM.....	76
KALA.....	29	ketotifen fumarate (ophth)	129	LAMICTAL.....	18
KALBITOR.....	100	KEY-E.....	145	LAMICTAL CHEWABLE	
KALETRA.....	45	KHEDEZLA.....	22	DISPERSIBLE.....	18
KALYDECO.....	135	KINERET.....	3	LAMICTAL ODT.....	18
KANUMA.....	95	KITABIS PAK.....	3	LAMICTAL XR.....	18
KAPVAY.....	1	KLARON.....	63	LAMISIL.....	30
KAYEXALATE.....	114	KLONOPIN.....	17	LAMISIL ADVANCED.....	66
KAZANO.....	23	KLOR-CON M15.....	113	LAMISIL AT.....	66
KEFLEX.....	51	KLOR-CON/25.....	113	LAMISIL AT JOCK ITCH.....	66
KENALOG.....	71	KLOUT.....	87	LAMISIL AT SPRAY.....	66
KENDALL AMORPHOUS		KLS OMEPRAZOLE.....	138	lamivudine.....	45
HYDROGEL WOUND		KOGENATE FS.....	100	lamivudine (hbv).....	47
DRESSING.....	88	KOGENATE FS BIO-SET	100	lamivudine-zidovudine.....	45
KEPPRA.....	18	KOMBIGLYZE XR.....	23	lamotrigine.....	18
KEPPRA XR.....	18	KONDREMUL.....	105	LANAPHILIC.....	76
KERADAN.....	75	KONSYL.....	104	Lancets - Misc.....	107
KERAGEL.....	88	KONSYL-D.....	104	Lancets Devices - Misc.....	107
KERAGELT.....	88	KORLYM.....	24	lanolin.....	133
KERALYT.....	79	KP GENTLE SKIN		lanolin (topical).....	83
KERASAL FUNGAL NAIL		CLEANSER.....	83	LANOLIN ANHYDROUS...	133
RENEWAL.....	80	KP PRENATAL		LANOLIN ANHYDROUS-	
KERI ADVANCED MOISTURE		MULTIVITAMINS.....	118	GRX.....	133
THERAPY.....	75	KPN PRENATAL.....	118	LANOLOR.....	76
KERI BASIC ESSENTIALS..	75	KRISTALOSE.....	104	LANOXIN.....	50
KERI LONG LASTING.....	75	KROGER GLUCOSE.....	24	lansoprazole.....	138
KERI NOURISHING SHEA		KUVAN.....	95	lanthanum carbonate.....	98
BUTTER.....	75	KYNAMRO.....	33	LANTISEPTIC SKIN	
KERI ORIGINAL.....	75	L-METHYL-MC NAC.....	92	PROTECTANT.....	83
KERI OVERNIGHT.....	75	labetalol hcl.....	48	LANTISEPTIC	
KERI RENEWAL MILK		LABSTIX.....	90	THERAPEUTIC.....	76
BODY.....	75	LAC-HYDRIN.....	76	LANTUS 100 UNIT/ML	
KERI RENEWAL SKIN		LAC-HYDRIN TWELVE...	76	SOLN.....	26
FIRMING.....	75	LACRISERT.....	125	LANTUS SOLOSTAR 100	
KERI RENEWAL STRETCH		LACTAID.....	92	UNIT/ML SOPN.....	26
MARK MINIMIZER.....	75	LACTAID FAST ACT.....	92	LASIX.....	93
KERI SENSITIVE SKIN.....	75	lactase.....	92	LASTACAFT.....	129
KETEK.....	12	lactated ringer's.....	111	latanoprost.....	129
KETO-DIASTIX.....	90	lactated ringer's		LATUDA.....	42
KETOCARE.....	90	(irrigation).....	114	LAZANDA.....	7
ketoconazole.....	31	lactic acid (ammonium		LEADER FINGER CREAM..	76
ketoconazole (topical).....	66	lactate).....	76	LEADER GLUCOSE.....	24
KETONE TEST STRIPS.....	90	LACTINOL HX.....	76	LEADER QUICK DISSOLVE	
KETOPROFEN.....	4	LACTO-PECTIN.....	27	GLUCOSE.....	24
ketoprofen.....	4	lactobacillus.....	27	leflunomide.....	5
KETOPROFEN ER.....	4			LESCOL XL.....	34
				LETAIRIS.....	50

letrozole.....	39	LINDANE.....	87	LOPROX SHAMPOO.....	66
LEUCOVORIN CALCIUM.....	40	lindane.....	87	loratadine.....	32
leucovorin calcium.....	40	linezolid.....	13	loratadine & pseudoephedrine.....	58
LEUKERAN.....	38	liniments & rubs.....	79	lorazepam.....	14
LEUKINE.....	101	LINZESS.....	98	LORTAB.....	9
LEVACET.....	6	LIORESAL INTRATHECAL.....	122	LORZONE.....	122
levabuterol hcl.....	16	liothyronine sodium.....	136	losartan potassium.....	35
LEVALBUTEROL TARTRATE HFA.....	16	LIPITOR.....	34	losartan potassium & hydrochlorothiazide.....	36
LEVAQUIN.....	96	LIPOFEN.....	33	LOSEASONIQUE.....	52
LEVBID.....	137	LIQ-10.....	3	LOTEMAX.....	128
LEVEMIR.....	26	lisinopril.....	34	LOTENSIN.....	35
LEVEMIR FLEXTOUCH.....	26	lisinopril & hydrochlorothiazide.....	36	LOTENSIN HCT.....	36
levetiracetam.....	18	LITHIUM.....	42	LOTREL.....	36
levobunolol hcl.....	126	lithium carbonate.....	41	LOTRIMIN AF.....	66
levocarnitine (metabolic modifiers).....	95	LITHIUM CARBONATE.....	42	LOTRIMIN AF FOR HER.....	66
levocetirizine dihydrochloride.....	32	lithium carbonate.....	42	LOTRIMIN AF JOCK ITCH.....	66
levofloxacin.....	96	LITHOBID.....	42	LOTRIMIN ULTRA.....	66
LEVOFLOXACIN.....	96	LITHOSTAT.....	99	LOTRISONE.....	66
levofloxacin.....	96	LITTLE NOSES DECONGESTANTNOSE DROPS.....	124	LOTRONEX.....	98
levofloxacin (ophth).....	127	LITTLE REMEDIES FOR COLDMULTI SYMPTOM.....	58	lovastatin.....	34
LEVOMEFOLATE DHA.....	118	LIVALO.....	34	LOVAZA.....	33
levonorgestrel & eth estradiol.....	52	LMX 4.....	80	LOVENOX.....	17
levonorgestrel (emergency oc).....	54	LMX 4 PLUS.....	80	loxapine succinate.....	43
levonorgestrel-eth estradiol (triphasic).....	52	LO LOESTRIN FE.....	52	LUBRIDERM.....	76
levonorgestrel-ethinyl estradiol (91-day).....	52	LOCOID.....	71	LUBRIDERM ADVANCED THERAPY.....	76
levonorgestrel-ethinyl estradiol (continuous).....	52	LOCOID LIPOCREAM.....	71	LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN.....	76
LEVORPHANOL TARTRATE.....	7	LODINE.....	4	LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE.....	76
levothyroxine sodium.....	136	LODOSYN.....	40	LUBRIDERM INTENSE SKIN REPAIR.....	76
LEVSIN.....	137	LOESTRIN 1.5/30-21.....	52	LUBRIDERM MENS 3-IN-1.....	76
LEVSIN/SL.....	137	LOESTRIN 1/20-21.....	52	LUBRIDERM SERIOUSLY SENSITIVE.....	76
LEXAPRO.....	21	LOESTRIN FE 1.5/30.....	52	LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS.....	76
LEXIVA.....	45	LOESTRIN FE 1/20.....	52	LUBRISOFT.....	76
LIALDA.....	97	LOFIBRA.....	33	LUMIGAN.....	129
LICEMD.....	87	LOHIST-D.....	58	LUNESTA.....	103
LICIDE TREATMENT KIT.....	87	LOMOTIL.....	29	LURIDE.....	111
lidocaine.....	80	LONGS GLUCOSE.....	24	LUXIQ.....	71
lidocaine hcl.....	80	loperamide hcl.....	29	LYNPARZA.....	40
lidocaine hcl (mouth-throat).....	115	loperamide-simethicone.....	29	LYRICA.....	18
lidocaine-prilocaine.....	80	LOPID.....	34	LYSODREN.....	39
lidocaine-transparent dressing.....	80	lopinavir-ritonavir.....	45		
LIDODERM.....	80	LOPRESSOR.....	48		
LIDOTREX.....	88	LOPRESSOR HCT.....	36		
		LOPROX.....	66		

LYSTEDA.....	102	MEDERMA AG FACE		MEPSEVII.....	95
M-END PE.....	58	CREAM.....	76	mercaptapurine.....	38
M-M-R II.....	143	MEDERMA AG FACIAL		mesalamine.....	97
M-VIT.....	118	CLEANSER.....	84	mesalamine w/ cleanser.....	97
MACNATAL CN DHA.....	118	MEDERMA AG FACIAL		MESTINON.....	38
MACROBID.....	140	TONER.....	84	MESTINON TIMESPAN.....	38
MACRODANTIN.....	140	MEDERMA AG HAND & BODY		META BIOTIC/BIO-ACTIVE	
mafenide acetate.....	69	LOTION.....	76	12.....	28
MAG-TAB SR.....	112	MEDERMA STRETCH MARKS		METADATE CD.....	2
MAGNEBIND 300.....	111	THERAPY.....	76	METAFOLBIC PLUS.....	92
MAGNEBIND 400.....	112	MEDICAL PROVIDER EZ FLU		METAMUCIL.....	104
MAGNESIUM.....	112	SHOT 2015-2016.....	143	METAMUCIL MULTIHEALTH	
magnesium.....	112	MEDICAL PROVIDER SINGLE		FIBER SINGLES.....	104
MAGNESIUM.....	112	USE EZ FLU SHOT.....	143	METAMUCIL ORIGINAL	
magnesium citrate.....	105	MEDIHONEY		TEXTURE.....	104
MAGNESIUM		WOUND/BURN DRESSING 8		METAMUCIL SMOOTH	
GLUCONATE.....	112	8		TEXTURE FIBER SINGLES	104
magnesium gluconate.....	112	MEDROL.....	54	METAPROTERENOL	
magnesium hydroxide.....	105	MEDROL DOSEPAK.....	54	SULFATE.....	16
magnesium lactate.....	112	medroxyprogesterone		metaxalone.....	122
magnesium oxide.....	12	acetate.....	133	metformin hcl.....	24
MAGNESIUM OXIDE.....	112	medroxyprogesterone acetate		methadone hcl.....	7
magnesium oxide (mg		(contraceptive).....	54	METHADONE HCL.....	7
supplement).....	112	mefenamic acid.....	4	methadone hcl.....	7
MAGOX 400.....	112	MEFLOQUINE HCL.....	37	METHADONE HCL.....	7
MAKENA.....	133	mefloquine hcl.....	37	methadone hcl.....	8
MALARONE.....	37	MEGA PROBIOTIC.....	27	METHADOSE.....	8
malathion.....	87	MEGACE ES.....	133	METHADOSE SUGAR-FREE 8	
MAPROTILINE HCL.....	20	MEGACE ORAL.....	39	methamphetamine hcl.....	1
MARINOL.....	30	megestrol acetate.....	39	methazolamide.....	92
MARNATAL-F.....	118	megestrol acetate		methenamine hippurate....	140
MARPLAN.....	20	(appetite).....	133	METHENAMINE	
MATULANE.....	40	MEIJER CALAMINE.....	84	MANDELATE.....	140
MAVIK.....	35	MEIJER GLUCOSE.....	24	methenamine mandelate....	140
MAVYRET.....	47	MEKINIST.....	40	methenamine-hyosc-methylene	
MAXALT.....	110	melatonin.....	3	blue-benzoic acid-phenyl	
MAXALT-MLT.....	110	MELATONIN.....	3	sal.....	140
MAXAM.....	76	melatonin.....	3	methenamine-hyosc-methylene	
MAXIDEX.....	128	melatonin-pyridoxine.....	3	blue-sod phos-phenyl sal....	140
MAXITROL.....	128	meloxicam.....	5	methenamine-hyoscamine-	
MAXZIDE.....	92	melphalan.....	38	methylene blue-sodium	
meclizine hcl.....	30	memantine hcl.....	134	phosphate.....	140
MECLOFENAMATE SODIUM 4		MENEST.....	96	METHERGINE.....	130
MEDELA TENDER CARE		MENTAX.....	66	methimazole.....	136
LANOLIN.....	76	menthol (topical analgesic)		METHITEST.....	10
MEDERMA AG BODY		menthol-methyl salicylate		methocarbamol.....	122
CLEANSER.....	84	(liniments).....	79	methotrexate sodium.....	38
		MEPERIDINE HCL.....	7	METHOTREXATE SODIUM 38	
		meperidine hcl.....	7	methotrexate sodium.....	38
		MEPHYTON.....	145	methoxsalen rapid.....	68
		meprobamate.....	13		
		MEPRON.....	12		

methscopolamine bromide	137	MICROZIDE	93	MONISTAT 3 COMBINATION PACK	144
METHYCLOTHIAZIDE	93	midazolam hcl	103	MONISTAT 7 SIMPLY CURE	144
methylcellulose (laxative)	104	midodrine hcl	145	MONISTAT SOOTHING CARE ITCH RELIEF	71
methyl dopa	35	MIGERGOT	109	MONOCLATE-P	100
METHYLDOPA/HYDROCHLOROTHIAZIDE	36	miglitol	23	MONODOX	136
methylergonovine maleate	130	miglustat	100	MONONINE	100
METHYLIN	2	MIGRANAL	109	montelukast sodium	15
methylphenidate hcl	2	MILK OF MAGNESIA CONCENTRATE	105	morphine sulfate	8
METHYLPHENIDATE HCL ER	2	MILLIPRED	54	MORPHINE SULFATE	8
methylprednisolone	54	MINASTRIN 24 FE	53	morphine sulfate	8
methyltestosterone	10	mineral oil	105	MORPHINE SULFATE ER	8
METIPRANOLOL	126	MINERAL OIL	105	MOTHERS FRIEND	76
metoclopramide hcl	97	MINIPRESS	35	MOTOFEN	29
METOCLOPRAMIDE ODT	97	MINIVELLE	96	MOTRIN INFANTS DROPS	5
metolazone	93	MINOCIN	136	MOUTHKOTE	116
metoprolol & hydrochlorothiazide	36	minocycline hcl	136	MOVIPREP	104
metoprolol succinate	48	minoxidil	37	MOXATAG	131
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	36	MIRALAX	104	MOXEZA	127
metoprolol tartrate	48	MIRAPEX	41	moxifloxacin hcl	96
METOPROLOL/HYDROCHLOROTHIAZIDE	36	MIRAPEX ER	41	moxifloxacin hcl (ophth)	127
METOZOLV ODT	97	MIRCETTE	53	MS CONTIN	8
METROCREAM	86	mirtazapine	20	MSM SKIN LOTION	76
METROGEL	86	MIRVASO	86	MUCINEX	62
METROGEL-VAGINAL	143	misoprostol	139	MUCINEX CHILDRENS COLD COUGH & SORE THROAT	58
METROLOTION	86	MOBIC	5	MUCINEX CHILDRENS MULTI-SYMPTOM COLD	58
metronidazole	12	MOBISYL	79	MUCINEX CHILDRENS MULTI-SYMPTOM COLD & FEVER	58
metronidazole (topical)	86	modafinil	2	MUCINEX CONGESTION & COUGH CHILDRENS	58
metronidazole vaginal	143	MODERIBA 1200 DOSE PACK	47	MUCINEX COUGH FOR KIDS	58
MEVACOR	34	MODERIBA 800 DOSE PACK	47	MUCINEX D	58
mexiletine hcl	14	MODICON	53	MUCINEX D MAXIMUM STRENGTH	58
MIACALCIN	94	moexipril hcl	35	MUCINEX DM	58
MICARDIS	35	moexipril-hydrochlorothiazide	36	MUCINEX DM MAXIMUM STRENGTH	58
MICARDIS HCT	36	MOI-STIR	116	MUCINEX FAST-MAX COLD & SINUS	58
MICATIN	66	MOISTURE EYES	125	MUCINEX FAST-MAX COLD FLU & SORE THROAT	58
MICONAZOLE 3	143	MOISTURIZING CREAM	76	MUCINEX FAST-MAX COLD FLU & SORE THROAT CLEAR & COOL	58
miconazole nitrate (topical)	66	MOLINDONE HYDROCHLORIDE	43	MUCINEX FAST-MAX SEVERE COLD	58
miconazole nitrate vaginal	144	mometasone furoate	71	MUCINEX FAST-MAX SEVERE CONGESTION & COUGH	59
MICRHOGAM ULTRA-FILTEREDPLUS	130	mometasone furoate (nasal)	123		
MICRO-K	113	MONISTAT 1 COMBO PACK	144		
MICROCYN	88	MONISTAT 1 DAY OR NIGHT COMBO PACK	144		
MICROKLENZ ANTISEPTIC WOUND CLEANSER	88	MONISTAT 3	144		

MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL.....	58	mycophenolate sodium.....	114	NASAL DECONGESTANT.....	124
MUCINEX FOR KIDS.....	62	MYDRIACYL.....	126	NASALCROM.....	122
MUCINEX MAXIMUM STRENGTH.....	62	MYFORTIC.....	114	NASCOBAL.....	100
MUCINEX STUFFY NOSE & COLD CHILDRENS.....	59	MYLERAN.....	38	NASONEX.....	123
MULTAQ.....	14	MYLICON.....	97	NAT-RUL PRENATAL VITAMINS.....	118
MULTI MEGA MINERALS.....	112	MYLICON INFANTS GAS RELIEF.....	97	NATACYN.....	127
MULTI PRENATAL.....	118	MYNATAL.....	118	NATALVIT.....	118
MULTIGEN.....	101	MYNATAL ADVANCE.....	118	NATAZIA.....	53
MULTIGEN FOLIC.....	101	MYNATAL PLUS.....	118	nateglinide.....	26
MULTIGEN PLUS.....	101	MYNATAL ULTRACAPLET.....	118	NATELLE ONE.....	118
multiple minerals w/ vitamins.....	112	MYNATAL-Z.....	118	NATROBA.....	87
multiple vitamin caps.....	116	MYNATAL-90 PLUS.....	118	NATRUL PROBIOTIC.....	28
multiple vitamin tabs.....	116	MYOFLEX.....	79	NATRUL-CAL.....	112
multiple vitamins w/ calcium tabs.....	116	MYSOLINE.....	18	NATURE-THROID.....	136
multiple vitamins w/ iron tabs.....	116	MYTESI.....	26	NATURES WASH PLUS.....	84
multiple vitamins w/ minerals caps.....	116	nabumetone.....	5	NEBUPENT.....	12
multiple vitamins w/ minerals chew.....	116	nadolol.....	49	NECON 1/50-28.....	53
multiple vitamins w/ minerals liqd.....	116	nadolol & bendroflumethiazide.....	36	NECON 10/11-28.....	53
multiple vitamins w/ minerals tabs.....	116	naftifine hcl.....	66	Needle (Disp) 25 x 5/8".....	108
MULTISOURCE CALCIUM MAGNESIUM & D FORMULA.....	112	NAFTIN.....	66	NEEVO DHA.....	118
MULTISTIX.....	91	NAIL SCRUB.....	80	NEFAZODONE HCL.....	22
MULTISTIX 10 SG.....	90	NALFON.....	5	nefazodone hcl.....	22
MULTISTIX 5.....	90	NALOXONE HCL.....	29	NEO-SYNALAR.....	65
MULTISTIX 7.....	90	naloxone hcl.....	29	NEO-SYNEPHRINE 12 HOUR EXTRA MOISTURIZING.....	124
MULTISTIX 8 SG.....	90	NALOXONE HCL.....	29	NEO-SYNEPHRINE COLD & SINUS EXTRA.....	124
MULTISTIX 9.....	91	naltrexone hcl.....	29	NEO-SYNEPHRINE COLD & SINUS MILD.....	124
MULTISTIX 9 SG.....	90	NAMENDA.....	134	NEO-SYNEPHRINE COLD & SINUS REGULAR.....	124
mupirocin.....	65	NAMENDA TITRATION PAK.....	134	NEOKE BCAA4.....	92
mupirocin calcium (topical).....	65	NAMENDA XR.....	134	neomycin sulfate.....	3
MURO 128.....	129	NAMENDA XR TITRATION PACK.....	134	neomycin-bacitracin zn- polymyxin.....	127
MX-SOL.....	132	naphazoline w/ pheniramine.....	127	neomycin-bacitracin-polymyxin	65
MX-SOL BLEND.....	132	NAPHCON-A.....	127	neomycin-bacitracin-polymyxin- pramoxine.....	65
MX-SOL BLEND SF.....	132	NAPRELAN.....	5	neomycin-polymy- dexameth.....	128
MX-SOL SF.....	132	NAPROSYN.....	5	neomycin-polymyxin w/ pramoxine.....	65
MX-SOL SUSPEND.....	132	naproxen.....	5	neomycin-polymyxin-gramicidin	127
MYAMBUTOL.....	38	naproxen sodium.....	5	neomycin-polymyxin-hc (otic).....	130
MYCOBUTIN.....	38	naratriptan hcl.....	110	neomycin/polymyxin b gu.....	99
mycophenolate mofetil.....	114	NARCAN.....	29	NEOMYCIN/POLYMYXIN/HYDR OCORTISONE.....	128
		NARDIL.....	20	NEORAL.....	114
		NASACORT ALLERGY 24HR.....	123		
		NASACORT ALLERGY 24HR CHILDRENS.....	123		

NEOSALUS.....	76	NEXIUM 24HR CLEAR		NIVEA ORIGINAL.....	77
NEOSPORIN.....	127	MINIS.....	138	NIVEA ORIGINAL	
NEOSPORIN ECZEMA		niacin.....	145	MOISTURE.....	77
ESSENTIALS.....	76	niacin (antihyperlipidemic).	34	NIVEA SOFT.....	77
NEOSPORIN GU IRRIGANT	99	NIACIN TR.....	146	NIVEA VISAGE.....	77
NEOSPORIN LIP HEALTH		NIACOR.....	34	NIVEA VISAGE FOAMING	
OVERNIGHT RENEWAL		NIASPAN.....	34	FACIAL.....	84
THERAPY.....	84	nicardipine hcl.....	49	NIVEA VISAGE INNER BEAUTY	
NEOSPORIN ORIGINAL.....	65	NICE DISTILLED		NIGHTTIME RENEWAL.....	77
NEOSPORIN PLUS PAIN		WATER.....	132	NIVEA VISAGE MOISTURIZING	
RELIEF MAXIMUM		NICODERM CQ.....	135	TONER.....	84
STRENGTH.....	65	NICORETTE.....	135	NIX CREME RINSE.....	87
NEPHRON FA.....	101	NICORETTE MINI.....	135	nizatidine.....	138
NEPTAZANE.....	92	NICORETTE STARTER		NIZATIDINE.....	138
NESINA.....	25	KIT.....	135	NIZORAL.....	66
NESTABS ABC.....	118	nicotine.....	135	NIZORAL A-D.....	66
NESTABS DHA.....	118	nicotine polacrilex.....	135	NOBLE MYSTIQUE BODY	
NEUAC KIT.....	63	NICOTINE TRANSDERMAL		CLEANSER.....	84
NEULASTA.....	101	SYSTEM.....	135	nonoxynol-9.....	143
NEULASTA ONPRO KIT.....	101	NICOTROL INHALER.....	135	NOR-QD.....	54
NEUPOGEN.....	101	NICOTROL NS.....	135	NORCO.....	9
NEURONTIN.....	18	nifedipine.....	49	NORDITROPIN FLEXPRO.....	94
NEUTRAPHOR.....	84	NILANDRON.....	39	norelgestromin-ethinyl	
NEUTRAPHORUS REX.....	84	nilutamide.....	39	estradiol.....	53
NEUTROGENA BODY LIGHT		nimodipine.....	49	norethin acet & estrad-fe.....	53
SESAME FORMULA.....	76	NINLARO.....	40	norethindrone & eth estradiol	
NEUTROGENA DEEP CLEAN		NISEKO HYDRATING FACIAL		53	
FACIAL CLEANSER.....	84	MOISTURIZER.....	76	norethindrone & ethinyl estradiol-	
NEUTROGENA FRESH		nisoldipine.....	50	fe.....	53
FOAMINGCLEANSER.....	84	NISOLDIPINE ER.....	49	norethindrone	
NEUTROGENA HAND.....	76	NITRO-BID.....	13	(contraceptive).....	54
NEUTROGENA		NITRO-DUR.....	13	norethindrone acet & eth	
HAND/NORWEGIANFORMULA/		nitrofurantoin.....	140	estra.....	53
FAST ABSORBING.....	76	nitrofurantoin		norethindrone acetate.....	133
NEUTROGENA HEALTHY		macrocrystal.....	140	norethindrone acetate-ethinyl	
SKIN.....	76	nitrofurantoin monohyd		estradiol.....	95
NEUTROGENA HEALTHY SKIN		macro.....	140	norethindrone acetate-ethinyl	
FACE SPF 15.....	76	nitroglycerin.....	13	estradiol-fe.....	53
NEUTROGENA MOISTURE		NITROLINGUAL		norethindrone-eth estradiol	
SENSITIVE SKIN.....	76	PUMPSPRAY.....	13	(triphasic).....	53
NEUTROGENA ON-THE-SPOT		NITROSTAT.....	13	norgestimate-ethinyl	
ACNE TREATMENT.....	64	NITYR.....	95	estradiol.....	53
NEUTROGENA T/GEL.....	87	NIVA-PLUS.....	118	norgestimate-ethinyl estradiol	
NEUTROGENA T/GEL		NIVEA.....	77	(triphasic).....	53
STUBBORN ITCH		NIVEA EXTRA		norgestrel & ethinyl estradiol	
CONTROL.....	87	ENRICHED.....	77	53	
nevirapine.....	45	NIVEA EXTRA ENRICHED		NORINYL 1+35.....	53
NEXA PLUS.....	118	LOTION.....	77	NORINYL 1+50.....	53
NEXAVAR.....	40	NIVEA GENTLE BODY		NORITATE.....	86
NEXCARE WOUND		EXFOLIATOR.....	77	NORPACE.....	14
CLEANSER.....	88	NIVEA LIGHT.....	77	NORPACE CR.....	14
NEXIUM.....	138			NORPRAMIN.....	23
NEXIUM 24HR.....	138			NORTEMP INFANTS.....	6
				NORTHERA.....	145

nortriptyline hcl.....	23	nystatin (mouth-throat)...	115	OLYSIO.....	47
NORTRIPTYLINE HCL.....	23	nystatin (topical).....	66	OMECLAMOX-PAK.....	139
NORTUSS-EX.....	59	nystatin-triamcinolone.....	66	omega-3 fatty acids.....	124
NORVASC.....	50	NYTOL MAXIMUM		omega-3-acid ethyl esters... 33	
NORVIR.....	45	STRENGTH.....	102	omeprazole.....	139
NOVA MAX PLUS KETONE		O-CAL FA.....	118	OMEPRAZOLE.....	139
TESTSTRIPS.....	91	O-CAL PRENATAL.....	118	omeprazole magnesium... 139	
NOVAFERRUM 125.....	101	OB COMPLETE ONE....	118	omeprazole-sodium	
NOVAFERRUM 50.....	102	OB COMPLETE PETITE. 118		bicarbonate.....	139
NOVAREL.....	94	OB COMPLETE		OMNARIS.....	123
NOVOLIN 70/30.....	26	PREMIER.....	118	OMNIPRED.....	128
NOVOLIN 70/30 RELION... 26		OBSTETRIX DHA.....	118	OMNITROPE.....	94
NOVOLIN N.....	26	OBTREX DHA.....	118	ondansetron.....	29
NOVOLIN N RELION.....	26	OCALIVA.....	97	ondansetron hcl.....	29
NOVOLIN R.....	26	OCCLUVAN.....	133	ONE-A-DAY WOMENS	
NOVOLIN R RELION.....	26	OCEAN NASAL SPRAY... 122		PRENATAL.....	118
NOVOLOG.....	26	OCTAGAM.....	130	ONFI.....	17
NOVOLOG FLEXPEN.....	26	octreotide acetate.....	95	ONGLYZA.....	25
NOVOLOG MIX 70/30.....	26	OCUFEN.....	129	ONMEL.....	31
NOVOLOG MIX 70/30		OCUFLOX.....	127	OPANA.....	8
PREFILLED FLEXPEN.....	26	OCUSOFT BABY EYELID &		OPCON-A.....	127
NOVOLOG PENFILL.....	26	EYELASH CLEANSER.... 84		opium tincture.....	29
NOXAFIL.....	31	OCUSOFT EYELID		OPSUMIT.....	50
NU-GEL COLLAGEN WOUND		CLEANSINGPADS.....	84	OPTIONS CONCEPTROL	
DRESSING.....	89	OCUSOFT LID SCRUB... 84		VAGINAL	
NU-MAG.....	112	OCUSOFT LID SCRUB		CONTRACEPTIVE.....	143
NUCYNTA.....	8	PLUS.....	84	OPTIONS GYNOL II	
NUCYNTA ER.....	8	ODEFSEY.....	45	VAGINALCONTRACEPTIVE	
NUEDEXTA.....	135	OFF ACTIVE.....	84	143
NULYTELY/FLAVOR		OFF DEEP WOODS.....	84	ORA-BLEND.....	132
PACKS.....	104	OFF DEEP WOODS DRY. 84		ORA-BLEND SF.....	132
NUMOISYN.....	116	OFF DEEP WOODS		ORA-PLUS.....	132
NUPERCAINAL.....	11	SPORTSMEN.....	84	ORA-SWEET.....	132
NUPLAZID.....	42	OFF FAMILYCARE SMOOTH		ORA-SWEET SF.....	132
NUTRADERM.....	77	& DRY.....	84	ORABASE.....	115
NUTRADERM ADVANCED		OFF SMOOTH & DRY.... 84		ORABASE-B.....	115
FORMULA.....	77	ofloxacin.....	96	ORACEA.....	86
NUTRASEB.....	77	ofloxacin (ophth).....	127	oral electrolytes.....	111
NUTRICION PORVIDA.... 118		ofloxacin (otic).....	130	ORAL MIX FLAVORED	
NUTROPIN AQ NUSPIN 10. 94		OGESTREL.....	53	SUSPENDING VEHICLE... 132	
NUTROPIN AQ NUSPIN 20. 94		OINTMENT BASE.....	77	ORAL MIX SF.....	132
NUTROPIN AQ NUSPIN 5.. 94		olanzapine.....	43	ORAL RELIEF SPRAY FOR	
NUTROPIN AQ PEN.....	94	olanzapine-fluoxetine hcl. 134		DRYMOUTH &	
NUVARING.....	53	olmesartan medoxomil... 35		DISCOMFORT.....	116
NUVIGIL.....	2	olmesartan medoxomil-		ORAL SUSPEND.....	132
NUWIQ.....	100	hydrochlorothiazide..... 37		ORAL SUSPENDING	
NYMALIZE.....	50	olopatadine hcl.....	129	COMPOUNDPLUS.....	132
nystatin.....	30	olopatadine hcl (nasal)... 122		ORAL SYRUP FLAVORED	
		OLUX.....	71	VEHICLE.....	132
		OLUX-E.....	71	ORAL SYRUP SF.....	132

ORALAIR.....	2	OXYCODONE/ACETAMINOPH EN.....	9	PEDIALYTE ADVANCED CARE.....	111
ORALAIR ADULT SAMPLE KIT.....	2	OXYCODONE/IBUPROFEN9 OXYCONTIN.....	8	PEDIALYTE FREEZER POPS.....	111
ORALAIR ADULT STARTER PACK.....	2	oxymetazoline hcl.....	124	PEDIALYTE SINGLES.....	111
ORAMAGIC PLUS.....	115	oxymorphone hcl.....	8	PEDIAPRED.....	54
ORAP.....	135	OXYMORPHONE HYDROCHLORIDE ER.....	8	pediatric multiple vitamin w/ minerals liqd/soln.....	117
ORAPRED ODT.....	54	OXYTROL.....	140	pediatric multiple vitamin w/ c	117
ORAVIG.....	115	OXYTROL FOR WOMEN	140	pediatric multiple vitamin w/ c soln.....	117
ORENCIA.....	5	oyster shell.....	111	pediatric multiple vitamin w/ minerals.....	117
ORENITRAM.....	50	PA PRENATAL FORMULA.....	118	pediatric multiple vitamins liqd.....	117
ORFADIN.....	95	PAIN-A-LAY.....	115	pediatric multiple vitamins w/ iron chew.....	117
ORKAMBI.....	135	paliperidone.....	42	pediatric multiple vitamins w/ iron soln.....	117
orphenadrine citrate.....	122	PALOMAR E.....	84	pediatric multivitamins w/ fl	116
ORTHO MICRONOR.....	54	PAMELOR.....	23	pediatric multivitamins w/ fl chew.....	116
ORTHO TRI-CYCLEN.....	53	PANCREAZE.....	92	pediatric multivitamins w/ fl soln.....	116
ORTHO TRI-CYCLEN LO.....	53	PANDEL.....	71	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	104
ORTHO-CYCLEN.....	53	PANOXYL.....	64	peg 3350-potassium chloride-sod bicarbonate-sod chloride...	104
ORTHO-NOVUM 1/35.....	53	PANOXYL-4 CREAMY WASH.....	64	PEG-INTRON REDIPEN.....	47
ORTHO-NOVUM 7/7/7.....	53	PANRETIN.....	67	PEG-INTRON REDIPEN PAK 4.....	47
OS-CAL ULTRA.....	111	pantoprazole sodium.....	139	PEGANONE.....	19
oseltamivir phosphate.....	47	PARAFON FORTE DSC.....	122	PEGASYS.....	47
OSENI.....	23	PAREGORIC.....	29	PEGASYS PROCLICK.....	47
OSMOPREP.....	105	paricalcitol.....	95	PEGINTRON.....	47
OTEZLA.....	5	PARLODEL.....	41	PELEVERUS.....	84
OTICIN HC NR.....	130	PARNATE.....	20	PELEVERUS CLEAR.....	84
OTREXUP.....	3	paromomycin sulfate.....	3	PELEVERUS GOLD.....	84
OVACE PLUS.....	68	paroxetine hcl.....	21	PEN-KERA.....	77
OVACE PLUS WASH.....	68	paroxetine mesylate (vasomotor).....	135	penicillin v potassium.....	131
OVACE WASH.....	68	PASER.....	38	PENICILLIN V POTASSIUM.....	131
OVCON-35.....	53	PATADAY.....	129	penicillin v potassium.....	131
OVIDE.....	87	PATANASE.....	122	PENLAC NAIL LACQUER.....	67
OXANDRIN.....	10	PAXIL.....	21	pentazocine w/ naloxone.....	10
oxandrolone.....	10	PAXIL CR.....	21	pentoxifylline.....	100
oxaprozin.....	5	PCCA SWEET-SF.....	132	PENTRAVAN.....	77
oxazepam.....	14	PCCA SYRUP VEHICLE.....	132	PENTRAVAN PLUS.....	77
OXAZEPAM.....	14	PCCA-PLUS.....	132	PEPCID.....	138
oxcarbazepine.....	18	PCE.....	106	PEPCID AC.....	138
oxiconazole nitrate.....	67	Peak Flow Meter.....	109	PEPCID AC MAXIMUM STRENGTH.....	138
OXISTAT.....	67	PEARLS IC.....	28		
OXSORALEN.....	86	PEDIA-LAX.....	105,106		
OXSORALEN ULTRA.....	68	PEDIADERM AF COMPLETE KIT.....	67		
oxybutynin chloride.....	140	PEDIADERM HC.....	71		
oxycodone hcl.....	8	PEDIALYTE.....	111		
OXYCODONE HCL ER.....	8				
oxycodone w/ acetaminophen	9				
oxycodone-aspirin.....	9				

PEPCID COMPLETE.....	139	phenylephrine-dm-gg w/ apap.....	59	PNV-DHA+DOCUSATE.....	118
PEPTO BISMOL.....	28	phenylephrine-doxylamine- dextromethorphan- acetaminophen.....	59	PNV-OMEGA.....	118
PEPTO-BISMOL.....	28	phenylephrine-guaifenesin.....	59	PNV-SELECT.....	118
PEPTO-BISMOL INSTACOOOL.....	28	phenylephrine-shark liver oil- cocoa butter.....	11	PNV-TOTAL.....	118
PEPTO-BISMOL MAX STRENGTH.....	28	phenylephrine-shark liver oil- mineral oil-petrolatum.....	11	PNV-VP-U.....	118
PEPTO-BISMOL TO-GO.....	28	PHENYLEPHRINE/GUAIFENE SIN.....	59	podofilox.....	79
PERCOCET.....	9	PHENYLHISTINE DH.....	59	poison ivy treatments.....	86
PERFOROMIST.....	16	PHENYTEK.....	19	POLYCOSE.....	124
PERI-WASH.....	84	phenytoin.....	19	polyethylene glycol 3350... ..	105
PERIDEX.....	115	phenytoin sodium extended.....	19	polyethylene glycol-propylene glycol (ophth).....	125
perindopril erbumine.....	35	PHILLIPS COLON HEALTH.....	28	polymyxin b-trimethoprim... ..	127
permethrin.....	87	PHOS-NAK POWDER CONCENTRATE.....	112	polysaccharide iron complex.....	102
permethrin & pyrethrins-piperonyl butoxide.....	87	PHOSLYRA.....	98	POLYSPORIN.....	65
perphenazine.....	43	PHOSPHOLINE IODIDE.....	126	POLYTRIM.....	127
PERPHENAZINE/AMITRIPTYLIN E.....	134	PICATO.....	67	polyvinyl alcohol.....	125
PERRY PRENATAL.....	118	pilocarpine hcl.....	126	polyvinyl alcohol-povidone (ophth).....	125
PERSANTINE.....	100	pilocarpine hcl (oral).....	116	POMALYST.....	39
PETROLATUM.....	77	pimozide.....	135	PONSTEL.....	5
PETROLEUM JELLY LIP TREATMENT.....	84	pindolol.....	49	pot & sod citrates w/citric ac.....	98
PEXEVA.....	21	pioglitazone hcl.....	25	pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	112
PH 12 STERILE DILUENT FORFLOLAN.....	132	pioglitazone hcl- glimepiride.....	23	potassium & sodium phosphates.....	112
PHARMACIST CHOICE ALCOHOL PRED PADS.....	84	pioglitazone hcl-metformin hcl.....	23	potassium bicarb & chloride.....	113
phenazopyridine hcl.....	99	piroxicam.....	5	potassium bicarbonate.....	113
phenelzine sulfate.....	20	PLAN B ONE-STEP.....	54	potassium chloride.....	113
phenobarbital.....	102	PLAQUENIL.....	37	POTASSIUM CHLORIDE.....	113
PHENOBARBITAL.....	102	PLAVIX.....	100	potassium chloride.....	113
phenobarbital.....	102	PLEGRIDY.....	134	POTASSIUM CHLORIDE ER.....	113
phenobarbital-hyoscyamine- atropine-scopolamine.....	137	PLEGRIDY STARTER PACK.....	134	potassium chloride microencapsulated crystals er.....	113
phenol (antiseptic).....	115	PNEUMOVAX 23.....	141	potassium citrate (alkalinizer).....	98
phenylephrine hcl.....	124	PNEUMOVAX 23/1 DOSE.....	141	potassium citrate-citric acid.....	98
phenylephrine hcl (ophth).....	127	PNV FERROUS FUMARATE/DOCUSATE/FOLI C ACID.....	118	POTASSIUM CITRATE/SODIUMCITRATE/CIT RIC ACID.....	98
phenylephrine hcl (oral).....	124	PNV FOLIC ACID + IRON MULTIVITAMIN.....	118	POTIGA.....	18
phenylephrine w/ acetaminophen.....	59	PNV OB+DHA.....	118	povidone-iodine.....	44
phenylephrine w/ dm-gg.....	59	PNV PRENATAL PLUS MULTIVITAMIN.....	118	PR NATAL 400.....	118
phenylephrine-acetaminophen- guaifenesin.....	59	PNV TABS 29-1.....	118	PR NATAL 400 EC.....	118
phenylephrine-brompheniramine- dm.....	59	PNV-DHA.....	118	PR NATAL 430.....	118
phenylephrine-chlorphen-dm	59			PR NATAL 430 EC.....	118
phenylephrine-chlorpheniramine- dm w/ apap.....	59			PRADAXA.....	17
phenylephrine-dm.....	59			pramipexole dihydrochloride.....	41

pramoxine hcl (rectal).....	11	PRENATAL AND IRON..	119	PREVIDENT 5000 PLUS...	115
pramoxine-calamine.....	80	PRENATAL COMPLETE.	119	PREVIDENT FLUORIDE...	115
pramoxine-hc-chloroxylenol		PRENATAL FORMULA..	119	PREVNAR 13.....	141
.....	130	PRENATAL FORMULA A-		PREVPAC.....	139
pramoxine-phenylephrine-		FREE.....	119	PREZCOBIX.....	45
glycerin-petrolatum.....	11	PRENATAL FORTE.....	119	PREZISTA.....	45
pramoxine-zinc acetate.....	80	PRENATAL LOW IRON..	119	PRIFTIN.....	38
PRANDIN.....	26	PRENATAL MULTI		PRILOSEC.....	139
prasugrel hcl.....	100	+DHA.....	119	PRILOSEC OTC.....	139
PRAVACHOL.....	34	PRENATAL		PRIMAQUINE PHOSPHATE	37
pravastatin sodium.....	34	MULTIVITAMIN.....	119	primidone.....	18
prazosin hcl.....	35	PRENATAL MULTIVITAMIN +		PRIMLEV.....	9
PRE-NATAL FORMULA.....	119	DHA.....	119	PRIMSOL.....	12
PRECISION XTRA.....	91	PRENATAL MULTIVITAMIN		PRINIVIL.....	35
PRECOSE.....	23	PLUS DHA.....	119	PRISTIQ.....	22
PRED FORTE.....	128	PRENATAL ONE DAILY.	119	PRIVIGEN.....	131
PRED MILD.....	128	PRENATAL PLUS.....	119	PRO-BIOTIC BLEND.....	28
PRED-G.....	128	PRENATAL PLUS IRON.	119	PRO-CLEAR AC.....	59
PRED-G S.O.P.....	128	PRENATAL VITAMIN....	120	PRO-FLORA IMMUNE.....	28
PREDATOR.....	80	PRENATAL VITAMIN &		PRO-RED AC.....	59
PREDNICARBATE.....	71	MINERAL.....	120	PROAIR HFA.....	16
prednicarbate.....	71	PRENATAL		probenecid.....	99
prednisolone.....	55	VITAMIN/IRON.....	120	PROBIOMAX DAILY DF....	28
prednisolone acetate		PRENATAL VITAMINS..	120	PROBIOTIC.....	28
(ophth).....	128	PRENATAL VITAMINS PLUS		PROBIOTIC & ACIDOPHILUS	
PREDNISOLONE ACETATE P-		LOW IRON.....	120	FORMULA EXTRA	
F.....	128	PRENATAL+DHA.....	120	STRENGTH.....	28
prednisolone sodium		PRENATAL-U.....	120	PROBIOTIC + OMEGA-3....	28
phosphate.....	54	PRENATE DHA.....	120	PROBIOTIC ACIDOPHILUS.	28
PREDNISOLONE SODIUM		PRENATE ENHANCE....	120	PROBIOTIC ACIDOPHILUS	
PHOSPHATE.....	128	PRENATE ESSENTIAL..	120	BEADS.....	28
PREDNISON.....	55	PRENATE PIXIE.....	120	PROBIOTIC ADVANCED	
prednisone.....	55	PRENATE RESTORE....	120	ULTRAPOTENCY.....	28
PREDNISON.....	55	PREORBOTIC.....	28	PROBIOTIC COLON	
PREDNISON INTENSOL..	55	PREPARATION H.....	11	SUPPORT.....	28
PREFERAOB ONE.....	119	PREPARATION H TOTABLES		PROBIOTIC	
PREFERRED PLUS		PAIN RELIEF.....	11	COMPLEX/ACIDOPHILUS..	28
GLUCOSE.....	24	PREPLUS.....	120	PROBIOTIC DAILY.....	28
PREGNYL W/DILUENT		PREPOPIK.....	104	PROBIOTIC GOLD EXTRA	
BENZYLALCOHOL/NACL... 94		PRETAB.....	120	STRENGTH.....	28
PREMARIN.....	96,144	PRETTY FEET & HANDS.	77	PROBIOTIC MATURE	
PREMPHASE.....	95	PREVACID.....	139	ADULT.....	28
PREMPRO.....	95	PREVACID 24HR.....	139	PROBIOTIC PEARLS.....	28
PRENAISSANCE.....	119	PREVACID SOLUTAB... 139		PROBIOTIC PEARLS	
PRENAISSANCE PLUS... 119		PREVIDENT.....	115	ADVANTAGE.....	28
PRENATABS FA.....	119	PREVIDENT 5000		PROBIOTIC-10.....	28
PRENATABS RX.....	119	BOOSTER.....	115	PROBIOTIC-10 ULTIMATE.	28
PRENATAL.....	119,120	PREVIDENT 5000 BOOSTER		PROBUPHINE IMPLANT	
PRENATAL + DHA.....	119	PLUS.....	115	KIT.....	10
PRENATAL 19.....	119	PREVIDENT 5000 DRY		PROCARDIA.....	50
		MOUTH.....	115		

PROCARDIA XL.....	50	PROVIGIL.....	2	pyrethrins-piperonyl butoxide	87
PROCENTRA.....	1	PROZAC.....	21	pyrethrins-piperonyl butoxide-	
prochlorperazine.....	43	PROZAC WEEKLY.....	21	permethrin-nit remover.....	87
prochlorperazine maleate.....	43	PRUDOXIN.....	68	PYRIDIDIUM.....	99
PROCRT.....	101	pseudoephed-bromphen-		pyridostigmine bromide.....	38
PROCTOCORT.....	11	dm.....	60	pyridoxine hcl.....	146
PROCTOFOAM.....	11	pseudoephed-doxyl-dm		pyrithione zinc.....	68
PRODIGEN.....	28	w/apap.....	60	QC CALAMINE.....	84
PROFE.....	102	pseudoephedrine hcl.....	124	QC PRENATAL.....	120
PROFE FORTE.....	120	pseudoephedrine w/ codeine-		QH.....	3
progesterone micronized.....	133	gg.....	60	QNASL.....	123
PROGLYCEM.....	24	pseudoephedrine w/ dm-		QUALAQUIN.....	37
PROGRAF.....	114	gg.....	60	QUARTETTE.....	53
PROLENSA.....	129	pseudoephedrine-		QUAZEPAM.....	103
PROLEUKIN.....	40	acetaminophen-		QUDEXY XR.....	18
PROMACTA.....	101	dextromethorphan.....	60	QUESTRAN.....	33
promethazine &		pseudoephedrine-chlorphen-		QUESTRAN LIGHT.....	33
phenylephrine.....	59	dm.....	60	quetiapine fumarate.....	43
promethazine hcl.....	32	pseudoephedrine-dm.....	60	QUILLIVANT XR.....	2
PROMETHAZINE HCL.....	52	pseudoephedrine-guaifenesin		quinapril hcl.....	35
promethazine w/codeine.....	59	60	quinapril-hydrochlorothiazide	
promethazine-dm.....	59	pseudoephedrine-		37
promethazine-phenylephrine-		ibuprofen.....	60	quinidine gluconate.....	14
codeine.....	60	PSORCON.....	71	QUINIDINE SULFATE.....	14
PROMETHAZINE/PHENYLEPHR		psyllium.....	104	quinine sulfate.....	37
INE.....	60	PTS PANELS KETONE		QVAR.....	15
PROMETRIUM.....	133	TEST.....	91	QVAR REDIHALER.....	15
propafenone hcl.....	14	PULMICORT.....	15	R-NATAL OB.....	120
PROPANTHELINE		PULMICORT FLEXHALER		RA CRYSTAL LAKE	
BROMIDE.....	137	15.....	15	DISTILLEDWATER.....	132
proparacaine hcl.....	128	PULMOZYME.....	135	RA DRY MOUTH.....	116
propranolol hcl.....	49	PURACYN PLUS DUO-		RA GENTLE SKIN CREAM.....	77
PROPRANOLOL HCL.....	49	CARE.....	89	RA GLUCOSE.....	24
propranolol hcl.....	49	PUREFE OB PLUS.....	120	RA ISOPROPYL ALCOHOL	
PROPRANOLOL/HYDROCHLOR		PURIFIED WATER.....	132	WIPES.....	84
OTHIAZIDE.....	37	PURILON.....	89	RA LICE SOLUTION KIT.....	87
propylene glycol (ophth).....	125	PURIXAN.....	38	RA MAKEUP REMOVER	
propylene glycol-glycerin.....	125	PURPOSE GENTLE		EYELIDWIPES XL.....	84
propylthiouracil.....	136	CLEANING WASH.....	84	RA OMEPRAZOLE.....	139
PROSCAR.....	99	PUSH BUTTON SAFETY		RA ONE DAILY.....	120
PROSHIELD PLUS SKIN		LANCETS 28G.....	107	RA OYSTER SHELL	
PROTECTANT.....	84	PX DAYTIME MULTI-		CALCIUM/VITAMIN D.....	111
PROSTEON.....	112	SYMPTOM.....	60	RA PRENATAL.....	120
PROTONIX.....	139	PX GLUCOSE.....	24	RA PRENATAL	
PROTOPIC.....	78	PX NITETIME MULTI-		FORMULA/FOLICACID.....	120
protriptyline hcl.....	23	SYMPTOM.....	60	RA PROBIOTIC COLON	
PROVENTIL HFA.....	16	PX OMEPRAZOLE.....	139	CARE.....	28
PROVERA.....	133	PX PRENATAL		RA PROBIOTIC COMPLEX.....	28
PROVIDA OB.....	120	MULTIVITAMINS.....	120	RA PROBIOTIC MAXIMUM	
		PX PURIFIED WATER.....	132	STRENGTH.....	28
		PYLERA.....	139		
		pyrantel pamoate.....	12		
		pyrazinamide.....	38		

RA RENEWAL ADVANCED HEALING.....	84	RELION KETONE.....	91	RESTORA.....	28
RA RENEWAL DRY SKIN THERAPY.....	77	RELION KETONE TEST STRIPS.....	91	RESTORE HYDROGEL DRESSING.....	89
RA SALINE WOUND WASH.....	85	RELION PREMIER BLOOD GLUCOSE TEST STRIPS.....	91	RESTORIL.....	103
rabeprazole sodium.....	139	RELPAK.....	110	RETIN-A.....	64
RADIAGEL.....	89	REMEDY 4-IN-1 BODY CLEANSER/FOAMER.....	89	RETIN-A MICRO.....	64
RADIAGUARD ADVANCED.....	77	REMEDY CLEAR-AID.....	85	RETIN-A MICRO PUMP.....	64
RADIAPLEXRX.....	89	REMEDY FOAMING BODY CLEANER/OLIVAMINE.....	85	RETROVIR.....	45
RAGWITEK.....	2	REMEDY NUTRASHIELD.....	85	REVATIO.....	51
raloxifene hcl.....	94	REMEDY SKIN REPAIR.....	85	REVITADERM WOUND CARE.....	89
ramipril.....	35	REMERON.....	20	REVLIMID.....	113
RANEXA.....	13	REMERON SOLTAB.....	20	REXULTI.....	44
ranitidine hcl.....	138	REMICADE.....	97	REYATAZ.....	45
RAPAFLO.....	99	REMODULIN.....	50	RHEUMATREX.....	3
RAPAMUNE.....	114	REMOVE ADHESIVE REMOVER.....	80	RHINARIS.....	122
rasagiline mesylate.....	41	RENACIDIN.....	99	RHINOCORT AQUA.....	123
RASUVO.....	3	RENAGEL.....	98	RHOGAM ULTRA-FILTERED PLUS.....	131
RAZADYNE.....	134	RENEVELA.....	98	RHOPHYLAC.....	131
RAZADYNE ER.....	134	repaglinide.....	26	RIBASPHERE.....	47
REBETOL.....	47	REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	23	RIBASPHERE RIBAPAK.....	47
REBIF.....	134	REPEL FAMILY.....	85	ribavirin (hepatitis c).....	47
REBIF REBIDOSE.....	134	REPEL FAMILY DRY.....	85	riboflavin.....	146
REBIF REBIDOSE TITRATIONPACK.....	134	REPEL HUNTERS FORMULA.....	85	RID.....	87
REBIF TITRATION PACK.....	135	REPEL SPORTSMEN.....	85	RID COMPLETE LICE ELIMINATION.....	87
REBINYN.....	100	REPEL SPORTSMEN DRY.....	85	RID ESSENTIAL LICE ELIMINATION KIT.....	87
RECOMBINATE.....	100	REPEL SPORTSMEN MAX.....	85	RIDAURA.....	3
RECOMBIVAX HB.....	143	REPHRESH PRO-B.....	28	rifabutin.....	38
RECTIV.....	11	REPLESTA.....	145	RIFADIN.....	38
REESES PINWORM MEDICINE.....	12	REPREXAIN.....	9	RIFAMATE.....	38
REFENESEN CHEST CONGESTION & PAIN RELIEF PE.....	60	REQUIP.....	41	rifampin.....	38
REFRESH CLEANSER.....	85	REQUIP XL.....	41	RIFATER.....	38
REFRESH LIQUIGEL.....	125	RESCON DM.....	60	RIGHT STEP PRENATAL.....	120
REFRESH OPTIVE.....	125	RESCON-GG.....	60	RILUTEK.....	124
REFRESH OPTIVE SENSITIVE.....	125	RESCRIPTOR.....	45	riluzole.....	124
REFRESH TEARS.....	125	RESCULA.....	129	rimantadine hydrochloride.....	48
REGENECARE.....	89	RESPAIRE-30.....	60	RISABAL-PH.....	77
REGLAN.....	97	RESTA.....	77	RISACAL-D.....	111
REGRANEX.....	89	RESTA LITE.....	77	RISAMINE.....	85
REHYLA HAIR + BODY CLEANSER.....	85	RESTA WOUND CLEANSER.....	89	RISAQUAD.....	28
REHYLA WASH.....	85	RESTASIS.....	128	RISAQUAD-2.....	28
RELENZA DISKHALER.....	48	RESTASIS MULTIDOSE.....	128	risedronate sodium.....	94
RELION GLUCOSE.....	24			RISPERDAL.....	42
				RISPERDAL CONSTA.....	42
				RISPERDAL M-TAB.....	42

risperidone.....	42	ROC RETINOL CORREXION SENSITIVE NIGHT.....	77	SAWYER INSECT REPELLENT CONTROLLED RELEASE... 85
RISPERIDONE ODT.....	42	ROCALTROL.....	95	SB OMEPRAZOLE.....
RITALIN.....	2	ropinirole hydrochloride... 41		139
RITALIN LA.....	2	ROSE MILK.....	77	SCHOOLTIME SHAMPOO... 87
ritonavir.....	45	ROSULA.....	64	scopolamine.....
RITUXAN HYCELA.....	39	rosuvastatin calcium..... 34		30
rivastigmine.....	134	ROWASA.....	97	SCOT-TUSSIN.....
rivastigmine tartrate..... 134		ROXICODONE.....	8	60
RIXUBIS.....	100	ROZEREM.....	103	SCOT-TUSSIN DM.....
rizatriptan benzoate..... 110		RULAVITE DHA.....	120	60
ROBAXIN.....	122	RYTHMOL.....	14	SCOT-TUSSIN SENIOR... 60
ROBAXIN-750.....	122	RYTHMOL SR.....	14	
ROBINUL.....	137	SABRIL.....	19	SE-NATAL 19.....
ROBINUL FORTE.....	137	SAF-CLENS AF.....	89	120
ROBITUSSIN CHILDRENS COUGH & COLD CF..... 60		SAF-GEL.....	89	SE-TAN DHA.....
ROBITUSSIN CHILDRENS COUGH LONG-ACTING... 55		SAFE WASH.....	85	120
ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING..... 60		SAFYRAL.....	53	SEA-CLENS WOUND CLEANSER..... 89
ROBITUSSIN DM.....	60	SAIZEN.....	94	SEASONIQUE.....
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS..... 55		SAIZEN CLICK.EASY... 94		53
ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS..... 60		SAIZENPREP		SEBULEX.....
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH..... 60		RECONSTITUTIONKIT... 94		68
ROBITUSSIN PEAK COLD DM.....	60	SALAGEN.....	116	SECONAL SODIUM.....
ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD... 60		SALEX.....	79	102
ROBITUSSIN TO GO COUGH & COLD CF.....	60	SALEX CREAM.....	79	SECTRAL.....
ROC DEEP WRINKLE SERUM.....	77	SALEX LOTION.....	79	48
ROC MAX RESURFACING FACIAL CLEANSER..... 85		salicylic acid.....	79	SELECT-OB.....
ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM... 77		salicylic acid & sulfur... 68		120
ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM..... 77		salicylic acid w/ cleanser... 79		SELECT-OB+DHA.....
ROC RETINOL CORREXION MAX.....	77	saline.....	122	120
ROC RETINOL CORREXION NIGHT.....	77	SALINE WOUND WASH... 85		selegiline hcl.....
ROC RETINOL CORREXION SENSITIVE EYE..... 77		SALJET.....	85	41
		SALJET RINSE.....	85	selenium sulfide.....
		salsalate.....	7	68
		SAMSCA.....	95	SELSUN BLUE.....
		SANCUSO.....	30	68
		SANDIMMUNE.....	114	SELSUN BLUE DAILY... 68
		SANDOSTATIN.....	95	SELSUN BLUE MEDICATED..... 68
		SANTYL.....	78	SELSUN BLUE MOISTURIZING..... 68
		SAPHRIS.....	43	SELZENTRY.....
		SARNA.....	68	45
		SAVELLA.....	134	SEMPREX-D.....
		SAVELLA TITRATION PACK..... 134		60
		SAWYER INSECT REPELLENT..... 85		SENNA.....
				105
				sennosides.....
				105
				sennosides-docusate sodium.....
				104
				SENOKOT.....
				105
				SENOKOT S.....
				104
				SENSI-CARE MOISTURIZING..... 85
				SENIPAR.....
				95
				SEREVENT DISKUS.....
				16
				SEROQUEL.....
				43
				SEROQUEL XR.....
				43
				SEROSTIM.....
				94
				sertraline hcl.....
				21
				sevelamer carbonate..... 98
				SFROWASA.....
				97
				SHINGRIX.....
				143
				SHOHL'S SOLUTION MODIFIED..... 98
				SHUR-CLENS.....
				89

SHUR-SEAL.....	143	sodium citrate & citric acid.....	98	SPIRIVA HANDIHALER.....	15
SIGNIFOR.....	95	sodium fluoride.....	111	spironolactone.....	93
sildenafil citrate (pulmonary hypertension).....	51	SODIUM FLUORIDE.....	112	spironolactone & hydrochlorothiazide.....	93
SILENOR.....	103	sodium fluoride (dental).....	115	SPORANOX.....	31
SILPHEN COUGH.....	32	sodium phenylbutyrate.....	95	SPORANOX PULSEPAK.....	31
SILVADENE.....	69	sodium phosphates.....	105	SPORTSCREME.....	79
SILVASORB.....	89	sodium polystyrene sulfonate.....	114	SPRYCEL.....	40
silver sulfadiazine.....	69	SODIUM SULFACETAMIDE/SULFUR	64	SSS 10-5.....	64
SILVERMED.....	89	SOLARAZE.....	67	ST IVES SWISS FORMULA 24HOUR MOISTURE.....	78
SIMBRINZA.....	126	SOLODYN.....	136	STALEVO 100.....	41
simethicone.....	97	SOLOSITE.....	89	STALEVO 125.....	41
SIMPLYTHICK.....	132	SOLVATECH PLUS.....	132	STALEVO 150.....	41
SIMPLYTHICK EASY MIX.....	132	SOLVATECH SWEET SF.....	132	STALEVO 200.....	41
SIMPONI.....	3	SOMA.....	122	STALEVO 50.....	41
simvastatin.....	34	SOMAVERT.....	94	STALEVO 75.....	41
SINEMET.....	41	SONATA.....	103	stannous fluoride.....	115
SINEMET CR.....	41	SOOTHE & COOL FREE MEDSEPTIC.....	85	STAPHSCRUB.....	86
SINGULAIR.....	15	SOOTHE & COOL FREE MOISTURE BARRIER.....	85	starch-maltodextrin (thickening).....	132
sirolimus.....	114	SOOTHE & COOL FREE SKIN PASTE.....	85	STARLIX.....	26
SIRTURO.....	38	SOOTHE & COOL MOISTURE BARRIER.....	85	stavudine.....	46
SITAVIG.....	47	SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE.....	77	STERILE DILUENT FOR EPOPROSTENOL SODIUM.....	132
SIVEXTRO.....	13	SOOTHE & COOL PROTECT MOISTURE BARRIER.....	85	STERILE DILUENT FOR REMOUOLIN.....	132
SKELAXIN.....	122	SOOTHE & COOL SHAMPOO ANDBODY WASH WITH ALOE.....	86	STIMATE.....	95
skin protectants, misc.....	85	SOOTHE & COOL SKIN CREAMWITH ALOE & VITAMINS A, D & E.....	77	STIMULEN.....	89
SKIN REPAIR.....	77	SORBIDON HYDRATE.....	86	STIVARGA.....	40
SKINTEGRITY HYDROGEL.....	89	SORBITOL.....	105,132	STRATTERA.....	1
SKINTEGRITY WOUND.....	89	SORBOLENE.....	77	STRIANT.....	10
SLO-NIACIN.....	146	SORIATANE.....	68	STRIBILD.....	46
SLOW FE.....	102	SORILUX.....	68	STRIVERDI RESPIMAT.....	16
SLOW-MAG.....	112	sotalol hcl.....	49	STROMECTOL.....	12
SM ACIDOPHILUS PEARLS.....	28	sotalol hcl (afib/afI).....	49	STUDIO 35 EXTRA MOISTURIZING LOTION.....	78
SM CALAMINE.....	85	SOVALDI.....	47	STUDIO 35 MOISTURIZING SKIN.....	78
SM GLUCOSE.....	24	SP ANTIPRURITIC.....	89	SUBLOCADE.....	10
SM IPECAC SYRUP.....	29	SPECIAL CARE CREAM.....	77	SUBOXONE.....	10
SM OMEPRAZOLE.....	139	SPECTRACEF.....	51	SUBSYS.....	8
SM ONE DAILY PRENATAL.....	120	SPECTRAGEL.....	89	SUCRAID.....	92
SM PRENATAL VITAMINS.....	120	SPINOSAD.....	87	sucrafate.....	138
SMART SENSE GLUCOSE.....	24			SUDAFED 24 HOUR.....	124
SMART SENSE GLUCOSE TABLETS.....	24			SUDAFED CHILDRENS.....	124
soap & cleansers.....	85			SUDAFED CONGESTION.....	124
sodium bicarbonate (antacid).....	11				
sodium chloride (gu irrigant).....	99				
sodium chloride (inhalant).....	62				
sodium chloride hypertonic.....	129				

SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH.....	124	SUSPENSION VEHICLE.....	132	SYSTANE OVERNIGHT THERAPY LUBRICANT EYE.....	125
SUDAFED PE CHILDRENS NASAL DECONGESTANT.....	124	SUSTIVA.....	46	SYSTANE ULTRA.....	125
SUDAFED PE CONGESTION.....	124	SUTENT.....	40	SYSTANE ULTRA HOME & AWAY PACK.....	125
SULAR.....	50	SW OMEPRAZOLE.....	139	TABLOID.....	39
sulfacetamide sod- prednisolone.....	128	SWEEN CREAM.....	78	tacrolimus.....	114
sulfacetamide sodium.....	68	SWEETENING SUSPENDING COMPOUND.....	132	tacrolimus (topical).....	78
SULFACETAMIDE SODIUM.....	127	SYLATRON.....	40	TAFINLAR.....	40
sulfacetamide sodium (acne).....	64	SYLVANT.....	114	TAGAMET HB.....	138
sulfacetamide sodium (ophth).....	127	SYMAX DUOTAB.....	137	TAMIFLU.....	48
sulfacetamide sodium w/ sulfur.....	64	SYMBICORT.....	16	tamoxifen citrate.....	39
sulfacetamide sodium-sulfur w/ skin cleanser.....	64	SYMBYAX.....	134	tamsulosin hcl.....	99
SULFADIAZINE.....	136	SYMLINPEN 120.....	23	TANDEM PLUS.....	101
sulfamethoxazole-trimethoprim	12	SYMLINPEN 60.....	23	TANZEUM.....	25
SULFAMYLON.....	69	SYNAGIS.....	131	TAPAZOLE.....	136
sulfasalazine.....	97	SYNALAR.....	71	TARCEVA.....	40
SULFZIX.....	92	SYNALGOS-DC.....	9	TARGETIN.....	40
sulindac.....	5	SYNAREL.....	94	TARKA.....	37
SUMADAN KIT.....	64	SYNTHROID.....	136	TARON FORTE.....	101
SUMADAN WASH.....	64	Syringe (Disposable) 3 ML.....	108	TARON-C DHA.....	120
sumatriptan.....	110	Syringe/Needle (Disp) 1 ML 20 x 1".....	108	TARON-PREX.....	120
sumatriptan succinate.....	110	Syringe/Needle (Disp) 3 ML 20 x 1".....	108	TASIGNA.....	40
SUMATRIPTAN SUCCINATE.....	110	Syringe/Needle (Disp) 3 ML 20 x 1-1/2".....	108	TASMAR.....	41
sumatriptan succinate.....	110	Syringe/Needle (Disp) 3 ML 22 x 1".....	108	TAVIST ALLERGY.....	32
sumatriptan-naproxen sodium.....	109	Syringe/Needle (Disp) 3 ML 22 x 1-1/2".....	108	tazarotene.....	68
SUMAXIN.....	64	Syringe/Needle (Disp) 3 ML 22 x 3/4".....	108	TAZORAC.....	68
SUMAXIN CP KIT.....	64	Syringe/Needle (Disp) 3 ML 23 x 1".....	108	TBC.....	78
SUMAXIN TS.....	64	Syringe/Needle (Disp) 3 ML 23 x 1-1/2".....	109	TEARS NATURALE PM.....	125
SUMAXIN WASH.....	64	Syringe/Needle (Disp) 3 ML 25 x 1".....	109	TECFIDERA.....	135
SUMMERS EVE CLEANSING WASH/SENSITIVE SKIN.....	86	Syringe/Needle (Disp) 3 ML 25 x 1-1/2".....	109	TECFIDERA STARTER PACK.....	135
SUMMERS EVE NIGHT-TIME CLEANSING WASH/SENSITIVE SKIN.....	86	Syringe/Needle (Disp) 3 ML 26 x 5/8".....	109	TEGADERM HYDROGEL WOUND FILLER.....	89
SUPER PROBIOTIC.....	28	SYRPALTA.....	133	TEGRETOL.....	18
SUPER PROBIOTIC DIGESTIVE SUPPORT.....	28	SYRSPEND SF.....	133	TEGRETOL-XR.....	19
SUPRAX.....	51,52	SYRUP VEHICLE.....	133	TEKTRUNA.....	37
SUPREP BOWEL PREP KIT.....	104	SYRUP VEHICLE SF.....	133	TEKTRUNA HCT.....	37
SURE COMFORT ALCOHOL PREP PADS.....	86	SYSTANE.....	125	telmisartan.....	35
SURMONTIL.....	23	SYSTANE LID WIPES.....	86	telmisartan-amlodipine.....	37
				telmisartan-hydrochlorothiazide	37
				temazepam.....	103
				TEMODAR.....	38
				TEMOVATE.....	71
				TEMOVATE E.....	71
				temozolomide.....	38

TENA SKIN-CARING BODY WASH.....	86	THERANATAL CORE NUTRITION.....	121	TOBI PODHALER.....	3
TENA SKIN-CARING WASH CREAM.....	86	THERAPEUTIC MOISTURIZING.....	78	TOBRADEX.....	128
TENCON.....	6	THERAPLEX HYDROLOTION.....	78	TOBRADEX ST.....	128
TENEX.....	35	THERAPLEX T.....	87	TOBRAMYCIN.....	3
tenofovir disoproxil fumarate.....	46	thiamine hcl.....	146	tobramycin.....	3
TENORETIC 100.....	37	thiamine mononitrate.....	146	tobramycin (ophth).....	127
TENORETIC 50.....	37	THICK-IT ORIGINAL.....	132	TOBRAMYCIN SULFATE.....	3
TENORMIN.....	48	THIOLA.....	99	tobramycin sulfate.....	3
TERAZOL 3.....	144	thioridazine hcl.....	43	tobramycin-dexamethasone.....	129
TERAZOL 7.....	144	thiothixene.....	44	TOBEX.....	127
terazosin hcl.....	35	THRIVITE 19.....	121	TOFRANIL.....	23
terbinafine hcl.....	30	THRIVITE RX.....	121	TOLAZAMIDE.....	26
terbinafine hcl (topical).....	67	THUM.....	80	TOLBUTAMIDE.....	26
terbutaline sulfate.....	16	thyroid.....	136	tolcapone.....	41
TERCONAZOLE.....	144	THYROLAR-1.....	136	tolmetin sodium.....	5
terconazole vaginal.....	144	THYROLAR-1/2.....	136	TOLMETIN SODIUM.....	5
TESSALON PERLES.....	55	THYROLAR-1/4.....	137	tolnaftate.....	67
TESTIM.....	10	THYROLAR-2.....	137	TOLNAFTATE.....	67
TESTOSTERONE.....	10	THYROLAR-3.....	137	tolterodine tartrate.....	140,141
testosterone.....	10	tiagabine hcl.....	19	TOPAMAX.....	19
testosterone cypionate.....	10	TIAZAC.....	50	TOPAMAX SPRINKLE.....	19
TESTOSTERONE PUMP.....	10	TIGAN.....	30	TOPICORT.....	71
TESTRED.....	10	TIGER BALM PAIN RELIEVING.....	79	topiramate.....	19
tetrabenazine.....	134	TIKOSYN.....	14	TOPIRAMATE ER.....	19
tetracaine hcl (ophth).....	128	TIMOLOL MALEATE.....	49	TOPROL XL.....	48
tetracycline hcl.....	136	timolol maleate (ophth).....	126	torsemide.....	93
TETRACYCLINE HCL.....	136	TIMOLOL MALEATE OPHTHALMIC GEL FORMING.....	126	TOUJEO MAX SOLOSTAR.....	26
tetrahydrozoline hcl (ophth).....	127	TIMOPTIC.....	126	TOUJEO SOLOSTAR.....	26
tetrahydrozoline w/ zinc sulfate.....	127	TIMOPTIC OCUDOSE.....	126	TOVIAZ.....	141
TEXACORT.....	71	TIMOPTIC-XE.....	126	TRACLEER.....	50
TGQ 30PSE/150GFN/15DM.....	60	TINACTIN.....	67	TRADJENTA.....	25
TGT GLUCOSE.....	24	TINACTIN DEODORANT.....	67	tramadol hcl.....	8
TGT OMEPRAZOLE.....	139	TINACTIN JOCK ITCH.....	67	TRAMADOL HCL ER.....	8
THALOMID.....	113	TINDAMAX.....	12	tramadol-acetaminophen.....	9
THEO-24.....	16	tinidazole.....	12	trandolapril.....	35
theophylline.....	16	tioconazole vaginal.....	144	trandolapril-verapamil hcl.....	37
THERA-FLUR-N.....	115	TIROSINT.....	137	TRANDOLAPRIL/VERAPAMIL HCL ER.....	37
THERABETIC SKIN CARE.....	78	TIVICAY.....	46	tranexamic acid.....	102
THERACAL D2000.....	112	tizanidine hcl.....	122	TRANSDERM-SCOP.....	30
THERACAL D4000.....	112	TL-CARE DHA.....	121	Transparent Dressings - Misc.....	107
THERACAL RAPID REPLETION.....	112	TL-SELECT.....	121	TRANXENE T.....	14
THERAFLU SEVERE COLD NIGHTTIME.....	61	TOBI.....	3	tranylcypromine sulfate.....	20
THERAHONEY.....	89			TRAVOPROST.....	129
				trazodone hcl.....	22

TRECATOR.....	38	trimipramine maleate.....	23	TRUNATURE DIGESTIVE	
TRESIBA FLEXTOUCH.....	26	TRIMPEX.....	12	PROBIOTIC.....	28
tretinoin.....	64	TRINATAL GT.....	121	TRUSOPT.....	129
tretinoin (chemotherapy).....	40	TRINATAL RX 1.....	121	TRUVADA.....	46
tretinoin microsphere.....	64	TRINATE.....	121	Tuberculin/Allergy	
TRETTEN.....	100	TRINTELLIX.....	22	Syringe/Needle (Disp) 1 ML 21 x	
TREXALL.....	39	TRIPLE CREAM.....	78	1".....	109
TREXIMET.....	109	TRIPLE PASTE.....	86	Tuberculin/Allergy	
TRI-LUMA.....	86	TRIPLE PASTE SP.....	86	Syringe/Needle (Disp) 1 ML 25 x	
TRI-NORINYL 28.....	53	triprolidine &		5/8".....	109
TRI-TABS DHA.....	121	pseudoephedrine.....	61	Tuberculin/Allergy	
TRIAD HYDROPHILIC WOUND		TRIPTODUR.....	94	Syringe/Needle (Disp) 1 ML 26 x	
DRESSING.....	89	TRISENOX.....	40	3/8".....	109
TRIADVANCE.....	121	TRIUMEQ.....	46	Tuberculin/Allergy	
triamcinolone acetonide		TRIVEEN-DUO DHA.....	121	Syringe/Needle (Disp) 1 ML 28 x	
(mouth).....	115	TRIXAICIN.....	79	1/2".....	109
triamcinolone acetonide		TRIZIVIR.....	46	TUDORZA PRESSAIR.....	15
(nasal).....	123	TROKENDI XR.....	19	TUMS.....	12
triamcinolone acetonide		trolamine salicylate.....	79	TUMS LASTING EFFECTS.....	12
(topical).....	72	TROPAZONE.....	78	TUSNEL.....	61
TRIAMINIC COLD & COUGH		tropicamide.....	126	TUSNEL PEDIATRIC.....	61
DAY TIME CHILDRENS.....	61	trospium chloride.....	141	TWYNSTA.....	37
TRIAMINIC FEVER		TRUBIOTICS.....	28	TYBOST.....	46
REDUCERPAIN RELIEVER		TRUE FOCUS SELF		TYKERB.....	40
CHILDRENS.....	6	MONITORING BLOOD		TYLENOL.....	6
TRIAMINIC FEVER		GLUCOSE TEST STRIPS.....	91	TYLENOL 8 HOUR.....	6
REDUCERPAIN RELIEVER		TRUE METRIX BLOOD		TYLENOL 8 HOUR	
INFANTS.....	6	GLUCOSE TEST STRIPS.....	91	ARTHRITISPAIN.....	6
TRIAMINIC FLU COUGH &		TRUE METRIX BLOOD		TYLENOL CHILDRENS.....	6
FEVER.....	61	GLUCOSE TEST STRIPS.....	91	TYLENOL CHILDRENS PLUS	
TRIAMINIC LONG ACTING		TRUE METRIX SELF		FLU.....	61
COUGH.....	55	MONITORING BLOOD		TYLENOL CHILDRENS PLUS	
triamterene &		GLUCOSE STRIPS.....	91	MULTI-SYMPTOM COLD... ..	61
hydrochlorothiazide.....	93	TRUECONTROL GLUCOSE		TYLENOL COLD & FLU	
TRIAMTERENE/HYDROCHLOR		CONTROL LEVEL 0.....	107	SEVERE.....	61
OTHIAZIDE.....	93	TRUECONTROL GLUCOSE		TYLENOL COLD & HEAD	
TRIAZOLAM.....	103	CONTROL LEVEL 1.....	107	SEVERE CONGESTION... ..	61
triazolam.....	103	TRUETEST BLOOD		TYLENOL COLD MAX.....	61
TRICARE.....	121	GLUCOSE TEST.....	91	TYLENOL COLD MULTI-	
TRICARE PRENATAL DHA		TRUETEST BLOOD		SYMPTOM NIGHTTIME... ..	61
ONE.....	121	GLUCOSE TEST STRIPS.....	91	TYLENOL COLD MULTI-	
TRICITRATES.....	98	TRUETEST GLUCOSE		SYMPTOM SEVERE	
TRICOR.....	34	CONTROLLEVEL 1.....	107	DAYTIME.....	61
TRIDESILON.....	72	TRUETEST GLUCOSE		TYLENOL	
trifluoperazine hcl.....	43	CONTROLLEVEL 2.....	107	COLD/COUGH/RUNNYNOSE	
trifluridine.....	127	TRUETEST GLUCOSE		CHILDRENS.....	61
TRIGLIDE.....	34	CONTROLLEVEL 3.....	107	TYLENOL EXTRA	
trihexyphenidyl hcl.....	40	TRUETEST STRIPS.....	91	STRENGTH.....	6
TRILEPTAL.....	19	TRUETRACK BLOOD		TYLENOL INFANTS.....	6
TRILIPIX.....	34	GLUCOSE TEST.....	91	TYLENOL INFANTS	
trimethobenzamide hcl.....	30	TRUETRACK BLOOD		PAIN+FEVER.....	6
trimethoprim.....	12	GLUCOSE TEST STRIPS.....	91	TYLENOL SINUS SEVERE.....	61
		TRUETRACK TEST.....	92	TYLENOL SORE THROAT	
				DAYTIME.....	6

TYLENOL WARMING COUGH & SEVER CONGESTION DAYTIME.....	61	UTI HOME TEST.....	92	VERSACLOZ.....	43
TYLENOL/CODEINE #3.....	9	VAGIFEM.....	144	VERSAFREE.....	133
TYLENOL/CODEINE #4.....	9	VAGISTAT-1.....	144	VERSAPLUS.....	133
TYVASO.....	50	valacyclovir hcl.....	47	VERZENIO.....	40
TYVASO REFILL.....	50	VALCHLOR.....	67	VESICARE.....	141
TYVASO STARTER.....	50	VALCYTE.....	46	VEXASYN.....	89
TYZEKA.....	47	valganciclovir hcl.....	46	VEXOL.....	129
TYZINE PEDIATRIC NASAL DROPS.....	124	VALIUM.....	14	VFEND.....	31
UDDERLY SMOOTH.....	78	valproic acid.....	20	VIActiv.....	111
UDDERLY SMOOTH EXTRA CARE.....	78	valsartan.....	35	VIBRAMYCIN.....	136
UDDERLY SMOOTH EXTRA CARE20.....	78	valsartan-hydrochlorothiazide.....	37	VICKS DAYQUIL COUGH.....	55
ULESFIA.....	87	VALTrex.....	47	VICKS DAYQUIL MUCUS CONTROL DM.....	61
ULORIC.....	99	VALUE PLUS GLUCOSE.....	25	VICKS NYQUIL COUGH.....	61
ULTIMATECARE ONE.....	121	VANOCOCIN HCL.....	12	VICKS SINEX.....	124
ULTRACET.....	9	vancomycin hcl.....	12	VICKS SINEX 12 HOUR DECONGESTANT.....	124
ULTRAFLORA IMMUNE HEALTH.....	29	VANICREAM.....	78	VICKS SINEX 12 HOUR DECONGESTANT ULTRA FINE MIST.....	124
ULTRAM.....	8	VANICREAM LITE.....	78	VICKS SINEX 12 HOUR DECONGESTANT ULTRA FINE MIST/MOISTURIZNG.....	124
ULTRAM ER.....	8	VANOS.....	72	VICKS SINEX MOISTURIZING.....	124
ULTRATHON INSECT REPELLENT.....	86	VAQTA.....	143	VICKS SINEX SEVERE NASALDECONGESTANT.....	124
ULTRATHON INSECT REPELLENT 8.....	86	VARIVAX.....	143	VICOPROFEN.....	9
ULTRAVATE.....	72	VASCEPA.....	33	VICTOZA.....	25
UNISOM.....	102	VASCUDETM HYDROGEL WOUND DRESSING.....	89	VIDEX EC.....	46
UNISOM SLEEPGELS.....	102	VASERETIC.....	37	VIDEXPEDIATRIC.....	46
UP & UP GLUCOSE.....	25	VASOTEC.....	35	vigabatrin.....	19
urea.....	72	VCF VAGINAL CONTRACEPTIVE FILM.....	143	VIGAMOX.....	127
urea in zinc undecylenate-lactic acid vehicle.....	72	VCF VAGINAL CONTRACEPTIVE FOAM.....	143	VIIBRYD.....	22
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE.....	72	VECAMYL.....	37	VIMOVO.....	5
URECHOLINE.....	141	VELETRI.....	50	VIMPAT.....	19
URISTIX.....	92	VELPHORO.....	98	VINATE DHA RF.....	121
URISTIX 4.....	92	VELTIN.....	64	VINATE II.....	121
UROCI-K 10.....	98	VELVACHOL.....	78	VINATE M.....	121
UROCI-K 15.....	98	VEMAVITE-PRX 2.....	121	VINATE ONE.....	121
UROCI-K 5.....	98	VENA-BAL DHA.....	121	VIRACEPT.....	46
UROGESIC-BLUE.....	140	venlafaxine hcl.....	22	VIRAMUNE.....	46
UROXATRAL.....	99	VENLAFAXINE HCL ER.....	22	VIRAMUNE XR.....	46
URSO 250.....	97	VENTAVIS.....	50	VIREAD.....	46
URSO FORTE.....	97	VENTOLIN HFA.....	16	VIROPTIC.....	127
ursodiol.....	97	VERAMYST.....	123	VIRT NATE.....	121
UTA.....	140	verapamil hcl.....	50	VIRT-ADVANCE.....	121
		VEREGEN.....	65	VIRT-C DHA.....	121
		VERELAN.....	50	VIRT-PN.....	121
		VERELAN PM.....	50		
		VERIPRED 20.....	55		

VIRT-PN DHA.....	121	WEGMANS COMPLETE		ZADITOR.....	129
VIRT-PN PLUS.....	121	PRENATAL+DHA.....	121	zafirlukast.....	15
VIRT-SELECT.....	121	WELCHOL.....	33	zaleplon.....	103
VIRT-VITE GT.....	121	WELLBUTRIN.....	20	ZAMICET.....	9
VISBIOME PROBIOTIC HIGH		WELLBUTRIN SR.....	20	ZANABIN ANTIPRURITIC	
POTENCY.....	29	WELLBUTRIN XL.....	20	HYDROGEL.....	90
VISINE.....	128	WESTCORT.....	72	ZANAFLEX.....	122
VISINE EXTRA.....	127	WESTHROID.....	137	ZANFEL.....	86
VISINE TEARS.....	125	wheat dextrin.....	104	ZANTAC.....	138
VISTARIL.....	13	white petrolatum.....	133	ZANTAC 150 MAXIMUM	
VISTOGARD.....	29	white petrolatum-mineral		STRENGTH.....	138
VITAFOL ULTRA.....	121	oil.....	125	ZANTAC 75.....	138
VITAFOL-NANO.....	121	WIBI.....	78	ZARONTIN.....	19
VITAFOL-OB.....	121	WINRHO SDF.....	131	ZARXIO.....	101
VITAMIN D3.....	145	witch hazel-glycerin.....	86	ZATEAN-CH.....	121
vitamin e.....	145	WOUN'DRES COLLAGEN		ZATEAN-PN DHA.....	121
VITAMIN E.....	145	HYDROGEL WOUND		ZATEAN-PN PLUS.....	121
vitamin e.....	145	DRESSING.....	89	ZAVESCA.....	100
VITAMIN E WITH		WOUND CLEANSER.....	89	ZEBETA.....	48
PANTHENOL.....	78	wound cleansers.....	90	ZEGERID.....	139,140
vitamins a & d (topical).....	78	WOUND GEL.....	90	ZEGERID OTC.....	140
VITEKTA.....	46	WOUND GEL SPRAY.....	90	ZELAPAR.....	41
VIVELLE-DOT.....	96	WOUND WASH.....	90	ZELBORAF.....	40
VIVITROL.....	29	WOUND WASH SALINE.....	86	ZEMPLAR.....	95
VOGELXO.....	10	WP THYROID.....	137	ZENPEP.....	92
VOGELXO PUMP.....	10	XALATAN.....	129	ZENZEDI.....	1
VOL-NATE.....	121	XANAX.....	14	ZERIT.....	46
VOL-PLUS.....	121	XANAX XR.....	14	ZESTORETIC.....	37
VOL-TAB RX.....	121	XARELTO.....	16	ZESTRIL.....	35
VOLTAREN.....	65	XARTEMIS XR.....	9	ZETIA.....	34
voriconazole.....	31	XELJANZ.....	3	ZETONNA.....	123
VOSPIRE ER.....	16	XELODA.....	39	ZIAC.....	37
VOTRIENT.....	40	XENAZINE.....	134	ZIAGEN.....	46
VP DERMABASE.....	78	XERESE.....	69	ZIANA.....	64
VP-CH PLUS.....	121	XIFAXAN.....	12	zidovudine.....	46
VP-HEME OB.....	121	XODOL.....	9	ZIKS ARTHRITIS PAIN	
VP-HEME OB + DHA.....	121	XOLEGEL.....	67	RELIEF.....	79
VP-HEME ONE.....	121	XOPENEX.....	16	ZIMS CRACK CREME	
VRAYLAR.....	42	XOPENEX		DAYTIME.....	78
VSL#3.....	29	CONCENTRATE.....	16	zinc.....	113
VUSION.....	67	XOPENEX HFA.....	16	zinc oxide (topical).....	86
VYTORIN.....	33	XTANDI.....	39	zinc sulfate.....	113
VYVANSE.....	1	XULANE.....	53	ZINC SULFATE.....	113
WALGREENS GLUCOSE.....	25	XYREM.....	133	ZINC SULFATE	
warfarin sodium.....	16	XYZAL.....	32	HEPTAHYDRATE.....	113
water for irrigation, sterile.....	114	XYZAL ALLERGY 24HR.....	32	ZINC SULFATE	
		YASMIN 28.....	53	MONOHYDRATE.....	113
		YAZ.....	53	ziprasidone hcl.....	42
				ZIPSOR.....	5

ZIRGAN.....	127
ZITHROMAX.....	106
ZITHROMAX TRI-PAK.....	106
ZITHROMAX Z-PAK.....	106
ZMAX.....	106
ZOCOR.....	34
ZOFRAN.....	30
ZOFRAN ODT.....	30
ZOLINZA.....	40
zolmitriptan.....	110
ZOLOFT.....	22
zolpidem tartrate.....	103
ZOLPIMIST.....	103
ZOMACTON.....	94
ZOMIG.....	110
ZOMIG ZMT.....	110
ZONALON.....	68
ZONEGRAN.....	19
zonisamide.....	19
ZONTIVITY.....	100
ZORBTIVE.....	94
ZORTRESS.....	114
ZORVOLEX.....	5
ZOSTAVAX.....	143
ZOVIRAX.....	47,69
ZUBSOLV.....	10
ZUPLENZ.....	30
ZYBAN.....	135
ZYCLARA.....	78
ZYCLARA PUMP.....	78
ZYDELIG.....	40
ZYFLO.....	15
ZYLET.....	129
ZYLOPRIM.....	99
ZYMAXID.....	127
ZYPREXA.....	43
ZYPREXA RELPREVV.....	43
ZYPREXA ZYDIS.....	43
ZYRTEC ALLERGY.....	32
ZYRTEC CHILDRENS ALLERGY.....	32
ZYRTEC-D ALLERGY/CONGESTION.....	61
ZYTIGA.....	39
ZYVOX.....	13