

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, Buckeye Clinical Pharmacists, 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

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 1-877-386-4695.
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 1-800-681-5632.

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 1-877-386-4695. 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 healthcare professional 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 1-877-386-4695; 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

For members new to Buckeye, Medicaid covered drugs shall be covered without prior authorization (PA) for at least the first 90 days of membership with Buckeye. 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. After 90 days, if a drug you are receiving requires PA, your provider will need to submit a PA to Envolve Pharmacy Solutions. Buckeye's PDL identifies the drugs that will require PA. 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 1-800-681-5632 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 healthcare professional 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 Homescrrips 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 1-855-678-6976 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 Pharmacy Director, Buckeye Clinical Pharmacists, 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
- 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 prior to considering adding them to the Buckeye PDL. During this review 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 vaccines 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 some individual products may require PA or have other limits (i.e., QL, AL). 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

APA: Advanced Prior Authorization--an automated prior authorization process to determine whether clinical criteria is met. If clinical criteria is not fully met, an electronic or manual prior authorization will still need to be done.

MP: Maintenance Product--a medication used to treat long-term conditions or illnesses. Your plan allows 90 day supplies of Maintenance Products.

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

SP: Specialty Medication

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
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	ST; QL(1 ea daily)
ZENZEDI TABS	F	PA
Analeptics		
caffeine citrate soln	F	
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps	F	ST; AL(At least 6 yrs old)
clonidine hcl (adhd) tb12	F	
guanfacine hcl (adhd) tb24	F	PA; QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	***	PA; QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	***	
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
dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	F	PA; QL(1 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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 SOLN (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)
<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)
<i>methylphenidate hcl tbc 10 mg, 20 mg, 36 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 18 mg, 27 mg, 54 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18 MG, 27 MG, 54 MG	F	QL(1 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 36 MG	F	QL(2 ea daily)
<i>modafinil tabs</i>	F	PA
NUVIGIL TABS (Use <i>Armodafinil</i>)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
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 300 MG	F	
-------------------------------	---	--

Alternative Medicine - C's

CHEW Q CHEW	F	
CO Q-10 CHEW	F	
<i>coenzyme q10 (ubidecarenone) caps 30 mg, 100 mg</i>	F	PA
<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

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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 - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP	F	PA; SP
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 SOLN 10 MG/ML, 40 MG/ML	F	PA
<i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	F	PA
<i>tobramycin sulfate solr 1.2 gm</i>	F	PA

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	F	PA; SP
HUMIRA PEN PNKT	F	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	F	PA; SP
HUMIRA PEN-PS/UV 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 5 MG	F	PA; SP
Antirheumatic Antimetabolites		
METHOTREXATE TABS	F	
OTREXUP SOAJ	F	PA; SP
RASUVO SOAJ	F	PA; SP
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		
ACTEMRA ACTPEN SOAJ	F	PA; SP
ACTEMRA SOSY	F	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ADVIL CAPS (Use Ibuprofen)	***	MP
ADVIL MIGRAINE CAPS (Use Ibuprofen)	***	MP
ADVIL TABS (Use Ibuprofen)	***	MP
ALEVE ARTHRITIS TABS (Use Naproxen Sodium)	***	QL(2 ea daily); MP
ALEVE TABS (Use Naproxen Sodium)	***	QL(2 ea daily); MP
ANAPROX DS TABS (Use Naproxen Sodium)	***	MP
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; MP
CHILDRENS MOTRIN SUSP (Use Ibuprofen)	***	RX/OTC; MP
DAYPRO TABS (Use Oxaprozin)	***	MP
diclofenac potassium tabs	F	MP
diclofenac sodium tb24	F	MP
diclofenac sodium tbec	F	MP
DUEXIS TABS	F	PA
EC-NAPROSYN TBEC (Use Naproxen)	***	QL(2 ea daily); MP
EC-NAPROXEN TBEC (Use Naproxen)	***	QL(2 ea daily); MP
etodolac caps	F	MP
etodolac tabs	F	MP
etodolac tb24	F	MP
FELDENE CAPS (Use Piroxicam)	***	MP

Drug Name	Drug Tier	Requirements/ Limits
FENOPROFEN CALCIUM CAPS 400 MG	F	PA
fenopropfen calcium tabs 600 mg	F	
FENORTHO CAPS	F	PA
flurbiprofen tabs	F	MP
ibuprofen caps 200 mg	F	MP
ibuprofen chew 100 mg	F	MP
ibuprofen susp 100 mg/5ml	F	RX/OTC; MP
ibuprofen susp 40 mg/ml, 50 mg/1.25ml	F	MP
ibuprofen tabs 100 mg, 200 mg, 400 mg, 600 mg, 800 mg	F	MP
INDOCIN SUPP	F	
INDOCIN SUSP	F	
indomethacin caps	F	MP
indomethacin cpcr	F	MP
INFANTS ADVIL SUSP (Use Ibuprofen)	***	MP
ketoprofen caps 50 mg, 75 mg	F	MP
KETOPROFEN CAPS 50 MG, 75 MG	F	MP
KETOPROFEN ER CP24	F	
ketorolac tromethamine tabs or 10 mg	F	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
LODINE TABS (Use Etodolac)	***	MP
MECLOFENAMATE SODIUM CAPS	F	
mefenamic acid caps	F	PA
meloxicam tabs	F	MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
MOBIC TABS (<i>Use Meloxicam</i>)	***	MP
MOTRIN INFANTS DROPS SUSP (<i>Use Ibuprofen</i>)	***	MP
<i>nabumetone tabs</i>	F	MP
NALFON CAPS 400 MG	F	PA
NALFON TABS 600 MG (<i>Use Fenoprofen Calcium</i>)	***	
NAPRELAN TB24 375 MG, 500 MG (<i>Use Naproxen Sodium</i>)	***	PA
NAPRELAN TB24 750 MG	F	PA
NAPROSYN SUSP (<i>Use Naproxen</i>)	***	MP
NAPROSYN TABS (<i>Use Naproxen</i>)	***	MP
<i>naproxen sodium tabs 220 mg</i>	F	QL(2 ea daily); MP
<i>naproxen sodium tabs 275 mg, 550 mg</i>	F	MP
<i>naproxen sodium tb24 375 mg, 500 mg</i>	F	PA
<i>naproxen susp 125 mg/5ml</i>	F	MP
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	F	MP
<i>naproxen tbec 375 mg, 500 mg</i>	F	QL(2 ea daily); MP
<i>oxaprozin tabs</i>	F	MP
<i>piroxicam caps</i>	F	MP
PONSTEL CAPS (<i>Use Mefenamic Acid</i>)	***	PA
<i>sulindac tabs</i>	F	MP
TOLMETIN SODIUM CAPS 400 MG	F	PA; MP
TOLMETIN SODIUM TABS 200 MG	F	PA; MP
TOLMETIN SODIUM TABS 600 MG	F	PA

Drug Name	Drug Tier	Requirements/Limits
VIMOVO TBEC	F	PA
ZIPSOR CAPS	F	PA
ZORVOLEX CAPS	F	PA
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	F	PA; SP
OTEZLA TBPK	F	PA; SP
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Use Leflunomide</i>)	***	QL(1 ea daily); MP
<i>leflunomide tabs</i>	F	QL(1 ea daily); MP
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 - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>acetaminophen-caffeine tabs</i>	F	
<i>aspirin-acetaminophen-caffeine tabs</i>	F	
<i>butalbital-acetaminophen tabs 325mg-50mg</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)
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</i>	F	QL(4 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine caps</i>	F	QL(4 ea daily)
ESGIC TABS (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	***	QL(4 ea daily)
EXCEDRIN EXTRA STRENGTH TABS (Use <i>Aspirin-Acetaminophen-Caffeine</i>)	***	
EXCEDRIN MENSTRUAL COMPLETE TABS (Use <i>Aspirin-Acetaminophen-Caffeine</i>)	***	
EXCEDRIN MIGRAINE TABS (Use <i>Aspirin-Acetaminophen-Caffeine</i>)	***	
EXCEDRIN TENSION HEADACHE TABS (Use <i>Acetaminophen-Caffeine</i>)	***	
FIORICET CAPS (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	***	PA
FIORINAL CAPS (Use <i>Butalbital-Aspirin-Caffeine</i>)	***	QL(4 ea daily)
TENCON TABS 325MG-50MG	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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 (Use <i>Acetaminophen</i>)	***	
TYLENOL 8 HOUR TBCR (Use <i>Acetaminophen</i>)	***	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use <i>Acetaminophen</i>)	***	
TYLENOL CHILDRENS SUSP (Use <i>Acetaminophen</i>)	***	
TYLENOL EXTRA STRENGTH TABS (Use <i>Acetaminophen</i>)	***	
TYLENOL INFANTS PAIN+FEVER SUSP (Use <i>Acetaminophen</i>)	***	
TYLENOL INFANTS SUSP (Use <i>Acetaminophen</i>)	***	
TYLENOL SORE THROAT DAYTIME LIQD (Use <i>Acetaminophen</i>)	***	
TYLENOL TABS (Use <i>Acetaminophen</i>)	***	
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>	F	
<i>aspirin chew or 81 mg</i>	F	
ASPIRIN SUPP RE 120 MG, 200 MG, 300 MG, 600 MG	F	QL(12 ea per 30 days retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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	MP
ECOTRIN MAXIMUM STRENGTH TBEC (Use Aspirin)	***	
ECOTRIN REGULAR STRENGTH TBEC (Use Aspirin)	***	
<i>salsalate tabs</i>	F	

ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions

Opioid Agonists

ABSTRAL SUBL	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
ACTIQ LPOP (Use Fentanyl Citrate)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
CODEINE SULFATE TABS 15 MG, 60 MG	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(2 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CODEINE SULFATE TABS 30 MG (Use Codeine Sulfate)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(2 ea daily); AL(At least 12 yrs old)
<i>codeine sulfate tabs 30 mg, 60 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(2 ea daily); AL(At least 12 yrs old)
CONZIP CP24	F	Smart PA;AL(At least 18 yrs old)
DEMEROL TABS (Use Meperidine HCl)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
DILAUDID LIQD 1 MG/ML (Use Hydromorphone HCl)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 0 ml daily)
DILAUDID TABS 2 MG, 4 MG, 8 MG (Use Hydromorphone HCl)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 ea daily)
DOLOPHINE TABS 10 MG (Use Methadone HCl)	***	Smart PA;QL(10 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
DOLOPHINE TABS 5 MG (Use Methadone HCl)	***	Smart PA;QL(4 ea daily)
DURAGESIC PT72 (Use Fentanyl)	***	Smart PA;QL(0.34 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>fentanyl pt72</i>	F	Smart PA;QL(0.34 ea daily)
FENTORA TABS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>hydromorphone hcl liqd or 1 mg/ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 0 ml daily)
HYDROMORPHONE HCL SUPP RE 3 MG	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 ea daily)
KADIAN CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use Morphine Sulfate)	***	Smart PA

Drug Name	Drug Tier	Requirements/ Limits
KADIAN CP24 200 MG	F	Smart PA
LAZANDA SOLN	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>levorphanol tartrate tabs 2 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
MEPERIDINE HCL SOLN 50 MG/5ML	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
MEPERIDINE HCL TABS 50 MG	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
<i>meperidine hcl tabs 50 mg, 100 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
<i>methadone hcl conc 10 mg/ml</i>	F	Smart PA;QL(10 ml daily)
<i>methadone hcl soln 10 mg/5ml</i>	F	Smart PA;QL(60 ml daily)
METHADONE HCL SOLN 10 MG/5ML (Use Methadone HCl)	***	Smart PA;QL(60 ml daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl soln 5 mg/5ml</i>	F	Smart PA;QL(30 ml daily)
METHADONE HCL SOLN 5 MG/5ML (Use <i>Methadone HCl</i>)	***	Smart PA;QL(30 ml daily)
<i>methadone hcl tabs 10 mg</i>	F	Smart PA;QL(10 ea daily)
<i>methadone hcl tabs 5 mg</i>	F	Smart PA;QL(4 ea daily)
METHADOSE CONC (Use <i>Methadone HCl</i>)	***	Smart PA;QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use <i>Methadone HCl</i>)	***	Smart PA;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	Smart PA
MORPHINE SULFATE ER CP24	F	Smart PA
<i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(500 ml per 30 days retail)
<i>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(24 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
MORPHINE SULFATE TABS OR 15 MG, 30 MG	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
<i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	F	Smart PA;QL(3 ea daily)
MS CONTIN TBCR (Use <i>Morphine Sulfate</i>)	***	Smart PA;QL(3 ea daily)
NUCYNTA ER TB12	F	Smart PA
NUCYNTA TABS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
OPANA TABS (Use <i>Oxymorphone HCl</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>oxycodone hcl caps 5 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
<i>oxycodone hcl conc 100 mg/5ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ml daily)
OXYCODONE HCL ER T12A	F	Smart PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl soln 5 mg/5ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
OXYCODONE HYDROCHLORIDE ER T12A	F	Smart PA
OXYCONTIN T12A	F	Smart PA
<i>oxymorphone hcl tabs</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
OXYMORPHONE HYDROCHLORIDE ER TB12	F	Smart PA
ROXICODONE TABS (<i>Use Oxycodone HCl</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
SUBSYS LIQD	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
TRAMADOL HCL ER CP24	F	Smart PA;AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl tabs 50 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 ea daily); AL(At least 18 yrs old)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	F	Smart PA;AL(At least 18 yrs old)
ULTRAM TABS (<i>Use Tramadol HCl</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(3 0 ml daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily); AL(At least 12 yrs old)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAPS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod caps</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(4 ea daily); AL(At least 12 yrs old)
FIORICET/CODEINE CAPS (Use <i>Butalbital-Acetaminophen-Caffeine w/ Codeine</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FIORINAL/CODEINE #3 CAPS (Use <i>Butalbital-Aspirin-Caffeine w/Cod</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(4 ea daily); AL(At least 12 yrs old)
HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLN	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(1 80 ml daily)
<i>hydrocodone-acetaminophen tabs 10mg-325mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 2.5mg-325mg, 7.5mg-300mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen tabs 5mg-325mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(1 2 ea daily)
<i>hydrocodone-acetaminophen tabs 7.5mg-325mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 ea daily)
<i>hydrocodone-ibuprofen tabs</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
IBUDONE TABS (<i>Use Hydrocodone-Ibuprofen</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
LORTAB ELIX	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
NORCO TABS 10MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NORCO TABS 5MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(1 2 ea daily)
NORCO TABS 7.5MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 ea daily)
<i>oxycodone w/ acetaminophen tabs 2.5mg-325mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
<i>oxycodone-aspirin tabs</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
OXYCODONE/ACETAMINOPHEN SOLN	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(3 0 ml daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
OXYCODONE/IBUPROFEN TABS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
PERCOCET TABS 2.5MG-325MG (Use Oxycodone w/ Acetaminophen)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
PRIMLEV TABS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
REPREXAIN TABS (Use Hydrocodone-Ibuprofen)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
SYNALGOS-DC CAPS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol-acetaminophen tabs</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;AL(A t least 18 yrs old)
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily); AL(At least 12 yrs old)
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily); AL(At least 12 yrs old)
ULTRACET TABS (Use Tramadol-Acetaminophen)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;AL(A t least 18 yrs old)
XODOL TABS (Use Hydrocodone-Acetaminophen)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
ZAMICET SOLN	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
Opioid Partial Agonists		
BELBUCA FILM	F	Smart PA
BUNAVAIL FILM	F	QL and daily dose limit;AL(At least 16 yrs old)
BUPRENEX SOLN (Use Buprenorphine HCl)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	F	QL and daily dose limit; naloxone combo req. unless contraindicated ;AL(At least 16 yrs old)
<i>buprenorphine hcl- naloxone hcl dihydrate film 4mg-1mg, 2mg-0.5mg</i>	F	QL and daily dose limit;QL(1 ea daily); AL(At least 16 yrs old)
<i>buprenorphine hcl- naloxone hcl dihydrate film 8mg-2mg, 12mg-3mg</i>	F	QL and daily dose limit;QL(2 ea daily); AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl- naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg</i>	F	QL and daily dose limit;AL(At least 16 yrs old)
<i>buprenorphine ptwk td 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	F	Smart PA
BUPRENORPHINE PTWK TD 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 7.5 MCG/HR	F	Smart PA
<i>butorphanol tartrate soln na 10 mg/ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;AL(A t least 18 yrs old)
BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (Use Buprenorphine)	***	Smart PA
BUTRANS PTWK 7.5 MCG/HR	F	Smart PA
<i>pentazocine w/ naloxone tabs</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
PROBUPHINE IMPLANT KIT IMPL	F	PA; PA Required;QL(4 ea per 180 days retail); SP
SUBLOCADE SOSY	3	PA Required;1 rtl MAX fill,28 rtl day(s) supply,; AL(At least 18 yrs old); SP
SUBOXONE FILM 4MG- 1MG, 2MG-0.5MG (Use Buprenorphine HCl- Naloxone HCl Dihydrate)	F	QL and daily dose limit;QL(1 ea daily); AL(At least 16 yrs old)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM 8MG-2MG, 12MG-3MG (<i>Use Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	F	QL and daily dose limit; QL(2 ea daily); AL(At least 16 yrs old)
ZUBSOLV SUBL	F	QL and daily dose limit; AL(At least 16 yrs old)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
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 (<i>Use Testosterone</i>)	***	PA
ANDROGEL PUMP GEL (<i>Use Testosterone</i>)	***	PA
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 (<i>Use Testosterone</i>)	***	PA
METHITEST TABS	F	PA
METHYLTESTOSTERONE CAPS	F	PA
STRIANT MISC	F	PA
TESTIM GEL (<i>Use Testosterone</i>)	***	PA
TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	F	QL(4 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate soln im 200 mg/ml</i>	F	QL(4 ml per 30 days retail)
<i>testosterone gel 1 %, 1.62 %, 10 mg/act, 50 mg/5gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	F	PA
TESTOSTERONE GEL 1 %, 50 MG/5GM, 25 MG/2.5GM	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 - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	***	
CORTIFOAM FOAM	F	PA
<i>hydrocortisone (intrarectal) enem</i>	F	
Rectal Combinations		
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 (<i>Use Pramoxine-Phenylephrine-Glycerin-Petrolatum</i>)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
PREPARATION H TOTABLES PAIN RELIEF CREA (Use Pramoxine- Phenylephrine-Glycerin- Petrolatum)	***	
Rectal Local Anesthetics		
<i>dibucaine (rectal) oint</i>	F	
NUPERCAINAL OINT (Use <i>Dibucaine (Rectal)</i>)	***	
<i>pramoxine hcl (rectal) foam</i>	F	
PROCTOFOAM FOAM (Use Pramoxine HCl (Rectal))	***	
Rectal Steroids		
ANUSOL-HC CREA (Use <i>Hydrocortisone (Rectal)</i>)	***	
<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		
<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- 200mg/5ml</i>	F	QL(744 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>alum & mag hydrox- simethicone susp 400mg/5ml-40mg/5ml- 400mg/5ml, 400mg/5ml- 400mg/5ml-40mg/5ml- 40mg/5ml-400mg/5ml- 400mg/5ml</i>	F	
<i>aluminum hydroxide-mag carb susp</i>	F	
<i>aluminum hydroxide-mag trisil chew</i>	F	
GAVISCON SUSP (Use <i>Aluminum Hydroxide-Mag Carb</i>)	***	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use <i>Alum & Mag Hydrox- Simethicone</i>)	***	
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	
TUMS CHEW (Use <i>Calcium Carbonate (Antacid)</i>)	***	
TUMS LASTING EFFECTS CHEW (Use <i>Calcium Carbonate (Antacid)</i>)	***	
Antacids - Magnesium Salts		
<i>magnesium oxide tabs</i>	F	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
ALBENZA TABS (<i>Use Albendazole</i>)	***	PA
BILTRICIDE TABS (<i>Use Praziquantel</i>)	***	PA
EMVERM CHEW	F	QL(1 ea per 14 days retail)
<i>ivermectin tabs</i>	F	PA
<i>praziquantel 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)
STROMECTOL TABS (<i>Use Ivermectin</i>)	***	PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
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
<i>trimethoprim tabs</i>	F	
TRIMPEX SOLN	F	PA
XIFAXAN TABS	F	PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	***	

Drug Name	Drug Tier	Requirements/Limits
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>)	***	
Glycopeptides		
FIRVANQ SOLR	F	QL(300 ml per fill retail)
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 1 gm, 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)
Leprostatics		
<i>dapsone tabs</i>	F	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (<i>Use Clindamycin HCl</i>)	***	
CLEOCIN CAPS OR 75 MG (<i>Use Clindamycin HCl</i>)	***	PA
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use Clindamycin Palmitate Hydrochloride</i>)	***	QL(300 ml per fill retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use Linezolid</i>)	***	PA
ZYVOX TABS (<i>Use Linezolid</i>)	***	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>RANEXA TB12 (Use Ranolazine)</i>	***	PA
<i>ranolazine tb12</i>	F	PA
Nitrates		
DILATRATE SR CPCR	F	PA
ISORDIL TITRADOSE TABS 40 MG	F	
ISORDIL TITRADOSE TABS 5 MG (<i>Use Isosorbide Dinitrate</i>)	***	MP
ISOSORBIDE DINITRATE ER TBCR	F	MP
ISOSORBIDE DINITRATE TABS 30 MG	F	MP
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg</i>	F	MP
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	F	QL(2 ea daily); MP
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	F	QL(1 ea daily); MP
NITRO-BID OINT	F	

Drug Name	Drug Tier	Requirements/ Limits
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>Use Nitroglycerin</i>)	***	MP
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	MP
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	F	MP
<i>nitroglycerin soln tl 0.4 mg/spray</i>	F	PA; MP
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	F	MP
NITROLINGUAL PUMPSPRAY SOLN (<i>Use Nitroglycerin</i>)	***	PA; MP
NITROSTAT SUBL (<i>Use Nitroglycerin</i>)	***	MP
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 15 mg</i>	F	QL(4 ea daily); MP
<i>bupirone hcl tabs 30 mg, 7.5 mg</i>	F	QL(3 ea daily); MP
<i>bupirone hcl tabs 5 mg, 10 mg</i>	F	QL(6 ea daily); MP
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	F	
<i>hydroxyzine hcl tabs 10 mg, 25 mg, 50 mg</i>	F	MP
HYDROXYZINE PAMOATE CAPS 100 MG	F	
<i>hydroxyzine pamoate caps 25 mg</i>	F	
<i>hydroxyzine pamoate caps 50 mg</i>	F	MP
<i>meprobamate tabs</i>	F	
VISTARIL CAPS 25 MG (<i>Use Hydroxyzine Pamoate</i>)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
VISTARIL CAPS 50 MG (Use Hydroxyzine Pamoate)	***	MP
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
ATIVAN TABS 0.5 MG, 2 MG (Use Lorazepam)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(3 ea daily)
ATIVAN TABS 1 MG (Use Lorazepam)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl caps</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(3 ea daily)
<i>diazepam conc or 5 mg/ml</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
DIAZEPAM SOLN OR 5 MG/5ML	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
<i>lorazepam conc 2 mg/ml</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>lorazepam tabs 0.5 mg, 2 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(3 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tabs 1 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
OXAZEPAM CAPS 10 MG, 30 MG	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
TRANXENE T TABS (<i>Use Clorazepate Dipotassium</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(3 ea daily)
VALIUM TABS (<i>Use Diazepam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
XANAX TABS (<i>Use Alprazolam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
XANAX XR TB24 (<i>Use Alprazolam</i>)	***	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	F	MP
NORPACE CAPS (<i>Use Disopyramide Phosphate</i>)	F	MP
NORPACE CR CP12	F	
<i>quinidine gluconate tbcr</i>	F	
QUINIDINE SULFATE TABS	F	
Antiarrhythmics Type I-B		
MEXILETINE HCL CAPS 150 MG, 200 MG, 250 MG	F	MP
<i>mexiletine hcl caps 200 mg, 250 mg</i>	F	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	F	MP
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	F	PA; MP
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	F	MP
RYTHMOL SR CP12 (<i>Use Propafenone HCl</i>)	***	PA; MP
Antiarrhythmics Type III		
<i>amiodarone hcl tabs 100 mg</i>	F	PA; MP
<i>amiodarone hcl tabs 200 mg, 400 mg</i>	F	MP
<i>dofetilide caps</i>	F	
MULTAQ TABS	F	PA; QL(2 ea daily)
TIKOSYN CAPS (<i>Use Dofetilide</i>)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	F	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT SOSY	F	PA; SP
FASENRA SOSY	F	PA; SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	F	PA; SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	F	
INCRUSE ELLIPTA AEPB	F	QL(30 ea per 30 days retail)
INCRUSE ELLIPTA AEPB	F	QL(7 ea per 30 days retail)
<i>ipratropium bromide soln</i>	F	QL(375 ml per 25 days retail)
SPIRIVA HANDIHALER CAPS	F	ST; QL(30 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 4 mg, 5 mg</i>	F	QL(1 ea daily); MP
<i>montelukast sodium pack 4 mg</i>	F	QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	F	QL(1 ea daily); MP
SINGULAIR CHEW 4 MG, 5 MG (<i>Use Montelukast Sodium</i>)	***	QL(1 ea daily); MP
SINGULAIR PACK 4 MG (<i>Use Montelukast Sodium</i>)	***	QL(1 ea daily)
SINGULAIR TABS 10 MG (<i>Use Montelukast Sodium</i>)	***	QL(1 ea daily); MP
<i>zafirlukast tabs</i>	F	PA
ZYFLO TABS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
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
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(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(Up to 8 yrs old)
QVAR AERS	F	PA; QL(17.4 gm per fill retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
QVAR REDHALER AERB	F	PA; QL(21.6 gm per fill retail)
Sympathomimetics		
ADVAIR DISKUS AEPB (Use Fluticasone-Salmeterol)	***	QL(60 ea per fill retail)
ADVAIR HFA AERO	F	PA; QL(12 gm per fill retail)
<i>albuterol sulfate aers in 108 mcg/act</i>	F	
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	
<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 syrup 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>fluticasone-salmeterol aepb</i>	F	QL(60 ea per fill retail)
<i>ipratropium-albuterol soln</i>	F	QL(12 ml daily)
<i>levalbuterol hcl nebu</i>	F	PA
<i>levalbuterol tartrate aero</i>	F	PA

Drug Name	Drug Tier	Requirements/ Limits
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 (Use Albuterol Sulfate)	***	
PROVENTIL HFA AERS (Use Albuterol Sulfate)	***	
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	MP
TRELEGY ELLIPTA AEPB	F	PA
VENTOLIN HFA AERS (Use Albuterol Sulfate)	***	Limit 1 package per Claim, 2 per Month
VOSPIRE ER TB12 (Use Albuterol Sulfate)	***	
XOPENEX CONCENTRATE NEBU (Use Levalbuterol HCl)	***	PA
XOPENEX HFA AERO	F	PA
XOPENEX NEBU (Use Levalbuterol HCl)	***	PA
Xanthines		
ELIXOPHYLLIN ELIX	F	
THEO-24 CP24	F	
<i>theophylline soln 80 mg/15ml</i>	F	QL(475 ml per fill retail); MP
<i>theophylline tb12 100 mg, 200 mg, 300 mg</i>	F	MP
<i>theophylline tb12 450 mg</i>	F	
<i>theophylline tb24 400 mg, 600 mg</i>	F	MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	F	MP
<i>warfarin sodium tabs</i>	F	MP
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
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(42 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(14 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(5 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(6 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(9 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
<i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; 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 (<i>Use Enoxaparin Sodium</i>)	***	Limit 3 fills at RETAIL per 180 days;QL(42 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use Enoxaparin Sodium</i>)	***	Limit 3 fills at RETAIL per 180 days;QL(14 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOLN SC 30 MG/0.3ML (Use Enoxaparin Sodium)	***	Limit 3 fills at RETAIL per 180 days;QL(5 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 40 MG/0.4ML (Use Enoxaparin Sodium)	***	Limit 3 fills at RETAIL per 180 days;QL(6 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 60 MG/0.6ML (Use Enoxaparin Sodium)	***	Limit 3 fills at RETAIL per 180 days;QL(9 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use Enoxaparin Sodium)	***	Limit 3 fills at RETAIL per 180 days;QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
Thrombin Inhibitors		
PRADAXA CAPS	F	PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS	F	PA
Anticonvulsants - Benzodiazepines		
clobazam susp	F	PA
clobazam tabs	F	PA

Drug Name	Drug Tier	Requirements/ Limits
clonazepam tabs 0.5 mg, 1 mg, 2 mg	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(4 ea daily)
clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
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 (anticonvulsant) gel	F	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIAZEPAM GEL RE 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 Clonazepam)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(4 ea daily)
ONFI SUSP (Use Clobazam)	***	PA
ONFI TABS (Use Clobazam)	***	PA
Anticonvulsants - Misc.		
APTIOM TABS	F	PA
BANZEL SUSP	F	PA; SP
BANZEL TABS	F	PA; SP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine chew</i>	F	MP
<i>carbamazepine cp12</i>	F	MP
<i>carbamazepine susp</i>	F	MP
<i>carbamazepine tabs</i>	F	MP
<i>carbamazepine tb12</i>	F	MP
CARBATROL CP12 (Use Carbamazepine)	F	MP
EPIDIOLEX SOLN	F	PA; SP
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	F	QL(9 ea daily); MP
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	F	MP
<i>gabapentin tabs 600 mg</i>	F	QL(6 ea daily); MP
<i>gabapentin tabs 800 mg</i>	F	QL(4 ea daily); MP
KEPPRA SOLN 100 MG/ML (Use Levetiracetam)	***	QL(16 ml daily); MP
KEPPRA TABS 250 MG, 750 MG, 1000 MG (Use Levetiracetam)	***	QL(4 ea daily); MP
KEPPRA TABS 500 MG (Use Levetiracetam)	***	QL(6 ea daily); MP
KEPPRA XR TB24 (Use Levetiracetam)	***	ST; MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	***	MP
LAMICTAL ODT KIT	F	PA
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (Use Lamotrigine)	***	PA
LAMICTAL TABS (Use Lamotrigine)	***	MP
LAMICTAL XR KIT	F	PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (Use Lamotrigine)	***	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine chew 5 mg, 25 mg</i>	F	MP
<i>lamotrigine kit</i>	F	PA
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	F	MP
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	F	ST; 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); MP
<i>levetiracetam tabs 250 mg, 750 mg, 1000 mg</i>	F	QL(4 ea daily); MP
<i>levetiracetam tabs 500 mg</i>	F	QL(6 ea daily); MP
<i>levetiracetam tb24 500 mg, 750 mg</i>	F	ST; MP
LYRICA CAPS	F	PA
MYSOLINE TABS (Use Primidone)	***	MP
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use Gabapentin)	***	QL(9 ea daily); MP
NEURONTIN SOLN 250 MG/5ML (Use Gabapentin)	***	MP
NEURONTIN TABS 600 MG (Use Gabapentin)	***	QL(6 ea daily); MP
NEURONTIN TABS 800 MG (Use Gabapentin)	***	QL(4 ea daily); MP
<i>oxcarbazepine susp</i>	F	MP
<i>oxcarbazepine tabs</i>	F	MP
POTIGA TABS	F	PA
<i>primidone tabs</i>	F	MP
QUDEXY XR CS24	F	PA
TEGRETOL SUSP (Use Carbamazepine)	F	MP
TEGRETOL TABS (Use Carbamazepine)	F	MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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

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

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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

Drug Name	Drug Tier	Requirements/ Limits
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); MP
REMERON TABS 30 MG (<i>Use Mirtazapine</i>)	***	QL(1.5 ea daily); MP
REMERON TABS 45 MG (<i>Use Mirtazapine</i>)	***	QL(1 ea daily); MP
Antidepressants - Misc.		
APLENZIN TB24	F	PA
<i>bupropion hcl tabs 75 mg, 100 mg</i>	F	QL(3 ea daily); MP
<i>bupropion hcl tb12 100 mg</i>	F	QL(4 ea daily); MP
<i>bupropion hcl tb12 150 mg</i>	F	QL(3 ea daily); MP
<i>bupropion hcl tb12 200 mg</i>	F	QL(2 ea daily); MP
<i>bupropion hcl tb24 150 mg</i>	F	QL(3 ea daily)
BUPROPION HYDROCHLORIDE ER (XL) TB24	F	PA
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); MP
WELLBUTRIN SR TB12 150 MG (<i>Use Bupropion HCl</i>)	***	QL(3 ea daily); MP
WELLBUTRIN SR TB12 200 MG (<i>Use Bupropion HCl</i>)	***	QL(2 ea daily); MP
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>)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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); MP
CELEXA TABS 20 MG (<i>Use Citalopram Hydrobromide</i>)	***	QL(2 ea daily); MP
CELEXA TABS 40 MG (<i>Use Citalopram Hydrobromide</i>)	***	QL(1 ea daily); MP
<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); MP
<i>citalopram hydrobromide tabs 20 mg</i>	F	QL(2 ea daily); MP
<i>citalopram hydrobromide tabs 40 mg</i>	F	QL(1 ea daily); MP
<i>escitalopram oxalate soln 5 mg/5ml</i>	F	ST
<i>escitalopram oxalate tabs 10 mg</i>	F	QL(2 ea daily); MP
<i>escitalopram oxalate tabs 20 mg</i>	F	QL(1 ea daily); MP
<i>escitalopram oxalate tabs 5 mg</i>	F	QL(4 ea daily); MP
FLUOXETINE DR CPDR	F	PA
<i>fluoxetine hcl caps 10 mg, 20 mg</i>	F	QL(4 ea daily); MP
<i>fluoxetine hcl caps 40 mg</i>	F	QL(2 ea daily); AL(At least 7 yrs old); MP
<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); MP
<i>fluoxetine hcl tabs 20 mg</i>	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl tabs 60 mg</i>	F	PA
FLUOXETINE HYDROCHLORIDE TABS	F	PA
FLUOXETINE HYDROCHLORIDE TABS (<i>Use Fluoxetine HCl</i>)	***	PA
<i>fluvoxamine maleate cp24 100 mg, 150 mg</i>	F	PA
<i>fluvoxamine maleate tabs 100 mg</i>	F	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	F	QL(2 ea daily)
LEXAPRO TABS 10 MG (<i>Use Escitalopram Oxalate</i>)	***	QL(2 ea daily); MP
LEXAPRO TABS 20 MG (<i>Use Escitalopram Oxalate</i>)	***	QL(1 ea daily); MP
LEXAPRO TABS 5 MG (<i>Use Escitalopram Oxalate</i>)	***	QL(4 ea daily); MP
<i>paroxetine hcl tabs 10 mg, 20 mg, 30 mg, 40 mg</i>	F	
<i>paroxetine hcl tb24 12.5 mg, 37.5 mg</i>	F	1 rtl MAX fill,30 rtl day(s) supply,
<i>paroxetine hcl tb24 25 mg</i>	F	
PAXIL CR TB24 12.5 MG, 37.5 MG (<i>Use Paroxetine HCl</i>)	***	1 rtl MAX fill,30 rtl day(s) supply,
PAXIL CR TB24 25 MG (<i>Use Paroxetine HCl</i>)	***	
PAXIL SUSP 10 MG/5ML	F	QL(40 ml daily)
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (<i>Use Paroxetine HCl</i>)	***	
PEXEVA TABS	F	PA
PROZAC CAPS 10 MG, 20 MG (<i>Use Fluoxetine HCl</i>)	***	QL(4 ea daily); MP
PROZAC CAPS 40 MG (<i>Use Fluoxetine HCl</i>)	***	QL(2 ea daily); AL(At least 7 yrs old); MP
<i>sertraline hcl conc 20 mg/ml</i>	F	
<i>sertraline hcl tabs 100 mg</i>	F	QL(2 ea daily); MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl tabs 25 mg, 50 mg</i>	F	QL(4 ea daily); MP
ZOLOFT CONC 20 MG/ML (Use Sertraline HCl)	***	
ZOLOFT TABS 100 MG (Use Sertraline HCl)	***	QL(2 ea daily); MP
ZOLOFT TABS 25 MG, 50 MG (Use Sertraline HCl)	***	QL(4 ea daily); MP
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG	F	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	F	
NEFAZODONE HYDROCHLORIDE TABS	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	MP
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); MP
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); MP
EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl)	***	QL(2 ea daily); MP
EFFEXOR XR CP24 37.5 MG (Use Venlafaxine HCl)	***	QL(4 ea daily); MP
EFFEXOR XR CP24 75 MG (Use Venlafaxine HCl)	***	QL(5 ea daily); MP
FETZIMA CP24	F	PA
FETZIMA TITRATION PACK C4PK	F	PA

Drug Name	Drug Tier	Requirements/ Limits
KHEDEZLA TB24	F	PA
PRISTIQ TB24 (Use Desvenlafaxine Succinate)	***	PA
<i>venlafaxine hcl cp24 150 mg</i>	F	QL(2 ea daily); MP
<i>venlafaxine hcl cp24 37.5 mg</i>	F	QL(4 ea daily); MP
<i>venlafaxine hcl cp24 75 mg</i>	F	QL(5 ea daily); MP
<i>venlafaxine hcl tabs 25 mg, 50 mg, 100 mg</i>	F	
<i>venlafaxine hcl tabs 75 mg, 37.5 mg</i>	F	MP
<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 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	F	
DOXEPIN HCL CAPS 150 MG	F	
<i>doxepin hcl conc 10 mg/ml</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 June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
NORPRAMIN TABS 10 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)
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 - Drugs to Regulate Blood Sugar		
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); MP
ACTOPLUS MET XR TB24	F	PA
alogliptin-metformin hcl tabs	F	PA; QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
alogliptin-pioglitazone tabs	F	PA; QL(1 ea daily); MP
DUETACT TABS (Use Pioglitazone HCl-Glimepiride)	***	PA
glipizide-metformin hcl tabs	F	MP
GLUCOVANCE TABS (Use Glyburide-Metformin)	***	MP
glyburide-metformin tabs	F	MP
INVOKAMET TABS	F	PA
JANUMET TABS	F	PA
JANUMET XR TB24	F	PA
JENTADUETO TABS	F	PA; QL(2 ea daily); AL(At least 18 yrs old); AGE QL(0 to 90, 90 ea)
JENTADUETO XR TB24	F	PA; QL(2 ea daily)
KAZANO TABS	***	PA; QL(2 ea daily); MP
KOMBIGLYZE XR TB24	F	PA; QL(2 ea daily)
OSENI TABS	***	QL(1 ea daily); MP
pioglitazone hcl-glimepiride tabs	F	PA
pioglitazone hcl-metformin hcl tabs	F	QL(2 ea daily); MP
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); MP
GLUCOPHAGE TABS 850 MG, 1000 MG (Use Metformin HCl)	***	MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
GLUCOPHAGE XR TB24 500 MG (<i>Use Metformin HCl</i>)	***	QL(4 ea daily); MP
GLUCOPHAGE XR TB24 750 MG (<i>Use Metformin HCl</i>)	***	QL(3 ea daily); MP
GLUMETZA TB24 (<i>Use Metformin HCl</i>)	***	PA
<i>metformin hcl tabs 500 mg</i>	F	QL(4 ea daily); MP
<i>metformin hcl tabs 850 mg, 1000 mg</i>	F	MP
<i>metformin hcl tb24 500 mg</i>	F	QL(4 ea daily); MP
<i>metformin hcl tb24 500 mg, 1000 mg</i>	F	PA
<i>metformin hcl tb24 750 mg</i>	F	QL(3 ea daily); MP
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)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE CHEW 4GM-6MG, 4GM-4GM-6MG	F	
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	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE GLUCOSE TABLETS CHEW	F	
TGT GLUCOSE CHEW	F	
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		
<i>alogliptin benzoate tabs</i>	F	QL(1 ea daily); MP
JANUVIA TABS	F	PA
NESINA TABS (<i>Use Alogliptin Benzoate</i>)	***	
ONGLYZA TABS	F	PA
TRADJENTA TABS	F	PA; MP
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

Drug Name	Drug Tier	Requirements/ Limits
VICTOZA SOPN	F	PA; QL(1.8 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use Pioglitazone HCl</i>)	***	QL(1 ea daily); MP
AVANDIA TABS	F	PA; QL(1 ea daily); MP
<i>pioglitazone hcl tabs</i>	F	QL(1 ea daily); MP
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	
APIDRA SOLOSTAR SOPN	F	
BASAGLAR KWIKPEN SOPN	F	QL(30 ml per 30 days retail)
FIASP FLEXTOUCH SOPN	F	
FIASP SOLN	F	
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 KWIKPEN SOPN 200 UNIT/ML	F	
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)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
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 (CONCENTRATED) SOLN	F	
HUMULIN R U-500 KWIKPEN SOPN	F	
INSULIN LISPRO KWIKPEN SOPN	F	QL(30 ml per 30 days retail)
INSULIN LISPRO SOLN	F	QL(40 ml per 30 days retail)
LANTUS SOLOSTAR SOPN	***	
LEVEMIR FLEXTOUCH SOPN	F	PA; QL(2 ml daily)
LEVEMIR SOLN	F	PA
NOVOLIN 70/30 FLEXPEN RELION SUPN	F	QL(30 ml per 30 days retail)
NOVOLIN 70/30 FLEXPEN SUPN	F	QL(30 ml per 30 days retail)
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)

Drug Name	Drug Tier	Requirements/Limits
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); MP
PRANDIN TABS (Use <i>Repaglinide</i>)	***	PA
<i>repaglinide tabs</i>	F	PA
STARLIX TABS (Use <i>Nateglinide</i>)	***	QL(3 ea daily); MP
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA TABS	F	PA; MP
JARDIANCE TABS	F	PA; QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use <i>Glimepiride</i>)	***	QL(4 ea daily); MP
AMARYL TABS 4 MG (Use <i>Glimepiride</i>)	***	QL(2 ea daily); MP
CHLORPROPAMIDE TABS	F	
<i>glimepiride tabs 1 mg, 2 mg</i>	F	QL(4 ea daily); MP
<i>glimepiride tabs 4 mg</i>	F	QL(2 ea daily); MP
<i>glipizide tabs</i>	F	MP
<i>glipizide tb24</i>	F	MP
GLUCOTROL TABS (Use <i>Glipizide</i>)	***	MP
GLUCOTROL XL TB24 (Use <i>Glipizide</i>)	***	MP
<i>glyburide micronized tabs</i>	F	MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>glyburide tabs</i>	F	MP
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	***	MP
TOLAZAMIDE TABS	F	
TOLBUTAMIDE TABS	F	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC	F	PA
Antidiarrheal/Probiotic Agents - Misc.		
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
ALIGN EXTRA STRENGTH CAPS	F	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	F	RX/OTC
BACID 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	

Drug Name	Drug Tier	Requirements/ Limits
<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 MOOD SUPPORT PROBIOTIC CAPS	F	RX/OTC
CVS PROBIOTIC CAPS	F	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	F	RX/OTC
CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	F	RX/OTC
CVS SENIOR PROBIOTIC CAPS	F	RX/OTC
DAILY PROBIOTIC CAPS	F	RX/OTC
DIFF-STAT CAPS	F	RX/OTC
DIGESTIVE ADVANTAGE CAPS	F	RX/OTC
DIGESTIVE ADVANTAGE LACTOSE DEFENSE FORMULA CAPS	F	RX/OTC
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	F	RX/OTC
EQL DAILY PROBIOTIC CAPS	F	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC
FLORA VANCE CAPS	F	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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
HIGH POTENCY PROBIOTIC CAPS	F	RX/OTC
HM ACIDOPHILUS CAPS	F	RX/OTC
LACTO-PECTIN CAPS	F	RX/OTC
<i>lactobacillus caps</i>	F	
<i>lactobacillus tabs</i>	F	
MEGA PROBIOTIC CAPS	F	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	F	RX/OTC
NATRUL PROBIOTIC CAPS	F	RX/OTC
PEARLS IC CAPS	F	RX/OTC
PEPTO BISMOL TABS (Use Bismuth Subsalicylate)	***	
PEPTO-BISMOL CHEW 262 MG (Use Bismuth Subsalicylate)	***	
PEPTO-BISMOL INSTACOOOL CHEW (Use Bismuth Subsalicylate)	***	
PEPTO-BISMOL MAX STRENGTH SUSP (Use Bismuth Subsalicylate)	***	
PEPTO-BISMOL TO-GO CHEW (Use Bismuth Subsalicylate)	***	

Drug Name	Drug Tier	Requirements/ Limits
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	
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+TURMERIC EXTRACT CAPS	F	RX/OTC
PROBIOTIC-10 CAPS	F	RX/OTC
PROBIOTIC-10 ULTIMATE CAPS	F	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
PRODIGEN CAPS	F	RX/OTC
PROVAD CAPS	F	RX/OTC
RA PROBIOTIC COLON CARE CAPS	F	RX/OTC
RA PROBIOTIC COMPLEX CAPS	F	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT 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
SD PROBIOTIC-10 COMPLEXULTRA CAPS	F	RX/OTC
SM ACIDOPHILUS PEARLS CAPS	F	RX/OTC
SUPER PROBIOTIC CAPS	F	RX/OTC
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	F	RX/OTC
TRUBIOTICS CAPS	F	RX/OTC
TRUNATURE DIGESTIVE PROBIOTIC CAPS	F	RX/OTC
ULTRAFLOA IMMUNE HEALTH CAPS	F	RX/OTC
VISBIOME PROBIOTIC HIGH POTENCY CAPS	F	RX/OTC
VSL#3 CAPS	F	RX/OTC
ZELAC CAPS	F	RX/OTC
Antidiarrheal/Probiotic Combinations		
ACIDOPHILUS/CITRUS PECTIN TABS	F	

Drug Name	Drug Tier	Requirements/Limits
IMODIUM MULTI-SYMPTOM RELIEF TABS (Use Loperamide-Simethicone)	***	
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)	***	QL(8 ea daily); RX/OTC
IMODIUM A-D LIQD 1 MG/7.5ML (Use Loperamide HCl)	***	
IMODIUM A-D TABS 2 MG (Use Loperamide HCl)	***	QL(8 ea daily)
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	***	
<i>loperamide hcl caps 2 mg</i>	F	QL(8 ea daily); RX/OTC
<i>loperamide hcl liqd 1 mg/5ml</i>	F	QL(40 ml daily)
<i>loperamide hcl liqd 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(8 ea daily)
MOTOFEN TABS	F	PA
<i>opium tincture tinc</i>	F	PA
PAREGORIC TINC	F	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	F	
<i>deferasirox tbso</i>	F	PA; SP
EXJADE TBSO (Use Deferasirox)	***	PA; SP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
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	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
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)
ONDANSETRON HYDROCHLORIDE SOLN	F	
<i>ondansetron tbdp</i>	F	QL(2 ea daily)
SANCUSO PTCH	F	PA

Drug Name	Drug Tier	Requirements/Limits
ZOFRAN ODT TBDP (<i>Use Ondansetron</i>)	***	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	***	QL(50 ml per 30 days retail)
ZOFRAN TABS 4 MG, 8 MG (<i>Use Ondansetron HCl</i>)	***	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 (<i>Use Dimenhydrinate</i>)	***	QL(24 ea per fill retail)
<i>meclizine hcl chew 25 mg</i>	F	
<i>meclizine hcl tabs 25 mg, 12.5 mg</i>	F	RX/OTC
<i>scopolamine pt72</i>	F	PA
TIGAN CAPS (<i>Use Trimethobenzamide HCl</i>)	***	
TRANSDERM SCOP PT72	F	PA
TRANSDERM-SCOP PT72	F	PA
TRANSDERM-SCOP PT72 (<i>Use Scopolamine</i>)	***	PA
<i>trimethobenzamide hcl caps</i>	F	
Antiemetics - Miscellaneous		
CESAMET CAPS	F	PA
DICLEGIS TBEC 10MG-10MG	F	PA
<i>dronabinol caps</i>	F	
EMETROL SOLN (<i>Use Fructose-Dextrose-Phosphoric Acid</i>)	***	
<i>fructose-dextrose-phosphoric acid liqd</i>	F	
<i>fructose-dextrose-phosphoric acid soln</i>	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
MARINOL CAPS (<i>Use Dronabinol</i>)	***	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	F	PA
EMEND CAPS (<i>Use Aprepitant</i>)	***	PA
EMEND TRIPACK CAPS (<i>Use Aprepitant</i>)	***	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON CAPS (<i>Use Flucytosine</i>)	***	PA
<i>flucytosine caps</i>	F	PA
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	***	
<i>griseofulvin microsize susp</i>	F	
<i>griseofulvin microsize tabs</i>	F	
<i>griseofulvin ultramicrosize tabs</i>	F	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	***	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 (<i>Use Fluconazole</i>)	***	QL(70 ml per fill retail)
DIFLUCAN SUSR 40 MG/ML (<i>Use Fluconazole</i>)	***	
DIFLUCAN TABS 100 MG, 200 MG (<i>Use Fluconazole</i>)	***	
DIFLUCAN TABS 150 MG (<i>Use Fluconazole</i>)	***	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG (<i>Use Fluconazole</i>)	***	QL(3 ea per 14 days retail)
<i>fluconazole susr 10 mg/ml</i>	F	QL(70 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<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>itraconazole soln</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 (<i>Use Itraconazole</i>)	***	PA
SPORANOX PULSEPAK CAPS (<i>Use Itraconazole</i>)	***	PA
SPORANOX SOLN (<i>Use Itraconazole</i>)	***	PA
VFEND SUSR (<i>Use Voriconazole</i>)	***	PA
VFEND TABS (<i>Use Voriconazole</i>)	***	PA
<i>voriconazole susr</i>	F	PA
<i>voriconazole tabs</i>	F	PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
CHLOR-TRIMETON ALLERGY TBCR (<i>Use Chlorpheniramine Maleate</i>)	***	
CHLOR-TRIMETON SYRP 2 MG/5ML (<i>Use Chlorpheniramine Maleate</i>)	***	
CHLOR-TRIMETON TABS 4 MG (<i>Use Chlorpheniramine Maleate</i>)	***	QL(120 ea per fill retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	F	
<i>chlorpheniramine maleate tabs 4 mg</i>	F	QL(120 ea per fill retail)
<i>chlorpheniramine maleate tbc 12 mg</i>	F	
DEXCHLORPHENIRAMINE MALEATE SOLN	F	
ED CHLORPED LIQD	F	
RYCLORA SOLN	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)
CLEMASTINE FUMARATE TABS 2.68 MG	F	
<i>diphenhydramine hcl caps 25 mg, 50 mg</i>	F	QL(4 ea daily)
<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 tabs 25 mg</i>	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 syrup 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	***	
CLARITIN CHEW 5 MG (Use <i>Loratadine</i>)	***	
CLARITIN CHILDRENS CHEW (Use <i>Loratadine</i>)	***	
CLARITIN REDITABS TBP 10 MG (Use <i>Loratadine</i>)	***	QL(1 ea daily)
CLARITIN REDITABS TBP 5 MG	F	PA
CLARITIN SYRP 5 MG/5ML (Use <i>Loratadine</i>)	***	QL(240 ml per fill retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN TABS 10 MG (Use Loratadine)	***	QL(1 ea daily)
DESLORATADINE ODT TBDP	F	PA
<i>desloratadine tabs</i>	F	PA
<i>fexofenadine hcl susp</i>	F	
<i>fexofenadine hcl tabs</i>	F	
<i>levocetirizine dihydrochloride tabs</i>	F	ST; RX/OTC
<i>loratadine caps 10 mg</i>	F	
<i>loratadine chew 5 mg</i>	F	
<i>loratadine soln 5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>loratadine syrpf 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 Levocetirizine Dihydrochloride)	***	ST; RX/OTC
XYZAL TABS (Use Levocetirizine Dihydrochloride)	***	ST; RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	***	
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	***	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	***	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 syrpf 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)

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrpf</i>	F	
<i>cyproheptadine hcl tabs</i>	F	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	F	ST
VYTORIN TABS (Use Ezetimibe-Simvastatin)	***	ST
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	F	PA; SP
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	***	PA
<i>omega-3-acid ethyl esters caps</i>	F	PA
VASCEPA CAPS	F	PA
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	F	MP
<i>cholestyramine light powd</i>	F	MP
<i>cholestyramine pack</i>	F	MP
<i>cholestyramine powd</i>	F	MP
<i>colesevelam hcl pack</i>	F	PA
<i>colesevelam hcl tabs</i>	F	PA
COLESTID FLAVORED GRAN (Use Colestipol HCl)	***	PA; MP
COLESTID FLAVORED PACK (Use Colestipol HCl)	***	PA; MP
COLESTID GRAN 5 GM (Use Colestipol HCl)	***	PA; MP
COLESTID PACK 5 GM (Use Colestipol HCl)	***	PA; MP
COLESTID TABS 1 GM (Use Colestipol HCl)	***	MP
<i>colestipol hcl gran 5 gm</i>	F	PA; MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl pack 5 gm</i>	F	PA; MP
<i>colestipol hcl tabs 1 gm</i>	F	MP
QUESTRAN LIGHT POWD (Use <i>Cholestyramine Light</i>)	***	MP
QUESTRAN PACK (Use <i>Cholestyramine</i>)	***	MP
QUESTRAN POWD (Use <i>Cholestyramine</i>)	***	MP
WELCHOL PACK (Use <i>Colesevelam HCl</i>)	***	PA
WELCHOL TABS (Use <i>Colesevelam HCl</i>)	***	PA
Fibric Acid Derivatives		
ANTARA CAPS	F	PA
<i>choline fenofibrate cpdr</i>	F	PA
FENOFIBRATE CAPS 50 MG, 150 MG	F	PA; MP
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	F	QL(1 ea daily); MP
<i>fenofibrate micronized caps 43 mg, 130 mg</i>	F	PA
<i>fenofibrate micronized caps 67 mg</i>	F	QL(2 ea daily); MP
<i>fenofibrate tabs 160 mg</i>	F	QL(1 ea daily); MP
FENOFIBRATE TABS 160 MG	F	QL(1 ea daily); MP
<i>fenofibrate tabs 48 mg, 145 mg</i>	F	PA; MP
<i>fenofibrate tabs 54 mg</i>	F	QL(3 ea daily); MP
FENOFIBRIC ACID TABS	F	PA
FIBRICOR TABS	F	PA
<i>gemfibrozil tabs</i>	F	QL(2 ea daily); MP
LIPOFEN CAPS	F	PA; MP
LOFIBRA CAPS (Use <i>Fenofibrate Micronized</i>)	***	QL(1 ea daily); MP
LOPID TABS (Use <i>Gemfibrozil</i>)	***	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
TRICOR TABS (Use <i>Fenofibrate</i>)	***	PA; MP
TRIGLIDE TABS	F	QL(1 ea daily); MP
TRILIPIX CPDR (Use <i>Choline Fenofibrate</i>)	***	PA
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	F	PA
<i>atorvastatin calcium tabs 10 mg, 20 mg</i>	F	MP
<i>atorvastatin calcium tabs 40 mg, 80 mg</i>	F	QL(1 ea daily); MP
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i>)	***	ST; QL(1 ea daily)
<i>fluvastatin sodium caps</i>	F	PA
<i>fluvastatin sodium tb24</i>	F	PA
LESCOL XL TB24 (Use <i>Fluvastatin Sodium</i>)	***	PA
LIPITOR TABS 10 MG, 20 MG (Use <i>Atorvastatin Calcium</i>)	***	MP
LIPITOR TABS 40 MG, 80 MG (Use <i>Atorvastatin Calcium</i>)	***	QL(1 ea daily); MP
LIVALO TABS	F	PA
<i>lovastatin tabs 10 mg, 20 mg</i>	F	QL(1 ea daily); MP
<i>lovastatin tabs 40 mg</i>	F	QL(2 ea daily); MP
PRAVACHOL TABS (Use <i>Pravastatin Sodium</i>)	***	QL(1 ea daily); MP
<i>pravastatin sodium tabs</i>	F	QL(1 ea daily); MP
<i>rosuvastatin calcium tabs</i>	F	ST; QL(1 ea daily)
<i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</i>	F	QL(1 ea daily); MP
<i>simvastatin tabs 80 mg</i>	F	PA; QL(1 ea daily); MP
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (Use <i>Simvastatin</i>)	***	QL(1 ea daily); MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
ZOCOR TABS 80 MG (<i>Use Simvastatin</i>)	***	PA; QL(1 ea daily); MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	F	ST
ZETIA TABS (<i>Use Ezetimibe</i>)	***	ST
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	F	PA; SP
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	F	
NIACIN TABS 500 MG	F	MP
NIACOR TABS	F	MP
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	***	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use Quinapril HCl</i>)	***	MP
ACEON TABS (<i>Use Perindopril Erbumine</i>)	***	
ALTACE CAPS (<i>Use Ramipril</i>)	***	QL(2 ea daily); MP
<i>benazepril hcl tabs 40 mg</i>	F	QL(2 ea daily); MP
<i>benazepril hcl tabs 5 mg, 10 mg, 20 mg</i>	F	QL(1 ea daily); MP
<i>captopril tabs</i>	F	QL(3 ea daily); MP
<i>enalapril maleate tabs</i>	F	QL(2 ea daily); MP
EPANED SOLN	F	
<i>fosinopril sodium tabs</i>	F	QL(1 ea daily); MP
<i>lisinopril tabs</i>	F	MP
LOTENSIN TABS 10 MG, 20 MG (<i>Use Benazepril HCl</i>)	***	QL(1 ea daily); MP

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

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tabs</i>	F	QL(1 ea daily)
<i>valsartan tabs</i>	F	QL(1 ea daily); MP
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	***	MP
CATAPRES TABS (Use Clonidine HCl)	***	MP
<i>clonidine hcl tabs</i>	F	MP
<i>doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg</i>	F	MP
<i>guanfacine hcl tabs</i>	F	MP
<i>methyldopa tabs</i>	F	MP
MINIPRESS CAPS (Use Prazosin HCl)	***	MP
<i>prazosin hcl caps</i>	F	MP
<i>terazosin hcl caps</i>	F	MP
Antihypertensive Combinations		
ACCURETIC TABS (Use Quinapril-Hydrochlorothiazide)	***	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	F	QL(1 ea daily); MP
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	F	ST
<i>amlodipine besylate-valsartan tabs</i>	F	ST
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	F	ST
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	***	
<i>atenolol & chlorthalidone tabs</i>	F	QL(2 ea daily); MP
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	***	QL(1 ea daily); MP
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	***	ST

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tabs</i>	F	QL(1 ea daily); MP
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	***	ST
<i>bisoprolol & hydrochlorothiazide tabs</i>	F	QL(1 ea daily); MP
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	F	
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS 25MG-15MG, 25MG-25MG, 50MG-15MG	F	QL(2 ea daily); MP
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS 50MG-25MG	F	QL(3 ea daily); MP
CLORPRES TABS	F	PA
CORZIDE TABS 40MG-5MG (Use Nadolol & Bendroflumethiazide)	***	
CORZIDE TABS 80MG-5MG	F	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	***	QL(1 ea daily); MP
DUTOPROL TB24 25MG-12.5MG	F	QL(1 ea daily); MP
DUTOPROL TB24 50MG-12.5MG, 100MG-12.5MG	F	QL(1 ea daily)
EDARBYCLOR TABS	F	PA
<i>enalapril maleate & hydrochlorothiazide tabs</i>	F	QL(2 ea daily); MP
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); MP
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	***	QL(1 ea daily); MP
<i>irbesartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily); MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril & hydrochlorothiazide tabs</i>	F	MP
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	***	QL(2 ea daily); MP
<i>losartan potassium & hydrochlorothiazide tabs</i>	F	QL(1 ea daily); MP
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	***	QL(1 ea daily); MP
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	***	QL(1 ea daily); MP
METHYLDOPA/HYDROCHLOROTHIAZIDE TABS	F	
<i>metoprolol & hydrochlorothiazide tabs</i>	F	QL(2 ea daily); MP
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 25MG-12.5MG	F	QL(1 ea daily); MP
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 50MG-12.5MG, 100MG-12.5MG	F	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	F	QL(1 ea daily); MP
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	
NADOLOL/BENDROFLUMETHIAZIDE TABS	F	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	F	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	F	ST
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	F	QL(2 ea daily); MP
<i>quinapril-hydrochlorothiazide tabs</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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); MP
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	***	QL(2 ea daily); MP
<i>trandolapril-verapamil hcl tbc</i>	F	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	F	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	***	ST
TWYNSTA TABS (Use Telmisartan-Amlodipine)	***	
<i>valsartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily); MP
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	***	QL(2 ea daily); MP
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	***	MP
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	***	QL(1 ea daily); MP
Antihypertensives - Misc.		
VECAMYL TABS	F	PA; SP
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	F	PA
TEKTURNA TABS 150 MG, 300 MG	F	PA
TEKTURNA TABS 150 MG, 300 MG (Use Aliskiren Fumarate)	***	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	F	
INSPRA TABS (<i>Use Eplerenone</i>)	***	
Vasodilators		
<i>hydralazine hcl tabs</i>	F	MP
<i>minoxidil tabs 10 mg</i>	F	QL(10 ea daily); MP
<i>minoxidil tabs 2.5 mg</i>	F	QL(3 ea daily); MP
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	F	PA
COARTEM TABS	F	QL(24 ea per fill retail)
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	***	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	MP
<i>mefloquine hcl tabs</i>	F	
MEFLOQUINE HCL TABS	F	
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	***	MP
<i>primaquine phosphate tabs</i>	F	
PRIMAQUINE PHOSPHATE TABS (<i>Use Primaquine Phosphate</i>)	***	
QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>)	***	

Drug Name	Drug Tier	Requirements/ Limits
<i>quinine sulfate caps</i>	F	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	F	PA; SP
GUANIDINE HCL TABS	F	PA
MESTINON SYRP (<i>Use Pyridostigmine Bromide</i>)	***	
MESTINON TABS (<i>Use Pyridostigmine Bromide</i>)	***	
MESTINON TIMESPAN TBCR (<i>Use Pyridostigmine Bromide</i>)	***	
<i>pyridostigmine bromide soln</i>	F	
<i>pyridostigmine bromide tabs</i>	F	
<i>pyridostigmine bromide tbcr</i>	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	F	PA
RIFATER TABS	F	PA
Antimycobacterial Agents		
<i>cycloserine caps</i>	F	PA
<i>ethambutol hcl tabs</i>	F	MP
ISONIAZID SYRP 50 MG/5ML	F	MP
<i>isoniazid tabs 100 mg, 300 mg</i>	F	MP
MYAMBUTOL TABS (<i>Use Ethambutol HCl</i>)	***	MP
MYCOBUTIN CAPS (<i>Use Rifabutin</i>)	***	
PASER PACK	F	PA
PRIFTIN TABS	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tabs</i>	F	
<i>rifabutin caps</i>	F	
RIFADIN CAPS (Use <i>Rifampin</i>)	***	
<i>rifampin caps</i>	F	
SIRTURO TABS	F	PA
TRECTOR TABS	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
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	
MUSTARGEN SOLR	F	PA; SP
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	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	F	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	F	
<i>methotrexate sodium tabs or 2.5 mg</i>	F	
PURIXAN SUSP	F	
TABLOID TABS	F	PA; SP
TREXALL TABS	F	
XELODA TABS (Use <i>Capecitabine</i>)	***	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	F	PA; SP
LIBTAYO SOLN	F	PA; SP
LUMOXITI SOLR	F	PA; SP
UNITUXIN SOLN	F	PA; SP
ZEVALIN Y-90 KIT	F	PA; SP
Antineoplastic - Cellular Immunotherapy		
PROVENGE SUSP	F	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	F	PA; SP
ERIVEDGE CAPS	F	PA; SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs 250 mg</i>	F	PA; SP
<i>anastrozole tabs</i>	F	
ARIMIDEX TABS (Use <i>Anastrozole</i>)	***	
AROMASIN TABS (Use <i>Exemestane</i>)	***	ST; SP
<i>bicalutamide tabs</i>	F	QL(1 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
CASODEX TABS (<i>Use Bicalutamide</i>)	***	QL(1 ea daily)
EMCYT CAPS	F	PA; SP
ERLEADA TABS	F	PA; SP
<i>exemestane tabs</i>	F	ST; SP
FARESTON TABS (<i>Use Toremifene Citrate</i>)	***	PA
FEMARA TABS (<i>Use Letrozole</i>)	***	PA
<i>flutamide caps</i>	F	
HYDROXYPROGESTERONE CAPROATE SOLN IM 1.25 GM/5ML	F	PA; QL(41.67 ml daily); AL(At least 16 yrs old); SP
<i>letrozole tabs</i>	F	PA
LYSODREN TABS	F	SP
<i>megestrol acetate susp</i>	F	
<i>megestrol acetate tabs</i>	F	
NILANDRON TABS (<i>Use Nilutamide</i>)	***	PA
<i>nilutamide tabs</i>	F	PA
<i>tamoxifen citrate tabs</i>	F	MP
<i>toremifene citrate tabs</i>	F	PA
XTANDI CAPS	F	PA; SP
ZYTIGA TABS (<i>Use Abiraterone Acetate</i>)	***	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

Drug Name	Drug Tier	Requirements/ Limits
AFINITOR TABS	F	PA; SP
BORTEZOMIB SOLR	F	PA; SP
BOSULIF TABS	F	PA; SP
CALQUENCE CAPS	F	PA; SP
CAPRELSA TABS	F	PA; SP
COMETRIQ KIT	F	PA; SP
COPIKTRA CAPS	F	PA; SP
COTELLIC TABS	F	PA; SP
<i>erlotinib hcl tabs</i>	F	PA; SP
GILOTRIF TABS	F	PA; SP
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	***	PA; SP
IBRANCE CAPS	F	PA; SP
ICLUSIG TABS	F	PA; SP
IDHIFA TABS	F	PA; SP
<i>imatinib mesylate tabs</i>	F	PA; SP
IMBRUVICA CAPS 140 MG	F	PA; SP
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	F	PA; QL(1 ea daily)
INLYTA TABS	F	PA; SP
JAKAFI TABS	F	PA; SP
LORBRENA TABS	F	PA; SP
LYNPARZA TABS	F	PA; SP
MEKINIST TABS	F	PA; SP
NEXAVAR TABS	F	PA; SP
NINLARO CAPS	F	PA; SP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABS	F	PA; SP
STIVARGA TABS	F	PA; SP
SUTENT CAPS	F	PA; SP
TAFINLAR CAPS	F	PA; SP
TALZENNA CAPS	F	PA; SP
TARCEVA TABS (<i>Use Erlotinib HCl</i>)	***	PA; SP
TASIGNA CAPS	F	PA; SP
TYKERB TABS	F	PA; SP
VERZENIO TABS	F	PA; SP
VITRAKVI CAPS	F	PA; SP
VITRAKVI SOLN	F	PA; SP
VIZIMPRO TABS	F	PA; SP
VOTRIENT TABS	F	PA; SP
XOSPATA TABS	F	PA; SP
ZELBORAF TABS	F	PA; SP
ZOLINZA CAPS	F	PA; SP
ZYDELIG TABS	F	PA; SP
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC SOLN	F	PA
AZEDRA THERAPEUTIC SOLN	F	PA
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	

Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLN	F	PA; SP
INTRON A SOLR	F	PA; SP
INTRON A W/DILUENT SOLR	F	PA; SP
MATULANE CAPS	F	PA; SP
PHOTOFRIN SOLR	F	PA; SP
PROLEUKIN SOLR	F	PA; SP
SYLATRON KIT	F	PA; SP
TARGRETIN CAPS (<i>Use Bexarotene</i>)	***	PA; SP
<i>retinoin (chemotherapy) caps</i>	F	PA; SP
TRISENOX SOLN	F	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	F	PA; SP
Chemotherapy Rescue/Antidote Agents		
KHAPZORY SOLR	F	PA; SP
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	F	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	F	
Mitotic Inhibitors		
ETOPOSIDE CAPS	F	SP
MARQIBO SUSP	F	PA; SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	F	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	F	PA
LODOSYN TABS (<i>Use Carbidopa</i>)	***	PA
Antiparkinson Anticholinergics		

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>benztropine mesylate tabs</i>	F	MP
<i>trihexyphenidyl hcl elix 0.4 mg/ml</i>	F	QL(16.7 ml daily); MP
<i>trihexyphenidyl hcl tabs 2 mg, 5 mg</i>	F	MP
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use Entacapone)	***	
<i>entacapone tabs</i>	F	
TASMAR TABS (Use Tolcapone)	***	PA
<i>tolcapone tabs</i>	F	PA
Antiparkinson Dopaminergics		
<i>amantadine hcl caps 100 mg</i>	F	MP
<i>amantadine hcl syrp 50 mg/5ml</i>	F	MP
<i>amantadine hcl tabs 100 mg</i>	F	PA; MP
<i>bromocriptine mesylate caps</i>	F	
<i>bromocriptine mesylate tabs</i>	F	
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	F	MP
<i>carbidopa-levodopa tbcr 25mg-100mg, 50mg-200mg</i>	F	MP
<i>carbidopa-levodopa tbdp 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	F	PA; MP
CARBIDOPA/LEVODOPA/ ENTACAPONE TABS	F	PA
MIRAPEX ER TB24 (Use Pramipexole Dihydrochloride)	***	PA
MIRAPEX TABS (Use Pramipexole Dihydrochloride)	***	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS (Use Bromocriptine Mesylate)	***	

Drug Name	Drug Tier	Requirements/ Limits
PARLODEL TABS (Use Bromocriptine Mesylate)	***	
<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 (Use Ropinirole Hydrochloride)	***	QL(6 ea daily); MP
REQUIP TABS 0.5 MG, 1 MG, 2 MG (Use Ropinirole Hydrochloride)	***	QL(3 ea daily); MP
REQUIP TABS 3 MG, 4 MG (Use Ropinirole Hydrochloride)	***	QL(6 ea daily)
REQUIP TABS 5 MG (Use Ropinirole Hydrochloride)	***	QL(3 ea daily)
REQUIP XL TB24 (Use Ropinirole Hydrochloride)	***	PA
<i>ropinirole hydrochloride tabs 0.25 mg</i>	F	QL(6 ea daily); MP
<i>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg</i>	F	QL(3 ea daily); MP
<i>ropinirole hydrochloride tabs 3 mg, 4 mg</i>	F	QL(6 ea daily)
<i>ropinirole hydrochloride tabs 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 (Use Carbidopa-Levodopa)	***	MP
SINEMET TABS (Use Carbidopa-Levodopa)	***	MP
STALEVO 100 TABS	F	PA
STALEVO 125 TABS	F	PA
STALEVO 150 TABS	F	PA
STALEVO 200 TABS	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
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>)	***	MP
<i>rasagiline mesylate tabs</i>	F	PA
<i>selegiline hcl caps</i>	F	MP
<i>selegiline hcl tabs</i>	F	MP
ZELAPAR TBDP	F	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i>	F	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (<i>Use Lithium Carbonate</i>)	F	
<i>lithium carbonate tabs 300 mg</i>	F	
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	F	
LITHIUM SOLN	F	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	F	
Antipsychotics - Misc.		
EQUETRO CP12	F	PA
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Use Ziprasidone HCl</i>)	***	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS 20 MG, 40 MG, 60 MG, 120 MG	F	PA; QL(1 ea daily)
LATUDA TABS 80 MG	F	PA; QL(2 ea daily)
NUPLAZID TABS 17 MG	F	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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 SUSY	F	PA
INVEGA TB24 (<i>Use Paliperidone</i>)	***	PA
INVEGA TRINZA SUSY	F	PA
<i>paliperidone tb24</i>	F	PA
RISPERDAL CONSTA SUSR	F	PA
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	***	QL(2 ea daily); AL(At least 5 yrs old)
RISPERDAL SOLN 1 MG/ML (<i>Use Risperidone</i>)	***	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use Risperidone</i>)	***	QL(4 ea daily); AL(At least 5 yrs old)
RISPERIDONE ODT TBDP	F	
<i>risperidone soln 1 mg/ml</i>	F	QL(4 ml daily); AL(At least 5 yrs old)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	F	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone tbdp 0.25 mg</i>	F	
<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		

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)	***	
HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)	***	
haloperidol decanoate soln	F	
haloperidol lactate conc	F	
haloperidol tabs 0.5 mg, 1 mg, 10 mg	F	QL(3 ea daily)
haloperidol tabs 2 mg, 5 mg, 20 mg	F	
Dibenzapines		
CLOZAPINE ODT TBDP	F	PA
clozapine tabs 100 mg	F	QL(9 ea daily); AL(At least 18 yrs old)
clozapine tabs 25 mg, 50 mg, 200 mg	F	QL(3 ea daily); AL(At least 18 yrs old)
clozapine tbdp 25 mg, 100 mg, 12.5 mg	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
loxapine succinate caps 10 mg, 25 mg, 50 mg	F	QL(4 ea daily)
loxapine succinate caps 5 mg	F	
olanzapine tabs or 10 mg, 7.5 mg	F	QL(2 ea daily); AL(At least 10 yrs old)
olanzapine tabs or 15 mg, 20 mg	F	QL(1 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
olanzapine tabs or 5 mg, 2.5 mg	F	QL(4 ea daily); AL(At least 10 yrs old)
olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg	F	PA; QL(1 ea daily)
quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg	F	QL(2 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg	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	PA
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		
chlorpromazine hcl tabs	F	QL(3 ea daily)
fluphenazine decanoate soln	F	
FLUPHENAZINE HCL CONC OR 5 MG/ML	F	
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
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	PA; QL(1 ea per 24 days retail)
ABILIFY MAINTENA SRER	F	PA; QL(1 ea per 24 days retail)
ABILIFY MYCITE TABS	F	PA; SP
ABILIFY TABS (Use Aripiprazole)	***	PA; QL(1 ea daily)
<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
ARISTADA PRSY 882 MG/3.2ML, 1064 MG/3.9ML	F	PA;
REXULTI TABS	F	PA
Thioxanthenes		
<i>thiothixene caps</i>	F	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		

Drug Name	Drug Tier	Requirements/Limits
<i>formaldehyde soln</i>	F	QL(90 ml per fill retail)
<i>hydrogen peroxide soln</i>	F	
HYDROGEN PEROXIDE SOLN	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)
ANTIVIRALS - Drugs to Treat Viral Infections		
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	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	***	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)
DELSTRIGO TABS	F	ST; QL(1 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 (<i>Use Lamivudine</i>)	***	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>Use Lamivudine</i>)	***	QL(2 ea daily)
EPIVIR TABS 300 MG (<i>Use Lamivudine</i>)	***	QL(1 ea daily)
EPZICOM TABS (<i>Use Abacavir Sulfate-Lamivudine</i>)	***	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)

Drug Name	Drug Tier	Requirements/ Limits
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)
JULUCA TABS	F	QL(1 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML (<i>Use Lopinavir-Ritonavir</i>)	***	
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 (<i>Use Fosamprenavir Calcium</i>)	***	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	F	
<i>nevirapine susp 50 mg/5ml</i>	F	QL(40 ml daily)
<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 (<i>Use Ritonavir</i>)	***	QL(12 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY TABS	F	
PIFELTRO TABS	F	QL(1 ea daily)
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)
<i>stavudine caps</i>	F	QL(2 ea daily)
STRIBILD TABS	F	PA; QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use Efavirenz)	***	QL(1 ea daily)
SUSTIVA CAPS 50 MG (Use Efavirenz)	***	QL(2 ea daily)
SUSTIVA TABS 600 MG (Use Efavirenz)	***	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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 Abacavir Sulfate-Lamivudine-Zidovudine)	***	QL(2 ea daily)
TROGARZO SOLN	F	PA; SP
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 Didanosine)	***	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 (Use Nevirapine)	***	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use Nevirapine)	***	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (Use Nevirapine)	***	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (Use Nevirapine)	***	QL(1 ea daily)
VIREAD POWD 40 MG/GM	F	
VIREAD TABS 150 MG, 200 MG, 250 MG	F	QL(1 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	***	QL(1 ea daily)
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	***	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	F	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate)	***	QL(30 ml daily)
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	***	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	F	QL(6 ea daily)
<i>zidovudine syrps 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 Valganciclovir HCl)	***	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 Entecavir)	***	PA
COPEGUS TABS (Use Ribavirin (Hepatitis C))	***	PA; SP
<i>entecavir tabs</i>	F	PA
EPCLUSA TABS	F	PA; QL(1 ea daily); SP
EPIVIR HBV SOLN 5 MG/ML	F	PA
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	***	PA
HARVONI TABS	F	PA; QL(1 ea daily); SP
HEPSERA TABS (Use Adefovir Dipivoxil)	***	PA
<i>lamivudine (hbv) tabs</i>	F	PA

Drug Name	Drug Tier	Requirements/Limits
LEDIPASVIR/SOFOSBUVIR TABS	F	PA; QL(1 ea daily); SP
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
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
SOFOSBUVIR/VELPATASVIR TABS	F	PA; QL(1 ea daily); SP
SOVALDI TABS	F	PA; SP
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)
<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	
SITAVIG TABS	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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

Drug Name	Drug Tier	Requirements/Limits
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 - Drugs to Treat High Blood Pressure		
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); MP
<i>carvedilol tabs 25 mg</i>	F	QL(4 ea daily); MP
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); MP
COREG TABS 25 MG (Use <i>Carvedilol</i>)	***	QL(4 ea daily); MP
<i>labetalol hcl tabs 100 mg</i>	F	QL(3 ea daily); MP
<i>labetalol hcl tabs 200 mg</i>	F	QL(6 ea daily); MP
<i>labetalol hcl tabs 300 mg</i>	F	QL(8 ea daily); MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	F	MP
<i>atenolol tabs</i>	F	QL(2 ea daily); MP
<i>betaxolol hcl tabs</i>	F	QL(1 ea daily)
<i>bisoprolol fumarate tabs</i>	F	QL(1 ea daily); MP
BYSTOLIC TABS	F	PA
LOPRESSOR TABS 100 MG (Use <i>Metoprolol Tartrate</i>)	***	QL(4.5 ea daily); MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR TABS 50 MG (Use Metoprolol Tartrate)	***	QL(4 ea daily); MP
metoprolol succinate tb24 200 mg	F	QL(2 ea daily); MP
metoprolol succinate tb24 25 mg, 50 mg, 100 mg	F	QL(4 ea daily); MP
metoprolol tartrate tabs 100 mg	F	QL(4.5 ea daily); MP
metoprolol tartrate tabs 25 mg, 50 mg	F	QL(4 ea daily); MP
TENORMIN TABS (Use Atenolol)	***	QL(2 ea daily); MP
TOPROL XL TB24 200 MG (Use Metoprolol Succinate)	***	QL(2 ea daily); MP
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use Metoprolol Succinate)	***	QL(4 ea daily); MP
ZEBETA TABS (Use Bisoprolol Fumarate)	***	QL(1 ea daily); MP
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	***	QL(2 ea daily); MP
BETAPACE TABS (Use Sotalol HCl)	***	MP
CORGARD TABS (Use Nadolol)	***	QL(2 ea daily); MP
HEMANGEOL SOLN	F	PA
INDERAL LA CP24 (Use Propranolol HCl)	***	QL(2 ea daily); MP
INDERAL XL CP24	F	PA
INNOPRAN XL CP24	F	PA
nadolol tabs	F	QL(2 ea daily); MP
pindolol tabs	F	MP
propranolol hcl cp24 60 mg, 80 mg, 120 mg, 160 mg	F	QL(2 ea daily); MP
PROPRANOLOL HCL SOLN 20 MG/5ML, 40 MG/5ML	F	MP

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl tabs 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	F	MP
sotalol hcl (afib/af) tabs	F	QL(2 ea daily); MP
sotalol hcl tabs	F	MP
TIMOLOL MALEATE TABS 10 MG, 20 MG	F	MP
timolol maleate tabs 5 mg	F	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 90 MG (Use Nifedipine)	***	QL(1 ea daily); MP
ADALAT CC TB24 60 MG (Use Nifedipine)	***	QL(2 ea daily); MP
amlodipine besylate tabs	F	QL(1 ea daily); MP
CALAN SR TBCR (Use Verapamil HCl)	***	QL(2 ea daily); MP
CALAN TABS (Use Verapamil HCl)	***	QL(3 ea daily); MP
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use Diltiazem HCl Coated Beads)	***	QL(1 ea daily); MP
CARDIZEM CD CP24 240 MG (Use Diltiazem HCl Coated Beads)	***	QL(2 ea daily); MP
CARDIZEM CD CP24 360 MG (Use Diltiazem HCl Coated Beads)	***	MP
CARDIZEM LA TB24 120 MG	F	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Coated Beads)	***	MP
CARDIZEM TABS 30 MG, 120 MG (Use Diltiazem HCl)	***	QL(4 ea daily)
CARDIZEM TABS 60 MG (Use Diltiazem HCl)	***	QL(3 ea daily); MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
DILT-XR CP24	F	QL(1 ea daily); MP
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg</i>	F	QL(1 ea daily); MP
<i>diltiazem hcl coated beads cp24 240 mg</i>	F	QL(2 ea daily); MP
<i>diltiazem hcl coated beads cp24 360 mg</i>	F	MP
<i>diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	F	MP
<i>diltiazem hcl cp12 60 mg, 90 mg, 120 mg</i>	F	QL(2 ea daily); MP
<i>diltiazem hcl cp24 120 mg, 180 mg</i>	F	QL(1 ea daily); MP
<i>diltiazem hcl cp24 240 mg</i>	F	QL(2 ea daily); MP
<i>diltiazem hcl extended release beads cp24 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	F	QL(1 ea daily); MP
<i>diltiazem hcl extended release beads cp24 240 mg</i>	F	QL(2 ea daily); MP
<i>diltiazem hcl tabs 30 mg, 90 mg, 120 mg</i>	F	QL(4 ea daily)
<i>diltiazem hcl tabs 60 mg</i>	F	QL(3 ea daily); MP
<i>felodipine tb24</i>	F	QL(1 ea daily); MP
<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); MP
<i>nifedipine tb24 30 mg, 90 mg</i>	F	QL(1 ea daily); MP
<i>nifedipine tb24 60 mg</i>	F	QL(2 ea daily); MP
<i>nimodipine caps</i>	F	PA
NISOLDIPINE ER TB24	F	PA
<i>nisoldipine tb24</i>	F	PA

Drug Name	Drug Tier	Requirements/Limits
NORVASC TABS (<i>Use Amlodipine Besylate</i>)	***	QL(1 ea daily); MP
NYMALIZE SOLN	F	PA
PROCARDIA CAPS (<i>Use Nifedipine</i>)	***	QL(4 ea daily); MP
PROCARDIA XL TB24 30 MG, 90 MG (<i>Use Nifedipine</i>)	***	QL(1 ea daily); MP
PROCARDIA XL TB24 60 MG (<i>Use Nifedipine</i>)	***	QL(2 ea daily); MP
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); MP
TIAZAC CP24 240 MG (<i>Use Diltiazem HCl Extended Release Beads</i>)	***	QL(2 ea daily); MP
<i>verapamil hcl cp24 100 mg, 200 mg</i>	F	QL(2 ea daily); MP
<i>verapamil hcl cp24 120 mg, 180 mg, 240 mg, 300 mg</i>	F	QL(1 ea daily); MP
VERAPAMIL HCL ER CP24 100 MG	F	QL(2 ea daily); MP
VERAPAMIL HCL ER CP24 300 MG	F	QL(1 ea daily); MP
VERAPAMIL HCL SR CP24	F	QL(1 ea daily); MP
<i>verapamil hcl tabs 40 mg, 80 mg, 120 mg</i>	F	QL(3 ea daily); MP
<i>verapamil hcl tbc 120 mg, 180 mg, 240 mg</i>	F	QL(2 ea daily); MP
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use Verapamil HCl</i>)	***	QL(1 ea daily); MP
VERELAN CP24 360 MG	F	QL(1 ea daily); MP
VERELAN PM CP24 100 MG	F	QL(2 ea daily); MP
VERELAN PM CP24 200 MG (<i>Use Verapamil HCl</i>)	***	QL(2 ea daily); MP
VERELAN PM CP24 300 MG	F	QL(1 ea daily); MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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

Drug Name	Drug Tier	Requirements/Limits
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		
<i>ambrisentan tabs</i>	F	PA; SP
<i>bosentan tabs</i>	F	PA; SP
LETAIRIS TABS (Use Ambrisentan)	***	PA; SP
OPSUMIT TABS	F	PA; SP
TRACLEER TABS 125 MG, 62.5 MG (Use Bosentan)	***	PA; SP
TRACLEER TBSO 32 MG	F	PA; SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (Use Tadalafil (Pulmonary Hypertension))	***	PA; SP
REVATIO SOLN IV 10 MG/12.5ML (Use Sildenafil Citrate (Pulmonary Hypertension))	***	PA; SP
REVATIO SUSR OR 10 MG/ML	F	PA; SP
REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	***	PA; SP
<i>sildenafil citrate (pulmonary hypertension) soln</i>	F	PA; SP
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	F	PA; SP
<i>tadalafil (pulmonary hypertension) tabs</i>	F	PA; SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	F	PA; SP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps 500 mg</i>	F	QL(20 ea per fill retail)
<i>cefadroxil susr 250 mg/5ml, 500 mg/5ml</i>	F	QL(100 ml per fill retail)
<i>cefadroxil tabs 1 gm</i>	F	QL(10 ea per fill retail)
<i>cephalexin caps 250 mg, 500 mg</i>	F	
<i>cephalexin caps 750 mg</i>	F	PA
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	F	
CEPHALEXIN TABS 250 MG, 500 MG	F	PA
KEFLEX CAPS 250 MG, 500 MG (Use Cephalexin)	***	
KEFLEX CAPS 750 MG (Use Cephalexin)	***	PA
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	F	
CEFACLOR ER TB12	F	PA
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	F	
<i>cefprozil susr 125 mg/5ml</i>	F	QL(200 ml per fill retail)
<i>cefprozil susr 250 mg/5ml</i>	F	QL(100 ml per fill retail)
<i>cefprozil tabs 250 mg, 500 mg</i>	F	QL(20 ea per fill retail)
CEFTIN SUSR	F	QL(100 ml per fill retail)
<i>cefuroxime axetil tabs</i>	F	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
CEDAX CAPS	F	PA
CEDAX SUSR	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>cefdinir caps 300 mg</i>	F	QL(20 ea per fill retail)
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	F	QL(100 ml per fill retail)
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	F	PA
<i>cefixime caps</i>	F	PA
<i>cefixime susr</i>	F	PA
<i>cefpodoxime proxetil susr</i>	F	PA
<i>cefpodoxime proxetil tabs</i>	F	PA
CEFTIBUTEN CAPS	F	PA
CEFTIBUTEN SUSR	F	PA
<i>ceftriaxone sodium solr</i>	F	Limit 1 fill per Month;QL(3 ea per fill retail)
SPECTRACEF TABS	F	PA
SUPRAX CAPS 400 MG (Use Cefixime)	***	PA
SUPRAX CHEW 100 MG, 200 MG	F	PA
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	***	PA
SUPRAX SUSR 500 MG/5ML	F	PA
CHEMICALS		
Bulk Chemicals - H's		
HYDROXYPROGESTERONE CAPROATE POWD XX	F	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	***	PA
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	***	MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
CYCLESSA TABS (<i>Use Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	***	MP
DESOGEN TABS (<i>Use Desogestrel & Ethinyl Estradiol</i>)	***	MP
<i>desogestrel & ethinyl estradiol tabs</i>	F	MP
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	F	MP
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	F	MP
<i>drospirenone-ethinyl estradiol tabs 3mg-0.02mg</i>	F	QL(1 ea daily); MP
<i>drospirenone-ethinyl estradiol tabs 3mg-0.03mg</i>	F	MP
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	F	PA
ESTROSTEP FE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol-Fe</i>)	***	
<i>ethynodiol diacet & eth estrad tabs</i>	F	MP
FALESSA KIT	F	PA
FEMCON FE CHEW (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>)	***	
GENERESS FE CHEW (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>)	***	
<i>levonorgestrel & eth estradiol tabs</i>	F	MP
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	F	MP
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	F	1 rtl pack lmt amt,91 rtl pack lmt day(s),
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	F	PA
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	F	PA
LO LOESTRIN FE TABS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
LOESTRIN 1.5/30-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	***	MP
LOESTRIN 1/20-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	***	MP
LOESTRIN FE 1.5/30 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	***	MP
LOESTRIN FE 1/20 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	***	MP
LOSEASONIQUE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	***	PA
MINASTRIN 24 FE CHEW (<i>Use Norethin Acet & Estrad-Fe</i>)	***	PA
MIRCETTE TABS (<i>Use Desogestrel-Ethinyl Estradiol (Biphasic)</i>)	***	MP
NATAZIA TABS	F	PA
NECON 1/50-28 TABS	F	MP
NECON 10/11-28 TABS	F	MP
<i>norethin acet & estrad-fe chew 75mg-20mcg-1mg</i>	F	PA
<i>norethin acet & estrad-fe tabs 75mg-20mcg-1mg</i>	F	
<i>norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	F	MP
<i>norethindrone & eth estradiol tabs</i>	F	MP
<i>norethindrone & ethinyl estradiol-fe chew</i>	F	
<i>norethindrone acet & eth estra tabs</i>	F	MP
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	F	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	F	MP
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	F	MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	F	
<i>norgestimate-ethinyl estradiol tabs</i>	F	MP
<i>norgestrel & ethinyl estradiol tabs</i>	F	QL(2 ea daily); MP
NORINYL 1+35 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	***	MP
OGESTREL TABS	F	MP
ORTHO TRI-CYCLEN LO TABS (<i>Use Norgestimate-Ethinyl Estradiol (Triphasic)</i>)	***	
ORTHO TRI-CYCLEN TABS (<i>Use Norgestimate-Ethinyl Estradiol (Triphasic)</i>)	***	MP
ORTHO-CYCLEN TABS (<i>Use Norgestimate-Ethinyl Estradiol</i>)	***	MP
ORTHO-NOVUM 1/35 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	***	MP
ORTHO-NOVUM 7/7/7 TABS (<i>Use Norethindrone-Eth Estradiol (Triphasic)</i>)	***	MP
OVCON-35 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	***	MP
QUARTETTE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	***	PA
SAFYRAL TABS (<i>Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>)	***	PA
SEASONIQUE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	***	1 rtl pack lmt amt,91 rtl pack lmt day(s),
TRI-NORINYL 28 TABS (<i>Use Norethindrone-Eth Estradiol (Triphasic)</i>)	***	MP
YASMIN 28 TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	***	MP

Drug Name	Drug Tier	Requirements/ Limits
YAZ TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	***	QL(1 ea daily); MP
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	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)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	F	PA; SP
Emergency Contraceptives		
ELLA TABS	F	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) tabs</i>	F	Limit 4 per year;QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (<i>Use Levonorgestrel (Emergency OC)</i>)	***	Limit 4 per year;QL(1 ea per 21 days retail)
Progestin Contraceptives - IUD		
KYLEENA IUD 19.5 MG	F	PA; SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (<i>Use Medroxyprogesterone Acetate (Contraceptive)</i>)	***	QL(1 ml per 91 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Use 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	QL(1 ml per 91 days retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate (contraceptive) susy</i>	F	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	F	
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	***	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (Use Hydrocortisone)	***	
CORTISONE ACETATE TABS	F	
<i>dexamethasone elix 0.5 mg/5ml</i>	F	
DEXAMETHASONE INTENSOL CONC	F	
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	F	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 TBPK (Use Methylprednisolone)	***	
MEDROL TABS (Use Methylprednisolone)	***	
<i>methylprednisolone tabs</i>	F	
<i>methylprednisolone tbpk</i>	F	
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
MILLIPRED TABS 5 MG	F	
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	***	PA
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	***	
<i>prednisolone sodium phosphate soln or 10 mg/5ml</i>	F	PA
<i>prednisolone sodium phosphate soln or 20 mg/5ml</i>	F	QL(150 ml per fill retail)
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml</i>	F	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	F	PA
<i>prednisolone soln</i>	F	
PREDNISOLONE SOLN	F	
<i>prednisolone syrp</i>	F	
PREDNISON INTENSOL CONC	F	
PREDNISON SOLN 5 MG/5ML	F	
<i>prednison tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	F	
PREDNISON TABS 50 MG	F	
PREDNISON TBPK 5 MG, 10 MG	F	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	***	QL(150 ml per fill retail)
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	F	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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 (Use <i>Dextromethorphan Polistirex</i>)	***	QL(240 ml per 6 days retail)
DELSYM SUER (Use <i>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 syrpf 15 mg/5ml</i>	F	
<i>dextromethorphan polistirex suer</i>	F	QL(240 ml per 6 days retail)
<i>hydrocodone w/ homatropine syrpf 5mg/5ml-1.5mg/5ml</i>	F	AL(At least 18 yrs old)
<i>hydrocodone w/ homatropine tabs 5mg-1.5mg</i>	F	PA; AL(At least 18 yrs old)
ROBITUSSIN CHILDRENS COUGH LONG-ACTING SYRP	F	
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS CAPS (Use <i>Dextromethorphan HBr</i>)	***	
TESSALON PERLES CAPS (Use <i>Benzonatate</i>)	***	
TRIAMINIC LONG ACTING COUGH LIQD (Use <i>Dextromethorphan HBr</i>)	***	QL(240 ml per 6 days retail)
VICKS DAYQUIL COUGH LIQD (Use <i>Dextromethorphan HBr</i>)	***	
Cough/Cold/Allergy Combinations		
<i>acetaminophen w/ dm liqd</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
ACTICON SOLN	F	PA
ACTINEL LIQD	F	
ACTINEL PEDIATRIC LIQD	F	
ADVIL COLD & SINUS TABS (Use <i>Pseudoephedrine-Ibuprofen</i>)	***	
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use <i>Fexofenadine-Pseudoephedrine</i>)	***	
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use <i>Fexofenadine-Pseudoephedrine</i>)	***	
BENADRYL-D ALLERGY & SINUS CHILDRENS SOLN (Use <i>Diphenhydramine-Phenylephrine</i>)	***	
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	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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
<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>)	***	
COLD & FLU RELIEF NIGHTTIME D LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
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	
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, 20mg/10ml-400mg/10ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml</i>	F	QL(240 ml per fill retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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)

Drug Name	Drug Tier	Requirements/ Limits
DIMETAPP MULTI-SYMPTOM COLD & FLU LIQD	F	QL(237 ml per fill retail)
DIMETAPP MULTI-SYMPTOM COLD RELIEF CHILDRENS LIQD (Use Phenylephrine-Brompheniramine-DM)	***	
<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	
ED A-HIST LIQD (Use Chlorpheniramine & Phenylephrine)	***	
ED BRON GP LIQD	F	QL(240 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 Dextromethorphan-Guaifenesin)	***	
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	F	
<i>guaifenesin-codeine soln 100mg/5ml-6.3mg/5ml</i>	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin-codeine syrup 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-CLEAR WC SOLN	F	PA
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 COLD/FLU 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>)	***	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH LIQD (Use <i>Phenylephrine w/ DM-GG</i>)	***	
MUCINEX STUFFY NOSE & COLD CHILDRENS LIQD (Use <i>Phenylephrine-Guaifenesin</i>)	***	
NORTUSS-EX LIQD	F	
<i>phenylephrine w/ acetaminophen tabs</i>	F	
<i>phenylephrine w/ dm-gg liqd</i>	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine w/ dm-gg syrp</i>	F	
<i>phenylephrine-acetaminophen-guaifenesin liqd 650mg/20ml-400mg/20ml-10mg/20ml</i>	F	
<i>phenylephrine-acetaminophen-guaifenesin tabs 325mg-200mg-5mg, 325mg-325mg-200mg-200mg-5mg-5mg</i>	F	PA
<i>phenylephrine-brompheniramine-dm elix</i>	F	
<i>phenylephrine-brompheniramine-dm liqd</i>	F	
<i>phenylephrine-chlorphen-dm liqd</i>	F	
<i>phenylephrine-chlorpheniramine-dm w/ apap susp</i>	F	
<i>phenylephrine-chlorpheniramine-dm w/ apap tabs</i>	F	
<i>phenylephrine-dm liqd</i>	F	QL(240 ml per fill retail)
<i>phenylephrine-dm soln</i>	F	QL(240 ml per fill retail)
<i>phenylephrine-dm-gg w/ apap liqd 10mg/10ml-325mg/10ml-200mg/10ml-5mg/10ml, 20mg/20ml-650mg/20ml-400mg/20ml-10mg/20ml</i>	F	PA; QL(266 ml per fill retail)
<i>phenylephrine-dm-gg w/ apap liqd 10mg/15ml-325mg/15ml-200mg/15ml-5mg/15ml, 20mg/30ml-650mg/30ml-400mg/30ml-10mg/30ml</i>	F	
<i>phenylephrine-dm-gg w/ apap tabs 10mg-325mg-200mg-5mg, 10mg-10mg-325mg-325mg-200mg-200mg-5mg-5mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen liqd</i>	F	
<i>phenylephrine-guaifenesin liqd</i>	F	
PHENYLEPHRINE/GUAIFENESIN LIQD	F	
PHENYLHISTINE DH LIQD	F	
PRO-RED AC SYRP	F	PA
<i>promethazine & phenylephrine soln</i>	F	QL(240 ml per 5 days retail); AL(At least 2 yrs old)
<i>promethazine w/codeine soln</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine w/codeine syrp</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine-dm soln</i>	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine-dm syrp</i>	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine-phenylephrine-codeine syrp</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
PROMETHAZINE/PHENYLEPHRINE SYRP	F	QL(240 ml per 5 days retail); AL(At least 2 yrs old)
PROMETHAZINE/PHENYLEPHRINE/CODEINE SYRP	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>pseudoephed-bromphen-dm syrp</i>	F	QL(240 ml per fill retail)
<i>pseudoephedrine w/ codeine-gg soln</i>	***	
<i>pseudoephedrine w/ codeine-gg soln</i>	F	QL(240 ml per 6 days retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephedrine w/ dm-gg liqd</i>	F	QL(240 ml per 6 days retail)
<i>pseudoephedrine-chlorphen-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	
RESPAIRE-30 CAPS	F	
ROBITUSSIN CHILDRENS COUGH & COLD CF LIQD	F	
ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING LIQD	F	
ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS LIQD	F	
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (Use <i>Dextromethorphan-Guaifenesin</i>)	***	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD DM SYRP (Use <i>Dextromethorphan-Guaifenesin</i>)	***	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD LIQD (Use <i>Phenylephrine w/ DM-GG</i>)	***	
ROBITUSSIN TO GO COUGH & COLD CF LIQD (Use <i>Phenylephrine w/ DM-GG</i>)	***	
SCOT-TUSSIN DM LIQD	F	QL(240 ml per fill retail)
SCOT-TUSSIN LIQD (Use <i>Pheniramine-PE w/ Sod Salicylate & Caffeine Citrate</i>)	***	
SCOT-TUSSIN SENIOR LIQD	F	
SEMPREX-D CAPS	F	PA
THERAFLU SEVERE COLD NIGHTTIME TABS (Use <i>Phenylephrine-Chlorpheniramine-DM w/ APAP</i>)	***	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	F	QL(240 ml per fill retail)
TRIAMINIC FLU COUGH & FEVER SYRP	F	
<i>triprolidine & pseudoephedrine tabs</i>	F	
TUSNEL LIQD	F	
TUSNEL PEDIATRIC LIQD	F	
TYLENOL CHILDRENS PLUS FLU SUSP (Use <i>Phenylephrine-Chlorpheniramine-DM w/ APAP</i>)	***	
TYLENOL CHILDRENS PLUS MULTI-SYMPTOM COLD SUSP (Use <i>Phenylephrine-Chlorpheniramine-DM w/ APAP</i>)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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)	***	
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)

Drug Name	Drug Tier	Requirements/ Limits
Expectorants		
<i>guaifenesin liqd 100 mg/5ml, 200 mg/10ml, 400 mg/20ml</i>	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)
<i>guaifenesin soln 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</i>	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)
<i>guaifenesin syrp 100 mg/5ml, 200 mg/10ml</i>	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)
<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 Guaifenesin)	***	QL(2 ea daily)
MUCINEX TB12 (Use Guaifenesin)	***	Limit 1 fill per Month;QL(40 ea per 30 days retail)
SSKI SOLN	F	
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 - Drugs to Treat Skin Conditions		
Acne Products		

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ABSORICA CAPS	***	PA; QL(2 ea daily); AL(At least 12 yrs old)
ACANYA GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	***	PA
ACNE MEDICATION 10 LOTN	F	
ACNE MEDICATION 5 LOTN	F	
<i>adapalene crea 0.1 %</i>	F	PA
<i>adapalene gel 0.3 %</i>	F	PA
ADAPALENE LOTN 0.1 %	F	PA
AKTIPAK PACK	F	PA
ATRALIN GEL (Use Tretinoin)	***	PA
AVAR LS CLEANSER LIQD (Use Sulfacetamide Sodium w/ Sulfur)	***	PA
AVAR LS PADS	F	PA
AVAR PADS	F	PA
AZELEX CREA	F	PA
BENZAC AC WASH LIQD (Use Benzoyl Peroxide)	***	RX/OTC
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	***	PA
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	***	PA
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	***	PA; QL(46.6 gm per fill retail)
BENZEFOAM FOAM (Use Benzoyl Peroxide)	***	PA; RX/OTC
BENZEFOAM ULTRA FOAM (Use Benzoyl Peroxide)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
BENZOYL PEROXIDE 8% GEL	F	PA; RX/OTC
<i>benzoyl peroxide bar 10 %</i>	F	
BENZOYL PEROXIDE CLEANSER LIQD	F	QL(340.2 gm per fill retail)
BENZOYL PEROXIDE CLEANSER LOTN	F	QL(340.2 gm per fill retail)
<i>benzoyl peroxide crea 10 %, 2.5 %</i>	F	
<i>benzoyl peroxide foam 5.3 %</i>	F	PA; RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	F	PA
<i>benzoyl peroxide gel 10 %</i>	F	RX/OTC
BENZOYL PEROXIDE GEL 2.5 %	F	
<i>benzoyl peroxide gel 5 %</i>	F	
<i>benzoyl peroxide liqd 10 %</i>	F	QL(237 gm per fill retail); RX/OTC
<i>benzoyl peroxide liqd 4 %</i>	F	QL(204 gm per fill retail)
<i>benzoyl peroxide liqd 5 %, 2.5 %</i>	F	RX/OTC
<i>benzoyl peroxide liqd 6 %</i>	F	QL(340.2 gm per fill retail)
<i>benzoyl peroxide liqd 7 %</i>	F	PA
<i>benzoyl peroxide misc 6 %</i>	F	PA; RX/OTC
<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
BPO GEL 4 %	F	RX/OTC
BPO GEL 8 %	F	PA; RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	F	
CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical))	***	
CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical))	***	
CLEOCIN-T SOLN (Use Clindamycin Phosphate (Topical))	***	
CLEOCIN-T SWAB (Use Clindamycin Phosphate (Topical))	***	PA
CLINDAGEL GEL	***	
clindamycin phosphate (topical) foam	F	PA
clindamycin phosphate (topical) gel	F	
clindamycin phosphate (topical) lotn	F	
clindamycin phosphate (topical) soln	F	
clindamycin phosphate (topical) swab	F	PA
CLINDAMYCIN PHOSPHATE GEL	***	
clindamycin phosphate-benzoyl peroxide gel	F	PA
clindamycin phosphate-tretinoin gel	F	PA
DESQUAM-X WASH LIQD 10 % (Use Benzoyl Peroxide)	***	QL(237 gm per fill retail); RX/OTC
DESQUAM-X WASH LIQD 5 % (Use Benzoyl Peroxide)	***	RX/OTC
DIFFERIN CREA 0.1 % (Use Adapalene)	***	PA
DIFFERIN GEL 0.3 % (Use Adapalene)	***	PA
DIFFERIN LOTN 0.1 %	F	PA

Drug Name	Drug Tier	Requirements/ Limits
ERYGEL GEL (Use Erythromycin (Acne Aid))	***	QL(60 gm per fill retail)
erythromycin (acne aid) gel	F	QL(60 gm per fill retail)
erythromycin (acne aid) pads	F	PA
erythromycin (acne aid) soln	F	
EVOCLIN FOAM (Use Clindamycin Phosphate (Topical))	***	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
isotretinoin caps	F	PA; QL(2 ea daily); AL(At least 12 yrs old)
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	***	QL(236 ml per fill retail)
NEUAC KIT KIT	F	PA
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)
RA DAYLOGIC ACNE FOAMINGWASH MAXIMUM STRENGTH FOAM	F	
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (Use Tretinoin)	***	QL(20 gm per fill retail); AL(Up to 35 yrs old)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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
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 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)
sulfacetamide sodium w/ sulfur liqd 4%-9%, 2%-10%, 4.5%-9%	F	PA
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

Drug Name	Drug Tier	Requirements/ Limits
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
Agents for External Genital and Perianal Warts		
VEREGEN OINT	F	PA
Analgesics - Topical		
ICY HOT PAIN RELIEVING GEL GEL (Use Menthol (Topical Analgesic))	***	
menthol (topical analgesic) gel	F	
Anti-inflammatory Agents - Topical		
DICLOFENAC EPOLAMINE PTCH	F	PA
diclofenac sodium (topical) gel 1 %	F	PA; Limit 2 tubes (200 grams) per month;QL(6.68 gm daily)
diclofenac sodium (topical) soln 1.5 %	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
FLECTOR PTCH	F	PA
VOLTAREN GEL (<i>Use Diclofenac Sodium (Topical)</i>)	***	PA; Limit 2 tubes (200 grams) per month; 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)
MUPIROCIN CREA	F	QL(30 gm per fill retail)
<i>mupirocin oint</i>	F	QL(30 gm per fill retail)
NEO-SYNALAR CREA	F	PA
<i>neomycin-bacitracin-polymyxin oint</i>	F	QL(907.8 gm per fill retail)
<i>neomycin-bacitracin-polymyxin-pramoxine oint</i>	F	QL(56 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine crea</i>	F	QL(15 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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)
<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)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ERTACZO CREA	F	PA
EXELDERM CREA	F	PA
EXELDERM SOLN	F	PA
EXTINA FOAM (Use Ketoconazole (Topical))	***	PA
FUNGOID TINCTURE SOLN	F	QL(29.57 ml per fill retail)
GENTIAN VIOLET SOLN	F	
GNP GENTIAN VIOLET SOLN	F	
JUBLIA SOLN	F	PA; QL(8 ml per 30 days retail)
<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 (Use Terbinafine HCl (Topical))	***	QL(42 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (Use Terbinafine HCl (Topical))	***	QL(42 gm per fill retail)
LAMISIL AT SPRAY SOLN	F	QL(125 ml per fill retail)
LOPROX CREA (Use Ciclopirox Olamine)	***	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	***	PA
LOPROX SUSP (Use Ciclopirox Olamine)	***	QL(60 ml per fill retail)
LOTRIMIN AF CREA (Use Clotrimazole (Topical))	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	***	QL(113 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN ULTRA CREA	F	RX/OTC
LOTRIMIN ULTRA CREA (Use Butenafine HCl)	***	RX/OTC
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	***	QL(45 gm per 30 days retail)
MENTAX CREA	F	RX/OTC
MICATIN CREA (Use Miconazole Nitrate (Topical))	***	
<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)
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM OINT	F	PA
<i>naftifine hcl crea</i>	F	PA
NAFTIN CREA 2 % (Use Naftifine HCl)	***	PA
NAFTIN GEL 1 %, 2 %	F	PA
NIZORAL A-D SHAM	F	
NIZORAL SHAM (Use Ketoconazole (Topical))	***	QL(120 ml per fill retail)
<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)
<i>oxiconazole nitrate crea</i>	F	PA
OXISTAT CREA (Use Oxiconazole Nitrate)	***	PA
OXISTAT LOTN	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	***	QL(6.6 ml per fill retail)
terbinafine hcl (topical) crea	F	QL(42 gm per fill retail)
TINACTIN AERP (Use Tolnaftate)	***	QL(138 gm per fill retail)
TINACTIN CREA (Use Tolnaftate)	***	QL(30 gm per fill retail)
TINACTIN DEODORANT AERP (Use Tolnaftate)	***	QL(138 gm per fill retail)
TINACTIN JOCK ITCH AERP (Use Tolnaftate)	***	QL(138 gm per fill retail)
TINACTIN JOCK ITCH CREA (Use Tolnaftate)	***	QL(30 gm per fill retail)
TINACTIN POWD (Use Tolnaftate)	***	QL(113 gm per fill retail)
tolnaftate aerp	F	QL(138 gm per fill retail)
tolnaftate crea	F	QL(30 gm per fill retail)
tolnaftate liqd	F	QL(151 ml per fill retail)
tolnaftate powd	F	QL(113 gm per fill retail)
tolnaftate soln	F	QL(151 ml per fill retail)
VUSION OINT	F	PA
XOLEGEL GEL	F	PA
Antihistamines-Topical		
BENADRYL EXTRA STRENGTH CREA (Use Diphenhydramine-Zinc Acetate)	***	QL(30 gm per fill retail)
BENADRYL ITCH STOPPING CREA (Use Diphenhydramine-Zinc Acetate)	***	
diphenhydramine hcl (topical) crea	F	
diphenhydramine hcl (topical) gel	F	
diphenhydramine hcl (topical) soln	F	

Drug Name	Drug Tier	Requirements/ Limits
diphenhydramine-zinc acetate crea 0.1%-0.1%-2%-2%, 0.1%-2%	F	QL(30 gm per fill retail)
diphenhydramine-zinc acetate crea 0.1%-1%	F	
diphenhydramine-zinc acetate liqd 0.1%-2%	F	
ITCH RELIEF CREA	F	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	F	
diclofenac sodium (actinic keratoses) gel	F	PA
EFUDEX CREA (Use Fluorouracil (Topical))	***	QL(40 gm per 30 days retail)
FLUOROPLEX CREA	F	PA
fluorouracil (topical) crea	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 (Use Diclofenac Sodium (Actinic Keratoses))	***	PA
VALCHLOR GEL	F	PA; SP
Antipruritics - Topical		
camphor & menthol lotn	F	QL(222 ml per fill retail)
doxepin hcl (antipruritic) crea	F	PA
DOXEPIN HYDROCHLORIDE CREA	***	
PRUDOXIN CREA	F	PA
SARNA LOTN (Use Camphor & Menthol)	***	QL(222 ml per fill retail)
ZONALON CREA	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ZONALON CREA	F	PA
Antipsoriatics		
<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 (Use <i>Calcipotriene</i>)	***	QL(120 gm per fill retail)
DRITHO-CREME HP CREA	F	
<i>methoxsalen rapid caps</i>	F	PA
OXSORALEN ULTRA CAPS (Use <i>Methoxsalen Rapid</i>)	***	PA
SORIATANE CAPS (Use <i>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 % (Use <i>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)
TREMFYA SOPN	F	PA; SP
Antiseborrheic Products		
HEAD & SHOULDERS 2IN1 CLASSIC CLEAN/NORMAL SHAM (Use <i>Pyrithione Zinc</i>)	***	

Drug Name	Drug Tier	Requirements/ Limits
HEAD & SHOULDERS CLASSICCLEAN/NORMAL SHAM (Use <i>Pyrithione Zinc</i>)	***	
HEAD & SHOULDERS DRY SCALP 2 IN 1 SHAM (Use <i>Pyrithione Zinc</i>)	***	
OVACE PLUS LOTN	F	PA
OVACE PLUS WASH GEL (Use <i>Sulfacetamide Sodium</i>)	***	PA
OVACE PLUS WASH LIQD (Use <i>Sulfacetamide Sodium</i>)	***	
OVACE WASH LIQD (Use <i>Sulfacetamide Sodium</i>)	***	
<i>pyrithione zinc sham</i>	F	
<i>salicylic acid & sulfur sham</i>	F	QL(355 ml per fill retail)
SEBULEX SHAM (Use <i>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 (Use <i>Selenium Sulfide</i>)	***	QL(420 ml per fill retail)
SELSUN BLUE LOTN (Use <i>Selenium Sulfide</i>)	***	QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (Use <i>Selenium Sulfide</i>)	***	QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (Use <i>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 crea</i>	F	QL(5 gm per fill retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir topical oint</i>	F	QL(30 gm per 30 days retail)
DENAVIR CREA	F	PA
XERESE CREA	F	PA
ZOVIRAX CREA EX 5 % (Use Acyclovir Topical)	***	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		
<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 0.05 %</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 0.05 %</i>	F	PA
<i>clobetasol propionate gel 0.05 %</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate liqd 0.05 %</i>	F	PA
<i>clobetasol propionate lotn 0.05 %</i>	F	PA
<i>clobetasol propionate oint 0.05 %</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate sham 0.05 %</i>	F	PA
<i>clobetasol propionate soln 0.05 %</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

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
CLODERM CREA	F	PA
CLODERM PUMP CREA	F	PA
CORDRAN TAPE 4 MCG/SQCM	F	PA
CUTIVATE LOTN (<i>Use Fluticasone Propionate</i>)	***	PA
DERMATOP OINT (<i>Use Prednicarbate</i>)	***	PA
DESONATE GEL	F	PA
<i>desonide crea</i>	F	PA; QL(60 gm per fill retail)
<i>desonide lotn</i>	F	PA; QL(118 ml per fill retail)
<i>desonide oint</i>	F	PA; QL(60 gm per fill retail)
DESOWEN CREA (<i>Use Desonide</i>)	***	PA; QL(60 gm per fill retail)
DESOWEN LOTN (<i>Use Desonide</i>)	***	PA; QL(118 ml per fill retail)
<i>desoximetasone crea 0.05 %</i>	F	QL(300 gm per fill retail)
<i>desoximetasone crea 0.25 %</i>	F	PA; QL(200 gm per fill retail)
<i>desoximetasone gel 0.05 %</i>	F	PA; QL(60 gm per fill retail)
<i>desoximetasone liqd 0.25 %</i>	F	PA
<i>desoximetasone oint 0.25 %</i>	F	PA; QL(100 gm per fill retail)
DIFLORASONE DIACETATE CREA	F	QL(60 gm per fill retail)
<i>diflorasone diacetate oint</i>	F	QL(60 gm per fill retail)
DIPROLENE OINT (<i>Use Betamethasone Dipropionate Augmented</i>)	***	QL(50 gm per fill retail)
ELOCON CREA (<i>Use Mometasone Furoate</i>)	***	QL(50 gm per fill retail)
ELOCON OINT (<i>Use Mometasone Furoate</i>)	***	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 0.05 %</i>	F	PA
<i>halobetasol propionate oint 0.05 %</i>	F	PA
HALOG CREA	F	PA
HALOG OINT	F	PA
<i>hydrocortisone (topical) crea 0.5 %</i>	F	
<i>hydrocortisone (topical) crea 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 June 1, 2019

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 (Use Triamcinolone Acetonide (Topical))	***	PA
LOCOID CREA (Use Hydrocortisone Butyrate)	***	
LOCOID LIPOCREAM CREA (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	***	PA
LOCOID OINT (Use Hydrocortisone Butyrate)	***	
LOCOID SOLN (Use Hydrocortisone Butyrate)	***	
LUXIQ FOAM (Use Betamethasone Valerate)	***	PA
<i>mometasone furoate crea</i>	F	QL(50 gm per fill retail)
<i>mometasone furoate oint</i>	F	QL(45 gm per fill retail)
<i>mometasone furoate soln</i>	F	PA

Drug Name	Drug Tier	Requirements/ Limits
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone (Topical))	***	QL(454 gm per fill retail); RX/OTC
OLUX FOAM (Use Clobetasol Propionate)	***	PA
OLUX-E FOAM (Use Clobetasol Propionate Emulsion)	***	PA
PANDEL CREA	F	PA
<i>prednicarbate crea</i>	F	PA
PREDNICARBATE CREA	F	PA
PREDNICARBATE OINT	F	PA
PSORCON CREA	F	QL(60 gm per fill retail)
SYNALAR CREA 0.025 % (Use Fluocinolone Acetonide)	***	PA; QL(120 gm per fill retail)
SYNALAR OINT 0.025 % (Use Fluocinolone Acetonide)	***	PA; QL(120 gm per fill retail)
SYNALAR SOLN 0.01 % (Use Fluocinolone Acetonide)	***	PA
TEMOVATE CREA (Use Clobetasol Propionate)	***	QL(60 gm per fill retail)
TEMOVATE OINT (Use Clobetasol Propionate)	***	QL(60 gm per fill retail)
TEXACORT SOLN	F	PA
TOPICORT CREA 0.05 % (Use Desoximetasone)	***	QL(300 gm per fill retail)
TOPICORT CREA 0.25 % (Use Desoximetasone)	***	PA; QL(200 gm per fill retail)
TOPICORT GEL 0.05 % (Use Desoximetasone)	***	PA; QL(60 gm per fill retail)
TOPICORT LIQD 0.25 % (Use Desoximetasone)	***	PA
TOPICORT OINT 0.25 % (Use Desoximetasone)	***	PA; QL(100 gm per fill retail)
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) crea 0.025 %</i>	F	QL(120 gm per 30 days retail)
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	F	
<i>triamcinolone acetonide (topical) crea 0.5 %</i>	F	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	F	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) oint 0.025 %</i>	F	QL(454 gm per fill retail)
<i>triamcinolone acetonide (topical) oint 0.1 %</i>	F	
<i>triamcinolone acetonide (topical) oint 0.5 %</i>	F	QL(15 gm per fill retail)
TRIDESILON CREA (Use Desonide)	***	PA; QL(60 gm per fill retail)
ULTRAVATE CREA (Use Halobetasol Propionate)	***	PA
ULTRAVATE OINT (Use Halobetasol Propionate)	***	PA
VANOS CREA (Use Fluocinonide)	***	PA
WESTCORT OINT (Use Hydrocortisone Valerate)	***	PA
Diaper Rash Products		
<i>diaper rash products oint</i>	F	
Emollient/Keratolytic Agents		
ATRAC-TAIN CREA (Use Urea)	***	QL(1704 gm per fill retail)
URE-K CREA	F	PA
<i>urea crea 10 %</i>	F	QL(1704 gm per fill retail)
<i>urea crea 20 %</i>	F	
<i>urea crea 40 %</i>	F	RX/OTC
<i>urea crea 50 %</i>	F	PA
<i>urea in zinc undecylenate-lactic acid vehicle emul</i>	F	PA
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE EMUL	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>urea lotn 10 %</i>	F	QL(480 ml per fill retail)
<i>urea lotn 40 %</i>	F	
Emollients		
A + D PERSONAL CARE LOTION LOTN	F	
ALBOLENE CREA	F	
ALOE AFTERSUN LOTION LOTN	F	
AMLACTIN ULTRA CREA	F	
AQUA GLYCOLIC FACE CREAM CREA	F	
AQUA GLYCOLIC HAND & BODYLOTION LOTN	F	
AQUA LACTEN LOTN	F	
AQUADERM TREATMENT/MOISTURIZER LOTN	F	
AQUAMED LOTN	F	
AQUAPHILIC OINT	F	QL(10896 gm per fill retail)
AQUAPHOR ADVANCED THERAPY BABY 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	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO LOTN	F	
AVEENO ACTIVE NATURALS ECZEMA THERAPY CREA (Use Colloidal Oatmeal)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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

Drug Name	Drug Tier	Requirements/ Limits
BOUDREAU'S BABY BUTT SMOOTH DRY SKIN OINT	F	QL(10896 gm per fill retail)
CAM LOTN	F	
CERAVE AM SPF 30 LOTN	F	
CERAVE CREA	F	
CERAVE LOTN	F	
CERAVE PM LOTN	F	
CERAVE RENEWING SA CREA	F	
CERAVE SA RENEWING LOTN	F	
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	F	
CETAPHIL DAILY FACIAL MOISTURIZER LOTN	F	
CETAPHIL DERMA CONTROL MOISTURIZER/SPF 30 LOTN	F	
CETAPHIL MOISTURIZING CREA (Use Emollient)	***	
CETAPHIL MOISTURIZING LOTN	F	
CETAPHIL RESTORADERM LOTN	F	
CETAPHIL THERAPEUTIC HAND CREA	F	
CLN FACIAL MOISTURIZER NOURISHING LOTN	F	
COCOA BUTTER HAND & BODY LOTION LOTN	F	
COCOA BUTTER LOTN	F	
COCONUT OIL BEAUTY CREA	F	
colloidal oatmeal crea	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
CVS DAILY ULTRA MOISTURE LOTION LOTN	F	
CVS MOISTURIZING CREAM CREA	F	
DAILY CONDITIONING TREATMENT OINT	F	QL(10896 gm per fill retail)
DAILY MOISTURIZING LOTN	F	
DERMABASE OIL IN WATER CREA	F	
DERMAIDE ALOE CREA	F	
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	F	
DERMAL THERAPY FACE CARE MOISTURIZING LOTION LOTN	F	
DERMAL THERAPY FOOT MASSAGE LOTN	F	
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	F	
DERMAL THERAPY HEEL CARE LOTN	F	
DERMEND MOISTURIZING BRUISE FORMULA CREA	F	
DHEA CREA	F	
DIABETIDERM CREA	F	
DIABETIDERM FOOT REJUVENATING CREA	F	
DIABETIDERM HAND & BODY LOTN	F	
DIABETIDERM LOTN	F	
DMAE CREA	F	
DML FORTE CREA	F	
DROXY CREAM CREA	F	
ELON SKIN REPAIR SYSTEM CREA	F	
EMOLLIA-CREME CREA	F	

Drug Name	Drug Tier	Requirements/ Limits
EMOLLIA-LOTION LOTN	F	
<i>emollient crea</i>	F	
<i>emollient lotn 1.25 %</i> ,	F	
<i>emollient oint 0.16gm/30gm-300mg/30gm-100unit/30gm, 41 %, 52 %</i> ,	F	QL(10896 gm per fill retail)
EPILYT LOTN	F	
EQ THERAPEUTIC DRY SKIN CREA	F	
EQ THERAPEUTIC MOISTURIZING CREAM CREA	F	
EQL ADVANCED RECOVERY SKIN CARE LOTN	F	
EQL MOISTURIZING CREAM CREA	F	
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	F	
EUCERIN BABY LOTN	F	
EUCERIN CALMING DAILY MOISTURIZER CREA (<i>Use Emollient</i>)	***	
EUCERIN DAILY PROTECTION/SPF 30 LOTN	F	
EUCERIN INTENSIVE REPAIR LOTN	F	
EUCERIN INTENSIVE REPAIR HAND CREA	F	
EUCERIN LOTN	F	
EUCERIN ORIGINAL HEALING SOOTHING REPAIR LOTN	F	
EUCERIN PLUS CREA	F	
EUCERIN PLUS LOTN	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	F	
EUCERIN SKIN CALMING DAILY MOISTURIZING CREA (<i>Use Emollient</i>)	***	
EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN	F	
GENTLE CREA	F	
GNP ADVANCED RECOVERY LOTN	F	
GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN	F	
GOLD BOND MEDICATED BODYLOTION LOTN	F	
GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN	F	
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	F	
GOLD BOND ULTIMATE HEALING CREA	F	
GOLD BOND ULTIMATE HEALING LOTN	F	
GOLD BOND ULTIMATE HEALING OINT	F	QL(10896 gm per fill retail)
GOLD BOND ULTIMATE LOTN	F	
GOLD BOND ULTIMATE OVERNIGHT LOTN	F	
GOLD BOND ULTIMATE PROTECTION LOTN	F	
GOLD BOND ULTIMATE RESTORING LOTN	F	
GOLD BOND ULTIMATE ROUGH& BUMPY SKIN CREA	F	
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN	F	
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND ULTIMATE SOFTENING LOTN	F	
GOLD BOND ULTIMATE SOOTHING CREA	F	
GOLD BOND ULTIMATE SOOTHING LOTN	F	
GRX VITAMIN E LOTN	F	
HYDRASYN25 CREA	F	
HYDRAZONE LOTION LOTN	F	
HYDRO-LAN CREA	F	
J & J BURN CREAM CREA	F	
KERADAN CREA	F	
KERI ADVANCED MOISTURE THERAPY LOTN	F	
KERI BASIC ESSENTIALS LOTN	F	
KERI LONG LASTING CREA	F	
KERI NOURISHING SHEA BUTTER LOTN	F	
KERI ORIGINAL LOTN	F	
KERI OVERNIGHT LOTN	F	
KERI RENEWAL MILK BODY LOTN	F	
KERI RENEWAL SKIN FIRMING LOTN	F	
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	F	
KERI SENSITIVE SKIN LOTN	F	
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

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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	
LADY ESTHER 4 PURPOSE FACE CREAM CREA	F	
LANAPHILIC OINT	F	QL(10896 gm per fill retail)
LANOLOR CREA	F	
LEADER FINGER CREAM CREA	F	
LUBRIDERM ADVANCED THERAPY LOTN	F	
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	F	
LUBRIDERM DAILY MOISTURE SHEA + CALMING LAVENDER JASMINE LOTN	F	
LUBRIDERM INTENSE SKIN REPAIR LOTN	F	
LUBRIDERM LOTN	F	
LUBRIDERM MENS 3-IN-1 LOTN	F	
LUBRIDERM SERIOUSLY SENSITIVE LOTN	F	
LUBRIDERM SKIN NOURISHING WITH SHEA AND COCOA BUTTERS LOTN	F	
LUBRISOFT LOTN	F	
MAXAM LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
MEDELA TENDER CARE LANOLIN CREA	F	
MEDERMA AG FACE CREAM CREA	F	
MEDERMA AG HAND & BODY LOTION LOTN	F	
MEDERMA STRETCH MARKS THERAPY CREA	F	
MOISTURIZING CREAM CREA	F	
MOTHERS FRIEND CREA	F	
MOTHERS FRIEND LOTN	F	
MSM SKIN LOTION LOTN	F	
NEOSPORIN ECZEMA ESSENTIALS CREA (<i>Use Colloidal Oatmeal</i>)	***	
NEUTROGENA BODY LIGHT SESAME FORMULA LOTN	F	
NEUTROGENA HAND CREA	F	
NEUTROGENA HAND/NORWEGIAN FOR MULA/FAST ABSORBING CREA	F	
NEUTROGENA HEALTHY SKIN CREA	F	
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	F	
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	F	
NISEKO HYDRATING FACIAL MOISTURIZER CREA	F	
NIVEA CREA	F	
NIVEA EXTRA ENRICHED LOTION LOTN	F	
NIVEA EXTRA ENRICHED LOTN	F	
NIVEA GENTLE BODY EXFOLIATOR LOTN	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
NIVEA LIGHT CREA	F	
NIVEA LIGHT LOTN	F	
NIVEA LOTN	F	
NIVEA ORIGINAL LOTN	F	
NIVEA ORIGINAL MOISTURE LOTN	F	
NIVEA SOFT CREA	F	
NIVEA VISAGE CREA	F	
NIVEA VISAGE INNER BEAUTY NIGHTTIME RENEWAL CREA	F	
NIVEA VISAGE LOTN	F	
NUTRADERM ADVANCED FORMULA LOTN	F	
NUTRADERM CREA	F	
NUTRADERM LOTN	F	
OINTMENT BASE OINT	F	QL(10896 gm per fill retail)
PEN-KERA CREA	F	
PENTRAVAN CREA	F	
PENTRAVAN PLUS CREA	F	
PETROLATUM OINT	F	QL(454 gm per fill retail)
PRETTY FEET & HANDS CREA	F	
RA ADVANCED HEALING OINT	F	QL(10896 gm per fill retail)
RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN	F	
RA GENTLE SKIN CREAM CREA	F	
RA RENEWAL DRY SKIN THERAPY LOTN	F	
RADIAGUARD ADVANCED LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
RESTA CREA	F	
RESTA LITE LOTN	F	
RISABAL-PH CREA	F	
ROC DEEP WRINKLE SERUM LOTN	F	
ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM CREA	F	
ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM CREA	F	
ROC RETINOL CORREXION CREA	F	
ROC RETINOL CORREXION MAX CREA	F	
ROC RETINOL CORREXION NIGHT CREA	F	
ROC RETINOL CORREXION SENSITIVE EYE CREA	F	
ROC RETINOL CORREXION SENSITIVE NIGHT CREA	F	
ROSE MILK LOTN	F	
SKIN REPAIR LOTN	F	
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	F	
SOOTHE & COOL SKIN CREAMWITH ALOE & VITAMINS A, D & E CREA	F	
SORBOLENE CREA	F	
SPECIAL CARE CREAM CREA	F	
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	F	
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
STUDIO 35 MOISTURIZING SKIN CREA	F	
SWEEN CREAM CREA	F	
THERABETIC SKIN CARE LOTN	F	
THERAPEUTIC MOISTURIZING CREA	F	
THERAPLEX HYDROLOTION LOTN	F	
UDDERLY SMOOTH CREA	F	
UDDERLY SMOOTH EXTRA CARE CREA	F	
UDDERLY SMOOTH EXTRA CARE20 CREA	F	
VANICREAM CREA	F	
VANICREAM LITE LOTN	F	
VELVACHOL CREA	F	
VITAMIN E WITH PANTHENOL CREA	F	
<i>vitamins a & d (topical) oint</i>	F	
WIBI LOTN	F	
ZIMS CRACK CREME DAYTIME CREA	F	
Enzymes - Topical		
SANTYL OINT	F	PA
TBC AERS	F	PA
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	***	PA
<i>imiquimod crea</i>	F	PA
IMIQUIMOD PUMP CREA	F	PA
ZYCLARA CREA	F	PA
ZYCLARA PUMP CREA	F	PA

Drug Name	Drug Tier	Requirements/ Limits
Immunosuppressive Agents - Topical		
ELIDEL CREA (<i>Use Pimecrolimus</i>)	***	PA; QL(30 gm per 30 days retail)
<i>pimecrolimus crea</i>	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)
CONDYLOX GEL	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
CORN REMOVER ONE STEP 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 17 %	F	QL(14 gm per fill retail)
salicylic acid gel 6 %	F	
salicylic acid liqd 17 %	F	
SALICYLIC ACID LOTION KIT	F	PA
salicylic acid pads 40 %	F	
salicylic acid sham 6 %	F	
salicylic acid soln 17 %	F	QL(15 ml per fill retail)
salicylic acid w/ cleanser kit	F	PA
Liniments		
ASPERCREME/ALOE CREA (Use Trolamine Salicylate)	***	
BENGAY GREASELESS CREA (Use Menthol-Methyl Salicylate (Liniments))	***	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	
capsaicin crea 0.1 %	F	QL(56.6 gm per fill retail)
CAPZASIN QUICK RELIEF GEL	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
<i>lidocaine hcl crea 4 %</i>	F	1 rtl pack lmt amt, 30 rtl pack lmt day(s),
<i>lidocaine hcl gel 2 %</i>	F	QL(100 ml per fill retail)
<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)
LMX 4 PLUS KIT (<i>Use Lidocaine-Transparent Dressing</i>)	***	
<i>pramoxine-calamine lotn</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>pramoxine-zinc acetate lotn</i>	F	
PREDATOR CREA (<i>Use Lidocaine HCl</i>)	***	1 rtl pack lmt amt, 30 rtl pack lmt day(s),
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	
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)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ALOE VESTA SKIN CONDITIONER LOTN (Use Dimethicone (Topical))	***	QL(11328 ml per fill retail)
aluminum hydroxide oint ex	F	QL(2712 gm per fill retail)
aluminum sulfate & calcium acetate pack	F	
AMEDA TRIPLE ZERO LANOLIN CREA	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	
BASIS FACIAL MOISTURIZER CREA	F	QL(10896 gm per fill retail)
BASIS OVERNIGHT CREA	F	QL(10896 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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)
CARRINGTON MOISTURE BARRIER/ZINC CREA	F	QL(10896 gm per fill retail)
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 MOISTUREDAYS TIME FORMULA OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMMOOTH FORTIFY OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMMOOTH NOURISH OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMMOOTH REJUVENATE OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMMOOTH SOOTHE OINT	F	QL(10896 ml per fill retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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	
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

Drug Name	Drug Tier	Requirements/ Limits
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	***	Limit 1 package per Claim, 2 per Month
COOL BOTTOMS CREA	F	QL(5676 ml per fill retail)
CRITIC-AID CLEAR MOISTUREBARRIER OINT	F	QL(10896 ml per fill retail)
CUTTER AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER ALL FAMILY AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER BACKWOODS AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER BACKWOODS DRY AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER DRY AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER SKINSATIONS AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER SPORT AERO	***	Limit 1 package per Claim, 2 per Month
CVS CLEANSING EYELID WIPES PADS	F	
CVS INSECT REPELLENT AERO	***	Limit 1 package per Claim, 2 per Month
CVS ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
CVS SALINE WOUND WASH SOLN	F	QL(7200 ml per fill retail)
CVS TOTAL HOME INSECT REPELLENT AERO	***	Limit 1 package per Claim, 2 per Month
DERMADROX OINT	F	QL(10896 ml per fill retail)
DERMAGRAN OINT (Use Aluminum Hydroxide)	***	QL(2712 gm per fill retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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 TOWELETES PADS	F	
EQL LIQUID HAND SOAP LIQD	F	
EQL LIQUID HAND SOAP REFILL LIQD	F	
EQL MAKEUP REMOVER TOWELETES 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)
EUCERIN SKIN CALMING BODYWASH LIQD	F	
EYE-SCRUB PADS	F	
EYESCRUB LIQD	F	
FREE & CLEAR FOR SENSITIVE SKIN LIQD	F	
GERI PROTECT OINT	F	QL(10896 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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)
IONIL LIQD	F	
ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
KP GENTLE SKIN CLEANSER LIQD	F	
LAN-O-SOOTHE CREA	F	
LANSINOH LANOLIN MINIS NIPPLE CREA	F	
LANSINOH LANOLIN NIPPLE CREA	F	
LANTISEPTIC SKIN PROTECTANT OINT	F	QL(10896 ml per fill retail)
MEDERMA AG BODY CLEANSER LIQD	F	
MEDERMA AG FACIAL CLEANSER LIQD	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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	
NEUTROGENA MAKEUP REMOVERCLEANSING TOWELETTES PADS	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)
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)
RA SALINE WOUND WASH SOLN	F	QL(7200 ml per fill retail)
REFRESH CLEANSER LIQD	F	
REHYLA HAIR + BODY CLEANSER LIQD	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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	
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
SENSI-CARE SEPTI-SOFT CONCENTRATE LIQD	F	
<i>skin protectants, misc. crea</i>	F	QL(10896 gm per fill retail)
<i>skin protectants, misc. oint 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)
SOOTHE & COOL SHAMPOO ANDBODY WASH WITH ALOE LIQD	F	
SORBIDON HYDRATE CREA	F	QL(10896 gm per fill retail)
STAPHSCRUB LIQD	F	
SUMMERS EVE CLEANSING WASH/SENSITIVE SKIN LIQD	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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	
Poison Ivy Products		
<i>poison ivy treatments misc</i>	F	
ZANFEL MISC (<i>Use Poison Ivy Treatments</i>)	***	
Rosacea Agents		
<i>azelaic acid gel</i>	F	PA
DOXYCYCLINE CPDR	F	PA
FINACEA GEL (<i>Use Azelaic Acid</i>)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>crotamiton lotn</i>	F	QL(454 gm per fill retail)
ELIMITE CREA (<i>Use Permethrin</i>)	***	QL(360 gm per fill retail)
EURAX CREA	F	QL(60 gm per fill retail)
EURAX LOTN (<i>Use Crotamiton</i>)	***	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>malathion lotn</i>	F	Limit 2 fills per month;QL(59 ml per fill retail)
NATROBA SUSP	F	
NIX CREME RINSE LIQD (<i>Use Permethrin</i>)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
OVIDE LOTN (<i>Use Malathion</i>)	***	Limit 2 fills per month; QL(59 ml per fill retail)
<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 (<i>Use Permethrin</i>)	***	
RID COMPLETE LICE ELIMINATION KIT (<i>Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover</i>)	***	
RID ESSENTIAL LICE ELIMINATION KIT KIT	F	
RID LIQD (<i>Use Pyrethrins-Piperonyl Butoxide</i>)	***	
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 (<i>Use Coal Tar Extract</i>)	***	QL(480 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DHS TAR GEL SHAM (<i>Use Coal Tar Extract</i>)	***	
DHS TAR SHAM (<i>Use Coal Tar Extract</i>)	***	
NEUTROGENA T/GEL SHAM (<i>Use Coal Tar Extract</i>)	***	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (<i>Use Coal Tar Extract</i>)	***	
THERAPLEX T SHAM (<i>Use Coal Tar Extract</i>)	***	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
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
COLLATYL GEL	F	QL(3000 ml per fill retail); RX/OTC
COMFEEL PASTE PSTE	F	QL(2040 ml per fill retail)
CURAD GERM SHIELD GEL	F	QL(3000 ml per fill retail); RX/OTC
CURAFIL GEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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
EXCEL-GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
GRX WOUND GEL	F	QL(3000 ml per fill retail); RX/OTC
HYDROGEL AG GEL	F	QL(3000 ml per fill retail); RX/OTC
HYDROGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
INTRASITE GEL APPLIPAK GEL	F	QL(3000 ml per fill retail); RX/OTC
KENDALL AMORPHOUS HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
KERAGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
KERAGELT GEL	F	QL(3000 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
NU-GEL COLLAGEN WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
PROTYL AG GEL	F	QL(3000 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

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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

Drug Name	Drug Tier	Requirements/ Limits
TRIAD HYDROPHILIC WOUND DRESSING PSTE	F	QL(2040 ml per fill retail)
VASCUDERM HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
VEXASYN GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUN'DRES COLLAGEN HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
<i>wound cleansers liqd</i>	F	QL(4260 ml per fill retail); RX/OTC
WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUND GEL SPRAY GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUND WASH LIQD	F	QL(4260 ml per fill retail); RX/OTC
ZANABIN ANTIPRURITIC HYDROGEL GEL	F	QL(3000 ml per fill retail); RX/OTC

DIAGNOSTIC PRODUCTS

Diagnostic Drugs

GLUCAGEN DIAGNOSTIC SOLR	F	Limit 1 fill per Month
--------------------------	---	------------------------

Diagnostic Tests

ACCU-CHEK GUIDE STRP	***	RX/OTC
ALBUSTIX STRP	F	QL(100 ea per 30 days retail)
BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	F	QL(100 ea per fill retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	***	RX/OTC
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	***	RX/OTC
CVS KETONE CARE STRP	F	QL(100 ea per 30 days retail)
DIASTIX STRP	F	QL(30 ea per 30 days retail)
DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FORA GTEL BLOOD KETONE TEST STRIPS STRP	***	
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
HEMA-COMBISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
INFINITY VOICE STRP	***	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)
MULTISTIX 9 STRP	F	QL(1 ea daily,30 ea per 30 days retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
MULTISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
NOVA MAX PLUS KETONE TESTSTRIPS STRP	F	QL(1 ea daily)
ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
PTS PANELS KETONE TEST STRP	***	QL(1 ea daily)
PTS PANELS KETONE TEST STRP	F	QL(1 ea daily)
RELION KETONE STRP	***	
RELION KETONE TEST STRIPS STRP	***	
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 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 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 STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK 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 June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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		
CHOLEXMAX POWD	F	
CHOLEXTRA T/F POWD	F	
L-METHYL-MC NAC TABS	F	PA
METAFOBIC PLUS TABS	F	PA
NEOKE BCAA4 POWD	F	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
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	
PANCREAZE CPEP	F	
SUCRAID SOLN	F	PA; SP
ZENPEP CPEP	F	

Drug Name	Drug Tier	Requirements/ Limits
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	F	MP
<i>acetazolamide tabs</i>	F	MP
DIAMOX CP12 (Use Acetazolamide)	***	MP
<i>methazolamide tabs</i>	F	
NEPTAZANE TABS (Use Methazolamide)	***	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	***	MP
ALDACTAZIDE TABS 50MG-50MG	F	PA
<i>amiloride & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	***	MP
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	***	MP
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	***	MP
<i>spironolactone & hydrochlorothiazide tabs</i>	F	MP
<i>triamterene & hydrochlorothiazide caps</i>	F	MP
<i>triamterene & hydrochlorothiazide tabs</i>	F	MP
Loop Diuretics		
<i>bumetanide tabs</i>	F	MP
BUMEX TABS (Use Bumetanide)	***	MP
DEMADEX TABS 10 MG (Use Torsemide)	***	QL(1 ea daily); MP
DEMADEX TABS 20 MG (Use Torsemide)	***	QL(2 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
EDECIN TABS (Use Ethacrynic Acid)	***	PA
<i>ethacrynic acid tabs</i>	F	PA
<i>furosemide soln 10 mg/ml</i>	F	MP
FUROSEMIDE SOLN 8 MG/ML	F	MP
<i>furosemide tabs 20 mg, 40 mg, 80 mg</i>	F	MP
LASIX TABS (Use Furosemide)	***	MP
<i>toremide tabs 20 mg, 100 mg</i>	F	QL(2 ea daily)
<i>toremide tabs 5 mg, 10 mg</i>	F	QL(1 ea daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	***	MP
<i>amiloride hcl tabs</i>	F	QL(4 ea daily)
<i>spironolactone tabs</i>	F	MP
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	F	QL(2 ea daily); MP
<i>chlorothiazide tabs 500 mg</i>	F	QL(4 ea daily); MP
<i>chlorthalidone tabs</i>	F	MP
DIURIL SUSP	F	PA
<i>hydrochlorothiazide caps</i>	F	MP
<i>hydrochlorothiazide tabs</i>	F	MP
<i>indapamide tabs</i>	F	MP
METHYCLOTHIAZIDE TABS	F	PA
<i>metolazone tabs</i>	F	MP
MICROZIDE CAPS (Use Hydrochlorothiazide)	***	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		

Drug Name	Drug Tier	Requirements/Limits
Bone Density Regulators		
ACTONEL TABS (Use Risedronate Sodium)	***	PA
ALENDRONATE SODIUM SOLN 70 MG/75ML	F	QL(10.8 ml daily); MP
<i>alendronate sodium tabs 35 mg, 70 mg</i>	F	QL(0.15 ea daily); MP
ALENDRONATE SODIUM TABS 40 MG	F	QL(1 ea daily); MP
<i>alendronate sodium tabs 5 mg, 10 mg</i>	F	QL(1 ea daily); MP
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
FOSAMAX PLUS D TABS	F	PA
FOSAMAX TABS (Use Alendronate Sodium)	***	QL(0.15 ea daily); MP
<i>ibandronate sodium tabs</i>	F	PA
MIACALCIN SOLN	F	QL(2 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
HCG 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

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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
OMNITROPE SOLN	F	PA; SP
OMNITROPE SOLR	F	PA; SP
SAIZEN CLICK.EASY SOLR	F	PA; SP
SAIZEN SOLR	F	PA; SP
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 (Use Raloxifene HCl)	***	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

Drug Name	Drug Tier	Requirements/ Limits
Metabolic Modifiers		
BRINEURA KIT	F	PA
BUPHENYL TABS (Use Sodium Phenylbutyrate)	***	PA; SP
<i>calcitriol caps</i>	F	
<i>calcitriol soln</i>	F	
CARBAGLU TABS	F	PA; SP
CARNITOR SF SOLN (Use Levocarnitine (Metabolic Modifiers))	***	QL(30 ml daily)
CARNITOR SOLN 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	***	QL(30 ml daily)
CARNITOR TABS 330 MG (Use Levocarnitine (Metabolic Modifiers))	***	QL(3 ea daily); RX/OTC
<i>cinacalcet hcl tabs</i>	F	PA; SP
<i>doxercalciferol caps</i>	F	PA
HECTOROL CAPS (Use Doxercalciferol)	***	PA
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
REVCOVI SOLN	F	PA; SP
ROCALTROL CAPS (Use Calcitriol)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
ROCALTRON SOLN (<i>Use Calcitriol</i>)	***	
SENSIPAR TABS (<i>Use Cinacalcet HCl</i>)	***	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 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		
<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		
JYNARQUE TABS 15 MG, 30 MG	F	PA
SAMSCA TABS	F	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		

Drug Name	Drug Tier	Requirements/Limits
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>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		
ALORA PTTW	F	Limit 8 patches per month;QL(0.3 ea daily); MP
CLIMARA PTWK (<i>Use Estradiol</i>)	***	Limit 4 patches per month;QL(0.15 ea daily); MP
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	F	PA
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (<i>Use Estradiol</i>)	***	MP
<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); MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<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); MP
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	F	MP
ESTROPIPATE TABS 0.75 MG, 1.5 MG	F	QL(1 ea daily); MP
ESTROPIPATE TABS 3 MG	F	QL(2 ea daily); MP
EVAMIST SOLN	F	PA
MENEST TABS	F	PA
MINIVELLE PTTW (<i>Use Estradiol</i>)	***	Limit 8 patches per month; QL(0.3 ea daily); MP
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 (<i>Use Estradiol</i>)	***	Limit 8 patches per month; QL(0.3 ea daily); MP
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX TABS (<i>Use Moxifloxacin HCl</i>)	***	PA
CIPRO SUSR 5 GM/100ML	F	PA
CIPRO SUSR 500 MG/5ML (<i>Use Ciprofloxacin</i>)	***	PA
CIPRO TABS 250 MG, 500 MG (<i>Use Ciprofloxacin HCl</i>)	***	
CIPROFLOXACIN ER TB24	F	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

Drug Name	Drug Tier	Requirements/Limits
FACTIVE TABS	F	PA
LEVAQUIN TABS (<i>Use Levofloxacin</i>)	***	QL(1 ea daily, 14 ea per fill retail)
<i>levofloxacin soln iv 25 mg/ml</i>	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. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X CHEW (<i>Use Simethicone</i>)	***	
GAS-X EXTRA STRENGTH CHEW (<i>Use Simethicone</i>)	***	
MYLICON INFANTS GAS RELIEF SUSP (<i>Use Simethicone</i>)	***	QL(31 ml per 30 days retail)
MYLICON SUSP (<i>Use Simethicone</i>)	***	QL(31 ml per 30 days retail)
<i>simethicone chew 80 mg, 125 mg</i>	F	
<i>simethicone liqd 20 mg/0.3ml, 40 mg/0.6ml</i>	F	QL(31 ml per 30 days retail)
<i>simethicone susp 20 mg/0.3ml, 40 mg/0.6ml</i>	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 (<i>Use Ursodiol</i>)	***	MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
CHENODAL TABS	F	PA; SP
URSO 250 TABS (<i>Use Ursodiol</i>)	***	QL(7 ea daily); MP
URSO FORTE TABS (<i>Use Ursodiol</i>)	***	MP
<i>ursodiol caps 300 mg</i>	F	MP
<i>ursodiol tabs 250 mg</i>	F	QL(7 ea daily); MP
<i>ursodiol tabs 500 mg</i>	F	MP
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) conc</i>	F	PA
GASTROCROM CONC (<i>Use Cromolyn Sodium (Mastocytosis)</i>)	***	PA
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	F	PA
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln</i>	F	
<i>metoclopramide hcl tabs</i>	F	
METOCLOPRAMIDE ODT TBDP	F	PA
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	***	
Inflammatory Bowel Agents		
APRISO CP24	F	PA
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	***	MP
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	***	MP
<i>balsalazide disodium caps</i>	F	QL(9 ea daily)
CANASA SUPP (<i>Use Mesalamine</i>)	***	PA
CIMZIA KIT	F	PA; SP
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	***	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DIPENTUM CAPS	F	PA
GIAZO TABS	F	PA
LIALDA TBEC (<i>Use Mesalamine</i>)	***	
<i>mesalamine enem re 4 gm</i>	F	QL(60 ml daily)
<i>mesalamine supp re 1000 mg</i>	F	PA
<i>mesalamine tbec or 1.2 gm</i>	F	
<i>mesalamine tbec or 800 mg</i>	***	
<i>mesalamine tbec or 800 mg</i>	F	QL(3 ea daily)
<i>mesalamine w/ cleanser kit</i>	F	PA
REMICADE SOLR	F	PA; SP
ROWASA KIT (<i>Use Mesalamine w/ Cleanser</i>)	***	PA
SFROWASA ENEM	F	
<i>sulfasalazine tabs</i>	F	MP
<i>sulfasalazine tbec</i>	F	MP
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	F	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosectron hcl tabs</i>	F	PA
LINZESS CAPS 145 MCG, 290 MCG	F	PA; SP
LOTRONEX TABS (<i>Use Alosetron HCl</i>)	***	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	F	
<i>calcium acetate (phosphate binder) tabs</i>	F	RX/OTC
ELIPHOS TABS (<i>Use Calcium Acetate (Phosphate Binder)</i>)	***	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL CHEW (Use Lanthanum Carbonate)	***	PA
lanthanum carbonate chew	F	PA
PHOSLYRA SOLN	F	PA
RENAGEL TABS 400 MG	F	PA
RENAGEL TABS 800 MG (Use Sevelamer HCl)	***	PA
RENVELA PACK (Use Sevelamer Carbonate)	***	PA
RENVELA TABS (Use Sevelamer Carbonate)	***	PA
sevelamer carbonate pack	F	PA
sevelamer carbonate tabs	F	PA
sevelamer hcl tabs	F	PA
SEVELAMER HYDROCHLORIDE TABS	F	PA
VELPHORO CHEW	F	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	F	PA; SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 TABS	F	PA
Alkalinizers		
CYTRA-3 SYRP	F	PA
pot & sod citrates w/citric ac soln	F	PA
potassium citrate (alkalinizer) tbc 15 meq	F	PA
potassium citrate (alkalinizer) tbc 540 mg, 1080 mg	F	
potassium citrate-citric acid pack 3300mg-1002mg	F	PA

Drug Name	Drug Tier	Requirements/Limits
potassium citrate-citric acid soln 1100mg/5ml-334mg/5ml, 1100mg/5ml-1100mg/5ml-334mg/5ml-334mg/5ml	F	PA; RX/OTC
POTASSIUM CITRATE/SODIUMCITRATE/CITRIC ACID SOLN	F	PA
sodium citrate & citric acid soln	F	QL(500 ml per 30 days retail); RX/OTC
TRICITRATES SOLN	F	PA
UROCIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	***	
UROCIT-K 15 TBCR (Use Potassium Citrate (Alkalinizer))	***	PA
UROCIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))	***	
Cystinosis Agents		
CYSTAGON CAPS	F	PA; SP
Genitourinary Irrigants		
acetic acid soln	F	PA
glycine (gu irrigant) soln	F	PA
neomycin/polymyxin b gu soln	F	PA
NEOMYCIN/POLYMYXIN B SULFATES SOLN	F	PA
NEOSPORIN GU IRRIGANT SOLN (Use Neomycin/Polymyxin B GU)	***	PA
RENACIDIN SOLN	F	PA
sodium chloride (gu irrigant) soln	F	
SORBITOL SOLN IR 3 %, 3.3 %	F	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	F	PA
AVODART CAPS (<i>Use 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); MP
FLOMAX CAPS (<i>Use Tamsulosin HCl</i>)	***	QL(2 ea daily); MP
JALYN CAPS (<i>Use Dutasteride-Tamsulosin HCl</i>)	***	PA
PROSCAR TABS (<i>Use Finasteride</i>)	***	QL(1 ea daily); MP
RAPAFLO CAPS 4 MG	F	PA
RAPAFLO CAPS 4 MG, 8 MG (<i>Use Silodosin</i>)	***	PA
<i>silodosin caps</i>	F	PA
<i>tamsulosin hcl caps</i>	F	QL(2 ea daily); MP
UROXATRAL TB24 (<i>Use Alfuzosin HCl</i>)	***	PA
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	F	
PYRIDIUM TABS (<i>Use Phenazopyridine HCl</i>)	***	
Urinary Stone Agents		
LITHOSTAT TABS	F	PA
THIOLA TABS	F	PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	F	
Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol tabs</i>	F	MP
<i>colchicine tabs</i>	F	QL(6 ea per fill retail); AL(At least 16 yrs old)
COLCHICINE TABS	***	
COLCRYS TABS	F	QL(6 ea per fill retail); AL(At least 16 yrs old)
ULORIC TABS	F	PA
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	***	MP
Uricosurics		
<i>probenecid tabs</i>	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
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
COAGADEX SOLR	F	PA; SP
ELOCTATE SOLR	F	PA; SP
FEIBA SOLR	F	PA; SP
HELIXATE FS KIT	F	PA; SP
HEMLIBRA SOLN	F	PA; SP
HUMATE-P SOLR	F	PA; SP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
IXINITY SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	F	PA; SP
JIVI SOLR	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
Complement Inhibitors		
ULTOMIRIS SOLN	F	PA; SP
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	F	MP
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	F	PA; SP
TAKHZYRO SOLN	F	PA; SP
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use Aspirin-Dipyridamole</i>)	***	PA
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	***	
<i>anagrelide hcl caps</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin-dipyridamole cp12</i>	F	PA
BRILINTA TABS	F	QL(2 ea daily)
CABLIVI KIT	F	PA; SP
<i>cilostazol tabs</i>	F	QL(2 ea daily); MP
<i>clopidogrel bisulfate tabs</i>	F	MP
<i>dipyridamole tabs</i>	F	MP
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	***	PA
PLAVIX TABS (<i>Use Clopidogrel Bisulfate</i>)	***	MP
<i>prasugrel hcl tabs</i>	F	PA
ZONTIVITY TABS	F	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	F	PA; SP
<i>miglustat caps</i>	F	PA; SP
ZAVESCA CAPS (<i>Use Miglustat</i>)	***	PA; SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	F	
ENDARI PACK	F	PA; SP
Cobalamins		
B-12 LOZG	F	
B-12 TABS	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	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>cyanocobalamin tbcr or 1000 mcg</i>	F	
NASCOBAL SOLN	F	PA
Folic Acid/Folates		
<i>folic acid tabs 1 mg</i>	F	RX/OTC; MP
<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 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
NIVESTYM SOLN	F	PA; SP
NIVESTYM 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 PACK	F	PA; SP
PROMACTA TABS	F	PA; SP
UDENYCA SOSY	F	PA; SP
ZARXIO SOSY	F	PA; SP
Hematopoietic Mixtures		

Drug Name	Drug Tier	Requirements/Limits
B-12 1000 SUBL	F	
BIFERA TABS	F	
<i>cobalamine combinations subl</i>	F	
<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu caps</i>	F	PA
<i>fe fumarate-vitamin c-vitamin b12-folic acid caps</i>	F	PA
FEOSOL BIFERA TABS	F	
FERRALET 90 TABS	F	PA
FERRAPLUS 90 TABS	F	PA
<i>ferrous fumarate w/ b12-vit c-fa-ifc caps</i>	F	PA
<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	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
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 NATURAL RELEASE TABS (Use Carbonyl Iron)	***	
FEOSOL TABS (Use Ferrous Sulfate Dried)	***	
FER-IN-SOL SOLN (Use Ferrous Sulfate)	***	
FERRETT'S TABS	F	QL(2 ea daily)
<i>ferrous fumarate tabs</i>	F	QL(2 ea daily)
<i>ferrous gluconate tabs 27 mg, 240 mg, 324 mg</i>	F	
FERROUS GLUCONATE TABS 324 MG	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	
FERROUS SULFATE SYRP 300 MG/5ML	F	
<i>ferrous sulfate tabs 28 mg</i>	F	
<i>ferrous sulfate tabs 65 mg, 325 mg</i>	F	MP
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	

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate tbc 325 mg</i>	F	MP
HEMOCYTE TABS (Use Ferrous Fumarate)	***	QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	F	
IRON SLOW RELEASE TBCR	F	
IRON TBCR	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 - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG (Use Aminocaproic Acid)	***	PA; SP
AMICAR TABS 500 MG (Use Aminocaproic Acid)	***	QL(24 ea per fill retail); SP
<i>aminocaproic acid tabs 1000 mg</i>	F	PA; SP
<i>aminocaproic acid tabs 500 mg</i>	F	QL(24 ea per fill retail); SP
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	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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 <i>Diphenhydramine HCl (Sleep)</i>)	***	
UNISOM SLEEPGELS CAPS (Use <i>Diphenhydramine HCl (Sleep)</i>)	***	
UNISOM SLEEPTABS TABS (Use <i>Doxylamine Succinate (Sleep)</i>)	***	
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	F	PA
<i>phenobarbital elix</i>	F	
<i>phenobarbital soln</i>	F	
<i>phenobarbital tabs</i>	F	
SECONAL SODIUM CAPS	F	PA
Hypnotics - Tricyclic Agents		
SILENOR TABS	F	PA
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use <i>Zolpidem Tartrate</i>)	***	PA
AMBIEN TABS (Use <i>Zolpidem Tartrate</i>)	***	QL(1 ea daily)
DORAL TABS	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
EDLUAR SUBL	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>estazolam tabs</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>eszopiclone tabs</i>	F	PA
FLURAZEPAM HCL CAPS	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(1 ea daily)
HALCION TABS (Use <i>Triazolam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(1 ea daily)
INTERMEZZO SUBL (Use <i>Zolpidem Tartrate</i>)	***	PA
LUNESTA TABS (Use <i>Eszopiclone</i>)	***	PA
<i>midazolam hcl soln ij 5 mg/5ml, 25 mg/5ml</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(10 ml per 30 days retail)
<i>midazolam hcl soln ij 5 mg/ml</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(6 ml per 84 days retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>midazolam hcl soln ij 5 mg/ml, 10 mg/10ml, 50 mg/10ml</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(20 ml per 30 days retail)
<i>midazolam hcl soln ij 5 mg/ml, 2 mg/2ml, 10 mg/2ml</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ml per 30 days retail)
<i>midazolam hcl syrp or 2 mg/ml</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
QUAZEPAM TABS	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
RESTORIL CAPS 15 MG, 30 MG (<i>Use Temazepam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS 7.5 MG, 22.5 MG (<i>Use Temazepam</i>)	***	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
SONATA CAPS 10 MG (<i>Use Zaleplon</i>)	***	ST; QL(2 ea daily)
SONATA CAPS 5 MG (<i>Use Zaleplon</i>)	***	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>temazepam caps 15 mg, 30 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam caps 7.5 mg, 22.5 mg</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>triazolam tabs</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(1 ea daily)
<i>zaleplon caps 10 mg</i>	F	ST; QL(2 ea daily)
<i>zaleplon caps 5 mg</i>	F	ST; QL(1 ea daily)
<i>zolpidem tartrate subl sl 3.5 mg, 1.75 mg</i>	F	PA
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	F	QL(1 ea daily)
<i>zolpidem tartrate tbcr or 12.5 mg, 6.25 mg</i>	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 - Bowel Treatment Drugs		
Bulk Laxatives		

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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))	***	
CVS NATURAL FIBER SUPPLEMENT PACK	F	
EVAC POWD (Use Psyllium)	***	
FIBERCON TABS (Use Calcium Polycarbophil)	***	QL(10 ea daily)
HYDROCIL INSTANT PACK	F	
HYDROCIL INSTANT POWD (Use Psyllium)	***	
KONSYL DAILY FIBER PACK 100 %	F	
KONSYL DAILY FIBER POWD 100 % (Use Psyllium)	***	
KONSYL DAILY FIBER POWD 60.3 %	F	
KONSYL ORIGINAL FORMULADAILY FIBER POWD (Use Psyllium)	***	
KONSYL POWD	F	
KONSYL-D POWD	F	
METAMUCIL CAPS 0.52 GM (Use Psyllium)	***	
METAMUCIL MULTIHEALTH FIBER SINGLES PACK	F	
METAMUCIL ORIGINAL TEXTURE POWD (Use Psyllium)	***	
METAMUCIL PACK 28 %	F	

Drug Name	Drug Tier	Requirements/ Limits
METAMUCIL POWD 48.57 % (Use Psyllium)	***	
methylcellulose (laxative) powd	F	
methylcellulose (laxative) tabs	F	
psyllium caps	F	
psyllium powd	F	
wheat dextrin powd	F	
Laxative Combinations		
bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit	F	
CLENPIQ SOLN	F	PA
COLYTE-FLAVOR PACKS SOLR (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	***	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 (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	***	QL(4000 ml per fill retail)
MOVIPREP SOLR 100GM-7.5GM-2.691GM-1.015GM-5.9GM-4.7GM	F	PA
NULYTELY/FLAVOR PACKS SOLR (Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)	***	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	F	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	F	
PREPOPIK PACK	F	PA
sennosides-docusate sodium tabs	F	QL(4 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
SENOKOT 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 10 GM (<i>Use Lactulose</i>)	***	PA
KRISTALOSE PACK 20 GM	F	PA
<i>lactulose pack 10 gm</i>	F	PA
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</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
PEDIA-LAX SUPP RE 1 GM (<i>Use Glycerin (Laxative)</i>)	***	
PEDIA-LAX SUPP RE 2.8 GM	F	
<i>polyethylene glycol 3350 pack</i>	F	RX/OTC
<i>polyethylene glycol 3350 powd</i>	F	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	F	
Lubricant Laxatives		
FLEET OIL ENEM (<i>Use Mineral Oil</i>)	***	
KONDREMUL EMUL	F	
<i>mineral oil enem re 100 %,</i>	F	
<i>mineral oil oil or 100 %, 99.9 %,</i>	F	RX/OTC
Saline Laxatives		
FLEET ENEMA ENEM (<i>Use Sodium Phosphates</i>)	***	

Drug Name	Drug Tier	Requirements/Limits
FLEET ENEMA SIX PACK ENEM (<i>Use Sodium Phosphates</i>)	***	
FLEET PEDIATRIC ENEM (<i>Use Sodium Phosphates</i>)	***	
<i>magnesium citrate soln</i>	F	
<i>magnesium hydroxide susp</i>	F	QL(992 ml per 30 days retail)
MILK OF MAGNESIA CONCENTRATE SUSP	F	
ORAL SALINE LAXATIVE SOLN	F	
OSMOPREP TABS	F	PA
PEDIA-LAX CHEW OR 400 MG	F	
<i>sodium phosphates enem</i>	F	
<i>sodium phosphates soln</i>	F	
Stimulant Laxatives		
<i>bisacodyl supp re 10 mg</i>	F	QL(12 ea per fill retail)
<i>bisacodyl tbec or 5 mg</i>	F	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (<i>Use Bisacodyl</i>)	***	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (<i>Use Bisacodyl</i>)	***	QL(1 ea daily)
EX-LAX CHEW (<i>Use Sennosides</i>)	***	
EX-LAX TABS (<i>Use Sennosides</i>)	***	
FLEET BISACODYL ENEM	F	
SENNA SYRP	F	
<i>sennosides chew</i>	F	
<i>sennosides liqd</i>	F	
<i>sennosides syrp</i>	F	
<i>sennosides tabs</i>	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX SUSR 100 MG/5ML (Use Azithromycin)	***	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (Use Azithromycin)	***	QL(60 ml per fill retail)
ZITHROMAX TABS 250 MG (Use Azithromycin)	***	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (Use Azithromycin)	***	QL(4 ea daily)
ZITHROMAX TABS 600 MG (Use Azithromycin)	***	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	***	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	***	QL(6 ea per fill retail)
ZMAX SUSR	F	PA
Clarithromycin		
<i>clarithromycin susr 125 mg/5ml</i>	F	QL(100 ml per fill retail)
CLARITHROMYCIN SUSR 125 MG/5ML	F	QL(100 ml per fill retail)
<i>clarithromycin susr 250 mg/5ml</i>	F	
CLARITHROMYCIN SUSR 250 MG/5ML	F	
<i>clarithromycin tabs 250 mg, 500 mg</i>	F	QL(28 ea per fill retail)
<i>clarithromycin tb24 500 mg</i>	F	QL(14 ea per fill retail)
Erythromycins		
E.E.S. 400 TABS	F	
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	***	
ERY-TAB TBEC	F	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	***	
ERYPED 400 SUSR (Use Erythromycin Ethylsuccinate)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ERYTHROCIN STEARATE TABS	F	
<i>erythromycin base cpep</i>	F	
<i>erythromycin base tabs</i>	F	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	F	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	F	
PCE TBEC	F	
Fidaxomicin		
DIFICID TABS	F	PA
MEDICAL DEVICES AND SUPPLIES		
Diabetic Supplies		
ACCU-CHEK AVIVA CONNECT KIT	***	RX/OTC
ACCU-CHEK AVIVA PLUS KIT	***	RX/OTC
ACCU-CHEK GUIDE KIT	***	RX/OTC
ACCU-CHEK GUIDE ME KIT	***	RX/OTC
ACCU-CHEK NANO SMARTVIEW KIT	***	RX/OTC
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ADVANCED MOBILE LANCET 30G MISC	F	QL(200 ea per 30 days retail)
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING KIT	***	RX/OTC
ADVOCATE REDI-CODE+/TALKING KIT	***	RX/OTC
ADVOCATE REDI-CODE/TALKING KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AGAMATRIX JAZZ WIRELESS 2 KIT	***	RX/OTC
AGAMATRIX PRESTO KIT	***	RX/OTC
BAYER CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
BAYER CONTOUR LINK 2.4 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	***	RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	***	RX/OTC
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
BLOOD GLUCOSE MONITORINGSYSTEM KIT	***	RX/OTC
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	***	RX/OTC
BLOOD GLUCOSE SYSTEM PAK KIT	***	RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	***	RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	***	RX/OTC
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	***	RX/OTC
COOL BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
CVS ADVANCED GLUCOSE METER KIT	***	RX/OTC
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	***	RX/OTC
DIATHRIVE BLOOD GLUCOSE METER DEVI	***	
DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	***	
DIATHRIVE LANCETS ULTRA THIN 30G MISC	F	QL(200 ea per 30 days retail)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	F	QL(200 ea per 30 days retail)
EASY COMFORT LANCETS TWIST TOP MISC	***	
EASY PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
EASY STEP BLOOD GLUCOSE MONITOR STARTER KIT KIT	***	RX/OTC
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING KIT	***	RX/OTC
EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
EASYMAX L BLOOD GLUCOSE SYSTEM KIT	***	RX/OTC
EASYMAX N BLOOD GLUCOSE SYSTEM KIT	***	RX/OTC
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	***	RX/OTC
EASYMAX V BLOOD GLUCOSE SYSTEM/TALKING KIT	***	RX/OTC
EASYMAX V2 SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING KIT	***	RX/OTC
EASYPLUS R13N SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	***	RX/OTC
EASYPLUS V SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING KIT	***	RX/OTC
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
EASYPRO PLUS KIT	***	RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	***	RX/OTC
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	***	
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW SOLN	***	
FIFTY50 GLUCOSE METER 2.0 KIT	***	RX/OTC
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI- FUNCTIONAL DEVI	***	
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
FORTISCARE SELF- MONITORING BLOOD GLUCOSE SYSTEM KIT	***	RX/OTC
FREESTYLE FREEDOM KIT	***	RX/OTC
FREESTYLE FREEDOM LITE KIT	***	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
FREESTYLE SIDEKICK II VALUEPACK KIT	***	RX/OTC
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS MISC	***	
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCARD EXPRESSION AUDIO- ENABLED BLOOD GLUCOSE MONITORING KIT	***	RX/OTC
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCARD SHINE KIT	***	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	***	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	***	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	***	RX/OTC
GLUCOCARD X-METER KIT	***	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	***	RX/OTC
GLUCONAVII BLOOD GLUCOSEMONITORING SYSTEM KIT	***	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	F	QL(200 ea per 30 days retail)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	F	QL(200 ea per 30 days retail)
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	***	
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	***	
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
IBG STAR BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	***	RX/OTC
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT KIT	***	RX/OTC
INFINITY VOICE KIT	***	RX/OTC
INFINITY VOICE LEVEL 2 LIQD	***	
KROGER BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
LDR BLOOD GLUCOSE TRUETEST KIT KIT	***	RX/OTC
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
MM EASY TOUCH BLOOD GLUCOSE METER KIT	***	RX/OTC
MPD SAFETY LANCET 21G/1.8MM MISC	***	
MPD SAFETY LANCET 28G/1.8MM MISC	***	
MPD SAFETY LANCET 30G/1.8MM MISC	***	
MPD SAFETY LANCETS 23G/1.8MM MISC	***	
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
OMNIPOD 5 PACK MISC	F	PA
OMNIPOD DASH 5 PACK MISC	F	PA
OMNIPOD DASH SYSTEM KIT	F	PA
OMNIPOD STARTER KIT KIT	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ON CALL PLUS BLOOD GLUCOSE METER KIT	***	RX/OTC
ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ON CALL VIVID BLOOD GLUCOSE METER KIT	***	RX/OTC
ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ON CALL VIVID PAL BLOOD GLUCOSE METER KIT	***	RX/OTC
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ONETOUCH ULTRA 2 KIT	***	RX/OTC
ONETOUCH ULTRA MINI KIT	***	RX/OTC
ONETOUCH ULTRALINK SYSTEM (DEC) KIT	***	RX/OTC
ONETOUCH ULTRALINK SYSTEM (HEX) KIT	***	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ONETOUCH VERIO KIT	***	RX/OTC
ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
OPTUMRX BLOOD GLUCOSE METER KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OPTUMRX BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
PARADIGM LINK BLOOD GLUCOSE MONITOR KIT	***	RX/OTC
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
PRECISION LINK KIT	***	RX/OTC
PRECISION XTRA KIT	***	RX/OTC
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	***	
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	***	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	***	RX/OTC
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	***	RX/OTC
PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	***	RX/OTC
PUSH BUTTON SAFETY LANCETS 28G MISC	***	
QUICKTEK KIT	***	RX/OTC
RA TRUE2GO BLOOD GLUCOSEMONITORING SYSTEM KIT	***	RX/OTC
RA TRUERESULT BLOOD GLUCOSE MONITOR KIT	***	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
REFUAH PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
REVEAL BLOOD GLUCOSE MONITOR KIT	***	RX/OTC
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS MISC	***	
SMART SENSE PREMIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
SMART SENSE VALUE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
SMARTEST EJECT STARTER KIT KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SMARTEST PERSONA STARTERKIT KIT	***	RX/OTC
SMARTEST PRONTO STARTERKIT KIT	***	RX/OTC
SMARTEST PROTEGE STARTERKIT KIT	***	RX/OTC
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	***	RX/OTC
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT KIT	***	RX/OTC
TELCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
TGT BLOOD GLUCOSE METER MONITORING SYSTEM KIT	***	RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	***	RX/OTC
TRUE COMFORT TWIST TOP LANCETS 30G MISC	***	
TRUE FOCUS BLOOD GLUCOSE SELF MONITORING METER DEVI	***	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	***	RX/OTC
TRUE METRIX AIR W/BLUETOOTH SMART KIT	***	RX/OTC
TRUE METRIX BLOOD GLUCOSE METER KIT	***	RX/OTC
TRUE METRIX GO BLOOD GLUCOSE METER KIT	***	RX/OTC
TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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)
TRUEPLUS SAFETY LANCETS 28G MISC	***	
TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING KIT	***	RX/OTC
TRUETEST GLUCOSE CONTROL LEVEL 1 LIQD	F	QL(3 ea per 270 days retail)
TRUETEST GLUCOSE CONTROL LEVEL 2 LIQD	F	QL(3 ea per 270 days retail)
TRUETEST GLUCOSE CONTROL LEVEL 3 LIQD	F	QL(3 ea per 270 days retail)
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
TRUETRACK SMART SYSTEM KIT	***	RX/OTC
ULTRA THIN LANCETS 31G MISC	***	
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ULTRA-CARE LANCETS 30G MISC	***	
UNISTIK PRO SAFETY LANCET 21G MISC	***	
UNISTIK PRO SAFETY LANCET 25G MISC	***	
UNISTIK PRO SAFETY LANCET 28G MISC	***	
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
WAVESENSE AMP KIT	***	RX/OTC
WAVESENSE KEYNOTE KIT	***	RX/OTC
Misc. Devices		

Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL PADS PADS	***	RX/OTC
ALCOHOL PREP PADS PADS	***	RX/OTC
SAPS HEALTH CARE ALCOHOL PREP PADS PADS	***	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS PADS	***	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS PADS	***	RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS32GX6MM MISC	***	
1ST TIER UNIFINE PENTIPS33GX4MM MISC	***	
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM MISC	***	
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	***	
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	***	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	***	RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	***	RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC	***	RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32" MISC	***	RX/OTC
COMFORT EZ MICRO/32G X 4MM MISC	***	RX/OTC
COMFORT EZ SHORT/31G X 8MM MISC	***	RX/OTC
COMFORT EZ/31G X 5MM MISC	***	RX/OTC
COMFORT EZ/31G X 6MM MISC	***	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 31GX5MM MISC	***	RX/OTC
DROPLET PEN NEEDLES 31GX8MM MISC	***	RX/OTC
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
DROPLET PEN NEEDLES 32GX4MM MISC	***	RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	***	RX/OTC
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4" MISC	***	RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32" MISC	***	
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC	F	QL(5 ea daily)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	***	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	***	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	***	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC	***	
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	***	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC	***	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC	***	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC	***	RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	***	RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI MISC	***	RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC	***	RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	***	RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC	***	RX/OTC
MM PEN NEEDLES 31G X 3/16" MISC	***	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	***	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	***	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM MISC	***	RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM MISC	***	RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	***	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC	***	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC	***	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC	***	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC	***	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC	***	RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	***	RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	***	RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	***	RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	***	RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	***	RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC	***	
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	***	RX/OTC
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	***	RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	***	RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	***	RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC	***	
ULTRACARE PEN NEEDLES/32G X 3/16" MISC	***	RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC	***	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES/33G X 5/32" MISC	***	
UNIFINE PENTIPS 32GX6MM MISC	***	
UNIFINE PENTIPS 33GX4MM MISC	***	
UNIFINE PENTIPS PLUS 33GX4MM MISC	***	
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
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 85mg-500mg</i>	F	PA
TREXIMET TABS 85MG-500MG (<i>Use Sumatriptan-Naproxen Sodium</i>)	***	PA
Migraine Products - Monoclonal Antibodies		
AJOVY SOSY	F	PA; SP
EMGALITY SOAJ	F	PA; SP
EMGALITY SOSY	F	PA; SP
Migraine Products		
D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	***	
<i>dihydroergotamine mesylate soln</i>	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)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
AXERT TABS (Use <i>Almotriptan Malate</i>)	***	PA
<i>eletriptan hydrobromide tabs</i>	F	PA
FROVA TABS (Use <i>Frovatriptan Succinate</i>)	***	PA
<i>frovatriptan succinate tabs</i>	F	PA
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (Use <i>Sumatriptan</i>)	***	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (Use <i>Sumatriptan Succinate</i>)	***	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use <i>Sumatriptan Succinate</i>)	***	QL(3 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>Sumatriptan Succinate</i>)	***	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use <i>Sumatriptan Succinate</i>)	***	QL(3 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>Sumatriptan Succinate</i>)	***	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use <i>Sumatriptan Succinate</i>)	***	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
MAXALT TABS (Use <i>Rizatriptan Benzoate</i>)	***	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT-MLT TBDP (Use <i>Rizatriptan Benzoate</i>)	***	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 <i>Eletriptan Hydrobromide</i>)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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(2.5 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 <i>Zolmitriptan</i>)	***	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG ZMT TBDP (Use Zolmitriptan)	***	PA
MINERALS & ELECTROLYTES		
Calcium		
CALCI-CHEW CHEW	F	
CALCIONATE SYRP	F	
calcium carbonate tabs 500 mg, 600 mg, 1250 mg, 1500 mg	F	
calcium carbonate-cholecalciferol chew	F	
calcium carbonate-cholecalciferol tabs	F	
calcium carbonate-vitamin d caps 600mg-200unit	F	
calcium carbonate-vitamin d chew 600mg-400unit	F	
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	F	
calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit	F	QL(62 ea per 31 days retail)
calcium carbonate-vitamin d w/ minerals chew	F	
CALCIUM CITRATE TABS 200 MG	F	
calcium citrate tabs 200 mg, 950 mg	F	
calcium citrate-vitamin d tabs	F	
CALCIUM GLUCONATE TABS OR 500 MG	F	
CALCIUM LACTATE TABS	F	
CALCIUM SOFT CHEWS CHEW	F	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM TABS	F	
CALTRATE 600+D PLUS MINERALS CHEW (Use Calcium Carbonate-Vitamin D w/ Minerals)	***	
CITRACAL + D3 MAXIMUM TABS (Use Calcium Citrate-Vitamin D)	***	
CITRACAL MAXIMUM TABS (Use Calcium Citrate-Vitamin D)	***	
CITRACAL PETITES/VITAMIND TABS (Use Calcium Citrate-Vitamin D)	***	
MAGNEBIND 300 TABS	F	
OS-CAL ULTRA TABS	F	
<i>oyster shell tabs</i>	F	
RA OYSTER SHELL CALCIUM/VITAMIN D TABS	F	
RISACAL-D TABS	F	
VIACTIV CALCIUM PLUS D CHEW	F	
Electrolyte Mixtures		
CERASPORT EX1 SOLN	F	
CERASPORT SOLN	F	
ENFAMIL ENFALYTE SOLN	F	
EQUALYTE SOLN (Use Oral Electrolytes)	***	
HYDRALYTE FREEZER POPS SOLN	F	
HYDRALYTE SOLN	F	
<i>lactated ringer's soln</i>	F	PA
<i>oral electrolytes soln</i>	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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

Drug Name	Drug Tier	Requirements/ Limits
MAGOX 400 TABS (Use Magnesium Oxide (Mg Supplement))	***	
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	
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	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
Phosphate		
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	***	QL(8 ea daily)
K-PHOS TABS	F	PA
PHOS-NAK POWDER CONCENTRATE PACK (Use Potassium & Sodium Phosphates)	***	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	F	QL(8 ea daily)
potassium & sodium phosphates pack	F	
Potassium		
EFFER-K TBEF	F	PA
EFFERVESCENT POTASSIUM/CHLORIDE TBEF	F	PA
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	***	MP
K-TAB TBCR 8 MEQ	F	MP
KLOR-CON M15 TBCR	F	
KLOR-CON/25 PACK	F	
potassium bicarb & chloride tbeF	F	PA
potassium bicarbonate tbeF	F	
potassium chloride cpcr or 10 meq	F	MP
potassium chloride cpcr or 8 meq	F	QL(1 ea daily); MP
POTASSIUM CHLORIDE ER TBCR	F	MP
potassium chloride microencapsulated crystals er tbcR	F	MP
potassium chloride pack or 20 meq	F	

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride soln or 10 %, 20 %	F	MP
potassium chloride tbcR or 8 meq, 10 meq	F	MP
Zinc		
GALZIN CAPS	F	PA
zinc sulfate caps 220 mg	F	
ZINC SULFATE CAPS 50 MG	F	
zinc tabs	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use Penicillamine)	***	PA
DEPEN TITRATABS TABS 250 MG	F	
penicillamine caps 250 mg	F	PA
Fecal Incontinence Bulking Agents		
SOLESTA GEL	F	PA; SP
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)
CELLCEPT SUSR 200 MG/ML (Use Mycophenolate Mofetil)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPS OR 25 MG, 100 MG (Use Cyclosporine)	F	
SANDIMMUNE SOLN OR 100 MG/ML	F	PA
<i>sirolimus soln</i>	F	
<i>sirolimus tabs</i>	F	
<i>tacrolimus caps</i>	F	
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG	F	PA
Irrigation Solutions		
<i>lactated ringer's (irrigation) soln</i>	F	PA
<i>water for irrigation, sterile soln</i>	F	
Lymphatic Agents		
SYLVANT SOLR	F	PA; SP
Potassium Removing Agents		
KAYEXALATE POWD (Use Sodium Polystyrene Sulfonate)	***	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 Benzocaine (Dental))	***	
ANBESOL MAXIMUM STRENGTH LIQD (Use Benzocaine (Dental))	***	
BABY ANBESOL GEL (Use Benzocaine (Dental))	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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 Benzocaine-Menthol (Mouth-Throat))	***	
CEPACOL SORE THROAT LOZG 2.1MG-10MG	F	
CEPACOL SORE THROAT LOZG 3.6MG-15MG (Use Benzocaine-Menthol (Mouth-Throat))	***	
CEPACOL SORE THROAT MAXIMUM NUMBING LOZG	F	
CHLORASEPTIC LOZG (Use Benzocaine-Menthol (Mouth-Throat))	***	
CHLORASEPTIC SORE THROAT/LIQUID CENTER LOZG (Use Benzocaine-Menthol (Mouth-Throat))	***	
HURRICAIN ONE SOLN (Use Benzocaine (Dental))	***	
HURRICAIN SOLN (Use Benzocaine (Dental))	***	
<i>lidocaine hcl (mouth-throat) soln</i>	F	QL(100 ml per fill retail)
ORAMAGIC PLUS SUSR	F	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	F	
<i>clotrimazole troc</i>	F	
<i>nystatin (mouth-throat) susp</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
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))	***	
<i>phenol (antiseptic) liqd</i>	F	
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE (Use Sodium Fluoride (Dental))	***	
PREVIDENT 5000 DRY MOUTH GEL (Use Sodium Fluoride (Dental))	***	QL(60 ml per 30 days retail)
PREVIDENT 5000 ORTHO DEFENSE PSTE (Use Sodium Fluoride (Dental))	***	
PREVIDENT 5000 PLUS CREA (Use Sodium Fluoride (Dental))	***	
PREVIDENT FLUORIDE GEL (Use Sodium Fluoride (Dental))	***	QL(60 ml per 30 days retail)
PREVIDENT RINSE 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
Steroids - Mouth/Throat/Dental		

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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
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
EQL DRY MOUTH ORAL RINSE SOLN	F	QL(900 ml per fill retail); RX/OTC
EVOXAC CAPS (Use <i>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 (Use <i>Pilocarpine HCl (Oral)</i>)	***	QL(6 ea daily)
SALAGEN TABS 7.5 MG (Use <i>Pilocarpine HCl (Oral)</i>)	***	

Drug Name	Drug Tier	Requirements/ Limits
XEROSTOMIA RELIEF SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid tabs 15mg-100mg-15mg-18mg-5mcg-0.5mg-4mg-500mg, 18mg-5mg-45mg-10mg-10mcg-400mcg-5mg-250mg, 15mg-50mg-10.2mg-10mg-6mcg-400mcg-5mg-300mg, 15mg-50mg-10.2mg-10mg-400mcg-300mcg-5mg-300mg, 25mg-5mg-10mg-250mcg-5mg-400mcg-300mcg-5mg-120mg, 5mg-25mg-20mg-15mcg-100mg-400mcg-30mcg-2mg-150mg, 5mg-25mg-50mg-5mg-37.5mcg-200mcg-15mcg-5mg-150mg, 50mg-50mg-50mg-50mg-50mcg-400mcg-50mcg-50mg-500mg, 50mg-50mg-50mg-50mg-50mcg-50mg-400mcg-50mcg-500mg, 100mg-5.5mg-25mg-20mg-15mcg-400mcg-30mcg-2mg-150mg, 25mg-5.5mg-25mg-20mg-100mcg-400mcg-1000mcg-5mg-60mg, 30unit-10mg-100mg-10mg-20mg-12mcg-400mcg-45mcg-5mg-500mg, 25mg-100mg-5.5mg-25mg-20mg-100mcg-400mcg-1000mcg-5mg-60mg, 30unit-100mg-10mg-1mg-20mg-1mg-1mg-10mg-12mcg-400mcg-45mcg-5mg-500mg</i>	F	RX/OTC
<i>b-complex w/ c & folic acid tabs 6mcg-1.5mg-10mg-20mg-1.7mg-1mg-300mcg-10mg-100mg</i>	***	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
MILCO-B-FORTE TABS (Use B-Complex w/ C & Folic Acid)	F	RX/OTC
SM B-COMPLEX/VITAMIN C TABS	F	RX/OTC
Prenatal Vitamins		
ACTIVE OB CAPS	F	PA
ATABEX OB TABS	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); MP
CO-NATAL FA TABS	F	QL(1 ea daily)
COMPLETE NATAL DHA MISC	F	PA
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); MP
CVS WOMENS PRENATAL+DHA MISC	F	
DOTHELLE DHA CAPS	F	PA
ENFAMIL EXPECTA MISC	F	

Drug Name	Drug Tier	Requirements/Limits
EQL PRENATAL FORMULA TABS	F	QL(1 ea daily); MP
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); MP
GOODSENSE PRENATAL VITAMINS TABS	F	QL(1 ea daily); MP
HEMENATAL OB + DHA MISC	F	PA
HEMENATAL OB TABS 6MG-65MCG-28MG- 0.8MG-250MCG-10UNIT- 4.5MG-1.5MG-10MG- 17MG-1.6MG-12MCG- 400UNIT-1MG-30MCG- 50MG	F	PA
HM ONE DAILY PRENATAL COMBO MISC	F	
HM PRENATAL TABS	F	QL(1 ea daily); MP
INATAL GT TABS	F	QL(1 ea daily)
INFANATE BALANCE CAPS	F	PA
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); MP
KPN PRENATAL TABS	F	
LEVOMEFOLATE DHA CAPS	F	PA
M-NATAL PLUS TABS	F	QL(1 ea daily); RX/OTC; MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
M-VIT TABS	F	QL(1 ea daily); RX/OTC; MP
MACNATAL CN DHA CAPS	F	PA
MARNATAL-F CAPS	F	PA
MULTI PRENATAL TABS	F	QL(1 ea daily); MP
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); MP
NATALVIT TABS	F	QL(1 ea daily)
NATELLE ONE CAPS	F	PA
NEEVO DHA CAPS	F	PA
NEONATAL PLUS TABS	F	QL(1 ea daily); RX/OTC; MP
NEONATAL VITAMIN TABS	F	QL(1 ea daily); MP
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; MP
NUTRICION PORVIDA TABS	F	
O-CAL FA TABS	F	QL(1 ea daily); RX/OTC; MP
O-CAL PRENATAL TABS	F	
OB COMPLETE ONE CAPS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
OB COMPLETE PETITE CAPS	F	PA
OB COMPLETE PREMIER TABS	F	PA
OBSTETRIX DHA MISC	F	RX/OTC
OBTREX DHA MISC	F	RX/OTC
ONE-A-DAY WOMENS PRENATAL MISC	F	
PA PRENATAL FORMULA TABS	F	
PERRY PRENATAL CAPS	F	
PNV FERROUS FUMARATE/DOCUSATE/F OLIC ACID TABS	F	
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	F	QL(1 ea daily); RX/OTC; MP
PNV OB+DHA MISC	F	PA
PNV PRENATAL PLUS MULTIVITAMIN TABS	F	QL(1 ea daily); RX/OTC; MP
PNV TABS 29-1 TABS	F	MP
PNV-DHA CAPS	F	PA
PNV-DHA+DOCUSATE CAPS	F	PA
PNV-OMEGA CAPS	F	PA
PNV-SELECT TABS 600MCG-10UNIT- 150MCG-2500UNIT-2MG- 15MG-30MG-3MG-120MG- 27MG-6MG-20MG-3.4MG- 12MCG-400UNIT- 400MCG-300MCG-20MG- 80MG	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

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
PR NATAL 430 MISC	F	PA
PRE-NATAL FORMULA TABS	F	
PREFERAOB ONE CAPS	F	PA
PRENAISSANCE CAPS	F	PA
PRENAISSANCE PLUS CAPS	F	PA
PRENATABS RX TABS	F	MP
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 FORTE TABS	F	
PRENATAL LOW IRON TABS	F	QL(1 ea daily); MP
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); MP
PRENATAL ONE DAILY TABS	F	QL(1 ea daily); MP
PRENATAL PLUS IRON TABS	F	MP
PRENATAL PLUS TABS	F	QL(1 ea daily); RX/OTC; MP
PRENATAL TABS 11UNIT- 263MG-25MG-1.5MG- 27MG-4000UNIT-18MG- 1.7MG-4MCG-400UNIT- 0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG- 1.8MG-200MG-28MG- 20MG-1.7MG-8MCG- 400UNIT-0.8MG-2.6MG- 120MG, 30UNIT-25MG- 1.8MG-200MG-28MG- 20MG-1.7MG-4000UNIT- 8MCG-400UNIT-800MCG- 2.6MG-120MG, 30UNIT- 4000UNIT-25MG-1.8MG- 200MG-28MG-20MG- 1.7MG-8MCG-400UNIT- 800MCG-2.6MG-120MG, 4000UNIT-30UNIT-200MG- 25MG-1.8MG-28MG- 20MG-1.7MG-8MCG- 400UNIT-800MCG-2.6MG- 120MG, 4000UNIT- 30UNIT-25MG-1.8MG- 200MG-28MG-20MG- 1.7MG-8MCG-400UNIT- 800MCG-2.6MG-120MG, 160MG-11UNIT-200MG- 25MG-1.84MG-27MG- 4000UNIT-18MG-1.7MG- 4MCG-400UNIT-800MCG- 2.6MG-100MG	F	QL(1 ea daily); MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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; MP
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); MP
PRENATAL VITAMIN TABS	F	QL(1 ea daily); MP
PRENATAL VITAMIN/IRON TABS	F	QL(1 ea daily); MP
PRENATAL VITAMINS PLUS LOW IRON TABS	F	QL(1 ea daily); RX/OTC; MP
PRENATAL VITAMINS TABS	F	QL(1 ea daily); MP
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 ESSENTIAL CAPS 29MG-600MCG-40MG-10UNIT-150MCG-300MG-50MG-145MG-13MCG-220UNIT-400MCG-280MCG-26MG-90MG	F	PA
PRENATE PIXIE CAPS	F	PA
PRENATE RESTORE CAPS	F	PA
PREPLUS TABS	F	QL(1 ea daily); RX/OTC; MP

Drug Name	Drug Tier	Requirements/ Limits
PRETAB TABS	F	QL(1 ea daily)
PROVIDA OB CAPS	F	PA
PUREFE OB PLUS CAPS	F	PA
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); MP
QC PRENATAL TABS	F	QL(1 ea daily); MP
R-NATAL OB CAPS	F	PA
RA ONE DAILY MISC	F	
RA PRENATAL FORMULA/FOLICACID TABS	F	QL(1 ea daily); MP
RA PRENATAL TABS	F	QL(1 ea daily); MP
RIGHT STEP PRENATAL TABS	F	QL(1 ea daily); MP
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	
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 250MG-29MG-30UNIT-15MG-25MG-1.6MG-20MG-1700UNIT-15MG-1.8MG-5MCG-400UNIT-1MG-2.5MG-60MG	F	PA
SM ONE DAILY PRENATAL MISC	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
SM PRENATAL VITAMINS TABS	F	QL(1 ea daily); MP
TARON-C DHA CAPS	F	PA
TARON-PREX CAPS	F	PA
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily); RX/OTC; MP
THRIVITE 19 TABS	F	
THRIVITE RX TABS	F	MP
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; MP
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
VIL-RX TABS	F	MP
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)

Drug Name	Drug Tier	Requirements/ Limits
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
VIRT-PN PLUS CAPS	F	PA
VIRT-PN TABS 600MCG-10UNIT-150MCG-2500UNIT-2MG-15MG-30MG-3MG-120MG-27MG-6MG-20MG-3.4MG-12MCG-400UNIT-400MCG-300MCG-20MG-80MG	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; MP
VOL-TAB RX TABS	F	MP
VP-CH PLUS CAPS	F	PA
VP-HEME OB + DHA MISC	F	PA
VP-HEME OB TABS 6MG-65MCG-28MG-0.8MG-250MCG-10UNIT-4.5MG-1.5MG-10MG-17MG-1.6MG-12MCG-400UNIT-1MG-30MCG-50MG	F	PA
VP-HEME ONE CAPS	F	PA
WEGMANS COMPLETE PRENATAL+DHA MISC	F	
ZATEAN-CH CAPS	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
ZATEAN-PN DHA CAPS	F	PA
ZATEAN-PN PLUS CAPS	F	PA
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (Use Cyclobenzaprine HCl)	***	PA
baclofen soln it 40 mg/20ml, 500 mcg/ml, 20000 mcg/20ml	F	PA; SP
baclofen tabs or 10 mg, 20 mg	F	MP
carisoprodol tabs 250 mg	F	PA
carisoprodol tabs 350 mg	F	PA; QL(4 ea daily)
CHLORZOXAZONE TABS 375 MG, 750 MG	F	PA
CHLORZOXAZONE TABS 500 MG	F	
cyclobenzaprine hcl cp24 15 mg, 30 mg	F	PA
cyclobenzaprine hcl tabs 10 mg	F	QL(3 ea daily)
cyclobenzaprine hcl tabs 5 mg	F	
cyclobenzaprine hcl tabs 7.5 mg	F	PA
FEXMID TABS (Use Cyclobenzaprine HCl)	***	PA
GABLOFEN SOLN 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	F	PA; SP
GABLOFEN SOLN 20000 MCG/20ML (Use Baclofen)	***	PA; SP
LIORESAL INTRATHECAL SOLN 0.05 MG/ML, 10 MG/5ML, 10 MG/20ML, 40 MG/20ML, 2000 MCG/ML	F	PA; SP
LIORESAL INTRATHECAL SOLN 40 MG/20ML, 500 MCG/ML (Use Baclofen)	***	PA; SP
LORZONE TABS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
metaxalone tabs	F	PA
methocarbamol tabs	F	
orphenadrine citrate tb12	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)
tizanidine hcl caps 2 mg, 4 mg, 6 mg	F	PA
tizanidine hcl tabs 2 mg, 4 mg	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)	***	
dantrolene sodium caps	F	
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine tabs	F	PA; AL(At least 12 yrs old)
carisoprodol w/ aspirin tabs	F	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	F	PA
Nasal Agents - Misc.		
AYR NASAL DROPS SOLN	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
AYR NASAL MIST ALLERGY & SINUS HYPERTONIC SALINE SOLN	F	
OCEAN NASAL SPRAY SOLN (Use Saline)	***	QL(480 ml per fill retail)
<i>saline gel</i>	F	
<i>saline soln 0.65%-0.002%, 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		
<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 Fluticasone Propionate (Nasal))	***	QL(16 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	***	QL(16 ml per 30 days retail); RX/OTC
FLONASE SENSIMIST SUSP	F	PA
FLUNISOLIDE SOLN	F	QL(25 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal) susp</i>	F	QL(16 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp 50 mcg/act</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 Triamcinolone Acetonide (Nasal))	***	QL(17 ml per 30 days retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	***	QL(17 ml per 30 days retail); AL(At least 2 yrs old); RX/OTC
NASONEX SUSP (Use Mometasone Furoate (Nasal))	***	PA; QL(17 gm per 30 days retail)
OMNARIS SUSP	F	PA
QNASL AERS	F	PA
RHINOCORT AQUA SUSP (Use Budesonide (Nasal))	***	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
ZETONNA AERS	F	PA
Sympathomimetic Decongestants		
ADRENALIN SOLN	F	
AFRIN 12 HOUR SOLN (Use Oxymetazoline HCl)	***	
AFRIN ALL NIGHT NODRIP SOLN (Use Oxymetazoline HCl)	***	
AFRIN CHILDRENS SOLN	F	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
AFRIN NASAL SPRAY SOLN (Use Oxymetazoline HCl)	***	
AFRIN NODRIP EXTRA MOISTURIZING SOLN (Use Oxymetazoline HCl)	***	
AFRIN NODRIP ORIGINAL SOLN (Use Oxymetazoline HCl)	***	
AFRIN NODRIP SEVERE CONGESTION SOLN (Use Oxymetazoline HCl)	***	
AFRIN NODRIP SINUS SOLN (Use Oxymetazoline HCl)	***	
AFRIN SINUS SOLN (Use Oxymetazoline HCl)	***	
AFRIN SOLN (Use Oxymetazoline HCl)	***	
DRISTAN SPRAY SOLN (Use Oxymetazoline HCl)	***	
DURATION 12 HOUR SOLN (Use Oxymetazoline HCl)	***	
DURATION SPRAY SOLN (Use Oxymetazoline HCl)	***	
LITTLE NOSES DECONGESTANTNOSE DROPS SOLN	F	
NASAL DECONGESTANT LIQD	F	
NASAL DECONGESTANT SYRP	F	
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 na 0.25 %, 1 %	F	

Drug Name	Drug Tier	Requirements/ Limits
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)
SUDAFED PE CONGESTION TABS (Use Phenylephrine HCl (Oral))	***	QL(24 ea per fill retail)
VICKS SINEX 12 HOUR DECONGESTANT SOLN (Use Oxymetazoline HCl)	***	
VICKS SINEX MOISTURIZING SOLN (Use Oxymetazoline HCl)	***	
VICKS SINEX SEVERE NASALDECONGESTANT SOLN (Use Oxymetazoline HCl)	***	
VICKS SINEX SEVERE SOLN (Use Oxymetazoline HCl)	***	
VICKS SINEX SOLN (Use Oxymetazoline HCl)	***	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use Riluzole)	***	PA
riluzole tabs	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
TIGLUTIK SUSP	F	PA; SP
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	F	
POLYCOSE POWD	F	
Misc. Nutritional Substances		
<i>docosahexaenoic acid caps</i>	F	
<i>omega-3 fatty acids caps</i>	F	
<i>omega-3 fatty acids cpdr</i>	F	
Proteins		
ARGININE TABS	F	
<i>arginine tabs</i>	F	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear ointment oint</i>	F	QL(4 gm per fill retail)
<i>artificial tear solution soln</i>	F	
<i>carboxymethylcellulose sodium (ophth) gel</i>	F	
<i>carboxymethylcellulose sodium (ophth) soln</i>	F	
<i>carboxymethylcellulose-glycerin soln</i>	F	
<i>dextran 70-hypromellose soln</i>	F	
GENTEAL MILD SOLN	F	
GENTEAL MILD TO MODERATE SOLN (Use Hypromellose (Ophth))	***	
GENTEAL SEVERE GEL	F	
GENTEAL TEARS MODERATE PF SOLN (Use Dextran 70-Hypromellose)	***	

Drug Name	Drug Tier	Requirements/ Limits
GENTEAL TEARS MODERATEPF SOLN (Use Dextran 70-Hypromellose)	***	
<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 Propylene Glycol-Glycerin)	***	
<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	
<i>propylene glycol (ophth) soln</i>	F	
<i>propylene glycol-glycerin soln</i>	F	
REFRESH LIQUIGEL GEL (Use Carboxymethylcellulose Sodium (Ophth))	***	
REFRESH OPTIVE SENSITIVE SOLN	F	
REFRESH OPTIVE SOLN (Use Carboxymethylcellulose-Glycerin)	***	
REFRESH REPAIR SOLN (Use Carboxymethylcellulose-Glycerin)	***	
REFRESH TEARS SOLN (Use Carboxymethylcellulose Sodium (Ophth))	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
SYSTANE COMPLETE SOLN (Use Propylene Glycol (Ophth))	***	
SYSTANE OVERNIGHT THERAPY LUBRICANT EYE GEL	F	
SYSTANE SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	***	
SYSTANE ULTRA HOME & AWAY PACK SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	***	
SYSTANE ULTRA SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	***	
TEARS NATURALE PM OINT (Use White Petrolatum-Mineral Oil)	***	QL(42 gm per fill retail)
VISINE TEARS SOLN (Use Glycerin-Hypromellose-Polyethylene Glycol 400)	***	
white petrolatum-mineral oil oint	F	QL(42 gm per fill retail)
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use Levobunolol HCl)	***	QL(15 ml per 30 days retail)
betaxolol hcl (ophth) soln	F	QL(15 ml per fill retail)
BETIMOL SOLN	F	QL(15 ml per 30 days retail)
BETOPTIC-S SUSP	F	PA
carteolol hcl (ophth) soln	F	Limit 1 fill per Month
CARTEOLOL HCL SOLN	F	Limit 1 fill per Month
COMBIGAN SOLN	F	PA
COSOPT PF SOLN (Use Dorzolamide HCl-Timolol Maleate)	***	PA
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	***	QL(10 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml	F	QL(10 ml per 30 days retail)
dorzolamide hcl-timolol maleate soln 22.3mg/ml-6.8mg/ml	F	PA
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	F	QL(10 ml per 30 days retail)
ISTALOL SOLN	F	PA
ISTALOL SOLN (Use Timolol Maleate (Ophth))	***	PA
levobunolol hcl soln	F	QL(15 ml per 30 days retail)
METIPRANOLOL SOLN	F	PA
timolol maleate (ophth) solg 0.25 %, 0.5 %	F	QL(5 ml per fill retail)
timolol maleate (ophth) soln 0.25 %, 0.5 %	F	QL(15 ml per fill retail)
timolol maleate (ophth) soln 0.5 %	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 (Use Timolol Maleate (Ophth))	***	QL(15 ml per fill retail)
TIMOPTIC-XE SOLG 0.25 % (Use Timolol Maleate (Ophth))	***	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 OP 1 %	F	
ATROPINE SULFATE SOLN OP 1 %	F	
CYCLOGYL SOLN 0.5 % (Use Cyclopentolate HCl)	***	QL(15 ml per 30 days retail)
CYCLOGYL SOLN 1 % (Use Cyclopentolate HCl)	***	
CYCLOGYL SOLN 2 % (Use Cyclopentolate HCl)	***	QL(15 ml per fill retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
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	
ISOPTO ATROPINE SOLN	F	
MYDRIACYL SOLN (Use Tropicamide)	***	
<i>tropicamide soln</i>	F	
Miotics		
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	***	
PHOSPHOLINE IODIDE SOLR	F	PA
<i>pilocarpine hcl soln</i>	F	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB SOSY	F	PA; SP
LUCENTIS SOSY	F	PA; SP
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	F	PA
ALPHAGAN P SOLN 0.15 % (Use Brimonidine Tartrate)	***	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 % (Use Apraclonidine HCl)	***	PA
IOPIDINE SOLN 1 %	F	
SIMBRINZA SUSP	F	PA
Ophthalmic Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
AZASITE SOLN	F	PA
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 0.5 %	F	PA
<i>moxifloxacin hcl (ophth) soln 0.5 %</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)
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN	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)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>polymyxin b-trimethoprim soln</i>	F	QL(10 ml per fill retail)
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	***	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln</i>	F	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)
TOBREX OINT	F	
TOBREX SOLN (Use Tobramycin (Ophth))	***	QL(5 ml per 30 days retail)
TRIFLURIDINE SOLN	F	QL(8 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)

Drug Name	Drug Tier	Requirements/ Limits
<i>tetrahydrozoline w/ zinc sulfate soln</i>	F	
VISINE SOLN (Use Tetrahydrozoline HCl (Ophth))	***	QL(30 ml per fill retail)
Ophthalmic Immunomodulators		
RESTASIS EMUL 0.05 %	F	PA
RESTASIS MULTIDOSE EMUL 0.05 %	F	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (Use Proparacaine HCl)	***	PA
<i>proparacaine hcl soln</i>	F	PA
<i>tetracaine hcl (ophth) soln</i>	F	PA
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	F	PA; SP
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 (Use Fluorometholone (Ophth))	***	QL(15 ml per fill retail)
FML OINT	F	QL(4 gm per 30 days retail)
LOTEMAX GEL	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX SUSP (<i>Use Loteprednol Etabonate</i>)	***	PA
<i>loteprednol etabonate susp</i>	F	PA
MAXIDEX SUSP	F	PA
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)
OZURDEX IMPL	F	PA; SP
PRED FORTE SUSP	F	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)
PREDNISOLONE ACETATE P-F SUSP	F	QL(15 ml per fill retail)
PREDNISOLONE ACETATE 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)

Drug Name	Drug Tier	Requirements/ Limits
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN	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)
<i>tobramycin-dexamethasone susp</i>	F	QL(10 ml per fill retail)
YUTIQ IMPL	F	PA
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)
DORZOLAMIDE HCL SOLN	F	QL(10 ml per 30 days retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl soln</i>	F	QL(10 ml per 30 days retail)
ELESTAT SOLN (Use <i>Epinastine HCl (Ophth)</i>)	***	PA
EMADINE SOLN	F	PA
<i>epinastine hcl (ophth) soln</i>	F	PA
FLURBIPROFEN SODIUM SOLN	F	QL(5 ml per 30 days retail)
<i>flurbiprofen sodium soln</i>	F	QL(5 ml per 30 days retail)
ILEVRO SUSP	F	PA
<i>ketorolac tromethamine (ophth) soln 0.4 %</i>	F	
<i>ketorolac tromethamine (ophth) soln 0.5 %</i>	F	QL(10 ml per fill retail)
<i>ketotifen fumarate (ophth) soln</i>	F	QL(240 ml per fill retail)
LASTACAFT SOLN	F	PA
MURO 128 OINT (Use <i>Sodium Chloride Hypertonic</i>)	***	QL(7 gm per fill retail)
MURO 128 SOLN (Use <i>Sodium Chloride Hypertonic</i>)	***	QL(30 ml per fill retail)
<i>olopatadine hcl soln</i>	F	PA
PATADAY SOLN (Use <i>Olopatadine HCl</i>)	***	PA
PROLENSA SOLN	F	PA
<i>sodium chloride hypertonic oint</i>	F	QL(7 gm per fill retail)
<i>sodium chloride hypertonic soln</i>	F	QL(30 ml per fill retail)
TRUSOPT SOLN (Use <i>Dorzolamide HCl</i>)	***	QL(10 ml per 30 days retail)
ZADITOR SOLN (Use <i>Ketotifen Fumarate (Ophth)</i>)	***	QL(240 ml per fill retail)
Prostaglandins - Ophthalmic		
<i>latanoprost soln 0.005 %</i>	F	QL(5 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
LATANOPROST SOLN 0.005 %	F	QL(5 ml per 30 days retail)
LUMIGAN SOLN	F	PA
RESCULA SOLN	F	PA
XALATAN SOLN (Use <i>Latanoprost</i>)	***	QL(5 ml per 30 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	F	QL(15 ml per 30 days retail)
ACETIC ACID/ALUMINUM ACETATE SOLN	F	
<i>carbamide peroxide (otic) soln</i>	F	QL(15 ml per 30 days retail)
DEBROX SOLN (Use <i>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 (Use <i>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	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
COLY-MYCIN S SUSP	F	PA
CORTANE-B AQUEOUS SOLN	F	QL(10 ml per fill retail)
CORTANE-B-OTIC SOLN (Use <i>Pramoxine-HC-Chloroxyleneol</i>)	***	QL(15 ml per fill retail)
<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)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
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)
<i>hydrocortisone w/acetic acid soln</i>	F	QL(20 ml per 30 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs</i>	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
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 INJ	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

Drug Name	Drug Tier	Requirements/Limits
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
PANZYGA SOLN	F	PA; SP
PRIVIGEN SOLN	F	PA; SP
RHOGAM ULTRA-FILTERED PLUS SOSY	F	PA; SP
RHOPHYLAC SOSY	F	PA; SP
WINRHO SDF SOLN	F	PA; SP
Monoclonal Antibodies		
SYNAGIS SOLN	F	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	F	
AMOXICILLIN CHEW 125 MG, 250 MG	F	
<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	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
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		
<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)
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12	F	QL(40 ea per 30 days 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)

Drug Name	Drug Tier	Requirements/Limits
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		
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
DISTILLATA DISTILLED 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
<i>glycine diluent soln</i>	F	PA; SP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
GRAPE SYRUP SYRP	F	RX/OTC
MX-SOL BLEND SF SUSP	F	RX/OTC
MX-SOL BLEND SUSP	F	RX/OTC
MX-SOL SF SYRP	F	RX/OTC
MX-SOL SUSPEND SUSP	F	RX/OTC
MX-SOL SYRP	F	RX/OTC
NICE DISTILLED WATER LIQD	F	RX/OTC
ORA-BLEND SF SUSP	F	RX/OTC
ORA-BLEND SUSP	F	RX/OTC
ORA-PLUS LIQD	F	RX/OTC
ORA-SWEET SF SYRP	F	RX/OTC
ORA-SWEET SYRP	F	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	F	RX/OTC
ORAL MIX SF SUSP	F	RX/OTC
ORAL SUSPEND LIQD	F	RX/OTC
ORAL 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 (<i>Use Glycine Diluent</i>)	***	PA; SP
PURIFIED WATER LIQD	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PX PURIFIED WATER LIQD	F	RX/OTC
RA CRYSTAL LAKE DISTILLEDWATER LIQD	F	RX/OTC
SOLVATECH PLUS SUSP	F	RX/OTC
SOLVATECH SWEET SF SYRP	F	RX/OTC
STERILE DILUENT FOR FLOLAN SOLN (<i>Use Glycine Diluent</i>)	***	PA; SP
STERILE DILUENT FOR TREPROSTINIL INJECTION SOLN	F	PA; SP
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	F	RX/OTC
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	F	RX/OTC
SUSPENSION VEHICLE SUSP	F	RX/OTC
SWEETENING SUSPENDING COMPOUND SYRP	F	RX/OTC
SYRPALTA SYRP	F	RX/OTC
SYRSPEND SF LIQD	F	RX/OTC
SYRUP VEHICLE SF SYRP	F	RX/OTC
SYRUP VEHICLE SYRP	F	RX/OTC
VERSAFREE SYRP	F	RX/OTC
VERSAPLUS SYRP	F	RX/OTC
Semi Solid Vehicles		
1ST BASE CREA	F	RX/OTC
ADVANCED BASE PLUS CREA	F	RX/OTC
ALBA-DERM CREA	F	RX/OTC
ALTADERM CREAM BASE CREA	F	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
APOTHE SAR 2 CREA	F	RX/OTC
APOTHE SAR PLUS CREA	F	RX/OTC
APOTHE SIL CREA	F	RX/OTC
ARBEM H-COSMETIC CREA	F	RX/OTC
ARBEM LIOPEN CREA	F	RX/OTC
ATREVIS HYDROGEL CREA	F	RX/OTC
AUXIPRO VANISHING CREAM CREA	F	RX/OTC
AZ CREAM CREA	F	RX/OTC
BASE PCCA CLARIFYING CREA	F	RX/OTC
BASE W301 CREA	F	RX/OTC
BRAVURA ALL-IN-ONE CREA	F	RX/OTC
CELA BASE CREA	F	RX/OTC
CHRYSADERM DAY CREA	F	RX/OTC
CHRYSADERM NIGHT CREA	F	RX/OTC
CREAM BASE CREA	F	RX/OTC
CREAM CONCENTRATE CREA	F	RX/OTC
CUTIS PLUS CREA	F	RX/OTC
DELBASE COMPOUNDING OINT	F	RX/OTC
EMOLIVAN CREA	F	RX/OTC
EMOLLIENT CREAM BASE CREA	F	RX/OTC
EMOLLIENT CREAM CREA	F	RX/OTC
FAGRON LS PLUS CREA	F	RX/OTC
FAGRON NATURAL CREAM CREA	F	RX/OTC
FAGRON SUPREME CREAM CREA	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FITALITE CREA	F	RX/OTC
FREEDOM ADAPTADERM CREA	F	RX/OTC
FREEDOM DERMA SERUM CREA	F	RX/OTC
FREEDOM DERMA-D CREA	F	RX/OTC
FREEDOM DERMA-N CREA	F	RX/OTC
HYDROPHILIC OINT	F	RX/OTC
HYDROPHILIC PETROLATUM OINT	F	
HYDROUS EMULSIFIED BASE CREA	F	RX/OTC
LANOLIN ANHYDROUS OINT	F	RX/OTC
LANOLIN ANHYDROUS-GRX OINT	F	RX/OTC
<i>lanolin oint</i>	F	RX/OTC
LIPO CREAM BASE CREA	F	RX/OTC
LIOPEN ABSORPTION ENHANCING BASE CREA	F	RX/OTC
LIOPEN ULTRA BASE CREA	F	RX/OTC
LIPOSOMAL HEAVY CREA	F	RX/OTC
LIPOSOMAL REGULAR CREA	F	RX/OTC
MEDIDERM CREA	F	RX/OTC
MICRODERM BASE CREA	F	RX/OTC
MICROSOME BASE CREA	F	RX/OTC
MULTIBASE CREA	F	RX/OTC
NOURILITE CREA	F	RX/OTC
NOURIVAN ANTIOX CREAM BASE CREA	F	RX/OTC
NOXI-K CREA	F	RX/OTC
OCCLUVAN OINT	F	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
P-SILOXAN DS CREA	F	RX/OTC
PCCA ALADERM BASE CREA	F	RX/OTC
PCCA ANHYDROUS LIPODERM BASE CREA	F	RX/OTC
PCCA BASE 7542 CREA	F	RX/OTC
PCCA BIOPEPTIDE BASE CREA	F	RX/OTC
PCCA COSMETIC HRT BASE CREA	F	RX/OTC
PCCA EMOLLIENT CREAM BASE CREA	F	RX/OTC
PCCA LIPODERM BASE CREA	F	RX/OTC
PCCA LIPODERM CUSTOM BASE CREA	F	RX/OTC
PCCA MVC BASE CREA	F	RX/OTC
PCCA NATACREAM CREA	F	RX/OTC
PCCA PRACASIL TM-PLUS BASE CREA	F	RX/OTC
PCCA VANISHING CREAM LIGHT CREA	F	RX/OTC
PCCA VANISHING CREAM/LOTION BASE CREA	F	RX/OTC
PCCA VANPEN BASE CREA	F	RX/OTC
PENCREAM CREA	F	RX/OTC
PENDERM CREA	F	RX/OTC
PENSOMAL CREAM CREA	F	RX/OTC
PENTAPHENE BASE CREA	F	RX/OTC
PERFORMAX SALT SUPPORTIVEBASE CREA	F	RX/OTC
PFCB CREA	F	RX/OTC
PHARMABASE ANTIOXIDANT CREA	F	RX/OTC
PHARMABASE COSMETIC CREA	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PHARMABASE COSMETIC NATURAL CREA	F	RX/OTC
PHARMABASE HEAVY CREA	F	RX/OTC
PHARMABASE LIGHT CREA	F	RX/OTC
PHARMABASE VAGINAL MOISTURIZING CREA	F	RX/OTC
PHYTOBASE CREA	F	RX/OTC
PICODERM CREA	F	RX/OTC
PNA-HRT BASE CREA	F	RX/OTC
Q-DERM CREA	F	RX/OTC
REJUVACARE PLUS CREA	F	RX/OTC
SA3 DERM CREA	F	RX/OTC
SALT DURABLE CREAM CREA	F	RX/OTC
SALT STABLE LS ADVANCED CREA	F	RX/OTC
SALTSTABLE LO CREA	F	RX/OTC
SANARE ADVANCED SCAR THERAPY CREA	F	RX/OTC
SANARE SCAR THERAPY CREA	F	RX/OTC
SCAR CARE CREAM CREA	F	RX/OTC
SEDANARE CREA	F	RX/OTC
SILPROTEX PLUS CREA	F	RX/OTC
SKYY DERM CREA	F	RX/OTC
STERA BASE CREA	F	RX/OTC
TERODERM CREA	F	RX/OTC
TERODERM-PLUS CREA	F	RX/OTC
TIGHTENING BASE CREA	F	RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
U-BASE CREA	F	RX/OTC
ULTRADERM CREA	F	RX/OTC
V-MAX CREA	F	RX/OTC
VANIBASE CREA	F	RX/OTC
VANISH-PEN CREA	F	RX/OTC
VANISHING CREAM BOTANICALBASE CREA	F	RX/OTC
VANISHING CREAM CREA	F	RX/OTC
VERSAPRO CREA	F	RX/OTC
VERSATILE CREAM BASE CREA	F	RX/OTC
VERSATILE RICH CREAM BASE CREA	F	RX/OTC
VERSIGEL CREA	F	RX/OTC
VP DERMABASE CREA	F	RX/OTC
WOUND CARE CREAM CREA	F	RX/OTC
XCEL 100 CREA	F	RX/OTC
XEMATOP BASE CREA	F	RX/OTC
ZOE SCRIPTS IDEALBASE CREA	F	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	***	
hydroxyprogesterone caproate oil im 250 mg/ml	F	QL(4 ml per 28 days retail)
MAKENA OIL IM 250 MG/ML (Use Hydroxyprogesterone Caproate)	F	QL(4 ml per 28 days retail)
MAKENA SOAJ SC 275 MG/1.1ML	F	QL(4.4 ml per 28 days retail); SP

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate tabs	F	MP
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	***	PA
megestrol acetate (appetite) susp	F	PA
norethindrone acetate tabs	F	
progesterone micronized caps	F	QL(60 ea per 30 days retail)
PROMETRIUM CAPS (Use Progesterone Micronized)	***	QL(60 ea per 30 days retail)
PROVERA TABS (Use Medroxyprogesterone Acetate)	***	MP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium tbec	F	PA
ANTABUSE TABS (Use Disulfiram)	***	
disulfiram tabs	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)
donepezil hydrochloride tabs 23 mg	F	PA
donepezil hydrochloride tabs 5 mg, 10 mg	F	QL(31 ea per 31 days retail)
donepezil hydrochloride tbdp 5 mg, 10 mg	F	QL(31 ea per 31 days retail)
EXELON PT24 (Use Rivastigmine)	***	PA
galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg	F	QL(1 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
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)
<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 TABS (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

Drug Name	Drug Tier	Requirements/Limits
Fibromyalgia Agents		
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 80 MG	F	PA; SP
<i>tetrabenazine tabs</i>	F	PA; SP
XENAZINE TABS (Use Tetrabenazine)	***	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use Dalfampridine)	***	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
<i>dalfampridine tb12</i>	F	PA; SP
EXTAVIA KIT	F	PA; SP
GILENYA CAPS 0.5 MG	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

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATIONPACK SOAJ	F	PA; SP
REBIF SOSY	F	PA; SP
REBIF TITRATION PACK SOSY	F	PA; SP
TECFIDERA CPDR	F	PA; SP
TECFIDERA STARTER PACK MISC	F	PA; SP
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>)	***	
PIMOZIDE TABS	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

Drug Name	Drug Tier	Requirements/Limits
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>)	***	
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)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	F	PA; SP
Vasomotor Symptom Agents		
BRISDELLE CAPS (<i>Use Paroxetine Mesylate (Vasomotor)</i>)	***	PA
<i>paroxetine mesylate (vasomotor) caps</i>	F	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACK 50 MG, 75 MG	F	PA; SP
KALYDECO TABS 150 MG	F	PA; SP
ORKAMBI PACK 100MG-125MG, 150MG-188MG	F	PA
ORKAMBI TABS 100MG-125MG, 200MG-125MG	F	PA; SP
PULMOZYME SOLN	F	PA; SP
SYMDEKO TBPK	F	PA; SP
Pulmonary Fibrosis Agents		
OFEV CAPS	F	PA; SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	F	PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>demeclocycline hcl tabs</i>	F	PA
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	F	
<i>doxycycline (monohydrate) caps 75 mg, 150 mg</i>	F	PA
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	F	PA
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	F	
<i>doxycycline (monohydrate) tabs 75 mg, 150 mg</i>	F	PA
<i>doxycycline hyclate caps 50 mg, 100 mg</i>	F	
<i>doxycycline hyclate tabs 20 mg, 100 mg</i>	F	
<i>doxycycline hyclate tbec 75 mg, 100 mg, 150 mg</i>	F	PA
MINOCIN CAPS (Use <i>Minocycline HCl</i>)	***	
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl tb24 45 mg, 55 mg, 65 mg, 80 mg, 90 mg, 105 mg, 115 mg, 135 mg</i>	F	PA
MONODOX CAPS 100 MG (Use <i>Doxycycline (Monohydrate)</i>)	***	
MONODOX CAPS 75 MG (Use <i>Doxycycline (Monohydrate)</i>)	***	PA
SOLODYN TB24 (Use <i>Minocycline HCl</i>)	***	PA
<i>tetracycline hcl caps</i>	F	
VIBRAMYCIN CAPS 100 MG (Use <i>Doxycycline Hyclate</i>)	***	
VIBRAMYCIN SUSR 25 MG/5ML (Use <i>Doxycycline (Monohydrate)</i>)	***	PA
VIBRAMYCIN SYRP 50 MG/5ML	F	PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	F	MP
<i>propylthiouracil tabs</i>	F	MP
TAPAZOLE TABS (Use <i>Methimazole</i>)	***	MP
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use <i>Thyroid</i>)	F	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	F	
CYTOMEL TABS (Use <i>Liothyronine Sodium</i>)	***	MP
<i>levothyroxine sodium tabs</i>	F	MP
<i>liothyronine sodium tabs</i>	F	MP
NATURE-THROID TABS	F	
SYNTHROID TABS (Use <i>Levothyroxine Sodium</i>)	F	MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>thyroid tabs</i>	F	
THYROLAR-1 TABS	F	
THYROLAR-1/2 TABS	F	
THYROLAR-1/4 TABS	F	
THYROLAR-2 TABS	F	
THYROLAR-3 TABS	F	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	F	PA
WESTHROID TABS	F	
WP THYROID TABS	F	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BELLADONNA/OPIUM SUPP	F	PA
BENTYL CAPS (<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	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	F	QL(4 ea daily)
<i>hyoscyamine sulfate elix or 0.125 mg/5ml</i>	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 subl sl 0.125 mg</i>	***	

Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	***	
<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>	***	
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	F	
LEVBID TB12 (<i>Use Hyoscyamine Sulfate</i>)	***	QL(4 ea daily)
LEVSIN SOLN	F	
<i>methscopolamine bromide tabs</i>	F	PA
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	
<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>)	***	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

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

Drug Name	Drug Tier	Requirements/Limits
EQ OMEPRAZOLE TBEC	F	QL(1 ea daily)
EQL OMEPRAZOLE TBEC	F	QL(1 ea daily)
esomeprazole magnesium cpdr 20 mg	F	QL(2 ea daily); RX/OTC
esomeprazole magnesium cpdr 40 mg	F	PA
FIRST-LANSOPRAZOLE SUSP	F	QL(300 ml per fill retail)
FIRST-OMEPRAZOLE SUSP	F	QL(300 ml per fill retail); AL(Up to 2 yrs old)
GNP OMEPRAZOLE TBEC	F	QL(1 ea daily)
HM OMEPRAZOLE TBEC	F	QL(1 ea daily)
KLS OMEPRAZOLE TBEC	F	QL(1 ea daily)
lansoprazole cpdr 15 mg	F	QL(4 ea daily); RX/OTC
lansoprazole cpdr 30 mg	F	QL(2 ea daily)
lansoprazole tbdp 15 mg, 30 mg	F	QL(1 ea daily)
NEXIUM 24HR CLEAR MINIS CPDR (Use Esomeprazole Magnesium)	***	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (Use Esomeprazole Magnesium)	***	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (Use Esomeprazole Magnesium)	***	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium)	***	PA
NEXIUM PACK 10 MG, 20 MG, 40 MG	F	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	F	QL(300 ml per fill retail); AL(Up to 2 yrs old)
omeprazole cpdr 10 mg	F	QL(1 ea daily)
omeprazole cpdr 20 mg	F	QL(2 ea daily); RX/OTC

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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 OTC TBEC	F	QL(1 ea daily)
PRILOSEC PACK	F	PA
PROTONIX PACK 40 MG	F	PA
PROTONIX TBEC 20 MG (Use Pantoprazole Sodium)	***	QL(1 ea daily)
PROTONIX TBEC 40 MG (Use Pantoprazole Sodium)	***	QL(2 ea daily)
PX OMEPRAZOLE TBEC	F	QL(1 ea daily)
RA OMEPRAZOLE TBEC	F	QL(1 ea daily)
<i>rabeprazole sodium tbec</i>	F	PA
SB OMEPRAZOLE TBEC	F	QL(1 ea daily)
SM OMEPRAZOLE TBEC	F	QL(1 ea daily)
SW OMEPRAZOLE TBEC	F	QL(1 ea daily)
TGT OMEPRAZOLE TBEC	F	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use Misoprostol)	***	

Drug Name	Drug Tier	Requirements/ Limits
<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
ZEGERID OTC CAPS (Use Omeprazole-Sodium Bicarbonate)	***	QL(2 ea daily); RX/OTC
ZEGERID PACK 20MG-1680MG, 40MG-1680MG (Use Omeprazole-Sodium Bicarbonate)	***	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
HYOPHEN TABS	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<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 (Use Methenamine-Hyoscamine-Methylene Blue-Sodium Phosphate)	***	PA
UTA CAPS	F	PA
Urinary Anti-infectives		
FURADANTIN SUSP (Use Nitrofurantoin)	***	QL(40 ml daily)
HIPREX TABS (Use Methenamine Hippurate)	***	PA
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	***	
MACRODANTIN CAPS (Use Nitrofurantoin Macrocrystal)	***	
<i>methenamine hippurate tabs</i>	F	PA
<i>methenamine mandelate tabs</i>	F	
<i>nitrofurantoin macrocrystal caps</i>	F	
<i>nitrofurantoin monohyd macro caps</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin susp</i>	F	QL(40 ml daily)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	F	PA
DETROL LA CP24 (Use Tolterodine Tartrate)	***	
DETROL TABS (Use Tolterodine Tartrate)	***	PA
DITROPAN XL TB24 (Use Oxybutynin Chloride)	***	QL(2 ea daily); MP
ENABLEX TB24 (Use Darifenacin Hydrobromide)	***	PA
GELNIQUE GEL	F	PA
GELNIQUE PUMP GEL	F	PA
<i>oxybutynin chloride syr 5 mg/5ml</i>	F	QL(16.6 ml daily); MP
<i>oxybutynin chloride tabs 5 mg</i>	F	QL(3 ea daily); MP
<i>oxybutynin chloride tb24 5 mg, 10 mg, 15 mg</i>	F	QL(2 ea daily); MP
OXYTROL FOR WOMEN PTTW	F	PA; RX/OTC
OXYTROL PTTW	F	PA; RX/OTC
<i>solifenacin succinate tabs</i>	F	PA
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	F	
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	F	PA
TOVIAZ TB24	F	PA
<i>tropium chloride cp24 60 mg</i>	F	PA
<i>tropium chloride tabs 20 mg</i>	F	QL(2 ea daily)
VESICARE TABS (Use Solifenacin Succinate)	***	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	F	MP

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	***	MP
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		
ENGERIX-B INJ	F	AL(At least 18 yrs old)
ENGERIX-B SUSP	F	AL(At least 18 yrs old)
FLUMIST QUADRIVALENT SUSP	F	limit 0.5 per 180 days; 1 rtl pack lmt amt, 180 rtl pack lmt day(s); AL(At least 9 yrs old)
GARDASIL 9 SUSP	F	AL(At least 9 yrs old)
GARDASIL 9 SUSY	F	AL(At least 9 yrs old)
GARDASIL SUSP	F	AL(At least 9 yrs old)
HAVRIX SUSP	F	
M-M-R II INJ	F	AL(At least 18 yrs old)
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	

Drug Name	Drug Tier	Requirements/ Limits
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 - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
ENCARE SUPP	F	QL(12 ea per fill retail)
<i>nonoxynol-9 gel</i>	F	QL(25.5 gm per fill retail)
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (<i>Use Nonoxynol-9</i>)	***	QL(25.5 gm per fill retail)
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	F	QL(81 gm per fill retail)
SHUR-SEAL GEL	F	QL(24 gm per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	F	
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	F	QL(17 gm per fill retail)
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (<i>Use 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	

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
GYNE-LOTRIMIN 3 CREA (Use Clotrimazole Vaginal)	***	QL(31 gm per 30 days retail)
GYNE-LOTRIMIN CREA (Use Clotrimazole Vaginal)	***	QL(45 gm per 30 days retail)
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	***	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)
<i>miconazole nitrate vaginal crea 2 %, 4 %</i>	F	QL(45 gm per 30 days retail)
<i>miconazole nitrate vaginal kit</i>	F	QL(24 gm per fill retail)
<i>miconazole nitrate vaginal kit</i>	F	QL(1 ea per fill retail)
<i>miconazole nitrate vaginal supp 100 mg</i>	F	QL(7 ea per 30 days retail)
MONISTAT 1 COMBO PACK KIT (Use Miconazole Nitrate Vaginal)	***	QL(1 ea per fill retail)
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (Use Miconazole Nitrate Vaginal)	***	QL(1 ea per fill retail)
MONISTAT 3 COMBINATION PACK KIT (Use Miconazole Nitrate Vaginal)	***	QL(24 gm per fill retail)
MONISTAT 3 CREA (Use Miconazole Nitrate Vaginal)	***	QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA (Use Miconazole Nitrate Vaginal)	***	QL(45 gm per 30 days retail)
TERAZOL 7 CREA (Use Terconazole Vaginal)	***	
TERCONAZOLE CREA	F	
<i>terconazole vaginal crea</i>	F	
<i>terconazole vaginal supp</i>	F	
<i>tioconazole vaginal oint</i>	F	
Vaginal Estrogens		

Drug Name	Drug Tier	Requirements/ Limits
ESTRACE CREA VA 0.1 MG/GM (Use Estradiol Vaginal)	***	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	
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 Estradiol Vaginal)	***	
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)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.15 MG/0.15ML	F	PA; Limit 1 fill (2 pens) per month; 4 pens per year;QL(2 ea per fill retail,4 ea per 365 days retail)
AUVI-Q SOAJ 0.3 MG/0.3ML	***	
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml</i>	F	PA; Limit 1 fill (2 pens) per month; 4 pens per year;QL(2 ea per fill retail,4 ea per 365 days retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml</i>	F	Limit 1 fill (2 pens) per month; 4 pens per year; QL(2 ea per fill retail, 4 ea per 365 days retail)
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	***	
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	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 (Use Epinephrine (Anaphylaxis))	***	
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		
EPINEPHRINE HCL SOLN	***	
EPINEPHRINE HCL SOLN 1 MG/ML	F	
<i>epinephrine soln 1 mg/ml</i>	***	
<i>midodrine hcl tabs</i>	F	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 1000 unit, 2000 unit</i>	F	QL(100 ea per fill retail)
<i>cholecalciferol caps 400 unit, 10000 unit</i>	F	
<i>cholecalciferol caps 5000 unit</i>	F	QL(2 ea daily)
<i>cholecalciferol caps 50000 unit</i>	F	QL(8 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol chew 400 unit, 1000 unit</i>	F	
<i>cholecalciferol liqd 400 unit/ml, 5000 unit/ml</i>	F	
<i>cholecalciferol tabs 25 mcg, 400 unit, 1000 unit, 2000 unit, 5000 unit</i>	F	
D-VI-SOL LIQD (Use Cholecalciferol)	***	
DRISDOL CAPS (Use Ergocalciferol)	***	
<i>ergocalciferol caps</i>	F	
<i>ergocalciferol soln</i>	F	
KEY-E CHEW	F	QL(62 ea per 30 days retail)
MEPHYTON TABS (Use Phytonadione)	***	
<i>phytonadione tabs</i>	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 50 unit/ml, 15 unit/0.3ml</i>	F	
Water Soluble Vitamins		
<i>ascorbic acid chew or 250mg, 500mg, 250 mg, 500 mg, 7.5mg-500mg</i>	F	
<i>ascorbic acid tabs or 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg, 25mg-35mg-500mg</i>	F	QL(100 ea per 30 days retail)
<i>ascorbic acid tbcr or 500mg, 500 mg, 16mg-25mg-500mg</i>	F	
B-1 TABS	F	QL(100 ea per 30 days retail)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>biotin caps</i>	F	
BIOTIN FORTE TABS	F	
<i>biotin tabs</i>	F	
<i>niacin cpcr 250 mg, 500 mg</i>	F	
<i>niacin tabs 100 mg, 250 mg, 500 mg</i>	F	
<i>niacin tbcr 250 mg, 500 mg, 750 mg</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)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated June 1, 2019

Index

1ST BASE	149	ACIDOPHILUS HIGH- POTENCY	34	ADRENALIN	139
1ST TIER UNIFINE PENTIPS32GX6MM	123	ACIDOPHILUS PEARLS ..	34	ADVAIR DISKUS	22
1ST TIER UNIFINE PENTIPS33GX4MM	123	ACIDOPHILUS PROBIOTIC BLEND	34	ADVAIR HFA	22
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	123	ACIDOPHILUS SUPER PROBIOTIC	34	ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM	117
4-N-1	89	ACIDOPHILUS/CITRUS PECTIN	36	ADVANCED BASE PLUS ..	149
5 DAY	89	ACIDOPHILUS/GOAT MILK	34	ADVANCED CALCIUM/VITAMIND/MAGNESI UM	128
A + D PERSONAL CARE LOTION	81	ACIPHEX	157	ADVANCED MOBILE LANCET 30G	117
A+D FIRST AID	89	ACIPHEX SPRINKLE	157	ADVANCED PROBIOTIC ..	34
abacavir sulfate	52	acitretin	77	ADVANCED PROBIOTIC 10 34	
abacavir sulfate-lamivudine	52	ACNE MEDICATION 10 ...	71	ADVATE	108
abacavir sulfate-lamivudine- zidovudine	52	ACNE MEDICATION 5 ...	71	ADVIL	4
ABILIFY	52	ACTEMRA	3	ADVIL COLD & SINUS	64
ABILIFY MAINTENA	52	ACTEMRA ACTPEN	3	ADVIL MIGRAINE	4
ABILIFY MYCITE	52	ACTICON	64	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM ...	117
abiraterone acetate	46	ACTIGALL	105	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING	117
ABSORBASE	89	ACTIMARIS WOUND GEL	96	ADVOCATE REDI-CODE+/ TALKING	117
ABSORICA	71	ACTIMMUNE	48	ADVOCATE REDI- CODE/TALKING	117
ABSTRAL	7	ACTINEL	64	AEROSPAN	21
acamprosate calcium	152	ACTINEL PEDIATRIC	64	AFINITOR	47
ACANYA	71	ACTIQ	7	AFINITOR DISPERZ	47
acarbose	30	ACTIVE OB	133	AFREZZA	32
ACCOLATE	21	ACTIVELLA	104	AFRIN	140
ACCU-CHEK AVIVA CONNECT	117	ACTONEL	102	AFRIN 12 HOUR	139
ACCU-CHEK AVIVA PLUS	117	ACTOPLUS MET	30	AFRIN ALL NIGHT NODRIP	139
ACCU-CHEK GUIDE	98	ACTOPLUS MET XR	30	AFRIN CHILDRENS	139
ACCU-CHEK GUIDE ME ...	117	ACTOS	32	AFRIN NASAL SPRAY	140
ACCU-CHEK NANO SMARTVIEW	117	ACULAR	145	AFRIN NODRIP EXTRA MOISTURIZING	140
ACCUPRIL	42	ACULAR LS	145	AFRIN NODRIP ORIGINAL	140
ACCURETIC	43	ACUVAIL	145	AFRIN NODRIP SEVERE CONGESTION	140
acebutolol hcl	56	ACUWASH	89	AFRIN NODRIP SINUS ...	140
ACEON	42	acyclovir	55	AFRIN SINUS	140
acetaminophen	6	acyclovir topical	77	AGAMATRIX JAZZ WIRELESS 2	117
acetaminophen w/ codeine ..	10	ADALAT CC	57	AGAMATRIX PRESTO	117
acetaminophen w/ dm	64	adapalene	71	AGGRENOL	109
acetaminophen-caffeine	5	ADAPALENE	71	AGRYLIN	109
acetazolamide	101	ADCETRIS	46	AJOVY	125
acetic acid	107	ADCIRCA	59	AKTIPAK	71
acetic acid (otic)	146	ADDERALL	1	ALBA-DERM	149
ACETIC ACID/ALUMINUM ACETATE	146	ADDERALL XR	1		
acetylcysteine	70	adefovir dipivoxil	55		
ACIDOPHILUS	34	ADEMPAS	59		
		ADMELOG	32		
		ADMELOG SOLOSTAR ..	32		

al bendazole.....	16	alogliptin-metformin hcl.....	30	amitriptyline hcl.....	29
ALBENZA.....	17	alogliptin-pioglitazone.....	30	AMLACTIN ULTRA.....	81
ALBOLENE.....	81	ALOMIDE.....	145	amlodipine besylate.....	57
ALBUSTIX.....	98	ALORA.....	104	amlodipine besylate-atorvastatin calcium.....	59
albuterol sulfate.....	22	alose tron hcl.....	106	amlodipine besylate-benazepril hcl.....	43
ALBUTEROL SULFATE ER.....	22	ALPHA LIPOIC ACID.....	2	amlodipine besylate-olmesartan medoxomil.....	43
ALCAINE.....	144	ALPHAGAN P.....	143	amlodipine besylate- valsartan.....	43
alclometasone dipropionate.....	78	ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN.....	108	amlodipine-valsartan- hydrochlorothiazide.....	43
ALCOHOL PADS.....	123	ALPHANINE SD.....	108	AMOXAPINE.....	29
ALCOHOL PREP PADS.....	123	alprazolam.....	19	amoxicillin.....	147
ALDACTAZIDE.....	101	ALPRAZOLAM INTENSOL.....	19	AMOXICILLIN.....	147
ALDACTONE.....	102	ALPROLIX.....	108	amoxicillin.....	147
ALDARA.....	87	ALREX.....	144	amoxicillin & pot clavulanate.....	148
ALENDRONATE SODIUM.....	102	ALTABAX.....	74	amoxicillin-clarithromycin w/ lansoprazole.....	158
alendronate sodium.....	102	ALTACE.....	42	AMOXICILLIN/CLAVULANATE POTASSIUM.....	148
ALENDRONATE SODIUM.....	102	ALTADERM CREAM BASE.....	149	AMOXICILLIN/CLAVULANATE POTASSIUM ER.....	148
ALER-DRYL.....	39	ALTOPREV.....	41	amphetamine- dextroamphetamine.....	1
ALEVAZOL.....	74	alum & mag hydrox- simethicone.....	16	ampicillin.....	147
ALEVE.....	4	ALUMINUM HYDROXIDE.....	16	AMPICILLIN.....	147
ALEVE ARTHRITIS.....	4	aluminum hydroxide.....	90	AMPYRA.....	153
alfuzosin hcl.....	108	aluminum hydroxide-mag carb.....	16	AMRIX.....	138
ALIGN.....	34	aluminum hydroxide-mag trisil.....	16	ANADROL-50.....	15
ALIGN EXTRA STRENGTH.....	34	aluminum sulfate & calcium acetate.....	90	ANAFRANIL.....	29
ALINIA.....	17	ALVESCO.....	21	anagrelide hcl.....	109
aliskiren fumarate.....	44	amantadine hcl.....	49	ANALPRAM-HC.....	15
ALKERAN.....	46	AMARYL.....	33	ANAPROX DS.....	4
ALLEGRA ALLERGY.....	39	AMBIEN.....	112	anastrozole.....	46
ALLEGRA ALLERGY CHILDRENS.....	39	AMBIEN CR.....	112	ANBESOL MAXIMUM STRENGTH.....	130
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION.....	64	ambrisentan.....	59	ANCOBON.....	38
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION.....	64	AMCINONIDE.....	78	ANDRODERM.....	15
allopurinol.....	108	AMEDA TRIPLE ZERO LANOLIN.....	90	ANDROGEL.....	15
almotriptan malate.....	125	AMERGE.....	125	ANDROGEL PUMP.....	15
ALOCRI L.....	145	AMERIDERM PERISHIELD.....	90	ANDROID.....	15
ALOE 10000 & PROBIOTICS.....	34	AMERIGEL WOUND DRESSING.....	96	ANGELIQ.....	104
ALOE AFTERSUN LOTION.....	81	AMICAR.....	111	ANORO ELLIPTA.....	22
ALOE VESTA ANTIFUNGAL.....	74	amiloride & hydrochlorothiazide.....	101	ANTABUSE.....	152
ALOE VESTA CLEAR ANTIFUNGAL.....	74	amiloride hcl.....	102	ANTARA.....	41
ALOE VESTA DAILY MOISTURIZER.....	89	aminocaproic acid.....	111	ANUSOL-HC.....	16
ALOE VESTA PROTECTIVE.....	89	amiodarone hcl.....	20	ANZEMET.....	37
ALOE VESTA SKIN CONDITIONER.....	90	AMITIZA.....	106	APEXICON E.....	78
alogliptin benzoate.....	32				

APIDRA.....	32	AROMASIN.....	46	ATRAPRO ANTIPRURITIC HYDROGEL.....	96
APIDRA SOLOSTAR.....	32	ARTHRITIS PAIN RELIEVING.....	88	ATRAPRO DERMAL SPRAY.....	96
APLENZIN.....	27	artificial tear ointment.....	141	ATREVIS HYDROGEL.....	150
APOTHE SAR 2.....	150	artificial tear solution.....	141	ATRIPLA.....	52
APOTHE SAR PLUS.....	150	ASC LOTIONIZED ANTIMICROBIAL SKIN CLEANSER.....	90	ATROPINE SULFATE.....	142
APOTHE SIL.....	150	ascorbic acid.....	162	ATROVENT HFA.....	21
apraclonidine hcl.....	143	ASMANEX TWISTHALER 120 METERED DOSES.....	21	AUBAGIO.....	153
aprepitant.....	38	ASMANEX TWISTHALER 14 METERED DOSES.....	21	AUGMENTED BETAMETHASONE DIPROPIONATE.....	78
APRISO.....	106	ASMANEX TWISTHALER 30 METERED DOSES.....	21	AUGMENTIN.....	148
APTIOM.....	24	ASMANEX TWISTHALER 60 METERED DOSES.....	21	AUGMENTIN ES-600.....	148
APTIVUS.....	52	ASMANEX TWISTHALER 7 METERED DOSES.....	21	AUGMENTIN XR.....	148
AQUA GLYCOLIC FACE CREAM.....	81	ASMANEX TWISTHALER 7 METERED DOSES.....	21	AUVI-Q.....	161
AQUA GLYCOLIC FACIAL CLEANSER.....	90	ASPERCREME/ALOE.....	88	AUXIPRO VANISHING CREAM.....	150
AQUA GLYCOLIC HAND & BODY LOTION.....	81	aspirin.....	6	AVALIDE.....	43
AQUA GLYCOLIC SHAMPOO & BODY CLEANSER.....	90	ASPIRIN.....	6	AVANDIA.....	32
AQUA GLYCOLIC TONER.....	90	aspirin.....	7	AVAPRO.....	42
AQUA LACTEN.....	81	aspirin buffered (cal carb-mag carb-mag oxide).....	6	AVAR.....	71
AQUADERM TREATMENT/MOISTURIZER	81	aspirin-acetaminophen- caffeine.....	5	AVAR LS.....	71
AQUAMED.....	81	ASPIRIN-CAFFEINE- DIHYDROCODEINE.....	11	AVAR LS CLEANSER.....	71
AQUAPHILIC.....	81	aspirin-dipyridamole.....	109	AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT.....	81
AQUAPHOR.....	81	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16".....	123	AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO.....	81
AQUAPHOR ADVANCED THERAPY.....	81	ASSURE ID SAFETY PEN NEEDLES 31G X 3/16".....	123	AVEENO ACTIVE NATURALS ECZEMA THERAPY.....	81
AQUAPHOR ADVANCED THERAPY BABY.....	81	ASTAGRAF XL.....	129	AVEENO ACTIVE NATURALS ECZEMA THERAPY HAND.....	82
AQUAPHOR LIP REPAIR.....	90	ASTepro.....	139	AVEENO ACTIVE NATURALS SKIN RELIEF MOISTURE REPAIR.....	82
AQUORAL.....	132	ATABEX OB.....	133	AVEENO ANTI-ITCH.....	88
ARANESP ALBUMIN FREE.....	110	ATACAND.....	42	AVEENO BABY CALMING COMFORT BATH.....	90
ARAVA.....	5	ATACAND HCT.....	43	AVEENO BABY CLEANSING THERAPY MOISTURIZING WASH.....	90
ARBEM H-COSMETIC.....	150	atazanavir sulfate.....	52	AVEENO BABY ECZEMA THERAPY.....	82
ARBEM LIPOPEN.....	150	ATELVIA.....	102	AVEENO DAILY MOISTURIZINGSPF 15.....	82
ARCALYST.....	3	atenolol.....	56	AVEENO INTENSE RELIEF HAND.....	82
ARCAPTA NEOHALER.....	22	atenolol & chlorthalidone.....	43	AVEENO POSITIVELY AGELESSFIRMING BODY.....	82
ARGININE.....	141	ATGAM.....	129	AVEENO POSITIVELY AGELESSSKIN STRENGTHENING BODY CREAM.....	82
arginine.....	141	ATIVAN.....	19		
ARICEPT.....	152	atomoxetine hcl.....	1		
ARIKAYCE.....	3	atorvastatin calcium.....	41		
ARIMIDEX.....	46	atovaquone.....	17		
aripiprazole.....	52	atovaquone-proguanil hcl.....	45		
ARISTADA.....	52	ATRAC-TAIN.....	81		
ARIXTRA.....	23	ATRALIN.....	71		
armodafinil.....	1				
ARMOUR THYROID.....	155				

AVEENO POSITIVELY AGELESSSKIN STRENGTHENING HAND CREAM.....	82	B-12.....	109	BECONASE AQ.....	139
AVEENO POSITIVELY NOURISHING 24-HOUR ULTRA-HYDRATING.....	82	B-12 1000.....	110	BELBUCA.....	14
AVEENO POSITIVELY NOURISHING ANTIOXIDANT INFUSED BODY WASH.....	90	b-complex w/ c & folic acid.....	132	BELLADONNA/OPIUM.....	156
AVEENO POSITIVELY RADIANT.....	82	BABY ANBESOL.....	130	BELSOMRA.....	113
AVEENO POSITIVELY RADIANT60 SECOND IN-SHOWER FACIAL.....	90	BACID.....	34	BENADRYL ALLERGY.....	39
AVEENO POSITIVELY RADIANTOVERNIGHT HYDRATING FACIAL MOISTURI.....	82	BACIGUENT.....	74	BENADRYL ALLERGY CHILDRENS.....	39
AVEENO STRESS RELIEF MOISTURIZING.....	82	BACITRACIN.....	143	BENADRYL EXTRA STRENGTH.....	76
AVELOX.....	105	bacitracin (topical).....	74	BENADRYL ITCH STOPPING.....	76
AVODART.....	108	bacitracin zinc.....	74	BENADRYL-D ALLERGY & SINUS CHILDRENS.....	64
AVONEX.....	153	bacitracin-poly-neomycin-hc.....	144	benazepril & hydrochlorothiazide.....	43
AVONEX PEN.....	153	bacitracin-polymyxin b.....	74	benazepril hcl.....	42
AXERT.....	126	bacitracin-polymyxin b (ophth).....	143	BENEFIBER.....	114
AXIRON.....	15	baclofen.....	138	BENEFIBER FOR CHILDREN.....	114
AYGESTIN.....	152	BACTRIM.....	17	BENEFIX.....	108
AYR NASAL DROPS.....	138	BACTRIM DS.....	17	BENGAY GREASELESS.....	88
AYR NASAL MIST ALLERGY & SINUS HYPERTONIC SALINE.....	139	BACTROBAN.....	74	BENGAY ULTRA STRENGTH.....	88
AZ CREAM.....	150	BACTROBAN NASAL.....	139	BENICAR.....	42
AZASAN.....	129	BAL-CARE DHA.....	133	BENICAR HCT.....	43
AZASITE.....	143	balsalazide disodium.....	106	BENLYSTA.....	130
azathioprine.....	129	BANZEL.....	24	BENTYL.....	156
AZEDRA DOSIMETRIC.....	48	BARACLUDGE.....	55	BENZAC AC WASH.....	71
AZEDRA THERAPEUTIC.....	48	BASAGLAR KWIKPEN.....	32	BENZACLIN.....	71
azelaic acid.....	95	BASE PCCA CLARIFYING.....	150	BENZACLIN WITH PUMP.....	71
azelastine hcl.....	139	BASE W301.....	150	BENZAMYCIN.....	71
azelastine hcl (ophth).....	145	BASIS CLEANSER EXTRA DRY.....	90	BENZEFOAM.....	71
AZELEX.....	71	BASIS CLEANSER NORMAL/DRY.....	90	BENZEFOAM ULTRA.....	71
AZILECT.....	50	BASIS CLEANSER SENSITIVE.....	90	benzocaine (dental).....	131
AZITHROMYCIN.....	116	BASIS FACIAL MOISTURIZER.....	90	benzocaine-menthol (mouth-throat).....	131
azithromycin.....	116	BASIS OVERNIGHT.....	90	benzocaine-triclosan.....	88
AZOLEN TINCTURE.....	74	BASLE.....	82	benzonatate.....	63,64
AZOPT.....	145	BAYER CONTOUR BLOOD GLUCOSE MONITORING SYSTEM.....	117	benzoyl peroxide.....	71
AZOR.....	43	BAYER CONTOUR LINK 2.4 BLOOD GLUCOSE MONITORING SYSTEM.....	117	BENZOYL PEROXIDE.....	71
AZULFIDINE.....	106	BD GLUCOSE.....	31	benzoyl peroxide.....	71
AZULFIDINE EN-TABS.....	106	BD LATITUDE DIABETES MANAGEMENT SYSTEM.....	117	BENZOYL PEROXIDE 8%.....	71
B-1.....	162	BD LOGIC BLOOD GLUCOSE MONITOR.....	117	BENZOYL PEROXIDE CLEANSER.....	71
		BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	123	benzoyl peroxide-erythromycin.....	71
				benztropine mesylate.....	49
				BESIVANCE.....	143
				BETA CARE.....	82
				BETA XMA.....	82

BETADINE.....	52	BLENDED SUSPENDING COMPOUND.....	148	BUMEX.....	101
BETADINE SKIN CLEANSER.....	52	BLEPH-10.....	143	BUNAVAIL.....	14
BETADINE SURGICAL SCRUB.....	52	BLEPHAMIDE.....	144	BUPHENYL.....	103
BETAGAN.....	142	BLEPHAMIDE S.O.P.....	144	BUPRENEX.....	14
betamethasone dipropionate (topical).....	78	BLOOD GLUCOSE MONITORINGSYSTEM.....	117	buprenorphine.....	14
betamethasone dipropionate augmented.....	78	BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM.....	117	BUPRENORPHINE.....	14
betamethasone valerate.....	78	BLOOD GLUCOSE SYSTEM PAK.....	117	buprenorphine hcl.....	14
BETAPACE.....	57	BLOOD GLUCOSE TEST STRIPS.....	98	buprenorphine hcl-naloxone hcl dihydrate.....	14
BETAPACE AF.....	57	BONE DENSITY BUILDER.....	128	bupropion hcl.....	27
BETASERON.....	153	BONIVA.....	102	bupropion hcl (smoking deterrent).....	154
betaxolol hcl.....	56	BORTEZOMIB.....	47	BUPROPION HYDROCHLORIDE ER (XL).....	27
betaxolol hcl (ophth).....	142	bosentan.....	59	buspirone hcl.....	18
bethanechol chloride.....	159	BOSULIF.....	47	butalbital-acetaminophen.....	5
BETHKIS.....	3	BOUDREAUXS BABY BUTT SMOOTH DRY SKIN.....	82	butalbital-acetaminophen- caffeine.....	5
BETIMOL.....	142	BOUDREAUXS BUTT BATH BODYWASH & SHAMPOO.....	90	butalbital-acetaminophen- caffeine w/ codeine.....	11
BETOPTIC-S.....	142	BOUDREAUXS BUTT PASTE.....	90	butalbital-aspirin-caffeine.....	6
BEVACIZUMAB.....	143	BP CLEANSING WASH.....	71	butalbital-aspirin-caffeine w/cod.....	11
bexarotene.....	48	BPO.....	71	butenafine hcl.....	74
BEYAZ.....	60	BPO CREAMY WASH COMPLETEPACK.....	71	BUTISOL SODIUM.....	112
BI-MIX.....	59	BRAVURA ALL-IN-ONE.....	150	butorphanol tartrate.....	14
bicalutamide.....	46	BREO ELLIPTA.....	22	BUTRANS.....	14
BIDIL.....	59	BREVICON-28.....	60	BYDUREON.....	32
BIFERA.....	110	BRILINTA.....	109	BYDUREON PEN.....	32
BILTRICIDE.....	17	brimonidine tartrate.....	143	BYETTA.....	32
BIOHM PROBIOTIC SUPPLEMENT.....	34	BRINEURA.....	103	BYSTOLIC.....	56
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C.....	34	BRISDELLE.....	154	cabergoline.....	104
BIONEL.....	64	BROMFENAC.....	145	CABLIVI.....	109
BIONEL PEDIATRIC.....	64	bromfenac sodium (ophth).....	145	CADUET.....	59
BIOSPEC DMX.....	64	bromocriptine mesylate.....	49	CAFERGOT.....	125
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM.....	117	brompheniramine & phenyleph.....	64	caffeine citrate.....	1
BIOTENE DRY MOUTH MOISTURIZING SPRAY.....	132	brompheniramine & pseudoeph.....	64	CAL MAG ZINC +D3.....	128
biotin.....	163	BROTAPP DM.....	64	CAL-MAG-ZINC-D.....	128
BIOTIN FORTE.....	163	BROVANA.....	22	CAL-MAG-ZINC-D3.....	128
bisacodyl.....	115	budesonide (inhalation).....	21	CALADRYL.....	88
bisacodyl-peg 3350-pot chloride- sod bicarb-sod chloride.....	114	budesonide (nasal).....	139	CALAMINE.....	90
bismuth subsalicylate.....	34	BUFFERIN.....	7	CALAN.....	57
bisoprolol & hydrochlorothiazide.....	43	bumetanide.....	101	CALAN SR.....	57
bisoprolol fumarate.....	56			CALCI-CHEW.....	127
BIVIGAM.....	147			CALCIONATE.....	127
				calcipotriene.....	77
				calcitonin (salmon).....	102
				calcitriol.....	103
				CALCIUM.....	127

calcium acetate (phosphate binder).....	106	CAPZASIN QUICK RELIEF.....	88	CARRINGTON MOISTURE BARRIER/ZINC.....	90
CALCIUM CARBONATE.....	16	CAPZASIN-HP.....	89	CARTEOLOL HCL.....	142
calcium carbonate.....	127	CAPZASIN-P.....	89	carteolol hcl (ophth).....	142
calcium carbonate (antacid).....	16	CARA-KLENZ.....	90	carvedilol.....	56
calcium carbonate-cholecalciferol.....	127	CARAC.....	76	carvedilol phosphate.....	56
calcium carbonate-vitamin d.....	127	CARAFATE.....	157	CASODEX.....	47
calcium carbonate-vitamin d w/ minerals.....	127	CARBAGLU.....	103	CASTIVA WARMING.....	89
CALCIUM CITRATE.....	127	carbamazepine.....	25	CATAPRES.....	43
calcium citrate.....	127	carbamide peroxide (otic).....	146	CEDAX.....	60
calcium citrate-vitamin d.....	127	CARBATROL.....	25	cefaclor.....	60
CALCIUM GLUCONATE.....	127	carbidopa.....	48	CEFACLOR.....	60
CALCIUM LACTATE.....	127	carbidopa-levodopa.....	49	CEFACLOR ER.....	60
CALCIUM PNV.....	133	CARBIDOPA/LEVODOPA/ENTACAPONE.....	49	cefadroxil.....	60
calcium polycarbophil.....	114	carbinoxamine maleate.....	39	cefdinir.....	60
CALCIUM SOFT CHEWS.....	127	carbonyl iron.....	111	CEFDITOREN PIVOXIL.....	60
CALCIUM/MAGNESIUM/ZINC.....	128	carboxymethylcellulose sodium (ophth).....	141	cefixime.....	60
CALCIUM/MAGNESIUM/ZINC/VITAMIN D3.....	128	carboxymethylcellulose-glycerin.....	141	cefopodoxime proxetil.....	60
CALNA.....	133	CARDIZEM.....	57	cefprozil.....	60
CALQUENCE.....	47	CARDIZEM CD.....	57	CEFTIBUTEN.....	60
CALTRATE 600+D PLUS MINERALS.....	127	CARDIZEM LA.....	57	CEFTIN.....	60
CAM.....	82	CARDURA.....	43	ceftriaxone sodium.....	60
camphor & menthol.....	76	CARDURA XL.....	108	cefuroxime axetil.....	60
camphor-menthol-methyl salicylate.....	88	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM.....	117	CELA BASE.....	150
CANASA.....	106	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE.....	117	CELEBREX.....	4
candesartan cilexetil.....	42	CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM.....	117	celecoxib.....	4
candesartan cilexetil-hydrochlorothiazide.....	43	CARETOUCH BLOOD GLUCOSE TEST STRIPS.....	98	CELEXA.....	28
CAPCOF.....	64	CARIMUNE NANOFILTERED.....	147	CELLCEPT.....	129,130
capecitabine.....	46	carisoprodol.....	138	CELONTIN.....	26
CAPEX.....	78	carisoprodol w/ aspirin.....	138	CENTANY.....	74
CAPHOSOL.....	132	carisoprodol w/ aspirin & codeine.....	138	CEPACOL DUAL RELIEF SORETHROAT SPRAY.....	131
CAPMIST DM.....	64	CARNITOR.....	103	CEPACOL SORE THROAT.....	131
CAPRELSA.....	47	CARNITOR SF.....	103	CEPACOL SORE THROAT EXTRA STRENGTH.....	131
CAPRON DM.....	65	CARRASmart.....	96	CEPACOL SORE THROAT MAXIMUM NUMBING.....	131
CAPSAGEL.....	88	CARRASYN HYDROGEL WOUND DRESSING.....	96	cephalexin.....	60
CAPSAGEL EXTRA STRENGTH.....	88	CARRASYN V HYDROGEL WOUND DRESSING.....	96	CEPHALEXIN.....	60
CAPSAGEL MAXIMUM STRENGTH.....	88	CARRINGTON MOISTURE BARRIER.....	90	CERASPORT.....	127
capsaicin.....	88			CERASPORT EX1.....	127
captopril.....	42			CERAVE.....	82
CAPTOPRIL/HYDROCHLOROTHIAZIDE.....	43			CERAVE AM SPF 30.....	82
				CERAVE FOAMING FACIAL CLEANSER.....	90
				CERAVE HYDRATING CLEANSER.....	90
				CERAVE PM.....	82
				CERAVE RENEWING SA.....	82

CERAVE SA RENEWING	82	CHEMSTRIP-MICRAL	99	CHORIONIC	
CERDELGA	109	CHENODAL	106	GONADOTROPIN	102
CESAMET	37	CHERACOL PLUS	65	CHRYSADERM DAY	150
CETAKLENZ	90	CHERACOL SORE		CHRYSADERM NIGHT	150
CETAPHIL	90	THROAT	131	ciclopirox	74
CETAPHIL DAILY ADVANCE		CHERACOL-D COUGH	65	ciclopirox olamine	74
ULTRA HYDRATING	82	CHEW Q	2	cilostazol	109
CETAPHIL DAILY FACIAL		CHILDRENS ADVIL	4	CILOXAN	143
MOISTURIZER	82	CHILDRENS MOTRIN	4	cimetidine	156
CETAPHIL DERMACONTROL		CHILDRENS PROBIOTIC		CIMETIDINE HCL	156
FOAM WASH	90	PEARLS	34	CIMZIA	106
CETAPHIL DERMACONTROL		CHLOR-TRIMETON	38	cinacalcet hcl	103
MOISTURIZER/SPF 30	82	CHLOR-TRIMETON		CIPRO	105
CETAPHIL GENTLE		ALLERGY	38	CIPRO HC	146
CLEANSER	90	CHLORASEPTIC	131	CIPRODEX	146
CETAPHIL MOISTURIZING	82	CHLORASEPTIC SORE		ciprofloxacin	105
CETAPHIL		THROAT/LIQUID		CIPROFLOXACIN	146
RESTORADERM	82	CENTER	131	CIPROFLOXACIN ER	105
CETAPHIL THERAPEUTIC		chlordiazepoxide hcl	19	CIPROFLOXACIN HCL	105
HAND	82	CHLORDIAZEPOXIDE/AMITRI		ciprofloxacin hcl	105
cetirizine hcl	39	PTYLINE	153	ciprofloxacin hcl (ophth)	143
cetirizine-pseudoephedrine	65	chlorhexidine gluconate	52	citalopram hydrobromide	28
CETRAXAL	146	chlorhexidine gluconate		CITRACAL + D3	
cevimeline hcl	132	(mouth-throat)	131	MAXIMUM	127
CHANTIX	154	CHLOROQUINE		CITRACAL MAXIMUM	127
CHANTIX CONTINUING		PHOSPHATE	45	CITRACAL	
MONTHPAK	154	chloroquine phosphate	45	PETITES/VITAMIND	127
CHANTIX STARTING MONTH		CHLOROTHIAZIDE	102	CITRACAL PLUS	128
PAK	154	chlorothiazide	102	CITRANATAL 90 DHA	133
CHAPSTICK OVERNIGHT	90	chlorpheniramine &		CITRANATAL ASSURE	133
CHAPSTICK ULTRA		phenylephrine	65	CITRANATAL BLOOM	
MOISTUREDAYTIME		chlorpheniramine &		DHA	133
FORMULA	90	pseudoeph	65	CITRANATAL DHA	133
CHAPSTICK ULTRASMOOTH		chlorpheniramine maleate	39	CITRANATAL HARMONY	133
FORTIFY	90	chlorpheniramine-		CITRANATAL RX	133
CHAPSTICK ULTRASMOOTH		acetaminophen	65	CITRUCEL	114
NOURISH	90	chlorpheniramine-		LAXATIVE	114
CHAPSTICK ULTRASMOOTH		phenylephrine-acetaminophen	65	CLARINEX	39
REJUVENATE	90	chlorpromazine hcl	51	CLARINEX-D 12 HOUR	65
CHAPSTICK ULTRASMOOTH		CHLORPROPAMIDE	33	clarithromycin	116
SOOTHE	90	chlorthalidone	102	CLARITHROMYCIN	116
CHEK-STIX COMBO PAK		CHLORZOXAZONE	138	clarithromycin	116
URINALYSIS CONTROL	98	CHOLBAM	105	CLARITHROMYCIN	116
CHEK-STIX CONTROL	99	cholecalciferol	162	clarithromycin	116
CHEMET	36	cholestyramine	40	CLARITIN	39
CHEMSTRIP -10 WITH SG	99	cholestyramine light	40	CLARITIN ALLERGY	
CHEMSTRIP 10 MD	99	CHOLEXMAX	101	CHILDRENS	39
CHEMSTRIP 2 GP STRIPS	99	CHOLEXTRA T/F	101	CLARITIN CHILDRENS	39
CHEMSTRIP 5 OB	99	choline & mag salicylate	7		
CHEMSTRIP 7	99	choline fenofibrate	41		
CHEMSTRIP 9 STRIPS	99				
CHEMSTRIP UGK	99				
CHEMSTRIP-K	99				

CLARITIN REDITABS.....	39	clindamycin hcl.....	18	CLOZARIL.....	51
CLARITIN-D 12 HOUR.....	65	clindamycin palmitate		CO Q-10.....	2
CLARITIN-D 24 HOUR.....	65	hydrochloride.....	18	CO-NATAL FA.....	133
CLASSIC PRENATAL.....	133	CLINDAMYCIN		COAGADDEX.....	108
CLEAN & CLEAR ADVANTAGE		PHOSPHATE.....	72	coal tar extract.....	96
3-IN-1 EXFOLIATING		clindamycin phosphate		COARTEM.....	45
CLEANSER.....	72	(topical).....	72	cobalamine combinations..	110
CLEAN & CLEAR		clindamycin phosphate		COCOA BUTTER.....	82
ESSENTIALSFOAMING FACIAL		vaginal.....	160	COCOA BUTTER HAND &	
CLEANSER.....	91	clindamycin phosphate-benzoyl		BODYLOTION.....	82
CLEAN & CLEAR FOAMING		peroxide.....	72	COCONUT OIL BEAUTY.....	82
FACIAL CLEANSER SENSITIVE		clindamycin phosphate-		CODEINE SULFATE.....	7
SKIN.....	91	tretinoin.....	72	codeine sulfate.....	7
CLEAN & CLEAR MORNING		CLINDESSE.....	160	coenzyme q10	
BURST DETOXIFYING FACIAL		CLN BODY WASH GENTLE		(ubidecarenone).....	2
CLEANSER.....	91	NON-DRYING.....	91	COLACE.....	116
CLEAN & CLEAR MORNING		CLN FACIAL CLEANSER		COLACE CLEAR.....	116
BURST FACIAL CLEANSER		MOISTURE BALANCING.....	91	COLAZAL.....	106
CLEAN & CLEAR MORNING		CLN FACIAL MOISTURIZER		colchicine.....	108
BURST HYDRATING FACIAL		NOURISHING.....	82	COLCHICINE.....	108
CLEANSER.....	91	CLN HAND & FOOT WASH		colchicine w/ probenecid..	108
CLEAN & CLEAR NIGHT		DEEP CLEANSING.....	91	COLCRYS.....	108
RELAXING DEEP CLEANING		CLN SPORT WASH HIGH		COLD & FLU RELIEF	
FACE WASH.....	91	PERFORMANCE.....	91	NIGHTTIME D.....	65
CLEANSING EYELID PADS		CLN SPORTWASH.....	91	COLEMAN 100 MAX INSECT	
CLEAR AWAY ONE STEP		clobazam.....	24	REPELLENT/CONTINUOUS	
WARTREMOVER.....	87	clobetasol propionate.....	78	SPRAY.....	91
CLEAR AWAY PLANTAR		clobetasol propionate emollient		COLEMAN INSECT	
SYSTEM.....	87	base.....	78	REPELLENT/HIGH & DRY..	91
CLEAR AWAY WART		clobetasol propionate		COLEMAN INSECT	
REMOVER SYSTEM.....	87	emulsion.....	78	REPELLENT/SPORTSMEN	91
CLEAR COUGH PM MULTI-		CLOBEX.....	78	colesevelam hcl.....	40
SYMPTOM.....	65	CLOCORTOLONE		COLESTID.....	40
clemastine fumarate.....	39	PIVALATE.....	78	COLESTID FLAVORED.....	40
CLEMASTINE FUMARATE.....	39	CLOCORTOLONE PIVALATE		colestipol hcl.....	40,41
CLENPIQ.....	114	PUMP.....	78	COLLATYL.....	96
CLEOCIN.....	17,160	CLODAN KIT.....	78	colloidal oatmeal.....	82
CLEOCIN PEDIATRIC		CLODERM.....	79	COLY-MYCIN S.....	146
GRANULES.....	17	CLODERM PUMP.....	79	COLYTE-FLAVOR PACKS.....	114
CLEOCIN-T.....	72	clomipramine hcl.....	29	COMBIGAN.....	142
CLEVER CHEK BLOOD		clonazepam.....	24	COMBIPATCH.....	104
GLUCOSE MONITORING		clonidine hcl.....	43	COMBISTIX.....	99
SYSTEM.....	117	clonidine hcl (adhd).....	1	COMBIVENT RESPIMAT.....	22
CLEVER CHOICE MICRO		clopidogrel bisulfate.....	109	COMBIVIR.....	53
BLOODGLUCOSE		clorazepate dipotassium.....	19	COMETRIQ.....	47
MONITORING SYSTEM.....	117	CLORPRES.....	43	COMFEEL PASTE.....	96
CLICKFINE PEN NEEDLES 31G		clotrimazole.....	131	COMFORT EZ MICRO/32G X	
X 3/16".....	123	clotrimazole (topical).....	74	4MM.....	123
CLICKFINE PEN NEEDLES 31G		clotrimazole vaginal.....	160	COMFORT EZ SHORT/31G X	
X 8MM.....	123	clotrimazole w/		8MM.....	123
CLICKFINE PEN NEEDLES 32G		betamethasone.....	74		
X 5/32".....	123	clozapine.....	51		
CLIMARA.....	104	CLOZAPINE ODT.....	51		
CLIMARA PRO.....	104				
CLINDAGEL.....	72				

COMFORT EZ/31G X 5MM	123	CORN REMOVER		CVS ADULT 50+	
COMFORT EZ/31G X 6MM	123	WATERPROOF	88	PROBIOTIC	34
COMPLERA	53	CORTANE-B AQUEOUS	146	CVS ADULT PROBIOTIC	34
COMPLETE NATAL DHA	133	CORTANE-B-OTIC	146	CVS ADVANCED GLUCOSE	
COMPLETENATE	133	CORTEF	63	METER	118
COMPOUND W	87	CORTENEMA	15	CVS ADVANCED GLUCOSE	
COMPOUND W FREEZE OFF		CORTIFOAM	15	METER TEST STRIPS	99
WART REMOVAL SYSTEM	87	CORTISONE ACETATE	63	CVS CALCIUM	
COMPOUND W MAXIMUM		CORTISPORIN	74	CITRATE+D/MAGNESIUM	128
STRENGTH	87	CORZIDE	43	CVS CLEANSING EYELID	
COMTAN	49	COSOFT	142	WIPES	91
COMTREM COLD & COUGH		COSOFT PF	142	CVS DAILY ULTRA	
MAXIMUM STRENGTH	65	COTELLIC	47	MOISTURE LOTION	83
COMTREM COLD & COUGH		COUMADIN	23	CVS DIGESTIVE	
NIGHTTIME MAXIMUM		COZAAR	42	PROBIOTIC	34
STRENGTH	65	CREAM BASE	150	CVS DISTILLED WATER	148
CONCEPT DHA	133	CREAM CONCENTRATE	150	CVS DRY MOUTH SPRAY	132
CONCEPT OB	133	CREON	101	CVS GLUCOSE	31
CONCERTA	1	CRESTOR	41	CVS INSECT REPELLENT	91
CONDYLOX	87	CRINONE	161	CVS ISOPROPYL ALCOHOL	
CONEX COLD/ALLERGY	65	CRITIC-AID CLEAR		WIPES	91
CONTOUR BLOOD GLUCOSE		MOISTURE BARRIER	91	CVS KETONE CARE	99
MONITORING SYSTEM	117	CRIXIVAN	53	CVS MANUKA HONEY WOUND	
CONTOUR NEXT BLOOD		cromolyn sodium	21	GEL	97
GLUCOSE MONITORING		cromolyn sodium		CVS MOISTURIZING	
SYSTEM	118	(mastocytosis)	106	CREAM	83
CONTOUR NEXT BLOOD		cromolyn sodium (nasal)	139	CVS MOOD SUPPORT	
GLUCOSE TEST	99	cromolyn sodium (ophth)	145	PROBIOTIC	34
CONTOUR NEXT EZ BLOOD		crotamiton	95	CVS NATURAL FIBER	
GLUCOSE MONITORING		CULTURELLE ADVANCED		SUPPLEMENT	114
SYSTEM	118	IMMUNE DEFENSE	34	CVS OMEPRAZOLE	157
CONTOUR NEXT LINK BLOOD		CULTURELLE PRO-WELL	34	CVS PRENATAL	133
GLUCOSE MONITORING		CUPRIMINE	129	CVS PROBIOTIC	34
SYSTEM	118	CURAD GERM SHIELD	96	CVS PROBIOTIC MAXIMUM	
CONZIP	7	CURAFIL GEL WOUND		STRENGTH	34
COOL BLOOD GLUCOSE		DRESSING	96	CVS PROBIOTIC PEARLS	
MONITORING KIT	118	CUTIS PLUS	150	EXTRA STRENGTH	34
COOL BOTTOMS	91	CUTIVATE	79	CVS PURIFIED WATER	148
COPAXONE	153	CUTTER	91	CVS SALINE WOUND	
COPEGUS	55	CUTTER ALL FAMILY	91	WASH	91
COPIKTRA	47	CUTTER BACKWOODS	91	CVS SENIOR PROBIOTIC	34
CORDRAN	79	CUTTER BACKWOODS		CVS SILVER GEL	97
COREG	56	DRY	91	CVS TOTAL HOME INSECT	
COREG CR	56	CUTTER DRY	91	REPELLENT	91
CORGARD	57	CUTTER SKINSATIONS	91	CVS WOMENS	
CORICIDIN HBP COLD &		CUTTER SPORT	91	PRENATAL+DHA	133
FLU	65	CUVITRU	147	cyanocobalamin	109
CORN REMOVER ONE		CUVPOSA	156	CYCLESSA	61
STEP	88			cyclobenzaprine hcl	138
				CYCLOGYL	142
				CYCLOMYDRIL	143
				cyclopentolate hcl	143
				cyclophosphamide	46
				CYCLOPHOSPHAMIDE	46

cycloserine.....	45	DEMSER.....	42	desmopressin acetate.....	104
cyclosporine.....	130	DENAVIR.....	78	desmopressin acetate	
CYCLOSPORINE		DENOREX THERAPEUTIC 2-		spray.....	104
MODIFIED.....	130	IN-1.....	96	desmopressin acetate spray	
cyclosporine modified (for		DEPAKENE.....	27	refrigerated.....	104
microemulsion).....	130	DEPAKOTE.....	27	DESOGEN.....	61
CYMBALTA.....	29	DEPAKOTE ER.....	27	desogestrel & ethinyl	
cyproheptadine hcl.....	40	DEPAKOTE SPRINKLES.....	27	estradiol.....	61
CYSTAGON.....	107	DEPEN TITRATABS.....	129	desogestrel-ethinyl estradiol	
CYTO-Q MAX.....	3	DEPO-PROVERA		(biphasic).....	61
CYTOGAM.....	147	CONTRACEPTIVE.....	62	desogestrel-ethinyl estradiol	
CYTOMEL.....	155	DEPO-SUBQ PROVERA		(triphasic).....	61
CYTOTEC.....	158	104.....	62	DESONATE.....	79
CYTRA-3.....	107	DEPO-TESTOSTERONE.....	15	desonide.....	79
D-CARE GLUCOMETER		DERMABASEOIL IN		DESOWEN.....	79
KIT/GLUCOSE TEST		WATER.....	83	desoximetasone.....	79
STRIPS.....	118	DERMADROX.....	91	DESOXYN.....	1
D-VI-SOL.....	162	DERMAGRAN.....	91	DESQUAM-X WASH.....	72
D.H.E. 45.....	125	DERMAGRAN HYDROGEL		DESVENLAFAXINE ER.....	29
DAILY CONDITIONING		WOUND DRESSING.....	97	desvenlafaxine succinate.....	29
TREATMENT.....	83	DERMAGRAN SKIN		DETROL.....	159
DAILY MOISTURIZING.....	83	PROTECTANT.....	92	DETROL LA.....	159
DAILY PROBIOTIC.....	34	DERMAGRAN-B		DEX4.....	31
dalfampridine.....	153	HYDROPHILIC WOUND		DEX4 FAST ACTING	
DALIRESP.....	21	DRESSING.....	97	GLUCOSE.....	31
danazol.....	15	DERMAIDE ALOE.....	83	DEX4 NATURALS.....	31
DANTRIUM.....	138	DERMAL THERAPY EXTRA		DEX4 POUCH PACK.....	31
dantrolene sodium.....	138	STRENGTH BODY		DEX4 QUICK DISSOLVE	
dapsone.....	17	LOTION.....	83	GLUCOSE.....	31
DARAPRIM.....	45	DERMAL THERAPY FACE		dexamethasone.....	63
darifenacin hydrobromide.....	159	CAREMOISTURIZING		DEXAMETHASONE.....	63
DAURISMO.....	46	LOTION.....	83	dexamethasone.....	63
DAY TIME MULTI-SYPTOM		DERMAL THERAPY FOOT		DEXAMETHASONE.....	63
COLD/FLU RELIEF.....	65	MASSAGE.....	83	DEXAMETHASONE	
DAYPRO.....	4	DERMAL THERAPY HAND		INTENSOL.....	63
DAYTRANA.....	1	ELBOW & KNEE CREAM.....	83	dexamethasone sodium	
DDAVP.....	104	DERMAL THERAPY HEEL		phosphate.....	63
DEBROX.....	146	CARE.....	83	DEXAMETHASONE SODIUM	
DECON-A.....	65	DERMAREST PSORIASIS.....	88	PHOSPHATE.....	144
deferasirox.....	36	DERMASYN.....	97	DEXCHLORPHENIRAMINE	
DELBASE		dermatological products,		MALEATE.....	39
COMPOUNDING.....	150	misc.....	89	DEXEDRINE.....	1
DELSTRIGO.....	53	DERMATOP.....	79	DEXILANT.....	157
DELSYM.....	64	DERMEND MOISTURIZING		dexmethylphenidate hcl.....	1,2
DELSYM COUGH		BRUISE FORMULA.....	83	dextran 70-hypromellose.....	141
CHILDRENS.....	64	DERMOPLAST.....	89	dextroamphetamine sulfate.....	1
DEMADEX.....	101	DERMOPLAST PAIN		dextromethorphan hbr.....	64
demeclocycline hcl.....	155	RELIEVINGSPRAY.....	89	dextromethorphan polistirex.....	64
DEMEROL.....	7	DERMOTIC.....	147	dextromethorphan-	
		DESCOVY.....	53	acetaminophen-chlorpheniramine	
		desipramine hcl.....	29	.....	65
		desloratadine.....	40		
		DESLORATADINE ODT.....	40		

dextromethorphan-doxylamine-acetaminophen	65	diclofenac sodium (topical)	73	diphenhydramine-phenylephrine	66
dextromethorphan-guaifenesin	65,66	dicloxacillin sodium	148	diphenhydramine-phenylephrine-acetaminophen	66
dextromethorphan-phenylephrine-acetaminophen	66	dicyclomine hcl	156	diphenhydramine-zinc acetate	76
dextrose (diabetic use)	31	didanosine	53	diphenoxylate w/ atropine	36
DHEA	83	DIFF-STAT	34	DIPHENOXYLATE/ATROPINE	36
DHS TAR	96	DIFFERIN	72	DIPROLENE	79
DHS TAR GEL	96	DIFICID	117	dipyridamole	109
DIAB	97	DIFLORASONE DIACETATE	79	disopyramide phosphate	20
DIAB DAILY CARE	97	diflorasone diacetate	79	DISTILLATA DISTILLED WATER	148
DIAB F.D.G. FREEZE-DRIED	97	DIFLUCAN	38	DISTILLED WATER	148
DIABETIC TUSSIN COLD/FLU	66	diflunisal	7	disulfiram	152
DIABETIDERM	83	DIGESTIVE ADVANTAGE FORMULA	34	DITROPAN XL	159
DIABETIDERM FOOT REJUVENATING	83	DIGESTIVE ADVANTAGE LACTOSE DEFENSE	34	DIURIL	102
DIABETIDERM HAND & BODY	83	DIGOXIN	59	divalproex sodium	27
DIABETIDERM MASSAGE STIMULATOR	89	digoxin	59	DIVIGEL	104
DIAMOX	101	dihydroergotamine mesylate	125	DMAE	83
diaper rash products	81	DILANTIN	26	DML FORTE	83
DIASTAT ACUDIAL	24	DILANTIN INFATABS	26	docosahexaenoic acid	141
DIASTAT PEDIATRIC	24	DILANTIN-125	26	docusate calcium	116
DIASTIX	99	DILATRATE SR	18	docusate sodium	116
DIATHRIVE BLOOD GLUCOSE METER	118	DILAUDID	7	DOCUSOL MINI	116
DIATHRIVE BLOOD GLUCOSE TEST STRIPS	99	DILT-XR	58	DOCUSOL PLUS MINI-ENEMA	116
DIATHRIVE GLUCOSE CONTROL SOLUTION	118	diltiazem hcl	58	dofetilide	20
DIATHRIVE LANCETS ULTRA THIN 30G	118	diltiazem hcl coated beads	58	DOLOPHINE	7,8
diazepam	19	diltiazem hcl extended release beads	58	DOMEBORO	92
DIAZEPAM	19	dimenhydrinate	37	donepezil hydrochloride	152
diazepam	19	DIMETAPP COLD & ALLERGY	66	DORAL	112
DIAZEPAM	24	DIMETAPP DM COLD & COUGH	66	DORZOLAMIDE HCL	145
diazepam (anticonvulsant)	24	DIMETAPP LONG ACTING COUGH PLUS COLD	66	dorzolamide hcl	146
DIAZEPAM RECTAL GEL	24	DIMETAPP MULTI-SYMPTOM COLD & FLU	66	dorzolamide hcl-timolol maleate	142
dibucaine	89	DIMETAPP MULTI-SYMPTOM COLD RELIEF CHILDRENS	66	DORZOLAMIDE HCL/TIMOLOL MALEATE	142
dibucaine (rectal)	16	dimethicone (topical)	92	DOTHELLE DHA	133
DICLEGIS	37	DIOVAN	42	DOVONEX	77
DICLOFENAC EPOLAMINE	73	DIOVAN HCT	43	doxazosin mesylate	43
diclofenac potassium	4	DIPENTUM	106	doxepin hcl	29
diclofenac sodium	4	diphenhydramine hcl	39	DOXEPIN HCL	29
diclofenac sodium (actinic keratoses)	76	diphenhydramine hcl (sleep)	111,112	doxepin hcl	29
diclofenac sodium (ophth)	145	diphenhydramine hcl (topical)	76	doxepin hcl (antipruritic)	76
				DOXEPIN HYDROCHLORIDE	76
				doxercalciferol	103
				DOXYCYCLINE	95

doxycycline (monohydrate)	155	DYMISTA	138	ED A-HIST	66
doxycycline hyclate	155	E.E.S. 400	116	ED BRON GP	66
doxylamine succinate (sleep)	112	E.E.S. GRANULES	116	ED CHLORPED	39
doxylamine-dm	66	EASY COMFORT LANCETS TWIST TOP	118	EDARBYCLOR	43
DRAMAMINE	37	EASY GLIDE PEN NEEDLES 33G X 5/32"	124	EDECRIN	102
DRISDOL	162	EASY PLUS BLOOD GLUCOSE MONITORING SYSTEM	118	EDLUAR	112
DRISTAN SPRAY	140	EASY STEP BLOOD GLUCOSE MONITOR STARTER KIT	118	EDURANT	53
DRITHO-CREME HP	77	EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING	118	efavirenz	53
dronabinol	37	EASY TOUCH GLUCOSE MONITORING SYSTEM	118	EFFER-K	129
DROPLET PEN NEEDLES 31GX5MM	124	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM	118	EFFERVESCENT POTASSIUM/CHLORIDE	129
DROPLET PEN NEEDLES 31GX8MM	124	EASY TOUCH PEN NEEDLE 30G X 5/16"	124	EFFEXOR XR	29
DROPLET PEN NEEDLES 32G X 1/4"	124	EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM	118	EFFIENT	109
DROPLET PEN NEEDLES 32G X 3/16"	124	EASYMAX L BLOOD GLUCOSE SYSTEM	118	EFUDEX	76
DROPLET PEN NEEDLES 32G X 5/16"	124	EASYMAX N BLOOD GLUCOSE SYSTEM	118	ELAVIL	29
DROPLET PEN NEEDLES 32G X 5/32"	124	EASYMAX NG SELF- MONITORING BLOOD GLUCOSE SYSTEM	118	ELDEPRYL	50
DROPLET PEN NEEDLES 32GX4MM	124	EASYMAX V BLOOD GLUCOSE SYSTEM/TALKING	118	ELEMENT AUTOCODE SYSTEM	118
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	124	EASYMAX V2 SELF- MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING	118	ELESTAT	146
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	124	EASYPLUS R13N SELF- MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING	118	eletriptan hydrobromide	126
drospirenone-ethinyl estradiol	61	EASYPRO BLOOD GLUCOSE MONITORING SYSTEM	118	ELIDEL	87
drospirenone-ethinyl estradiol- levomefolate calcium	61	EASYPRO PLUS	118	ELIMITE	95
DROXIA	109	EC-NAPROSYN	4	ELIPHOS	106
DROXY CREAM	83	EC-NAPROXEN	4	ELIQUIS	23
DRUG MART UNILET MICRO THIN LANCETS 33G	118	econazole nitrate	74	ELIQUIS STARTER PACK	23
DRYSOL	92	ECOTRIN MAXIMUM STRENGTH	7	ELIXOPHYLLIN	22
DUAVEE	104	ECOTRIN REGULAR STRENGTH	7	ELLA	62
DUETACT	30			ELMIRON	107
DUEXIS	4			ELOCON	79
DULCOLAX	115			ELOCTATE	108
DULERA	22			ELON SKIN REPAIR SYSTEM	83
duloxetine hcl	29			EMADINE	146
DUPIXENT	21			EMBRACE EVO BLOOD GLUCOSE MONITORING KIT	118
DURAGESIC	8			EMBRACE TALK BLOOD GLUCOSE MONITOR	118
DURATION 12 HOUR	140			EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM	118
DURATION SPRAY	140			EMBRACE TALK BLOOD GLUCOSE TEST STRIPS	99
DUREZOL	144			EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH	118
dutasteride	108			EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW	119
dutasteride-tamsulosin hcl	108			EMCYT	47
DUTOPROL	43			EMEND	38
DYAZIDE	101				

EMEND TRIPACK.....	38	EPOGEN.....	110	ERYPED 400.....	116
EMETROL.....	37	epoprostenol sodium.....	59	ERYTHROCIN STEARATE	117
EMFLAZA.....	63	EPROSARTAN		erythromycin (acne aid).....	72
EMGALITY.....	125	MESYLATE.....	42	erythromycin (ophth).....	143
EMOLIVAN.....	150	EPZICOM.....	53	erythromycin base.....	117
EMOLLIA-CREME.....	83	EQ OMEPRAZOLE.....	157	erythromycin	
EMOLLIA-LOTION.....	83	EQ PROBIOTIC DIGESTIVE		ethylsuccinate.....	117
emollient.....	83	SYSTEM SUPPORT.....	34	ERYTHROMYCIN	
EMOLLIENT CREAM.....	150	EQ THERAPEUTIC DRY		ETHYLSUCCINATE.....	117
EMOLLIENT CREAM		SKIN.....	83	escitalopram oxalate.....	28
BASE.....	150	EQ THERAPEUTIC		ESGIC.....	6
EMSAM.....	27	MOISTURIZING CREAM.....	83	esomeprazole magnesium.....	157
EMTRIVA.....	53	EQL ADVANCED RECOVERY		ESSENTRA WIPES 9X9"	
EMVERM.....	17	SKIN CARE.....	83	CLEANROOM	
ENABLEX.....	159	EQL BODY WASH/SENSITIVE		SUPPLIES/PRESATURATED	
enalapril maleate.....	42	SKIN.....	92	.....	92
enalapril maleate &		EQL BODY WASH/SHEA		estazolam.....	112
hydrochlorothiazide.....	43	BUTTER.....	92	ESTRACE.....	104,161
ENBREL.....	5	EQL CLEAR HAND SOAP		estradiol.....	104,105
ENBREL SURECLICK.....	5	REFILL.....	92	estradiol & norethindrone	
ENCARE.....	160	EQL DAILY PROBIOTIC.....	34	acetate.....	104
ENDARI.....	109	EQL DRY MOUTH ORAL		estradiol vaginal.....	161
ENEMEEZ MINI.....	116	RINSE.....	132	ESTRING.....	161
ENEMEEZ PLUS.....	116	EQL INVIGORATING MAKEUP		ESTROPIPATE.....	105
ENFAMIL ENFALYTE.....	127	REMOVER		ESTROSTEP FE.....	61
ENFAMIL EXPECTA.....	133	TOWELETTES.....	92	eszopiclone.....	112
ENGERIX-B.....	160	EQL LIQUID HAND SOAP.....	92	ethacrynic acid.....	102
enoxaparin sodium.....	23	EQL LIQUID HAND SOAP		ethambutol hcl.....	45
entacapone.....	49	REFILL.....	92	ethosuximide.....	26
entecavir.....	55	EQL MAKEUP REMOVER		ethynodiol diacet & eth	
ENVARUSUS XR.....	130	TOWELETTES.....	92	estrad.....	61
EPANED.....	42	EQL MOISTURIZING		ETIDRONATE DISODIUM.....	102
EPCLUSA.....	55	CREAM.....	83	etodolac.....	4
EPIDIOLEX.....	25	EQL OMEPRAZOLE.....	157	ETOPOSIDE.....	48
EPIFOAM.....	79	EQL PRENATAL		EUCERIN.....	83
EPILYT.....	83	FORMULA.....	133	EUCERIN ADVANCED	
epinastine hcl (ophth).....	146	EQL PROBIOTIC COLON		CLEANSING.....	92
EPINEPHRINE.....	162	SUPPORT.....	34	EUCERIN BABY.....	83
epinephrine.....	162	EQL SKIN ASTRINGENT.....	92	EUCERIN CALMING DAILY	
epinephrine		EQL ULTRA MOISTURIZING		MOISTURIZER.....	83
(anaphylaxis).....	161,162	DAILY LOTION.....	83	EUCERIN DAILY	
EPINEPHRINE HCL.....	162	EQUALYTE.....	127	PROTECTION/SPF 30.....	83
EPIPEN 2-PAK.....	162	EQUETRO.....	50	EUCERIN INTENSIVE	
EPIPEN-JR 2-PAK.....	162	ergocalciferol.....	162	REPAIR.....	83
EPIVIR.....	53	ERGOLOID		EUCERIN INTENSIVE	
EPIVIR HBV.....	55	MESYLATES.....	154	REPAIRHAND.....	83
eplerenone.....	45	ergotamine w/ caffeine... ..	125	EUCERIN ORIGINAL	
		ERIVEDGE.....	46	HEALINGSOOTHING	
		ERLEADA.....	47	REPAIR.....	83
		erlotinib hcl.....	47	EUCERIN PLUS.....	83
		ERTACZO.....	75	EUCERIN PROFESSIONAL	
		ERY-TAB.....	116	REPAIR RICH FEEL.....	84
		ERYGEL.....	72		
		ERYPED 200.....	116		

EUCERIN SKIN CALMING BODYWASH.....	92	FANAPT.....	50	FERROUS GLUCONATE..	111
EUCERIN SKIN CALMING DAILY MOISTURIZING.....	84	FANAPT TITRATION PACK.....	50	ferrous sulfate.....	111
EUCERIN SMOOTHING REPAIRADVANCED FORMULA.....	84	FARESTON.....	47	FERROUS SULFATE.....	111
EURAX.....	95	FASENRA.....	21	ferrous sulfate.....	111
EVAC.....	114	FAZACLO.....	51	FERROUS SULFATE.....	111
EVAMIST.....	105	fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu.....	110	ferrous sulfate.....	111
EVISTA.....	103	fe fumarate-vitamin c-vitamin b12-folic acid.....	110	FERROUS SULFATE.....	111
EVOCLIN.....	72	FEIBA.....	108	ferrous sulfate.....	111
EVOTAZ.....	53	felbamate.....	26	ferrous sulfate dried.....	111
EVOXAC.....	132	FELBATOL.....	26	FETZIMA.....	29
EVZIO.....	37	FELDENE.....	4	FETZIMA TITRATION PACK.....	29
EX-LAX.....	115	felodipine.....	58	FEXMID.....	138
EXCEDRIN EXTRA STRENGTH.....	6	FEM-CAL CITRATE.....	128	fexofenadine hcl.....	40
EXCEDRIN MENSTRUAL COMPLETE.....	6	FEMARA.....	47	fexofenadine-pseudoephedrine.....	66
EXCEDRIN MIGRAINE.....	6	FEMCON FE.....	61	FIASP.....	32
EXCEDRIN TENSION HEADACHE.....	6	FEMHRT LOW DOSE.....	104	FIASP FLEXTOUCH.....	32
EXCEL-GEL.....	97	FEMRING.....	161	FIBERCON.....	114
EXELDERM.....	75	FENOFIBRATE.....	41	FIBRICOR.....	41
EXELON.....	152	fenofibrate.....	41	FIFTY50 GLUCOSE METER 2.0.....	119
exemestane.....	47	FENOFIBRATE.....	41	FINACEA.....	95
EXFORGE.....	43	fenofibrate.....	41	finasteride.....	108
EXFORGE HCT.....	43	fenofibrate micronized.....	41	FIORICET.....	6
EXJADE.....	36	FENOFIBRIC ACID.....	41	FIORICET/CODEINE.....	11
EXTAVIA.....	153	FENOPROFEN CALCIUM.....	4	FIORINAL.....	6
EXTINA.....	75	fenoprofen calcium.....	4	FIORINAL/CODEINE #3.....	11
EXTRA-VIRT PLUS DHA.....	133	FENORTHO.....	4	FIRAZYR.....	109
EYE-SCRUB.....	92	fenofibrate.....	41	FIRDAPSE.....	45
EYESCRUB.....	92	fenofibrate citrate.....	8	FIRST-LANSOPRAZOLE.....	157
ezetimibe.....	42	FENTORA.....	8	FIRST-OMEPRAZOLE.....	157
ezetimibe-simvastatin.....	40	FEOSOL.....	111	FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT.....	161
EZFE FORTE.....	133	FEOSOL BIFERA.....	110	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT.....	161
FABIOR.....	72	FEOSOL NATURAL RELEASE.....	111	FIRVANQ.....	17
FACTIVE.....	105	FER-IN-SOL.....	111	FITALITE.....	150
FAGRON LS PLUS.....	150	FERRALET 90.....	110	FLAGYL.....	17
FAGRON NATURAL CREAM.....	150	FERRAPLUS 90.....	110	FLAVOR BLEND.....	148
FAGRON SUPREME CREAM.....	150	FERRETTS.....	111	FLAVOR PLUS.....	148
FALESSA.....	61	FERRIPROX.....	37	FLAVOR SWEET.....	148
famciclovir.....	55	ferrous fumarate.....	111	FLAVOR SWEET-SF.....	148
famotidine.....	156	ferrous fumarate w/ b12-vit c-fa-ifc.....	110	flavoxate hcl.....	160
famotidine-calcium carbonate-magnesium hydroxide.....	158	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu.....	110	FLEBOGAMMA DIF.....	147
		ferrous fumarate-folic acid.....	110	flecainide acetate.....	20
		ferrous gluconate.....	111	FLECTOR.....	74

FLEET BISACODYL.....	115	flurbiprofen sodium.....	146	FOSAMAX PLUS D.....	102
FLEET ENEMA.....	115	flutamide.....	47	fosamprenavir calcium.....	53
FLEET ENEMA SIX PACK.....	115	fluticasone propionate.....	79	fosinopril sodium.....	42
FLEET OIL.....	115	fluticasone propionate (nasal).....	139	fosinopril sodium & hydrochlorothiazide.....	43
FLEET PEDIATRIC.....	115	fluticasone-salmeterol.....	22	FOSRENOL.....	107
FLOLAN.....	59	fluvastatin sodium.....	41	FRAGMIN.....	23
FLOMAX.....	108	fluvoxamine maleate.....	28	FREE & CLEAR FOR SENSITIVE SKIN.....	92
FLONASE ALLERGY RELIEF.....	139	FML.....	144	FREEDOM ADAPTADERM.....	150
FLONASE ALLERGY RELIEF CHILDRENS.....	139	FML FORTE.....	144	FREEDOM DERMA SERUM.....	150
FLONASE SENSIMIST.....	139	FML LIQUIFILM.....	144	FREEDOM DERMA-D.....	150
FLORA VANCE.....	34	FOCALGIN 90 DHA.....	133	FREEDOM DERMA-N.....	150
FLORAJEN ACIDOPHILUS.....	35	FOCALGIN CA.....	133	FREESTYLE FREEDOM.....	119
FLORAJEN BIFIDOBLEND.....	35	FOCALGIN DSS.....	110	FREESTYLE FREEDOM LITE.....	119
FLORAJEN3.....	35	FOCALIN.....	2	FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM.....	119
FLORAJEN4KIDS.....	35	FOCALIN XR.....	2	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM.....	119
FLOVENT DISKUS.....	21	FOCAL DHA.....	133	FREESTYLE SIDEKICK II VALUEPACK.....	119
FLOVENT HFA.....	21	FOLCAPS OMEGA 3.....	133	FROVA.....	126
FLOXIN OTIC.....	146	FOLGARD.....	110	frovatriptan succinate.....	126
fluconazole.....	38	folic acid.....	110	fructose-dextrose-phosphoric acid.....	37
flucytosine.....	38	folic acid-vitamin b6-vitamin b12.....	110	FUNGOID TINCTURE.....	75
fludrocortisone acetate.....	63	FOLIVANE-OB.....	133	FURADANTIN.....	159
FLUMADINE.....	56	fondaparinux sodium.....	23	furosemide.....	102
FLUMIST QUADRIVALENT.....	160	FORA G20 BLOOD GLUCOSE MONITORING SYSTEM.....	119	FUROSEMIDE.....	102
FLUNISOLIDE.....	139	FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL SYSTEM.....	119	furosemide.....	102
fluocinolone acetonide.....	79	FORA GTEL BLOOD GLUCOSE TEST STRIPS.....	99	FYCOMPA.....	24
fluocinolone acetonide (otic).....	147	FORA GTEL BLOOD KETONE TEST STRIPS.....	99	gabapentin.....	25
fluocinonide.....	79	FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	119	GABITRIL.....	26
fluocinonide emulsified base.....	79	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM.....	119	GABLOFEN.....	138
FLUOR-A-DAY.....	128	FORFIVO XL.....	27	galantamine hydrobromide.....	152
fluorometholone (ophth).....	144	formaldehyde.....	52	GALANTAMINE HYDROBROMIDE.....	153
FLUOROPLEX.....	76	FORTAMET.....	30	galantamine hydrobromide.....	153
FLUOROURACIL.....	76	FORTEO.....	102	GALZIN.....	129
fluorouracil (topical).....	76	FORTESTA.....	15	GAMASTAN.....	147
FLUOXETINE.....	154	FORTIFY DAILY PROBIOTIC.....	35	GAMASTAN S/D.....	147
FLUOXETINE DR.....	28	FORTISCARE SELF- MONITORING BLOOD GLUCOSE SYSTEM.....	119	GAMIFANT.....	130
fluoxetine hcl.....	28	FOSAMAX.....	102	GAMMAGARD LIQUID.....	147
FLUOXETINE HYDROCHLORIDE.....	28			GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	147
fluphenazine decanoate.....	51			GAMMAKED.....	147
FLUPHENAZINE HCL.....	51,52			GAMMAPLEX.....	147
fluphenazine hcl.....	52				
FLURA-DROPS.....	128				
FLURAZEPAM HCL.....	112				
flurbiprofen.....	4				
FLURBIPROFEN SODIUM.....	146				

GAMUNEX-C.....	147	glipizide.....	33	glyburide.....	34
GARDASIL.....	160	glipizide-metformin hcl.....	30	glyburide micronized.....	33
GARDASIL 9.....	160	GLUCAGEN		glyburide-metformin.....	30
GAS-X.....	105	DIAGNOSTIC.....	98	glycerin (laxative).....	115
GAS-X EXTRA		GLUCAGEN HYPOKIT.....	31	GLYCERIN ADULT.....	115
STRENGTH.....	105	GLUCAGON EMERGENCY		glycerin-hypromellose-	
GASTROCROM.....	106	KIT.....	31	polyethylene glycol 400.....	141
gatifloxacin (ophth).....	143	GLUCOCARD 01 BLOOD		glycine (gu irrigant).....	107
GATTEX.....	107	GLUCOSE MONITORING		glycine diluent.....	148
GAVISCON.....	16	SYSTEM.....	119	glycopyrrolate.....	156
GE100 BLOOD GLUCOSE		GLUCOCARD 01-MINI BLOOD		GLYNASE.....	34
MONITORING SYSTEM.....	119	GLUCOSE MONITORING		GLYSET.....	30
GELNIQUE.....	159	SYSTEM.....	119	GNP ACIDOPHILUS HIGH	
GELNIQUE PUMP.....	159	GLUCOCARD EXPRESSION		POTENCY.....	35
gemfibrozil.....	41	AUDIO-ENABLED BLOOD		GNP ADVANCED	
GENADUR.....	89	GLUCOSE		RECOVERY.....	84
GENERESS FE.....	61	MONITORING.....	119	GNP DAILY PRENATAL.....	133
GENOTROPIN.....	103	GLUCOCARD SHINE.....	119	GNP DAY TIME MUCUS	
GENOTROPIN MINIQUICK		GLUCOCARD SHINE		RELIEFDM.....	66
103		CONNEX BLOOD GLUCOSE		GNP GENTIAN VIOLET.....	75
GENTAK.....	143	MONITORING SYSTEM.....	119	GNP GLUCOSE.....	31
gentamicin sulfate (ophth).....	143	GLUCOCARD SHINE		GNP ISOPROPYL ALCOHOL	
gentamicin sulfate (topical).....	74	EXPRESS BLOOD GLUCOSE		WIPES.....	92
GENTEAL MILD.....	141	MONITORING SYSTEM.....	119	GNP OMEPRAZOLE.....	157
GENTEAL MILD TO		GLUCOCARD VITAL BLOOD		GNP PRENATAL.....	133
MODERATE.....	141	GLUCOSE MONITORING		GNP PROBIOTIC COLON	
GENTEAL SEVERE.....	141	SYSTEM BLACK.....	119	SUPPORT.....	35
GENTEAL TEARS MODERATE		GLUCOCARD VITAL BLOOD		GNP QUICK DISSOLVE	
PF.....	141	GLUCOSE MONITORING		GLUCOSE.....	31
GENTEAL TEARS		SYSTEM BLUE.....	119	GNP SALINE WOUND	
MODERATEPF.....	141	GLUCOCARD VITAL BLOOD		WASH.....	92
GENTEEL BUTTERFLY TOUCH		GLUCOSE MONITORING		GOLD BOND MEDICATED	
LANCETS.....	119	SYSTEM PINK.....	119	BODYLOTION.....	84
GENTIAN VIOLET.....	75	GLUCOCARD X-METER.....	119	GOLD BOND MEDICATED	
GENTLE.....	84	GLUCOCOM BLOOD		BODYLOTION EXTRA	
GENVOYA.....	53	GLUCOSE MONITORING		STRENGTH.....	84
GEODON.....	50	SYSTEM.....	119	GOLD BOND ULTIMATE.....	84
GERI PROTECT.....	92	GLUCOCOM BLOOD		GOLD BOND ULTIMATE DEEP	
GERI-WASH.....	92	GLUCOSE MONITORING		MOISTURE BODY WASH	
GHT BLOOD GLUCOSE		SYSTEM VALUE KIT.....	119	EXFOLIATING.....	92
MONITORING SYSTEM.....	119	GLUCONAVII BLOOD		GOLD BOND ULTIMATE DEEP	
GIAZO.....	106	GLUCOSEMONITORING		MOISTURE BODY WASH	
GILENYA.....	153	SYSTEM.....	119	HEALING.....	92
GILOTRIF.....	47	GLUCOPHAGE.....	30	GOLD BOND ULTIMATE DEEP	
ginger (zingiber officinalis).....	2	GLUCOPHAGE XR.....	31	MOISTURE BODY WASH	
glatiramer acetate.....	153	GLUCOSE.....	31	SENSITIVE/OAT EXT.....	92
GLEEVEC.....	47	GLUCOSE INSTANT		GOLD BOND ULTIMATE DEEP	
GLENMAX PEB.....	66	ENERGY.....	31	MOISTURE BODY WASH	
GLEOSTINE.....	46	GLUCOTROL.....	33	SOFTENING/SHEA.....	92
glimepiride.....	33	GLUCOTROL XL.....	33	GOLD BOND ULTIMATE	
		GLUCOVANCE.....	30	DIABETICS DRY SKIN	
		GLUMETZA.....	31	RELIEF.....	84
				GOLD BOND ULTIMATE	
				DIABETICS' DRY RELIEF.....	84

GOLD BOND ULTIMATE HEALING.....	84	GRIS-PEG.....	38	HEMOCYTE.....	111
GOLD BOND ULTIMATE OVERNIGHT.....	84	griseofulvin microsize.....	38	HEPAGAM B.....	147
GOLD BOND ULTIMATE PROTECTION.....	84	griseofulvin ultramicrosize.....	38	heparin sodium (porcine).....	23
GOLD BOND ULTIMATE RESTORING.....	84	GRX ASC LOTIONIZED ANTIMICROBIAL SKIN CLEANSER.....	92	HEPSERA.....	55
GOLD BOND ULTIMATE ROUGH& BUMPY SKIN.....	84	GRX VITAMIN E.....	84	HETLIOZ.....	113
GOLD BOND ULTIMATE SHEERRIBBONS.....	84	GRX WOUND.....	97	HEXALEN.....	46
PEARLRADIANCE.....	84	guaifenesin.....	70	HIBICLENS.....	52
GOLD BOND ULTIMATE SHEERRIBBONS.....	84	guaifenesin-codeine.....	66	HIGH POTENCY PROBIOTIC.....	35
SILKSOFTNESS.....	84	guanfacine hcl.....	43	HIPREX.....	159
GOLD BOND ULTIMATE SOFTENING.....	84	guanfacine hcl (adhd).....	1	HIZENTRA.....	147
GOLD BOND ULTIMATE SOOTHING.....	84	GUANIDINE HCL.....	45	HM ACIDOPHILUS.....	35
GOLYTELY.....	114	GYNAZOLE-1.....	160	HM EYELID WIPES.....	92
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16".....	124	GYNE-LOTRIMIN.....	161	HM GLUCOSE.....	31
GOODSENSE GLUCOSE.....	31	GYNE-LOTRIMIN 3.....	161	HM OMEPRAZOLE.....	157
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	120	HALCION.....	112	HM ONE DAILY PRENATAL COMBO.....	133
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	120	HALDOL DECANOATE 100.....	51	HM PRENATAL.....	133
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16".....	124	HALDOL DECANOATE 50.....	51	HM ULTICARE SHORT PEN NEEDLES 31GX8MM.....	124
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16".....	124	halobetasol propionate.....	79	homatropine hbr.....	143
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4".....	124	HALOG.....	79	HORIZANT.....	154
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32".....	124	haloperidol.....	51	HUMALOG.....	32
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS.....	99	haloperidol decanoate.....	51	HUMALOG JUNIOR KWIKPEN.....	32
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM.....	120	haloperidol lactate.....	51	HUMALOG KWIKPEN.....	32
GOODSENSE PRENATAL VITAMINS.....	133	HARVONI.....	55	HUMALOG MIX 50/50.....	32
GRALISE.....	154	HAVRIX.....	160	HUMALOG MIX 50/50 KWIKPEN.....	32
GRALISE STARTER.....	154	HCG.....	102	HUMALOG MIX 50/50 KWIKPEN.....	32
granisetron hcl.....	37	HEAD & SHOULDERS 2IN1 CLASSIC CLEAN/NORMAL.....	77	HUMALOG MIX 75/25.....	32
GRANIX.....	110	HEAD & SHOULDERS CLASSICCLEAN/NORMAL.....	77	HUMALOG MIX 75/25 KWIKPEN.....	32
GRAPE SYRUP.....	149	HEAD & SHOULDERS DRY SCALP 2 IN 1.....	77	HUMATE-P.....	108
GRASTEK.....	2	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32".....	124	HUMATROPE.....	103
		HEALTHWISE SHORT PEN NEEDLES/31G X 3/16".....	124	HUMATROPE COMBO PACK.....	103
		HEALTHWISE SHORT PEN NEEDLES/31G X 5/16".....	124	HUMIRA.....	3
		HECTOROL.....	103	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	3
		HELIKATE FS.....	108	HUMIRA PEN.....	3
		HEMA-COMBISTIX.....	99	HUMIRA PEN-CD/UC/HS STARTER.....	3
		HEMANGEOL.....	57	HUMIRA PEN-PS/UV STARTER.....	3
		HEMATOGEN FA.....	110	HUMULIN 70/30.....	33
		HEMENATAL OB.....	133	HUMULIN 70/30 KWIKPEN.....	32
		HEMENATAL OB + DHA.....	133	HUMULIN N.....	33
		HEMLIBRA.....	108	HUMULIN N KWIKPEN.....	33
				HUMULIN R.....	33
				HUMULIN R U-500 (CONCENTRATED).....	33

HUMULIN R U-500			
KWIKPEN	33		
HURRICAINA	131		
HURRICAINA ONE	131		
HW EMBRACE PRO BLOOD GLUCOSE METER	120		
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS	99		
HW EMBRACE TALK BLOOD GLUCOSE MONITOR	120		
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM	120		
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS	99		
HY-VEE GLUCOSE	31		
HYCAMTIN	48		
hydralazine hcl	45		
HYDRALYTE	127		
HYDRALYTE FREEZER POPS	127		
HYDRASYN25	84		
HYDRAZONE LOTION	84		
HYDREA	48		
HYDRO-LAN	84		
HYDROCERIN	92		
hydrochlorothiazide	102		
HYDROCIL INSTANT	114		
HYDROCODONE BITARTRATE/ACETAMINOPHE N	11		
hydrocodone w/ homatropine	64		
hydrocodone- acetaminophen	11,12		
hydrocodone-ibuprofen	12		
hydrocortisone	63		
hydrocortisone (intrarectal)	15		
hydrocortisone (rectal)	16		
hydrocortisone (topical)	79		
hydrocortisone acetate (topical)	80		
hydrocortisone butyrate	80		
hydrocortisone butyrate hydrophilic lipo base	80		
hydrocortisone valerate	80		
hydrocortisone w/acetic acid	147		
hydrocortisone-aloe vera	80		
HYDROGEL	97		
HYDROGEL AG	97		
hydrogen peroxide	52		
HYDROGEN PEROXIDE	52		
hydromorphone hcl	8		
HYDROMORPHONE HCL	8		
hydromorphone hcl	8		
HYDROPHILIC	150		
HYDROPHILIC PETROLATUM	150		
HYDROUS EMULSIFIED BASE	150		
hydroxychloroquine sulfate	45		
HYDROXYPROGESTERONE CAPROATE	47,60		
hydroxyprogesterone caproate	152		
hydroxyurea	48		
hydroxyzine hcl	18		
HYDROXYZINE PAMOATE	18		
hydroxyzine pamoate	18		
HYOPHEN	158		
hyoscyamine sulfate	156		
HYPERRHO S/D	147		
HYPERRHO S/D MINI- DOSE	147		
HYPOTEARSA	141		
hypromellose (ophth)	141		
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH	16		
HYZAAR	43		
ibandronate sodium	102		
IBG STAR BLOOD GLUCOSE MONITORING SYSTEM	120		
IBRANCE	47		
IBUDONE	12		
ibuprofen	4		
ICLUSIG	47		
ICY HOT PAIN RELIEVING GEL	73		
IDHIFA	47		
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM	120		
ILEVRO	146		
imatinib mesylate	47		
IMBRUVICA	47		
imipramine hcl	29		
imipramine pamoate	29		
imiquimod	87		
IMIQUIMOD PUMP	87		
IMITREX	126		
IMITREX STATDOSE REFILL	126		
IMITREX STATDOSE SYSTEM	126		
IMODIUM A-D	36		
IMODIUM MULTI-SYMP TOM RELIEF	36		
IMURAN	130		
INATAL GT	133		
INCRELEX	103		
INCRUSE ELLIPTA	21		
indapamide	102		
INDERAL LA	57		
INDERAL XL	57		
INDOCIN	4		
indomethacin	4		
INFANATE BALANCE	133		
INFANTS ADVIL	4		
INFINITY BLOOD GLUCOSE MONITORING SYSTEM	120		
INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT	120		
INFINITY VOICE	99		
INFINITY VOICE LEVEL 2	120		
INGREZZA	153		
INLYTA	47		
INNOPRAN XL	57		
inositol niacinate	59		
INOVA	72		
INOVA 4/1 ACNE CONTROL THERAPY	72		
INOVA 8/2 ACNE CONTROL THERAPY	72		
INSPRA	45		
INSULIN LISPRO	33		
INSULIN LISPRO KWIKPEN	33		
INTELENCE	53		
INTERMEZZO	112		
INTRASITE GEL APPLIPAK	97		
INTRON A	48		
INTRON A W/DILUENT	48		
INTUNIV	1		
INVEGA	50		
INVEGA SUSTENNA	50		
INVEGA TRINZA	50		
INVIRASE	53		
INVOKAMET	30		
INVOKANA	33		
IONIL	92		
IOPIDINE	143		

ipratropium bromide.....	21	JYNARQUE.....	104	KETOPROFEN.....	4
ipratropium bromide (nasal)	139	K-PHOS.....	129	KETOPROFEN ER.....	4
ipratropium-albuterol.....	22	K-PHOS NEUTRAL.....	129	ketorolac tromethamine.....	4
irbesartan.....	42	K-PHOS NO 2.....	107	ketorolac tromethamine	
irbesartan-hydrochlorothiazide		K-TAB.....	129	(ophth).....	146
.....	43	KADIAN.....	8	KETOSTIX.....	99
IRON.....	111	KALA.....	36	ketotifen fumarate (ophth)...	146
IRON CHEWS PEDIATRIC.....	111	KALBITOR.....	109	KEY-E.....	162
iron polysaccharide complex-vit		KALETRA.....	53	KHAPZORY.....	48
b12-folic acid.....	110	KALYDECO.....	155	KHEDEZLA.....	29
IRON SLOW RELEASE.....	111	KANUMA.....	103	KINERET.....	3
ISENTRESS.....	53	KAPVAY.....	1	KITABIS PAK.....	3
ISONIAZID.....	45	KAYEXALATE.....	130	KLARON.....	72
isoniazid.....	45	KAZANO.....	30	KLONOPIN.....	24
ISOPROPYL ALCOHOL		KEFLEX.....	60	KLOR-CON M15.....	129
WIPES.....	92	KENALOG.....	80	KLOR-CON/25.....	129
ISOPTO ATROPINE.....	143	KENDALL AMORPHOUS		KLOUT.....	95
ISOPTO CARPINE.....	143	HYDROGEL WOUND		KLS OMEPRAZOLE.....	157
ISOPTO TEARS.....	141	DRESSING.....	97	KOGENATE FS.....	109
ISORDIL TITRADOSE.....	18	KEPIVANCE.....	48	KOGENATE FS BIO-SET.....	109
ISOSORBIDE DINITRATE.....	18	KEPPRA.....	25	KOMBIGLYZE XR.....	30
isosorbide dinitrate.....	18	KEPPRA XR.....	25	KONDREMUL.....	115
ISOSORBIDE DINITRATE		KERADAN.....	84	KONSYL.....	114
ER.....	18	KERAGEL.....	97	KONSYL DAILY FIBER.....	114
isosorbide mononitrate.....	18	KERAGELT.....	97	KONSYL ORIGINAL	
isotretinoin.....	72	KERALYT.....	88	FORMULADAILY FIBER.....	114
isradipine.....	58	KERASAL FUNGAL NAIL		KONSYL-D.....	114
ISTALOL.....	142	RENEWAL.....	89	KORLYM.....	31
ITCH RELIEF.....	76	KERI ADVANCED MOISTURE		KP GENTLE SKIN	
ITCH-X.....	89	THERAPY.....	84	CLEANSER.....	92
itraconazole.....	38	KERI BASIC ESSENTIALS	84	KP PRENATAL	
ivermectin.....	17	KERI LONG LASTING.....	84	MULTIVITAMINS.....	133
IXINITY.....	109	KERI NOURISHING SHEA		KPN PRENATAL.....	133
J & J BURN CREAM.....	84	BUTTER.....	84	KRISTALOSE.....	115
JADENU.....	37	KERI ORIGINAL.....	84	KROGER BLOOD GLUCOSE	
JAKAFI.....	47	KERI OVERNIGHT.....	84	MONITORING KIT.....	120
JALYN.....	108	KERI RENEWAL MILK		KROGER GLUCOSE.....	31
JANUMET.....	30	BODY.....	84	KROGER PREMIUM BLOOD	
JANUMET XR.....	30	KERI RENEWAL SKIN		GLUCOSE MONITORING	
JANUVIA.....	32	FIRMING.....	84	KIT.....	120
JARDIANCE.....	33	KERI RENEWAL STRETCH		KUVAN.....	103
JENTADUETO.....	30	MARK MINIMIZER.....	84	KYLEENA.....	62
JENTADUETO XR.....	30	KERI SENSITIVE SKIN.....	84	KYNAMRO.....	40
JIVI.....	109	KETO-DIASTIX.....	99	L-METHYL-MC NAC.....	101
JOBST IT STAYS/ROLL-ON		KETOCARE.....	99	labetalol hcl.....	56
JUBLIA.....	75	ketoconazole.....	38	LABSTIX.....	99
JULUCA.....	53	ketoconazole (topical).....	75	LAC-HYDRIN.....	84
JUXTAPID.....	42	KETONE TEST STRIPS.....	99	LAC-HYDRIN TWELVE.....	85
		ketoprofen.....	4	LACRISERT.....	141

LACTAID	101	LATUDA	50	LICEMD	95
LACTAID FAST ACT	101	LAZANDA	8	LICIDE TREATMENT KIT	95
lactase	101	LDR BLOOD GLUCOSE		lidocaine	89
lactated ringer's	127	TRUETEST KIT	120	lidocaine hcl	89
lactated ringer's (irrigation)	130	LEADER FINGER CREAM	85	lidocaine hcl (mouth-throat)	131
lactic acid (ammonium lactate)	85	LEADER GLUCOSE	31	lidocaine-prilocaine	89
LACTINOL HX	85	LEADER QUICK DISSOLVE GLUCOSE	31	lidocaine-transparent dressing	89
LACTO-PECTIN	35	LEDIPASVIR/SOFOSBUVIR	55	LIDODERM	89
lactobacillus	35	leflunomide	5	LIDOTREX	97
lactulose	115	LESCOL XL	41	LINDANE	95
lactulose (encephalopathy)	106	LETAIRIS	59	linezolid	18
LADY ESTHER 4 PURPOSE FACE CREAM	85	letrozole	47	liniments & rubs	88
LAMICTAL	25	LEUCOVORIN CALCIUM	48	LINZESS	106
LAMICTAL CHEWABLE DISPERSIBLE	25	leucovorin calcium	48	LIORESAL INTRATHECAL	138
LAMICTAL ODT	25	LEUKERAN	46	liothyronine sodium	155
LAMICTAL XR	25	LEUKINE	110	LIPITOR	41
LAMISIL	38	levabuterol hcl	22	LIPO CREAM BASE	150
LAMISIL ADVANCED	75	levabuterol tartrate	22	LIPOFEN	41
LAMISIL AT	75	LEVAQUIN	105	LIPOPEN ABSORPTION ENHANCING BASE	150
LAMISIL AT JOCK ITCH	75	LEVIBID	156	LIPOPEN ULTRA BASE	150
LAMISIL AT SPRAY	75	LEVEMIR	33	LIPOSOMAL HEAVY	150
lamivudine	53	LEVEMIR FLEXTOUCH	33	LIPOSOMAL REGULAR	150
lamivudine (hbv)	55	levetiracetam	25	LIQ-10	3
lamivudine-zidovudine	53	levobunolol hcl	142	lisinopril	42
lamotrigine	25	levocarnitine (metabolic modifiers)	103	lisinopril & hydrochlorothiazide	44
LAN-O-SOOTHE	92	levocetirizine dihydrochloride	40	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	124
LANAPHILIC	85	levofloxacin	105	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	124
lanolin	150	levofloxacin (ophth)	143	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	124
LANOLIN ANHYDROUS	150	LEVOMEFOLATE DHA	133	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	124
LANOLIN ANHYDROUS-GRX	150	levonorgestrel & eth estradiol	61	LITHIUM	50
LANOLOR	85	levonorgestrel (emergency oc)	62	lithium carbonate	50
LANOXIN	59	levonorgestrel-eth estradiol (triphasic)	61	LITHIUM CARBONATE	50
LANSINOH LANOLIN MINIS NIPPLE	92	levonorgestrel-ethinyl estradiol (91-day)	61	lithium carbonate	50
LANSINOH LANOLIN NIPPLE	92	levonorgestrel-ethinyl estradiol (continuous)	61	LITHOBID	50
lansoprazole	157	levorphanol tartrate	8	LITHOSTAT	108
lanthanum carbonate	107	levothyroxine sodium	155	LITTLE NOSES DECONGESTANTNOSE DROPS	140
LANTISEPTIC SKIN PROTECTANT	92	LEVSIN	156	LITTLE REMEDIES FOR COLDSMULTI SYMPTOM	67
LANTUS SOLOSTAR	33	LEXAPRO	28		
LASIX	102	LEXIVA	53		
LASTACAFT	146	LIALDA	106		
latanoprost	146	LIBTAYO	46		
LATANOPROST	146				

LIVALO.....	41	LOVAZA.....	40	magnesium lactate.....	128
LMX 4.....	89	LOVENOX.....	23,24	magnesium oxide.....	16
LMX 4 PLUS.....	89	loxapine succinate.....	51	MAGNESIUM OXIDE.....	128
LO LOESTRIN FE.....	61	LUBRIDERM.....	85	magnesium oxide (mg supplement).....	128
LOCOID.....	80	LUBRIDERM ADVANCED THERAPY.....	85	MAGOX 400.....	128
LOCOID LIPOCREAM.....	80	LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN.....	85	MAKENA.....	152
LODINE.....	4	LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE.....	85	MALARONE.....	45
LODOSYN.....	48	LUBRIDERM INTENSE SKIN REPAIR.....	85	malathion.....	95
LOESTRIN 1.5/30-21.....	61	LUBRIDERM MENS 3-IN- 1.....	85	MAPROTILINE HCL.....	27
LOESTRIN 1/20-21.....	61	LUBRIDERM SERIOUSLY SENSITIVE.....	85	MARINOL.....	38
LOESTRIN FE 1.5/30.....	61	LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS..	85	MARNATAL-F.....	134
LOESTRIN FE 1/20.....	61	LUBRISOFT.....	85	MARPLAN.....	27
LOFIBRA.....	41	LUCENTIS.....	143	MARQIBO.....	48
LOHIST-D.....	67	LUMIGAN.....	146	MATULANE.....	48
LOMOTIL.....	36	LUMOXITI.....	46	MAVYRET.....	55
LONGS GLUCOSE.....	31	LUNESTA.....	112	MAXALT.....	126
loperamide hcl.....	36	LUXIQ.....	80	MAXALT-MLT.....	126
loperamide-simethicone.....	36	LYNPARZA.....	47	MAXAM.....	85
LOPID.....	41	LYRICA.....	25	MAXIDEX.....	145
lopinavir-ritonavir.....	53	LYSODREN.....	47	MAXITROL.....	145
LOPRESSOR.....	56,57	LYSTEDA.....	111	MAXZIDE.....	101
LOPRESSOR HCT.....	44	M-CLEAR WC.....	67	MAXZIDE-25.....	101
LOPROX.....	75	M-END PE.....	67	meclizine hcl.....	37
LOPROX SHAMPOO.....	75	M-M-R II.....	160	MECLOFENAMATE SODIUM 4	
loratadine.....	40	M-NATAL PLUS.....	133	MEDELA TENDER CARE	
loratadine & pseudoephedrine.....	67	M-VIT.....	134	LANOLIN.....	85
lorazepam.....	19,20	MACNATAL CN DHA.....	134	MEDERMA AG BODY CLEANSER.....	92
LORBRENA.....	47	MACROBID.....	159	MEDERMA AG FACE CREAM.....	85
LORTAB.....	12	MACRODANTIN.....	159	MEDERMA AG FACIAL CLEANSER.....	92
LORZONE.....	138	mafenide acetate.....	78	MEDERMA AG FACIAL TONER.....	93
losartan potassium.....	42	MAG-TAB SR.....	128	MEDERMA AG HAND & BODY LOTION.....	85
losartan potassium & hydrochlorothiazide.....	44	MAG64.....	128	MEDERMA STRETCH MARKS THERAPY.....	85
LOSEASONIQUE.....	61	MAGNEBIND 300.....	127	MEDIDERM.....	150
LOTEMAX.....	144	MAGNEBIND 400.....	128	MEDIHONEY WOUND/BURNDRESSING..	97
LOTENSIN.....	42	MAGNESIUM.....	128	MEDROL.....	63
LOTENSIN HCT.....	44	magnesium citrate.....	115	MEDROL DOSEPAK.....	63
loteprednol etabonate.....	145	MAGNESIUM GLUCONATE.....	128	medroxyprogesterone acetate.....	152
LOTREL.....	44	magnesium gluconate.....	128	medroxyprogesterone acetate (contraceptive).....	62
LOTRIMIN AF.....	75	magnesium hydroxide.....	115	mefenamic acid.....	4
LOTRIMIN AF FOR HER.....	75			mefloquine hcl.....	45
LOTRIMIN AF JOCK ITCH.....	75			MEFLOQUINE HCL.....	45
LOTRIMIN ULTRA.....	75				
LOTRISONE.....	75				
LOTRONEX.....	106				
lovastatin.....	41				

MEGA PROBIOTIC.....	35	METAFOLBIC PLUS.....	101	methylprednisolone.....	63
MEGACE ES.....	152	METAMUCIL.....	114	METHYLTESTOSTERONE..	15
megestrol acetate.....	47	METAMUCIL MULTIHEALTH		METIPRANOLOL.....	142
megestrol acetate		FIBER SINGLES.....	114	metoclopramide hcl.....	106
(appetite).....	152	METAMUCIL ORIGINAL		METOCLOPRAMIDE ODT..	106
MEIJER BLOOD GLUCOSE		TEXTURE.....	114	metolazone.....	102
MONITORING KIT.....	120	METAPROTERENOL		metoprolol &	
MEIJER CALAMINE.....	93	SULFATE.....	22	hydrochlorothiazide.....	44
MEIJER ESSENTIAL BLOOD		metaxalone.....	138	metoprolol succinate.....	57
GLUCOSE MONITORING		metformin hcl.....	31	METOPROLOL SUCCINATE	
SYSTEM.....	120	methadone hcl.....	8	ER/HYDROCHLOROTHIAZIDE	
MEIJER GLUCOSE.....	31	METHADONE HCL.....	8	.....	44
MEIJER PREMIUM BLOOD		methadone hcl.....	9	metoprolol tartrate.....	57
GLUCOSE MONITORING		METHADONE HCL.....	9	METOPROLOL/HYDROCHLOR	
KIT.....	120	methadone hcl.....	9	OTHIAZIDE.....	44
MEIJER TRUE2GO BLOOD		METHADOSE.....	9	METROCREAM.....	95
GLUCOSE MONITORING		METHADOSE SUGAR-		METROGEL.....	95
SYSTEM.....	120	FREE.....	9	METROGEL-VAGINAL....	161
MEIJER TRUERESULT BLOOD		methamphetamine hcl.....	1	METROLOTION.....	95
GLUCOSE MONITORING		methazolamide.....	101	metronidazole.....	17
SYSTEM.....	120	methenamine hippurate..	159	metronidazole (topical).....	95
MEIJER TRUETRACK BLOOD		methenamine mandelate..	159	metronidazole vaginal.....	161
GLUCOSE MONITORING		methenamine-hyosc-methylene		MEXILETINE HCL.....	20
KIT.....	120	blue-benzoic acid-phenyl		mexiletine hcl.....	20
MEKINIST.....	47	sal.....	159	MIACALCIN.....	102
melatonin.....	3	methenamine-hyosc-methylene		MICARDIS.....	42
MELATONIN.....	3	blue-sod phos-phenyl sal..	159	MICARDIS HCT.....	44
melatonin.....	3	methenamine-hyoscamine-		MICATIN.....	75
melatonin-pyridoxine.....	3	methylene blue-sodium		MICONAZOLE 3.....	161
meloxicam.....	4	phosphate.....	159	miconazole nitrate (topical)..	75
melphalan.....	46	methimazole.....	155	miconazole nitrate vaginal..	161
memantine hcl.....	153	METHITEST.....	15	MICONAZOLE NITRATE/ZINC	
MENEST.....	105	methocarbamol.....	138	OXIDE/WHITE	
MENTAX.....	75	METHOTREXATE.....	3	PETROLATUM.....	75
menthol (topical analgesic)..	73	methotrexate sodium.....	46	MICRHOGAM ULTRA-	
menthol-methyl salicylate		METHOTREXATE		FILTEREDPLUS.....	147
(liniments).....	88	SODIUM.....	46	MICROCYN.....	97
MEPERIDINE HCL.....	8	methotrexate sodium.....	46	MICRODERM BASE.....	150
meperidine hcl.....	8	methoxsalen rapid.....	77	MICRODOT BLOOD GLUCOSE	
MEPHYTON.....	162	methscopolamine		MONITORING SYSTEM... 120	
meprobamate.....	18	bromide.....	156	MICROKLENZ ANTISEPTIC	
MEPRON.....	17	METHYCLOTHIAZIDE... 102		WOUND CLEANSER.....	97
MEPSEVII.....	103	methylcellulose (laxative)..	114	MICROSOME BASE.....	150
mercaptapurine.....	46	methylidopa.....	43	MICROZIDE.....	102
mesalamine.....	106	METHYLDOPA/HYDROCHLO		midazolam hcl.....	112,113
mesalamine w/ cleanser....	106	ROTHIAZIDE.....	44	midodrine hcl.....	162
MESTINON.....	45	methylergonovine		MIGERGOT.....	125
MESTINON TIMESPAN.....	45	maleate.....	147	miglitol.....	30
META BIOTIC/BIO-ACTIVE		METHYLIN.....	2	miglustat.....	109
12.....	35	methylphenidate hcl.....	2	MIGRANAL.....	125
METADATE CD.....	2	METHYLPHENIDATE			
		HYDROCHLORIDE ER.....	2		

MILCO-B-FORTE.....	133	MONISTAT 7 SIMPLY CURE.....	161	MUCINEX FAST-MAX COLD FLU& SORE THROAT.....	67
MILK OF MAGNESIA CONCENTRATE.....	115	MONISTAT SOOTHING CARE ITCH RELIEF.....	80	MUCINEX FAST-MAX COLD FLU& SORE THROAT CLEAR & COOL.....	67
MILLIPRED.....	63	MONOCLATE-P.....	109	MUCINEX FAST-MAX COLD/FLU.....	67
MINASTRIN 24 FE.....	61	MONODOX.....	155	MUCINEX FAST-MAX SEVERE COLD.....	67
mineral oil.....	115	MONONINE.....	109	MUCINEX FAST-MAX SEVERE CONGESTION & COUGH.....	67
MINIPRESS.....	43	montelukast sodium.....	21	MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL.....	67
MINIVELLE.....	105	morphine sulfate.....	9	MUCINEX FOR KIDS.....	70
MINOCIN.....	155	MORPHINE SULFATE.....	9	MUCINEX MAXIMUM STRENGTH.....	70
minocycline hcl.....	155	morphine sulfate.....	9	MUCINEX STUFFY NOSE & COLD CHILDRENS.....	67
minoxidil.....	45	MORPHINE SULFATE ER.....	9	MULTAQ.....	20
MIRALAX.....	115	MOTHERS FRIEND.....	85	MULTI MEGA MINERALS.....	128
MIRAPEX.....	49	MOTOFEN.....	36	MULTI PRENATAL.....	134
MIRAPEX ER.....	49	MOTRIN INFANTS DROPS.....	5	MULTIBASE.....	150
MIRCETTE.....	61	MOUTHKOTE.....	132	MULTIGEN.....	110
mirtazapine.....	27	MOVIPREP.....	114	MULTIGEN FOLIC.....	110
MIRVASO.....	95	MOXATAG.....	148	MULTIGEN PLUS.....	110
misoprostol.....	158	MOXEZA.....	143	multiple minerals w/ vitamins.....	128
MM EASY TOUCH BLOOD GLUCOSE METER.....	120	moxifloxacin hcl.....	105	MULTISOURCE CALCIUM MAGNESIUM & D FORMULA.....	128
MM PEN NEEDLES 31G X 3/16".....	124	moxifloxacin hcl (ophth).....	143	MULTISTIX.....	100
MM PEN NEEDLES 31G X 5/16".....	124	MPD SAFETY LANCET 21G/1.8MM.....	120	MULTISTIX 10 SG.....	99
MM PEN NEEDLES 32G X 5/32".....	124	MPD SAFETY LANCET 28G/1.8MM.....	120	MULTISTIX 5.....	99
MOBIC.....	5	MPD SAFETY LANCET 30G/1.8MM.....	120	MULTISTIX 7.....	99
MOBISYL.....	88	MPD SAFETY LANCETS 23G/1.8MM.....	120	MULTISTIX 8 SG.....	99
modafinil.....	2	MS CONTIN.....	9	MULTISTIX 9.....	99
MODERIBA 1200 DOSE PACK.....	55	MSM SKIN LOTION.....	85	MULTISTIX 9 SG.....	99
MODERIBA 800 DOSE PACK.....	55	MUCINEX.....	70	MUPIROCIN.....	74
moexipril hcl.....	42	MUCINEX CHILDRENS COLD COUGH & SORE THROAT.....	67	mupirocin.....	74
moexipril-hydrochlorothiazide	44	MUCINEX CHILDRENS MULTI-SYMPTOM COLD.....	67	mupirocin calcium (topical).....	74
MOI-STIR.....	132	MUCINEX CHILDRENS MULTI-SYMPTOM COLD & FEVER.....	67	MURO 128.....	146
MOISTURE EYES.....	141	MUCINEX CONGESTION & COUGH CHILDRENS.....	67	MUSTARGEN.....	46
MOISTURIZING CREAM.....	85	MUCINEX COUGH FOR KIDS.....	67	MX-SOL.....	149
MOLINDONE HYDROCHLORIDE.....	51	MUCINEX D.....	67	MX-SOL BLEND.....	149
mometasone furoate.....	80	MUCINEX D MAXIMUM STRENGTH.....	67	MX-SOL BLEND SF.....	149
mometasone furoate (nasal).....	139	MUCINEX DM.....	67	MX-SOL SF.....	149
MONISTAT 1 COMBO PACK.....	161	MUCINEX DM MAXIMUM STRENGTH.....	67	MX-SOL SUSPEND.....	149
MONISTAT 1 DAY OR NIGHT COMBO PACK.....	161	MUCINEX FAST-MAX COLD & SINUS.....	67	MYAMBUTOL.....	45
MONISTAT 3.....	161			MYCOBUTIN.....	45
MONISTAT 3 COMBINATION PACK.....	161			mycophenolate mofetil.....	130

mycophenolate sodium.....	130	NASACORT ALLERGY		NEOMYCIN/POLYMYXIN/GRAM	
MYDRIACYL.....	143	24HR.....	139	ICIDIN.....	143
MYFORTIC.....	130	NASACORT ALLERGY 24HR		NEOMYCIN/POLYMYXIN/HYDR	
MYGLUCOHEALTH BLOOD		CHILDRENS.....	139	OCORTISONE.....	145
GLUCOSE MONITORING		NASAL		NEONATAL PLUS.....	134
SYSTEM.....	120	DECONGESTANT.....	140	NEONATAL VITAMIN.....	134
MYLERAN.....	46	NASALCROM.....	139	NEORAL.....	130
MYLICON.....	105	NASCOBAL.....	110	NEOSPORIN.....	143
MYLICON INFANTS GAS		NASONEX.....	139	NEOSPORIN ECZEMA	
RELIEF.....	105	NAT-RUL PRENATAL		ESSENTIALS.....	85
MYNATAL.....	134	VITAMINS.....	134	NEOSPORIN GU	
MYNATAL ADVANCE.....	134	NATACYN.....	143	IRRIGANT.....	107
MYNATAL PLUS.....	134	NATALVIT.....	134	NEOSPORIN LIP HEALTH	
MYNATAL ULTRACAPLET	134	NATAZIA.....	61	OVERNIGHT RENEWAL	
MYNATAL-Z.....	134	nateglinide.....	33	THERAPY.....	93
MYNATE 90 PLUS.....	134	NATELLE ONE.....	134	NEOSPORIN ORIGINAL....	74
MYOFLEX.....	88	NATROBA.....	95	NEOSPORIN PLUS PAIN	
MYSOLINE.....	25	NATRUL PROBIOTIC.....	35	RELIEF MAXIMUM	
MYTESI.....	34	NATRUL-CAL.....	128	STRENGTH.....	74
nabumetone.....	5	NATURE-THROID.....	155	NEPHRON FA.....	110
nadolol.....	57	NATURES WASH PLUS.....	93	NEPTAZANE.....	101
nadolol &		NEBUPENT.....	17	NESINA.....	32
bendroflumethiazide.....	44	NECON 1/50-28.....	61	NESTABS ABC.....	134
NADOLOL/BENDROFLUMETHIA		NECON 10/11-28.....	61	NESTABS DHA.....	134
ZIDE.....	44	NEEVO DHA.....	134	NEUAC KIT.....	72
naftifine hcl.....	75	NEFAZODONE HCL.....	29	NEULASTA.....	110
NAFTIN.....	75	nefazodone hcl.....	29	NEULASTA ONPRO KIT....	110
NAIL SCRUB.....	89	NEFAZODONE		NEUPOGEN.....	110
NALFON.....	5	HYDROCHLORIDE.....	29	NEURONTIN.....	25
NALOXONE HCL.....	37	NEO-SYNALAR.....	74	NEUTRAPHOR.....	93
naloxone hcl.....	37	NEO-SYNEPHRINE COLD &		NEUTRAPHORUS REX.....	93
NALOXONE HCL.....	37	SINUS EXTRA.....	140	NEUTROGENA BODY LIGHT	
naltrexone hcl.....	37	NEO-SYNEPHRINE COLD &		SESAME FORMULA.....	85
NAMENDA.....	153	SINUS MILD.....	140	NEUTROGENA DEEP CLEAN	
NAMENDA TITRATION		NEO-SYNEPHRINE COLD &		FACIAL CLEANSER.....	93
PAK.....	153	SINUS REGULAR.....	140	NEUTROGENA FRESH	
NAMENDA XR.....	153	NEOKE BCAA4.....	101	FOAMINGCLEANSER.....	93
NAMENDA XR TITRATION		neomycin sulfate.....	3	NEUTROGENA HAND.....	85
PACK.....	153	neomycin-bacitracin zn-		NEUTROGENA	
naphazoline w/		polymyxin.....	143	HAND/NORWEGIANFORMULA/	
pheniramine.....	144	neomycin-bacitracin-polymyxin		FAST ABSORBING.....	85
NAPHCON-A.....	144	.....	74	NEUTROGENA HEALTHY	
NAPRELAN.....	5	neomycin-bacitracin-polymyxin-		SKIN.....	85
NAPROSYN.....	5	pramoxine.....	74	NEUTROGENA HEALTHY SKIN	
naproxen.....	5	neomycin-polymy-		FACE SPF 15.....	85
naproxen sodium.....	5	dexameth.....	145	NEUTROGENA MAKEUP	
naratriptan hcl.....	126	neomycin-polymyxin w/		REMOVERCLEANSING	
NARCAN.....	37	pramoxine.....	74	TOWELETTES.....	93
NARDIL.....	27	neomycin-polymyxin-hc		NEUTROGENA MOISTURE	
		(otic).....	146	SENSITIVE SKIN.....	85
		neomycin/polymyxin b gu	107	NEUTROGENA ON-THE-SPOT	
		NEOMYCIN/POLYMYXIN B		ACNE TREATMENT.....	72
		SULFATES.....	107	NEUTROGENA T/GEL.....	96

NEUTROGENA T/GEL			
STUBBORN ITCH			
CONTROL.....	96		
nevirapine.....	53		
NEXA PLUS.....	134		
NEXAVAR.....	47		
NEXCARE WOUND			
CLEANSER.....	97		
NEXIUM.....	157		
NEXIUM 24HR.....	157		
NEXIUM 24HR CLEAR			
MINIS.....	157		
NIACIN.....	42		
niacin.....	163		
niacin (antihyperlipidemic).....	42		
NIACIN TR.....	163		
NIACOR.....	42		
NIASPAN.....	42		
nicardipine hcl.....	58		
NICE DISTILLED WATER.....	149		
NICODERM CQ.....	154		
NICORETTE.....	154		
NICORETTE MINI.....	154		
NICORETTE STARTER			
KIT.....	154		
nicotine.....	154		
nicotine polacrilex.....	154		
NICOTINE TRANSDERMAL			
SYSTEM.....	154		
NICOTROL INHALER.....	154		
NICOTROL NS.....	154		
nifedipine.....	58		
NILANDRON.....	47		
nilutamide.....	47		
nimodipine.....	58		
NINLARO.....	47		
NISEKO HYDRATING FACIAL			
MOISTURIZER.....	85		
nisoldipine.....	58		
NISOLDIPINE ER.....	58		
NITRO-BID.....	18		
NITRO-DUR.....	18		
nitrofurantoin.....	159		
nitrofurantoin macrocrystal.....	159		
nitrofurantoin monohyd			
macro.....	159		
nitroglycerin.....	18		
NITROLINGUAL			
PUMPSPRAY.....	18		
NITROSTAT.....	18		
NITYR.....	103		
NIVA-PLUS.....	134		
NIVEA.....	85		
NIVEA EXTRA			
ENRICHED.....	85		
NIVEA EXTRA ENRICHED			
LOTION.....	85		
NIVEA GENTLE BODY			
EXFOLIATOR.....	85		
NIVEA LIGHT.....	86		
NIVEA ORIGINAL.....	86		
NIVEA ORIGINAL			
MOISTURE.....	86		
NIVEA SOFT.....	86		
NIVEA VISAGE.....	86		
NIVEA VISAGE FOAMING			
FACIAL.....	93		
NIVEA VISAGE INNER			
BEAUTY NIGHTTIME			
RENEWAL.....	86		
NIVEA VISAGE			
MOISTURIZING TONER.....	93		
NIVESTYM.....	110		
NIX CREME RINSE.....	95		
nizatidine.....	156		
NIZATIDINE.....	156		
NIZORAL.....	75		
NIZORAL A-D.....	75		
NOBLE MYSTIQUE BODY			
CLEANSER.....	93		
nonoxynol-9.....	160		
NORCO.....	12		
NORDITROPIN			
FLEXPRO.....	103		
norelgestromin-ethinyl			
estradiol.....	62		
norethin acet & estrad-fe.....	61		
norethindrone & eth			
estradiol.....	61		
norethindrone & ethinyl			
estradiol-fe.....	61		
norethindrone			
(contraceptive).....	63		
norethindrone acet & eth			
estra.....	61		
norethindrone acetate.....	152		
norethindrone acetate-ethinyl			
estradiol.....	104		
norethindrone acetate-ethinyl			
estradiol-fe.....	61		
norethindrone-eth estradiol			
(triphasic).....	61		
norgestimate-ethinyl			
estradiol.....	62		
norgestimate-ethinyl estradiol			
(triphasic).....	61		
norgestrel & ethinyl estradiol.....	62		
NORINYL 1+35.....	62		
NORITATE.....	95		
NORPACE.....	20		
NORPACE CR.....	20		
NORPRAMIN.....	30		
NORTEMP INFANTS.....	6		
NORTHERA.....	162		
nortriptyline hcl.....	30		
NORTRIPTYLINE HCL.....	30		
NORTUSS-EX.....	67		
NORVASC.....	58		
NORVIR.....	53		
NOURILITE.....	150		
NOURIVAN ANTIOX CREAM			
BASE.....	150		
NOVA MAX BLOOD GLUCOSE			
MONITORING SYSTEM.....	120		
NOVA MAX PLUS KETONE			
TESTSTRIPS.....	100		
NOVAFERRUM 125.....	110		
NOVAFERRUM 50.....	111		
NOVAREL.....	102		
NOVOLIN 70/30.....	33		
NOVOLIN 70/30 FLEXPEN.....	33		
NOVOLIN 70/30 FLEXPEN			
RELION.....	33		
NOVOLIN 70/30 RELION.....	33		
NOVOLIN N.....	33		
NOVOLIN N RELION.....	33		
NOVOLIN R.....	33		
NOVOLIN R RELION.....	33		
NOVOLOG.....	33		
NOVOLOG FLEXPEN.....	33		
NOVOLOG MIX 70/30.....	33		
NOVOLOG MIX 70/30			
PREFILLED FLEXPEN.....	33		
NOVOLOG PENFILL.....	33		
NOXAFIL.....	38		
NOXI-K.....	150		
NU-GEL COLLAGEN WOUND			
DRESSING.....	97		
NU-MAG.....	128		
NUCYNTA.....	9		
NUCYNTA ER.....	9		
NUDEXTA.....	154		
NULYTELY/FLAVOR			
PACKS.....	114		

NUMOISYN.....	132	OFF FAMILYCARE SMOOTH & DRY.....	93	ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM.....	121
NUPERCAINAL.....	16	OFF SMOOTH & DRY.....	93	ON CALL VIVID PAL BLOOD GLUCOSE METER.....	121
NUPLAZID.....	50	ofloxacin.....	105	ondansetron.....	37
NUTRADERM.....	86	ofloxacin (ophth).....	143	ondansetron hcl.....	37
NUTRADERM ADVANCED FORMULA.....	86	ofloxacin (otic).....	146	ONDANSETRON HYDROCHLORIDE.....	37
NUTRICION PORVIDA.....	134	OGESTREL.....	62	ONE DROP BLOOD GLUCOSE MONITORING SYSTEM...	121
NUTROPIN AQ NUSPIN 10.....	103	OINTMENT BASE.....	86	ONE DROP BLOOD GLUCOSE TEST STRIPS.....	100
NUTROPIN AQ NUSPIN 20.....	103	olanzapine.....	51	ONE-A-DAY WOMENS PRENATAL.....	134
NUTROPIN AQ NUSPIN 5.....	103	olanzapine-fluoxetine hcl.....	153	ONETOUCH ULTRA 2.....	121
NUVARING.....	62	olmesartan medoxomil.....	42	ONETOUCH ULTRA MINI.....	121
NUVIGIL.....	2	olmesartan medoxomil-amlodipine-hydrochlorothiazide.....	44	ONETOUCH ULTRALINK SYSTEM (DEC).....	121
NUWIQ.....	109	olmesartan medoxomil-hydrochlorothiazide.....	44	ONETOUCH ULTRALINK SYSTEM (HEX).....	121
NYMALIZE.....	58	olopatadine hcl.....	146	ONETOUCH VERIO.....	121
nystatin.....	38	olopatadine hcl (nasal)...	139	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM...	121
nystatin (mouth-throat).....	131	OLUX.....	80	ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM.....	121
nystatin (topical).....	75	OLUX-E.....	80	ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM...	121
nystatin-triamcinolone.....	75	OLYSIO.....	55	ONFI.....	24
NYTOL MAXIMUM STRENGTH.....	112	OMECLAMOX-PAK.....	158	ONGLYZA.....	32
O-CAL FA.....	134	omega-3 fatty acids.....	141	ONMEL.....	38
O-CAL PRENATAL.....	134	omega-3-acid ethyl esters.....	40	OPANA.....	9
OB COMPLETE ONE.....	134	omeprazole.....	157,158	OPCON-A.....	144
OB COMPLETE PETITE.....	134	OMEPRAZOLE.....	158	opium tincture.....	36
OB COMPLETE PREMIER.....	134	OMEPRAZOLE + SYRSPEND SFALKA.....	157	OPSUMIT.....	59
OBSTETRIX DHA.....	134	omeprazole magnesium.....	158	OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE.....	160
OBTREX DHA.....	134	omeprazole-sodium bicarbonate.....	158	OPTIONS GYNOL II VAGINALCONTRACEPTIVE.....	160
OCALIVA.....	105	OMNARIS.....	139	OPTIUM BLOOD GLUCOSE MONITORING SYSTEM...	121
OCCLUVAN.....	150	OMNIPOD 5 PACK.....	120	OPTUMRX BLOOD GLUCOSE METER.....	121
OCEAN NASAL SPRAY.....	139	OMNIPOD DASH 5 PACK.....	120	OPTUMRX BLOOD GLUCOSE MONITORING SYSTEM...	121
OCTAGAM.....	147	OMNIPOD DASH SYSTEM.....	120	ORA-BLEND.....	149
octreotide acetate.....	104	OMNIPOD STARTER KIT.....	120	ORA-BLEND SF.....	149
OCUFLOX.....	143	OMNIPRED.....	145	ORA-PLUS.....	149
OCUSOFT BABY EYELID & EYELASH CLEANSER.....	93	OMNITROPE.....	103	ORA-SWEET.....	149
OCUSOFT EYELID CLEANSINGPADS.....	93	ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM.....	121		
OCUSOFT LID SCRUB.....	93	ON CALL PLUS BLOOD GLUCOSE METER.....	121		
OCUSOFT LID SCRUB PLUS.....	93	ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM.....	121		
ODEFSEY.....	54	ON CALL VIVID BLOOD GLUCOSE METER.....	121		
OFEV.....	155				
OFF ACTIVE.....	93				
OFF DEEP WOODS.....	93				
OFF DEEP WOODS DRY.....	93				
OFF DEEP WOODS SPORTSMEN.....	93				

ORA-SWEET SF	149	oxandrolone	15	PARAGARD INTRAUTERINE	
ORACEA	95	oxaprozin	5	COPPER CONTRACEPTIVE	
oral electrolytes	127	oxazepam	20	T380A	62
ORAL MIX FLAVORED		OXAZEPAM	20	PAREGORIC	36
SUSPENDING VEHICLE	149	oxcarbazepine	25	paricalcitol	103
ORAL MIX SF	149	OXERVATE	144	PARLODEL	49
ORAL RELIEF SPRAY FOR		oxiconazole nitrate	75	PARNATE	28
DRY MOUTH &		OXISTAT	75	paromomycin sulfate	3
DISCOMFORT	132	OXSORALEN ULTRA	77	paroxetine hcl	28
ORAL SALINE LAXATIVE	115	oxybutynin chloride	159	paroxetine mesylate	
ORAL SUSPEND	149	oxycodone hcl	9,10	(vasomotor)	154
ORAL SUSPENDING		OXYCODONE HCL ER	9	PASER	45
COMPOUNDPLUS	149	OXYCODONE		PATADAY	146
ORAL SYRUP FLAVORED		HYDROCHLORIDE ER	10	PATANASE	139
VEHICLE	149	oxycodone w/		PAXIL	28
ORAL SYRUP SF	149	acetaminophen	12	PAXIL CR	28
ORALAIR	2	oxycodone-aspirin	12	PCCA ALADERM BASE	151
ORALAIR ADULT SAMPLE		OXYCODONE/ACETAMINOPH		PCCA ANHYDROUS LIPODERM	
KIT	2	EN	12	BASE	151
ORALAIR ADULT STARTER		OXYCODONE/IBUPROFEN		PCCA BASE 7542	151
PACK	2		13	PCCA BIOPEPTIDE BASE	151
ORAMAGIC PLUS	131	OXYCONTIN	10	PCCA COSMETIC HRT	
ORAP	154	oxymetazoline hcl	140	BASE	151
ORAPRED ODT	63	oxymorphone hcl	10	PCCA EMOLLIENT CREAM	
ORAVIG	131	OXYMORPHONE		BASE	151
ORENCIA	5	HYDROCHLORIDE ER	10	PCCA LIPODERM BASE	151
ORENITRAM	59	OXYTROL	159	PCCA LIPODERM CUSTOM	
ORFADIN	103	OXYTROL FOR WOMEN	159	BASE	151
ORKAMBI	155	oyster shell	127	PCCA MVC BASE	151
orphenadrine citrate	138	OZURDEX	145	PCCA NATACREAM	151
ORTHO MICRONOR	63	P-SILOXAN DS	151	PCCA PRACASIL TM-PLUS	
ORTHO TRI-CYCLEN	62	PA PRENATAL		BASE	151
ORTHO TRI-CYCLEN LO	62	FORMULA	134	PCCA SWEET-SF	149
ORTHO-CYCLEN	62	PAIN-A-LAY	131	PCCA SYRUP VEHICLE	149
ORTHO-NOVUM 1/35	62	paliperidone	50	PCCA VANISHING CREAM	
ORTHO-NOVUM 7/7/7	62	PALOMAR E	93	LIGHT	151
OS-CAL ULTRA	127	PAMELOR	30	PCCA VANISHING	
oseltamivir phosphate	56	PANCREAZE	101	CREAM/LOTION BASE	151
OSENI	30	PANDEL	80	PCCA VANPEN BASE	151
OSMOPREP	115	PANOXYL	72	PCCA-PLUS	149
OTEZLA	5	PANOXYL-4 CREAMY		PCE	117
OTICIN HC NR	147	WASH	72	PEARLS IC	35
OTREXUP	3	PANRETIN	76	PEDIA-LAX	115,116
OVACE PLUS	77	pantoprazole sodium	158	PEDIALYTE	128
OVACE PLUS WASH	77	PANZYGA	147	PEDIALYTE ADVANCED	
OVACE WASH	77	PARADIGM LINK BLOOD		CARE	128
OVCON-35	62	GLUCOSE MONITOR	121	PEDIALYTE FREEZER	
OVIDE	96	PARAFON FORTE DSC	138	POPS	128
OXANDRIN	15			PEDIALYTE SINGLES	128
				PEDIAPRED	63
				peg 3350-kcl-sod bicarb-sod	
				chloride-sod sulfate	114

peg 3350-potassium chloride-sod bicarbonate-sod chloride...	114	PH 12 STERILE DILUENT FORFLOLAN.....	149	PHILLIPS COLON HEALTH	35
PEGANONE.....	26	PHARMABASE ANTIOXIDANT.....	151	PHOS-NAK POWDER CONCENTRATE.....	129
PEGASYS.....	55	PHARMABASE COSMETIC.....	151	PHOSLYRA.....	107
PEGASYS PROCLICK.....	55	PHARMABASE COSMETIC NATURAL.....	151	PHOSPHOLINE IODIDE...	143
PEGINTRON.....	55	PHARMABASE HEAVY...	151	PHOTOFRIN.....	48
PEN-KERA.....	86	PHARMABASE LIGHT...	151	PHYTOBASE.....	151
PENCREAM.....	151	PHARMABASE VAGINAL MOISTURIZING.....	151	phytonadione.....	162
PENDERM.....	151	PHARMACIST CHOICE ALCOHOL PRED PADS...	93	PICATO.....	76
penicillamine.....	129	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM.....	121	PICODERM.....	151
penicillin v potassium.....	148	phenazopyridine hcl.....	108	PIFELTRO.....	54
PENICILLIN V POTASSIUM.....	148	phenelzine sulfate.....	28	pilocarpine hcl.....	143
PENLAC NAIL LACQUER...	76	phenobarbital.....	112	pilocarpine hcl (oral).....	132
PENSOMAL CREAM.....	151	phenol (antiseptic).....	131	pimecrolimus.....	87
PENTAPHENE BASE.....	151	phenylephrine hcl.....	140	PIMOZIDE.....	154
pentazocine w/ naloxone...	14	phenylephrine hcl (ophth).....	144	pindolol.....	57
pentoxifylline.....	109	phenylephrine hcl (oral)...	140	pioglitazone hcl.....	32
PENTRAVAN.....	86	phenylephrine w/ acetaminophen.....	67	pioglitazone hcl-glimepiride...	30
PENTRAVAN PLUS.....	86	phenylephrine w/ dm-gg...	67	pioglitazone hcl-metformin hcl.....	30
PEPCID.....	157	phenylephrine-acetaminophen-guaifenesin.....	68	piroxicam.....	5
PEPCID AC.....	156	phenylephrine-brompheniramine-dm.....	68	PLAN B ONE-STEP.....	62
PEPCID AC MAXIMUM STRENGTH.....	156	phenylephrine-chlorphen-dm.....	68	PLAQUENIL.....	45
PEPCID COMPLETE.....	158	phenylephrine-chlorpheniramine-dm w/ apap.....	68	PLAVIX.....	109
PEPTO BISMOL.....	35	phenylephrine-dm.....	68	PLEGRIDY.....	153
PEPTO-BISMOL.....	35	phenylephrine-dm-gg w/ apap.....	68	PLEGRIDY STARTER PACK.....	153
PEPTO-BISMOL INSTACOOOL.....	35	phenylephrine-doxylamine-dextromethorphan-acetaminophen.....	68	PNA-HRT BASE.....	151
PEPTO-BISMOL MAX STRENGTH.....	35	phenylephrine-guaifenesin.....	68	PNEUMOVAX 23.....	160
PEPTO-BISMOL TO-GO...	35	phenylephrine-shark liver oil-cocoa butter.....	15	PNEUMOVAX 23/1 DOSE...	160
PERCOCET.....	13	phenylephrine-shark liver oil-mineral oil-petrolatum.....	15	PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID.....	134
PERFORMAX SALT SUPPORTIVEBASE.....	151	PHENYLEPHRINE/GUAIFENE SIN.....	68	PNV FOLIC ACID + IRON MULTIVITAMIN.....	134
PERFOROMIST.....	22	PHENYLHISTINE DH.....	68	PNV OB+DHA.....	134
PERI-WASH.....	93	PHENYTEK.....	26	PNV PRENATAL PLUS MULTIVITAMIN.....	134
PERIDEX.....	131	phenytoin.....	26	PNV TABS 29-1.....	134
perindopril erbumine.....	42	phenytoin sodium extended.....	26	PNV-DHA.....	134
permethrin.....	96			PNV-DHA+DOCUSATE...	134
perphenazine.....	52			PNV-OMEGA.....	134
PERPHENAZINE/AMITRIPTYLIN E.....	153			PNV-SELECT.....	134
PERRY PRENATAL.....	134			PNV-TOTAL.....	134
PETROLATUM.....	86			PNV-VP-U.....	134
PETROLEUM JELLY LIP TREATMENT.....	93			POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM.....	121
PEXEVA.....	28			podofilox.....	88
PFCB.....	151			poison ivy treatments.....	95

POLYCOSE.....	141	PRAVACHOL.....	41	PRENATAL LOW IRON....	135
polyethylene glycol 3350...	115	pravastatin sodium.....	41	PRENATAL MULTI +DHA..	135
polyethylene glycol-propylene glycol (ophth).....	141	praziquantel.....	17	PRENATAL MULTIVITAMIN.....	135
polymyxin b-trimethoprim...	144	prazosin hcl.....	43	PRENATAL MULTIVITAMIN + DHA.....	135
polysaccharide iron complex.....	111	PRE-NATAL FORMULA..	135	PRENATAL MULTIVITAMIN PLUS DHA.....	135
POLYSPORIN.....	74	PRECISION LINK.....	121	PRENATAL ONE DAILY...	135
POLYTRIM.....	144	PRECISION XTRA.....	121	PRENATAL PLUS.....	135
polyvinyl alcohol.....	141	PRECOSE.....	30	PRENATAL PLUS IRON...	135
polyvinyl alcohol-povidone (ophth).....	141	PRED FORTE.....	145	PRENATAL VITAMIN.....	136
POMALYST.....	47	PRED MILD.....	145	PRENATAL VITAMIN & MINERAL.....	136
PONSTEL.....	5	PRED-G.....	145	PRENATAL VITAMIN/IRON.....	136
pot & sod citrates w/citric ac.....	107	PRED-G S.O.P.....	145	PRENATAL VITAMINS....	136
pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	129	PREDATOR.....	89	PRENATAL VITAMINS PLUS LOW IRON.....	136
potassium & sodium phosphates.....	129	prednicarbate.....	80	PRENATAL+DHA.....	136
potassium bicarb & chloride	129	PREDNICARBATE.....	80	PRENATAL-U.....	136
potassium bicarbonate.....	129	prednisolone.....	63	PRENATE DHA.....	136
potassium chloride.....	129	PREDNISOLONE.....	63	PRENATE ENHANCE.....	136
POTASSIUM CHLORIDE ER.....	129	PREDNISOLONE ACETATE.....	145	PRENATE ESSENTIAL....	136
potassium chloride microencapsulated crystals er.....	129	PREDNISOLONE ACETATE P-F.....	145	PRENATE PIXIE.....	136
potassium citrate (alkalinizer).....	107	prednisolone sodium phosphate.....	63	PRENATE RESTORE.....	136
potassium citrate-citric acid	107	PREDNISOLONE SODIUM PHOSPHATE.....	145	PREORBOTIC.....	35
POTASSIUM CITRATE/SODIUMCITRATE/CITRIC ACID.....	107	PREDNISONE.....	63	PREPARATION H.....	15
POTIGA.....	25	PREDNISONE.....	63	PREPARATION H TOTABLES	
povidone-iodine.....	52	PREDNISONE INTENSOL	63	PAIN RELIEF.....	16
PR NATAL 400.....	134	PREFERAOB ONE.....	135	PREPLUS.....	136
PR NATAL 400 EC.....	134	PREFERRED PLUS		PREPOPIK.....	114
PR NATAL 430.....	135	GLUCOSE.....	31	PRETAB.....	136
PR NATAL 430 EC.....	134	PREGNYL W/DILUENT		PRETTY FEET & HANDS...	86
PRADAXA.....	24	BENZYLALCOHOL/NACL	10	PREVACID.....	158
pramipexole dihydrochloride	49	2		PREVACID 24HR.....	158
pramoxine hcl (rectal).....	16	PREMARIN.....	105,161	PREVACID SOLUTAB....	158
pramoxine-calamine.....	89	PREMPHASE.....	104	PREVIDENT 5000 BOOSTER PLUS.....	131
pramoxine-hc-chloroxylenol.....	147	PREMPRO.....	104	PREVIDENT 5000 DRY MOUTH.....	131
pramoxine-phenylephrine-glycerin-petrolatum.....	15	PRENAISSANCE.....	135	PREVIDENT 5000 ORTHO DEFENSE.....	131
pramoxine-zinc acetate.....	89	PRENAISSANCE PLUS..	135	PREVIDENT 5000 PLUS...	131
PRANDIN.....	33	PRENATABS RX.....	135	PREVIDENT FLUORIDE...	131
prasugrel hcl.....	109	PRENATAL.....	135,136	PREVIDENT RINSE.....	131
		PRENATAL + DHA.....	135	PREVNAR 13.....	160
		PRENATAL 19.....	135	PREVPAC.....	158
		PRENATAL AND IRON..	135	PREZCOBIX.....	54
		PRENATAL COMPLETE..	135	PREZISTA.....	54
		PRENATAL FORMULA A-FREE.....	135		
		PRENATAL FORTE.....	135		

PRIFTIN.....	45	PROBUPHINE IMPLANT		propylthiouracil.....	155
PRILOSEC.....	158	KIT.....	14	PROSCAR.....	108
PRILOSEC OTC.....	158	PROCARDIA.....	58	PROSHIELD PLUS SKIN	
primaquine phosphate.....	45	PROCARDIA XL.....	58	PROTECTANT.....	93
PRIMAQUINE PHOSPHATE.....	45	PROCENTRA.....	1	PROSTEON.....	128
primidone.....	25	prochlorperazine.....	52	PROTONIX.....	158
PRIMLEV.....	13	prochlorperazine maleate.....	52	PROTOPIC.....	87
PRIMSOL.....	17	PROCRIT.....	110	protriptyline hcl.....	30
PRINIVIL.....	42	PROCTOCORT.....	16	PROTYL AG.....	97
PRISTIQ.....	29	PROCTOFOAM.....	16	PROVAD.....	36
PRIVIGEN.....	147	PRODIGEN.....	36	PROVENGE.....	46
PRO VOICE V8 BLOOD		PRODIGY AUTOCODE		PROVENTIL HFA.....	22
GLUCOSE MONITORING		BLOOD GLUCOSE		PROVERA.....	152
SYSTEM.....	121	MONITORING SYSTEM.....	121	PROVIDA OB.....	136
PRO VOICE V8/V9 BLOOD		PRODIGY AUTOCODE		PROVIGIL.....	2
GLUCOSE TEST STRIPS.....	100	BLOOD GLUCOSE		PROZAC.....	28
PRO VOICE V9 BLOOD		MONITORING/TALKING.....	121	PRUDOXIN.....	76
GLUCOSE MONITORING		PRODIGY POCKET BLOOD		pseudoephed-bromphen-dm.....	68
SYSTEM.....	121	GLUCOSE METER KIT.....	121	pseudoephedrine hcl.....	140
PRO-BIOTIC BLEND.....	35	PRODIGY VOICE BLOOD		pseudoephedrine w/ codeine-	
PRO-FLORA IMMUNE.....	35	GLUCOSE METER KIT.....	121	gg.....	68
PRO-RED AC.....	68	PROFE.....	111	pseudoephedrine w/ dm-gg.....	69
PROAIR HFA.....	22	progesterone micronized.....	152	pseudoephedrine-chlorphen-dm	
probenecid.....	108	PROGLYCEM.....	31	.....	69
PROBIOMAX DAILY DF.....	35	PROGRAF.....	130	pseudoephedrine-guaifenesin	
PROBIOTIC.....	35	PROLENSA.....	146	.....	69
PROBIOTIC & ACIDOPHILUS		PROLEUKIN.....	48	pseudoephedrine-ibuprofen.....	69
FORMULA EXTRA		PROMACTA.....	110	PSORCON.....	80
STRENGTH.....	35	promethazine &		psyllium.....	114
PROBIOTIC + OMEGA-3.....	35	phenylephrine.....	68	PTS PANELS KETONE	
PROBIOTIC ACIDOPHILUS.....	35	promethazine hcl.....	40	TEST.....	100
PROBIOTIC ACIDOPHILUS		promethazine w/codeine.....	68	PULMICORT.....	21
BEADS.....	35	promethazine-dm.....	68	PULMICORT FLEXHALER.....	21
PROBIOTIC ADVANCED		promethazine-phenylephrine-		PULMOZYME.....	155
ULTRAPOTENCY.....	35	codeine.....	68	PURACYN PLUS DUO-	
PROBIOTIC COLON		PROMETHAZINE/PHENYLEP		CARE.....	97
SUPPORT.....	35	HRINE.....	68	PUREFE OB PLUS.....	136
PROBIOTIC		PROMETHAZINE/PHENYLEP		PURIFIED WATER.....	149
COMPLEX/ACIDOPHILUS.....	35	HRINE/CODEINE.....	68	PURILON.....	97
PROBIOTIC DAILY.....	35	PROMETRIUM.....	152	PURIXAN.....	46
PROBIOTIC GOLD EXTRA		propafenone hcl.....	20	PURPOSE GENTLE CLEANING	
STRENGTH.....	35	PROPANTHELIN		WASH.....	93
PROBIOTIC MATURE		BROMIDE.....	156	PUSH BUTTON SAFETY	
ADULT.....	35	proparacaine hcl.....	144	LANCETS 28G.....	121
PROBIOTIC PEARLS.....	35	propranolol hcl.....	57	PX DAYTIME MULTI-	
PROBIOTIC PEARLS		PROPRANOLOL HCL.....	57	SYMPTOM.....	69
ADVANTAGE.....	35	propranolol hcl.....	57	PX GLUCOSE.....	31
PROBIOTIC+TURMERIC		PROPRANOLOL/HYDROCHL		PX NITETIME MULTI-	
EXTRACT.....	35	OROTHIAZIDE.....	44	SYMPTOM.....	69
PROBIOTIC-10.....	35	propylene glycol (ophth).....	141	PX OMEPRAZOLE.....	158
PROBIOTIC-10 ULTIMATE.....	35	propylene glycol-glycerin.....	141		

PX PRENATAL MULTIVITAMINS	136	RA LICE SOLUTION KIT	96	REBINYN	109
PX PURIFIED WATER	149	RA MAKEUP REMOVER EYELIDWIPES XL	93	RECOMBINATE	109
PYLERA	158	RA OMEPRAZOLE	158	RECOMBIVAX HB	160
pyrantel pamoate	17	RA ONE DAILY	136	RECTIV	16
pyrazinamide	46	RA OYSTER SHELL CALCIUM/VITAMIN D	127	REESES PINWORM MEDICINE	17
pyrethrins-piperonyl butoxide	96	RA PRENATAL	136	REFENESEN CHEST CONGESTION & PAIN RELIEF PE	69
pyrethrins-piperonyl butoxide-permethrin-nit remover	96	RA PRENATAL FORMULA/FOLICACID	136	REFRESH CLEANSER	93
PYRIDIDIUM	108	RA PROBIOTIC COLON CARE	36	REFRESH LIQUIGEL	141
pyridostigmine bromide	45	RA PROBIOTIC COMPLEX	36	REFRESH OPTIVE	141
pyridoxine hcl	163	RA PROBIOTIC DIGESTIVE SUPPORT	36	REFRESH OPTIVE SENSITIVE	141
pyrithione zinc	77	RA PROBIOTIC MAXIMUM STRENGTH	36	REFRESH REPAIR	141
Q-DERM	151	RA RENEWAL ADVANCED HEALING	93	REFRESH TEARS	141
QC CALAMINE	93	RA RENEWAL DRY SKIN THERAPY	86	REFUAH PLUS BLOOD GLUCOSE MONITORING SYSTEM	122
QC PRENATAL	136	RA SALINE WOUND WASH	93	REGENECARE	97
QH	3	RA TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM	121	REGLAN	106
QNASL	139	RA TRUERESULT BLOOD GLUCOSE MONITOR	121	REGRANEX	97
QUALAQUIN	45	rabeprazole sodium	158	REHYLA HAIR + BODY CLEANSER	93
QUARTETTE	62	RADIAGEL	97	REHYLA WASH	94
QUAZEPAM	113	RADIAGUARD ADVANCED	86	REJUVACARE PLUS	151
QUDEXY XR	25	RADIAPLEXRX	97	RELENZA DISKHALER	56
QUESTRAN	41	RAGWITEK	2	RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM	122
QUESTRAN LIGHT	41	raloxifene hcl	103	RELION GLUCOSE	31
quetiapine fumarate	51	ramipril	42	RELION KETONE	100
QUICKTEK	121	RANEXA	18	RELION KETONE TEST STRIPS	100
QUILLIVANT XR	2	ranitidine hcl	157	RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM	122
quinapril hcl	42	ranolazine	18	RELION PREMIER BLOOD GLUCOSE TEST STRIPS	100
quinapril-hydrochlorothiazide	44	RAPAFLO	108	RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM	122
quinidine gluconate	20	RAPAMUNE	130	RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM	122
QUINIDINE SULFATE	20	rasagiline mesylate	50	RELPAK	126
quinine sulfate	45	RASUVO	3	REMEDY 4-IN-1 BODY CLEANSER/FOAMER	97
QVAR	21	RAZADYNE	153	REMEDY CLEAR-AID	94
QVAR REDIHALER	22	RAZADYNE ER	153	REMEDY FOAMING BODY CLEANER/OLIVAMINE	94
R-NATAL OB	136	REBETOL	55	REMEDY NUTRASHIELD	94
RA ADVANCED HEALING	86	REBIF	154	REMEDY SKIN REPAIR	94
RA CRYSTAL LAKE DISTILLED WATER	149	REBIF REBIDOSE	153		
RA DAYLOGIC ACNE FOAMING WASH MAXIMUM STRENGTH	72	REBIF REBIDOSE TITRATION PACK	154		
RA DAYLOGIC HEALING DRY SKIN THERAPY	86	REBIF TITRATION PACK	154		
RA DRY MOUTH	132				
RA GENTLE SKIN CREAM	86				
RA GLUCOSE	31				
RA ISOPROPYL ALCOHOL WIPES	93				

REMERON.....	27	REXULTI.....	52	rivastigmine.....	153
REMERON SOLTAB.....	27	REYATAZ.....	54	rivastigmine tartrate.....	153
REMICADE.....	106	RHINOCORT AQUA.....	139	RIXUBIS.....	109
REMODULIN.....	59	RHOGAM ULTRA-FILTERED PLUS.....	147	rizatriptan benzoate.....	126
REMOVE ADHESIVE REMOVER.....	89	RHOPHYLAC.....	147	ROBAXIN.....	138
RENACIDIN.....	107	RIBASPHERE.....	55	ROBAXIN-750.....	138
RENAGEL.....	107	RIBASPHERE RIBAPAK..	55	ROBINUL.....	156
RENVELA.....	107	ribavirin (hepatitis c).....	55	ROBINUL FORTE.....	156
repaglinide.....	33	riboflavin.....	163	ROBITUSSIN CHILDRENS COUGH & COLD CF.....	69
REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	30	RID.....	96	ROBITUSSIN CHILDRENS COUGH LONG-ACTING.....	64
REPEL FAMILY.....	94	RID COMPLETE LICE ELIMINATION.....	96	ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING.....	69
REPEL FAMILY DRY.....	94	RID ESSENTIAL LICE ELIMINATION KIT.....	96	ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS.....	64
REPEL HUNTERS FORMULA.....	94	RIDAURA.....	3	ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS.....	69
REPEL SPORTSMEN.....	94	rifabutin.....	46	ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH.....	69
REPEL SPORTSMEN DRY.....	94	RIFADIN.....	46	ROBITUSSIN PEAK COLD DM.....	69
REPEL SPORTSMEN MAX.....	94	RIFAMATE.....	45	ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD.....	69
REPHRESH PRO-B.....	36	rifampin.....	46	ROBITUSSIN TO GO COUGH & COLD CF.....	69
REPLESTA.....	162	RIFATER.....	45	ROC DEEP WRINKLE SERUM.....	86
REPREXAIN.....	13	RIGHT STEP PRENATAL.....	136	ROC MAX RESURFACING FACIAL CLEANSER.....	94
REQUIP.....	49	RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM.....	122	ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM.....	86
REQUIP XL.....	49	RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM.....	122	ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM.....	86
RESCRIPTOR.....	54	RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM.....	122	ROC RETINOL CORREXION.....	86
RESCULA.....	146	RILUTEK.....	140	ROC RETINOL CORREXION MAX.....	86
RESPIRE-30.....	69	riluzole.....	140	ROC RETINOL CORREXION NIGHT.....	86
RESTA.....	86	rimantadine hydrochloride.....	56	ROC RETINOL CORREXION SENSITIVE EYE.....	86
RESTA LITE.....	86	RISABAL-PH.....	86	ROC RETINOL CORREXION SENSITIVE NIGHT.....	86
RESTA WOUND CLEANSER.....	97	RISACAL-D.....	127	ROCALTROL.....	103
RESTASIS.....	144	RISAMINE.....	94	ropinirole hydrochloride.....	49
RESTASIS MULTIDOSE.....	144	RISAQUAD.....	36	ROSE MILK.....	86
RESTORA.....	36	RISAQUAD-2.....	36	rosuvastatin calcium.....	41
RESTORE HYDROGEL DRESSING.....	97	risedronate sodium.....	102	ROWASA.....	106
RESTORIL.....	113	RISPERDAL.....	50	ROXICODONE.....	10
RETIN-A.....	72,73	RISPERDAL CONSTA.....	50		
RETIN-A MICRO.....	73	RISPERDAL M-TAB.....	50		
RETIN-A MICRO PUMP.....	73	risperidone.....	50		
RETROVIR.....	54	RISPERIDONE ODT.....	50		
REVATIO.....	59	RITALIN.....	2		
REVCovi.....	103	RITALIN LA.....	2		
REVEAL BLOOD GLUCOSE MONITOR.....	122	ritonavir.....	54		
REVITADERM WOUND CARE.....	98	RITUXAN HYCELA.....	47		
REVLIMID.....	129				
REXALL BLOOD GLUCOSE MONITORING SYSTEM.....	122				

ROZEREM.....	113	SAWYER INSECT REPELLENT.....	94	sevelamer hcl.....	107
RULAVITE DHA.....	136	SAWYER INSECT REPELLENT CONTROLLED RELEASE.....	94	SEVELAMER HYDROCHLORIDE.....	107
RYCLORA.....	39	SB OMEPRAZOLE.....	158	SFROWASA.....	106
RYTHMOL SR.....	20	SCAR CARE CREAM.....	151	SHINGRIX.....	160
SA3 DERM.....	151	SCHOOLTIME SHAMPOO.....	96	SHUR-CLENS.....	98
SABRIL.....	26	scopolamine.....	37	SHUR-SEAL.....	160
SAF-CLENS AF.....	98	SCOT-TUSSIN.....	69	SIGNIFOR.....	104
SAF-GEL.....	98	SCOT-TUSSIN DM.....	69	sildenafil citrate (pulmonary hypertension).....	59
SAFE WASH.....	94	SCOT-TUSSIN SENIOR.....	69	SILENOR.....	112
SAFYRAL.....	62	SD PROBIOTIC-10 COMPLEXULTRA.....	36	silodosin.....	108
SAIZEN.....	103	SE-NATAL 19.....	136	SILPHEN COUGH.....	39
SAIZEN CLICK.EASY.....	103	SEA-CLENS WOUND CLEANSER.....	98	SILPROTEX PLUS.....	151
SAIZENPREP RECONSTITUTIONKIT.....	103	SEASONIQUE.....	62	SILVADENE.....	78
SALAGEN.....	132	SEBULEX.....	77	SILVASORB.....	98
SALEX.....	88	SECONAL SODIUM.....	112	silver sulfadiazine.....	78
SALEX CREAM.....	88	SEDANARE.....	151	SILVERMED.....	98
SALEX LOTION.....	88	SELECT-OB.....	136	SIMBRINZA.....	143
salicylic acid.....	88	SELECT-OB+DHA.....	136	simethicone.....	105
salicylic acid & sulfur.....	77	selegiline hcl.....	50	SIMPLYTHICK.....	148
SALICYLIC ACID LOTION.....	88	selenium sulfide.....	77	SIMPLYTHICK EASY MIX.....	148
salicylic acid w/ cleanser.....	88	SELSUN BLUE.....	77	SIMPONI.....	3
saline.....	139	SELSUN BLUE DAILY.....	77	simvastatin.....	41
SALINE WOUND WASH.....	94	SELSUN BLUE MEDICATED.....	77	SINEMET.....	49
SALJET.....	94	SELSUN BLUE MOISTURIZING.....	77	SINEMET CR.....	49
SALJET RINSE.....	94	SELZENTRY.....	54	SINGULAIR.....	21
salsalate.....	7	SEMPREX-D.....	69	sirolimus.....	130
SALT DURABLE CREAM.....	151	SENNA.....	115	SIRTURO.....	46
SALT STABLE LS ADVANCED.....	151	senosides.....	115	SITAVIG.....	55
SALTSTABLE LO.....	151	senosides-docusate sodium.....	114	SIVEXTRO.....	18
SAMSCA.....	104	SENOKOT.....	116	SKELAXIN.....	138
SANARE ADVANCED SCAR THERAPY.....	151	SENOKOT S.....	115	skin protectants, misc.....	94
SANARE SCAR THERAPY.....	151	SENSI-CARE MOISTURIZING.....	94	SKIN REPAIR.....	86
SANCUSO.....	37	SENSI-CARE SEPTI-SOFT CONCENTRATE.....	94	SKINTEGRITY HYDROGEL.....	98
SANDIMMUNE.....	130	SENSIPAR.....	104	SKINTEGRITY WOUND.....	98
SANDOSTATIN.....	104	SEREVENT DISKUS.....	22	SKYY DERM.....	151
SANTYL.....	87	SEROQUEL.....	51	SLO-NIACIN.....	163
SAPHRIS.....	51	SEROQUEL XR.....	51	SLOW FE.....	111
SAPS HEALTH CARE ALCOHOLPREP PADS.....	123	SEROSTIM.....	103	SLOW-MAG.....	128
SAPS HEALTH CARE TWIST TOP LANCETS.....	122	sertraline hcl.....	28,29	SM ACIDOPHILUS PEARLS.....	36
SARNA.....	76	sevelamer carbonate.....	107	SM B-COMPLEX/VITAMIN C.....	133
SAVELLA.....	153			SM CALAMINE.....	94
SAVELLA TITRATION PACK.....	153			SM GLUCOSE.....	31
				SM IPECAC SYRUP.....	37
				SM OMEPRAZOLE.....	158

SM ONE DAILY		SOOTHE & COOL FREE		STAPHSCRUB	94
PRENATAL	136	MEDSEPTIC	94	starch-maltodextrin	
SM PRENATAL VITAMINS	137	SOOTHE & COOL FREE		(thickening)	148
SMART SENSE GLUCOSE	31	MOISTURE BARRIER	94	STARLIX	33
SMART SENSE GLUCOSE		SOOTHE & COOL FREE SKIN		stavudine	54
TABLETS	32	PASTE	94	STERA BASE	151
SMART SENSE PREMIUM		SOOTHE & COOL MOISTURE		STERILE DILUENT FOR	
BLOODGLUCOSE		BARRIER	94	FLOLAN	149
MONITORING SYSTEM	122	SOOTHE & COOL		STERILE DILUENT FOR	
SMART SENSE VALUE		MOISTURIZING BODY		TREPROSTINIL	
BLOODGLUCOSE		LOTION WITH ALOE	86	INJECTION	149
MONITORING SYSTEM	122	SOOTHE & COOL PROTECT		STIMATE	104
SMARTTEST EJECT STARTER		MOISTURE BARRIER	94	STIMULEN	98
KIT	122	SOOTHE & COOL SHAMPOO		STIVARGA	48
SMARTTEST PERSONA		ANDBODY WASH WITH		STRATTERA	1
STARTERKIT	122	ALOE	94	STRIANT	15
SMARTTEST PRONTO		SOOTHE & COOL SKIN		STRIBILD	54
STARTERKIT	122	CREAMWITH ALOE &		STRIVERDI RESPIMAT	22
SMARTTEST PROTEGE		VITAMINS A, D & E	86	STROMECTOL	17
STARTERKIT	122	SORBIDON HYDRATE	94	STUDIO 35 EXTRA	
soap & cleansers	94	SORBITOL	107,115	MOISTURIZING LOTION	86
sodium bicarbonate		SORBOLENE	86	STUDIO 35 MOISTURIZING	
(antacid)	16	SORIATANE	77	SKIN	87
sodium chloride (gu		SORILUX	77	SUBLOCADE	14
irrigant)	107	sotalol hcl	57	SUBOXONE	14,15
sodium chloride (inhalant)	70	sotalol hcl (afib/afl)	57	SUBSYS	10
sodium chloride hypertonic	146	SOVALDI	55	SUCRAID	101
sodium citrate & citric acid	107	SP ANTIPRURITIC	98	sucrafate	157
sodium fluoride	128	SPECIAL CARE CREAM	86	SUDAFED 24 HOUR	140
SODIUM FLUORIDE	128	SPECTRACEF	60	SUDAFED CHILDRENS	140
sodium fluoride (dental)	131	SPECTRAGEL	98	SUDAFED CONGESTION	140
sodium phenylbutyrate	104	SPINOSAD	96	SUDAFED NASAL	
sodium phosphates	115	SPIRIVA HANDIHALER	21	DECONGESTANT MAXIMUM	
sodium polystyrene		spironolactone	102	STRENGTH	140
sulfonate	130	spironolactone &		SUDAFED PE CHILDRENS	
SODIUM		hydrochlorothiazide	101	NASAL DECONGESTANT	140
SULFACETAMIDE/SULFUR	73	SPORANOX	38	SUDAFED PE	
SOFOSBUVIR/VELPATASVIR	55	SPORANOX PULSEPAK	38	CONGESTION	140
SOLARAZE	76	SPORTSCREME	88	SULAR	58
SOLESTA	129	SPRYCEL	48	sulfacetamide sod-	
solifenacin succinate	159	SSKI	70	prednisolone	145
SOLODYN	155	SSS 10-5	73	sulfacetamide sodium	77
SOLOSITE	98	ST IVES SWISS FORMULA		SULFACETAMIDE	
SOLUS V2 AUDIBLE BLOOD		24HOUR MOISTURE	86	SODIUM	144
GLUCOSE MANAGEMENT		STALEVO 100	49	sulfacetamide sodium (acne)	73
SYSTEM	122	STALEVO 125	49	sulfacetamide sodium	
SOLVATECH PLUS	149	STALEVO 150	49	(ophth)	144
SOLVATECH SWEET SF	149	STALEVO 200	49	sulfacetamide sodium w/	
SOMA	138	STALEVO 50	50	sulfur	73
SOMAVERT	102	STALEVO 75	50	sulfacetamide sodium-sulfur w/	
SONATA	113	stannous fluoride	131	skin cleanser	73

SULFACETAMIDE		TASMAR	49
SODIUM/PREDNISOLONE		TAVIST ALLERGY	39
SODIUM PHOSPHATE	145	tazarotene	77
SULFADIAZINE	155	TAZORAC	77
sulfamethoxazole-trimethoprim	17	TBC	87
SULFAMYLON	78	TEARS NATURALE PM	142
sulfasalazine	106	TECFIDERA	154
sulindac	5	TECFIDERA STARTER	
SUMADAN KIT	73	PACK	154
SUMADAN WASH	73	TEGADERM HYDROGEL	
sumatriptan	126	WOUND FILLER	98
sumatriptan succinate	126	TEGRETOL	25
SUMATRIPTAN		TEGRETOL-XR	26
SUCCINATE	126	TEGSEDI	154
sumatriptan succinate	126	TEKURNA	44
sumatriptan-naproxen		TEKURNA HCT	44
sodium	125	TELCARE BLOOD GLUCOSE	
SUMAXIN	73	MONITORING SYSTEM	122
SUMAXIN CP KIT	73	telmisartan	43
SUMAXIN TS	73	telmisartan-amlodipine	44
SUMAXIN WASH	73	telmisartan-hydrochlorothiazide	44
SUMMERS EVE CLEANSING		temazepam	113
WASH/SENSITIVE SKIN	94	TEMODAR	46
SUMMERS EVE NIGHT-TIME		TEMOVATE	80
CLEANSING WASH/SENSITIVE		temozolomide	46
SKIN	95	TENA SKIN-CARING BODY	
SUPER BI-MIX	59	WASH	95
SUPER PROBIOTIC	36	TENA SKIN-CARING WASH	
SUPER PROBIOTIC DIGESTIVE		CREAM	95
SUPPORT	36	TENCON	6
SUPER TRI-MIX	59	tenofovir disoproxil fumarate	54
SUPRAX	60	TENORETIC 100	44
SUPREP BOWEL PREP		TENORETIC 50	44
KIT	115	TENORMIN	57
SURE COMFORT ALCOHOL		TERAZOL 7	161
PREP PADS	95	terazosin hcl	43
SURECHEK BLOOD GLUCOSE		terbinafine hcl	38
MONITORING SYSTEM		terbinafine hcl (topical)	76
STARTER KIT	122	terbutaline sulfate	22
SURMONTIL	30	TERCONAZOLE	161
SUSPENDRX WITH BITTER-		terconazole vaginal	161
BLOC/SWEETENED	149	TERODERM	151
SUSPENDRX WITH BITTER-		TERODERM-PLUS	151
BLOC/UNSWEETENED	149	TESSALON PERLES	64
SUSPENSION VEHICLE	149	TESTIM	15
SUSTIVA	54	testosterone	15
SUTENT	48	TESTOSTERONE	15
SW OMEPRAZOLE	158	testosterone	15
SWEEN CREAM	87		
SWEETENING SUSPENDING			
COMPOUND	149		
SYLATRON	48		
SYLVANT	130		
SYMAX DUOTAB	156		
SYMBICORT	22		
SYMBYAX	153		
SYMDEKO	155		
SYMLINPEN 120	30		
SYMLINPEN 60	30		
SYNAGIS	147		
SYNALAR	80		
SYNALGOS-DC	13		
SYNAREL	103		
SYNTHROID	155		
SYRPALTA	149		
SYRSPEND SF	149		
SYRUP VEHICLE	149		
SYRUP VEHICLE SF	149		
SYSTANE	142		
SYSTANE COMPLETE	142		
SYSTANE LID WIPES	95		
SYSTANE OVERNIGHT			
THERAPY LUBRICANT			
EYE	142		
SYSTANE ULTRA	142		
SYSTANE ULTRA HOME &			
AWAY PACK	142		
TABLOID	46		
tacrolimus	130		
tacrolimus (topical)	87		
tadalafil (pulmonary			
hypertension)	59		
TAFINLAR	48		
TAGAMET HB	157		
TAKHZYRO	109		
TALZENNA	48		
TAMIFLU	56		
tamoxifen citrate	47		
tamsulosin hcl	108		
TANDEM PLUS	111		
TANZEUM	32		
TAPAZOLE	155		
TARCEVA	48		
TARGRETIN	48		
TARKA	44		
TARON FORTE	111		
TARON-C DHA	137		
TARON-PREX	137		
TASIGNA	48		

TESTOSTERONE			
CYPIONATE.....	15	THYROLAR-1/4.....	156
testosterone cypionate.....	15	THYROLAR-2.....	156
TESTOSTERONE PUMP.....	15	THYROLAR-3.....	156
TESTRED.....	15	tiagabine hcl.....	26
tetrabenazine.....	153	TIAZAC.....	58
tetracaine hcl (ophth).....	144	TIGAN.....	37
tetracycline hcl.....	155	TIGER BALM PAIN	
tetrahydrozoline hcl (ophth).....	144	RELIEVING.....	88
tetrahydrozoline w/ zinc		TIGHTENING BASE.....	151
sulfate.....	144	TIGLUTIK.....	141
TEXACORT.....	80	TIKOSYN.....	20
TGT BLOOD GLUCOSE METER		TIMOLOL MALEATE.....	57
MONITORING SYSTEM.....	122	timolol maleate.....	57
TGT BLOOD GLUCOSE		timolol maleate (ophth).....	142
MONITORING SYSTEM.....	122	TIMOLOL MALEATE	
TGT BLOOD GLUCOSE		OPHTHALMIC GEL	
MONITORING SYSTEM		FORMING.....	142
PREMIUM.....	122	TIMOPTIC.....	142
TGT GLUCOSE.....	32	TIMOPTIC OCUDOSE.....	142
TGT OMEPRAZOLE.....	158	TIMOPTIC-XE.....	142
THALOMID.....	129	TINACTIN.....	76
THEO-24.....	22	TINACTIN DEODORANT.....	76
theophylline.....	22	TINACTIN JOCK ITCH.....	76
THERABETIC SKIN CARE.....	87	TINDAMAX.....	17
THERACAL D2000.....	128	tinidazole.....	17
THERACAL D4000.....	128	tioconazole vaginal.....	161
THERACAL RAPID		TIROSINT.....	156
REPLETION.....	128	TIVICAY.....	54
THERAFLU SEVERE COLD		tizanidine hcl.....	138
NIGHTTIME.....	69	TL-CARE DHA.....	137
THERAHONEY.....	98	TL-SELECT.....	137
THERANATAL CORE		TOBI.....	3
NUTRITION.....	137	TOBI PODHALER.....	3
THERAPEUTIC		TOBRADEX.....	145
MOISTURIZING.....	87	TOBRADEX ST.....	145
THERAPLEX		TOBRAMYCIN.....	3
HYDROLOTION.....	87	tobramycin.....	3
THERAPLEX T.....	96	tobramycin (ophth).....	144
thiamine hcl.....	163	TOBRAMYCIN SULFATE.....	3
thiamine mononitrate.....	163	tobramycin sulfate.....	3
THICK-IT ORIGINAL.....	148	tobramycin-	
THIOLA.....	108	dexamethasone.....	145
thioridazine hcl.....	52	TOBREX.....	144
thiothixene.....	52	TOFRANIL.....	30
THRIVITE 19.....	137	TOLAZAMIDE.....	34
THRIVITE RX.....	137	TOLBUTAMIDE.....	34
THUM.....	89	tolcapone.....	49
thyroid.....	156	TOLMETIN SODIUM.....	5
THYROLAR-1.....	156		
THYROLAR-1/2.....	156		
		tolnaftate.....	76
		tolterodine tartrate.....	159
		TOPAMAX.....	26
		TOPAMAX SPRINKLE.....	26
		TOPICORT.....	80
		topiramate.....	26
		TOPIRAMATE ER.....	26
		TOPROL XL.....	57
		toremifene citrate.....	47
		torsemide.....	102
		TOUJEO MAX SOLOSTAR.....	33
		TOUJEO SOLOSTAR.....	33
		TOVIAZ.....	159
		TRACLEER.....	59
		TRADJENTA.....	32
		tramadol hcl.....	10
		TRAMADOL HCL ER.....	10
		tramadol-acetaminophen.....	13
		trandolapril.....	42
		trandolapril-verapamil hcl.....	44
		TRANDOLAPRIL/VERAPAMIL	
		HCL ER.....	44
		tranexamic acid.....	111
		TRANSDERM SCOP.....	37
		TRANSDERM-SCOP.....	37
		TRANXENE T.....	20
		tranylcypromine sulfate.....	28
		trazodone hcl.....	29
		TRECTOR.....	46
		TRELEGY ELLIPTA.....	22
		TREMFYA.....	77
		treprostinil.....	59
		TRESIBA FLEXTOUCH.....	33
		tretinoin.....	73
		tretinoin (chemotherapy).....	48
		tretinoin microsphere.....	73
		TRETTEN.....	109
		TREXALL.....	46
		TREXIMET.....	125
		TRI-MIX.....	59
		TRI-NORINYL 28.....	62
		TRI-TABS DHA.....	137
		TRIAD HYDROPHILIC WOUND	
		DRESSING.....	98
		TRIADVANCE.....	137
		triamcinolone acetonide	
		(mouth).....	132

triamcinolone acetonide (nasal).....	139	TROKENDI XR.....	26	TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING.....	123
triamcinolone acetonide (topical).....	80,81	trolamine salicylate.....	88	TRUETEST BLOOD GLUCOSE TEST.....	100
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS.....	69	tropicamide.....	143	TRUETEST BLOOD GLUCOSE TEST STRIPS.....	100
TRIAMINIC FEVER REDUCER PAIN RELIEVER CHILDRENS.....	6	trospium chloride.....	159	TRUETEST GLUCOSE CONTROL LEVEL 1.....	123
TRIAMINIC FEVER REDUCER PAIN RELIEVER INFANTS.....	6	TRUBIOTICS.....	36	TRUETEST GLUCOSE CONTROL LEVEL 2.....	123
TRIAMINIC FLU COUGH & FEVER.....	69	TRUE COMFORT ALCOHOL PREP PADS.....	123	TRUETEST GLUCOSE CONTROL LEVEL 3.....	123
TRIAMINIC LONG ACTING COUGH.....	64	TRUE COMFORT PEN NEEDLES 31G X 5MM.....	124	TRUETEST STRIPS.....	100
triamterene & hydrochlorothiazide.....	101	TRUE COMFORT PEN NEEDLES 31G X 6MM.....	124	TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM.....	123
triazolam.....	113	TRUE COMFORT PEN NEEDLES 32G X 4MM.....	124	TRUETRACK BLOOD GLUCOSE TEST.....	100
TRIBENZOR.....	44	TRUE COMFORT TWIST TOP LANCETS 30G.....	122	TRUETRACK SMART SYSTEM.....	123
TRICARE.....	137	TRUE FOCUS BLOOD GLUCOSE SELF MONITORING METER.....	122	TRUETRACK TEST.....	100
TRICARE PRENATAL DHA ONE.....	137	TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS.....	100	TRUNATURE DIGESTIVE PROBIOTIC.....	36
TRICITRATES.....	107	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART.....	122	TRUSOPT.....	146
TRICOR.....	41	TRUE METRIX AIR W/BLUETOOTH SMART.....	122	TRUVADA.....	54
TRIDESILON.....	81	TRUE METRIX BLOOD GLUCOSE METER.....	122	TUDORZA PRESSAIR.....	21
trifluoperazine hcl.....	52	TRUE METRIX BLOOD GLUCOSE TEST STRIPS.....	100	TUMS.....	16
TRIFLURIDINE.....	144	TRUE METRIX GO BLOOD GLUCOSE METER.....	122	TUMS LASTING EFFECTS.....	16
trifluridine.....	144	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	100	TUSNEL.....	69
TRIGLIDE.....	41	TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM.....	122	TUSNEL PEDIATRIC.....	69
trihexyphenidyl hcl.....	49	TRUECONTROL GLUCOSE CONTROL LEVEL 0.....	123	TWYNSTA.....	44
TRILEPTAL.....	26	TRUECONTROL GLUCOSE CONTROL LEVEL 1.....	123	TYBOST.....	54
TRILIPIX.....	41	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM.....	124	TYKERB.....	48
trimethobenzamide hcl.....	37	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM.....	124	TYLENOL.....	6
trimethoprim.....	17	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM.....	125	TYLENOL 8 HOUR.....	6
trimipramine maleate.....	30	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM.....	125	TYLENOL 8 HOUR ARTHRITIS PAIN.....	6
TRIMPEX.....	17	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM.....	125	TYLENOL CHILDRENS.....	6
TRINATAL GT.....	137	TRUEPLUS SAFETY LANCETS 28G.....	123	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER.....	6
TRINATAL RX 1.....	137	TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM.....	123	TYLENOL CHILDRENS PLUS FLU.....	69
TRINATE.....	137			TYLENOL CHILDRENS PLUS MULTI-SYMPTOM COLD.....	69
TRINTELLIX.....	29			TYLENOL COLD & FLU SEVERE.....	70
TRIPLE PASTE.....	95			TYLENOL COLD & HEAD SEVERE CONGESTION.....	70
TRIPLE PASTE SP.....	95			TYLENOL COLD MAX.....	70
triprolidine & pseudoephedrine.....	69			TYLENOL COLD MULTI-SYMPTOM NIGHTTIME.....	70
TRIPTODUR.....	103			TYLENOL COLD MULTI-SYMPTOM SEVERE DAYTIME.....	70
TRISENOX.....	48				
TRIUMEQ.....	54				
TRIVEEN-DUO DHA.....	137				
TRIZIVIR.....	54				
TROGARZO.....	54				

TYLENOL		URSOFORTE.....	106
COLD/COUGH/RUNNYNOSE		ursodiol.....	106
CHILDRENS.....	70	UTA.....	159
TYLENOL EXTRA		UTI HOME TEST.....	101
STRENGTH.....	6	V-MAX.....	152
TYLENOL INFANTS.....	6	VAGIFEM.....	161
TYLENOL INFANTS		valacyclovir hcl.....	56
PAIN+FEVER.....	6	VALCHLOR.....	76
TYLENOL SINUS SEVERE.....	70	VALCYTE.....	55
TYLENOL SORE THROAT		valganciclovir hcl.....	55
DAYTIME.....	6	VALIUM.....	20
TYLENOL WARMING COUGH &		valproic acid.....	27
SEVER CONGESTION		valsartan.....	43
DAYTIME.....	70	valsartan-hydrochlorothiazide	
TYLENOL/CODEINE #3.....	13	.....	44
TYLENOL/CODEINE #4.....	13	VALTREX.....	56
TYVASO.....	59	VALUE PLUS GLUCOSE.....	32
TYVASO REFILL.....	59	VANOCOCIN HCL.....	17
TYVASO STARTER.....	59	vancomycin hcl.....	17
U-BASE.....	152	VANIBASE.....	152
UDDERLY SMOOTH.....	87	VANICREAM.....	87
UDDERLY SMOOTH EXTRA		VANICREAM LITE.....	87
CARE.....	87	VANISH-PEN.....	152
UDDERLY SMOOTH EXTRA		VANISHING CREAM.....	152
CARE20.....	87	VANISHING CREAM	
UDENYCA.....	110	BOTANICALBASE.....	152
ULESFIA.....	96	VANOS.....	81
ULORIC.....	108	VAQTA.....	160
ULTICARE MICRO PEN		VARIVAX.....	160
NEEDLES/31G X 1/4".....	125	VASCEPA.....	40
ULTICARE MICRO PEN		VASCUDERM HYDROGEL	
NEEDLES/31G X 5/16".....	125	WOUND DRESSING.....	98
ULTICARE MICRO PEN		VASERETIC.....	44
NEEDLES/32G X 4MM.....	125	VASOTEC.....	42
ULTICARE MICRO PEN		VCF VAGINAL	
NEEDLES/32G X 5/32".....	125	CONTRACEPTIVE FILM.....	160
ULTICARE MINI PEN		VCF VAGINAL	
NEEDLES/31G X 6MM.....	125	CONTRACEPTIVE FOAM.....	160
ULTICARE MINI PEN		VECAMYL.....	44
NEEDLES/32G X 1/4".....	125	VELETRI.....	59
ULTICARE SHORT PEN		VELPHORO.....	107
NEEDLES/31G X 8MM.....	125	VELTIN.....	73
ULTIMATECARE ONE.....	137	VELVACHOL.....	87
ULTOMIRIS.....	109	VEMAVITE-PRX 2.....	137
ULTRA THIN LANCETS		VENA-BAL DHA.....	137
31G.....	123	venlafaxine hcl.....	29
ULTRA TRAK PRO BLOOD		VENTAVIS.....	59
GLUCOSE MONITORING		VENTOLIN HFA.....	22
SYSTEM.....	123		
ULTRA-CARE ALCOHOL PREP			
PADS.....	123		
ULTRA-CARE LANCETS			
30G.....	123		
ULTRACARE PEN			
NEEDLES/31G X 1/4".....	125		
ULTRACARE PEN			
NEEDLES/31G X 3/16".....	125		
ULTRACARE PEN			
NEEDLES/31G X 5/16".....	125		
ULTRACARE PEN			
NEEDLES/32G X 1/14".....	125		
ULTRACARE PEN			
NEEDLES/32G X 3/16".....	125		
ULTRACARE PEN			
NEEDLES/32G X 5/32".....	125		
ULTRACARE PEN			
NEEDLES/33G X 5/32".....	125		
ULTRACET.....	13		
ULTRADERM.....	152		
ULTRAFLOA IMMUNE			
HEALTH.....	36		
ULTRAM.....	10		
ULTRATHON INSECT			
REPELLENT.....	95		
ULTRATHON INSECT			
REPELLENT 8.....	95		
ULTRAVATE.....	81		
UNIFINE PENTIPS			
32GX6MM.....	125		
UNIFINE PENTIPS			
33GX4MM.....	125		
UNIFINE PENTIPS PLUS			
33GX4MM.....	125		
UNISOM SLEEPGELS.....	112		
UNISOM SLEEPTABS.....	112		
UNISTIK PRO SAFETY			
LANCET 21G.....	123		
UNISTIK PRO SAFETY			
LANCET 25G.....	123		
UNISTIK PRO SAFETY			
LANCET 28G.....	123		
UNITUXIN.....	46		
UP & UP GLUCOSE.....	32		
URE-K.....	81		
urea.....	81		
urea in zinc undecylenate-lactic			
acid vehicle.....	81		
UREA IN ZINC			
UNDECYLENATE/LACTIC			
ACID VEHICLE.....	81		
URECHOLINE.....	160		
URISTIX.....	101		
URISTIX 4.....	101		
UROCIT-K 10.....	107		
UROCIT-K 15.....	107		
UROCIT-K 5.....	107		
UROGESIC-BLUE.....	159		
UROXATRAL.....	108		
URSO 250.....	106		

verapamil hcl.....	58	VIRACEPT.....	54	VRAYLAR.....	50
VERAPAMIL HCL ER.....	58	VIRAMUNE.....	54	VSL#3.....	36
VERAPAMIL HCL SR.....	58	VIRAMUNE XR.....	54	VUSION.....	76
VERASENS BLOOD GLUCOSE MONITORING SYSTEM... 123		VIREAD.....	54,55	VYTORIN.....	40
VEREGEN.....	73	VIROPTIC.....	144	VYVANSE.....	1
VERELAN.....	58	VIRT NATE.....	137	WALGREENS GLUCOSE... 32	
VERELAN PM.....	58	VIRT-ADVANCE.....	137	warfarin sodium.....	23
VERIPRED 20.....	63	VIRT-C DHA.....	137	water for irrigation, sterile... 130	
VERSACLOZ.....	51	VIRT-PN.....	137	WAVESENSE AMP.....	123
VERSAFREE.....	149	VIRT-PN DHA.....	137	WAVESENSE KEYNOTE... 123	
VERSAPLUS.....	149	VIRT-PN PLUS.....	137	WEGMANS COMPLETE PRENATAL+DHA.....	137
VERSAPRO.....	152	VIRT-SELECT.....	137	WELCHOL.....	41
VERSATILE CREAM BASE152		VIRT-VITE GT.....	137	WELLBUTRIN SR.....	27
VERSATILE RICH CREAM BASE.....	152	VISBIOME PROBIOTIC HIGH POTENCY.....	36	WELLBUTRIN XL.....	27
VERSIGEL.....	152	VISINE.....	144	WESTCORT.....	81
VERZENIO.....	48	VISINE TEARS.....	142	WESTHROID.....	156
VESICARE.....	159	VISTARIL.....	18,19	wheat dextrin.....	114
VEXASYN.....	98	VISTOGARD.....	37	white petrolatum-mineral oil 142	
VFEND.....	38	VITAFOL ULTRA.....	137	WIBI.....	87
VIACTIV CALCIUM PLUS D.....	127	VITAFOL-NANO.....	137	WINRHO SDF.....	147
VIBRAMYCIN.....	155	VITAFOL-OB.....	137	witch hazel-glycerin.....	95
VICKS DAYQUIL COUGH... 64		VITAMIN D3.....	162	WOUN'DRES COLLAGEN HYDROGEL WOUND DRESSING.....	98
VICKS DAYQUIL MUCUS CONTROL DM.....	70	vitamin e.....	162	WOUND CARE CREAM... 152	
VICKS NYQUIL COUGH... 70		VITAMIN E.....	162	WOUND CLEANSER.....	98
VICKS SINEX.....	140	vitamin e.....	162	wound cleansers.....	98
VICKS SINEX 12 HOUR DECONGESTANT.....	140	VITAMIN E WITH PANTHENOL.....	87	WOUND GEL.....	98
VICKS SINEX MOISTURIZING.....	140	vitamins a & d (topical)... 87		WOUND GEL SPRAY... 98	
VICKS SINEX SEVERE... 140		VITRAKVI.....	48	WOUND WASH.....	98
VICKS SINEX SEVERE NASALDECONGESTANT... 140		VIVELLE-DOT.....	105	WOUND WASH SALINE... 95	
VICTOZA.....	32	VIVITROL.....	37	WP THYROID.....	156
VIDEX EC.....	54	VIZIMPRO.....	48	XALATAN.....	146
VIDEXPEDIATRIC.....	54	VOGELXO.....	15	XANAX.....	20
vigabatrin.....	26	VOGELXO PUMP.....	15	XANAX XR.....	20
VIGAMOX.....	144	VOL-NATE.....	137	XARELTO.....	23
VIIBRYD.....	29	VOL-PLUS.....	137	XCEL 100.....	152
VIL-RX.....	137	VOL-TAB RX.....	137	XELJANZ.....	3
VIMOVO.....	5	VOLTAREN.....	74	XELODA.....	46
VIMPAT.....	26	voriconazole.....	38	XEMATOP BASE.....	152
VINATE DHA RF.....	137	VOSPIRE ER.....	22	XENAZINE.....	153
VINATE II.....	137	VOTRIENT.....	48	XERESE.....	78
VINATE M.....	137	VP DERMABASE.....	152	XEROSTOMIA RELIEF SPRAY.....	132
VINATE ONE.....	137	VP-CH PLUS.....	137	XIFAXAN.....	17
		VP-HEME OB.....	137	XODOL.....	13
		VP-HEME OB + DHA... 137		XOLAIR.....	21
		VP-HEME ONE.....	137		

XOLEGEL.....	76	ZIAGEN.....	55	ZYLET.....	145
XOPENEX.....	22	ZIANA.....	73	ZYLOPRIM.....	108
XOPENEX CONCENTRATE	22	zidovudine.....	55	ZYMAXID.....	144
XOPENEX HFA.....	22	ZIKS ARTHRITIS PAIN		ZYPREXA.....	51
XOSPATA.....	48	RELIEF.....	88	ZYPREXA RELPREVV.....	51
XTANDI.....	47	ZIMS CRACK CREME		ZYPREXA ZYDIS.....	51
XULANE.....	62	DAYTIME.....	87	ZYRTEC ALLERGY.....	40
XYREM.....	152	zinc.....	129	ZYRTEC CHILDRENS	
XYZAL.....	40	zinc oxide (topical).....	95	ALLERGY.....	40
XYZAL ALLERGY 24HR.....	40	zinc sulfate.....	129	ZYRTEC-D	
YASMIN 28.....	62	ZINC SULFATE.....	129	ALLERGY/CONGESTION.....	70
YAZ.....	62	ziprasidone hcl.....	50	ZYTIGA.....	47
YUTIQ.....	145	ZIPSOR.....	5	ZYVOX.....	18
ZADITOR.....	146	ZIRGAN.....	144		
zafirlukast.....	21	ZITHROMAX.....	116		
zaleplon.....	113	ZITHROMAX TRI-PAK.....	116		
ZAMICET.....	14	ZITHROMAX Z-PAK.....	116		
ZANABIN ANTIPRURITIC		ZMAX.....	116		
HYDROGEL.....	98	ZOCOR.....	41,42		
ZANAFLEX.....	138	ZOE SCRIPTS			
ZANFEL.....	95	IDEALBASE.....	152		
ZANTAC.....	157	ZOFRAN.....	37		
ZANTAC 150 MAXIMUM		ZOFRAN ODT.....	37		
STRENGTH.....	157	ZOLINZA.....	48		
ZANTAC 75.....	157	zolmitriptan.....	126		
ZARONTIN.....	27	ZOLOFT.....	29		
ZARXIO.....	110	zolpidem tartrate.....	113		
ZATEAN-CH.....	137	ZOLPIMIST.....	113		
ZATEAN-PN DHA.....	138	ZOMACTON.....	103		
ZATEAN-PN PLUS.....	138	ZOMIG.....	126		
ZAVESCA.....	109	ZOMIG ZMT.....	127		
ZEBETA.....	57	ZONALON.....	76		
ZEGERID.....	158	ZONEGRAN.....	26		
ZEGERID OTC.....	158	zonisamide.....	26		
ZELAC.....	36	ZONTIVITY.....	109		
ZELAPAR.....	50	ZORBTIVE.....	103		
ZELBORAF.....	48	ZORTRESS.....	130		
ZEMPLAR.....	104	ZORVOLEX.....	5		
ZENPEP.....	101	ZOSTAVAX.....	160		
ZENZEDI.....	1	ZOVIRAX.....	56,78		
ZERIT.....	55	ZUBSOLV.....	15		
ZESTORETIC.....	44	ZUPLENZ.....	37		
ZESTRIL.....	42	ZYBAN.....	154		
ZETIA.....	42	ZYCLARA.....	87		
ZETONNA.....	139	ZYCLARA PUMP.....	87		
ZEVALIN Y-90.....	46	ZYDELIG.....	48		
ZIAC.....	44	ZYFLO.....	21		