

## Ohio Medicaid Fee-For-Service Pharmacy Prior Authorization List

Effective October 1, 2011

Drug Name	Strength	Step Therapy Prior Therapy
8-MOP 10 MG CAPSULE	10 MG	
ABILIFY DISCMELT 10 MG TABL	10 MG	
ABILIFY DISCMELT 15 MG TABL	15 MG	
ABSTRAL 100 MCG TAB SUBLING	100 MCG	
ABSTRAL 200 MCG TAB SUBLING	200 MCG	
ABSTRAL 300 MCG TAB SUBLING	300 MCG	
ABSTRAL 400 MCG TAB SUBLING	400 MCG	
ABSTRAL 600 MCG TAB SUBLING	600 MCG	
ABSTRAL 800 MCG TAB SUBLING	800 MCG	
ACANYA GEL PUMP	1.2%-2.5%	
ACETAMINOPH-CAFF-DIHYDROCOD	32-713-60	
ACIPHEX EC 20 MG TABLET	20 MG	
ACTIMMUNE 2 MILLION UNIT VI	2MM/0.5ML	
ACTIQ 1,200 MCG LOZENGE	1200MCG	
ACTIQ 1,600 MCG LOZENGE	1600MCG	
ACTIQ 400 MCG LOZENGE	400 MCG	
ACTIQ 600 MCG LOZENGE	600 MCG	
ACTIQ 800 MCG LOZENGE	800 MCG	
ACTIVELLA 0.5-0.1 MG TABLET	0.5-0.1MG	
ACTIVELLA 1 MG-0.5 MG TABLET	1-0.5MG	
ACTONEL 150 MG TABLET	150 MG	
ACTONEL 30 MG TABLET	30 MG	
ACTONEL 35 MG TABLET	35 MG	
ACTONEL 5 MG TABLET	5 MG	
ACTONEL WITH CALCIUM TABLET	35MG-500MG	
ACTOPLUS MET XR 15-1,000 MG	15-1000 MG	
ACTOPLUS MET XR 30-1,000 MG	30-1000 MG	
ACUVAIL 0.45% OPHTH SOLUTIO	0.45 %	
ACZONE 5% GEL	5 %	
ADCIRCA 20 MG TABLET	20 MG	
ADOXA 100 MG TABLET	100 MG	
ADOXA 150 MG CAPSULE	150 MG	
ADOXA 75 MG TABLET	75 MG	
ADOXA PAK 1-150 MG TABLET	150 MG	
ADVAIR 100-50 DISKUS	100-50MCG	Inhaled corticosteroid or inhaled anticholinergic
ADVAIR 250-50 DISKUS	250-50MCG	Inhaled corticosteroid or inhaled anticholinergic
ADVAIR 500-50 DISKUS	500-50MCG	Inhaled corticosteroid or inhaled anticholinergic
ADVAIR HFA 115-21 MCG INHAL	115-21MCG	Inhaled corticosteroid or inhaled anticholinergic
ADVAIR HFA 230-21 MCG INHAL	230-21MCG	Inhaled corticosteroid or inhaled anticholinergic
ADVAIR HFA 45-21 MCG INHALE	45-21MCG	Inhaled corticosteroid or inhaled anticholinergic
ADVICOR 1,000 MG-20 MG TABL	1000-20MG	
ADVICOR 1,000 MG-40 MG TABL	1000-40 MG	
ADVICOR 500 MG-20 MG TABLET	500MG-20MG	
ADVICOR 750 MG-20 MG TABLET	750MG-20MG	
ADVIL 200 MG LIQUI-GEL CAPS	200 MG	
AKNE-MYCIN 2% OINTMENT	2 %	
ALAMAST 0.1% DROPS	0.1%	

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Drug Name	Strength	Step Therapy Prior Therapy
ALDACTAZIDE 50-50 TABLET	50-50MG	
ALLEGRA 30 MG/5 ML SUSPENS	30 MG/5 ML	
ALLEGRA ODT 30 MG TABLET	30 MG	
ALLEGRA-D 12 HOUR TABLET	60MG-120MG	
ALLEGRA-D 24 HOUR TABLET	180-240MG	
ALLFEN CD TABLET	400MG-10MG	
ALOCRI 2% EYE DROPS	2 %	
ALOMIDE 0.1% EYE DROPS	0.1%	
ALPRAZOLAM 0.25 MG ODT	0.25 MG	
ALPRAZOLAM 0.5 MG ODT	0.5 MG	
ALPRAZOLAM 1 MG ODT	1 MG	
ALPRAZOLAM 1 MG/ML ORAL CON	1 MG/ML	
ALPRAZOLAM 2 MG ODT	2 MG	
ALPRAZOLAM ER 0.5 MG TABLET	0.5 MG	
ALPRAZOLAM ER 1 MG TABLET	1 MG	
ALPRAZOLAM ER 2 MG TABLET	2 MG	
ALPRAZOLAM ER 3 MG TABLET	3 MG	
ALTABAX 1% OINTMENT	1 %	
ALTOPREV 20 MG TABLET	20 MG	
ALTOPREV 40 MG TABLET	40 MG	
ALTOPREV 60 MG TABLET	60 MG	
ALVESCO 160 MCG INHALER	160MCG	
ALVESCO 80 MCG INHALER	80MCG	
AMOXICILLIN 500 MG TABLET	500 MG	
AMPYRA ER 10 MG TABLET	10 MG	
AMRIX ER 15 MG CAPSULE	15 MG	
AMRIX ER 30 MG CAPSULE	30 MG	
AMTURNIDE 150-5-12.5 MG TAB	150-5-12.5	Antihypertensive other than direct renin inhibitor
AMTURNIDE 300-10-12.5 MG TA	300MG-10MG	Antihypertensive other than direct renin inhibitor
AMTURNIDE 300-10-25 MG TAB	300-10-25	Antihypertensive other than direct renin inhibitor
AMTURNIDE 300-5-12.5 MG TAB	300-5-12.5	Antihypertensive other than direct renin inhibitor
AMTURNIDE 300-5-25 MG TAB	300-5-25MG	Antihypertensive other than direct renin inhibitor
ANABAR CAPLET	200-300-20	
ANADROL-50 TABLET	50 MG	
ANGELIQ 0.5 MG-1 MG TABLET	1-0.5MG	
ANZEMET 100 MG TABLET	100 MG	
ANZEMET 50 MG TABLET	50 MG	
APIDRA 100 UNITS/ML VIAL	100/ML	
APIDRA SOLOSTAR 100 UNITS/M	100/ML	
ALENZIN ER 174 MG TABLET	174MG	
ALENZIN ER 348 MG TABLET	348MG	
ALENZIN ER 522 MG TABLET	522MG	
APOKYN 30 MG/3 ML CARTRIDGE	10 MG/ML	
AQUADEKS PEDIATRIC LIQUID	2 MG/ML	
ARANESP 100 MCG/0.5 ML SYRI	100MCG/0.5	
ARANESP 100 MCG/ML VIAL	100 MCG/ML	
ARANESP 150 MCG/0.3 ML SYRI	150MCG/0.3	

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Drug Name	Strength	Step Therapy Prior Therapy
ARANESP 150 MCG/0.75 ML VIA	150MCG/.75	
ARANESP 200 MCG/0.4 ML SYRI	200MCG/0.4	
ARANESP 200 MCG/ML VIAL	200 MCG/ML	
ARANESP 25 MCG/0.42 ML SYRI	25MCG/0.42	
ARANESP 25 MCG/ML VIAL	25 MCG/ML	
ARANESP 300 MCG/0.6 ML SYRI	300MCG/0.6	
ARANESP 300 MCG/ML VIAL	300MCG/ML	
ARANESP 40 MCG/0.4 ML SYRIN	40MCG/0.4	
ARANESP 40 MCG/ML VIAL	40MCG/ML	
ARANESP 500 MCG/1 ML SYRING	500 MCG/ML	
ARANESP 60 MCG/0.3 ML SYRIN	60MCG/0.3	
ARANESP 60 MCG/ML VIAL	60MCG/ML	
ARTHROTEC EC 50 MG-200 MCG	50 MG-200	
ARTHROTEC EC 75 MG-200 MCG	75 MG-200	
ATACAND 16 MG TABLET	16 MG	Generic ACE Inhibitor
ATACAND 32 MG TABLET	32 MG	Generic ACE Inhibitor
ATACAND 4 MG TABLET	4 MG	Generic ACE Inhibitor
ATACAND 8 MG TABLET	8 MG	Generic ACE Inhibitor
ATACAND HCT 16-12.5 MG TAB	16-12.5MG	Generic ACE Inhibitor
ATACAND HCT 32-12.5 MG TAB	32-12.5MG	Generic ACE Inhibitor
ATACAND HCT 32-25 MG TABLET	32MG-25MG	Generic ACE Inhibitor
AELVIA DR 35 MG TABLET	35 MG	
ATGAM 50 MG/ML AMPUL	50 MG/ML	
ATRALIN 0.05% GEL	0.05%	
AVALIDE 150-12.5 MG TABLET	150-12.5MG	Generic ACE Inhibitor
AVALIDE 300-12.5 MG TABLET	300-12.5MG	Generic ACE Inhibitor
AVALIDE 300-25 MG TABLET	300MG-25MG	Generic ACE Inhibitor
AVANDAMET 2 MG-1,000 MG TAB	2-1000MG	
AVANDAMET 2 MG-500 MG TABLET	2MG-500MG	
AVANDAMET 4 MG-1,000 MG TAB	4-1000MG	
AVANDAMET 4 MG-500 MG TABLET	4-500MG	
AVANDARYL 4 MG-1 MG TABLET	4MG-1MG	
AVANDARYL 4 MG-2 MG TABLET	4MG-2MG	
AVANDARYL 4 MG-4 MG TABLET	4MG-4MG	
AVANDARYL 8 MG-2 MG TABLET	8 MG-2 MG	
AVANDARYL 8 MG-4 MG TABLET	8MG-4MG	
AVANDIA 2 MG TABLET	2 MG	
AVANDIA 4 MG TABLET	4 MG	
AVANDIA 8 MG TABLET	8 MG	
AVAPRO 150 MG TABLET	150 MG	Generic ACE Inhibitor
AVAPRO 300 MG TABLET	300 MG	Generic ACE Inhibitor
AVAPRO 75 MG TABLET	75 MG	Generic ACE Inhibitor
AVINZA 120 MG CAPSULE	120 MG	
AVINZA 30 MG CAPSULE	30 MG	
AVINZA 45 MG CAPSULE	45 MG	
AVINZA 60 MG CAPSULE	60 MG	
AVINZA 75 MG CAPSULE	75 MG	

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Drug Name	Strength	Step Therapy Prior Therapy
AVINZA 90 MG CAPSULE	90 MG	
AXERT 12.5 MG TABLET	12.5 MG	
AXERT 6.25 MG TABLET	6.25 MG	
AXID AR 75 MG TABLET	75 MG	
AZASITE 1% EYE DROPS	1 %	
AZELEX 20% CREAM	20 %	
AZILECT 0.5 MG TABLET	0.5 MG	
AZILECT 1 MG TABLET	1 MG	
AZOR 10-20 MG TABLET	10MG-20MG	Generic ACE Inhibitor
AZOR 10-40 MG TABLET	10MG-40MG	Generic ACE Inhibitor
AZOR 5-20 MG TABLET	5MG-20MG	Generic ACE Inhibitor
AZOR 5-40 MG TABLET	5MG-40MG	Generic ACE Inhibitor
BECONASE AQ 0.042% SPRAY	42MCG	
BENICAR 20 MG TABLET	20 MG	Generic ACE Inhibitor
BENICAR 40 MG TABLET	40 MG	Generic ACE Inhibitor
BENICAR 5 MG TABLET	5 MG	Generic ACE Inhibitor
BENICAR HCT 20-12.5 MG TABL	20-12.5 MG	Generic ACE Inhibitor
BENICAR HCT 40-12.5 MG TABL	40-12.5MG	Generic ACE Inhibitor
BENICAR HCT 40-25 MG TABLET	40MG-25MG	Generic ACE Inhibitor
BENZAMYCINPAK GEL	3-5%	
BENZEFOAM 5.3% EMOLLIENT FO	5.3%	
BENZEFOAM ULTRA 9.8% FOAM	9.8 %	
BENZI Q 5.25% GEL	5.25 %	
BENZI Q 5.25% WASH	5.25 %	
BENZOYL PEROX 4% CLEANSING	4 %	
BENZOYL PEROXIDE 7% WASH	7 %	
BESIVANCE 0.6% SUSP	0.6 %	
BETOPTIC S 0.25% EYE DROPS	0.25 %	
BIDIL TABLET	20-37.5MG	
BONIVA 150 MG TABLET	150 MG	
BREVOXYL-4 COMPLETE PACK	4%-5%	
BREVOXYL-8 COMPLETE PACK	8%-5%	
BROMDAY 0.09% EYE DROPS	0.09%	
BROVANA 15 MCG/2 ML SOLUTIO	15MCG/2ML	Inhaled corticosteroid or inhaled anticholinergic
BUTRANS 10 MCG/HR PATCH	10 MCG/HR	
BUTRANS 20 MCG/HR PATCH	20 MCG/HR	
BUTRANS 5 MCG/HR PATCH	5 MCG/HR	
BYETTA 10 MCG DOSE PEN INJ	10MCG/0.04	Oral hypoglycemic other than DPP-4 Inhibitor
BYETTA 5 MCG DOSE PEN INJ	5MCG/0.02	Oral hypoglycemic other than DPP-4 Inhibitor
BYSTOLIC 10 MG TABLET	10 MG	
BYSTOLIC 2.5 MG TABLET	2.5 MG	
BYSTOLIC 20 MG TABLET	20 MG	
BYSTOLIC 5 MG TABLET	5 MG	
CADUET 10 MG-10 MG TABLET	10MG-10MG	
CADUET 10 MG-20 MG TABLET	10MG-20MG	
CADUET 10 MG-40 MG TABLET	10MG-40MG	
CADUET 10 MG-80 MG TABLET	10MG-80MG	

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Drug Name	Strength	Step Therapy Prior Therapy
CADUET 2.5 MG-10 MG TABLET	2.5MG-10MG	
CADUET 2.5 MG-20 MG TABLET	2.5MG-20MG	
CADUET 2.5 MG-40 MG TABLET	2.5MG-40MG	
CADUET 5 MG-10 MG TABLET	5 MG-10 MG	
CADUET 5 MG-20 MG TABLET	5MG-20MG	
CADUET 5 MG-40 MG TABLET	5MG-40MG	
CADUET 5 MG-80 MG TABLET	5MG-80MG	
CAMBIA 50 MG POWDER PACKET	50 MG	
CAPITAL WITH CODEINE SUSP	120-12MG/5	
CARBIDOPA-LEVO 25-250 MG OD	25MG-250MG	
CARDENE SR 30 MG CAPSULE	30 MG	
CARDENE SR 45 MG CAPSULE	45 MG	
CARDENE SR 60 MG CAPSULE	60 MG	
CARDIZEM LA 120 MG TABLET	120 MG	
CARDIZEM LA 180 MG TABLET	180 MG	
CARDIZEM LA 240 MG TABLET	240 MG	
CARDIZEM LA 300 MG TABLET	300 MG	
CARDIZEM LA 360 MG TABLET	360 MG	
CARDIZEM LA 420 MG TABLET	420MG	
CARDURA XL 4 MG TABLET	4 MG	
CARDURA XL 8 MG TABLET	8 MG	
CARIMUNE NF 12 GM VIAL	12G	
CARIMUNE NF 3 GM VIAL	3 G	
CARIMUNE NF 6 GM VIAL	6G	
CARISOPRODOL 350 MG TABLET	350 MG	
CARISOPRODOL COMPOUND TAB	200-325 MG	
CARISOPRODOL CPD-CODEINE TA	16-200-325	
CARNITOR SF 100 MG/ML ORAL	100 MG/ML	
CEDAX 180 MG/5 ML SUSPENSIO	180 MG/5ML	
CEDAX 400 MG CAPSULE	400 MG	
CEDAX 90 MG/5 ML SUSPENSION	90 MG/5 ML	
CEFPODOXIME 100 MG TABLET	100 MG	
CEFPODOXIME 100 MG/5 ML SUS	100 MG/5ML	
CEFPODOXIME 200 MG TABLET	200 MG	
CEFPODOXIME 50 MG/5 ML SUSP	50 MG/5 ML	
CELEBREX 100 MG CAPSULE	100 MG	
CELEBREX 200 MG CAPSULE	200 MG	
CELEBREX 400 MG CAPSULE	400 MG	
CELEBREX 50 MG CAPSULE	50 MG	
CEREDASE 80 UNITS/ML VIAL	80 UNIT/ML	
CERISA WASH	10%-1%	
CETRAXAL 0.2% EAR SOLUTION	0.2 %	
CHENODAL 250 MG TABLET	250 MG	
CICLOPIROX 8 % KIT	8%-5%	
CILOXAN 0.3% OINTMENT	0.3 %	
CIMZIA 200 MG/ML SYRINGE KI	400MG/2ML	
CIPRO HC OTIC SUSPENSION	0.2%-1%	

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Drug Name	Strength	Step Therapy Prior Therapy
CIPROFLOXACIN ER 1,000 MG T	1000 MG	
CIPROFLOXACIN ER 500 MG TAB	500 MG	
CLARAVIS 10 MG CAPSULE	10 MG	
CLARAVIS 20 MG CAPSULE	20 MG	
CLARAVIS 30 MG CAPSULE	30 MG	
CLARAVIS 40 MG CAPSULE	40 MG	
CLARIFOAM EF EMOLLIENT FOAM	10%-5%	
CLARINEX 0.5 MG/ML (2.5 MG/	2.5 MG/5ML	
CLARINEX 2.5 MG REDITABS	2.5 MG	
CLARINEX 5 MG REDITABS	5 MG	
CLARINEX 5 MG TABLET	5 MG	
CLARINEX-D 12 HOUR TABLET	2.5-120 MG	
CLARINEX-D 24 HOUR TABLET	5MG-240 MG	
CLARIS CLARIFYING WASH	10%-4%-10%	
CLARITIN 10 MG LIQUI-GEL CA	10 MG	
CLARITIN 5 MG REDITABS	5 MG	
CLENIA EMOLLIENT CREAM	10-5%(W/W)	
CLIMARA PRO PATCH	45-15/24H	
CLOBEX 0.05% SPRAY	0.05%	
CLOBEX 0.05% TOPICAL LOTION	0.05%	
CLONAZEPAM 0.125 MG DIS TAB	0.125 MG	
CLONAZEPAM 0.25 MG ODT	0.25 MG	
CLONAZEPAM 0.5 MG DIS TABLE	0.5 MG	
CLONAZEPAM 1 MG DIS TABLET	1 MG	
CLONAZEPAM 2 MG DIS TABLET	2 MG	
CLORPRES 0.2-15 TABLET	0.2-15MG	
CLORPRES 0.3-15 TABLET	0.3-15MG	
CLOZAPINE 100 MG TABLET	100 MG	
CLOZAPINE 200 MG TABLET	200 MG	
CLOZAPINE 25 MG TABLET	25 MG	
CLOZAPINE 50 MG TABLET	50 MG	
COCET TABLET	650MG-30MG	
COLCRYS 0.6 MG TABLET	0.6 MG	
COLESTID FLAVORED GRANULES	7.5G	
COLESTID GRANULES	5G	
COLESTID GRANULES PACKET	5G	
COLY-MYCIN S EAR DROPS	3.3-3-10/1	
COREG CR 10 MG CAPSULE	10 MG	
COREG CR 20 MG CAPSULE	20 MG	
COREG CR 40 MG CAPSULE	40 MG	
COREG CR 80 MG CAPSULE	80 MG	
CORTIFOAM 10% AEROSOL	10 %	
CORTISPORIN CREAM	0.5 %	
CORTISPORIN-TC EAR SUSP	3.3-3-10/1	
COVERA-HS ER 180 MG TABLET	180 MG	
COVERA-HS ER 240 MG TABLET	240 MG	
CRESTOR 10 MG TABLET	10 MG	

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Drug Name	Strength	Step Therapy Prior Therapy
CRESTOR 20 MG TABLET	20 MG	
CRESTOR 40 MG TABLET	40 MG	
CRESTOR 5 MG TABLET	5 MG	
CUBICIN 500 MG VIAL	500 MG	
CUTIVATE 0.05% LOTION	0.05%	
CYTOGAM 2.5 GM/50 ML VIAL	50 MG/ML	
DAYTRANA 10 MG/9 HR PATCH	10MG/9HR	
DAYTRANA 15 MG/9 HR PATCH	15MG/9HR	
DAYTRANA 20 MG/9 HOUR PATCH	20 MG/9 HR	
DAYTRANA 30 MG/9 HOUR PATCH	30MG/9HR	
DEMECLOCYCLINE 150 MG TABLET	150 MG	
DEMECLOCYCLINE 300 MG TABLET	300 MG	
DESONATE 0.05% GEL	0.05%	
DESOWEN 0.05% LOTION KIT	0.05%	
DESOXYN 5 MG TABLET	5 MG	
DETROL 1 MG TABLET	1 MG	
DETROL 2 MG TABLET	2 MG	
DETROL LA 2 MG CAPSULE	2 MG	
DETROL LA 4 MG CAPSULE	4 MG	
DEXILANT DR 30 MG CAPSULE	30 MG	
DEXILANT DR 60 MG CAPSULE	60 MG	
DIFFERIN 0.1% CREAM	0.1%	
DIFFERIN 0.1% LOTION	0.1%	
DIFFERIN 0.3% GEL	0.3 %	
DIOVAN 160 MG TABLET	160 MG	Generic ACE Inhibitor
DIOVAN 320 MG TABLET	320 MG	Generic ACE Inhibitor
DIOVAN 40 MG TABLET	40 MG	Generic ACE Inhibitor
DIOVAN 80 MG TABLET	80 MG	Generic ACE Inhibitor
DIOVAN HCT 160-12.5 MG TAB	160-12.5MG	Generic ACE Inhibitor
DIOVAN HCT 160-25 MG TABLET	160-25MG	Generic ACE Inhibitor
DIOVAN HCT 320-12.5 MG TAB	320-12.5MG	Generic ACE Inhibitor
DIOVAN HCT 320-25 MG TABLET	320MG-25MG	Generic ACE Inhibitor
DIOVAN HCT 80-12.5 MG TABLET	80-12.5MG	Generic ACE Inhibitor
DIPENTUM 250 MG CAPSULE	250 MG	
DIVIGEL 0.25 MG GEL PACKET	0.25(0.1%)	
DIVIGEL 0.5 MG GEL PACKET	0.5MG(0.1)	
DIVIGEL 1 MG GEL PACKET	1MG(0.1%)	
DORAL 15 MG TABLET	15 MG	
DORYX DR 100 MG TABLET	100 MG	
DORYX DR 150 MG TABLET	150 MG	
DOXYCYCLINE HYC DR 75 MG TA	75 MG	
DOXYCYCLINE MONO 100 MG CAP	100 MG	
DOXYCYCLINE MONO 50 MG CAP	50 MG	
DOXYCYCLINE MONO 50 MG TABL	50 MG	
DOXYCYCLINE MONO 75 MG CAPS	75 MG	
DULERA 100 MCG/5 MCG INHALE	100-5 MCG	Inhaled corticosteroid or inhaled anticholinergic
DULERA 200 MCG/5 MCG INHALE	200-5 MCG	Inhaled corticosteroid or inhaled anticholinergic

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Drug Name	Strength	Step Therapy Prior Therapy
DURAFLU TABLET	60-20-500	
DYNACIN 100 MG TABLET	100 MG	
DYNACIN 50 MG TABLET	50 MG	
DYNACIN 75 MG TABLET	75 MG	
DYNACIRC CR 10 MG TABLET	10 MG	
DYNACIRC CR 5 MG TABLET	5 MG	
EDLUAR 10 MG SL TABLET	10 MG	
EDLUAR 5 MG SL TABLET	5 MG	
ELESTAT 0.05% EYE DROPS	0.05%	
ELESTRIN 0.06% GEL	0.87G	
EMADINE 0.05% EYE DROPS	0.05%	
EMSAM 12 MG/24 HOURS PATCH	12MG/24HR	Antidepressant other than MAOI
EMSAM 6 MG/24 HOURS PATCH	6MG/24HR	Antidepressant other than MAOI
EMSAM 9 MG/24 HOURS PATCH	9MG/24HR	Antidepressant other than MAOI
ENABLEX 15 MG TABLET	15 MG	
ENABLEX 7.5 MG TABLET	7.5 MG	
ENBREL 25 MG KIT	25 MG	
ENBREL 25 MG/0.5 ML SYRINGE	25MG/0.5ML	
ENBREL 50 MG/ML SURECLICK S	50 MG/ML	
ENBREL 50 MG/ML SYRINGE	50 MG/ML	
EPIDUO GEL	0.1 %-2.5%	
EPOGEN 10,000 UNITS/ML VIAL	10000/ML	
EPOGEN 2,000 UNITS/ML VIAL	2000/ML	
EPOGEN 20,000 UNITS/2 ML VI	20000/2ML	
EPOGEN 20,000 UNITS/ML VIAL	20000/ML	
EPOGEN 3,000 UNITS/ML VIAL	3000/ML	
EPOGEN 4,000 UNITS/ML VIAL	4000/ML	
ERTACZO 2% CREAM	2 %	
ERYTHROMYCIN 2% PLEDGETS	2 %	
ESGIC PLUS CAPSULE	50-500-40	
ESTRACE 0.01% CREAM	0.01 %	
ESTRADERM 0.05 MG PATCH	0.05MG/24H	
ESTRADERM 0.1 MG PATCH	0.1MG/24HR	
ESTRASORB PACKET	2.5/G-1.74	
ETIDRONATE DISODIUM 200 MG	200 MG	
ETIDRONATE DISODIUM 400 MG	400 MG	
EURAX 10% CREAM	10 %	
EURAX 10% LOTION	10 %	
EVAMIST 1.53 MG/SPRAY	1.53/SPRAY	
EVOCLIN 1% FOAM	1 %	
EXALGO ER 12 MG TABLET	12 MG	
EXALGO ER 16 MG TABLET	16 MG	
EXALGO ER 8 MG TABLET	8 MG	
EXELDERM 1% CREAM	1 %	
EXELDERM 1% SOLUTION	1 %	
EXELON 2 MG/ML ORAL SOLUTIO	2 MG/ML	
EXFORGE 10-160 MG TABLET	10MG-160MG	Generic ACE Inhibitor

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Drug Name	Strength	Step Therapy Prior Therapy
EXFORGE 10-320 MG TABLET	10MG-320MG	Generic ACE Inhibitor
EXFORGE 5-160 MG TABLET	5MG-160MG	Generic ACE Inhibitor
EXFORGE 5-320 MG TABLET	5MG-320MG	Generic ACE Inhibitor
EXFORGE HCT 10-160-12.5 MG	10MG-160MG	Generic ACE Inhibitor
EXFORGE HCT 10-160-25 MG TA	10-160-25	Generic ACE Inhibitor
EXFORGE HCT 10-320-25 MG TA	10-320-25	Generic ACE Inhibitor
EXFORGE HCT 5-160-12.5 MG T	5-160-12.5	Generic ACE Inhibitor
EXFORGE HCT 5-160-25 MG TAB	5-160-25MG	Generic ACE Inhibitor
EXTAVIA 0.3 MG KIT	0.3 MG	
EXTINA 2% FOAM	2 %	
FACTIVE 320 MG TABLET	320 MG	
FAMCICLOVIR 125 MG TABLET	125 MG	
FAMCICLOVIR 250 MG TABLET	250 MG	
FAMCICLOVIR 500 MG TABLET	500 MG	
FANAPT 1 MG TABLET	1 MG	
FANAPT 10 MG TABLET	10 MG	
FANAPT 12 MG TABLET	12 MG	
FANAPT 2 MG TABLET	2 MG	
FANAPT 4 MG TABLET	4 MG	
FANAPT 6 MG TABLET	6 MG	
FANAPT 8 MG TABLET	8 MG	
FANAPT TITRATION PACK	1-2-4-6MG	
FAZACLO 100 MG ODT	100 MG	
FAZACLO 12.5 MG ODT	12.5 MG	
FAZACLO 150 MG ODT	150 MG	
FAZACLO 200 MG ODT	200 MG	
FAZACLO 25 MG ODT	25 MG	
FEMRING 0.05 MG VAGINAL RIN	0.05MG/24H	
FEMTRACE 0.45 MG TABLET	0.45MG	
FEMTRACE 0.9 MG TABLET	0.9 MG	
FEMTRACE 1.8 MG TABLET	1.8MG	
FENTANYL CITRATE OTFC 200 M	200 MCG	
FENTORA 100 MCG BUCCAL TABL	100 MCG	
FENTORA 200 MCG BUCCAL TABL	200 MCG	
FENTORA 400 MCG BUCCAL TABL	400 MCG	
FENTORA 600 MCG BUCCAL TABL	600 MCG	
FENTORA 800 MCG BUCCAL TABL	800 MCG	
FEXMID 7.5 MG TABLET	7.5 MG	
FEXOFENADINE HCL 180 MG TAB	180 MG	
FEXOFENADINE HCL 30 MG TABL	30 MG	
FEXOFENADINE HCL 60 MG TABL	60 MG	
FIBRICOR 105 MG TABLET	105 MG	
FIBRICOR 35 MG TABLET	35 MG	
FINACEA 15% GEL	15 %	
FINACEA PLUS KIT	15 %	
FLEBOGAMMA DIF 5% VIAL	5 %	
FLECTOR 1.3% PATCH	1.3%	

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Drug Name	Strength	Step Therapy Prior Therapy
FLUOXETINE DR 90 MG CAPSULE	90 MG	
FLUOXETINE HCL 40 MG CAPSUL	40 MG	
FORADIL AEROLIZER 12 MCG CA	12MCG	Inhaled corticosteroid or inhaled anticholinergic
FORTAMET ER 1,000 MG TABLET	1000 MG	
FORTAMET ER 500 MG TABLET	500 MG	
FORTEO 600 MCG/2.4 ML PEN I	20MCG/DOSE	
FOSAMAX 70 MG ORAL SOLUTION	70 MG/75ML	
FOSAMAX PLUS D 70 MG-2,800	70 MG-2800	
FOSAMAX PLUS D 70 MG-5,600	70 MG-5600	
FROVA 2.5 MG TABLET	2.5 MG	
GABLOFEN 10,000 MCG/20 ML V	10000/20ML	
GABLOFEN 40,000 MCG/20 ML V	40000/20ML	
GABLOFEN 50 MCG/ML SYRINGE	50 MCG/ML	
GAMASTAN S-D VIAL	15%-18%	
GAMASTAN S/D SYRINGE	15%-18%	
GAMMAGARD LIQUID 10% VIAL	10 %	
GAMMAGARD S-D 10 GM VL W/ST	10 G	
GAMMAGARD S-D 2.5 GM VL W/S	2.5 G	
GAMMAGARD S-D 5 G (IGA<1) S	5G	
GAMMAGARD S-D 5 GM VL W/SET	5G	
GAMUNEX 10% VIAL	10 %	
GAMUNEX-C 1 GRAM/10 ML VIAL	1G/10ML	
GAMUNEX-C 10 GRAM/100 ML VI	10G/100ML	
GAMUNEX-C 2.5 GRAM/25 ML VI	2.5G/25ML	
GAMUNEX-C 20 GRAM/200 ML VI	20G/200ML	
GAMUNEX-C 5 GRAM/50 ML VIAL	5G/50ML	
GELNIQUE 10% GEL SACHETS	10 %	
GENOTROPIN 12 MG CARTRIDGE	12MG/ML	
GENOTROPIN 5 MG CARTRIDGE	5 MG/ML	
GENOTROPIN MINIQUICK 0.2 MG	0.2MG/0.25	
GENOTROPIN MINIQUICK 0.4 MG	0.4MG/0.25	
GENOTROPIN MINIQUICK 0.6 MG	0.6MG/0.25	
GENOTROPIN MINIQUICK 0.8 MG	0.8MG/0.25	
GENOTROPIN MINIQUICK 1 MG	1MG/0.25ML	
GENOTROPIN MINIQUICK 1.2 MG	1.2MG/0.25	
GENOTROPIN MINIQUICK 1.4 MG	1.4MG/0.25	
GENOTROPIN MINIQUICK 1.6 MG	1.6MG/0.25	
GENOTROPIN MINIQUICK 1.8 MG	1.8MG/0.25	
GENOTROPIN MINIQUICK 2 MG	2MG/0.25ML	
GLUMETZA ER 1,000 MG TABLET	1000 MG	
GLUMETZA ER 500 MG TABLET	500 MG	
GRANISETRON HCL 1 MG TABLET	1 MG	
GRANISOL 2 MG/10 ML SOLUTIO	1 MG/5 ML	
HALFLYTELY-BISACODYL BOWEL	5 MG-210 G	
HEPAGAM B VIAL	>312/ML	
HEPAGAM B VIAL	>312/ML(5)	
HIZENTRA 1 GRAM/5 ML VIAL	1 G/5 ML	

## Ohio Medicaid Fee-For-Service Pharmacy Prior Authorization List

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Drug Name	Strength	Step Therapy Prior Therapy
HIZENTRA 2 GRAM/10 ML VIAL	2 G/10 ML	
HIZENTRA 4 GRAM/20 ML VIAL	4 G/20 ML	
HUMATROPE 12 MG CARTRIDGE	12 MG	
HUMATROPE 24 MG CARTRIDGE	24 MG	
HUMATROPE 5 MG VIAL	5 MG	
HUMATROPE 6 MG CARTRIDGE	6 MG	
HUMIRA 20 MG/0.4 ML SYRINGE	20MG/0.4ML	
HUMIRA 40 MG/0.8 ML PEN	40MG/0.8ML	
HUMIRA 40 MG/0.8 ML SYRINGE	40MG/0.8ML	
HYCET 7.5 MG-325 MG/15 ML S	7.5-325/15	
HYPERRAB S-D VIAL	150 UNIT/1	
HYPERRAB S/D SYRINGE	300 UNIT/2	
HYPERRHO S-D SYRINGE	300 MCG	
HYPERRHO S-D SYRINGE	50 MCG	
IBUDONE 10-200 MG TABLET	10MG-200MG	
IBUDONE 5-200 MG TABLET	5MG-200MG	
IMIQUIMOD 5% CREAM PACKET	5 %	
INCRELEX 40 MG/4 ML VIAL	10 MG/ML	
INNOPRAN XL 120 MG CAPSULE	120 MG	
INNOPRAN XL 80 MG CAPSULE	80 MG	
INOVA 4-1 EASY PAD	1%-4%-5%	
INOVA 4% EASY PAD	4%-5%	
INOVA 8-2 EASY PAD	2%-8%-5%	
INOVA 8% EASY PAD	8%-5%	
INVEGA ER 1.5 MG TABLET	1.5 MG	
INVEGA ER 3 MG TABLET	3 MG	
INVEGA ER 6 MG TABLET	6 MG	
INVEGA ER 9 MG TABLET	9 MG	
IOPIDINE 0.5% EYE DROPS	0.5 %	
IQUIX 1.5% EYE DROPS	1.5 %	
ISRADIPINE 2.5 MG CAPSULE	2.5 MG	
ISRADIPINE 5 MG CAPSULE	5 MG	
ISTALOL 0.5% EYE DROPS	0.5 %	
ITRACONAZOLE 100 MG CAPSULE	100 MG	
JALYN 0.5-0.4 MG CAPSULE	0.5-0.4 MG	
JANUMET 50-1,000 MG TABLET	50-1000MG	Oral hypoglycemic other than DPP-4 Inhibitor
JANUMET 50-500 MG TABLET	50MG-500MG	Oral hypoglycemic other than DPP-4 Inhibitor
JANUVIA 100 MG TABLET	100 MG	Oral hypoglycemic other than DPP-4 Inhibitor
JANUVIA 25 MG TABLET	25 MG	Oral hypoglycemic other than DPP-4 Inhibitor
JANUVIA 50 MG TABLET	50 MG	Oral hypoglycemic other than DPP-4 Inhibitor
KADIAN ER 10 MG CAPSULE	10 MG	
KADIAN ER 100 MG CAPSULE	100 MG	
KADIAN ER 20 MG CAPSULE	20 MG	
KADIAN ER 200 MG CAPSULE	200 MG	
KADIAN ER 30 MG CAPSULE	30 MG	
KADIAN ER 50 MG CAPSULE	50 MG	
KADIAN ER 60 MG CAPSULE	60 MG	

## Ohio Medicaid Fee-For-Service Pharmacy Prior Authorization List

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Drug Name	Strength	Step Therapy Prior Therapy
KADIAN ER 80 MG CAPSULE	80 MG	
KEFLEX 750 MG CAPSULE	750 MG	
KID'S MUCINEX MINI-MELT PAC	50 MG	
KID'S MUCINEX MINI-MELTS PA	100 MG	
KINERET 100 MG/0.67 ML SYR	100MG/0.67	
KOMBIGLYZE XR 2.5-1,000 MG	2.5-1000MG	Oral hypoglycemic other than DPP-4 Inhibitor
KOMBIGLYZE XR 5-1,000 MG TA	5MG-1000MG	Oral hypoglycemic other than DPP-4 Inhibitor
KOMBIGLYZE XR 5-500 MG TABL	5 MG-500MG	Oral hypoglycemic other than DPP-4 Inhibitor
KRISTALOSE 10 GM PACKET	10 G	
KRISTALOSE 20 GM PACKET	20 G	
LACRISERT 5 MG EYE INSERT	5 MG	
LAMISIL 125 MG GRANULES PAC	125 MG	
LAMISIL 187.5 MG GRANULES P	187.5MG	
LAMISIL AT 1% GEL	1 %	
LAMISIL AT 1% SPRAY	1 %	
LANSOPRAZOLE ODT 15 MG TABL	15 MG	
LANSOPRAZOLE ODT 30 MG TABL	30 MG	
LASTACFT 0.25% EYE DROPS	0.25 %	
LATUDA 40 MG TABLET	40 MG	
LATUDA 80 MG TABLET	80 MG	
LESCOL 20 MG CAPSULE	20 MG	
LESCOL 40 MG CAPSULE	40 MG	
LESCOL XL 80 MG TABLET	80 MG	
LEUCOVORIN CALCIUM 15 MG TA	15 MG	
LEUCOVORIN CALCIUM 25 MG TA	25 MG	
LEVAQUIN 25 MG/ML SOLUTION	250MG/10ML	
LEVAQUIN 250 MG TABLET	250 MG	
LEVAQUIN 500 MG TABLET	500 MG	
LEVAQUIN 750 MG TABLET	750 MG	
LEVATOL 20 MG TABLET	20 MG	
LEVEMIR 100 UNITS/ML VIAL	100/ML	
LEVEMIR FLEXPEN 100 UNITS/M	100/ML	
LEVOCARNITINE 100 MG/ML SOL	100 MG/ML	
LEVOCARNITINE 200 MG/ML VIA	200 MG/ML	
LEVOCARNITINE 330 MG TABLET	330 MG	
LEVORPHANOL 2 MG TABLET	2 MG	
LIDODERM 5% PATCH	5%(700MG)	
LINDANE 1% LOTION	1 %	
LINDANE 1% SHAMPOO	1 %	
LIORESAL IT 0.05 MG/1 ML AM	50 MCG/ML	
LIORESAL IT 10 MG/20 ML KIT	500 MCG/ML	
LIORESAL IT 10 MG/5 ML KIT	2000MCG/ML	
LIPOFEN 150 MG CAPSULE	150 MG	
LIPOFEN 50 MG CAPSULE	50 MG	
LIVALO 1 MG TABLET	1 MG	
LIVALO 2 MG TABLET	2 MG	
LIVALO 4 MG TABLET	4 MG	

## Ohio Medicaid Fee-For-Service Pharmacy Prior Authorization List

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Drug Name	Strength	Step Therapy Prior Therapy
LMX 4 PLUS KIT	4 %	
LODOSYN 25 MG TABLET	25 MG	Carbidopa
LOFIBRA 134 MG CAPSULE	134MG	
LOFIBRA 160 MG TABLET	160 MG	
LOFIBRA 200 MG CAPSULE	200 MG	
LOFIBRA 54 MG TABLET	54 MG	
LOFIBRA 67 MG CAPSULE	67 MG	
LOSARTAN POTASSIUM 100 MG T	100 MG	Generic ACE Inhibitor
LOSARTAN POTASSIUM 25 MG TA	25 MG	Generic ACE Inhibitor
LOSARTAN POTASSIUM 50 MG TA	50 MG	Generic ACE Inhibitor
LOSARTAN-HCTZ 100-12.5 MG T	100-12.5MG	Generic ACE Inhibitor
LOSARTAN-HCTZ 100-25 MG TAB	100MG-25MG	Generic ACE Inhibitor
LOSARTAN-HCTZ 50-12.5 MG TA	50-12.5MG	Generic ACE Inhibitor
LOVAZA 1 GM CAPSULE	1 G	
LUMIGAN 0.01% EYE DROPS	0.01 %	
LUMIGAN 0.03% EYE DROPS	0.03 %	
LUNESTA 1 MG TABLET	1 MG	
LUNESTA 2 MG TABLET	2 MG	
LUNESTA 3 MG TABLET	3 MG	
LUVOX CR 100 MG CAPSULE	100 MG	
LUVOX CR 150 MG CAPSULE	150 MG	
MAGNACET 10 MG-400 MG TABLET	10MG-400MG	
MAGNACET 5 MG-400 MG TABLET	5MG-400MG	
MAGNACET 7.5 MG-400 MG TABLET	7.5-400MG	
MARGESIC H 5-500 CAPSULE	5 MG-500MG	
MARPLAN 10 MG TABLET	10 MG	Antidepressant other than MAOI
MAXAIR AUTOHALER 0.2 MG AER	200 MCG	
MAXIDONE 10-750 MG TABLET	10-750MG	
MAXIFED-G CD TABLET	40-10-400	
MAXIFLU CD TABLET	40-10-500	
MEFENAMIC ACID 250 MG CAPSULE	250 MG	
MENTAX 1% CREAM	1 %	
MESALAMINE 4 GM/60 ML KIT	4G/60ML	
METAXALONE 800 MG TABLET	800 MG	
METHYLIN 10 MG CHEWABLE TABLET	10 MG	
METHYLIN 2.5 MG CHEWABLE TABLET	2.5 MG	
METHYLIN 5 MG CHEWABLE TABLET	5 MG	
METZOLV ODT 10 MG TABLET	10 MG	
METZOLV ODT 5 MG TABLET	5 MG	
METRONIDAZOLE 375 MG CAPSULE	375 MG	
MICARDIS 20 MG TABLET	20 MG	Generic ACE Inhibitor
MICARDIS 40 MG TABLET	40 MG	Generic ACE Inhibitor
MICARDIS 80 MG TABLET	80 MG	Generic ACE Inhibitor
MICARDIS HCT 40-12.5 MG TABLET	40-12.5MG	Generic ACE Inhibitor
MICARDIS HCT 80-12.5 MG TABLET	80-12.5MG	Generic ACE Inhibitor
MICARDIS HCT 80-25 MG TABLET	80 MG-25MG	Generic ACE Inhibitor
MIRAPEX ER 0.375 MG TABLET	0.375 MG	

## Ohio Medicaid Fee-For-Service Pharmacy Prior Authorization List

Effective October 1, 2011

Drug Name	Strength	Step Therapy Prior Therapy
MIRAPEX ER 0.75 MG TABLET	0.75 MG	
MIRAPEX ER 1.5 MG TABLET	1.5 MG	
MIRAPEX ER 3 MG TABLET	3 MG	
MIRAPEX ER 4.5 MG TABLET	4.5 MG	
MOVIPREP POWDER KIT	7.5-2.691G	
MOXATAG ER 775 MG TABLET	775MG	
MUCINEX D ER TABLET	1200-120MG	
MUCINEX FULL FORCE NASAL SP	0.05%	
NAFTIN 1% CREAM	1 %	
NAFTIN 1% GEL	1 %	
NALFON 200 MG PULVULE	200 MG	
NALFON 400 MG CAPSULE	400 MG	
NAPRELAN CR 375 MG TABLET	375 MG	
NAPRELAN CR 500 MG TABLET	500 MG	
NAPRELAN CR 750 MG TABLET	750 MG	
NAPRELAN CR DOSECRD 500-750	750(6)-500	
NARDIL 15 MG TABLET	15 MG	Antidepressant other than MAOI
NASCOBAL 500 MCG NASAL SPRA	500 MCG	
NASONEX 50 MCG NASAL SPRAY	50 MCG	
NEOBENZ MICRO SD 5.5% CREAM	5.5%	
NEOBENZ MICRO WASH PLUS PAC	7%-5.5%	
NEUPOGEN 300 MCG/0.5 ML SYR	300MCG/0.5	
NEUPOGEN 480 MCG/0.8 ML SYR	480MCG/0.8	
NEVANAC 0.1% DROPTAINER	0.1%	
NEXICLON XR 0.09 MG/ML SUSP	0.09 MG/ML	
NEXICLON XR 0.17 MG TABLET	0.17 MG	
NEXIUM DR 10 MG PACKET	10 MG	
NEXIUM DR 20 MG CAPSULE	20 MG	
NEXIUM DR 20 MG PACKET	20 MG	
NEXIUM DR 40 MG CAPSULE	40 MG	
NEXIUM DR 40 MG PACKET	40 MG	
NIMODIPINE 30 MG CAPSULE	30 MG	
NISOLDIPINE ER 17 MG TABLET	17 MG	
NISOLDIPINE ER 20 MG TABLET	20 MG	
NISOLDIPINE ER 25.5 MG TABL	25.5 MG	
NISOLDIPINE ER 30 MG TABLET	30 MG	
NISOLDIPINE ER 34 MG TABLET	34 MG	
NISOLDIPINE ER 40 MG TABLET	40 MG	
NISOLDIPINE ER 8.5 MG TABLE	8.5MG	
NIZATIDINE 15 MG/ML SOLUTIO	150MG/10ML	
NIZATIDINE 150 MG CAPSULE	150 MG	
NIZATIDINE 300 MG CAPSULE	300 MG	
NORDITROPIN NORDIFLEX 30 MG	30MG/3ML	
NORDITROPIN NORDIFLEX 5 MG/	5MG/1.5ML	
NORDITROPIN NORDIFLX 10 MG/	10MG/1.5ML	
NORDITROPIN NORDIFLX 15 MG/	15MG/1.5ML	
NOROXIN 400 MG TABLET	400 MG	

## Ohio Medicaid Fee-For-Service Pharmacy Prior Authorization List

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Drug Name	Strength	Step Therapy Prior Therapy
NOXAFIL 40 MG/ML SUSPENSION	200 MG/5ML	
NUCYNTA 100 MG TABLET	100 MG	
NUCYNTA 50 MG TABLET	50 MG	
NUCYNTA 75 MG TABLET	75 MG	
NUOX GEL	6%-3%	
NUTROPIN 10 MG VIAL	10 MG	
NUTROPIN 5 MG VIAL	5 MG	
NUTROPIN AQ 20 MG/2ML PEN C	20 MG/2 ML	
NUTROPIN AQ 5 MG/ML VIAL	10 MG/2 ML	
NUTROPIN AQ NUSPIN 5 PEN CA	5 MG/2 ML	
NUTROPIN AQ PEN CARTRIDGE	10 MG/2 ML	
NUVIGIL 150 MG TABLET	150 MG	
NUVIGIL 250 MG TABLET	250 MG	
NUVIGIL 50 MG TABLET	50 MG	
OLEPTRO ER 150 MG TABLET	150 MG	
OLEPTRO ER 300 MG TABLET	300 MG	
OMEPRAZOLE-BICARB 40-1,100	40MG-1.1G	
OMNARIS 50 MCG NASAL SPRAY	50 MCG	
OMNITROPE 10 MG/1.5 ML CRTG	10MG/1.5ML	
OMNITROPE 5 MG/1.5 ML CRTG	5MG/1.5ML	
OMNITROPE 5.8 MG VIAL	5.8MG	
ONGLYZA 2.5 MG TABLET	2.5 MG	Oral hypoglycemic other than DPP-4 Inhibitor
ONGLYZA 5 MG TABLET	5 MG	Oral hypoglycemic other than DPP-4 Inhibitor
ONSOLIS 1,200 MCG SOLUBLE F	1200MCG	
ONSOLIS 200 MCG SOLUBLE FIL	200 MCG	
ONSOLIS 400 MCG SOLUBLE FIL	400 MCG	
ONSOLIS 600 MCG SOLUBLE FIL	600 MCG	
ONSOLIS 800 MCG SOLUBLE FIL	800 MCG	
OPANA 10 MG TABLET	10 MG	
OPANA 5 MG TABLET	5 MG	
OPANA ER 10 MG TABLET	10 MG	
OPANA ER 20 MG TABLET	20 MG	
OPANA ER 30 MG TABLET	30 MG	
OPANA ER 40 MG TABLET	40 MG	
OPANA ER 5 MG TABLET	5 MG	
OPIUM TINCTURE 10 MG/ML	10 MG/ML	
ORACEA 40 MG CAPSULE	40 MG	
ORAVIG 50 MG BUCCAL TABLET	50 MG	
ORFADIN 10 MG CAPSULE	10 MG	
ORFADIN 2 MG CAPSULE	2 MG	
ORFADIN 5 MG CAPSULE	5 MG	
ORPHENADRINE COMP FORTE TAB	50-770-60	
ORPHENADRINE COMP TABLET	25-385-30	
ORPHENADRINE ER 100 MG TABL	100 MG	
OSMOPREP TABLET	1.5 G	
OXANDROLONE 10 MG TABLET	10 MG	
OXANDROLONE 2.5 MG TABLET	2.5 MG	

## Ohio Medicaid Fee-For-Service Pharmacy Prior Authorization List

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Drug Name	Strength	Step Therapy Prior Therapy
OXISTAT 1% CREAM	1 %	
OXISTAT 1% LOTION	1 %	
OXSORALEN 1% LOTION	1 %	
OXSORALEN-ULTRA 10 MG CAP	10 MG	
OXYCODONE-IBUPROFEN 5-400 T	400MG-5MG	
OXYCONTIN 10 MG TABLET	10 MG	
OXYCONTIN 15 MG TABLET	15 MG	
OXYCONTIN 20 MG TABLET	20 MG	
OXYCONTIN 30 MG TABLET	30 MG	
OXYCONTIN 40 MG TABLET	40 MG	
OXYCONTIN 60 MG TABLET	60 MG	
OXYCONTIN 80 MG TABLET	80 MG	
OXYTROL 3.9 MG/24HR PATCH	3.9MG/24HR	
PACERONE 100 MG TABLET	100 MG	
PACNEX 7% WASH	7 %	
PACNEX HP 7% CLEANSING PADS	7 %	
PACNEX LP 4.25% CLEANSING P	4.25 %	
PACNEX MX 4.25% CLEANSER	4.25 %	
PANRETIN 0.1% GEL	0.1%	
PARCOPA 10 MG-100 MG ODT	10MG-100MG	
PARCOPA 25 MG-100 MG ODT	25MG-100MG	
PARNATE 10 MG TABLET	10 MG	Antidepressant other than MAOI
PAROXETINE CR 12.5 MG TABLET	12.5 MG	
PAROXETINE CR 25 MG TABLET	25 MG	
PAROXETINE CR 37.5 MG TABLET	37.5 MG	
PCE 333 MG DISPERTAB	333 MG	
PCE 500 MG DISPERTAB	500 MG	
PEDIADERM AF KIT	100000/G	
PENNSAID 1.5% SOLUTION	1.5 %	
PENTASA 250 MG CAPSULE	250 MG	
PENTASA 500 MG CAPSULE	500 MG	
PENTAZOCIN-ACETAMINOPHN 25-	25-650MG	
PENTAZOCINE-NALOXONE TABLET	50MG-0.5MG	
PERFOROMIST 20 MCG/2 ML SOL	20 MCG/2ML	Inhaled corticosteroid or inhaled anticholinergic
PEXEVA 10 MG TABLET	10 MG	
PEXEVA 20 MG TABLET	20 MG	
PEXEVA 30 MG TABLET	30 MG	
PEXEVA 40 MG TABLET	40 MG	
PLEXION CLEANSING CLOTHS	10%-5%	
PLEXION SCT CREAM	10-5%(W/W)	
PRADAXA 150 MG CAPSULE	150 MG	
PRADAXA 75 MG CAPSULE	75 MG	
PRANDIMET 1 MG-500 MG TABLET	1MG-500MG	
PRANDIMET 2 MG-500 MG TABLET	2MG-500MG	
PRANDIN 0.5 MG TABLET	0.5 MG	
PRANDIN 1 MG TABLET	1 MG	
PRANDIN 2 MG TABLET	2 MG	

## Ohio Medicaid Fee-For-Service Pharmacy Prior Authorization List

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Drug Name	Strength	Step Therapy Prior Therapy
PRASCION RA CREAM	10%-5%	
PREGNYL 10,000 UNITS VIAL	10000 UNIT	
PREVPAC PATIENT PACK	30-500-500	
PRIFTIN 150 MG TABLET	150 MG	
PRILOSEC DR 10 MG SUSPENSIO	10 MG	
PRILOSEC DR 2.5 MG SUSPENSI	2.5 MG	
PRIMLEV 10-300 MG TABLET	10MG-300MG	
PRIMLEV 5-300 MG TABLET	5MG-300MG	
PRIMLEV 7.5-300 MG TABLET	7.5-300MG	
PRISTIQ 100 MG TABLET	100 MG	
PRISTIQ 50 MG TABLET	50 MG	
PRIVIGEN 10% VIAL	10 %	
PROCENTRA 5 MG/5 ML SOLUTIO	5 MG/5 ML	
PROCRIT 10,000 UNITS/ML VIA	10000/ML	
PROCRIT 10,000 UNITS/ML VIA	20000/2ML	
PROCRIT 2,000 UNITS/ML VIAL	2000/ML	
PROCRIT 20,000 UNITS/ML VIA	20000/ML	
PROCRIT 3,000 UNITS/ML VIAL	3000/ML	
PROCRIT 4,000 UNITS/ML VIAL	4000/ML	
PROCRIT 40,000 UNITS/ML VIA	40000/ML	
PROLEUKIN 22 MILLION UNIT V	22MM UNIT	
PROQUIN XR 500 MG TABLET	500 MG	
PROTONIX 40 MG SUSPENSION	40 MG	
PROVIGIL 100 MG TABLET	100 MG	
PROVIGIL 200 MG TABLET	200 MG	
PULMICORT 180 MCG FLEXHALER	180MCG	
PULMICORT 90 MCG FLEXHALER	90 MCG	
PYLERA CAPSULE	125-125MG	
QUIXIN 0.5% EYE DROPS	0.5 %	
RAPAFLO 4 MG CAPSULE	4 MG	
RAPAFLO 8 MG CAPSULE	8 MG	
REFRESH CELLUVISC 1% EYE DR	1 %	
REGRANEX 0.01% GEL	0.01 %	
RELPAK 20 MG TABLET	20 MG	
RELPAK 40 MG TABLET	40 MG	
REMICADE 100 MG VIAL	100 MG	
REMODULIN 1 MG/ML VIAL	1 MG/ML	
REMODULIN 10 MG/ML VIAL	10 MG/ML	
REMODULIN 2.5 MG/ML VIAL	2.5 MG/ML	
REMODULIN 5 MG/ML VIAL	5 MG/ML	
REVELA 0.8 GM POWDER PACKE	0.8 G	
REVELA 2.4 GM POWDER PACKE	2.4 G	
REVELA 800 MG TABLET	800 MG	
REPREXAIN 2.5-200 MG TABLET	2.5-200MG	
REPREXAIN 5-200 MG TABLET	5MG-200MG	
REQUIP XL 12 MG TABLET	12 MG	
REQUIP XL 2 MG TABLET	2 MG	

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Drug Name	Strength	Step Therapy Prior Therapy
REQUIP XL 4 MG TABLET	4 MG	
REQUIP XL 6 MG TABLET	6 MG	
REQUIP XL 8 MG TABLET	8 MG	
RESERPINE 0.1 MG TABLET	0.1 MG	
RESERPINE 0.25 MG TABLET	0.25 MG	
REVATIO 10 MG/12.5 ML VIAL	10 MG/12.5	
REVATIO 20 MG TABLET	20 MG	
REVLIMID 10 MG CAPSULE	10 MG	
REVLIMID 15 MG CAPSULE	15 MG	
REVLIMID 25 MG CAPSULE	25 MG	
REVLIMID 5 MG CAPSULE	5 MG	
RHEUMATREX 2.5 MG TABLET	2.5 MG	
RHINOCORT AQUA NASAL SPRAY	32MCG	
RHOPHYLAC 300 MCG/2 ML SYR	300MCG/2ML	
RIBAPAK 400-400 MG DOSEPACK	400-400 MG	
RIBAPAK 400-600 MG DOSEPACK	600-400MG	
RIBAPAK 600-600 MG DOSEPACK	600-600MG	
RIFAMATE CAPSULE	300-150MG	
RILUTEK 50 MG TABLET	50 MG	
RITALIN LA 10 MG CAPSULE	10 MG	
RITALIN LA 20 MG CAPSULE	20 MG	
RITALIN LA 30 MG CAPSULE	30 MG	
RITALIN LA 40 MG CAPSULE	40 MG	
RITUXAN 10 MG/ML VIAL	10 MG/ML	
ROSANIL CLEANSER KIT	10-5%(W/W)	
ROXICET 5-500 CAPLET	5 MG-500MG	
ROZEREM 8 MG TABLET	8 MG	
RYBIX ODT 50 MG TABLET	50 MG	
RYNATAN PEDIATRIC CHEWABLE	5MG-4.5MG	
RYNATAN PEDIATRIC ORAL SUSP	5-4.5MG/5	
RYZOLT ER 100 MG TABLET	100 MG	
RYZOLT ER 200 MG TABLET	200 MG	
RYZOLT ER 300 MG TABLET	300 MG	
SAIZEN 5 MG VIAL	5 MG	
SAIZEN 8.8 MG CLICK.EASY CA	8.8MG/1.5	
SAIZEN 8.8 MG VIAL	8.8MG	
SALKERA 6% FOAM	6 %	
SANCUSO 3.1 MG/24 HR PATCH	3.1MG/24HR	
SEB-PREV 10% WASH	10 %	
SEREVENT DISKUS 50 MCG	50 MCG	Inhaled corticosteroid or inhaled anticholinergic
SEROSTIM 4 MG VIAL	4 MG	
SEROSTIM 5 MG VIAL	5 MG	
SEROSTIM 6 MG VIAL	6 MG	
SILENOR 3 MG TABLET	3 MG	
SILENOR 6 MG TABLET	6 MG	
SIMPONI 50 MG/0.5 ML PEN IN	50MG/0.5ML	
SIMPONI 50 MG/0.5 ML SYRING	50MG/0.5ML	

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Drug Name	Strength	Step Therapy Prior Therapy
SKELID 200 MG TABLET	200 MG	
SOLODYN ER 105 MG TABLET	105 MG	
SOLODYN ER 115 MG TABLET	115MG	
SOLODYN ER 135 MG TABLET	135MG	
SOLODYN ER 45 MG TABLET	45 MG	
SOLODYN ER 55 MG TABLET	55 MG	
SOLODYN ER 65 MG TABLET	65 MG	
SOLODYN ER 80 MG TABLET	80 MG	
SOLODYN ER 90 MG TABLET	90 MG	
SOMA 250 MG TABLET	250 MG	
SOMAVERT 10 MG VIAL	10 MG	
SOMAVERT 15 MG VIAL	15 MG	
SOMAVERT 20 MG VIAL	20 MG	
SPECTRACEF 200 MG DOSE PACK	200 MG	
SPECTRACEF 400 MG DOSE PACK	400 MG	
SPORANOX 10 MG/ML SOLUTION	10 MG/ML	
SPRYCEL 100 MG TABLET	100 MG	
SPRYCEL 140 MG TABLET	140 MG	
SPRYCEL 20 MG TABLET	20 MG	
SPRYCEL 50 MG TABLET	50 MG	
SPRYCEL 70 MG TABLET	70 MG	
SPRYCEL 80 MG TABLET	80 MG	
STALEVO 100 TABLET	25-100-200	
STALEVO 125 TABLET	31.25-125	
STALEVO 150 TABLET	37.5-150MG	
STALEVO 200 TABLET	50-200-200	
STALEVO 50 TABLET	12.5-50MG	
STALEVO 75 TABLET	18.75-75MG	
STAVZOR DR 125 MG CAPSULE	125 MG	
STAVZOR DR 250 MG CAPSULE	250 MG	
STAVZOR DR 500 MG CAPSULE	500 MG	
STIMATE 1.5 MG/ML NASAL SPR	150/SPRAY	
SUBOXONE 2 MG-0.5 MG SL FIL	2 MG-0.5MG	
SUBOXONE 2 MG-0.5 MG TABLET	2 MG-0.5MG	
SUBOXONE 8 MG-2 MG SL FILM	8 MG-2 MG	
SUBOXONE 8 MG-2 MG TABLET S	8 MG-2 MG	
SUBUTEX 2 MG TABLET SL	2 MG	
SUBUTEX 8 MG TABLET SL	8 MG	
SULFAMYLON POWDER PACKET	50G	
SUMAVEL DOSEPRO 6 MG/0.5 ML	6 MG/0.5ML	
SUMAXIN CLEANSING PADS	10 %-4 %	
SUMAXIN TS TOPICAL SUSPENS	8 %-4 %	
SUMAXIN WASH	9 %-4 %	
SUPRAX 100 MG/5 ML SUSPENS	100 MG/5ML	
SUPRAX 200 MG/5 ML SUSPENS	200 MG/5ML	
SUPRAX 400 MG TABLET	400 MG	
SUPREP BOWEL PREP KIT	17.5-3.13G	

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Drug Name	Strength	Step Therapy Prior Therapy
SYMBICORT 160-4.5 MCG INHAL	160-4.5MCG	Inhaled corticosteroid or inhaled anticholinergic
SYMBICORT 80-4.5 MCG INHALE	80-4.5MCG	Inhaled corticosteroid or inhaled anticholinergic
SYMBYAX 12-25 MG CAPSULE	12MG-25MG	
SYMBYAX 12-50 MG CAPSULE	12MG-50MG	
SYMBYAX 3-25 MG CAPSULE	3MG-25MG	
SYMBYAX 6-25 MG CAPSULE	6MG-25MG	
SYMBYAX 6-50 MG CAPSULE	6MG-50MG	
SYMLIN 0.6 MG/ML VIAL	600MCG/ML	Oral hypoglycemic other than DPP-4 Inhibitor
SYMLINPEN 120 PEN INJECTOR	2700/2.7ML	Oral hypoglycemic other than DPP-4 Inhibitor
SYMLINPEN 60 PEN INJECTOR	1500/1.5ML	Oral hypoglycemic other than DPP-4 Inhibitor
SYNAGIS 100 MG/1 ML VIAL	100 MG/ML	
SYNAGIS 50 MG/0.5 ML VIAL	50MG/0.5ML	
SYNALGOS-DC CAPSULE	16-356-30	
SYNERCID 500 MG VIAL	500 MG	
TARGETIN 1% GEL	1 %	
TARGETIN 75 MG SOFTGEL	75 MG	
TASMAR 100 MG TABLET	100 MG	
TEARS NATURALE FREE DROPS	0.1%-0.3%	
TEKAMLO 150 MG-10 MG TABLET	150MG-10MG	Antihypertensive other than direct renin inhibitor
TEKAMLO 150 MG-5 MG TABLET	150MG-5MG	Antihypertensive other than direct renin inhibitor
TEKAMLO 300 MG-10 MG TABLET	300MG-10MG	Antihypertensive other than direct renin inhibitor
TEKAMLO 300 MG-5 MG TABLET	300MG-5MG	Antihypertensive other than direct renin inhibitor
TEKTURNA 150 MG TABLET	150 MG	Antihypertensive other than direct renin inhibitor
TEKTURNA 300 MG TABLET	300 MG	Antihypertensive other than direct renin inhibitor
TEKTURNA HCT 150-12.5 MG TA	150-12.5MG	Antihypertensive other than direct renin inhibitor
TEKTURNA HCT 150-25 MG TABL	150MG-25MG	Antihypertensive other than direct renin inhibitor
TEKTURNA HCT 300-12.5 MG TA	300-12.5MG	Antihypertensive other than direct renin inhibitor
TEKTURNA HCT 300-25 MG TABL	300MG-25MG	Antihypertensive other than direct renin inhibitor
TEMAZEPAM 22.5 MG CAPSULE	22.5 MG	
TEMAZEPAM 7.5 MG CAPSULE	7.5 MG	
TEV-TROPIN 5 MG VIAL	5 MG	
TEVETEN 400 MG TABLET	400 MG	Generic ACE Inhibitor
TEVETEN 600 MG TABLET	600 MG	Generic ACE Inhibitor
TEVETEN HCT 600-12.5 MG TAB	600-12.5MG	Generic ACE Inhibitor
TEVETEN HCT 600-25 MG TAB	600-25MG	Generic ACE Inhibitor
THALOMID 100 MG CAPSULE	100 MG	
THALOMID 150 MG CAPSULE	150 MG	
THALOMID 200 MG CAPSULE	200 MG	
THALOMID 50 MG CAPSULE	50 MG	
TIMOPTIC 0.25% OCUDOSE DROP	0.25 %	
TIMOPTIC 0.5% OCUDOSE DROP	0.5 %	
TOBRADEX ST EYE DROPS	0.3%-0.05%	
TOLMETIN SODIUM 200 MG TAB	200 MG	
TOLMETIN SODIUM 400 MG CAP	400 MG	
TOLMETIN SODIUM 600 MG TAB	600 MG	
TOVIAZ ER 4 MG TABLET	4 MG	
TOVIAZ ER 8 MG TABLET	8 MG	

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Drug Name	Strength	Step Therapy Prior Therapy
TRAVATAN Z 0.004% EYE DROP	0.004 %	
TREXALL 10 MG TABLET	10 MG	
TREXALL 15 MG TABLET	15 MG	
TREXALL 5 MG TABLET	5 MG	
TREXALL 7.5 MG TABLET	7.5 MG	
TREXIMET 85-500 MG TABLET	85MG-500MG	
TRI-LUMA CREAM	0.01-.05-4	
TRIAZ 3% FOAMING CLOTHS	3 %	
TRIAZ 3% PAD	3 %	
TRIAZ 6% FOAMING CLOTHS	6 %	
TRIAZ 6% PAD	6 %	
TRIAZ 9% FOAMING CLOTHS	9%	
TRIAZ 9% PAD	9%	
TRIBENZOR 20-5-12.5 MG TABL	20-5-12.5	Generic ACE Inhibitor
TRIBENZOR 40-10-12.5 MG TAB	40-10-12.5	Generic ACE Inhibitor
TRIBENZOR 40-10-25 MG TABLE	40-10-25MG	Generic ACE Inhibitor
TRIBENZOR 40-5-12.5 MG TABL	40-5-12.5	Generic ACE Inhibitor
TRIBENZOR 40-5-25 MG TABLET	40-5-25 MG	Generic ACE Inhibitor
TRIGLIDE 160 MG TABLET	160 MG	
TRIGLIDE 50 MG TABLET	50 MG	
TUSSIONEX PENNKINETIC SUSP	10-8MG/5ML	
TWYNSTA 40-10 MG TABLET	40MG-10MG	Generic ACE Inhibitor
TWYNSTA 40-5 MG TABLET	40 MG-5 MG	Generic ACE Inhibitor
TWYNSTA 80-10 MG TABLET	80 MG-10MG	Generic ACE Inhibitor
TWYNSTA 80-5 MG TABLET	80 MG-5 MG	Generic ACE Inhibitor
TYGACIL 50 MG VIAL	50 MG	
TYVASO 1.74 MG/2.9 ML SOLUT	1.74MG/2.9	
TYVASO INHALATION REFILL KI	1.74MG/2.9	
TYVASO INHALATION STARTER K	1.74MG/2.9	
ULESFIA 5% LOTION	5 %	
ULORIC 40 MG TABLET	40 MG	Allopurinol
ULORIC 80 MG TABLET	80 MG	Allopurinol
ULTRACET TABLET	37.5-325MG	
ULTRAM ER 100 MG TABLET	100 MG	
ULTRAM ER 200 MG TABLET	200 MG	
ULTRAM ER 300 MG TABLET	300 MG	
UREA 50% NAIL GEL	50 %	
UREA 50% OINTMENT	50 %	
URELLE TABLET	81-0.12MG	
UROXATRAL 10 MG TABLET	10 MG	
VAGIFEM 10 MCG VAGINAL TAB	10 MCG	
VALTURNA 150-160 MG TABLET	150-160MG	Antihypertensive other than direct renin inhibitor
VALTURNA 300-320 MG TABLET	300-320MG	Antihypertensive other than direct renin inhibitor
VENLAFAXINE HCL ER 150 MG T	150 MG	
VENLAFAXINE HCL ER 225 MG T	225 MG	
VENLAFAXINE HCL ER 37.5 MG	37.5 MG	
VENLAFAXINE HCL ER 75 MG TA	75 MG	

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Drug Name	Strength	Step Therapy Prior Therapy
VENTAVIS 10 MCG/1 ML SOLUTI	10 MCG/ML	
VENTAVIS 20 MCG/1 ML SOLUTI	20 MCG/ML	
VERAMYST 27.5 MCG NASAL SPR	27.5MCG	
VERELAN 120 MG CAP PELLETT	120 MG	
VERELAN 180 MG CAP PELLETT	180 MG	
VERELAN 240 MG CAP PELLETT	240 MG	
VERELAN 360 MG CAP PELLETT	360 MG	
VERELAN PM 100 MG CAP PELLETT	100 MG	
VERELAN PM 200 MG CAP PELLETT	200 MG	
VERELAN PM 300 MG CAP PELLETT	300 MG	
VFEND 200 MG TABLET	200 MG	
VFEND 40 MG/ML SUSPENSION	200 MG/5ML	
VFEND 50 MG TABLET	50 MG	
VICOPROFEN 200-7.5 MG TAB	7.5-200 MG	
VICTOZA 2-PAK 18 MG/3 ML PE	0.6MG/0.1	Oral hypoglycemic other than DPP-4 Inhibitor
VIMOVO 375-20 MG TABLET	375MG-20MG	
VIMOVO 500-20 MG TABLET	500MG-20MG	
VISICOL TABLET	1.5 G	
VIVAGLOBIN 16% VIAL	16 %	
VIVELLE-DOT 0.025 MG PATCH	.025MG/24H	
VIVELLE-DOT 0.0375 MG PATCH	.0375MG/24	
VIVELLE-DOT 0.05 MG PATCH	0.05MG/24H	
VIVELLE-DOT 0.075 MG PATCH	.075MG/24H	
VIVELLE-DOT 0.1 MG PATCH	0.1MG/24HR	
VOLTAREN 1% GEL	1 %	
VOSOL HC EAR DROPS	2 %-1 %	
VUSION OINTMENT	0.25 %-15%	
WELCHOL 3.75G PACKET	3.75 G	
WINRHO SDF 1,500 UNITS VIAL	1500/1.3ML	
WINRHO SDF 15,000 UNITS VIA	15000/13ML	
WINRHO SDF 2,500 UNITS VIAL	2500/2.2ML	
WINRHO SDF 5,000 UNITS VIAL	5000/4.4ML	
XERESE 5%-1% CREAM	5 %-1 %	
XIFAXAN 200 MG TABLET	200 MG	
XIFAXAN 550 MG TABLET	550 MG	
XODOL 10-300 TABLET	10MG-300MG	
XODOL 5-300 TABLET	5MG-300MG	
XODOL 7.5-300 MG TABLET	7.5-300MG	
XOLEGEL 2% GEL	2 %	
XOLOX 10-500 MG TABLET	10MG-500MG	
XOPENEX 0.31 MG/3 ML SOLUTI	0.31MG/3ML	
XOPENEX 0.63 MG/3 ML SOLUTI	0.63MG/3ML	
XOPENEX 1.25 MG/3 ML SOLUTI	1.25MG/3ML	
XOPENEX CONC 1.25 MG/0.5 ML	1.25MG/0.5	
XOPENEX HFA 45 MCG INHALER	45MCG	
XYREM 500 MG/ML ORAL SOLUTI	500MG/ML	
XYZAL 5 MG TABLET	5 MG	

## Ohio Medicaid Fee-For-Service Pharmacy Prior Authorization List

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Drug Name	Strength	Step Therapy Prior Therapy
ZAMICET SOLUTION	10-325/15	
ZANAFLEX 2 MG CAPSULE	2 MG	
ZANAFLEX 4 MG CAPSULE	4 MG	
ZANAFLEX 6 MG CAPSULE	6 MG	
ZAVESCA 100 MG CAPSULE	100 MG	
ZELAPAR 1.25 MG ODT TABLET	1.25 MG	
ZIANA GEL	1.2-0.025%	
ZIPSOR 25 MG CAPSULE	25 MG	
ZMAX ADULT-PED 2 G/60 ML SU	2G/60ML	
ZOLINZA 100 MG CAPSULE	100 MG	
ZOLPIDEM TART ER 12.5 MG TA	12.5 MG	
ZOLPIDEM TART ER 6.25 MG TA	6.25 MG	
ZOLPIMIST 5 MG ORAL SPRAY	5 MG/SPRAY	
ZOLVIT 10 MG-300 MG/15 ML S	10-300/15	
ZOMIG 2.5 MG TABLET	2.5 MG	
ZOMIG 5 MG NASAL SPRAY	5 MG	
ZOMIG 5 MG TABLET	5 MG	
ZOMIG ZMT 2.5 MG TABLET	2.5 MG	
ZOMIG ZMT 5 MG TABLET	5 MG	
ZORBTIVE 8.8 MG VIAL	8.8MG	
ZUPLENZ 4 MG SOLUBLE FILM	4 MG	
ZUPLENZ 8 MG SOLUBLE FILM	8 MG	
ZYCLARA 3.75% CREAM	3.75 %	
ZYDONE 10-400 MG TABLET	10MG-400MG	
ZYDONE 5-400 MG TABLET	5MG-400MG	
ZYDONE 7.5-400 MG TABLET	7.5-400MG	
ZYFLO 600 MG FILMTAB	600 MG	
ZYFLO CR 600 MG TABLET	600 MG	
ZYMAXID 0.5% EYE DROPS	0.5 %	
ZYPREXA 10 MG TABLET	10 MG	
ZYPREXA 15 MG TABLET	15 MG	
ZYPREXA 2.5 MG TABLET	2.5 MG	
ZYPREXA 20 MG TABLET	20 MG	
ZYPREXA 5 MG TABLET	5 MG	
ZYPREXA 7.5 MG TABLET	7.5 MG	
ZYPREXA ZYDIS 10 MG TABLET	10 MG	
ZYPREXA ZYDIS 15 MG TABLET	15 MG	
ZYPREXA ZYDIS 20 MG TABLET	20 MG	
ZYPREXA ZYDIS 5 MG TABLET	5 MG	
ZYVOX 100 MG/5 ML SUSPENSIO	100 MG/5ML	
ZYVOX 600 MG TABLET	600 MG	