

OHIO MEDICAID PHARMACY COVERAGE

This information is intended for use by providers to help select the most appropriate cost-effective medication and formulation for their patients. Prescribers should utilize this resource as a reference only; it is not a substitute for clinical judgment. Individual patient factors such as medical history, drug interactions and adherence must be considered in choosing the most appropriate medication for any given patient.

Coverage information for fee-for-service Ohio Medicaid and the five, Managed Medicaid Plans of Ohio is highlighted for select drug classes. Medications marked with an asterisk (*) is covered without restrictions. Medications requiring a prior authorization (PA) necessitate additional information to be submitted before coverage is determined.

Follow the links below to access the complete preferred drug lists for Ohio's 5 Managed Medicaid Plans:

[Caresource](#) | [Molina](#) | [United Healthcare](#) | [Buckeye Health Plan](#) | [Paramount](#)

TABLE OF CONTENTS: *(Click on a link below to view the section.)*

[ACNE](#)

[ALLERGIC RHINITIS](#)

[ASTHMA](#)

[BEHAVIORAL HEALTH:](#)

- [ATTENTION DEFICIT HYPERACTIVITY DISORDER \(ADHD\)](#)
- [IRRITABILITY ASSOCIATED WITH AUTISM SPECTRUM DISORDER \(ASD\)](#)
- [ANXIETY DISORDERS & DEPRESSION](#)

[ORAL ANTIBIOTICS](#)

[OTITIS EXTERNA](#)

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* = Covered

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Generic Drug Name (Brand)	Strength	Average Cost Per Script*	Buckeye	CareSource	Molina	Paramount Advantage	UHC Community	Ohio Medicaid
ACNE								
FIRST-LINE Topical Anti-bacterials								
Benzoyl Peroxide (BPO®)	2.5%, 5%, 10% Gel;	\$8	*	*	*	*	*	*
	10% Liquid	\$27	*	*	*	*	*	*
Erythromycin	2% Gel; 2% Solution	\$33	*	*	*	*	*	*
SECOND-LINE Topical Anti-bacterials								
Clindamycin Phosphate (Cleocin-T®)	1% Gel; 1% Lotion	\$90	*	*	*	*	*	*
Dapsone (Aczone®)	5% Gel	\$280	PA	*	PA	PA	PA	PA
Sulfacetamide (Klaron®, Ovace Plus®)	10% Lotion	\$101	*	*	*	*	*	*
	10% Wash	\$517	*	PA	PA	*	PA	PA
Oral Antibiotics								
Doxycycline hyclate	50, 100 mg	\$232	*	PA	*	*	*	*
Minocycline	50, 75, 100 mg	\$280	*	*	*	*	*	*
Doxycycline monohydrate	50, 75, 100, 150 mg	\$340	PA	*	*	*	*	PA
FIRST-LINE Topical Retinoids								
Tretinoin (Retin-A®)	0.025%, 0.05% 0.1% Cream; 0.025%, 0.01% Gel	\$57	*	*	*	*	*	PA
Adapalene (Differin®)	0.1% Cream; 0.3% Gel; 0.1% Lotion	\$330	PA	PA	*	*	PA	PA

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Generic Drug Name (Brand)	Strength	Average Cost Per Script*	Buckeye	CareSource	Molina	Paramount Advantage	UHC Community	Ohio Medicaid
ACNE CONTINUED								
SECOND-LINE Topical Retinoids								
Tazarotene (Tazorac®)	0.05%, 0.1% Cream; 0.05%, 0.1% Gel	\$363	*	PA	PA	PA	PA	PA
Tretinoin Microsphere (Retin-A Micro®)	0.04%, 0.1% Gel	\$614	PA	PA	PA	PA	PA	PA
FIRST-LINE Topical Combinations								
Benzoyl Peroxide/ Erythromycin (Benzamycin®)	5-3% Gel	\$63	*	*	*	*	*	*
SECOND-LINE Topical Combinations								
Adapalene/ Benzoyl Peroxide (EpiDuo®)	0.1/2.5% Gel	\$390	PA	PA	PA	PA	PA	PA
Clindamycin/ Benzoyl Peroxide (Acanya®, Benzaclyn®)	1-5% Gel 1.2-2.5% Gel	\$423 \$505	PA PA	PA PA	* PA	PA PA	PA PA	* PA

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Generic Drug Name (Brand)	Strength	Average Cost Per Script*	Buckeye	CareSource	Molina	Paramount Advantage	UHC Community	Ohio Medicaid
ALLERGIC RHINITIS								
FIRST-LINE Oral Antihistamines								
Cetirizine (Zyrtec®)	5, 10 mg	\$6	*	*	*	*	*	*
	1 mg/mL	\$11	*	*	*	*	*	PA
Loratadine (Claritin®)	10 mg	\$6	*	*	*	*	*	*
	1 mg/mL	\$11	*	*	*	*	*	*
SECOND-LINE Oral Antihistamines								
Loratadine (Claritin®)	5 mg (Chew)	\$25	*	*	PA	*	*	PA
Fexofenadine (Allegra®)	30 mg/5 mL	\$18	PA	*	PA	*	PA	PA
	60, 180 mg	\$31	*	*	PA	*	PA	PA
Levocetirizine (Xyzal®)	5 mg	\$67	PA	*	PA	PA	PA	PA
	2.5 mg/5 mL	\$98	PA	PA	PA	PA	PA	PA
Desloratadine (Clarinex®)	5 mg	\$101	PA	PA	PA	PA	PA	PA
	0.5 mg/mL	\$132	PA	PA	PA	PA	PA	PA
Nasal Antihistamines								
Azelastine	0.15%	\$141	*	*	*	*	*	*
	0.1%							
Olopatadine (Patanase®)	0.6%	\$271	PA	PA	PA	PA	PA	*

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Generic Drug Name (Brand)	Strength	Average Cost Per Script*	Buckeye	CareSource	Molina	Paramount Advantage	UHC Community	Ohio Medicaid
ALLERGIC RHINITIS CONTINUED								
FIRST-LINE Nasal Steroids								
Fluticasone (Flonase®)	50 mcg/act	\$26	*	*	*	*	*	*
SECOND-LINE Nasal Steroids								
Flunisolide	25 mcg/act	\$61	*	*	*	*	PA	*
Triamcinolone (Nasacort®)	55 mcg/act	\$98	*	*	PA	PA	*	PA
Budesonide (Rhinocort®)	32 mcg/act	\$160	PA	PA	PA	PA	PA	PA
Fluticasone (Veramyst®)	27.5 mcg/act	\$164	PA	PA	PA	PA	PA	PA
Mometasone (Nasonex®)	50 mcg/act	\$218	PA	PA	PA	PA	PA	PA
FIRST-LINE Ophthalmic Antihistamines								
Ketotifen (Alaway®), Zatidor®)	0.025%	\$14	*	*	*	*	*	*
Cromolyn	4%	\$16	*	*	*	*	*	*
SECOND-LINE Ophthalmic Antihistamines								
Azelastine	0.05%	\$106	*	*	PA	*	PA	*
Olopatadine (Pataday®)	0.2%	\$177	PA	PA	*	PA	PA	*
Olopatadine (Patanol®)	0.1%	\$238	PA	PA	PA	PA	PA	PA

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Generic Drug Name (Brand)	Strength	Average Cost Per Script*	Buckeye	CareSource	Molina	Paramount Advantage	UHC Community	Ohio Medicaid
ASTHMA								
FIRST-LINE Beta-2 Adrenergic Agonists								
Albuterol	2.5 mg/3 mL	\$33	*	*	*	*	*	*
Albuterol (Ventolin® HFA) Contains dose counter	90 mcg/act	\$60	*	*	*	*	*	PA
Albuterol (ProAir® HFA) Contains dose counter	90 mcg/act	\$66	PA	PA	*	*	PA	*
SECOND-LINE Beta-2 Adrenergic Agonists								
Levalbuterol (Xopenex HFA®) No dose counter	45 mcg/act	\$74	PA	PA	PA	PA	PA	PA
Albuterol (Proventil® HFA) No dose counter	90 mcg/act	\$84	PA	PA	PA	PA	PA	*
FIRST-LINE Inhaled Corticosteroids (Standard Metered Dose Inhaler)								
Beclomethasone dipropionate (Qvar® HFA) Contains dose counter	40 mcg/act, 80 mcg/act	\$176	PA	PA (No PA required if ≤ 8 years old)	*	*	*	*
Fluticasone propionate (Flovent® HFA) Contains dose counter	44 mcg/act, 110 mcg/act, 220 mcg/act	\$181	*	PA (No PA required if ≤ 8 years old)	PA	*	*	*

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Generic Drug Name (Brand)	Strength	Average Cost Per Script*	Buckeye	CareSource	Molina	Paramount Advantage	UHC Community	Ohio Medicaid
ASTHMA CONTINUED								
FIRST-LINE Inhaled Corticosteroids Continued (Standard Metered Dose Inhaler)								
Mometasone furoate (Asmanex HFA®) Contains dose counter	100 mcg/act, 200 mcg/act	\$196	PA	*	*	PA	*	PA
Budesonide (Pulmicort Flexhaler®) Contains dose counter	90 mcg/act, 180 mcg/act	\$230	PA	PA	*	*	*	*
Budesonide (Pulmicort® Respules®)	0.25mg/2ml, 0.5mg/2ml, 1 mg/2 ml	\$331	*	*	*	*	*	PA
SECOND-LINE Inhaled Corticosteroids (Dry Powder Inhaler/Other)								
Fluticasone propionate (Flovent® Diskus®) Contains dose counter	50 mcg/blister, 100 mcg/blister, 250 mcg/blister	\$172	*	PA (No PA required if ≤ 8 years old)	PA	*	*	*
Flunisolide (Aerospan®) No dose counter	80 mcg/act	\$195	PA	*	*	PA	PA	*
Mometasone furoate (Asmanex® Twisthaler®) Contains dose counter	7, 14, 30, 60, 120 metered doses	\$227	PA	*	*	PA	*	
Leukotriene Receptor Antagonists								
Montelukast (Singulair®)	4, 5 mg (Chew) 10 mg tablet 4 mg oral packet	\$169 \$179	* *	* *	* PA	* *	* *	* *
FIRST-LINE Inhaled Beta-2 Adrenergic Agonist/Corticosteroid (Standard Metered Dose Inhaler)								
Fluticasone/ salmeterol (Advair HFA®) Contains dose counter	115-21 mcg/act, 230-21 mcg/act	\$299	*	PA	PA	PA	PA	PA

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ASTHMA CONTINUED								
FIRST-LINE Inhaled Beta-2 Adrenergic Agonist/Corticosteroid Continued (Standard Metered Dose Inhaler)								
Budesonide/ formoterol (Symbicort®)	80-4.5 mcg/act, 160-4.5 mcg/act	\$300	*	*	PA	*	PA	PA
Contains dose counter								
Mometasone/ formoterol (Dulera®)	100-5 mcg/act, 200-5 mcg/act, 45-21 mcg/act	\$320	*	*	PA	*	PA	PA
Contains dose counter								
SECOND-LINE Inhaled Beta-2 Adrenergic Agonist/Corticosteroid (Dry Power Inhaler)								
Fluticasone/ salmeterol (Advair Diskus®)	100-50 mcg/act, 250-50 mcg/act, 500/50 mcg/act	\$299	*	PA	PA	PA	PA	PA
Contains dose counter								

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Generic Drug Name (Brand)	Strength	Average Cost Per Script*	Buckeye	CareSource	Molina	Paramount Advantage	UHC Community	Ohio Medicaid
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)								
FIRST-LINE Stimulants								
Dextroamphetamine/ Amphetamine Long-Acting (Adderall XR®)	5, 10, 15, 20, 25, 30 mg	\$183	*	*	*	*	*	*
Methylphenidate Long-Acting (Concerta®)	18, 27, 36, 54 mg	\$197	*	*	*	PA	*	*
Methylphenidate Long-Acting (Metadate CD®)	10, 20, 30, 40, 50, 60 mg	\$213	*	*	*	*	PA	*
Methylphenidate Long-Acting (Ritalin LA®)	10 mg	\$284	*	PA	PA	*	*	PA
	20, 30, 40 mg	\$174	*	*	*	*	*	PA
	60 mg	\$360	*	PA	PA	*	PA	PA
SECOND-LINE Stimulants/Non-Stimulants[±]								
Methylphenidate Immediate Release (Ritalin®)	5, 10, 20 mg	\$33	*	*	*	*	*	*
Dextroamphetamine- Amphetamine Immediate Release (Adderall®)	5, 7.5, 10, 12.5, 15, 20, 30 mg	\$44	*	*	*	*	*	*
Amphetamine Immediate Release (Evekeo®)	5, 10 mg	\$178	PA	PA	PA	PA	PA	PA

Dextroamphetamine Immediate Release (Dexedrine®)	5, 10 mg	\$181	*	*	*	*	*	*
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ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) CONTINUED

SECOND-LINE Stimulants/Non-Stimulants Continued[±]

Dextroamphetamine Immediate Release (ProCentra®)	5 mg/5 mL	\$243	PA	PA	PA	PA	PA	PA
Dextroamphetamine Immediate Release (Zenzedi®)	2.5, 5, 7.5, 10, 15, 20, 30 mg	\$381	PA	PA	PA	PA	PA	PA
Dextroamphetamine Extended Release (Dexedrine® Spansule®)	5, 10, 15 mg	\$155	*	*	*	*	*	*
Dexmethylphenidate Long-Acting (Focalin XR®)	5, 10, 15, 20, 25, 30, 35, 40 mg	\$246	PA	*	PA	PA	PA	*
Lisdexamfetamine (Vyvanse®)	10, 20, 30, 40, 50, 60, 70 mg	\$273	PA	*	PA	*	*	*
Methylphenidate Long-Acting (Quillivant XR®)	25 mg/5 mL	\$245	PA	PA	PA	PA	PA	PA
Methylphenidate Long-Acting (Daytrana®)	10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	\$330	PA	PA	PA	PA	PA	PA
Methylphenidate Long-Acting (QuilliChew ER®)	20, 30, 40 mg	\$337	PA	PA	PA	PA	PA	PA
Clonidine (Catapres®)	0.1, 0.2, 0.3 mg	\$11	*	*	*	*	*	*
Clonidine Extended Release (Kapvay®)	0.1 mg	\$135	PA	*	PA	PA	PA	PA
Guanfacine (Tenex®)	1, 2 mg	\$30	*	*	*	*	*	*

Guanfacine ER (Intuniv®)	1, 2, 3, 4 mg	\$314	PA	*	PA	PA	*	*
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Generic Drug Name (Brand)	Strength	Average Cost Per Script*	Buckeye	CareSource	Molina	Paramount Advantage	UHC Community	Ohio Medicaid
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) CONTINUED								
SECOND-LINE Stimulants/Non-Stimulants Continued [±]								
Atomoxetine (Strattera®)	10, 18, 25, 40, 60, 80, 100 mg	\$398	PA	PA	PA	*	PA	*
IRRITABILITY ASSOCIATED WITH AUTISM SPECTRUM DISORDER (ASD)								
FIRST-LINE Antipsychotics								
Risperidone (Risperdal®)	0.25, 0.5, 1, 2, 3, 4 mg	\$206	*	*	*	*	*	*
SECOND-LINE Antipsychotics								
Aripiprazole (Abilify®)	2, 5, 10, 15, 20, 30 mg	\$1,291	PA	*	PA	PA	PA	PA
ANXIETY DISORDERS/DEPRESSION								
FIRST-LINE Antidepressants								
Fluoxetine (Prozac®)	10, 20, 40, 60 mg	\$104	*	*	*	*	*	*
SECOND-LINE Antidepressants								
Sertraline (Zoloft®)	25, 50, 100 mg	\$85	*	*	*	*	*	*
Escitalopram (Lexapro®)	5, 10, 20 mg	\$133	*	*	*	*	*	*

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[±]Non-stimulants can be used for side effect or tolerability issues or as adjunctive agents if needed. Long acting medications are generally preferred for school-age children. An immediate release formulation can be added in the afternoon if needed for increased duration.

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ORAL ANTIBIOTICS								
FIRST-LINE Penicillins								
Amoxicillin	500 mg	\$9	*	*	*	*	*	*
	400 mg/5 mL	\$14	*	*	*	*	*	*
Amoxicillin/ Clavulanate (Augmentin®) (Use for patients ≥ 40 kg)	875 mg-125 mg	\$32	*	*	*	*	*	*
	400 mg-57 mg/5 mL (Low dose amoxicillin only)	\$37	*	*	*	*	*	*
Augmentin ES (Not interchangeable with other suspensions; Target clavulanic acid dose is 6.4mg/kg/day; increased diarrhea at 10mg/kg/day)	600 mg-42.9 mg/5 mL (High dose amoxicillin only)	\$57	*	*	*	*	*	*
SECOND-LINE Penicillins								
Amoxicillin	400 mg	\$23	*	*	*	*	*	*
Amoxicillin/ Clavulanate (Augmentin XR®) (Use for patients ≥ 40 kg)	1,000 mg-62.5 mg	\$151	*	*	*	*	*	*

Amoxicillin/ Clavulanate (Augmentin®)	125 mg- 31.25 mg/5 mL	\$514	*	*	*	*	*	*
(Use for patients < 3 months of age)								

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Generic Drug Name (Brand)	Strength	Average Cost Per Script*	Buckeye	CareSource	Molina	Paramount Advantage	UHC Community	Ohio Medicaid
ORAL ANTIBIOTICS CONTINUED								
SECOND-LINE Penicillins Continued								
Penicillin V Potassium (Pen VK®)	250 mg/5 mL	\$9	*	*	*	*	*	*
	500 mg	\$10	*	*	*	*	*	*
FIRST-LINE Cephalosporins								
Cephalexin (Keflex®)	500 mg	\$9	*	*	*	*	*	*
	250 mg/5 mL	\$14	*	*	*	*	*	*
SECOND-LINE Cephalosporins								
Cefdinir (Omnicef®)	300 mg	\$62	*	*	*	*	*	*
	250 mg/5 mL	\$80	*	*	*	*	*	*
FIRST-LINE Macrolides								
Azithromycin (Zithromax®)	500 mg	\$13	*	*	*	*	*	*
	200 mg/5 ml	\$70	*	*	*	*	*	*
Clarithromycin (Biaxin®)	125 mg/5 mL	\$81	*	*	*	*	*	*
	500 mg	\$111	*	*	*	*	*	*
SECOND-LINE Macrolides								
Erythromycin Base (Ery-Tab®)	250 mg	\$199	*	*	*	*	*	*
Erythromycin Ethylsuccinate (EryPed®)	400 mg/5 mL	\$854	*	*	*	*	*	*
Sulfonamide								

Sulfamethoxazole/ Trimethoprim (Bactrim®)	800 mg-160 mg	\$11	*	*	*	*	*	*
	200 mg-40 mg/5 mL	\$105	*	*	*	*	*	*

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ORAL ANTIBIOTICS CONTINUED								
Fluoroquinolones								
Ciprofloxacin (Cipro®)	250 mg	\$6	*	*	*	*	*	*
	500 mg	\$8	*	*	*	*	*	*
	1000 mg ER	\$96	PA	*	*	*	PA	PA
	250 mg/5 ml	\$244	PA	*	*	*	*	PA
Levofloxacin (Levaquin®)	250 mg	\$8	*	*	*	*	*	*
	25mg/mL	\$104	PA	*	*	*	PA	*
Miscellaneous								
Clindamycin (Cleocin®)	150 mg	\$9	*	*	*	*	*	*
	75 mg/5 mL	\$187	*	*	*	*	*	*
Linezolid (Zyvox®)	100 mg/5 mL	\$1,873	PA	PA	PA	PA	PA	PA
	600 mg	\$5,609	PA	PA	PA	PA	PA	PA
Metronidazole (Flagyl®, Flagyl ER®)	250 mg	\$14	*	*	*	*	*	*
	750 mg	\$214	PA	PA	PA	PA	PA	PA
Nitrofurantoin monohydrate macrocrystal (MacroBid®)	100 mg	\$40	*	*	*	*	*	*
Nitrofurantoin (Furadantin®)	25 mg/5 mL	\$442	*	*	*	*	*	*

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OTITIS EXTERNA								
FIRST-LINE Otic Anti-infectives								
Neomycin/ polymyxin B/ hydrocortisone (Cortisporin® Otic)	3.5 mg- 10,000 units- 10 mg/1 mL	\$23	*	*	*	*	*	*
Acetic Acid	2%	\$36	*	*	*	*	*	*
Ofloxacin (Floxin® Otic)	0.3%	\$74	*	*	*	*	*	*
SECOND-LINE Otic Anti-infectives								
Ciprofloxacin (Cetraxal®)	0.2%	\$108	PA	*	PA	PA	PA	PA
Ciprofloxacin/ dexamethasone (Ciprodex®)	0.3/0.1%	\$210	*	*	*	*	PA	*
Ciprofloxacin/ hydrocortisone (Cipro HC®)	0.2/1%	\$272	PA	PA	PA	PA	PA	PA

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