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Follow the links below to access the complete formularies for Ohio Medicaid Plans:

Buckeye Health Plan | CareSource | Molina | Paramount | UHC Community | Ohio Medicaid

TABLE OF CONTENTS

(Click on a link below to view the section.)

<u>Acne</u>

Allergy

- Allergic Anaphylactic Reaction
- Allergic Conjunctivitis
- Allergic Rhinitis

Asthma

Atopic Dermatitis

Behavioral Health

- Anxiety Disorders & Depression
- Attention Deficit Hyperactivity Disorder

Diabetes

Gastroesophageal Reflux

Head Lice

Oral Antibiotics

Otic Antibiotics





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid	
	AC	NE							
Topical Anti-bacterials									
Benzoyl Peroxide (BPO®)	2.5%, 5%, 10% Gel or Liquid	\$21	✓	✓	✓	✓	✓	✓	
Clindamycin Phosphate	1% Gel, 1% Lotion	\$110	✓	✓	✓	✓	✓	✓	
(Cleocin-T®)	1% Solution	\$49	✓	✓	✓	✓	✓	✓	
Erythromycin	2% Gel	\$171	✓	✓	✓	PA	✓	✓	
Liyanomyon	2% Solution	\$50	✓	✓	✓	✓	✓	✓	
	Topical F	Retinoids							
Adapalene (Differin [®])	0.3% Gel, 0.1% Cream, 0.1% Lotion (Rx)	\$171	PA	√ cream & gel	PA	✓	PA	PA	
(Dilletin)	0.1% Gel (OTC)	\$106	PA	✓	✓	✓	✓	PA	
Tretinoin (Retin-A [®])	0.025%, 0.05% 0.1% Cream; 0.01%, 0.025% Gel	\$188	✓	✓	PA	✓	PA	✓	
	Topical Co	mbination	S						
Benzoyl Peroxide/ Erythromycin (Benzamycin [®])	5-3% Gel	\$227	PA	PA	PA	PA	✓	✓	
Clindamycin/ Benzoyl Peroxide	1-5% Gel (Benzaclin®) 1.2-5% Gel (Duac®)	\$240 \$123	PA PA	PA PA	√	PA PA	PA PA	√	



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Bolded medications are gene	rically available.	√ = Covered						n
Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount		Ohio Medicaid
ACNE (CONTINUED)								
	Oral An	tibiotics						
Doxycycline monohydrate	50 mg, 100 mg (capsule preferred)	\$33	PA	✓	PA	PA	✓	PA
Minocycline	50 mg, 75 mg, 100 mg (capsule preferred)	\$37	✓	✓	✓	✓	✓	✓
Oral Retinoids								
Isotretinoin (Claravis [®] , Myorisan [®] , Zenatane [®])	10mg-40mg	\$648	PA	PA	PA	PA	PA	PA



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid	
A	LLERGIC ANAPH	YLACTIC F	REAC	TION					
Epinephrine Auto-injector									
Adrenaclick®	0.3mg/0.3mL, 0.15mg/0.15mL	\$170	✓	✓	PA	PA	✓	PA	
Auvi-Q®	0.3mg/0.3mL, 0.15mg/0.15mL	\$5,400	PA	PA	PA	PA	PA	PA	
EpiPen®	0.3mg/0.3mL, 0.15mg/0.15mL	\$156	✓	✓	✓	✓	✓	✓	
EpiPen Jr.®	0.15mg/0.3ml		✓	✓	✓	✓	✓	✓	
	ALLERGIC CO	NJUNCTI	VITIS						
	Ophthalmic A	Intihistam	ines						
Azelastine	0.05%	\$31	✓	✓	PA	✓	PA	✓	
Cromolyn	4%	\$19	✓	✓	✓	✓	✓	✓	
Ketotifen (Alaway [®] , Zatidor [®])	0.025%	\$22	✓	✓	✓	PA	✓	✓	



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid	
	ALLERGI	C RHINITIS	5						
Oral Antihistamines									
Cetirizine	5, 10 mg	\$48	✓	✓	✓	✓	✓	✓	
(Zyrtec [®])	1 mg/mL	\$18	✓	✓	✓	✓	✓	✓ < 6 yo	
Fexofenadine	30 mg/5 mL	\$30	✓	✓	PA	✓	PA	PA	
(Allegra [®])	60 mg, 180 mg	\$30	✓	✓	√ 180 mg	✓	PA	PA	
Loratadine	10 mg	\$20	✓	✓	✓	✓	✓	✓	
(Claritin®)	1 mg/mL	\$27	✓	✓	✓	✓	✓	✓	
(Olditalii)	5 mg Chew	\$26	✓	✓	PA	✓	✓	✓	
	Nasal Anti	ihistamine	S						
Azelastine	0.15%, 0.1%	\$49	✓	✓	✓	✓	✓	PA	
	Nasal S	Steroids							
Budesonide (Rhinocort® Allergy)	32 mcg/act	\$28	PA	✓	PA	✓	PA	PA	
Flunisolide	25 mcg/act	\$65	✓	✓	✓	✓	PA	✓	
Fluticasone (Flonase [®])	50 mcg/act	\$27	✓	✓	✓	✓	✓	✓	
Triamcinolone (Nasacort®)	55 mcg/act	\$27	✓	✓	PA	✓	✓	PA	



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
	AST	НМА						
Beta-2 Adrenergic Agonists								
Albuterol Solution	2.5 mg/3 mL	\$28	✓	✓	✓	✓	✓	✓
Albuterol (Preferred: Ventolin® HFA) Contains dose counter	90 mcg/act	\$63	✓	✓	✓	✓	✓	✓
Inhaled Corticosteroids								
Beclomethasone dipropionate (Qvar® RediHaler™) Contains dose counter	40 mcg/act, 80 mcg/act	\$220	PA	PA	✓	✓	✓	PA
Budesonide (Pulmicort Flexhaler®) Contains dose counter	90 mcg, 180 mcg DPI	\$227	PA	PA	PA	✓	PA	✓
Budesonide (Pulmicort® Respules®)	0.25 mg/2 mL, 0.5 mg/2mL, 1 mg/2mL	\$241	✓ 1-8 yo	✓	✓	✓	✓	✓ < 4 yo
Fluticasone furoate (Arnuity™ Ellipta [®]) Contains dose counter	100 mcg DPI, 200 mcg DPI	\$223	PA	✓	✓	PA	✓	PA
Fluticasone propionate (Flovent® Diskus®) Contains dose counter	50 mcg DPI, 100 mcg DPI, 250 mcg DPI	\$206	✓	✓	PA	✓	PA	✓
Fluticasone propionate (Flovent® HFA) Contains dose counter	44 mcg/act, 110 mcg/act, 220 mcg/act	\$275	✓	✓	✓ < 7 yo	✓	✓ ≤ 12 yo	✓





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
	ASTHMA (C	ONTINUE	D)					
Inhaled Corticosteroids (Continued)								
Mometasone furoate (Asmanex® HFA) Contains dose counter	100 mcg/act, 200 mcg/act	\$250	PA	PA	✓	PA	✓ <8 yo	PA
Mometasone furoate (Asmanex® Twisthaler®) Contains dose counter	110 mcg, 220 mcg DPI	\$270	PA	PA	✓	PA	PA	PA
Inhaled Beta-2 Adrenergic Agonist/Corticosteroid								
Budesonide/formoterol (Symbicort®) Contains dose counter	80-4.5 mcg/act, 160-4.5 mcg/act	\$235	✓	PA	√ 80-4.5	✓	PA	✓
Fluticasone/salmeterol (Advair Diskus®) Contains dose counter	100-50 mcg, 250-50 mcg, 500-50 mcg DPI	\$434	PA	√ 100-50	PA	PA	PA	✓
Fluticasone/salmeterol (Advair HFA®) Contains dose counter	115-21 mcg/act, 230-21 mcg/act, 45-21mcg/act	\$272	PA	PA	PA	PA	PA	✓
Fluticasone/salmeterol (AirDuo RespiClick®) Contains dose counter	55-14 mcg, 113-14 mcg, 232-14 mcg	\$113	PA	PA	✓	PA	✓	PA
Mometasone/formoterol (Dulera® HFA) Contains dose counter	100-5 mcg/act,200-5 mcg/act	\$236	✓	✓	✓	✓	PA	✓
	Leukotriene Rece	eptor Anta	gonis	sts				
Montelukast (Singulair [®])	4 mg (Oral packet), 4, 5 mg (Chew), mg (Tablet)	\$41	✓	✓	√	✓	√	✓





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid	
	ANXIETY DISORDI	ERS/DEPF	RESS	ION					
Selective Serotonin Reuptake Inhibitors									
Escitalopram (Lexapro [®])	5, 10, 20 mg	\$17	✓	✓	✓	✓	✓	✓	
Fluoxetine (Prozac [®])	10, 20, 40, 60 mg (capsules preferred)	\$16	✓	✓	✓	✓	✓	✓	
Sertraline (Zoloft [®])	25, 50, 100 mg	\$16	✓	✓	✓	✓	✓	✓	
Serotonin-Norepinephrine Reuptake Inhibitors									
Duloxetine (Cymbalta [®])	20, 30, 60 mg (capsules preferred)	\$22	✓	✓	PA	✓	✓	✓	
ATTENTIO	N DEFICIT/HYPER.	ACTIVITY	DISC	RDE	R (Al	DHD)			
	Stimu	ılants							
Dexmethylphenidate Immediate Release (Focalin®)	2.5, 5, 10 mg	\$53	✓	✓	✓	✓	✓	✓	
Dexmethylphenidate Long-Acting (Focalin XR [®])	5, 10, 15, 20, 25, 30, 35, 40 mg	\$155	✓	✓	PA	✓	PA	✓	
Dextroamphetamine- Amphetamine Immediate Release (Adderall®)	5, 7.5, 10, 12.5, 15, 20, 30 mg	\$47	✓	✓	✓	✓	✓	✓	
Dextroamphetamine- Amphetamine Long-Acting (Adderall XR®)	5, 10, 15, 20, 25, 30 mg	\$86	✓	✓	✓	✓	✓	PA	





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ATTENTION DEFIC	CIT/HYPERACTIVIT	TY DISOR	DER ((ADH	D) (C	ONT	INUE	D)
Stimulants (Continued)								
Lisdexamfetamine (Vyvanse [®])	10, 20, 30, 40, 50, 60, 70 mg	\$325	PA	✓	PA	PA	✓	✓
Methylphenidate Immediate Release (Ritalin [®])	5, 10, 20 mg	\$45	✓	✓	✓	✓	✓	✓
Methylphenidate Long-Acting (Concerta®)	18, 27, 36, 54 mg	\$246	✓	✓	✓	PA	PA	✓
Methylphenidate Long- Acting (Metadate CD®)	10, 20, 30, 40, 50, 60 mg	\$132	✓	✓	✓	✓	✓	PA
Methylphenidate	10, 60 mg	\$342	PA	PA	PA	✓	✓	PA
Long-Acting (Ritalin LA [®])	20, 30, 40 mg	\$129	PA	✓	✓	✓	✓	PA
	Non-Sti	mulants						
Atomoxetine (Strattera [®])	10, 18, 25, 40, 60, 80, 100 mg	\$216	✓	✓	✓	✓	PA	✓
Clonidine (Catapres [®])	0.1 mg, 0.2 mg, 0.3 mg	\$18	✓	✓	✓	✓	✓	✓
Clonidine Extended Release (Kapvay®)	0.1 mg	\$180	PA	✓	PA	PA	PA	PA
Guanfacine (Tenex [®])	1, 2 mg	\$17	✓ ≥ 6 yo	✓	✓	✓	✓	✓
Guanfacine ER (Intuniv [®])	1, 2, 3, 4 mg	\$32	✓≥ 6 yo	✓	PA	✓	✓	✓





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
	ATOPIC DE	ERMATITIS	S					
Clas	ss 7 Topical Cortice	osteroids-	Leas	t Pot	ent			
Hydrocortisone External	0.5%, 0.1%, 2.5% Cream and Ointment; 1% Lotion	\$17	✓	✓	✓	✓	✓	✓
Clas	s 6 Topical Cortico	steroids-	Mild	Pote	ncy			
Alclometasone diprionate (Aclovate®)	0.05% Cream, Ointment	\$49	PA	✓	✓	✓	✓	PA
Triamcinolone acetonide (Kenalog [®])	0.025% Cream, Lotion	\$19	✓	✓	✓	✓	✓	✓
Desonide (Desowen®)	0.05% Cream, Ointment, Lotion	\$81	PA	✓	PA	✓	PA	✓
Fluocinolone acetonide (Derma-Smoothe/FS®)	0.01% Oil, Solution, 0.025% Cream	\$137	PA	✓	✓	PA	✓	✓

Classes 1-3 topical corticosteroids are not listed since most patients are treated with classes 4-7 topical corticosteroids.





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid	
	ATOPIC DI	ERMATITIS	S						
Class 5 Topical Corticosteroids-Lower Mid Potency									
Triamcinolone acetonide (Kenalog®)	0.1% Cream	\$18	✓	✓	✓	✓	✓	✓	
Fluticasone propionate (Cutivate®)	0.05% Cream	\$25	✓	✓	✓	✓	✓	✓	
Hydrocortisone valerate (Westcort®)	0.2% Cream	\$91	✓	✓	✓	✓	✓	PA	
Hydrocortisone butyrate (Locoid®)	0.1% Ointment	\$88	✓	✓	✓	✓	✓	PA	
Clas	s 4 Topical Cortic	osteroids-	-Mid I	Poter	тсу				
Mometasone furoate (Elocon®)	0.1% Cream, Lotion	\$23	✓	✓	✓	✓	✓	✓	
Betamethasone valerate (Beta Val [®])	0.1% Cream, Lotion	\$34	✓	✓	✓	✓	✓	✓	
Fluocinolone acetonide (Synalar®)	0.025% Ointment	\$48	✓	✓	✓	✓	✓	✓	

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid	
	Diab	etes							
Long Acting Insulin									
Insulin degludec (Tresiba®)	100, 200 units/mL Flextouch pen (3mL/pen)	\$639	PA	✓	PA	PA	PA	PA	
Insulin detemir	100 units/mL vial	\$323	PA	PA	PA	PA	PA	✓	
(Levemir [®])	100 units/mL Flextouch pen (3mL/pen)	\$484	PA	РА	PA	PA	PA	✓	
Insulin glargine (Basaglar®)	100 units/mL Kwikpen (3mL/pen)	\$380	✓	✓	✓	✓	✓	PA	
	100 units/mL vial	\$307	PA	PA	PA	PA	PA	✓	
Insulin glargine (Lantus®)	100 units/ml Solostar pen (3mL/pen)	\$461	PA	PA	PA	PA	PA	✓	
	Mixed	Insulin							
Insulin aspart	100 units/mL vial	\$343	✓	✓	✓	✓	✓	✓	
protamine/insulin aspart (Novolog 70-30®)	100 units/mL Flexpen (3mL/pen)	\$639	✓	✓	PA	✓	PA	✓	
Insulin NPH/insulin regular	100 units/mL vial	\$178	✓	✓	✓	PA	✓	✓	
(Humulin 70/30®)	100 units/mL Kwikpen (3mL/pen)	\$566	✓	✓	PA	PA	PA	✓	
Insulin NPH/insulin regular (Novolin 70/30®)	100 units/mL vial	\$165	✓	✓	✓	PA	✓	✓	



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid	
	Diab	etes							
	Intermediate	Acting Ins	ulin						
Insulin NPH	100 units/mL vial	\$178	✓	✓	✓	PA	✓	✓	
(Humulin® N)	100 units/mL Kwikpen (3mL/pen)	\$566	✓	✓	PA	PA	PA	✓	
Insulin NPH (Novolin® N)	100 units/mL vial	\$165	✓	✓	✓	PA	✓	✓	
	Short Acting Insulin								
Insulin aspart	100 units/mL vials	\$331	✓	✓	PA	✓	PA	✓	
(Novolog [®])	100 units/mL FlexTouch (3mL/pen)	\$639	✓	✓	PA	✓	PA	✓	
Insulin aspart	100 units/mL vial 100 units/ml FlexTouch	\$331	✓	✓	PA		PA	PA	
(Fiasp [®])	pen (3mL/pen)	\$639	✓	✓	PA		PA	PA	
Insulin glulisine	100 units/mL vial	\$306	✓	✓	PA	✓	PA	PA	
(Apidra®)	100 units/ml SoloStar pen (3mL/pen)	\$591	✓	✓	PA	✓	PA	PA	
Insulin lispro	100 units/mL vial	\$330	✓	✓	PA	✓	PA	✓	
(Humalog®)	100 units/mL Kwikpen (3mL/pen)	\$636	✓	✓	PA	✓	PA	✓	
Inquiin lionro	100 units/mL vial	\$280	✓	✓	✓		✓	PA	
Insulin lispro (Admelog®)	100 units/mL SoloStar (3mL/pen)	\$541	✓	✓	✓		√ ST	PA	
Insulin regular (Humulin R®)	100 units/mL vial	\$178	✓	✓	✓	PA	✓	✓	
Insulin regular (Novolin R®)	100 units/mL vial	\$165	✓	✓	✓	PA	✓	✓	





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
	GASTROESOPH	AGEAL R	EFLU	X				
	H2 Antihi	stamines						
Famotidine	10, 20, 40 mg	\$19	√	√	√	√	√	✓
(Pepcid [®])	40 mg/5mL	\$58	✓	✓	✓	✓	√	✓
Ranitidine	75, 150, 300 mg	\$35	✓	✓	✓	✓	√ 150 mg	✓
(Zantac [®])	15 mg/mL	\$28	✓	✓	✓	✓	✓	✓
	Proton Pum	p Inhibito	rs					
Esomeprazole	20 mg, 40 mg	\$33	✓ 20 mg	PA	PA	PA	PA	PA
(Nexium [®])	20 mg OTC (Nexium [®] 24HR)	\$20	✓	✓	✓	✓	PA	PA
	15 mg, 30 mg Capsules	\$25	✓	✓	✓	✓	✓	PA
Lansoprazole	15 mg OTC (Prevacid [®] 24HR)	\$22	✓	✓	✓	✓	PA	PA
(Prevacid [®])	15, 30 mg Solutabs	\$498	✓	PA	PA	PA	PA	PA
	3 mg/mL First [®] Lansoprazole	\$83	PA	PA	✓	✓	PA	PA
Omeprazole	10, 20, 40 mg Capsules	\$18	✓	✓	✓	✓	✓	✓
(Prilosec®)	2 mg/mL First [®] Omeprazole	\$72	PA	PA	✓	PA	PA	PA



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Bolded medications are gene	erically available.	✓ = Cove	red	PA = Prior authorization			n	
Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
	HEAI	D LICE						
	Topical Pe	diculocide	es					
Benzyl alcohol (Ulesfia [®])	5%	\$237	PA	PA	PA	PA	PA	PA
Ivermectin lotion (Sklice [®])	0.5%	\$412	PA	PA	PA	PA	PA	✓
Malathion lotion (Ovide [®])	0.5%	\$225	✓	✓	✓	PA	✓	PA
Permethrin (Nix [®])	1%	\$10	✓	✓	✓	✓	✓	✓
Pyrethrins/piperonyl butoxide (LiceMD®/RID®)	0.33%-4%	\$7	✓	PA	✓	PA	✓	✓
Spinosad suspension (Natroba [®])	0.9%	\$266	✓	✓	✓	✓	✓	✓



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
	ORAL AN	TIBIOTICS						
	Penio	cillins						
	125, 250 mg chew	\$23	✓	✓	✓	✓	✓	✓
Amoxicillin	250, 500 mg capsule	\$16	✓	✓	✓	✓	✓	✓
	125 mg/5mL, 250 mg/5 mL, 400 mg/5 mL	\$16	✓	✓	✓	✓	✓	✓
Amoxicillin/ Clavulanate	250 mg-62.5 mg/5mL, 400 mg-57 mg/5 mL	\$46	✓	✓	✓	✓	✓	✓
(Augmentin [™])	875 mg-125 mg	\$26	✓	✓	✓	✓	✓	✓
Augmentin™ ES (Not interchangeable with other suspensions; Target clawlanic acid dose is 6.4mg/kg/day; increased diarrhea at 10mg/kg/day)	600 mg-42.9 mg/5mL (high dose amoxicillin only)	\$102	✓	✓	✓	✓	✓	✓
Amoxicillin/ Clavulanate (Augmentin XR [™])	1,000 mg-62.5 mg	\$155	✓	✓	✓	✓	✓	✓
Penicillin V Potassium	125mg/5mL, 250 mg/5 mL	\$19	✓	✓	✓	✓	✓	✓
(Pen VK [®])	250 mg, 500 mg	\$18	✓	✓	✓	✓	✓	✓
Cephalosporins								
Cephalexin	250 mg, 500 mg (capsule preferred)	\$16	✓	✓	✓	✓	✓	✓
(Keflex [®])	250 mg/5 mL	\$27	✓	✓	✓	✓	✓	✓
Cefdinir	300 mg	\$34	✓	✓	✓	✓	✓	✓
(Omnicef [®])	250 mg/5 mL	\$38	✓	✓	✓	✓	✓	✓





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
	ORAL ANTIBIOTI		INUE	D)				
	Fluoroqu	<u>iinolones</u>						
Ciprofloxacin (Cipro [®])	250 mg, 500 mg	\$18	✓	✓	✓	✓	✓	✓
	250 mg/5 mL, 500 mg/5mL	\$174	PA	✓	✓	✓	✓	✓
Levofloxacin	250 mg, 500 mg	\$20	✓	\checkmark	✓	✓	✓	✓
(Levaquin [®])	25mg/mL	\$105	PA	✓	✓	✓	PA	✓
	Macro	olides						
Azithromycin	250 mg, 500 mg	\$20	✓	✓	✓	✓	✓	✓
(Zithromax [®])	100 mg/5mL, 200 mg/5 ml	\$36	✓	✓	✓	✓	✓	✓
Clarithromycin	125 mg/5 mL, 250 mg/5mL	\$119	✓	✓	✓	✓	✓	✓
(Biaxin [®])	250 mg, 500 mg	\$35	✓	✓	✓	✓	✓	✓
Erythromycin (E.E.S.®, Ery-Tab [®])	250 mg, 333 mg, 400 mg, 500 mg	\$303	✓	✓	✓	✓	✓	PA
Erythromycin Ethylsuccinate (EryPed®)	400 mg/5 mL	\$794	✓	✓	✓	✓	✓	PA
	Sulfon	amides						
Sulfamethoxazole/ Trimethoprim	400 mg-80 mg, 800 mg-160 mg	\$17	✓	✓	√	✓	✓	✓
(Bactrim [®])	200 mg-40 mg/5 mL	\$30	✓	✓	✓	✓	✓	✓





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
ORAL ANTIBIOTICS (CONTINUED)								
Miscellaneous								
Clindamycin	75 mg, 150 mg	\$17	√ 150 mg	✓	✓	✓	√ 150 mg	✓
(Cleocin [®])	75 mg/5 mL	\$41	✓	✓	✓	✓	✓	✓
Metronidazole (Flagyl [®])	250, 500 mg	\$22	✓	✓	✓	✓	✓	✓
Nitrofurantoin monohydrate macrocrystal (MacroBid [®])	100 mg	\$27	✓	✓	✓	✓	✓	✓
Nitrofurantoin (Furadantin [®])	25 mg/5 mL	\$289	✓	✓	✓	✓	✓	✓



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
OTIC ANTIBIOTICS								
	Otic Anti-	infectives						
Ofloxacin	0.3% Floxin [®] Otic	\$175	✓	✓	✓	✓	✓	✓
Olloxacili	0.3% Ocuflox® Opthl.	\$135	✓	✓	✓	✓	✓	✓
Ciprofloxacin/ dexamethasone (Ciprodex [®])	0.3/0.1% suspension	\$241	PA	✓	PA	✓	PA	✓
Ciprofloxacin (Cetraxal [®])	0.2% solution	\$102	PA	✓	✓	PA	PA	PA

