

# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources) > Prescribing Resources.

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors. Pricing data taken from Medi-span and NADAC (6/12/19)

**Bolded** medications are generically available.                      ✓ = Covered                      PA = Prior authorization

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

[Buckeye Health Plan](#) | [CareSource Look Up Tool\\*](#) | [Molina](#) | [Paramount](#) | [UHC Community Look Up Tool\\*](#) | [Ohio Medicaid Look Up Tool\\*](#)

*\*if a discrepancy between Plan's PDL and Look Up Tool, use Plan's PDL as final guide*

## TABLE OF CONTENTS

<b>Topic</b>	<b>Page</b>
<a href="#">Acne</a>	2 - 3
Allergy	
• <a href="#">Allergic Anaphylactic Reaction</a>	4
• <a href="#">Allergic Conjunctivitis</a>	4
• <a href="#">Allergic Rhinitis</a>	5
Asthma	
• <a href="#">Inhaled Corticosteroids (ICS)</a>	6
• <a href="#">Long Acting Beta Agonist &amp; ICS Combos; Short Acting Beta Agonists</a>	7
<a href="#">Atopic Dermatitis</a>	11 - 13
Behavioral Health	
• <a href="#">Anxiety Disorders &amp; Depression</a>	8
• <a href="#">Attention Deficit Hyperactivity Disorder</a>	9 - 10
<a href="#">Diabetes</a>	14 - 16
<a href="#">Gastroesophageal Reflux</a>	17
<a href="#">Head Lice</a>	18
<a href="#">Oral Antibiotics</a>	19 – 21
<a href="#">Otic Antibiotics</a>	21
<a href="#">Antifungals</a>	22-23

# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ACNE</b>								
<b>Topical Anti-bacterials</b>								
<b>Benzoyl Peroxide</b> (BPO <sup>®</sup> )	2.5%, 5%, 10% Gel	\$21	✓	✓	✓	✓	PA	✓
	5%, 10% Liquid	\$24	✓	✓	✓	✓	5%	✓
<b>Clindamycin Phosphate</b> (Cleocin-T <sup>®</sup> )	1% Gel, 1% Lotion	\$95	✓	✓	✓	✓	✓	✓
	1% Solution	\$35	✓	✓	✓	✓	✓	✓
<b>Erythromycin</b>	2% Gel	\$225	✓	✓	PA	PA	✓	✓
	2% Solution	\$50	✓	✓	✓	✓	✓	✓
<b>Topical Retinoids</b>								
<b>Adapalene</b> (Differin <sup>®</sup> )	0.1% Cream, 0.1% Lotion (Rx)	\$294	PA	PA	PA	✓	PA	✓ brand only
	0.3% Gel	\$297	PA	PA	PA	✓	PA	✓ brand only
<b>Tretinoin</b> (Retin-A <sup>®</sup> )	0.1% Gel (OTC) 15g	\$8	PA	✓	✓	✓	✓	PA
	0.025%, 0.05% 0.1% Cream; 0.01%, 0.025% Gel	\$304	✓	✓	PA	✓	PA	✓
<b>Topical Combinations</b>								
<b>Benzoyl Peroxide/ Erythromycin</b> (Benzamycin <sup>®</sup> )	5-3% Gel	\$398	PA	PA	PA	✓	✓	✓
<b>Clindamycin/ Benzoyl Peroxide</b>	1-5% Gel (Benzaclin <sup>®</sup> )	\$286	PA	PA	✓	PA	PA	✓
	1.2-5% Gel (Duac <sup>®</sup> )	\$423	PA	PA	PA	PA	PA	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ACNE (CONTINUED)</b>								
<b>Oral Antibiotics</b>								
<b>Doxycycline monohydrate</b>	50 mg, 100 mg (capsule preferred)	\$44	PA	✓	PA	PA	✓	✓
<b>Minocycline</b>	50 mg, 75 mg, 100 mg (capsule preferred)	\$51	✓	✓	✓	✓	✓	✓
<b>Oral Retinoids</b>								
<b>Isotretinoin (Claravis<sup>®</sup>, Myorisan<sup>®</sup>, Zenatane<sup>®</sup>)</b>	10mg, 20mg, 30mg, 40mg	\$540	PA	PA	PA	PA	PA	PA

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ALLERGIC ANAPHYLACTIC REACTION</b>								
<b>Epinephrine Auto-injector</b>								
Auvi-Q®	0.3mg/0.3mL, 0.15mg/0.15mL	\$2,940	PA	PA	PA	PA	PA	PA
EpiPen®	0.3mg/0.3mL, 0.15mg/0.15mL	\$365	PA	✓	✓	✓	PA	PA
EpiPen Jr.®	0.15mg/0.3mL		PA	✓	✓	✓	PA	PA
<b>Epinephrine Auto-injector</b> (Mylan brand generic)	0.3mg/0.3mL, 0.15mg/0.3mL	\$247	✓	✓	✓	✓	✓	✓
<b>ALLERGIC CONJUNCTIVITIS</b>								
<b>Ophthalmic Antihistamines</b>								
<b>Azelastine</b>	0.05%	\$57	✓	✓	PA	✓	PA	PA
<b>Cromolyn</b>	4%	\$37	✓	✓	✓	✓	✓	✓
<b>Ketotifen</b> (Alaway®, Zatidor®)	0.025%	\$9	✓	✓	✓	PA	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ALLERGIC RHINITIS</b>								
<b>Oral Antihistamines</b>								
<b>Cetirizine</b> (Zyrtec®)	5, 10 mg	\$21	✓	✓	✓	✓	✓	✓
	1 mg/mL	\$45	✓	✓	✓	✓	✓	✓ < 6 yo
<b>Fexofenadine</b> (Allegra®)	30 mg/5 mL	\$27	✓	✓	PA	✓	PA	PA
	60 mg, 180 mg	\$48	✓	✓	✓ 180 mg	✓	PA	PA
<b>Loratadine</b> (Claritin®)	10 mg	\$15	✓	✓	✓	✓	✓	✓
	1 mg/mL	\$21	✓	✓	✓	✓	✓	✓
	5 mg Chew	\$20	✓	✓	PA	✓	✓	✓
<b>Nasal Antihistamines</b>								
<b>Azelastine</b>	0.15%, 0.1%	\$40	✓	✓	✓	✓	✓	✓
<b>Nasal Steroids</b>								
<b>Budesonide</b> (Rhinocort® Allergy)	32 mcg/act	\$27	PA	✓	PA	✓	PA	PA
<b>Flunisolide</b>	25 mcg/act	\$72	✓	✓	✓	✓	PA	✓
<b>Fluticasone</b> (Flonase®)	50 mcg/act	\$21	✓	✓	✓	✓	✓	✓
<b>Triamcinolone</b> (Nasacort®)	55 mcg/act	\$17	✓	✓	PA	✓	✓	PA

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ASTHMA</b>								
<b>Inhaled Corticosteroids</b>								
Beclomethasone dipropionate (Qvar <sup>®</sup> RediHaler <sup>™</sup> )	40 mcg, 80 mcg DPI	\$252	PA	PA	✓	✓	✓	PA
Budesonide (Pulmicort Flexhaler <sup>®</sup> ) Contains dose counter	90 mcg, 180 mcg DPI	\$248	PA	PA	PA	✓	PA	✓
<b>Budesonide</b> (Pulmicort <sup>®</sup> Respules <sup>®</sup> )	0.25 mg/2 mL, 0.5 mg/2mL	\$207	✓ ≤ 8 yo	✓	✓	✓	✓ ≤ 4 yo	✓ < 6 yo
Fluticasone furoate (Arnuity <sup>™</sup> Ellipta <sup>®</sup> ) Contains dose counter	100 mcg DPI, 200 mcg DPI	\$232	PA	✓	✓	PA	✓	PA
Fluticasone propionate (Flovent <sup>®</sup> Diskus <sup>®</sup> ) Contains dose counter	50 mcg DPI, 100 mcg DPI, 250 mcg DPI	\$289	✓	✓	PA	✓	PA	✓
Fluticasone propionate (Flovent <sup>®</sup> HFA) Contains dose counter	44 mcg/act, 110 mcg/act, 220 mcg/act	\$312	✓	✓	✓ 4-11 yo	✓	PA	✓
Mometasone furoate (Asmanex <sup>®</sup> HFA) Contains dose counter	100 mcg/act, 200 mcg/act	\$250	PA	PA	✓	PA	✓ < 8 yo	PA
Mometasone furoate (Asmanex <sup>®</sup> Twisthaler <sup>®</sup> ) Contains dose counter	110 mcg, 220 mcg DPI	\$270	PA	PA	✓	PA	PA	PA

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



PARTNERS  
FOR KIDS<sup>SM</sup>

# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ASTHMA (CONTINUED)</b>								
<b>Inhaled Beta-2 Adrenergic Agonist/Corticosteroid</b>								
<b>Budesonide/formoterol</b> (Symbicort® HFA) Contains dose counter	80-4.5 mcg/act, 160-4.5 mcg/act	\$422	✓	PA	✓ <12 yo	✓	PA	✓
<b>Fluticasone/salmeterol</b> (Advair Diskus®) Contains dose counter	100-50 mcg, 250-50 mcg, 500-50 mcg DPI	\$119	✓	✓ 100-50 only	✓	✓	PA	✓
<b>Fluticasone/salmeterol</b> (Advair HFA®) Contains dose counter	115-21 mcg/act, 230-21 mcg/act, 45-21mcg/act	\$444	PA	PA	PA	✓	PA	✓
<b>Fluticasone/salmeterol</b> (AirDuo RespiClick®) Contains dose counter	55-14 mcg, 113-14 mcg, 232-14 mcg	\$384	PA	✓	✓	PA	✓	PA
<b>Mometasone/formoterol</b> (Dulera® HFA) Contains dose counter	100-5 mcg/act, 200-5 mcg/act	\$374	✓	✓	PA	✓	PA	✓
<b>Beta-2 Adrenergic Agonists</b>								
<b>Albuterol Solution</b>	2.5 mg/3 mL	\$47	✓	✓	✓	✓	✓	✓
<b>Albuterol</b> (Pref'd: Albuterol Sulf. HFA) Contains dose counter	90 mcg/act	\$60	✓	✓	✓	✓	✓	✓
<b>Leukotriene Receptor Antagonists</b>								
<b>Montelukast</b> (Singulair®)	4 mg (Oral packet), 4, 5 mg (Chewable), 10 mg (Tablet)	\$22	✓	✓	✓	✓	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ANXIETY DISORDERS/DEPRESSION</b>								
<b>Selective Serotonin Reuptake Inhibitors</b>								
<b>Escitalopram</b> (Lexapro®)	5, 10, 20 mg	\$78	✓	✓	✓	✓	✓	✓
<b>Fluoxetine</b> (Prozac®)	10, 20, 40, 60 mg (capsules preferred)	\$72	✓	✓	✓	✓	✓	✓
<b>Sertraline</b> (Zoloft®)	25, 50, 100 mg	\$84	✓	✓	✓	✓	✓	✓
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>								
<b>Duloxetine</b> (Cymbalta®)	20, 30, 60 mg (capsules preferred)	\$54	✓	✓	✓	✓	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019





# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)</b>								
<b>Stimulants</b>								
<b>Methylphenidate Immediate Release (Ritalin®)</b>	5, 10, 20 mg	\$32	✓ ≥ 3 yo	✓	✓	✓	✓	✓
<b>Methylphenidate Long- Acting (Metadate CD®)</b>	10, 20, 30, 40, 50, 60 mg	\$168	✓ ≥ 6 yo	✓	✓	✓	✓	PA
<b>Methylphenidate Long-Acting (Ritalin LA®)</b>	10, 60 mg 20, 30, 40 mg	\$308 \$170	PA PA	PA ✓	PA ✓	✓ ✓	PA ✓	PA PA
<b>Methylphenidate Long-Acting (Concerta®)</b>	18, 27, 36, 54 mg	\$280	✓ ≥ 6 yo	✓	✓	PA	PA	✓ Brand Pref'd
<b>Dextroamphetamine- Amphetamine Immediate Release (Adderall®)</b>	5, 7.5, 10, 12.5, 15, 20, 30 mg	\$26	✓ ≥ 3 yo	✓	✓	✓	✓	✓
<b>Dextroamphetamine- Amphetamine Long- Acting (Adderall XR®)</b>	5, 10, 15, 20, 25, 30 mg	\$184	✓ ≥ 6 yo	✓	✓	✓	✓ Brand Pref'd	✓
<b>Dexmethylphenidate Immediate Release (Focalin®)</b>	2.5, 5, 10 mg	\$40	✓ ≥ 6 yo	✓	✓	✓	✓	✓
<b>Dexmethylphenidate Long-Acting (Focalin XR®)</b>	5, 10, 15, 20, 25, 30, 35, 40 mg	\$214	PA	✓	PA	✓	PA	✓ Brand Pref'd
<b>Lisdexamfetamine (Vyvanse®)</b>	10, 20, 30, 40, 50, 60, 70 mg	\$365	PA	✓	PA	PA	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) (CONTINUED)</b>								
<b>Non-Stimulants</b>								
<b>Atomoxetine</b> (Strattera®)	10, 18, 25, 40, 60, 80, 100 mg	\$427	PA	✓	PA	✓	✓	✓
<b>Clonidine</b> (Catapres®)	0.1 mg, 0.2 mg, 0.3 mg	\$13	✓	✓	✓	✓	✓	✓
<b>Clonidine ER</b> (Kapvay®)	0.1 mg	\$135	PA	✓	PA	PA	PA	PA
<b>Guanfacine</b> (Tenex®)	1, 2 mg	\$26	✓	✓	✓	✓	✓	✓
<b>Guanfacine ER</b> (Intuniv®)	1, 2, 3, 4 mg	\$206	PA	✓	PA	✓	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ATOPIC DERMATITIS</b>								
<b>Class 7 Topical Corticosteroids-Least Potent</b>								
<b>Hydrocortisone External</b>	0.5%, 1%, 2.5% Cream, Ointment; 1%, 2.5% Lotion	\$16	✓	✓	✓	✓	✓	✓
<b>Class 6 Topical Corticosteroids-Low Potency</b>								
<b>Alclometasone dipionate</b> (Acloivate®)	0.05% Cream, Ointment	\$67	PA	✓	✓	✓	✓ Oint	PA
<b>Betamethasone valerate</b> (Beta Val®)	0.1% Lotion	\$72	✓	✓	✓	✓	✓	✓
<b>Desonide</b> (Desowen®)	0.05% Cream, Lotion	\$150	PA	✓ Cream	✓ Cream	✓	PA	✓ Cream
<b>Fluocinolone acetonide</b> (Derma-Smoothe/FS®)	0.01% Oil, Solution, Cream	\$78	PA	✓ Oil, Soln	✓ Oil, Soln	✓ Soln	✓	✓
<b>Triamcinolone acetonide</b> (Kenalog®)	0.025% Cream, Lotion	\$28	✓	✓	✓	✓	✓	✓
Classes 1-3 topical corticosteroids are not listed since most patients are treated with classes 4-7 topical corticosteroids. 45g and 60g package size used for pricing.								

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ATOPIC DERMATITIS (CONTINUED)</b>								
<b>Class 5 Topical Corticosteroids-Lower Mid Potency</b>								
<b>Betamethasone valerate</b> (Beta Val®)	0.1% Cream	\$40	✓	✓	✓	✓	✓	✓
<b>Desonide</b> (Desowen®)	0.05% Ointment	\$93	PA	✓	✓	✓	PA	✓
<b>Fluticasone propionate</b> (Cutivate®)	0.05% Cream, Lotion	\$68	✓ Cream	✓	✓ Cream	✓ Cream	✓ Cream	✓ Cream
<b>Hydrocortisone valerate</b> (Westcort®)	0.2% Cream	\$181	✓	✓	PA	✓	PA	PA
<b>Hydrocortisone butyrate</b> (Locoid®)	0.1% Ointment, Cream, Lotion	\$90	✓	✓ Cream, Oint	✓ Cream, Oint	✓ Cream, Oint	✓ Oint	PA
<b>Triamcinolone acetonide</b> (Kenalog®)	0.025% Ointment, 0.1% Lotion	\$23	✓	✓	✓	✓	✓	✓
Classes 1-3 topical corticosteroids are not listed since most patients are treated with classes 4-7 topical corticosteroids. 45g and 60g package size used for pricing.								

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ATOPIC DERMATITIS (CONTINUED)</b>								
<b>Class 4 Topical Corticosteroids Medium Potency</b>								
<b>Fluocinolone acetonide</b> (Synalar®)	0.025% Ointment	\$135	PA	✓	✓	✓	✓	✓
<b>Hydrocortisone valerate</b> (Westcort®)	0.2% Ointment	\$200	PA	PA	PA	PA	PA	PA
<b>Mometasone furoate</b> (Elocon®)	0.1% Cream, Lotion	\$81	✓ Cream	✓	✓	✓	✓ Cream	✓
<b>Triamcinolone acetonide</b> (Kenalog®)	0.1% Cream, Ointment	\$10	✓	✓	✓	✓	✓	✓
Classes 1-3 topical corticosteroids are not listed since most patients are treated with classes 4-7 topical corticosteroids. 45g and 60g package size used for pricing.								

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>DIABETES</b>								
<b>Long Acting Insulin</b>								
Insulin degludec (Tresiba®)	100, 200 units/mL Flextouch pen (3mL/pen)	\$915	PA	✓	PA	PA	PA	PA
Insulin detemir (Levemir®)	100 units/mL vial	\$370	PA	PA	PA	PA	PA	✓
	100 units/mL Flextouch pen (3mL/pen)	\$555	PA	PA	PA	PA	PA	✓
Insulin glargine (Basaglar®)	100 units/mL Kwikpen (3mL/pen)	\$392	✓	✓	✓	✓	✓	PA
Insulin glargine (Lantus®)	100 units/mL vial	\$340	PA	PA	PA	PA	PA	✓
	100 units/ml Solostar pen (3mL/pen)	\$510	PA	PA	PA	PA	PA	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>DIABETES (CONTINUED)</b>								
<b>Intermediate Acting Insulin</b>								
Insulin NPH (Humulin® N)	100 units/mL vial	\$178	✓	✓	✓	✓	✓	✓
	100 units/mL KwikPen (3mL/pen)	\$566	✓	✓	PA	✓	PA	✓
Insulin NPH (Novolin® N)	100 units/mL vial	\$165	✓	✓	✓	✓	✓	✓
<b>Mixed Insulin</b>								
Insulin aspart protamine/insulin aspart (Novolog 70-30®)	100 units/mL vial	\$360	✓	✓	✓	✓	✓	✓
	100 units/mL Flexpen (3mL/pen)	\$671	✓	✓	PA	✓	PA	✓
Insulin lispro protamine/ insulin lispro (Humalog 50/50® and Humalog 75/25®)	100 units/mL vial	\$342	✓	✓	✓	✓	✓	✓
	100 units/mL KwikPen (3mL/pen)	\$636	✓	✓	PA	✓	PA	✓
Insulin NPH/insulin regular (Humulin 70/30®)	100 units/mL vial	\$178	✓	✓	✓	✓	✓	✓
	100 units/mL KwikPen (3mL/pen)	\$566	✓	✓	PA	✓	PA	✓
Insulin NPH/insulin regular (Novolin 70/30®)	100 units/mL vial	\$165	✓	✓	✓	✓	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>DIABETES (CONTINUED)</b>								
<b>Short Acting Insulin</b>								
Insulin aspart (Novolog®)	100 units/mL vial	\$348	✓	✓	PA	✓	PA	✓
	100 units/mL FlexTouch (3mL/pen)	\$645	✓	✓	PA	✓	PA	✓
Insulin aspart (Fiasp®)	100 units/mL vial	\$348	✓	✓	PA	PA	PA	PA
	100 units/ml FlexTouch pen (3mL/pen)	\$671	✓	✓	PA	PA	PA	PA
Insulin glulisine (Apidra®)	100 units/mL vial	\$341	✓	✓	PA	✓	PA	PA
	100 units/ml SoloStar pen (3mL/pen)	\$658	✓	✓	PA	✓	PA	PA
<b>Insulin lispro</b> (Humalog®) (Generic Preferred)	100 units/mL vial	\$165	✓	✓ Generic Only	PA	✓	PA	✓
	100 units/mL KwikPen (3mL/pen)	\$318	✓	✓ Generic Only	PA	✓	PA	✓
Insulin lispro (Admelog®)	100 units/mL vial	\$280	✓	✓	✓	PA	✓	PA
	100 units/mL SoloStar (3mL/pen)	\$541	✓	✓	✓ ≤ 18 yo	PA	PA	PA
Insulin regular (Humulin R®)	100 units/mL vial	\$178	✓	✓	✓	✓	✓	✓
Insulin regular (Novolin R®)	100 units/mL vial	\$165	✓	✓	✓	✓	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019





# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>GASTROESOPHAGEAL REFLUX</b>								
<b>H2 Antihistamines</b>								
<b>Famotidine</b> (Pepcid®)	10, 20, 40 mg 40 mg/5mL	\$15 \$114	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓
<b>Ranitidine</b> (Zantac®)	75, 150, 300 mg 15 mg/mL	\$35 \$28	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓ 150 mg	✓ ✓
<b>Proton Pump Inhibitors</b>								
<b>Esomeprazole</b> (Nexium®)	20 mg, 40 mg Capsules 20 mg OTC (Nexium® 24HR)	\$33 \$20	✓ ✓ 20 mg	PA ✓	PA ✓	PA ✓	PA PA	PA PA
<b>Lansoprazole</b> (Prevacid®)	15 mg, 30 mg Capsules 15 mg OTC (Prevacid® 24HR)	\$11 \$22	✓ ✓	PA ✓	✓ ✓	✓ ✓	✓ PA	PA PA
	15 mg, 30 mg Solutabs 3 mg/mL First® Lansoprazole	\$498 \$83	✓ ✓	PA PA	PA ✓ ≤7yo	PA ✓	✓ PA	PA PA
<b>Omeprazole</b> (Prilosec®)	10, 20, 40 mg Capsules 2 mg/mL First® Omeprazole	\$19 \$72	✓ ✓ <3yo	✓ ✓ <12yo	✓ ✓ ≤8yo	✓ ✓	✓ PA	✓ PA

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>HEAD LICE</b>								
<b>Topical Pediculocides</b>								
Benzyl alcohol (Ulesfia®)	5%	\$284	PA	PA	PA	PA	PA	PA
Ivermectin lotion (Sklice®)	0.5%	\$412	PA	PA	PA	PA	PA	✓
<b>Malathion lotion</b> (Ovide®)	0.5%	\$266	✓	✓	✓	PA	✓	PA
<b>Permethrin</b> (Nix®)	1%	\$15	✓	✓	✓	✓	✓	✓
<b>Pyrethrins/piperonyl butoxide</b> (LiceMD®/RID®)	0.33%-4%	\$10	✓	PA	✓	PA	✓	✓
<b>Spinosad</b> (Natroba®)	0.9%	\$294	✓	PA	✓	✓	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



PARTNERS  
FOR KIDS<sup>SM</sup>

# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ORAL ANTIBIOTICS</b>								
<b>Penicillins</b>								
<b>Amoxicillin</b>	125, 250 mg chew	\$10	✓	✓	✓	✓	✓	✓
	250, 500 mg capsule	\$6	✓	✓	✓	✓	✓	✓
	125 mg/5mL, 250 mg/5 mL, 400 mg/5 mL	\$14	✓	✓	✓	✓	✓	✓
<b>Amoxicillin/ Clavulanate</b> (Augmentin™)	250 mg-62.5 mg/5mL, 400 mg-57 mg/5 mL	\$69	✓	✓	✓ 400- 57mg/5mL	✓	✓	✓
	875 mg-125 mg	\$54	✓	✓	✓	✓	✓	✓
<b>Augmentin™ ES</b> (Not interchangeable with other suspensions; Target clavulanic acid dose is 6.4mg/kg/day)	600 mg-42.9 mg/5mL (high dose amoxicillin only)	\$81	✓	✓	✓	✓	✓	✓
<b>Amoxicillin/ Clavulanate</b> (Augmentin XR™) (Use for patients > 40 kg)	1,000 mg-62.5 mg	\$70	✓	✓	✓	✓	✓	✓
<b>Penicillin V Potassium</b> (Pen VK®)	125mg/5mL, 250 mg/5 mL	\$14	✓	✓	✓	✓	✓	✓
	250 mg, 500 mg	\$14	✓	✓	✓	✓	✓	✓
<b>Cephalosporins</b>								
<b>Cephalexin</b> (Keflex®)	250 mg, 500 mg (capsule preferred)	\$8	✓	✓	✓	✓	✓	✓
	250 mg/5 mL	\$38	✓	✓	✓	✓	✓	✓
<b>Cefdinir</b> (Omnicef®)	300 mg	\$51	✓	✓	✓	✓	✓	✓
	250 mg/5 mL	\$83	✓	✓	✓	✓	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



PARTNERS  
FOR KIDS<sup>SM</sup>

# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ORAL ANTIBIOTICS (CONTINUED)</b>								
<b>Fluoroquinolones</b>								
<b>Ciprofloxacin</b> (Cipro <sup>®</sup> )	250 mg, 500 mg	\$5	✓	✓	✓	✓	✓	✓
	250 mg/5 mL, 500 mg/5mL	\$156	PA	✓	✓	✓	✓	✓
<b>Levofloxacin</b> (Levaquin <sup>®</sup> )	250 mg, 500 mg	\$2	✓	✓	✓	✓	✓	✓
	25mg/mL	\$70	PA	✓	✓	✓	PA	✓
<b>Macrolides</b>								
<b>Azithromycin</b> (Zithromax <sup>®</sup> )	250 mg, 500 mg	\$28	✓	✓	✓	✓	✓	✓
	100 mg/5mL, 200 mg/5 ml	\$35	✓	✓	✓	✓	✓	✓
<b>Clarithromycin</b> (Biaxin <sup>®</sup> )	125 mg/5 mL, 250 mg/5mL	\$134	✓	✓	✓	✓	✓	✓
	250 mg, 500 mg	\$51	✓	✓	✓	✓	✓	✓
<b>Erythromycin</b> (E.E.S. <sup>®</sup> , Ery-Tab <sup>®</sup> )	250 mg, 333 mg, 400 mg, 500 mg	\$265	✓	✓	✓	✓	✓	PA
	400 mg/5 mL	\$794	✓	✓	✓	✓	✓	PA
<b>Erythromycin Ethylsuccinate (EryPed<sup>®</sup>)</b>								
<b>Sulfonamides</b>								
<b>Sulfamethoxazole/ Trimethoprim</b> (Bactrim <sup>®</sup> )	400 mg-80 mg,	\$7	✓	✓	✓	✓	✓	✓
	800 mg-160 mg							
	200 mg-40 mg/5 mL	\$25	✓	✓	✓	✓	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ORAL ANTIBIOTICS (CONTINUED)</b>								
<b>Miscellaneous</b>								
<b>Clindamycin</b> (Cleocin®)	75 mg, 150 mg	\$21	✓ 150 mg	✓	✓	✓	✓ 150 mg	✓
	75 mg/5 mL	\$124	✓	✓	✓	✓	✓	✓
<b>Metronidazole</b> (Flagyl®)	250, 500 mg	\$5	✓	✓	✓	✓	✓	✓
<b>Nitrofurantoin monohydrate macrocrystal</b> (MacroBid®)	100 mg	\$37	✓	✓	✓	✓	✓	✓
<b>Nitrofurantoin</b> (Furadantin®)	25 mg/5 mL	\$636	✓	✓	✓	✓	✓	✓
<b>OTIC ANTIBIOTICS</b>								
<b>Otic Anti-infectives</b>								
<b>Ofloxacin</b>	0.3% Floxin® Otic	\$308	✓	✓	✓	✓	✓	✓
	0.3% Ocuflax® Opthl.	\$135	✓	✓	✓	✓	✓	✓
<b>Ciprofloxacin/dexamethasone</b> (Ciprodex®)	0.3/0.1% suspension	\$227	✓	✓	PA	✓	✓	✓
<b>Ciprofloxacin</b> (Cetraxal®)	0.2% solution	\$102	PA	✓	✓	PA	PA	PA

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ANTIFUNGALS</b>								
<b>Oral Antifungals</b>								
<b>Ketoconazole</b>	200 mg	\$95	✓	✓	✓	✓	✓	✓
<b>Fluconazole</b> (Diflucan®)	50 mg, 100 mg, 150 mg, 200 mg	\$12	✓	✓	✓	✓	✓	✓
	40mg/mL suspension	\$180	✓	✓	✓	✓	✓	✓
<b>Itraconazole</b> (Sporanox®)	100 mg	\$156	PA	✓	✓	PA	PA	PA
	10 mg/mL solution	\$693	PA	PA	PA	PA	PA	PA
<b>Terbinafine</b> (Lamisil®)	250 mg	\$10	✓	✓	✓	✓	PA	✓
<b>Griseofulvin</b> (Grifluvin V®)	125 mg, 250 mg Ultramicrosize	\$164	✓	✓	✓	PA	✓	✓
	500 mg Microsize	\$255	✓	✓	✓	✓	✓	✓
	125/5 mg/mL Microsize Suspension	\$98	✓	✓	✓	✓	✓	✓
<b>Nystatin</b>	500,000 units	\$39	✓	✓	✓	✓	✓	PA
	100,000 units/mL	\$29	✓	✓	✓	✓	✓	PA

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019



PARTNERS  
FOR KIDS<sup>SM</sup>

# PREFERRED DRUG LIST FOR OHIO MEDICAID PLANS

Formulary coverage for Ohio Medicaid Plans is provided for commonly prescribed drug classes by pediatric primary care providers. This information is intended for use by providers to select cost-effective medications for their patients and includes only medications which are covered by one or more plans. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between the Plan's PDL and this document, use Plan's PDL as final guide; the Plan's reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit [www.partnersforkids.org/resources](http://www.partnersforkids.org/resources).

Average cost per script is based on generic drug when available using an average length of therapy. Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

**Bolded** medications are generically available.

✓ = Covered

PA = Prior authorization

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Buckeye	CareSource	Molina	Paramount	UHC Community	Ohio Medicaid
<b>ANTIFUNGALS (CONTINUED)</b>								
<b>Topical Antifungals</b>								
<b>Nystatin</b>	100,000 units/g Cream	\$35	✓	✓	✓	✓	✓	✓
	100,000 units/g Ointment	\$34	✓	✓	✓	✓	✓	✓
	100,000 units/g Powder	\$23	✓	✓	✓	✓	✓	✓
<b>Clotrimazole</b>	1% Cream	\$6	✓	✓	✓	✓	✓	✓
	1% Vaginal Cream (RX, OTC)	\$8	✓	✓	✓	PA	✓	✓
	2% Vaginal Cream (OTC)	\$10	✓	✓	✓	PA	✓	✓
<b>Ketoconazole</b> (Nizoral®)	1% Solution	\$101	✓	✓	✓	✓	✓	✓
	2% Cream	\$40	✓	✓	✓	✓	✓	✓
	2% Foam	\$708	PA	PA	PA	PA	PA	PA
<b>Miconazole</b> (Lotrimin®)	2% Shampoo	\$24	✓	✓	✓	✓	✓	✓
	2% Cream	\$6	✓	✓	✓	PA	✓	✓
	2% Vaginal Cream	\$11	✓	✓	✓	✓	✓	✓
<b>Terbinafine</b> (Lamisil®)	2% Powder	\$6	✓	✓	✓	PA	PA	✓
	1% Cream	\$12	✓	✓	✓	PA	✓	✓
<b>Ciclopirox</b> (Ciclodan®)	0.77% Cream	\$77	✓	✓	✓	✓	✓	✓
	0.77% Gel	\$121	✓	✓	✓	PA	PA	✓
	1% Shampoo	\$117	PA	✓	✓	PA	PA	✓
	8% Solution	\$53	✓	✓	✓	✓	✓	✓

Last updated 7/2019  
by PFK Pharmacy  
Coverage may change 10/2019

