

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Follow the links below to access the complete formularies and references available on Gainwell's website:

[Drug Look-up Tool](#)

[UPDL, UPDL Criteria and Complete OTC List](#)

[Gainwell Homepage](#)

TABLE OF CONTENTS

Topic	Page
Acne	2 – 3
Allergy	
• Allergic Anaphylactic Reaction	4
• Allergic Conjunctivitis	4
• Allergic Rhinitis	5
Asthma	
• Inhaled Corticosteroids (ICS)	6
• Long Acting Beta Agonist & ICS Combos; Short Acting Beta Agonists	7
Behavioral Health	
• Antipsychotics	8 – 9
• Anxiety Disorders & Depression	10
• Attention Deficit/Hyperactivity Disorder (ADHD)	11 – 12
Atopic Dermatitis	13 – 14
Constipation	15
Diabetes	16 – 18
Gastroesophageal Reflux	19
Head Lice	20
Oral Antibiotics	21 – 23
Otic Antibiotics	23
Antifungals	24 – 25

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ACNE			
Topical Anti-bacterials			
Benzoyl Peroxide (BPO [®])	2.5%, 5%, 10% Gel	\$28	✓
	5%, 10% Liquid	\$25	✓
Clindamycin Phosphate (Cleocin-T [®])	1% Gel, 1% Lotion	\$76	✓
	1% Solution	\$30	✓
Erythromycin	2% Gel	\$92	✓
	2% Solution	\$43	✓
Topical Retinoids			
Adapalene (Differin [®])	0.1% Gel (Generic preferred)	\$114	✓
	0.3% Gel	\$78	PA
	0.1% Cream, 0.1% Lotion	\$157	PA
Tretinoin (Retin-A [®])	0.025%, 0.05%, 0.1% Cream 0.01%, 0.04% Gel	\$156	✓

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Acne treatment options continued on next page.

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ACNE (CONTINUED)			
Topical Combinations			
Benzoyl Peroxide/ Erythromycin (Benzamycin [®])	5-3% Gel	\$129	✓
Clindamycin/ Benzoyl Peroxide	1-5% Gel (Benzaclin [®]) 1.2-5% Gel (Duac [®])	\$83 \$52	✓ ✓
Oral Antibiotics			
Doxycycline monohydrate	50 mg, 100 mg (Capsules preferred)	\$22	✓
Minocycline	50, 75, 100 mg (Capsules preferred)	\$24	✓
Oral Retinoids			
Isotretinoin (Claravis [®] , Myorisan [®] , Zenatane [®])	10, 20, 30, 40 mg	\$209	PA

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ALLERGIC ANAPHYLACTIC REACTION			
Epinephrine Auto-injector			
Auvi-Q®	0.3 mg/0.3 mL, 0.15 mg/0.15 mL	\$690	NC
EpiPen®	0.3 mg/0.3 mL, 0.15 mg/0.15 mL	\$730	PA
EpiPen Jr.®	0.15 mg/0.3 mL		PA
Epinephrine Auto-injector (Mylan-brand generic preferred*)	0.3 mg/0.3 mL, 0.15 mg/0.3 mL	\$375	✓
Symjepi™	0.3 mg/0.3 mL, 0.15 mg/0.3 mL	\$300	✓
ALLERGIC CONJUNCTIVITIS			
Ophthalmic Antihistamines			
Azelastine	0.05%	\$58	✓
Cromolyn	4%	\$23	✓
Ketotifen (Alaway®, Zatidor®)	0.025%	\$30	✓

***Note to Pharmacy:**
NDC 49502010102 (0.15 mg) OR
NDC 49502010202 (0.3 mg) is
preferred by insurance

Allergy treatment options continued on next page.

PARTNERS
FOR KIDS



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ALLERGIC RHINITIS			
Oral Antihistamines			
Cetirizine (Zyrtec®)	5 mg, 10 mg	\$16	✓
	1 mg/mL	\$17	✓
	5 mg, 10 mg Chew	\$80	PA
Fexofenadine (Allegra®)	60 mg, 180 mg	\$25	PA
	30 mg/5 mL	\$25	PA
Loratadine (Claritin®)	10 mg	\$16	✓
	1 mg/mL	\$19	✓
	5 mg ODT	\$41	✓
Nasal Antihistamines			
Azelastine	0.15%, 0.1%	\$29	✓
Nasal Steroids			
Budesonide (Rhinocort® Allergy)	32 mcg/act	\$27	PA
Flunisolide	25 mcg/act	\$67	✓
Fluticasone (Flonase®)	50 mcg/act	\$22	✓
Triamcinolone (Nasacort®)	55 mcg/act	\$22	NC

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ASTHMA			
Inhaled Corticosteroids			
Beclomethasone (Qvar [®] RediHaler [™])	40 mcg, 80 mcg DPI	\$260	PA
Budesonide (Pulmicort Flexhaler [®])	90 mcg, 180 mcg DPI	\$269	✓
Budesonide (Pulmicort [®] Respules [®])	0.25 mg/2 mL, 0.5 mg/2mL	\$106	✓ ≤6 yo
Fluticasone furoate (Arnuity [™] Ellipta [®])	100 mcg, 200 mcg DPI	\$220	PA
Fluticasone propionate (Flovent [®] Diskus [®])	50 mcg, 100 mcg, 250 mcg DPI	\$261	✓
Fluticasone propionate (Flovent [®] HFA) (Brand preferred*)	44 mcg/act, 110 mcg/act, 220 mcg/act	\$351	✓
Mometasone furoate (Asmanex [®] HFA)	50 mcg/act, 100 mcg/act, 200 mcg/act	\$250	PA
Mometasone furoate (Asmanex [®] Twisthaler [®])	110 mcg, 220 mcg DPI	\$238	✓

***Note to Pharmacy:
Brand name Flovent[®] HFA
preferred by insurance**

Asthma treatment options continued on next page.

PARTNERS
FOR KIDS



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ASTHMA (CONTINUED)			
Inhaled Beta-2 Adrenergic Agonist/Corticosteroid			
Formoterol/Budesonide (Symbicort® HFA) (Brand preferred*)	80-4.5 mcg/act, 160-4.5 mcg/act	\$359	✓
Formoterol/Mometasone (Dulera® HFA)	50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	\$374	✓
Salmeterol/Fluticasone (Advair® Diskus) (Brand preferred*)	100-50 mcg, 250-50 mcg, 500-50 mcg DPI	\$182	✓
Salmeterol/Fluticasone (Wixela™ Inhub™)	100-50 mcg, 250-50 mcg, 500-50 mcg DPI	\$467	PA
Salmeterol/Fluticasone (Advair® HFA)	45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	\$327	✓
Salmeterol/Fluticasone (AirDuo® RespiClick®)	55-14 mcg, 113-14 mcg, 232-14 mcg	\$120	PA
Beta-2 Adrenergic Agonists			
Albuterol Solution	2.5 mg/3 mL	\$17	✓
Albuterol HFA (Ventolin HFA and Proair HFA) (Brand preferred*)	90 mcg/act	\$76	✓

***Note to Pharmacy:**
Brand name Symbicort® HFA
preferred by insurance

***Note to Pharmacy:**
Brand name Advair® Diskus
preferred by insurance

***Note to Pharmacy:**
Brand name Ventolin® HFA or
Proair® HFA preferred by insurance

PARTNERS
FOR KIDS



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
BEHAVIORAL HEALTH (CONTINUED)			
Antipsychotics			
	0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	\$16	✓
Risperidone (Risperdal®)	0.25 mg, 0.5 mg, 1 mg, 2 mg ODT	\$52	✓
	3 mg, 4 mg ODT	\$60	✓
	1 mg/mL	\$25	✓
Haloperidol (Haldol®)	0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	\$39	✓
	20 mg	\$88	✓
	2 mg/mL	\$95	✓
Chlorpromazine (Thorazine®)	10 mg, 25 mg, 50 mg	\$173	✓
	100 mg, 200 mg	\$395	✓
	25 mg	\$30	✓
Clozapine (Clozaril®)	50 mg, 100 mg	\$50	✓
	200 mg	\$93	✓
	100 mg ODT	\$354	PA
Clozapine (Versacloz®)	50 mg/mL	\$1,731	PA

Antipsychotic treatment options continued on next page.



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
BEHAVIORAL HEALTH			
Antipsychotics			
Quetiapine (Seroquel®)	25 mg, 50 mg	\$17	✓
	100 mg	\$17	✓
	200 mg, 300 mg, 400 mg	\$23	✓
Quetiapine ER (Seroquel XR®)	50 mg, 150 mg, 200 mg, 300 mg, 400 mg	\$23	✓
Aripiprazole (Abilify®)	2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	\$20	✓
	10mg, 15 mg ODT	\$1,271	PA
	1 mg/mL	\$199	PA
Lurasidone (Latuda®)	20 mg, 40 mg, 60 mg, 80 mg, 120 mg	\$1,508	PA Step therapy required

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ANXIETY DISORDERS/DEPRESSION			
Selective Serotonin Reuptake Inhibitors			
Citalopram (Celexa®)	10, 20, 40 mg	\$15	✓
Escitalopram (Lexapro®)	5, 10, 20 mg	\$16	✓
Fluoxetine (Prozac®)	10, 20, 40 mg (Capsules preferred)	\$15	✓
Sertraline (Zoloft®)	25, 50, 100 mg	\$16	✓
Serotonin-Norepinephrine Reuptake Inhibitors			
Venlafaxine (Effexor®)	25, 37.5, 50, 75, 100 mg	\$23	✓
Venlafaxine ER (Effexor ER®)	37.5, 75, 150 mg (Capsules preferred)	\$18	✓
Duloxetine (Cymbalta®)	20, 30, 60 mg	\$18	✓

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ATTENTION DEFICIT/HYPERACTIVITY DISORDER			
Stimulants			
Methylphenidate IR (Ritalin [®])	5, 10, 20 mg	\$24	✓
	5 mg/5 mL	\$105	✓
Methylphenidate CD (Metadate CD [®])	10, 20, 30, 40, 50, 60 mg	\$72	✓
Methylphenidate LA (XR) (Ritalin LA [®])	10, 20, 30, 40, 60 mg	\$67	✓
Methylphenidate ER (Concerta [®])	18, 27, 36, 54 mg	\$39	✓
Dextroamphetamine- Amphetamine IR (Adderall [®])	5, 7.5, 10, 12.5, 15, 20, 30 mg	\$36	✓
Dextroamphetamine- Amphetamine XR (Adderall XR [®])	5, 10, 15, 20, 25, 30 mg	\$35	✓
Dexmethylphenidate IR (Focalin [®])	2.5, 5, 10 mg	\$25	✓
Dexmethylphenidate ER (Focalin XR [®])	5, 10, 15, 20, 25, 30, 35, 40 mg	\$66	✓
Lisdexamfetamine (Vyvanse [®])	10, 20, 30, 40, 50, 60, 70 mg	\$434	✓
	10, 20, 30, 40, 50, 60 mg Chew	\$434	PA



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

ADHD treatment options continued on next page.

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ATTENTION DEFICIT/HYPERACTIVITY DISORDER			
Non-Stimulants			
Atomoxetine (Strattera®)	10, 18, 25, 40, 60, 80, 100 mg	\$83	✓
Clonidine (Catapres®)	0.1, 0.2, 0.3 mg	\$16	✓
Clonidine ER (Kapvay®)	0.1 mg	\$30	✓
Guanfacine (Tenex®)	1, 2 mg	\$60	✓
Guanfacine ER (Intuniv®)	1, 2, 3, 4 mg	\$22	✓

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ATOPIC DERMATITIS			
Class 7 Topical Corticosteroids-Least Potent			
Hydrocortisone External	0.5, 1, 2.5% Cream, Ointment; 1, 2.5% Lotion	\$21	✓
Class 6 Topical Corticosteroids-Low Potency			
Alclometasone dipionate (Aclovate®)	0.05% Cream, Ointment	\$92	PA
Betamethasone valerate (Beta Val®)	0.1% Lotion	\$50	✓
Desonide (Desowen®)	0.05% Cream	\$74	✓
Fluocinolone acetonide (Derma-Smoothe/FS®) (Brand preferred*)	0.01% Oil	\$62	✓
Triamcinolone acetonide (Kenalog®)	0.025% Cream, Lotion	\$23	✓
Classes 1-3 topical corticosteroids are not listed since most patients are treated with classes 4-7 topical corticosteroids.			

***Note to Pharmacy:**
Brand name Derma-Smoothe®
preferred by insurance

Atopic Dermatitis treatment options continued on next page.

PARTNERS
FOR KIDS



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ATOPIC DERMATITIS (CONTINUED)			
Class 5 Topical Corticosteroids-Lower Mid			
Betamethasone valerate (Beta Val®)	0.1% Cream	\$45	✓
Desonide (Desowen®)	0.05% Ointment	\$88	✓
Fluticasone propionate (Cutivate®)	0.05% Cream	\$31	✓ Cream
Hydrocortisone valerate (Westcort®)	0.2% Cream	\$55	PA
Hydrocortisone butyrate (Locoid®)	0.1% Ointment, Cream, Solution	\$74	PA
Triamcinolone acetonide (Kenalog®)	0.025% Ointment, 0.1% Lotion	\$31	✓
Class 4 Topical Corticosteroids Medium Potency			
Fluocinolone acetonide (Synalar®)	0.025% Ointment	\$82	PA
Hydrocortisone valerate (Westcort®)	0.2% Ointment	\$210	PA
Mometasone furoate (Elocon®)	0.1% Cream	\$40	✓
Triamcinolone acetonide (Kenalog®)	0.1% Cream, Ointment	\$21	✓
Classes 1-3 topical corticosteroids are not listed since most patients are treated with classes 4-7 topical corticosteroids.			



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
Constipation			
Stimulant Laxatives			
	8.6 mg, 15 mg, 25 mg	\$16	✓
Senna (Ex-Lax [®])	15 mg chocolate chewable Leader-brand generic preferred*	\$20	✓
	8.8 mg/5mL	\$24	✓
Bisacodyl (Dulcolax [®])	5 mg	\$15	✓
	10 mg suppository	\$18	✓
Osmotic Laxatives			
PEG 3350 (MiraLAX [®])	17g/dose	\$38	✓
Lactulose (Kristalose [®])	10 g/15 mL	\$40	✓
Magnesium Hydroxide (Milk of Magnesia [®] , Pedia-Lax [®])	400 mg/5mL	\$20	✓
	400 mg chewable	\$20	PA
Glycerin Suppository (Pedia-Lax [®])	1 g, 2 g	\$16	✓
	2.8g/4mL liquid	\$28	PA
Sodium Phosphate Enema (Fleet Pedia-Lax [®])	2.2 g/59mL	\$29	✓
<i>Do not use in ≤ 2 years old</i>			
Emollient Laxative (Stool Softener)			
Docusate (Colace [®])	100 mg, 250 mg	\$15	✓
	10 mg/mL	\$18	✓

***Note to Pharmacy:**
NDC 70000047701 is preferred
by insurance

PARTNERS
FOR KIDS



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
DIABETES			
Long Acting Insulin			
Insulin degludec (Tresiba®)	100, 200 units/mL Flectouch (3mL/pen)	\$583	PA
Insulin detemir (Levemir®)	100 units/mL Vial	\$370	✓
	100 units/mL Flectouch (3mL/pen)	\$555	✓
Insulin glargine (Basaglar®)	100 units/mL Kwikpen (3mL/pen)	\$392	PA
Insulin glargine (Lantus®)	100 units/mL Vial	\$340	✓
	100 units/mL Solostar (3mL/pen)	\$510	✓
Insulin glargine (Semglee®)	100 units/mL Vial	\$118	PA
	100 units/mL Pen injector (3mL/pen)	\$178	PA
Insulin glargine (Toujeo®)	300 units/mL Solostar (3mL/pen)	\$350	✓

Diabetes treatment options continued on next page.

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
DIABETES (CONTINUED)			
Intermediate Acting Insulin			
Insulin NPH (Humulin® N)	100 units/mL Vial	\$178	PA
	100 units/mL KwikPen (3mL/pen)	\$566	PA
Insulin NPH (Novolin® N)	100 units/mL Vial	\$165	PA
Mixed Insulin			
Insulin aspart protamine/ insulin aspart (Novolog 70-30®)	100 units/mL Vial	\$360	✓
	100 units/mL Flexpen (3mL/pen)	\$671	✓
Insulin lispro protamine/ insulin lispro (Humalog 50/50® and Humalog 75/25®)	100 units/mL Vial	\$342	✓
	100 units/mL KwikPen (3mL/pen)	\$637	✓
Insulin NPH/insulin regular (Humulin 70/30®)	100 units/mL Vial	\$178	✓
	100 units/mL KwikPen (3mL/pen)	\$566	✓
Insulin NPH/insulin regular (Novolin 70/30®)	100 units/mL Vial	\$165	PA

Diabetes treatment options continued on next page.



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
DIABETES (CONTINUED)			
Short Acting Insulin			
Insulin aspart (Novolog®)	100 units/mL Vial	\$174	✓
	100 units/mL FlexTouch (3mL/pen)	\$335	✓
Insulin aspart (Fiasp®)	100 units/mL Vial	\$347	PA
	100 units/ml FlexTouch (3mL/pen)	\$671	PA
Insulin glulisine (Apidra®)	100 units/mL Vial	\$341	✓
	100 units/ml SoloStar (3mL/pen)	\$658	✓
Insulin lispro (Humalog®)	100 units/mL Vial	\$165	✓
	100 units/mL KwikPen (3mL/pen)	\$318	✓
Insulin lispro (Admelog®)	100 units/mL Vial	\$157	PA
	100 units/mL SoloStar (3mL/pen)	\$303	PA
Insulin regular (Humulin R®)	100 units/mL Vial	\$178	PA
Insulin regular (Novolin R®)	100 units/mL Vial	\$165	PA



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
GASTROESOPHAGEAL REFLUX			
H2 Antihistamines			
Famotidine	10, 20, 40 mg	\$16	✓
(Pepcid®)	40 mg/5mL	\$82	✓
Proton Pump Inhibitors			
Esomeprazole (Nexium®)	20, 40 mg Capsules	\$22	PA
	20 mg OTC Nexium® 24HR	\$24	NC
	Granules Packet (Brand preferred)	\$345	✓
Lansoprazole (Prevacid®)	15 mg, 30 mg Capsules	\$22	✓
	15 mg, 30 mg Solutabs	\$275	PA
	3 mg/mL Compounded suspension	\$75	✓
	3 mg/mL First® Lansoprazole	\$96	NC
	Omeprazole (Prilosec®)	10, 20, 40 mg Capsules	\$16
2 mg/mL Compounded suspension		\$75	✓
2 mg/mL First® Omeprazole		\$96	NC
Pantoprazole (Protonix®)	20 mg, 40 mg Tablets	\$16	✓
	40 mg Packet (Brand preferred)	\$393	✓ ≤ 6 yo
	2 mg/mL suspension	\$572	PA ≤ 6 yo



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
HEAD LICE			
Topical Pediculocides			
Ivermectin lotion (Sklice [®])	0.5%	\$326	PA
Malathion lotion (Ovide [®])	0.5%	\$223	PA
Permethrin (Nix [®])	1%	\$22	✓
Pyrethrins/piperonyl butoxide (LiceMD [®] /RID [®])	0.33%-4%	\$25	✓
Spinosad (Natroba [®]) (Brand preferred)	0.9%	\$332	✓

***Note to Pharmacy:**
Brand name Natroba[®]
preferred by insurance



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ORAL ANTIBIOTICS			
Penicillins			
Amoxicillin	125, 250 mg Chew	\$22	✓
	250, 500 mg Capsule	\$16	✓
	125 mg/5mL, 250 mg/5 mL, 400 mg/5 mL	\$15	✓
Amoxicillin/Clavulanate (Augmentin™)	250 mg-62.5 mg/5 mL, 400 mg-57 mg/5 mL	\$21	✓
	875 mg-125 mg	\$22	✓
Augmentin™ ES <i>(Not interchangeable with other suspensions; Target clavulanic acid dose is 6.4mg/kg/day)</i>	600 mg-42.9 mg/5 mL <i>(high dose amoxicillin only)</i>	\$130	✓
Amoxicillin/Clavulanate (Augmentin XR™) <i>(Use for patients ≥40 kg)</i>	1,000 mg-62.5 mg	\$172	✓
Penicillin V Potassium (Pen VK®)	125 mg/5 mL, 250 mg/5 mL	\$16	✓
	250 mg, 500 mg	\$17	✓
Cephalosporins			
Cephalexin (Keflex®)	250 mg, 500 mg <i>(Capsules preferred)</i>	\$17	✓
	250 mg/5 mL	\$17	✓
Cefdinir (Omnicef®)	300 mg <i>(Capsules preferred)</i>	\$29	✓
	250 mg/5 mL	\$19	✓



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Oral antibiotics continued on next page.

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ORAL ANTIBIOTICS (CONTINUED)			
Fluoroquinolones			
Ciprofloxacin	250 mg, 500 mg	\$18	✓
(Cipro [®])	250 mg/5 mL, 500 mg/5mL	\$82	✓ ≤12 yo
Levofloxacin	250 mg, 500 mg	\$20	✓
(Levaquin [®])	25 mg/mL	\$111	✓
Macrolides			
Azithromycin	250 mg, 500 mg	\$37	✓
(Zithromax [®])	100 mg/5mL, 200 mg/5 mL	\$28	✓
Clarithromycin	125 mg/5 mL, 250 mg/5mL	\$118	✓
(Biaxin [®])	250 mg, 500 mg	\$30	✓
Erythromycin	250 mg, 333 mg, 400 mg, 500 mg	\$306	PA
(E.E.S. [®] , Ery-Tab [®])	200 mg/5mL	\$204	PA
Erythromycin	200 mg/5mL	\$204	PA
Ethylsuccinate (EryPed[®])	400 mg/5 mL		
Sulfonamides			
Sulfamethoxazole/ Trimethoprim	400 mg/80 mg, 800 mg/160 mg	\$16	✓
(Bactrim [®])	200 mg-40 mg/5 mL	\$34	✓

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Oral antibiotics continued on next page.

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ORAL ANTIBIOTICS (CONTINUED)			
Miscellaneous			
Clindamycin (Cleocin [®])	75, 150 mg	\$18	✓
	75 mg/5 mL	\$28	✓
Metronidazole (Flagyl [®])	250, 500 mg	\$18	✓
Nitrofurantoin monohydrate macrocrystal (MacroBid [®])	100 mg	\$32	✓
Nitrofurantoin (Furadantin [®])	25 mg/5 mL	\$2,990	✓
OTIC ANTIBIOTICS			
Otic Anti-infectives			
Ofloxacin	0.3% Floxin [®] Otic	\$36	✓
	0.3% Ocuflor [®] Oph	\$33	✓
Ciprofloxacin/dexamethasone (Ciprodex [®]) (Brand preferred)	0.3/0.1% suspension	\$231	✓
Ciprofloxacin (Cetraxal [®])	0.2% solution	\$94	PA

***Note to Pharmacy:**
Brand name Ciprodex[®]
preferred by insurance

PARTNERS
FOR KIDS

NATIONWIDE
CHILDREN'S
When your child needs a hospital, everything matters.

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ANTIFUNGALS			
Oral Antifungals			
Fluconazole (Diflucan [®])	50 mg, 100 mg, 150 mg, 200 mg	\$34	✓
	40mg/mL suspension	\$40	✓
Itraconazole (Sporanox [®])	100 mg	\$45	PA
	10 mg/mL solution	\$282	PA
Terbinafine (Lamisil [®])	250 mg	\$19	✓
Griseofulvin (Grifluvin V [®])	125 mg, 250 mg Ultramicrosize	\$122	✓
	500 mg Microsize	\$241	✓
	125/5 mg/mL Microsize suspension	\$46	✓
Nystatin	500,000 units	\$28	✓
	100,000 units/mL	\$20	✓

Antifungal treatment options continued on next page.



UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources under "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.

Bolded medications are available as generics ✓ = **Covered** PA = **Prior Authorization** NC = **Not Covered**

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ANTIFUNGALS (CONTINUED)			
Topical Antifungals			
Nystatin	100,000 units/g Cream	\$21	✓
	100,000 units/g Ointment	\$26	✓
	100,000 units/g Powder	\$34	✓
Clotrimazole	1% Cream	\$19	✓
	1% Vaginal Cream (Rx, OTC)	\$18	✓
	2% Vaginal Cream (OTC)	\$21	✓
	1% Solution	\$75	✓
Ketoconazole (Extina®, Nizoral®)	2% Cream	\$45	✓
	2% Shampoo	\$26	✓
	2% Foam	\$763	PA
Miconazole (Lotrimin®)	2% Cream	\$21	✓
	2% Vaginal Cream	\$20	✓
	2% Powder	\$19	✓
Terbinafine (Lamisil®)	1% Cream	\$24	✓

