

# UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

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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](#)

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>ACNE</b>			
<b>Topical Anti-bacterials</b>			
<b>Benzoyl Peroxide</b> (BPO <sup>®</sup> )	2.5%, 5%, 10% Gel	\$27	✓
	5%, 10% Liquid	\$24	✓
<b>Clindamycin Phosphate</b> (Cleocin-T <sup>®</sup> )	1% Gel, 1% Lotion	\$100	✓
	1% Solution	\$27	✓
<b>Erythromycin</b>	2% Gel	\$53	✓
	2% Solution	\$37	✓
<b>Topical Retinoids</b>			
<b>Adapalene</b> (Differin <sup>®</sup> )	0.1% Gel (Generic preferred)	\$65	✓
	0.3% Gel	\$53	PA
	0.1% Cream, 0.1% Lotion	\$151	PA
<b>Tretinoin</b> (Retin-A <sup>®</sup> )	0.025%, 0.05%, 0.1% Cream 0.01%, 0.04% Gel	\$121	✓

Acne treatment options continued on next page.



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<b>ACNE (CONTINUED)</b>			
<b>Topical Combinations</b>			
<b>Benzoyl Peroxide/ Erythromycin</b> (Benzamycin®)	5-3% Gel	\$96	✓
<b>Clindamycin/ Benzoyl Peroxide</b>	1-5% Gel (Benzaclin®) 1.2-5% Gel (Duac®)	\$56 \$43	✓ ✓
<b>Oral Antibiotics</b>			
<b>Doxycycline monohydrate</b>	50 mg, 100 mg (Capsules preferred)	\$21	✓
<b>Minocycline</b>	50, 75, 100 mg (Capsules preferred)	\$23	✓
<b>Oral Retinoids</b>			
<b>Isotretinoin</b> (Claravis®, Myorisan®, Zenatane®)	10, 20, 30, 40 mg	\$526	PA

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>ALLERGIC ANAPHYLACTIC REACTION</b>			
<b>Epinephrine Auto-injector</b>			
Auvi-Q®	0.3 mg/0.3 mL, 0.15 mg/0.15 mL	\$718	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
<b>Epinephrine Auto-injector</b> <b>(Mylan-brand generic preferred*)</b>	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	✓
<b>ALLERGIC CONJUNCTIVITIS</b>			
<b>Ophthalmic Antihistamines</b>			
<b>Azelastine</b>	0.05%	\$45	✓
<b>Cromolyn</b>	4%	\$20	✓
<b>Ketotifen</b> (Alaway®, Zatidor®)	0.025%	\$28	✓

**\*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.

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<b>ALLERGIC RHINITIS</b>			
<b>Oral Antihistamines</b>			
<b>Cetirizine</b> (Zyrtec <sup>®</sup> )	5 mg, 10 mg	\$16	✓
	1 mg/mL	\$17	✓
	5 mg, 10 mg Chew	\$70	PA
<b>Fexofenadine</b> (Allegra <sup>®</sup> )	60 mg, 180 mg	\$21	PA
	30 mg/5 mL	\$31	PA
<b>Loratadine</b> (Claritin <sup>®</sup> )	10 mg	\$16	✓
	1 mg/mL	\$41	✓
	10 mg ODT	\$55	✓
<b>Nasal Antihistamines</b>			
<b>Azelastine</b>	0.15%, 0.1%	\$32	✓
<b>Nasal Steroids</b>			
<b>Budesonide</b> (Rhinocort <sup>®</sup> Allergy)	32 mcg/act	\$27	PA
<b>Flunisolide</b>	25 mcg/act	\$62	✓
<b>Fluticasone</b> (Flonase <sup>®</sup> )	50 mcg/act	\$24	✓
<b>Triamcinolone</b> (Nasacort <sup>®</sup> )	55 mcg/act	\$22	NC

*Asthma treatment options continued on next page.*



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<b>ASTHMA</b>			
<b>Inhaled Corticosteroids</b>			
Beclomethasone (Qvar <sup>®</sup> RediHaler <sup>™</sup> )	40 mcg, 80 mcg DPI	\$328	PA
Budesonide (Pulmicort Flexhaler <sup>®</sup> )	90 mcg, 180 mcg DPI	\$269	✓
<b>Budesonide</b> (Pulmicort <sup>®</sup> Respules <sup>®</sup> )	0.25 mg/2 mL, 0.5 mg/2mL	\$89	✓ ≤6 yo
Fluticasone furoate (Arnuity <sup>™</sup> Ellipta <sup>®</sup> )	100 mcg, 200 mcg DPI	\$279	PA
<b>Fluticasone propionate</b> (Flovent <sup>®</sup> Diskus <sup>®</sup> )	50 mcg, 100 mcg, 250 mcg DPI	\$269	✓
<b>Fluticasone propionate</b> (Flovent <sup>®</sup> HFA)	44 mcg/act	\$246	✓
	110 mcg/act, 220 mcg/act	\$419	✓
Mometasone furoate (Asmanex <sup>®</sup> HFA)	50 mcg/act, 100 mcg/act, 200 mcg/act	\$249	PA
Mometasone furoate (Asmanex <sup>®</sup> Twisthaler <sup>®</sup> )	110 mcg, 220 mcg DPI	\$232	✓

As of January 1<sup>st</sup> 2024, Flovent<sup>®</sup> brand has been discontinued by the manufacturer. **Generic fluticasone propionate is also preferred for patients on an Ohio Medicaid plan.**

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<b>ASTHMA (CONTINUED)</b>			
<b>Inhaled Beta-2 Adrenergic Agonist/Corticosteroid</b>			
<b>Formoterol/Budesonide</b> (Symbicort® HFA) <b>(Brand preferred*)</b>	80-4.5 mcg/act, 160-4.5 mcg/act	\$461	✓
Formoterol/Mometasone (Dulera® HFA)	50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	\$392	✓
<b>Salmeterol/Fluticasone</b> (Advair® Diskus) <b>(Brand preferred*)</b>	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
<b>Salmeterol/Fluticasone</b> (Advair® HFA) <b>(Brand preferred*)</b>	45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	\$457	✓
<b>Salmeterol/Fluticasone</b> (AirDuo® RespiClick®)	55-14 mcg, 113-14 mcg, 232-14 mcg	\$460	PA
<b>Beta-2 Adrenergic Agonists</b>			
<b>Albuterol Solution</b>	2.5 mg/3 mL	\$17	✓
<b>Albuterol HFA</b> (Ventolin® Proventil®)	90 mcg/act	\$61	✓

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

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Brand name Advair® Diskus  
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<b>BEHAVIORAL HEALTH</b>			
<b>Antipsychotics</b>			
<b>Quetiapine</b> (Seroquel®)	25 mg, 50 mg	\$16	✓
	100 mg	\$17	✓
	200 mg, 300 mg, 400 mg	\$22	✓
<b>Quetiapine ER</b> (Seroquel XR®)	50 mg, 150 mg, 200 mg, 300 mg, 400 mg	\$22	✓
<b>Aripiprazole</b> (Abilify®)	2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	\$19	✓
	10mg, 15 mg ODT	\$1,271	PA
	1 mg/mL	\$172	PA
<b>Lurasidone</b> (Latuda®)	20 mg, 40 mg, 60 mg, 80 mg, 120 mg	\$29	✓

*Antipsychotic treatment options continued on next page.*



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<b>BEHAVIORAL HEALTH (CONTINUED)</b>			
<b>Antipsychotics</b>			
	0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	\$16	✓
<b>Risperidone</b> (Risperdal®)	0.25 mg, 0.5 mg, 1 mg, 2 mg ODT	\$42	✓
	3 mg, 4 mg ODT	\$49	✓
	1 mg/mL	\$23	✓
<b>Haloperidol</b> (Haldol®)	0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	\$33	✓
	20 mg	\$67	✓
	2 mg/mL	\$93	✓
<b>Chlorpromazine</b> (Thorazine®)	10 mg, 25 mg, 50 mg	\$87	✓
	100 mg, 200 mg	\$177	✓
	25 mg	\$30	✓
<b>Clozapine</b> (Clozaril®)	50 mg, 100 mg	\$45	✓
	200 mg	\$81	✓
	100 mg ODT	\$141	PA
Clozapine (Versacloz®)	50 mg/mL	\$1,520	PA

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>ANXIETY DISORDERS/DEPRESSION</b>			
<b>Selective Serotonin Reuptake Inhibitors</b>			
<b>Citalopram</b> (Celexa®)	10, 20, 40 mg	\$15	✓
<b>Escitalopram</b> (Lexapro®)	5, 10, 20 mg	\$16	✓
<b>Fluoxetine</b> (Prozac®)	10, 20, 40 mg <b>(Capsules preferred)</b>	\$15	✓
<b>Sertraline</b> (Zoloft®)	25, 50, 100 mg	\$15	✓
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>			
<b>Venlafaxine</b> (Effexor®)	25, 37.5, 50, 75, 100 mg	\$19	✓
<b>Venlafaxine ER</b> (Effexor ER®)	37.5, 75, 150 mg <b>(Capsules preferred)</b>	\$17	✓
<b>Duloxetine</b> (Cymbalta®)	20, 30, 60 mg	\$17	✓

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<b>ATTENTION DEFICIT/HYPERACTIVITY DISORDER</b>			
<b>Stimulants</b>			
<b>Methylphenidate IR</b> (Ritalin®)	5, 10, 20 mg	\$22	✓ ≥6 yo
	5 mg/5 mL	\$31	✓ 6-11 yo
<b>Methylphenidate CD</b> (Metadate CD®)	10, 20, 30, 40, 50, 60 mg	\$57	✓ ≥6 yo
<b>Methylphenidate LA (XR)</b> (Ritalin LA®)	10, 20, 30, 40, 60 mg	\$78	✓ ≥6 yo
<b>Methylphenidate ER</b> (Concerta®)	18, 27, 36, 54 mg	\$47	✓ ≥6 yo
<b>Dextroamphetamine- Amphetamine IR</b> (Adderall®)	5, 7.5, 10, 12.5, 15, 20, 30 mg	\$36	✓
<b>Dextroamphetamine- Amphetamine XR</b> (Adderall XR®)	5, 10, 15, 20, 25, 30 mg	\$35	✓
<b>Dexmethylphenidate IR</b> (Focalin®)	2.5, 5, 10 mg	\$24	✓
<b>Dexmethylphenidate ER</b> (Focalin XR®)	5, 10, 15, 20, 25, 30, 35, 40 mg	\$57	✓
<b>Lisdexamfetamine</b> (Vyvanse®) <b>(Brand preferred*)</b>	10, 20, 30, 40, 50, 60, 70 mg Capsule	\$457	✓
	10, 20, 30, 40, 50, 60 mg Chew	\$457	PA

**\*Note to Pharmacy:**  
Brand name Vyvanse® is preferred  
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ADHD treatment options continued on next page.

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<b>Non-Stimulants</b>			
<b>Atomoxetine</b> (Strattera®)	10, 18, 25, 40, 60, 80, 100 mg	\$72	✓
<b>Clonidine</b> (Catapres®)	0.1, 0.2, 0.3 mg	\$16	✓
<b>Clonidine ER</b> (Kapvay®)	0.1 mg	\$27	✓
<b>Guanfacine</b> (Tenex®)	1, 2 mg	\$44	✓
<b>Guanfacine ER</b> (Intuniv®)	1, 2, 3, 4 mg	\$20	✓

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<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	\$20	✓
<b>Class 6 Topical Corticosteroids-Low Potency</b>			
<b>Alclometasone diprionate</b> (Aclovate®)	0.05% Cream, Ointment	\$80	PA
<b>Betamethasone valerate</b> (Beta Val®)	0.1% Lotion	\$48	✓
<b>Desonide</b> (Desowen®)	0.05% Cream, Lotion	\$46	✓
<b>Fluocinolone acetonide</b> (Derma-Smoothe/FS®) <b>(Brand preferred*)</b>	0.01% Oil	\$36	✓
<b>Triamcinolone acetonide</b> (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.*

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>ATOPIC DERMATITIS (CONTINUED)</b>			
<b>Class 5 Topical Corticosteroids-Lower Mid</b>			
<b>Betamethasone valerate</b> (Beta Val®)	0.1% Cream	\$40	✓
<b>Desonide</b> (Desowen®)	0.05% Ointment	\$42	✓
<b>Fluticasone propionate</b>	0.05% Lotion	\$200	PA
<b>Hydrocortisone valerate</b> (Westcort®)	0.2% Cream	\$40	PA
<b>Hydrocortisone butyrate</b> (Locoid®)	0.1% Ointment, Cream, Solution	\$124	PA
<b>Triamcinolone acetonide</b> (Kenalog®)	0.025% Ointment, 0.1% Lotion	\$28	✓
<b>Class 4 Topical Corticosteroids Medium Potency</b>			
<b>Fluocinolone acetonide</b> (Synalar®)	0.025% Ointment	\$87	PA
<b>Hydrocortisone valerate</b> (Westcort®)	0.2% Ointment	\$182	PA
<b>Mometasone furoate</b> (Elocon®)	0.1% Cream	\$36	✓
<b>Fluticasone propionate</b> (Cutivate®)	0.05% Cream	\$31	✓
<b>Triamcinolone acetonide</b> (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.			

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>Constipation</b>			
<b>Stimulant Laxatives</b>			
	8.6 mg, 15 mg, 25 mg	\$16	✓
<b>Senna</b> (Ex-Lax <sup>®</sup> )	15 mg chocolate chewable <b>Specific NDCs preferred</b>	\$25	✓
	8.8 mg/5mL	\$21	✓
<b>Bisacodyl</b> (Dulcolax <sup>®</sup> )	5 mg	\$15	✓
	10 mg suppository	\$18	✓
<b>Osmotic Laxatives</b>			
<b>PEG 3350</b> (MiraLAX <sup>®</sup> )	17g/dose	\$14	✓
<b>Lactulose</b> (Kristalose <sup>®</sup> )	10 g/15 mL	\$40	✓
<b>Magnesium Hydroxide</b> (Milk of Magnesia <sup>®</sup> , Pedia-Lax <sup>®</sup> )	400 mg/5mL	\$20	✓
	400 mg chewable <b>Specific NDC preferred</b>	\$20	✓
<b>Glycerin Suppository</b> (Pedia-Lax <sup>®</sup> )	1 g, 2 g	\$16	✓
	2.8g/4mL liquid	\$28	PA
<b>Sodium Phosphate Enema</b> (Fleet Pedia-Lax <sup>®</sup> ) <b>Do not use in ≤ 2 years old</b>	2.2 g/59mL	\$29	✓
<b>Emollient Laxative (Stool Softener)</b>			
<b>Docosate</b> (Colace <sup>®</sup> )	100 mg, 250 mg	\$15	✓
	10 mg/mL	\$18	✓

**There are select NDCs covered without a PA for Senna chocolate chewable**

70000047701  
63868026624  
59779018224  
41163062518  
11917016663

**NDC covered without a PA for chewable magnesium hydroxide**

00132000655

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>DIABETES</b>			
<b>Long Acting Insulin</b>			
<b>Insulin degludec</b> (Tresiba®)	100, 200 units/mL Flextouch (3mL/pen)	\$366	PA
Insulin detemir (Levemir®)	100 units/mL Vial	\$370	✓
	100 units/mL Flextouch (3mL/pen)	\$555	✓
Insulin glargine (Basaglar®)	100 units/mL Kwikpen (3mL/pen)	\$392	PA
<b>Insulin glargine</b> (Lantus®)	100 units/mL Vial	\$340	✓
<b>Brand Preferred</b>	100 units/mL Solostar (3mL/pen)	\$510	✓
<b>Insulin glargine</b> (Semglee®)	100 units/mL Vial	\$323	PA
	100 units/mL Pen injector (3mL/pen)	\$485	PA
Insulin glargine (Toujeo®)	300 units/mL Solostar (3mL/pen)	\$311	✓

*Diabetes treatment options continued on next page.*

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>DIABETES (CONTINUED)</b>			
<b>Intermediate Acting Insulin</b>			
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
<b>Mixed Insulin</b>			
<b>Insulin aspart protamine/ insulin aspart</b> (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.*



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>DIABETES (CONTINUED)</b>			
<b>Short Acting Insulin</b>			
<b>Insulin aspart</b> (Novolog®)	100 units/mL Vial	\$153	✓
	100 units/mL FlexTouch (3mL/pen)	\$283	✓
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	✓
<b>Insulin lispro</b> (Humalog®)	100 units/mL Vial	\$93	✓
	100 units/mL KwikPen (3mL/pen)	\$167	✓
Insulin lispro (Admelog®)	100 units/mL Vial	\$157	PA
	100 units/mL SoloStar (3mL/pen)	\$227	PA
Insulin regular (Humulin R®)	100 units/mL Vial	\$178	PA
Insulin regular (Novolin R®)	100 units/mL Vial	\$165	PA

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>GASTROESOPHAGEAL REFLUX</b>			
<b>H2 Antihistamines</b>			
<b>Famotidine</b>	10, 20, 40 mg	\$16	✓
(Pepcid®)	40 mg/5mL	\$45	✓
<b>Proton Pump Inhibitors</b>			
<b>Esomeprazole</b> (Nexium®)	20, 40 mg Capsules	\$21	PA
	20 mg OTC Nexium® 24HR	\$25	NC
	Granules Packet <b>(Brand preferred)</b>	\$345	✓
<b>Lansoprazole</b> (Prevacid®)	15 mg, 30 mg Capsules	\$21	✓
	15 mg, 30 mg Solutabs	\$140	PA
	3 mg/mL Compounded suspension	\$75	✓
<b>Omeprazole</b> (Prilosec®)	3 mg/mL First® Lansoprazole	\$96	NC
	10, 20, 40 mg Capsules	\$16	✓
<b>Pantoprazole</b> (Protonix®)	2 mg/mL Compounded suspension	\$75	✓
	2 mg/mL Konvomep®	\$314	PA
<b>Pantoprazole</b> (Protonix®)	20 mg, 40 mg Tablets	\$16	✓
	40 mg Packet <b>(Brand preferred)</b>	\$595	✓ ≤ 6 yo
	2 mg/mL suspension	\$572	PA ≤ 6 yo

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>HEAD LICE</b>			
<b>Topical Pediculocides</b>			
Ivermectin lotion (Sklice <sup>®</sup> )	0.5%	\$197	PA
<b>Malathion lotion</b> (Ovide <sup>®</sup> )	0.5%	\$266	PA
<b>Permethrin</b> (Nix <sup>®</sup> )	1%	\$22	✓
<b>Pyrethrins/piperonyl butoxide</b> (Rid <sup>®</sup> , Vanalice <sup>®</sup> )	0.33%-4%	\$25	✓
<b>Spinosad</b> (Natroba <sup>®</sup> ) <b>(Brand preferred)</b>	0.9%	\$331	✓

**\*Note to Pharmacy:**  
Brand name Natroba<sup>®</sup>  
preferred by insurance

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<b>ORAL ANTIBIOTICS</b>			
<b>Penicillins</b>			
<b>Amoxicillin</b>	125, 250 mg Chew	\$22	✓
	250, 500 mg Capsule	\$16	✓
	125 mg/5mL, 250 mg/5 mL, 400 mg/5 mL	\$15	✓
<b>Amoxicillin/Clavulanate</b> (Augmentin™)	250 mg-62.5 mg/5 mL, 400 mg-57 mg/5 mL	\$19	✓
	875 mg-125 mg	\$23	✓
<b>Augmentin™ ES</b> (Not interchangeable with other suspensions; Target clavulanic acid dose is 6.4mg/kg/day)	600 mg-42.9 mg/5 mL (high dose amoxicillin only)	\$35	✓
<b>Amoxicillin/Clavulanate</b> (Augmentin XR™) (Use for patients ≥40 kg)	1,000 mg-62.5 mg	\$181	✓
<b>Penicillin V Potassium</b> (Pen VK®)	125 mg/5 mL, 250 mg/5 mL	\$16	✓
	250 mg, 500 mg	\$17	✓
<b>Cephalosporins</b>			
<b>Cephalexin</b> (Keflex®)	250 mg, 500 mg	\$17	✓
	125 mg/5 mL	\$16	✓
	250 mg/5 mL	\$16	✓
<b>Cefdinir</b> (Omnicef®)	300 mg	\$27	✓
	125 mg/5 mL 250 mg/5 mL	\$19	✓

Oral antibiotics continued on next page



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>ORAL ANTIBIOTICS (CONTINUED)</b>			
<b>Fluoroquinolones</b>			
<b>Ciprofloxacin</b> (Cipro <sup>®</sup> )	250 mg, 500 mg	\$18	✓
	250 mg/5 mL, 500 mg/5mL	\$170	✓ ≤12 yo
<b>Levofloxacin</b> (Levaquin <sup>®</sup> )	250 mg, 500 mg	\$19	✓
	25 mg/mL	\$111	✓
<b>Macrolides</b>			
<b>Azithromycin</b> (Zithromax <sup>®</sup> )	250 mg, 500 mg	\$28	✓
	100 mg/5mL, 200 mg/5 mL	\$25	✓
<b>Clarithromycin</b> (Biaxin <sup>®</sup> )	125 mg/5 mL, 250 mg/5mL	\$128	✓
	250 mg, 500 mg	\$32	✓
<b>Erythromycin</b> (E.E.S. <sup>®</sup> , Ery-Tab <sup>®</sup> )	250 mg, 333 mg, 400 mg, 500 mg	\$162	PA
<b>Erythromycin</b> <b>Ethylsuccinate</b> (EryPed <sup>®</sup> )	200 mg/5mL 400 mg/5 mL	\$73	PA
<b>Sulfonamides</b>			
<b>Sulfamethoxazole/ Trimethoprim</b> (Bactrim <sup>®</sup> )	400 mg/80 mg, 800 mg/160 mg	\$16	✓
	200 mg-40 mg/5 mL	\$27	✓

Oral antibiotics continued on next page.





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>ORAL ANTIBIOTICS (CONTINUED)</b>			
<b>Miscellaneous</b>			
<b>Clindamycin</b> (Cleocin <sup>®</sup> )	75, 150 mg	\$18	✓
	75 mg/5 mL	\$27	✓
<b>Metronidazole</b> (Flagyl <sup>®</sup> )	250, 500 mg	\$17	✓
<b>Nitrofurantoin monohydrate macrocrystal</b> (MacroBid <sup>®</sup> )	100 mg	\$27	✓
<b>Nitrofurantoin</b> (Furadantin <sup>®</sup> )	25 mg/5 mL	\$2,046	✓
<b>OTIC ANTIBIOTICS</b>			
<b>Otic Anti-infectives</b>			
<b>Ofloxacin</b>	0.3% Floxin <sup>®</sup> Otic	\$31	✓
	0.3% Ocuflor <sup>®</sup> Oph	\$29	✓
<b>Ciprofloxacin/dexamethasone</b> (Ciprodex <sup>®</sup> )	0.3/0.1% suspension	\$299	✓
<b>Ciprofloxacin</b> (Cetraxal <sup>®</sup> )	0.2% solution	\$20	PA

**Brand Ciprodex<sup>®</sup> has been discontinued. Generic ciprofloxacin/dexamethasone is also preferred for patients on an Ohio Medicaid plan.**

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
<b>ANTIFUNGALS</b>			
<b>Oral Antifungals</b>			
<b>Fluconazole</b> (Diflucan <sup>®</sup> )	50 mg, 100 mg, 150 mg, 200 mg	\$25	✓
	40mg/mL suspension	\$30	✓
<b>Itraconazole</b> (Sporanox <sup>®</sup> )	100 mg	\$41	PA
	10 mg/mL solution	\$359	PA
<b>Terbinafine</b> (Lamisil <sup>®</sup> )	250 mg	\$19	✓
<b>Griseofulvin</b> (Grifluvin V <sup>®</sup> )	125 mg, 250 mg Ultramicrosize	\$147	✓
	500 mg Microsize	\$236	✓
	125/5 mg/mL Microsize suspension	\$63	✓
<b>Nystatin</b>	500,000 units	\$22	✓
	100,000 units/mL	\$18	✓

*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](http://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
<b>ANTIFUNGALS (CONTINUED)</b>			
<b>Topical Antifungals</b>			
<b>Nystatin</b>	100,000 units/g Cream	\$20	✓
	100,000 units/g Ointment	\$21	✓
	100,000 units/g Powder	\$29	✓
<b>Clotrimazole</b>	1% Cream	\$20	✓
	1% Vaginal Cream (Rx, OTC)	\$18	✓
	2% Vaginal Cream (OTC)	\$9	✓
	1% Solution	\$65	✓
<b>Ketoconazole</b> (Extina®, Nizoral®)	2% Cream	\$30	✓
	2% Shampoo	\$26	✓
	2% Foam	\$142	PA
<b>Miconazole</b> (Lotrimin®)	2% Cream	\$19	✓
	2% Vaginal Cream	\$20	✓
	2% Powder	\$6	✓
<b>Terbinafine</b> (Lamisil®)	1% Cream	\$24	✓