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

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

Acne treatment options continued on next page.





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ACNE	E (CONTINUED)		
Торіса	al Combinations		
Benzoyl Peroxide/ Erythromycin (Benzamycin [®])	5-3% Gel	\$96	~
Clindamycin/ Benzoyl Peroxide	1-5% Gel (Benzaclin®) 1.2-5% Gel (Duac®)	\$56 \$43	✓ ✓
Ora	al Antibiotics		
Doxycycline monohydrate	50 mg, 100 mg (Capsules preferred)	\$21	✓
Minocycline	50, 75, 100 mg (Capsules preferred)	\$23	✓
Oral Retinoids			
Isotretinoin (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	
ALLERGIC ANAPHYLACTIC REACTION				
Epineph	rine Auto-injecto	r		
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	
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	~	
ALLERGI	C CONJUNCTIVIT	-IS		
Ophthaln	nic Antihistamine	s		
Azelastine	0.05%	\$45	✓	
Cromolyn	4%	\$20	~	
Ketotifen (Alaway®, Zatidor®)	0.025%	\$28	~	

Allergy treatment options continued on next page.

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





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL	
ALLE	ALLERGIC RHINITIS			
Oral	Antihistamines			
Cotininina	5 mg, 10 mg	\$16	✓	
Cetirizine (Zyrtec [®])	1 mg/mL	\$17	✓	
(Zynec)	5 mg, 10 mg Chew	\$70	PA	
Fexofenadine	60 mg, 180 mg	\$21	PA	
(Allegra [®])	30 mg/5 mL	\$31	PA	
Loratadine	10 mg	\$16	✓	
(Claritin [®])	1 mg/mL	\$41	✓	
	10 mg ODT	\$55	✓	
Nasal	Antihistamines			
Azelastine	0.15%, 0.1%	\$32	✓	
Na	sal Steroids			
Budesonide (Rhinocort [®] Allergy)	32 mcg/act	\$27	PA	
Flunisolide	25 mcg/act	\$62	✓	
Fluticasone (Flonase [®])	50 mcg/act	\$24	✓	
Triamcinolone (Nasacort [®])	55 mcg/act	\$22	NC	

Asthma treatment options continued on next page.





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
	ASTHMA		
Inhaled	Corticosteroids		
Beclomethasone (Qvar [®] RediHaler™)	40 mcg, 80 mcg	\$251	~
Budesonide (Pulmicort Flexhaler [®])	90 mcg, 180 mcg DPI	\$233	~
Budesonide (Pulmicort [®] Respules [®])	0.25 mg/2 mL, 0.5 mg/2mL 1 mg/2mL	\$166	√ ≤6 уо
Fluticasone furoate (Arnuity™ Ellipta [®])	50 mcg, 100 mcg, 200 mcg DPI	\$233	~
Fluticasone propionate (Flovent [®] Diskus [®])	50 mcg, 100 mcg, 250 mcg DPI	\$225	~
Fluticasone propionate	44 mcg/act	\$122	✓
(Flovent [®] HFA)	110 mcg/act, 220 mcg/act	\$188	~
Mometasone furoate (Asmanex [®] HFA)	50 mcg/act, 100 mcg/act, 200 mcg/act	\$111	PA
Mometasone furoate (Asmanex [®] Twisthaler [®])	110 mcg, 220 mcg DPI	\$104	~

As of January 1st 2024, Flovent[®] brand has been discontinued by the manufacturer. Generic fluticasone propionate is preferred for patients on an Ohio Medicaid plan.





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL	
	IA (CONTINUED)			
Inhaled Beta-2 Adre	nergic Agonist/C	orticoste	eroid	
Formoterol/Budesonide (Symbicort [®] HFA) (Brand preferred*)	80-4.5 mcg/act, 160-4.5 mcg/act	\$230	~	<u>*Note to Pharmacy:</u> Brand name Symbicort [®] preferred by insuranc
Formoterol/Budesonide (Breyna [®] HFA)	80-4.5 mcg/act, 160-4.5 mcg/act	\$241	PA	
Formoterol/Mometasone (Dulera [®] HFA)	50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	\$339	✓	
Salmeterol/Fluticasone (Advair® Diskus) (Brand preferred*)	100-50 mcg, 250-50 mcg, 500-50 mcg DPI	\$208	~	<u>*Note to Pharmacy:</u> Brand name Advair [®] Dis preferred by insurance
Salmeterol/Fluticasone (Wixela™ Inhub™)	100-50 mcg, 250-50 mcg, 500-50 mcg DPI	\$123	PA	
Salmeterol/Fluticasone (Advair® HFA) (Brand preferred*)	45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	\$333	✓	<u>*Note to Pharmacy:</u> Brand name Advair [®] HFA preferred by insurance
Salmeterol/Fluticasone (AirDuo® RespiClick®)	55-14 mcg, 113-14 mcg, 232-14 mcg	\$428	PA	
Beta-2 A	drenergic Agonis	ts		
Albuterol Solution	2.5 mg/3 mL	\$16	~	
Albuterol HFA (Ventolin® Proventil®)	90 mcg/act	\$61	✓	
Leukotriene	Receptor Antago	onists		
Montelukast (Singulair [®])	4 mg Oral packet, 4 mg, 5 mg Chew, 10 mg Tablet	\$15	✓	
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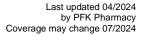
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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
BEHA	/IORAL HEALTH		
An	tipsychotics		
Quotionino	25 mg, 50 mg	\$16	✓
Quetiapine (Seroquel®)	100 mg	\$17	✓
()	200 mg, 300 mg, 400 mg	\$22	~
Quetiapine ER (Seroquel XR®)	50 mg, 150 mg, 200 mg, 300 mg, 400 mg	\$22	~
Anin in no 1-	2 mg, 5 mg,10 mg, 15 mg, 20 mg, 30 mg	\$19	✓
Aripiprazole (Abilify®)	10mg, 15 mg ODT	\$1,271	PA
	1 mg/mL	\$172	PA
Lurasidone (Latuda®)	20 mg, 40 mg, 60 mg, 80 mg, 120 mg	\$29	✓

Antipsychotic treatment options continued on next page.





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
BEHAVIORAL	HEALTH (CONTI	NUED)	
An	tipsychotics		
	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	\$42	~
	3 mg, 4 mg ODT	\$49	✓
	1 mg/mL	\$23	✓
Haloperidol	0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	\$33	✓
(Haldol®)	20 mg	\$67	✓
	2 mg/mL	\$93	✓
Chlorpromazine	10 mg, 25 mg, 50 mg	\$87	✓
(Thorazine®)	100 mg, 200 mg	\$177	✓
	25 mg	\$30	✓
Clozapine	50 mg, 100 mg	\$45	\checkmark
(Clozaril®)	200 mg	\$81	\checkmark
	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
ANXIETY DISC	ORDERS/DEPRE	SSION	
Selective Serot	onin Reuptake In	hibitors	
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	\$15	~
Serotonin-Norepin	ephrine Reuptak	e Inhibito	ors
Venlafaxine (Effexor®)	25, 37.5, 50, 75, 100 mg	\$19	~
Venlafaxine ER (Effexor ER®)	37.5, 75, 150 mg (Capsules preferred)	\$17	~
Duloxetine (Cymbalta [®])	20, 30, 60 mg	\$17	~



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL		
ATTENTION DEFICI	T/HYPERACTIVIT	Y DISOR	DER		
	Stimulants				
Methylphenidate IR	5, 10, 20 mg	\$22	✓		
(Ritalin [®])	5 mg/5 mL	\$31	√ <u><</u> 11 yo		
Methylphenidate CD (Metadate CD [®])	10, 20, 30, 40, 50, 60 mg	\$57	✓		
Methylphenidate LA (XR) (Ritalin LA [®])	10, 20, 30, 40, 60 mg	\$78	v		
Methylphenidate ER (Concerta®)	18, 27, 36, 54 mg	\$47	~		
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	√ ≥6 yo		
Dexmethylphenidate IR (Focalin [®])	2.5, 5, 10 mg	\$24	√ ≥6 yo		
Dexmethylphenidate ER (Focalin XR [®])	5, 10, 15, 20, 25, 30, 35, 40 mg	\$57	√ ≥6 yo		
Lisdexamfetamine	10, 20, 30, 40, 50, 60, 70 mg Capsule	\$457	✓		
(Vyvanse [®]) (Brand preferred*)	10, 20, 30, 40, 50, 60 mg Chew	\$457	PA		

<u>*Note to Pharmacy:</u> Brand name Vyvanse[®] is preferred by insurance

ADHD treatment options continued on next page.





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ATTENTION DEFICIT	/HYPERACTIVIT	Y DISOR	DER
Νοι	n-Stimulants		
Atomoxetine (Strattera [®])	10, 18, 25, 40, 60, 80, 100 mg	\$72	√ ≥ 6 yo
Clonidine (Catapres [®])	0.1, 0.2, 0.3 mg	\$16	~
Clonidine ER (Kapvay [®])	0.1 mg	\$27	~
Guanfacine (Tenex [®])	1, 2 mg	\$44	~
Guanfacine ER (Intuniv [®])	1, 2, 3, 4 mg	\$20	~



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ATOP	IC DERMATITIS		
Class 7 Topical C	orticosteroids-Le	ast Pote	nt
Hydrocortisone External	0.5, 1, 2.5% Cream, Ointment; 1, 2.5% Lotion	\$20	✓
Class 6 Topical Corticosteroids-Low Potency			
Alclometasone diprionate (Aclovate®)	0.05% Cream, Ointment	\$80	PA
Betamethasone valerate (Beta Val®)	0.1% Lotion	\$48	✓
Desonide (Desowen®)	0.05% Cream, Lotion	\$46	✓
Fluocinolone acetonide (Derma-Smoothe/FS®) (Brand preferred*)	0.01% Oil	\$36	✓
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.			

<u>*Note to Pharmacy:</u> 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
ATOPIC DER	MATITIS (CONTIN	IUED)	
Class 5 Topical	Corticosteroids-L	ower Mi	d
Betamethasone valerate (Beta Val®)	0.1% Cream	\$40	✓
Desonide (Desowen®)	0.05% Ointment	\$42	✓
Fluticasone propionate	0.05% Lotion	\$200	PA
Hydrocortisone valerate (Westcort®)	0.2% Cream	\$40	PA
Hydrocortisone butyrate (Locoid®)	0.1% Ointment, Cream, Solution	\$124	PA
Triamcinolone acetonide (Kenalog®)	0.025% Ointment, 0.1% Lotion	\$28	✓
Class 4 Topical Cor	rticosteroids Medi	um Pote	ency
Fluocinolone acetonide (Synalar®)	0.025% Ointment	\$87	PA
Hydrocortisone valerate (Westcort®)	0.2% Ointment	\$182	PA
Mometasone furoate (Elocon®)	0.1% Cream	\$36	✓
Fluticasone propionate (Cutivate®)	0.05% Cream	\$31	✓
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.			





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL	
	onstipation			
Stim	ulant Laxatives			
	8.6 mg, 15 mg, 25 mg	\$16	~	
Senna (Ex-Lax [®])	15 mg chocolate chewable Specific NDCs preferred	\$25	~	There are select NDCs covered with a PA for Senna chocolate chewable 70000047701 63868026624
	8.8 mg/5mL	\$21	✓	59779018224
Bisacodyl	5 mg	\$15	✓	41163062518 11917016663
(Dulcolax [®])	10 mg suppository	\$18	✓	
Osm	notic Laxatives			
PEG 3350 (MiraLAX [®])	17g/dose	\$14	✓	
Lactulose (Kristalose [®])	10 g/15 mL	\$40	✓	
Magnesium Hydroxide (Milk of Magnesia®,	400 mg/5mL	\$20	~	NDC covered without a PA for chev
Pedia-Lax®)	400 mg chewable Specific NDC preferred	\$20	~	<u>magnesium hydroxide</u> 00132000655
Glycerin Suppository	1 g, 2 g	\$16	✓	
(Pedia-Lax [®])	2.8g/4mL liquid	\$28	PA	
Sodium Phosphate Enema (Fleet Pedia-Lax®) Do not use in ≤ 2 years old	2.2 g/59mL	\$29	~	
Emollient La	xative (Stool Soft	ener)		
Docusate	100 mg, 250 mg	\$15	~	
(Colace [®])	10 mg/mL	\$18	~	
	Partner For Kid		daytor children's	1

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
	DIABETES		
Long	Acting Insulin		
Insulin degludec (Tresiba®)	100, 200 units/mL Flextouch (3mL/pen)	\$366	PA
Insulin detemir	100 units/mL Vial	\$370	~
(Levemir®)	100 units/mL Flextouch (3mL/pen)	\$555	~
Insulin glargine (Basaglar®)	100 units/mL Kwikpen (3mL/pen)	\$392	PA
Insulin glargine	100 units/mL Vial	\$340	✓
(Lantus®) Brand Preferred	100 units/mL Solostar (3mL/pen)	\$510	~
Insulin glargine	100 units/mL Vial	\$323	PA
(Semglee®)	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
DIABET	ES (CONTINUED)		
Intermed	liate Acting Insuli	n	
Insulin NPH	100 units/mL Vial	\$178	PA
(Humulin [®] N)	100 units/mL KwikPen (3mL/pen)	\$566	PA
Insulin NPH (Novolin® N)	100 units/mL Vial	\$165	PA
Μ	ixed Insulin		
Insulin aspart protamine/	100 units/mL Vial	\$360	~
insulin aspart (Novolog 70-30 [®])	100 units/mL Flexpen (3mL/pen)	\$671	~
Insulin lispro protamine/ insulin lispro	100 units/mL Vial	\$342	✓
(Humalog 50/50 [®] and Humalog 75/25 [®])	100 units/mL KwikPen (3mL/pen)	\$637	✓
Insulin NPH/insulin regular	100 units/mL Vial	\$178	✓
(Humulin 70/30 [®])	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
DIABET	ES (CONTINUED)		
Shor	t Acting Insulin		
Insulin aspart	100 units/mL Vial	\$153	~
(Novolog [®])	100 units/mL FlexTouch (3mL/pen)	\$283	~
Insulin aspart	100 units/mL Vial	\$347	PA
(Fiasp [®])	100 units/ml FlexTouch (3mL/pen)	\$671	PA
Insulin glulisine	100 units/mL Vial	\$341	~
(Apidra®)	100 units/mI SoloStar (3mL/pen)	\$658	~
Insulin lispro	100 units/mL Vial	\$93	~
(Humalog®)	100 units/mL KwikPen (3mL/pen)	\$167	~
Insulin lispro	100 units/mL Vial	\$157	PA
(Admelog®)	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
GASTROES	SOPHAGEAL REF	LUX	
H2 /	Antihistamines		
Famotidine	10, 20, 40 mg	\$16	✓
(Pepcid [®])	40 mg/5mL	\$45	✓
Proton	Pump Inhibitors		
	20, 40 mg Capsules	\$21	PA
Esomeprazole (Nexium [®])	20 mg OTC Nexium [®] 24HR	\$25	NC
	Granules Packet (Brand preferred)	\$345	~
	15 mg, 30 mg Capsules	\$21	~
Lansoprazole	15 mg, 30 mg Solutabs	\$140	PA
(Prevacid [®])	3 mg/mL Compounded suspension	\$75	~
	3 mg/mL First [®] Lansoprazole	\$96	NC
	10, 20, 40 mg Capsules	\$16	~
Omeprazole (Prilosec [®])	2 mg/mL Compounded suspension	\$75	~
	2 mg/mL Konvomep®	\$314	PA
	20 mg, 40 mg Tablets	\$16	~
Pantoprazole	40 mg Packet (Brand preferred)	\$595	√ ≤6 yo
(Protonix [®])	2 mg/mL suspension	\$572	PA ≤6 yo





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ŀ	IEAD LICE		
Topica	I Pediculocides		
lvermectin lotion (Sklice [®])	0.5%	\$197	PA
Malathion lotion (Ovide [®])	0.5%	\$266	PA
Permethrin (Nix [®])	1%	\$22	✓
Pyrethrins/piperonyl butoxide (Rid®, Vanalice®)	0.33%-4%	\$25	~
Spinosad (Natroba [®]) (Brand preferred)	0.9%	\$331	✓

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





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ORA	L ANTIBIOTICS		
	Penicillins		
Amoxicillin	125, 250 mg Chew 250, 500 mg Capsule 125 mg/5mL,	\$22 \$16	✓ ✓
	250 mg/5 mL, 400 mg/5 mL	\$15	\checkmark
Amoxicillin/Clavulanate	250 mg-62.5 mg/5 mL, 400 mg-57 mg/5 mL	\$19	✓
(Augmentin [™])	875 mg-125 mg	\$23	✓
Augmentin™ ES (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	✓
Amoxicillin/Clavulanate (Augmentin XR [™]) (Use for patients ≥40 kg)	1,000 mg-62.5 mg	\$181	~
Penicillin V Potassium	125 mg/5 mL, 250 mg/5 mL	\$16	✓
(Pen VK [®])	250 mg, 500 mg	\$17	\checkmark
Ce	phalosporins		
Cephalexin	250 mg, 500 mg	\$17	\checkmark
(Keflex [®])	125 mg/5 mL 250 mg/5 mL	\$16	~
Cefdinir	300 mg	\$27	\checkmark
(Omnicef [®])	125 mg/5 mL 250 mg/5 mL	\$19	~

Oral antibiotics 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

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ORAL ANTIB	IOTICS (CONTIN	UED)	
Fluo	oroquinolones		
Ciprofloxacin	250 mg, 500 mg	\$18	✓
(Cipro [®])	250 mg/5 mL, 500 mg/5mL	\$170	✓ <u><</u> 12 yo
Levofloxacin	250 mg, 500 mg	\$19	\checkmark
(Levaquin [®])	25 mg/mL	\$111	\checkmark
Ν	Nacrolides		
Azithromycin	250 mg, 500 mg	\$28	✓
(Zithromax [®])	100 mg/5mL, 200 mg/5 mL	\$25	✓
Clarithromycin	125 mg/5 mL, 250 mg/5mL	\$128	✓
(Biaxin [®])	250 mg, 500 mg	\$32	√
Erythromycin (E.E.S. [®] , Ery-Tab [®])	250 mg, 333 mg, 400 mg, 500 mg	\$162	PA
Erythromycin	200 mg/5mL	\$73	PA
Ethylsuccinate (EryPed [®])	400 mg/5 mL	ψισ	IA
Su	ulfonamides		
Sulfamethoxazole/	400 mg/80 mg,	\$16	\checkmark
Trimethoprim (Bactrim [®])	800 mg/160 mg 200 mg-40 mg/5 mL	\$27	\checkmark

Oral antibiotics continued on next page.





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

Brand Ciprodex[®] 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
AN	ITIFUNGALS		
Ora	I Antifungals		
Fluconazole	50 mg, 100 mg, 150 mg, 200 mg	\$25	✓
(Diflucan [®])	40mg/mL suspension	\$30	\checkmark
Itraconazole	100 mg	\$41	PA
(Sporanox [®])	10 mg/mL solution	\$359	PA
Terbinafine (Lamisil [®])	250 mg	\$19	✓
	125 mg, 250 mg Ultramicrosize	\$147	\checkmark
Griseofulvin (Grifluvin √ [®])	500 mg Microsize	\$236	~
	125/5 mg/mL Microsize suspension	\$63	\checkmark
Nystatin	500,000 units 100,000 units/mL	\$22 \$18	√ √

Antifungal treatment options continued on next page.



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



