

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
ACNE			
Topical Anti-bacterials			
Benzoyl Peroxide (BPO®)	2.5%, 5%, 10% Gel	\$22	✓
	5%, 10% Liquid		✓
Clindamycin Phosphate (Cleocin-T®)	1% Gel	\$77	✓
	1% Lotion	\$32	✓
	1% Solution	\$22	✓
	1% Swabs	\$30	✓
Erythromycin	2% Gel	\$54	✓
	2% Solution	\$37	✓
Topical Retinoids			
Adapalene (Differin®)	0.1% Gel <i>(Generic preferred)</i>	\$34	✓
	0.3% Gel <i>(Generic Preferred)</i>	\$36	✓
	0.1% Cream, 0.1% Lotion	\$144	PA
Tretinoin (Retin-A®, Altreno®)	Cream: 0.025%, 0.05%, 0.1%	\$88	✓
	Gel: 0.01%, 0.025%, 0.05%,	\$156	✓
	Gel (Microspheres): 0.04%, 0.08%, 0.1%	\$468	✓
	Lotion (Altreno®): 0.05%	\$121	✓

There are a limited number of covered adapalene 0.1% gel NDCs:
 69842008805 (15 g)
 69842008816 (45 g)
 70000004301 (15 g)
 70000004302 (45 g)

Acne treatment options continued on next page.



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ACNE (CONTINUED)			
Topical Combinations			
Benzoyl Peroxide/ Erythromycin (Benzamycin®)	5-3% Gel	\$73	✓
Clindamycin/ Benzoyl Peroxide (Brand preferred*)	1.2-3.75% Gel (Onexton®) 1.2-5% Gel (Neuac®)	\$705	✓ ✓
Oral Antibiotics			
Doxycycline monohydrate	50 mg, 100 mg (Capsules preferred)	\$21	✓
Minocycline	50, 75, 100 mg (Capsules preferred)	\$23	✓
Oral Retinoids			
Isotretinoin (Claravis®, Zenatane®)	10, 20, 30, 40 mg	\$526	PA



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ALLERGIC ANAPHYLACTIC REACTION			
Epinephrine Auto-injector			
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	✓
ALLERGIC CONJUNCTIVITIS			
Ophthalmic Antihistamines			
Azelastine	0.05%	\$45	✓
Cromolyn	4%	\$20	✓
Ketotifen (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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ALLERGIC RHINITIS			
Oral Antihistamines			
Cetirizine (Zyrtec®)	5 mg, 10 mg	\$16	✓
	1 mg/mL	\$17	✓
	5 mg, 10 mg Chew	\$70	PA
Fexofenadine (Allegra®)	60 mg, 180 mg	\$21	PA
	30 mg/5 mL	\$31	PA
Loratadine (Claritin®)	10 mg	\$16	✓
	1 mg/mL	\$41	✓
	10 mg ODT	\$55	✓
Nasal Antihistamines			
Azelastine	0.15%, 0.1%	\$32	✓
Nasal 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

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Asthma treatment options continued on next page.

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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 yo
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 (Flovent [®] HFA)	44 mcg/act 110 mcg/act, 220 mcg/act	\$122 \$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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ASTHMA (CONTINUED)			
Inhaled Beta-2 Adrenergic Agonist/Corticosteroid			
Formoterol/Budesonide (Symbicort® HFA) (Brand preferred*)	80-4.5 mcg/act, 160-4.5 mcg/act	\$230	✓
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	✓
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	✓
Salmeterol/Fluticasone (AirDuo® RespiClick®)	55-14 mcg, 113-14 mcg, 232-14 mcg	\$428	PA
Beta-2 Adrenergic Agonists			
Albuterol Solution	2.5 mg/3 mL	\$16	✓
Albuterol HFA (Ventolin® Proventil®)	90 mcg/act	\$61	✓
Leukotriene Receptor Antagonists			
Montelukast (Singulair®)	4 mg Oral packet, 4 mg, 5 mg Chew, 10 mg Tablet	\$15	✓

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

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Brand name Advair® Diskus
preferred by insurance

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PARTNERS
FOR KIDS



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BEHAVIORAL HEALTH			
Antipsychotics			
Quetiapine (Seroquel®)	25 mg, 50 mg	\$16	✓
	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	✓
Aripiprazole (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
Lurasidone (Latuda®)	20 mg, 40 mg, 60 mg, 80 mg, 120 mg	\$29	✓

Antipsychotic treatment options continued on next page.



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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	\$42	✓
	3 mg, 4 mg ODT	\$49	✓
	1 mg/mL	\$23	✓
Haloperidol (Haldol®)	0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	\$33	✓
	20 mg	\$67	✓
	2 mg/mL	\$93	✓
Chlorpromazine (Thorazine®)	10 mg, 25 mg, 50 mg	\$87	✓
	100 mg, 200 mg	\$177	✓
	25 mg	\$30	✓
Clozapine (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
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	\$15	✓
Serotonin-Norepinephrine Reuptake Inhibitors			
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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ATTENTION DEFICIT/HYPERACTIVITY DISORDER			
Stimulants			
Methylphenidate IR (Ritalin®)	5, 10, 20 mg 5 mg/5 mL	\$22 \$31	✓ ✓ ≤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	✓
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 (Vyvanse®) (Brand preferred*)	10, 20, 30, 40, 50, 60, 70 mg Capsule 10, 20, 30, 40, 50, 60 mg Chew	\$457 \$457	✓ PA

***Note to Pharmacy:**
Brand name Vyvanse® is preferred
by insurance

ADHD treatment options continued on next page.



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ATTENTION DEFICIT/HYPERACTIVITY DISORDER			
Non-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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ATOPIC DERMATITIS			
Class 7 Topical Corticosteroids-Least Potent			
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.			

***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
ATOPIC DERMATITIS (CONTINUED)			
Class 5 Topical Corticosteroids-Lower Mid			
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 Corticosteroids Medium Potency			
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
Constipation			
Stimulant Laxatives			
	8.6 mg, 15 mg, 25 mg	\$16	✓
Senna (Ex-Lax [®])	15 mg chocolate chewable Specific NDCs preferred	\$25	✓
	8.8 mg/5mL	\$21	✓
Bisacodyl (Dulcolax [®])	5 mg	\$15	✓
	10 mg suppository	\$18	✓
Osmotic Laxatives			
PEG 3350 (MiraLAX [®])	17g/dose	\$14	✓
Lactulose (Kristalose [®])	10 g/15 mL	\$40	✓
Magnesium Hydroxide (Milk of Magnesia [®] , Pedia-Lax [®])	400 mg/5mL	\$20	✓
	400 mg chewable Specific NDC preferred	\$20	✓
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	✓
	Do not use in ≤ 2 years old		
Emollient Laxative (Stool Softener)			
Docosate (Colace [®])	100 mg, 250 mg	\$15	✓
	10 mg/mL	\$18	✓

[Please click here for Ohio Medicaid's Over-The-Counter preferred national drug codes \(NDCs\)](#)

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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 (Levemir®)	100 units/mL Vial	\$370	✓
	100 units/mL Flextouch (3mL/pen)	\$555	✓
Insulin glargine (Basaglar®)	100 units/mL Kwikpen (3mL/pen)	\$392	PA
Insulin glargine (Lantus®)	100 units/mL Vial	\$340	✓
Brand Preferred	100 units/mL Solostar (3mL/pen)	\$510	✓
Insulin glargine (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
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.



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
DIABETES (CONTINUED)			
Short Acting Insulin			
Insulin aspart (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	✓
Insulin lispro (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
GASTROESOPHAGEAL REFLUX			
H2 Antihistamines			
Famotidine	10, 20, 40 mg	\$16	✓
(Pepcid [®])	40 mg/5mL	\$45	✓
Proton Pump Inhibitors			
Esomeprazole (Nexium [®])	20, 40 mg Capsules	\$21	PA
	20 mg OTC Nexium [®] 24HR	\$25	NC
	Granules Packet (Brand preferred)	\$345	✓
Lansoprazole (Prevacid [®])	15 mg, 30 mg Capsules	\$21	✓
	15 mg, 30 mg Solutabs	\$140	PA
	3 mg/mL Compounded suspension	\$75	✓
Pantoprazole (Protonix [®])	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
Pantoprazole (Protonix [®])	20 mg, 40 mg Tablets	\$16	✓
	40 mg Packet (Brand preferred)	\$595	✓ ≤ 6 yo
	2 mg/mL suspension	\$572	PA ≤ 6 yo



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Headache				
Prevention				
Magnesium Oxide	Tablets: 250 mg, 400 mg, 420 mg Specific NDCs preferred	\$25	✓	
Riboflavin (Vitamin B2)	Tablets: 50 mg, 100 mg Specific NDCs preferred	\$19	✓	
Topiramate (Topamax®, Qudexy XR®, Trokindi XR®, Eprontia®)	Tablet: 25 mg, 50mg, 100 mg, 200 mg Liquid: 25 mg/mL	\$20 \$357	✓ ✓	<12 yo
Amitriptyline (Elavil®)	Tablet: 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg 10 mg/mL compounded suspension	\$17 \$21	✓ ✓	
Cyproheptadine (Periactin®)	Syrup: 2 mg/ 5 mL Tablet: 4 mg	\$36 \$22	✓ ✓	
Treatment				
Rizatriptan (Maxalt®)	Tablet: 5 mg, 10 mg ODT: 5 mg, 10 mg	\$20 \$24	✓ ✓	
Sumatriptan (Imitrex®, Tosymra®)	Tablet: 25 mg, 50 mg, 100 mg Nasal Solution: 5 mg (Imitrex®), 10 mg (Tosymra®) (Brand preferred) SubQ Injection: 4 mg/0.5 mL, 6 mg/0.5 mL	\$22 \$26 \$153	✓ ✓ ✓	
Naratriptan (Amerge®)	Tablet: 1 mg, 2.5 mg	\$37	✓	

[For First Line Treatment Options, please click here for Ohio Medicaid's Over-The-Counter preferred national drug codes \(NDCs\)](#)

***Note to Pharmacy:**
Brand name Tosymra®
preferred by insurance.



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HEAD LICE			
Topical Pediculocides			
Ivermectin lotion (Sklice [®])	0.5%	\$197	PA
Malathion lotion (Ovide [®])	0.5%	\$266	PA
Permethrin (Nix [®])	1%	\$22	✓
Pyrethrins/piperonyl butoxide (Rid [®] , Vanallice [®])	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
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	\$19	✓
	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 (Pen VK®)	125 mg/5 mL, 250 mg/5 mL	\$16	✓
	250 mg, 500 mg	\$17	✓
Cephalosporins			
Cephalexin (Keflex®)	250 mg, 500 mg	\$17	✓
	125 mg/5 mL	\$16	✓
	250 mg/5 mL	\$16	✓
Cefdinir (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
ORAL ANTIBIOTICS (CONTINUED)			
Fluoroquinolones			
Ciprofloxacin (Cipro [®])	250 mg, 500 mg	\$18	✓
	250 mg/5 mL, 500 mg/5mL	\$170	✓ ≤12 yo
Levofloxacin (Levaquin [®])	250 mg, 500 mg	\$19	✓
	25 mg/mL	\$111	✓
Macrolides			
Azithromycin (Zithromax [®])	250 mg, 500 mg	\$28	✓
	100 mg/5mL, 200 mg/5 mL	\$25	✓
Clarithromycin (Biaxin [®])	125 mg/5 mL, 250 mg/5mL	\$128	✓
	250 mg, 500 mg	\$32	✓
Erythromycin (E.E.S. [®] , Ery-Tab [®])	250 mg, 333 mg, 400 mg, 500 mg	\$162	PA
Erythromycin Ethylsuccinate (EryPed [®])	200 mg/5mL 400 mg/5 mL	\$73	PA
Sulfonamides			
Sulfamethoxazole/ Trimethoprim (Bactrim [®])	400 mg/80 mg, 800 mg/160 mg 200 mg-40 mg/5 mL	\$16 \$27	✓ ✓

Oral antibiotics continued on next page.



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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	\$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% Ocuflor [®] Oph	\$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 preferred for patients on an Ohio Medicaid plan.



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ANTIFUNGALS			
Oral Antifungals			
Fluconazole (Diflucan [®])	50 mg, 100 mg, 150 mg, 200 mg	\$25	✓
	40mg/mL suspension	\$30	✓
Itraconazole (Sporanox [®])	100 mg	\$41	PA
	10 mg/mL solution	\$359	PA
Terbinafine (Lamisil [®])	250 mg	\$19	✓
Griseofulvin (Grifulvin V [®])	125 mg, 250 mg Ultramicrosize	\$147	✓
	500 mg Microsize	\$236	✓
	125/5 mg/mL Microsize suspension	\$63	✓
Nystatin	500,000 units	\$22	✓
	100,000 units/mL	\$18	✓

Antifungal treatment options continued on next page.



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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
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	✓
	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	✓

