

# 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	\$22	✓
	5%, 10% Liquid		✓
<b>Clindamycin Phosphate</b> (Cleocin-T <sup>®</sup> )	1% Gel	\$77	✓
	1% Lotion	\$32	✓
	1% Solution	\$22	✓
	1% Swabs	\$30	✓
<b>Erythromycin</b>	2% Gel	\$54	✓
	2% Solution	\$37	✓
<b>Topical Retinoids</b>			
<b>Adapalene</b> (Differin <sup>®</sup> )	0.1% Gel <b>(Generic preferred)</b>	\$34	✓
	0.3% Gel <b>(Generic Preferred)</b>	\$36	✓
	0.1% Cream, 0.1% Lotion	\$144	PA
<b>Tretinoin</b> (Retin-A <sup>®</sup> , Altreno <sup>®</sup> )	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 <sup>®</sup> ): 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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<b>ACNE (CONTINUED)</b>			
<b>Topical Combinations</b>			
<b>Benzoyl Peroxide/ Erythromycin</b> (Benzamycin®)	5%/3% Gel	\$73	✓
<b>Clindamycin/ Benzoyl Peroxide</b>	1%/5%, 1.2%/2.5%, 1.2%/5% Gel	\$49	✓
	1.2%/3.75% Gel (Onexton®) <b>(Brand preferred*)</b>	\$705	✓
<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®, 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®	0.1 mg/0.1 mL, 0.3 mg/0.3 mL, 0.15 mg/0.15 mL	\$608	PA
EpiPen®	0.3 mg/0.3 mL, 0.15 mg/0.15 mL	\$587	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	\$284	✓
<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®)	5 mg, 10 mg	\$16	✓
	1 mg/mL	\$17	✓
	5 mg, 10 mg Chew	\$70	PA
<b>Fexofenadine</b> (Allegra®)	60 mg, 180 mg	\$21	PA
	30 mg/5 mL	\$31	PA
<b>Loratadine</b> (Claritin®)	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® Allergy)	32 mcg/act	\$27	PA
<b>Flunisolide</b>	25 mcg/act	\$62	✓
<b>Fluticasone</b> (Flonase®)	50 mcg/act	\$24	✓
<b>Triamcinolone</b> (Nasacort®)	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	\$251	✓
Budesonide (Pulmicort Flexhaler <sup>®</sup> )	90 mcg, 180 mcg DPI	\$233	✓
<b>Budesonide</b> (Pulmicort <sup>®</sup> Respules <sup>®</sup> )	0.25 mg/2 mL, 0.5 mg/2mL 1 mg/2mL	\$166	✓ ≤6 yo
Fluticasone furoate (Arnuity <sup>™</sup> Ellipta <sup>®</sup> )	50 mcg, 100 mcg, 200 mcg DPI	\$233	✓
<b>Fluticasone propionate</b> (Flovent <sup>®</sup> Diskus <sup>®</sup> )	50 mcg, 100 mcg, 250 mcg DPI	\$225	✓
<b>Fluticasone propionate</b> (Flovent <sup>®</sup> HFA)	44 mcg/act 110 mcg/act, 220 mcg/act	\$122 \$188	✓ ✓
Mometasone furoate (Asmanex <sup>®</sup> HFA)	50 mcg/act, 100 mcg/act, 200 mcg/act	\$111	PA
Mometasone furoate (Asmanex <sup>®</sup> Twisthaler <sup>®</sup> )	110 mcg, 220 mcg DPI	\$104	✓



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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	\$230	✓
<b>Formoterol/Budesonide</b> (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	✓
<b>Salmeterol/Fluticasone</b> (Advair® Diskus) <b>(Brand preferred*)</b>	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
<b>Salmeterol/Fluticasone</b> (Advair® HFA) <b>(Brand preferred*)</b>	45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	\$333	✓
<b>Salmeterol/Fluticasone</b> (AirDuo® RespiClick®)	55-14 mcg, 113-14 mcg, 232-14 mcg	\$428	PA
<b>Beta-2 Adrenergic Agonists</b>			
<b>Albuterol Solution</b>	2.5 mg/3 mL	\$16	✓
<b>Albuterol HFA</b> (Ventolin® Proventil®)	90 mcg/act	\$61	✓
<b>Leukotriene Receptor Antagonists</b>			
<b>Montelukast</b> (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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<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 (Capsules preferred)	\$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 (Capsules preferred)	\$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 5 mg/5 mL	\$22 \$31	✓ ✓ ≤11 yo
<b>Methylphenidate CD</b> (Metadate CD®)	10, 20, 30, 40, 50, 60 mg	\$57	✓
<b>Methylphenidate LA (XR)</b> (Ritalin LA®)	10, 20, 30, 40, 60 mg	\$78	✓
<b>Methylphenidate ER</b> (Concerta®)	18, 27, 36, 54 mg	\$47	✓
<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	✓ ≥ 6 yo
<b>Dexmethylphenidate IR</b> (Focalin®)	2.5, 5, 10 mg	\$24	✓ ≥ 6 yo
<b>Dexmethylphenidate ER</b> (Focalin XR®)	5, 10, 15, 20, 25, 30, 35, 40 mg	\$57	✓ ≥ 6 yo
<b>Lisdexamfetamine</b> (Vyvanse®) <b>(Brand preferred*)</b>	10, 20, 30, 40, 50, 60, 70 mg Capsule 10, 20, 30, 40, 50, 60 mg Chew	\$457 \$457	✓ PA

**\*Note to Pharmacy:**  
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*ADHD treatment options continued on next page.*

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<b>ATTENTION DEFICIT/HYPERACTIVITY DISORDER</b>			
<b>Non-Stimulants</b>			
<b>Atomoxetine</b> (Strattera <sup>®</sup> )	10, 18, 25, 40, 60, 80, 100 mg	\$72	✓ ≥ 6 yo
<b>Clonidine</b> (Catapres <sup>®</sup> )	0.1, 0.2, 0.3 mg	\$16	✓
<b>Clonidine ER</b> (Kapvay <sup>®</sup> )	0.1 mg	\$27	✓
<b>Guanfacine</b> (Tenex <sup>®</sup> )	1, 2 mg	\$44	✓
<b>Guanfacine ER</b> (Intuniv <sup>®</sup> )	1, 2, 3, 4 mg	\$20	✓



# UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

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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> )	2.2 g/59mL	\$29	✓
	<b>Do not use in ≤ 2 years old</b>		
<b>Emollient Laxative (Stool Softener)</b>			
<b>Docosate</b> (Colace <sup>®</sup> )	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
<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 <sup>®</sup> )	40 mg/5mL	\$45	✓
<b>Proton Pump Inhibitors</b>			
<b>Esomeprazole</b> (Nexium <sup>®</sup> )	20, 40 mg Capsules	\$21	PA
	20 mg OTC Nexium <sup>®</sup> 24HR	\$25	NC
	Granules Packet <b>(Brand preferred)</b>	\$345	✓
<b>Lansoprazole</b> (Prevacid <sup>®</sup> )	15 mg, 30 mg Capsules	\$21	✓
	15 mg, 30 mg Solutabs	\$140	PA
	3 mg/mL Compounded suspension	\$75	✓
<b>Pantoprazole</b> (Protonix <sup>®</sup> )	3 mg/mL First <sup>®</sup> Lansoprazole	\$96	NC
	10, 20, 40 mg Capsules	\$16	✓
<b>Omeprazole</b> (Prilosec <sup>®</sup> )	2 mg/mL Compounded suspension	\$75	✓
	2 mg/mL Konvomep <sup>®</sup>	\$314	PA
<b>Pantoprazole</b> (Protonix <sup>®</sup> )	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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Headache				
Prevention				
<b>Magnesium Oxide</b>	Tablets: 250 mg, 400 mg, 420 mg <b>Specific NDCs preferred</b>	\$25	✓	
<b>Riboflavin</b> (Vitamin B2)	Tablets: 50 mg, 100 mg <b>Specific NDCs preferred</b>	\$19	✓	
<b>Topiramate</b> (Topamax®, Qudexy XR®, Trokendi XR®, Eprontia®)	Tablet: 25 mg, 50mg, 100 mg, 200 mg Liquid: 25 mg/mL	\$20 \$357	✓ ✓	<12 yo
<b>Amitriptyline</b> (Elavil®)	Tablet: 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg 10 mg/mL compounded suspension	\$17 \$21	✓ ✓	
<b>Cyproheptadine</b> (Periactin®)	Syrup: 2 mg/ 5 mL Tablet: 4 mg	\$36 \$22	✓ ✓	
Treatment				
<b>Rizatriptan</b> (Maxalt®)	Tablet: 5 mg, 10 mg ODT: 5 mg, 10 mg	\$20 \$24	✓ ✓	
<b>Sumatriptan</b> (Imitrex®, Tosymra®)	Tablet: 25 mg, 50 mg, 100 mg Nasal Solution: 5 mg (Imitrex®), 10 mg (Tosymra®) <b>(Brand preferred)</b>	\$22 \$26	✓ ✓	
	SubQ Injection: 4 mg/0.5 mL, 6 mg/0.5 mL	\$153	✓	
<b>Naratriptan</b> (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 \(NDCs\)](#)

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**Brand name Tosymra®**  
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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	✓

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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	✓



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Oral antibiotics continued on next page

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	✓



# UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

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**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.*

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

*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> Opth	\$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



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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> (Grifulvin 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.*



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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	✓

