

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](#)

TABLE OF CONTENTS

<i>Topic</i>	<i>Page</i>
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 – 10
• Anxiety Disorders & Depression	11
• Attention Deficit/Hyperactivity Disorder (ADHD)	12 – 13
Atopic Dermatitis	14 – 15
Constipation	16
Diabetes	
• Insulins	17 – 19
• Type 2 Agents	20 – 21
Gastroesophageal Reflux	22
Headache	23
Head Lice	24
Oral Antibiotics	24 – 26
Otic Antibiotics	27
Antifungals	28 – 29

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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	✓
Erythromycin	1% Swabs	\$30	✓
	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%, 0.1% <i>(Brand preferred)</i>	\$349	✓
	0.06 %, 0.08% <i>(Brand preferred)</i>	\$794	PA
	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			
Adapalene/ Benzoyl Peroxide (Epiduo®)	0.1%/2.5% 0.3%/2.5% Gel	\$39	✓
Erythromycin/ Benzoyl Peroxide (Benzamycin®)	3%/5% Gel	\$73	✓
Clindamycin/ Benzoyl Peroxide	1%/5%, 1.2%/2.5%, 1.2%/5% Gel	\$49	✓
	1.2%/3.75% Gel (Onexton®) (Brand preferred*)	\$705	✓
Oral Antibiotics			
Doxycycline monohydrate	50 mg, 100 mg (Capsules preferred)	\$21	✓
Minocycline	50, 75, 100 mg (capsule or tablet)	\$19	✓
Oral Retinoids			
Isotretinoin (Claravis®, Zenatane®)	10, 20, 30, 40 mg	\$526	PA



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ALLERGIC ANAPHYLACTIC REACTION			
Epinephrine Auto-injector			
Auvi-Q®	0.1 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	\$594	✓
EpiPen Jr.®	0.15 mg/0.3 mL		✓
Epinephrine Auto-injector (Labeler 49502)	0.3 mg/0.3 mL, 0.15 mg/0.15 mL, 0.15 mg/0.3 mL	\$295	✓
ALLERGIC CONJUNCTIVITIS			
Ophthalmic Antihistamines			
Azelastine	0.05%	\$45	✓
Cromolyn	4%	\$20	✓
Ketotifen (Alaway®, Zator®)	0.025%	\$28	✓

***Note to Pharmacy:**
NDC 49502010102 (0.15 mg) OR
NDC 49502010202 (0.3 mg) is
preferred by insurance for generic
epinephrine auto-injector.

Allergy treatment options continued on next page.



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ALLERGIC RHINITIS			
Oral Antihistamines			
Cetirizine (Zyrtec®)	5 mg (tablet)	\$16	✓
	10mg (cap or tab)		
	1 mg/mL	\$17	✓
Fexofenadine (Allegra®)	5 mg, 10 mg Chew	\$70	✓ ≤6 yo
	60 mg, 180 mg	\$21	✓
Levocetirizine (Xyzal®)	30 mg/5 mL	\$31	✓
	5 mg tablet		
Loratadine (Claritin®)	0.5 mg/mL		
	10 mg cap or tab	\$16	✓
	10 mg ODT	\$55	✓
	1 mg/mL	\$41	✓
	5 mg chewable	\$41	✓ ≤6 yo
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			
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	✓

Asthma treatment options continued on next page.



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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

***Note to Pharmacy:**
Brand name Advair® Diskus
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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
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	✓
Olanzapine (Zyprexa®)	2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg	\$22	✓
	5 mg, 10 mg, 15 mg, 20 mg ODT	\$29	
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

Antipsychotic treatment options continued on next page.



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BEHAVIORAL HEALTH (CONTINUED)			
Antipsychotics			
Risperidone Long Acting Injectable (Risperdal Consta®) (Brand preferred*)	12.5 mg, 25 mg, 37.5 mg, 50 mg	\$1,475	✓
Risperidone Long Acting Injectable (Rykindo®) (Brand preferred*)	25 mg, 37.5 mg, 50 mg	\$1,475	✓
Risperidone Long Acting Injectable (Uzedo®) (Brand preferred*)	125 mg/0.35 mL, 75 mg/0.21 mL, 200 mg/0.56 mL, 150 mg/0.42 mL, 100 mg/0.28 mL, 250 mg/0.7 mL, 50 mg/0.14 mL	\$3,843	✓
Paliperidone Long Acting Injectable (Invega Sustenna®) (Brand preferred*)	39 mg, 78 mg, 117 mg, 156 mg, 234 mg	\$2,087	✓
Paliperidone Long Acting Injectable (Invega Trinza®) (Brand preferred*)	273 mg, 410 mg, 546 mg, 819 mg	\$4,770	✓
Aripiprazole Long Acting Injectable (Aristada Initio®) (Brand preferred*)	675 mg	\$2,960	✓
Aripiprazole Long Acting Injectable (Aristada®) (Brand preferred*)	300 mg, 400 mg	\$2,960	✓



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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	✓
Clonidine ER (Onyda XR susp [®])	0.1 mg/mL suspension	\$484	✓ ≤ 12 yo
Guanfacine (Tenex [®])	1, 2 mg	\$44	✓
Guanfacine ER (Intuniv [®])	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
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	\$46	✓
Fluocinolone acetonide (Derma-Smoothe/FS®)	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.			

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	✓
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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
Constipation			
Stimulant Laxatives			
Senna (Ex-Lax [®])	8.6 mg, 15 mg, 25 mg	\$16	✓
	15 mg chocolate chewable Specific NDCs preferred	\$25	✓
Bisacodyl (Dulcolax [®])	8.8 mg/5mL	\$21	✓
	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 [®]) Do not use in ≤ 2 years old	2.2 g/59mL	\$29	✓
Emollient Laxative (Stool Softener)			
Docusate (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®) Brand Preferred	100, 200 units/mL Flextouch (3mL/pen)	\$366	PA
Insulin detemir (Levemir®)	100 units/mL Vial 100 units/mL Flextouch (3mL/pen)	\$370 \$555	✓ ✓
Insulin glargine (Basaglar®)	100 units/mL Kwikpen (3mL/pen)	\$392	PA
Insulin glargine (Lantus®) Brand Preferred	100 units/mL Vial 100 units/mL Solostar (3mL/pen)	\$340 \$510	✓ ✓
Insulin glargine (Semglee®) Brand Preferred	100 units/mL Vial 100 units/mL Pen injector (3mL/pen)	\$323 \$485	PA PA
Insulin glargine (Toujeo®) Brand Preferred	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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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

Diabetes treatment options continued on next page.



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DIABETES (CONTINUED)

Biguanides

Metformin IR (Glucophage®)	500 mg, 850 mg, 1000 mg 625mg	\$15 \$2,223	✓ PA
Metformin ER (Glucophage ER®)	500 mg, 750 mg	\$17	✓
Metformin ER (Fortamet®, Glumetza®)	500 mg, 1000 mg	\$765	PA
Metformin Sol IR (Riomet®)	500mg/5mL	\$194	PA

Glucagon-like peptide 1 receptor agonists (GLP-1*)

Tirzepatide* (Mounjaro®)	2.5mg/0.5mL, 5mg/0.5mL 7.5mg/0.5mL, 10mg/0.5mL 12.5mg/0.5mL, 15mg/0.5mL	\$1,295	PA
Dulaglutide* (Trulicity®)	0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL	\$592	✓
Liraglutide* (Victoza®) Brand Preferred	6mg/1mL	\$652	✓
Semaglutide* (Ozempic®)	2mg/3mL, 4mg/3mL, 8mg/3mL	\$1,197	PA
Semaglutide (Rybelsus®)	3 mg, 7 mg, 14 mg	\$1,197	PA

***Note to Provider:**
All preferred GLP-1 agonists
are available as injections

Diabetes treatment options continued on next page.

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DIABETES (CONTINUED)			
Sodium-Glucose Cotransporter 2 inhibitor (SGLT2)			
Canagliflozin (Invokana®)	100 mg, 300 mg	\$718	PA
Dapagliflozin (Farxiga®)	5 mg, 10 mg	\$664	✓
Empagliflozin (Jardiance®)	10 mg, 25 mg	\$755	✓



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GASTROESOPHAGEAL REFLUX			
H2 Antihistamines			
Famotidine (Pepcid®)	10, 20, 40 mg	\$13	✓
	40 mg/5mL	\$52	✓
Proton Pump Inhibitors			
Esomeprazole (Nexium®)	20, 40 mg Capsules	\$15	✓
	20 mg OTC Nexium® 24HR	\$21	✓
	Granules Packet 2.5, 5, 10, 20, 40 mg (Brand preferred)	\$287	✓
Lansoprazole (Prevacid®)	15 mg, 30 mg Capsules	\$14	✓
	15 mg, 30 mg ODT	\$76	PA
	3 mg/mL Compounded suspension	\$75	✓
Omeprazole (Prilosec®)	10, 20, 40 mg Capsules	\$12	✓
	20 mg Tablet	\$23	✓
	2 mg/mL Compounded suspension	\$75	✓
Pantoprazole (Protonix®)	2 mg/mL Konvomep®	\$240	PA
	20 mg, 40 mg Tablets	\$12	✓
Rabeprazole (Aciphex®)	40 mg Packet (Brand preferred)	\$213	✓ ≤ 6 yo
	20 mg Tablet	\$16	✓



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Headache			
Prevention			
Magnesium Oxide	Tablets: 250 mg, 400 mg, 420 mg Specific NDCs preferred		✓
Riboflavin (Vitamin B2)	Tablets: 50 mg, 100 mg Specific NDCs preferred		✓
Topiramate (Topamax®, Qudexy XR®, Trokendi XR®, Eprontia®)	Tablet: 25 mg, 50mg, 100 mg, 200 mg Liquid: 25 mg/mL		✓ ✓ <12 yo
Amitriptyline (Elavil®)	Tablet: 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg 10 mg/mL compounded suspension		✓ ✓
Cyproheptadine (Periactin®)	Syrup: 2 mg/ 5 mL Tablet: 4 mg		✓ ✓
Treatment			
Rizatriptan (Maxalt®)	Tablet: 5 mg, 10 mg ODT: 5 mg, 10 mg		✓ ✓
Sumatriptan (Imitrex®)	Tablet: 25 mg, 50 mg, 100 mg Nasal Spray: Imitrex®: 5 mg, 20 mg Tosymra®: 10 mg SubQ Injection: 4 mg/0.5 mL, 6 mg/0.5 mL		✓ ✓ PA ✓
Naratriptan (Amerge®)	Tablet: 1 mg, 2.5 mg		✓

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



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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 [®] , 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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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 <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>	\$35	✓
Amoxicillin/Clavulanate (Augmentin XR™) <i>(Use for patients ≥40 kg)</i>	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 <i>(capsules preferred)</i>	\$17	✓
	125 mg/5 mL 250 mg/5 mL	\$16	✓ ≤12 yo
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 [®] Opth	\$29	✓
Ciprofloxacin/dexamethasone (Ciprodex [®])	0.3/0.1% suspension	\$299	✓
Ciprofloxacin (Cetraxal [®])	0.2% solution	\$20	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:

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

