

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Follow the links below to access the complete formularies for Ohio Medicaid Plans:

Ohio Medicaid UPDL	Buckeye	CareSource	Molina	Paramount	UHC Community
Look-up Tool* Coverage Criteria	Look-up Tool*	Look-up Tool*			Look-up Tool*

**If there is a discrepancy between UPDL and Look-up Tool, use UPDL as final guide*

TABLE OF CONTENTS

Topic	Page
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 – 9
• Anxiety Disorders & Depression	10
• Attention Deficit Hyperactivity Disorder (ADHD)	11 – 12
Atopic Dermatitis	13 – 14
Diabetes	15 – 17
Gastroesophageal Reflux	18
Head Lice	19
Oral Antibiotics	20 – 22
Otic Antibiotics	22
Antifungals	23 – 24

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ACNE			
Topical Anti-bacterials			
Benzoyl Peroxide (BPO [®])	2.5%, 5%, 10% Gel	\$28	✓
	5%, 10% Liquid	\$28	✓
Clindamycin Phosphate (Cleocin-T [®])	1% Gel, 1% Lotion	\$80	✓
	1% Solution	\$32	✓
Erythromycin	2% Gel	\$108	✓
	2% Solution	\$42	✓
Topical Retinoids			
Adapalene (Differin [®]) (Brand preferred)	0.1% Cream, 0.1% Lotion (Rx)	\$190	✓
	0.1%, 0.3% Gel (Rx)	\$87	✓
	0.1% Gel (OTC) 15g	\$22	PA
Tretinoin (Retin-A [®])	0.025%, 0.05%, 0.1% Cream 0.01%, 0.04% Gel	\$147	✓

Acne treatment options continued on next page.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ACNE (CONTINUED)			
Topical Combinations			
Benzoyl Peroxide/ Erythromycin (Benzamycin®)	5-3% Gel	\$139	✓
Clindamycin/ Benzoyl Peroxide	1-5% Gel (Benzaclin®)	\$114	✓
	1.2-5% Gel (Duac®)	\$54	✓
Oral Antibiotics			
Doxycycline monohydrate	50 mg, 100 mg (capsules preferred)	\$22	✓
Minocycline	50, 75, 100 mg (capsules preferred)	\$24	✓
Oral Retinoids			
Isotretinoin (Claravis®, Myorisan®, Zenatane®)	10, 20, 30, 40 mg	\$226	PA

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ALLERGIC ANAPHYLACTIC REACTION			
Epinephrine Auto-injector			
Auvi-Q®	0.3mg/0.3mL, 0.15mg/0.15mL	\$2,940	NC
EpiPen®	0.3mg/0.3mL, 0.15mg/0.15mL	\$365	PA
EpiPen Jr.®	0.15mg/0.3mL		PA
Epinephrine Auto-injector (Mylan-brand generic preferred)	0.3mg/0.3mL, 0.15mg/0.3mL	\$157	✓
Symjepi™	0.3mg/0.3mL, 0.15mg/0.3mL	\$231	✓
ALLERGIC CONJUNCTIVITIS			
Ophthalmic Antihistamines			
Azelastine	0.05%	\$49	✓
Cromolyn	4%	\$32	✓
Ketotifen (Alaway®, Zatidor®)	0.025%	\$28	✓

Allergy treatment options continued on next page.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ALLERGIC RHINITIS			
Oral Antihistamines			
	5 mg, 10 mg	\$10	✓
Cetirizine (Zyrtec®)	1 mg/mL	\$16	✓ ≤6 yo
	5 mg, 10 mg Chew	\$83	✓ ≤6 yo
Fexofenadine (Allegra®)	60 mg, 180 mg	\$25	PA
	30 mg/5 mL	\$25	PA
Loratadine (Claritin®)	10 mg	\$16	✓
	1 mg/mL	\$19	✓
	5 mg Orally-disintegrating	\$38	✓
Nasal Antihistamines			
Azelastine	0.15%, 0.1%	\$44	✓
Nasal Steroids			
Budesonide (Rhinocort® Allergy)	32 mcg/act	\$27	PA
Flunisolide	25 mcg/act	\$63	✓
Fluticasone (Flonase®)	50 mcg/act	\$25	✓
Triamcinolone (Nasacort®)	55 mcg/act	\$22	NC

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ASTHMA			
Inhaled Corticosteroids			
Beclomethasone (Qvar [®] RediHaler [™])	40 mcg, 80 mcg DPI	\$206	PA
Budesonide (Pulmicort Flexhaler [®])	90 mcg, 180 mcg DPI	\$191	✓
Budesonide (Pulmicort [®] Respules [®])	0.25 mg/2 mL, 0.5 mg/2mL	\$149	✓ ≤6 yo
Fluticasone furoate (Arnuity [™] Ellipta [®])	100 mcg, 200 mcg DPI	\$193	PA
Fluticasone propionate (Flovent [®] Diskus [®])	50 mcg, 100 mcg, 250 mcg DPI	\$195	✓
Fluticasone propionate (Flovent [®] HFA)	44 mcg/act, 110 mcg/act, 220 mcg/act	\$262	✓
Mometasone furoate (Asmanex [®] HFA)	100 mcg/act, 200 mcg/act	\$195	PA
Mometasone furoate (Asmanex [®] Twisthaler [®])	110 mcg, 220 mcg DPI	\$219	✓

Asthma treatment options continued on next page.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ASTHMA (CONTINUED)			
Inhaled Beta-2 Adrenergic Agonist/Corticosteroid			
Formoterol/Budesonide (Symbicort [®] HFA) (Brand preferred)	80-4.5 mcg/act, 160-4.5 mcg/act	\$324	✓
Formoterol/Mometasone (Dulera [®] HFA)	100-5 mcg/act, 200-5 mcg/act	\$299	✓
Salmeterol/Fluticasone (Advair [®] Diskus) (Prasco-brand generic preferred)	100-50 mcg, 250-50 mcg, 500-50 mcg DPI	\$177	✓
Salmeterol/Fluticasone (Wixela [™] Inhub [™])	100-50 mcg, 250-50 mcg, 500-50 mcg DPI	\$112	PA
Salmeterol/Fluticasone (Advair [®] HFA)	45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	\$379	PA
Salmeterol/Fluticasone (AirDuo [®] RespiClick [®])	55-14 mcg, 113-14 mcg, 232-14 mcg	\$296	PA
Beta-2 Adrenergic Agonists			
Albuterol Solution	2.5 mg/3 mL	\$17	✓
Albuterol (Albuterol Sulfate HFA preferred)	90 mcg/act	\$56	✓
Leukotriene Receptor Antagonists			
Montelukast (Singulair [®])	4 mg (Oral packet), 4 mg, 5 mg (Chewable), 10 mg (Tablet)	\$31	✓

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
BEHAVIORAL HEALTH			
Antipsychotics			
Quetiapine (Seroquel®)	25 mg, 50 mg	\$29	✓
	100 mg	\$16	✓
	200 mg, 300 mg, 400 mg	\$19	✓
Quetiapine ER (Seroquel XR®)	50 mg, 150 mg, 200 mg, 300 mg, 400 mg	\$28	PA Step therapy required
Aripiprazole (Abilify®)	2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	\$24	✓
	10mg, 15 mg ODT	\$1,200	PA
	1 mg/mL	\$855	PA
Lurasidone (Latuda®)	20 mg, 40 mg, 60 mg, 80 mg	\$1,230	PA Step therapy required
	120 mg	\$1,844	PA Step therapy required

Antipsychotic treatment options continued on next page.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
BEHAVIORAL HEALTH (CONTINUED)			
Antipsychotics			
Risperidone (Risperdal®)	0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	\$16	✓
	0.25 mg, 0.5 mg, 1 mg, 2 mg ODT	\$74	✓
	3 mg, 4 mg ODT	\$416	✓
	1 mg/mL	\$25	✓
Haloperidol (Haldol®)	0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	\$28	PA
	20 mg	\$81	PA
	2 mg/mL	\$26	PA
Chlorpromazine (Thorazine®)	10 mg, 25 mg, 50 mg	\$104	PA
	100 mg, 200 mg	\$164	PA
Clozapine (Clozaril®)	25 mg	\$23	✓
	50 mg, 100 mg	\$31	✓
	200 mg	\$62	✓
	100 mg ODT	\$164	PA
Clozapine (Versacloz®)	50 mg/mL	\$768	PA

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ANXIETY DISORDERS/DEPRESSION			
Selective Serotonin Reuptake Inhibitors			
Escitalopram (Lexapro [®])	5, 10, 20 mg	\$19	✓
Fluoxetine (Prozac [®])	10, 20, 40, 60 mg (capsules preferred)	\$18	✓
Sertraline (Zoloft [®])	25, 50, 100 mg	\$19	✓
Serotonin-Norepinephrine Reuptake Inhibitors			
Duloxetine (Cymbalta [®])	20, 30, 60 mg	\$24	✓

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ATTENTION DEFICIT/HYPERACTIVITY			
Stimulants			
Methylphenidate IR (Ritalin [®])	5, 10, 20 mg	\$68	✓
Methylphenidate CD (Metadate CD [®])	10, 20, 30, 40, 50, 60 mg	\$94	✓
Methylphenidate LA (Ritalin LA [®])	10, 20, 30, 40, 60 mg	\$367	✓
Methylphenidate ER (Concerta [®])	18, 27, 36, 54 mg	\$90	✓
Dextroamphetamine- Amphetamine IR (Adderall [®])	5, 7.5, 10, 12.5, 15, 20, 30 mg	\$44	✓
Dextroamphetamine- Amphetamine XR (Adderall XR [®])	5, 10, 15, 20, 25, 30 mg	\$64	✓
Dexmethylphenidate IR (Focalin [®])	2.5, 5, 10 mg	\$29	✓
Dexmethylphenidate ER (Focalin XR [®])	5, 10, 15, 20, 25, 30, 35, 40 mg	\$128	✓
Lisdexamfetamine (Vyvanse [®])	10, 20, 30, 40, 50, 60, 70 mg	\$612	✓

ADHD treatment options continued on next page.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ATTENTION DEFICIT/HYPERACTIVITY			
Non-Stimulants			
Atomoxetine (Strattera®)	10, 18, 25, 40, 60, 80, 100 mg	\$134	✓
Clonidine (Catapres®)	0.1, 0.2, 0.3 mg	\$16	✓
Clonidine ER (Kapvay®)	0.1 mg	\$44	PA
Guanfacine (Tenex®)	1, 2 mg	\$47	✓
Guanfacine ER (Intuniv®)	1, 2, 3, 4 mg	\$26	✓

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

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	\$38	✓
Class 6 Topical Corticosteroids-Low Potency			
Alclometasone diprionate (Aclovate®)	0.05% Cream, Ointment	\$104	PA
Betamethasone valerate (Beta Val®)	0.1% Lotion	\$50	✓
Desonide (Desowen®)	0.05% Cream, Lotion	\$117	✓ Cream
Fluocinolone acetonide (Derma-Smoothe/FS®)	0.01% Oil, Solution, Cream	\$92	✓
Triamcinolone acetonide (Kenalog®)	0.025% Cream, Lotion	\$79	✓
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.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

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	\$48	✓
Desonide (Desowen [®])	0.05% Ointment	\$99	✓
Fluticasone propionate (Cutivate [®])	0.05% Cream, Lotion	\$32	✓ Cream
Hydrocortisone valerate (Westcort [®])	0.2% Cream	\$87	PA
Hydrocortisone butyrate (Locoid [®])	0.1% Ointment, Cream, Solution	\$118	PA
Triamcinolone acetonide (Kenalog [®])	0.025% Ointment, 0.1% Lotion	\$36	✓
Class 4 Topical Corticosteroids Medium Potency			
Fluocinolone acetonide (Synalar [®])	0.025% Ointment	\$92	PA
Hydrocortisone valerate (Westcort [®])	0.2% Ointment	\$183	PA
Mometasone furoate (Elocon [®])	0.1% Cream, Lotion	\$41	✓
Triamcinolone acetonide (Kenalog [®])	0.1% Cream, Ointment	\$22	✓
Classes 1-3 topical corticosteroids are not listed since most patients are treated with classes 4-7 topical corticosteroids.			

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
DIABETES			
Long Acting Insulin			
Insulin degludec (Tresiba®)	100, 200 units/mL Flextouch pen (3mL/pen)	\$518	PA
Insulin detemir (Levemir®)	100 units/mL vial	\$285	✓
	100 units/mL Flextouch pen (3mL/pen)	\$428	✓
Insulin glargine (Basaglar®)	100 units/mL Kwikpen (3mL/pen)	\$302	PA
Insulin glargine (Lantus®)	100 units/mL vial	\$262	✓
	100 units/ml Solostar pen (3mL/pen)	\$394	✓

Diabetes treatment options continued on next page.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
DIABETES (CONTINUED)			
Intermediate Acting Insulin			
Insulin NPH (Humulin® N)	100 units/mL vial	\$152	PA
	100 units/mL KwikPen (3mL/pen)	\$436	PA
Insulin NPH (Novolin® N)	100 units/mL vial	\$140	PA
Mixed Insulin			
Insulin aspart protamine/ insulin aspart (Novolog 70-30®)	100 units/mL vial	\$278	✓
	100 units/mL Flexpen (3mL/pen)	\$517	✓
Insulin lispro protamine/ insulin lispro (Humalog 50/50® and Humalog 75/25®)	100 units/mL vial	\$342	✓
	100 units/mL KwikPen (3mL/pen)	\$318	✓
Insulin NPH/insulin regular (Humulin 70/30®)	100 units/mL vial	\$152	✓
	100 units/mL KwikPen (3mL/pen)	\$436	✓
Insulin NPH/insulin regular (Novolin 70/30®)	100 units/mL vial	\$140	✓

Diabetes treatment options continued on next page.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
DIABETES (CONTINUED)			
Short Acting Insulin			
Insulin aspart (Novolog®)	100 units/mL vial	\$268	✓
	100 units/mL FlexTouch (3mL/pen)	\$517	✓
Insulin aspart (Fiasp®)	100 units/mL vial	\$268	PA
	100 units/ml FlexTouch pen (3mL/pen)	\$517	PA
Insulin glulisine (Apidra®)	100 units/mL vial	\$263	PA
	100 units/ml SoloStar pen (3mL/pen)	\$508	PA
Insulin lispro (Humalog®) (Generic preferred)	100 units/mL vial	\$165	✓
	100 units/mL KwikPen (3mL/pen)	\$491	✓
Insulin lispro (Admelog®)	100 units/mL vial	\$121	PA
	100 units/mL SoloStar (3mL/pen)	\$234	PA
Insulin regular (Humulin R®)	100 units/mL vial	\$152	✓
Insulin regular (Novolin R®)	100 units/mL vial	\$140	✓

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

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	\$89	✓
Proton Pump Inhibitors			
Esomeprazole	20, 40 mg capsules	\$30	PA
(Nexium [®])	20 mg OTC Nexium [®] 24HR	\$34	PA
	15 mg, 30 mg capsules	\$33	✓
Lansoprazole	15 mg, 30 mg Solutabs	\$481	PA
(Prevacid [®])	3 mg/mL Compounded suspension	\$75	✓
	3 mg/mL First [®] Lansoprazole	\$88	NC
	10, 20, 40 mg capsules	\$19	✓
Omeprazole	2 mg/mL Compounded suspension	\$75	✓
(Prilosec [®])	2 mg/mL First [®] Omeprazole	\$81	NC
	20 mg, 40 mg tablets	\$18	✓
Pantoprazole	40 mg packet	\$395	✓
(Protonix [®])	2 mg/mL suspension	\$540	✓ ≤ 6 yo

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
HEAD LICE			
Topical Pediculocides			
Ivermectin lotion (Sklice [®])	0.5%	\$252	PA
Malathion lotion (Ovide [®])	0.5%	\$226	PA
Permethrin (Nix [®])	1%	\$7	✓
Pyrethrins/piperonyl butoxide (LiceMD [®] /RID [®])	0.33%-4%	\$11	✓
Spinosad (Natroba [®]) (Brand preferred)	0.9%	\$256	✓

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ORAL ANTIBIOTICS			
Penicillins			
Amoxicillin	125, 250 mg chew	\$23	✓
	250, 500 mg capsule	\$16	✓
	125 mg/5mL, 250 mg/5 mL, 400 mg/5 mL	\$18	✓
Amoxicillin/Clavulanate (Augmentin™)	250 mg-62.5 mg/5mL, 400 mg-57 mg/5 mL	\$56	✓
	875 mg-125 mg	\$55	✓
Augmentin™ ES (Not interchangeable with other suspensions; Target clavulanic acid dose is 6.4mg/kg/day)	600 mg-42.9 mg/5mL (high dose amoxicillin only)	\$120	✓
Amoxicillin/Clavulanate (Augmentin XR™) (Use for patients ≥ 40 kg)	1,000 mg-62.5 mg	\$160	✓
Penicillin V Potassium (Pen VK®)	125 mg/5 mL, 250 mg/5 mL	\$20	✓
	250 mg, 500 mg	\$17	✓
Cephalosporins			
Cephalexin (Keflex®)	250 mg, 500 mg (capsules preferred)	\$17	✓
	250 mg/5 mL	\$24	✓
Cefdinir (Omnicef®)	300 mg (capsules preferred)	\$31	✓
	250 mg/5 mL	\$30	✓

Oral antibiotics continued on next page.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ORAL ANTIBIOTICS (CONTINUED)			
Fluoroquinolones			
Ciprofloxacin (Cipro [®])	250 mg, 500 mg	\$17	✓
	250 mg/5 mL, 500 mg/5mL	\$131	✓ ≤12 yo
Levofloxacin (Levaquin [®])	250 mg, 500 mg	\$20	✓
	25mg/mL	\$111	✓
Macrolides			
Azithromycin (Zithromax [®])	250 mg, 500 mg	\$45	✓
	100 mg/5mL, 200 mg/5 mL	\$31	✓
Clarithromycin (Biaxin [®])	125 mg/5 mL, 250 mg/5mL	\$164	✓
	250 mg, 500 mg	\$34	✓
Erythromycin (E.E.S. [®] , Ery-Tab [®])	250 mg, 333 mg, 400 mg, 500 mg	\$254	✓
	Erythromycin Ethylsuccinate (EryPed [®])	400 mg/5 mL	\$448
Sulfonamides			
Sulfamethoxazole/ Trimethoprim (Bactrim [®])	400 mg-80 mg, 800 mg-160 mg	\$20	✓
	200 mg-40 mg/5 mL	\$30	✓

Oral antibiotics continued on next page.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

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	\$18	✓
Nitrofurantoin monohydrate macrocrystal (MacroBid [®])	100 mg	\$35	✓
Nitrofurantoin (Furadantin [®])	25 mg/5 mL	\$450	✓
OTIC ANTIBIOTICS			
Otic Anti-infectives			
Ofloxacin	0.3% Floxin [®] Otic	\$200	✓
	0.3% Ocuflor [®] Opth	\$30	✓
Ciprofloxacin/dexamethasone (Ciprodex [®])	0.3/0.1% suspension	\$240	✓
Ciprofloxacin (Cetraxal [®])	0.2% solution	\$108	PA

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ANTIFUNGALS			
Oral Antifungals			
Fluconazole (Diflucan [®])	50 mg, 100 mg, 150 mg, 200 mg	\$37	✓
	40mg/mL suspension	\$36	✓
Itraconazole (Sporanox [®])	100 mg	\$49	PA
	10 mg/mL solution	\$245	PA
Terbinafine (Lamisil [®])	250 mg	\$19	✓
Griseofulvin (Grifulvin V [®])	125 mg, 250 mg Ultramicrosize	\$149	✓
	500 mg Microsize	\$222	✓
	125/5 mg/mL Microsize suspension	\$43	✓
Nystatin	500,000 units	\$28	✓
	100,000 units/mL	\$21	✓

Antifungal treatment options continued on next page.

UNIFIED PREFERRED DRUG LIST FOR OHIO MEDICAID

UPDL coverage for Ohio Medicaid Managed Care Plans and Traditional Fee-for-Service is provided for commonly prescribed drug classes by pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients and includes medications covered on the UPDL. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between Medicaid's published UPDL and this document, use the published UPDL as final guide; Medicaid and the MCPs reserve the right to make changes that may not be reflected here. For evidence-based prescribing guidelines, please visit the PFK website at www.partnersforkids.org/resources > 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 generically available ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ANTIFUNGALS (CONTINUED)			
Topical Antifungals			
Nystatin	100,000 units/g Cream	\$23	✓
	100,000 units/g Ointment	\$25	✓
	100,000 units/g Powder	\$32	✓
Clotrimazole	1% Cream	\$17	✓
	1% Vaginal Cream (Rx, OTC)	\$18	✓
	2% Vaginal Cream (OTC)	\$21	✓
	1% Solution	\$86	✓
Ketoconazole (Extina®, Nizoral®)	2% Cream	\$56	✓
	2% Shampoo	\$26	✓
	2% Foam	\$639	PA
Miconazole (Lotrimin®)	2% Cream	\$21	✓
	2% Vaginal Cream	\$20	✓
	2% Powder	\$10	✓
Terbinafine (Lamisil®)	1% Cream	\$23	✓