

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 or 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: <https://partnersforkids.org/resources> under "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.*

**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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UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

Bolded medication names are available as generic products

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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	\$21	✓
	5%, 10% Liquid		✓
Clindamycin Phosphate (Cleocin-T [®])	1% Gel	\$82	✓
	1% Lotion		✓
	1% Solution	\$29	✓
	1% Swabs		✓
Erythromycin	2% Gel	\$39	✓
	2% Solution		✓
Topical Retinoids			
Adapalene [†] (Differin [®]) (Specific NDCs preferred)	0.1% Gel	\$37	✓
	0.3% Gel	\$48	✓
	0.1% Cream	\$131	PA
Tretinoin [†] (Retin-A [®])	Cream: 0.025%, 0.05%, 0.1%	\$37	✓
	Gel: 0.01%, 0.025%, 0.05%	\$65	✓

†Formulation Alert:
There may be other
formulations or strengths of
this product available, but
they may not be covered

There may be a limited
number of covered
adapalene 0.1% gel NDCs:
69842008805 (15 g)
69842008816 (45 g)

Acne treatment options continued on next page.

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ACNE (CONTINUED)			
Topical Combinations			
Adapalene/ Benzoyl Peroxide (Epiduo®)	0.1%/2.5% 0.3%/2.5% Gel	\$34	✓
Erythromycin/ Benzoyl Peroxide (Benzamycin®)	3%/5% Gel	\$26	✓
Clindamycin/ Benzoyl Peroxide	1%/5%, 1.2%/2.5%, 1.2%/5% Gel	\$59	✓
Oral Antibiotics			
Doxycycline monohydrate (Capsules preferred)	50 mg, 100 mg	\$17	✓
Minocycline	50, 75, 100 mg	\$19	✓

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ALLERGIC ANAPHYLACTIC REACTION			
Epinephrine			
Auvi-Q®	0.1 mg/0.1 mL, 0.3 mg/0.3 mL, 0.15 mg/0.15 mL	\$609	PA
EpiPen®	0.3 mg/0.3 mL	\$282	✓
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	\$279	✓
Epinephrine Nasal Solution (Neffy®)	1 mg/0.1 mL, 2 mg/0.1 mL	\$693	PA
ALLERGIC CONJUNCTIVITIS			
Ophthalmic Antihistamines			
Azelastine	0.05%	\$20	✓
Cromolyn	4%	\$20	✓
Ketotifen (Alaway®, Zatidor®)	0.025%	\$37	✓

***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 the next page.

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ALLERGIC RHINITIS			
Oral Antihistamines			
Cetirizine (Zyrtec®)	5 mg (tablet)	\$15	✓
	10mg (cap or tab)		
	1 mg/mL	\$19	✓
	5 mg, 10 mg chewable	\$79	PA*
Fexofenadine (Allegra®)	60 mg, 180 mg	\$14	✓
	30 mg/5 mL	\$23	✓
Levocetirizine (Xyzal®)	5 mg tablet,	\$48	✓
	0.5 mg/mL		
Loratadine (Claritin®)	10 mg cap or tab	\$16	✓
	10 mg ODT	\$31	✓
	1 mg/mL	\$20	✓
	5 mg chewable	\$29	PA*
Nasal Antihistamines			
Azelastine	0.15%, 0.1%	\$20	✓
Nasal Steroids			
Budesonide (Rhinocort® Allergy)	32 mcg/act	\$26	✓
Flunisolide	25 mcg/act	\$61	✓
Fluticasone (Flonase®)	50 mcg/act	\$21	✓
Triamcinolone (Nasacort®)	55 mcg/act	\$26	✓

***Allergy Chewables:**

In addition to the standard PA criteria, children greater than 6 years of age require Age Limit rationale to be included in the PA

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ASTHMA			
Inhaled Corticosteroids			
Beclomethasone (Qvar [®] RediHaler [™])	40 mcg, 80 mcg	\$269	✓
Budesonide (Pulmicort [®] Respules [®])	0.25 mg/2 mL, 0.5 mg/2mL 1 mg/2mL	\$205	✓ ≤ 6 yo
Fluticasone furoate (Arnuity [™] Ellipta [®]) (Brand preferred*)	50 mcg, 100 mcg, 200 mcg DPI	\$236	✓
Fluticasone propionate (Flovent [®] Diskus [®])	50 mcg, 100 mcg, 250 mcg DPI	\$148	✓
Fluticasone propionate (Flovent [®] HFA)	44 mcg/act	\$137	✓
	110 mcg/act, 220 mcg/act	\$227	✓
Mometasone furoate (Asmanex [®] HFA)	50 mcg/act, 100 mcg/act, 200 mcg/act	\$107	PA
Mometasone furoate (Asmanex [®] Twisthaler [®])	110 mcg, 220 mcg DPI	\$129	✓

Asthma treatment options continued on next page.

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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	\$233	✓
Formoterol/Budesonide (Breyna® HFA)	80-4.5 mcg/act, 160-4.5 mcg/act	\$211	PA
Formoterol/Mometasone (Dulera® HFA)	50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	\$342	✓
Salmeterol/Fluticasone (Advair® Diskus)	100-50 mcg, 250-50 mcg, 500-50 mcg DPI	\$186	✓
Salmeterol/Fluticasone (Wixela™ Inhub™)	100-50 mcg, 250-50 mcg, 500-50 mcg DPI	\$84	PA
Salmeterol/Fluticasone (Advair® HFA) (Brand preferred)	45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	\$314	✓
Salmeterol/Fluticasone (AirDuo® RespiClick®)	55-14 mcg, 113-14 mcg, 232-14 mcg	\$153	PA
Albuterol/Budesonide (Airsupra®)	90-80 mcg	\$483	PA

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

Asthma treatment options continued on next page.

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ASTHMA (CONTINUED)			
Beta-2 Adrenergic Agonists			
Albuterol Neb Solution	2.5 mg/3 mL (0.083%)	\$19	✓
Albuterol HFA (Ventolin® Proventil®)	90 mcg/act	\$58	✓
Anticholinergic Bronchodilators			
Ipratropium (Atrovent®) (Brand Preferred)	17 mcg/act	\$308	✓
Ipratropium Neb Solution (Atrovent®) (Brand Preferred)	500 mcg/2.5 ml (0.02%)	\$22	✓
Leukotriene Receptor Antagonists			
Montelukast (Singulair®)	4 mg Oral packet, 4 mg, 5 mg Chew, 10 mg Tablet	\$24	✓

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BEHAVIORAL HEALTH			
Antipsychotics			
Quetiapine (Seroquel®)	25 mg, 50 mg	\$16	✓
	100 mg	\$17	✓
	200 mg, 300 mg, 400 mg	\$21	✓
Quetiapine ER (Seroquel XR®)	50 mg, 150 mg, 200 mg, 300 mg, 400 mg	\$20	✓
Olanzapine (Zyprexa®)	2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg	\$17	✓
	5 mg, 10 mg, 15 mg, 20 mg ODT	\$28	
Aripiprazole (Abilify®)	2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	\$18	✓
	10mg, 15 mg ODT	\$126	PA
	1 mg/mL	\$82	PA
Lurasidone (Latuda®)	20 mg, 40 mg, 60 mg, 80 mg, 120 mg	\$23	✓

Antipsychotic treatment options continued on next page.

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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	\$58	✓
	3 mg, 4 mg ODT	\$59	✓
	1 mg/mL	\$26	✓
Haloperidol (Haldol®)	0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	\$24	✓
	20 mg	\$32	✓
	2 mg/mL	\$28	✓
Chlorpromazine (Thorazine®)	10 mg, 25 mg, 50 mg	\$44	✓
	100 mg, 200 mg	\$78	✓
Clozapine (Clozaril®)	25 mg	\$29	✓
	50 mg, 100 mg	\$46	✓
	200 mg	\$75	✓
	100 mg ODT	\$278	PA
Clozapine (Versacloz®)	50 mg/mL	\$304	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	\$1,593	✓
Risperidone Long Acting Injectable (Rykindo®) (Brand preferred*)	25 mg, 37.5 mg, 50 mg	\$1,474	✓
Risperidone Long Acting Injectable (Uzedy®) (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	\$2,319	✓
Paliperidone Long Acting Injectable (Invega Sustenna®) (Brand preferred*)	39 mg, 78 mg, 117 mg, 156 mg, 234 mg	\$1,842	✓
Paliperidone Long Acting Injectable (Invega Trinza®) (Brand preferred*)	273 mg, 410 mg, 546 mg, 819 mg	\$2,138	✓
Paliperidone Long Acting Injectable (Erzofri®) (Brand preferred*)	39 mg, 78 mg, 117 mg, 156 mg, 234 mg, 351mg	\$2,408	✓
Aripiprazole Long Acting Injectable (Aristada Initio®) (Brand preferred*)	675 mg	\$2,339	✓
Aripiprazole Long Acting Injectable (Aristada®) (Brand preferred*)	300 mg, 400 mg	\$2,621	✓

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ANXIETY DISORDERS/DEPRESSION			
Selective Serotonin Reuptake Inhibitors			
Citalopram	10, 20, 40 mg	\$15	✓
(Celexa®)	10 mg/5 mL solution	\$41	✓
Escitalopram	5, 10, 20 mg	\$15	✓
(Lexapro®)	5 mg/5 mL liquid	\$36	✓
Fluoxetine [†]	10, 20, 40 mg	\$15	✓
(Prozac®)	20 mg/5 mL	\$43	✓
Sertraline			
(Zoloft®)	25, 50, 100 mg	\$15	✓
(Tablets preferred)*			
Serotonin-Norepinephrine Reuptake Inhibitors			
Venlafaxine	25, 37.5, 50, 75, 100 mg	\$19	✓
(Effexor®)			
Venlafaxine ER [†]			
(Effexor ER®)	37.5, 75, 150 mg	\$20	✓
(Capsules preferred)			
Duloxetine [†]			
(Cymbalta®)	20, 30, 60 mg	\$17	✓

†Formulation Alert:
There may be other
formulations or strengths of
this product available, but they
may not be covered

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ADHD			
Stimulants			
Methylphenidate IR (Ritalin®)	5, 10, 20 mg 5 mg/5 mL liquid	\$25 \$55	✓ ✓ ≤11 yo
Methylphenidate CD (Metadate CD®)	10, 20, 30, 40, 50, 60 mg	\$42	✓
Methylphenidate LA (XR) (Ritalin LA®)	10, 20, 30, 40, 60 mg	\$109	✓
Methylphenidate ER (Concerta®)	18, 27, 36, 54 mg	\$33	✓
Dextroamphetamine- Amphetamine IR (Adderall®)	5, 7.5, 10, 12.5, 15, 20, 30 mg	\$31	✓
Dextroamphetamine- Amphetamine XR (Adderall XR®)	5, 10, 15, 20, 25, 30 mg	\$27	✓ ≥ 6 yo
Dexmethylphenidate IR (Focalin®)	2.5, 5, 10 mg	\$50	✓ ≥ 6 yo
Dexmethylphenidate ER (Focalin XR®)	5, 10, 15, 20, 25, 30, 35, 40 mg	\$102	✓ ≥ 6 yo

ADHD treatment options continued on next page.

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ADHD (CONTINUED)			
Stimulants			
Lisdexamfetamine (Vyvanse® and Arynta®) (Brand preferred*)	10, 20, 30, 40, 50, 60, 70 mg Capsule	\$248	✓
	10, 20, 30, 40, 50, 60 mg Chew	\$279	PA
	10mg/mL liquid (Arynta®)	\$396	PA
Methylphenidate ER (Jornay PM®)	20, 40, 60, 80, 100 mg	\$463	✓
Amphetamine XR (Dyanavel XR®)	5, 10, 15, 20 mg Chew	\$406	✓
	2.5mg/mL liquid	\$138	✓
Dextromphenamine IR (Procentra®)	5mg/5mL	\$257	✓ ≤11 yo
Methylphenidate ER (Quillivant XR®)	25mg/5mL	\$376	✓
Methylphenidate ER chewable (Quillichew ER®)	20, 30, 40 mg	\$370	✓

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

Chewable tablets require a
prior authorization

ADHD treatment options continued on next page.

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ADHD (CONTINUED)			
Non-Stimulants			
Atomoxetine (Strattera®)	10, 18, 25, 40, 60, 80, 100 mg	\$29	✓ ≥ 6 yo
Clonidine (Catapres®)	0.1, 0.2, 0.3 mg	\$15	✓
Clonidine (Javadin soln®)	0.02 mg/1 mL solution	\$244	PA
Clonidine ER (Kapvay®)	0.1 mg	\$22	✓
Clonidine ER (Onyda XR susp®)	0.1 mg/mL suspension	\$329	✓ ≤ 12 yo
Guanfacine (Tenex®)	1, 2 mg	\$21	✓
Guanfacine ER (Intuniv®)	1, 2, 3, 4 mg	\$111	✓

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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	\$21	✓
Class 6 Topical Corticosteroids-Low Potency			
Alclometasone diprionate (Aclovate®)	0.05% Cream, Ointment	\$32	PA
Betamethasone valerate (Beta Val®)	0.1% Lotion	\$21	✓
Desonide (Desowen®)	0.05% Cream	\$18	✓
Fluocinolone acetonide (Derma-Smoothe/FS®)	0.01% Oil	\$40	✓
Triamcinolone acetonide (Kenalog®)	0.025% Cream, Lotion	\$16	✓
Classes 1-3 topical corticosteroids are not listed since most patients are treated with classes 4-7 topical corticosteroids.			

Topical steroid treatment options continued on next page.

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ATOPIC DERMATITIS (CONTINUED)			
Class 5 Topical Corticosteroids-Lower Mid Potency			
Betamethasone valerate (Beta Val®)	0.1% Cream	\$20	✓
Desonide (Desowen®)	0.05% Ointment	\$19	✓
Fluticasone propionate	0.05% Lotion	\$112	PA
Hydrocortisone valerate (Westcort®)	0.2% Cream	\$18	PA
Hydrocortisone butyrate (Locoid®)	0.1% Ointment, Cream, Solution	\$127	PA
Triamcinolone acetonide (Kenalog®)	0.025% Ointment, 0.1% Lotion	\$23	✓
Class 4 Topical Corticosteroids Medium Potency			
Fluocinolone acetonide (Synalar®)	0.025% Ointment	\$48	PA
Hydrocortisone valerate (Westcort®)	0.2% Ointment	\$39	PA
Mometasone furoate (Elocon®)	0.1% Cream	\$18	✓
Fluticasone propionate (Cutivate®)	0.05% Cream	\$17	✓
Triamcinolone acetonide (Kenalog®)	0.1% Cream, Ointment	\$15	✓
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			
Senna (Ex-Lax [®])	8.6 mg, 15 mg, 25 mg	\$16	✓
(Specific NDCs preferred)	15 mg chocolate chewable	\$15	✓
	8.8 mg/5mL	\$20	✓
Bisacodyl (Dulcolax [®])	5 mg	\$15	✓
	10 mg suppository	\$18	✓
Osmotic Laxatives			
PEG 3350 (MiraLAX [®])	17g/dose bottle	\$91	✓
	17g/dose oral powder packets	\$32	PA
Lactulose (Kristalose [®])	10 g/15 mL	\$22	✓
Magnesium Hydroxide (Milk of Magnesia [®] , Pedia-Lax [®])	400 mg/5mL	\$16	✓
(Specific NDC preferred)	400 mg chewable	\$22	✓
Glycerin Suppository (Pedia-Lax [®])	1 g, 2 g	\$18	✓
	2.8g/4mL liquid	\$18	PA
Sodium Phosphate Enema (Fleet Pedia-Lax [®])	2.2 g/59mL	\$15	✓
Do not use in ≤ 2 years old			
Emollient Laxative (Stool Softener)			
Docusate (Colace [®])	100 mg, 250 mg	\$15	✓
	10 mg/mL	\$17	✓

Please click here for [Partners For Kids' truncated OTC Preferred Drug List](#)

Some products may not be included if they are not commonly used

An exhaustive list may be accessed via Gainwell

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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 units/mL Flextouch (3mL/pen)	\$342	PA*
	200 units/mL Flextouch (3mL/pen)	\$599	PA
Insulin glargine (Basaglar®)	100 units/mL Kwikpen (3mL/pen)	\$328	PA
Insulin glargine (Lantus®)	100 units/mL Vial	\$76	✓
	100 units/mL Solostar (3mL/pen)	\$106	✓
Insulin glargine (Semglee®)	100 units/mL Vial	\$143	✓
	100 units/mL Pen injector (3mL/pen)	\$208	✓
Insulin glargine (Toujeo®)	300 units/mL Solostar (3mL/pen)	\$494	✓

***Note to Provider:**
Tresiba 100 units/mL is
covered with a step therapy
and failure of one other
covered agent

Diabetes treatment options continued on next page.

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DIABETES (CONTINUED)			
Intermediate Acting Insulin			
Insulin NPH (Humulin® N)	100 units/mL Vial	\$57	✓
	100 units/mL KwikPen (3mL/pen)	\$150	✓
Insulin NPH (Novolin® N)	100 units/mL Vial	\$67	PA
Mixed Insulin			
Insulin aspart protamine/ insulin aspart (Novolog 70-30®)	100 units/mL Vial	\$101	✓
	100 units/mL Flexpen (3mL/pen)	\$148	✓
Insulin lispro protamine/ insulin lispro (Humalog 50/50®, Humalog 75/25®)	100 units/mL Vial	\$141	✓
	100 units/mL KwikPen (3mL/pen)	\$167	✓
Insulin NPH/insulin regular (Humulin 70/30®)	100 units/mL Vial	\$57	✓
	100 units/mL KwikPen (3mL/pen)	\$150	✓
Insulin NPH/insulin regular (Novolin 70/30®)	100 units/mL Vial	\$101	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	\$113	✓
	100 units/mL FlexPen (3mL/pen)	\$148	✓
Insulin aspart (Fiasp®)	100 units/mL Vial	\$291	✓
	100 units/ml FlexTouch (3mL/pen)	\$550	✓
Insulin lispro (Humalog®) (Brand and Generic)	100 units/mL Vial	\$37	✓
	100 units/mL KwikPen (3mL/pen)	\$148	✓
Insulin lispro (Admelog®)	100 units/mL Vial	\$167	PA
	100 units/mL SoloStar (3mL/pen)	\$167	PA
Insulin regular (Humulin R®)	100 units/mL Vial	\$57	PA
Insulin regular (Novolin R®)	100 units/mL Vial	\$57	PA

Diabetes treatment options continued on next page.

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

Bolded medication names are available as generic products

Coverage Legend: ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
DIABETES (CONTINUED)			
Biguanides			
Metformin IR [†] (Glucophage [®])	500 mg, 850 mg, 1000 mg	\$15	✓
Metformin ER (Glucophage ER [®])	500 mg, 750 mg	\$16	✓
Metformin ER (Fortamet [®] , Glumetza [®])	500 mg, 1000 mg	\$1,484	PA
Metformin Sol IR (Riomet [®])	500mg/5mL	\$214	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	\$973	PA
Dulaglutide* (Trulicity [®])	0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL	\$970	✓
Liraglutide (Victoza [®]) (Brand and Generic Preferred)	18 mg/3 mL	\$645	✓
Semaglutide* (Ozempic [®])	2mg/3mL, 4mg/3mL, 8mg/3mL	\$1,010	PA
Semaglutide (Rybelsus [®])	3 mg, 7 mg, 14 mg	\$1,009	PA

†Formulation Alert:
There may be other formulations or strengths of this product available, but they may not be covered

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

New regulations require a diagnosis of Type 2 Diabetes when prescriptions are written. Include the corresponding ICD-10 code on prescriptions for preferred products.

Diabetes treatment options continued on next page.

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
DIABETES (CONTINUED)			
Sodium-Glucose Cotransporter 2 inhibitor (SGLT2)			
Canagliflozin (Invokana®)	100 mg, 300 mg	\$ 588	PA
Dapagliflozin (Farxiga®) (Brand Preferred)	5 mg, 10 mg	\$ 453	✓
Empagliflozin (Jardiance®)	10 mg, 25 mg	\$ 350	✓

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
GASTROESOPHAGEAL REFLUX			
H2 Antihistamines			
Famotidine (Pepcid®)	10, 20, 40 mg	\$18	✓
	40 mg/5mL	\$46	✓
Proton Pump Inhibitors			
Esomeprazole (Nexium®)	20, 40 mg	\$19	✓
	20 mg OTC	\$19	✓
	Nexium® 24HR Granules Packet	\$268	✓
	2.5, 5, 10, 20, 40 mg		
Lansoprazole (Prevacid®)	15 mg, 30 mg Capsules	\$23	✓
	15 mg, 30 mg ODT	\$241	PA
	3 mg/mL Compounded suspension	\$225	✓
Omeprazole (Prilosec®)	10, 20, 40 mg Capsules	\$15	✓
	20 mg Tablet	\$26	✓
	2 mg/mL Compounded suspension	\$167	✓
	2 mg/mL Konvomep®	\$270	PA
Pantoprazole (Protonix®) (Brand preferred*)	20 mg, 40 mg Tablets	\$15	✓
	40 mg Packet	\$534	✓ ≤ 6 yo
Rabeprazole (Aciphex®)	20 mg Tablet	\$21	✓

*Note to Provider:

Only Nexium Granules are affected by the Brand preferred designation

Other formulations are preferred as a generic

*Note to Provider:

Only Protonix Pak is affected by the Brand preferred designation

Other formulations are preferred as a generic

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
HEAD LICE			
Topical Pediculocides			
Ivermectin lotion (Sklice®)	0.5%	\$157	PA
Malathion lotion (Ovide®)	0.5%	\$189	PA
Permethrin (Nix®)	1%	\$25	✓
Pyrethrins/ piperonyl butoxide (Rid®, Vanallice®)	0.33%-4%	\$16	✓
Spinosad (Natroba®) Preferred Generic Labeler- 52246 (ParaPRO)	0.9%	\$259	✓

***Note to Pharmacy:**
Manufacturer ParaPRO
preferred by insurance

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ORAL ANTIBIOTICS			
Penicillins			
Amoxicillin	125, 250 mg Chew	\$16	✓
	250, 500 mg Capsule	\$15	✓
	125 mg/5mL, 250 mg/5 mL, 400 mg/5 mL	\$17	✓
Amoxicillin/Clavulanate (Augmentin™)	250 mg-62.5 mg/5 mL, 400 mg-57 mg/5 mL	\$33	✓
	875 mg-125 mg	\$17	✓
Augmentin™ ES (For high dose amoxicillin)	600 mg-42.9 mg/5 mL	\$21	✓
Amoxicillin/Clavulanate (Augmentin XR™) (For patients ≥40 kg)	1,000 mg-62.5 mg	\$76	✓
Penicillin V Potassium (Pen VK®)	125 mg/5 mL, 250 mg/5 mL	\$23	✓
	250 mg, 500 mg	\$14	✓
Cephalosporins			
Cephalexin (Keflex®) (Capsules preferred)†	250 mg, 500 mg	\$20	✓
	125 mg/5 mL	\$21	✓
	250 mg/5 mL		≤12 yo
Cefdinir (Omnicef®)	300 mg	\$19	✓
	125 mg/5 mL	\$26	✓
	250 mg/5 mL		

*Augmentin ES (600-42.9 mg/5 mL):

Used for high dose amoxicillin treatment, NOT interchangeable with other suspension strengths

Target clavulanic acid dose: 6.4 mg/kg/day

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 250 mg/5 mL, 500 mg/5mL	\$16 \$38	✓ ✓ ≤12 yo
Levofloxacin (Levaquin [®])	250 mg, 500 mg 25 mg/mL	\$15 \$138	✓ ✓
Macrolides			
Azithromycin (Zithromax [®])	250 mg, 500 mg 100 mg/5mL, 200 mg/5 mL	\$16 \$30	✓ ✓
Clarithromycin (Biaxin [®])	125 mg/5 mL, 250 mg/5mL 250 mg, 500 mg	\$76 \$20	✓ ✓
Erythromycin (E.E.S. [®] , Ery-Tab [®])	250 mg, 333 mg, 400 mg, 500 mg	\$175	PA
Erythromycin Ethylsuccinate (EryPed [®])	200 mg/5mL 400 mg/5 mL	\$469	PA
Sulfonamides			
Sulfamethoxazole/ Trimethoprim (Bactrim [®])	400 mg/80 mg, 800 mg/160 mg 200 mg-40 mg/5 mL	\$15 \$25	✓ ✓

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 75 mg/5 mL	\$17 \$23	✓ ✓
Metronidazole (Flagyl®)	250, 500 mg	\$16	✓
Nitrofurantoin monohydrate macrocrystal (MacroBid®)	100 mg	\$36	✓
Nitrofurantoin (Furadantin®)	25 mg/5 mL	\$596	✓
OTIC ANTIBIOTICS			
Otic Anti-infectives			
Ofloxacin	0.3% Floxin® Otic	\$20	✓
	0.3% Ocuflox® Opth	\$21	✓
Ciprofloxacin/ dexamethasone (Ciprodex®)	0.3/0.1% suspension	\$78	✓
Ciprofloxacin (Cetraxal®)	0.2% solution	\$21	PA

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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	\$16	✓
	40mg/mL suspension	\$15	✓
Itraconazole (Sporanox®)	100 mg	\$37	✓
	10 mg/mL solution	\$343	PA
Terbinafine (Lamisil®)	250 mg	\$19	✓
Griseofulvin (Grifluvin V®)	125 mg, 250 mg Ultramicrosize	\$119	✓
	500 mg Microsize	\$208	✓
	125/5 mg/mL Microsize suspension	\$104	✓
Nystatin	500,000 units	\$31	✓
	100,000 units/mL	\$41	✓

Antifungals 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	\$17	✓
	100,000 units/g Ointment	\$18	✓
	100,000 units/g Powder	\$24	✓
Clotrimazole	1% Cream	\$18	✓
	1% Vaginal Cream (Rx, OTC)	\$16	✓
	2% Vaginal Cream (OTC)	\$21	✓
	1% Solution	\$22	✓
Ketoconazole (Extina [®] , Nizoral [®])	2% Cream	\$18	✓
	2% Shampoo	\$24	✓
	2% Foam	\$205	PA
Miconazole (Lotrimin [®])	2% Cream	\$15	✓
	2% Vaginal Cream	\$16	✓
	2% Powder	\$18	✓
Terbinafine (Lamisil [®])	1% Cream	\$24	✓

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
HEADACHE			
Prevention			
Magnesium Oxide Specific NDCs preferred*	Tablets: 250 mg, 400 mg, 420 mg	\$14	✓
Riboflavin (Vitamin B2) Specific NDCs preferred*	Tablets: 50 mg, 100 mg	\$19	✓
Topiramate (Topamax®)†	Tablet: 25 mg, 50mg, 100 mg, 200 mg	\$18	✓
	Liquid: 25 mg/mL	\$290	✓ <12 yo
Amitriptyline (Elavil®)	Tablet: 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	\$22	✓
	20 mg/mL compounded suspension	\$49	✓
	Syrup: 2 mg/ 5 mL	\$33	✓
Cyproheptadine (Periactin®)	Tablet: 4 mg	\$21	✓
Treatment			
Rizatriptan (Maxalt®)	Tablet: 5 mg, 10 mg	\$17	✓
	ODT: 5 mg, 10 mg	\$17	✓
Sumatriptan (Imitrex®) (Generics preferred)	Tablet: 25 mg, 50 mg, 100 mg	\$17	✓
	Nasal Spray: 5 mg, 20 mg	\$164	✓
	SubQ Injection: 4 mg/0.5 mL, 6 mg/0.5 mL	\$195	✓
	SubQ Auto-injector: 3 mg/0.5 mL	\$494	PA
Zolmitriptan (Zomig®)	Tablet: 2.5 mg, 5 mg	\$24	✓
Naratriptan (Amerge®)	Tablet: 1 mg, 2.5 mg	\$27	✓

Please click here for [Partners
For Kids' truncated OTC
Preferred Drug List](#)

Some products may not be
included if they are not
commonly used

An exhaustive list may be
accessed via Gainwell