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

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Drug Look-up Tool

UPDL, UPDL Criteria and Complete OTC List

Gainwell Homepage

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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
	ACNE		
Topica	al Anti-bacterials		
Benzoyl Peroxide (BPO [®])	2.5%, 5%, 10% Gel	\$22	✓
- /	5%, 10% Liquid 1% Gel	\$77	✓
Clindow win Dhaonhata	1% Lotion	\$7 <i>7</i> \$32	√
Clindamycin Phosphate (Cleocin-T [®])	1% Solution	\$22	✓
	1% Swabs	\$30	✓
Erythromycin	2% Gel	\$54	✓
yan oyo	2% Solution	\$37	✓
Тор	ical Retinoids		
	0.1% Gel (Generic preferred)	\$34	✓
Adapalene (Differin [®])	0.3% Gel (Generic Preferred)	\$36	✓
	0.1% Cream, 0.1% Lotion	\$144	PA
	Cream: 0.025%, 0.05%, 0.1%	\$88	✓
	Gel: 0.01%, 0.025%, 0.05%,	\$156	✓
Tretinoin (Retin-A®, Altreno®)	Gel (Microspheres): 0.04%, 0.1% (Brand preferred)	\$349	✓
	0.06 %, 0.08% (Brand preferred)	\$794	PA
	Lotion (Altreno®): 0.05%	\$121	✓

There are a limited number of covered adapalene <u>0.1%</u> 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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	(CONTINUED)		
Topica	al Combinations		
Adapalene/ Benzoyl Peroxide (Epiduo®)	0.1%/2.5% 0.3%/2.5% Gel	\$39	✓
Erythromycin/ Benzoyl Peroxide (Benzamycin [®])	3%/5% Gel	\$73	✓
Clindamycin/	1%/5%, 1.2%/2.5%, 1.2%/5% Gel	\$49	✓
Benzoyl Peroxide	1.2%/3.75% Gel (Onexton®) (Brand preferred*)	\$705	✓
Ora	al 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 ANA	APHYLACTIC REA	ACTION	
Epineph	rine Auto-injecto	r	
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	ΨΟΟΨ	✓
Epinephrine Auto-injector (Labeler 49502)	0.3 mg/0.3 mL, 0.15 mg/0.15 mL, 0.15 mg/0.3 mL	\$295	✓
ALLERGIO	C CONJUNCTIVIT	'IS	
Ophthaln	nic Antihistamine	S	
Azelastine	0.05%	\$45	✓
Cromolyn	4%	\$20	✓
Ketotifen (Alaway®, Z atidor®)	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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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ALLE	RGIC RHINITIS		
Oral .	Antihistamines		
Cetirizine	5 mg (tablet) 10mg (cap or tab)	\$16	✓
(Zyrtec [®])	1 mg/mL	\$17	✓
()	5 mg, 10 mg Chew	\$70	✓ ≤6 yo
Fexofenadine	60 mg, 180 mg	\$21	✓
(Allegra [®])	30 mg/5 mL	\$31	✓
Levocetirizine (Xyzal®)	5 mg tablet 0.5 mg/mL		
	10 mg cap or tab	\$16	✓
Loratadine	10 mg ODT	\$55	✓
(Claritin [®])	1 mg/mL	\$41	✓
	5 mg chewable	\$41	✓ ≤6 yo
Nasal	Antihistamines		
Azelastine	0.15%, 0.1%	\$32	✓
Na	sal 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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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
	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	44 mcg/act	\$122	✓
(Flovent® HFA)	110 mcg/act, 220 mcg/act	\$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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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ASTHM	A (CONTINUED)		
Inhaled Beta-2 Adre	nergic Agonist/Co	orticoste	roid
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 Ad	drenergic Agonis	ts	
Albuterol Solution	2.5 mg/3 mL	\$16	✓
Albuterol HFA (Ventolin® Proventil®)	90 mcg/act	\$61	✓
Leukotriene	Receptor Antago	nists	
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
BEHA	/IORAL HEALTH		
An	tipsychotics		
Quetiapine	25 mg, 50 mg	\$16	✓
(Seroquel®)	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	2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg	\$22	✓
(Zyprexa [®])	5 mg, 10 mg, 15 mg, 20 mg ODT	\$29	·
	2 mg, 5 mg,10 mg, 15 mg, 20 mg, 30 mg	\$19	✓
Aripiprazole (Abilify®)	10mg, 15 mg ODT	\$1,271	PA
(. w.m.y)	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 (CONTIL	NUED)	
An	tipsychotics		
	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	0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	\$33	✓
(Haldol®)	20 mg	\$67	✓
	2 mg/mL	\$93	✓
Chlorpromazine	10 mg, 25 mg, 50 mg	\$87	✓
(Thorazine®)	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 (CONTIL	NUED)	
Ant	tipsychotics		
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 (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	\$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	✓
Paliperidone Long Acting Injectable (Invega Trinza®) (Brand preferred*) Aripiprazole Long Acting Injectable (Aristada Initio®) (Brand preferred*) Aripiprazole Long Acting Injectable (Aristada®)	546 mg, 819 mg 675 mg	\$2,960	·





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ANXIETY DISC	DRDERS/DEPRE	SSION	
Selective Serot	onin Reuptake In	hibitors	
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-Norepin	ephrine Reuptak	e Inhibito	ors
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 DEFICE	T/HYPERACTIVIT'	Y DISOR	DER
,	Stimulants		
Methylphenidate IR	5, 10, 20 mg	\$22	✓
(Ritalin [®])	5 mg/5 mL	\$31	✓ <u><</u> 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®)	10, 20, 30, 40, 50, 60, 70 mg Capsule	\$457	✓
(Brand preferred*)	10, 20, 30, 40, 50, 60 mg Chew	\$457	PA

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





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ADHD treatment options continued on next page.

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified
ATTENTION DEFICIT	T/HYPERACTIVIT	Y DISOR	DER
No	n-Stimulants		
Atomoxetine (Strattera [®])	10, 18, 25, 40, 60, 80, 100 mg	\$72	✓ ≥ 6 yo
Clonidine (Catapres [®])	0.1, 0.2, 0.3 mg	\$16	✓
Clonidine ER (Kapvay [®])	0.1 mg	\$27	✓
Guanfacine (Tenex [®])	1, 2 mg	\$44	✓
Guanfacine ER (Intuniv [®])	1, 2, 3, 4 mg	\$20	✓





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ATOP	IC DERMATITIS		
Class 7 Topical C	orticosteroids-Le	ast Pote	nt
Hydrocortisone External	0.5, 1, 2.5% Cream, Ointment; 1, 2.5% Lotion	\$20	✓
Class 6 Topical C	orticosteroids-Lo	w Poten	СУ
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
	MATITIS (CONTIN		
Class 5 Topical	Corticosteroids-Lo	ower Mic	d
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 Cor	ticosteroids Medi	um Pote	ency
Fluocinolone acetonide (Synalar®)	0.025% Ointment	\$87	PA
Hydrocortisone valerate (Westcort®)	0.2% Ointment	\$182	PA
Mometasone furoate (Elocon®)	0.1% Cream	\$36	✓
Fluticasone propionate (Cutivate®)	0.05% Cream	\$31	✓
Triamcinolone acetonide (Kenalog®)	0.1% Cream, Ointment	\$21	✓
Classes 1-3 topical corticoste treated with classes 4-7 topical		most patient	s are





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
C	onstipation		
Stim	ulant Laxatives		
	8.6 mg, 15 mg, 25 mg	\$16	✓
Senna (Ex-Lax [®])	15 mg chocolate chewable Specific NDCs preferred	\$25	✓
	8.8 mg/5mL	\$21	✓
Bisacodyl	5 mg	\$15	✓
(Dulcolax [®])	10 mg suppository	\$18	✓
Osn	notic Laxatives		
PEG 3350 (MiraLAX [®])	17g/dose	\$14	✓
Lactulose (Kristalose [®])	10 g/15 mL	\$40	✓
Magnesium Hydroxide (Milk of Magnesia®,	400 mg/5mL	\$20	✓
Pedia-Lax®)	400 mg chewable Specific NDC preferred	\$20	✓
Glycerin Suppository	1 g, 2 g	\$16	✓
(Pedia-Lax [®])	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 La	xative (Stool Soft	ener)	
Docusate	100 mg, 250 mg	\$15	✓
(Colace [®])	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	100 units/mL Vial	\$370	✓
(Levemir®)	100 units/mL Flextouch (3mL/pen)	\$555	✓
Insulin glargine (Basaglar®)	100 units/mL Kwikpen (3mL/pen)	\$392	PA
Insulin glargine	100 units/mL Vial	\$340	✓
(Lantus®) Brand Preferred	100 units/mL Solostar (3mL/pen)	\$510	✓
Insulin glargine	100 units/mL Vial	\$323	PA
(Semglee®) Brand Preferred	100 units/mL Pen injector (3mL/pen)	\$485	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
DIABET	ES (CONTINUED)		
Intermed	liate Acting Insuli	n	
Insulin NPH	100 units/mL Vial	\$178	PA
(Humulin® N)	100 units/mL KwikPen (3mL/pen)	\$566	PA
Insulin NPH (Novolin® N)	100 units/mL Vial	\$165	PA
M	ixed Insulin		
Insulin aspart protamine/	100 units/mL Vial	\$360	✓
insulin aspart (Novolog 70-30®)	100 units/mL Flexpen (3mL/pen)	\$671	✓
Insulin lispro protamine/ insulin lispro	100 units/mL Vial	\$342	✓
(Humalog 50/50 [®] and Humalog 75/25 [®])	100 units/mL KwikPen (3mL/pen)	\$637	✓
Insulin NPH/insulin regular	100 units/mL Vial	\$178	✓
(Humulin 70/30 [®])	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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DIABET	ES (CONTINUED)		
Short	t Acting Insulin		
Insulin aspart	100 units/mL Vial	\$153	✓
(Novolog®)	100 units/mL FlexTouch (3mL/pen)	\$283	✓
Insulin aspart	100 units/mL Vial	\$347	PA
(Fiasp [®])	100 units/ml FlexTouch (3mL/pen)	\$671	PA
Insulin glulisine	100 units/mL Vial	\$341	✓
(Apidra®)	100 units/ml SoloStar (3mL/pen)	\$658	✓
Insulin lispro	100 units/mL Vial	\$93	✓
(Humalog®)	100 units/mL KwikPen (3mL/pen)	\$167	✓
Insulin lispro	100 units/mL Vial	\$157	PA
(Admelog®)	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
GASTROES	SOPHAGEAL REFI	LUX	
H2 A	Antihistamines		
Famotidine	10, 20, 40 mg	\$13	✓
(Pepcid [®])	40 mg/5mL	\$52	✓
Proton	Pump Inhibitors		
	20, 40 mg Capsules	\$15	✓
Esomeprazole	20 mg OTC Nexium [®] 24HR	\$21	✓
(Nexium [®])	Granules Packet 2.5, 5, 10, 20, 40 mg (Brand preferred)	\$287	✓
Lancourerale	15 mg, 30 mg Capsules	\$14	✓
Lansoprazole (Prevacid [®])	15 mg, 30 mg ODT	\$76	PA
(1.00000)	3 mg/mL Compounded suspension	\$75	✓
	10, 20, 40 mg Capsules	\$12	✓
Omeprazole	20 mg Tablet	\$23	✓
(Prilosec®)	2 mg/mL Compounded suspension	\$75	✓
	2 mg/mL Konvomep®	\$240	PA
Pantoprazole	20 mg, 40 mg Tablets	\$12	✓
(Protonix [®])	40 mg Packet (Brand preferred)	\$213	✓ ≤ 6 yo
Rabeprazole (Aciphex®)	20 mg Tablet	\$16	✓





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
	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		√
	Tablet: 25 mg, 50 mg, 100 mg		✓
Sumatriptan (Imitrex®)	Nasal Spray: lmitrex®: 5 mg, 20 mg Tosymra®: 10 mg		√ PA
	SubQ Injection: 4 mg/0.5 mL, 6 mg/0.5 mL		✓
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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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
H	IEAD LICE		
Topica	I 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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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
ORAI	L ANTIBIOTICS		
	Penicillins		
	125, 250 mg Chew	\$22	✓
Amoxicillin	250, 500 mg Capsule 125 mg/5mL, 250 mg/5 mL, 400 mg/5 mL	\$16 \$15	✓
Amoxicillin/Clavulanate	250 mg-62.5 mg/5 mL, 400 mg-57 mg/5 mL	\$19	✓
(Augmentin [™])	875 mg-125 mg	\$23	✓
Augmentin™ ES (Not interchangeable with other suspensions; Target clavulanic acid dose is 6.4mg/kg/day)	600 mg-42.9 mg/5 mL (high dose amoxicillin only)	\$35	✓
Amoxicillin/Clavulanate (Augmentin XR [™]) (Use for patients ≥40 kg)	1,000 mg-62.5 mg	\$181	✓
Penicillin V Potassium	125 mg/5 mL, 250 mg/5 mL	\$16	✓
(Pen VK [®])	250 mg, 500 mg	\$17	✓
Ce	phalosporins		
Cephalexin	250 mg, 500 mg (capsules preferred)	\$17	✓
(Keflex [®])	125 mg/5 mL 250 mg/5 mL	\$16	√ <u><</u> 12 yo
Cotalinata	300 mg	\$27	✓
Cefdinir (Omnicef [®])	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 ANTIE	BIOTICS (CONTIN	UED)	
Fluc	proquinolones		
Ciprofloxacin	250 mg, 500 mg	\$18	✓
(Cipro [®])	250 mg/5 mL, 500 mg/5mL	\$170	✓ <u><</u> 12 yo
Levofloxacin	250 mg, 500 mg	\$19	✓
(Levaquin [®])	25 mg/mL	\$111	✓
ı	Macrolides		
Azithromycin	250 mg, 500 mg	\$28	✓
(Zithromax [®])	100 mg/5mL, 200 mg/5 mL	\$25	✓
Clarithromycin	125 mg/5 mL, 250 mg/5mL	\$128	✓
(Biaxin [®])	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
	ulfonamides		
Sulfamethoxazole/	400 mg/80 mg,	\$16	√
Trimethoprim (Bactrim [®])	800 mg/160 mg 200 mg-40 mg/5 mL	\$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	75, 150 mg	\$18	✓			
(Cleocin [®])	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% Ocuflox® Opth	\$29	✓			
Ciprofloxacin/dexamethasone (Ciprodex®)	0.3/0.1% suspension	\$299	✓			
Ciprofloxacin (Cetraxal [®])	0.2% solution	\$20	PA			





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Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL		
ANTIFUNGALS					
Oral Antifungals					
Fluconazole	50 mg, 100 mg, 150 mg, 200 mg	\$25	✓		
(Diflucan [®])	40mg/mL suspension	\$30	✓		
Itraconazole	100 mg	\$41	PA		
(Sporanox [®])	10 mg/mL solution	\$359	PA		
Terbinafine (Lamisil [®])	250 mg	\$19	✓		
	125 mg, 250 mg Ultramicrosize	\$147	✓		
Griseofulvin (Grifluvin √ [®])	500 mg Microsize	\$236	✓		
	125/5 mg/mL Microsize suspension	\$63	✓		
Nystatin	500,000 units 100,000 units/mL	\$22 \$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	✓			



