



Formulary Quick Reference Guide

Diabetes

Insulins

- insulin lispro 100 units/mL (Humalog®), insulin aspart (Novolog®), Humulin R U-500®, Apidra® 100 units/mL
- Humalog Mix® 50/50, insulin lispro protamine mix 75/25 (Humalog Mix® 75/25), Humulin 70/30®, insulin aspart protamine mix 70/30 (Novolog Mix 70/30®)
- Lantus®, Levemir®, Toujeo®, Tresiba®†

Oral Antidiabetics

- metformin, metformin XR, glipizide/metformin, glyburide/metformin, pioglitazone/metformin, Actoplus Met XR®
- Januvia®, Tradjenta®, Janumet®, Janumet XR®, Jentadueto®
- Jardiance®, Farxiga®, Invokana®, Invokamet®, Synjardy®
- Acarbose, nateglinide, repaglinide, repaglinide/metformin, glimepiride, glipizide, glipizide ER, glyburide, glyburide micronized, pioglitazone, miglitol

Injectable Antidiabetics

- Byetta®, Victoza®, Trulicity®

Behavioral

Antidepressant Agents

- citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
- duloxetine 20mg/30mg/60mg, venlafaxine
- bupropion
- mirtazapine
- tranylcypromine
- nefazodone, trazodone 50mg/100mg/150mg

Antipsychotics

- aripiprazole tablet, olanzapine, clozapine, quetiapine, risperidone, ziprasidone
- Latuda®†, quetiapine ER, Fanapt®†, Invega®, Saphris®†
- Abilify Maintena®, Aristada®, Aristada Initio®, Invega Sustenna®, Invega Trinza®, Perseris, Risperdal Consta®

Asthma/COPD

SABA (Beta Agonist)

- Ventolin HFA®, Proair HFA®, albuterol nebulizer solution (0.083%, 0.5%)

LABA

- Serevent Diskus®, Striverdi Respimat®

ICS/LABA Combinations

- Advair Diskus®, Advair HFA®, Dulera®, Symbicort®

LABA/LAMA Combinations

- Anoro Ellipta®, Stiolto Respimat®

Anticholinergics

- Atrovent HFA®, Combivent Respimat®, Incruse Ellipta®, ipratropium nebulizer solution, ipratropium/albuterol nebulizer solution, Spiriva Respimat/Handihaler®

ICS (Inhaled Corticosteroids)

- Asmanex Twisthaler®, budesonide nebulizer solution (no PA required for age 6 and under), Flovent®

Diabetic Supplies

Meters/Test Strips

- One Touch®, True Metrix®
 - Meters limited to 1 unit per 720 days
 - Test strips limited to 2 per day for non-insulin users; 7 per day for pregnant members and insulin users

Other Supplies

- lancets
- syringes, pen needles (BD brand not covered)
- alcohol swabs
- V-Go® Insulin Delivery Device

†Step Therapy

Neurological

Anticonvulsants

- carbamazepine, oxcarbazepine, clobazam, clonazepam, diazepam, divalproex, ethosuximide, phenobarbital, phenytoin, primidone, valproic acid, Banzel®, Diastat rectal®, Nayzilam® (no PA required for age 12 and older), Valtoco® (no PA required for age 6 and older) gabapentin, lamotrigine,
- levetiracetam immediate-release (IR), pregabalin, vigabatrin powder (no PA required for age 2 and under), topiramate IR, zonisamide Fycompa® , Vimpat® , Epidiolex® (PA required), Diacomit® (PA required)

Antidementia

- Donepezil 5mg/10mg tablet/ODT, Exelon® patch, memantine tablet, galantamine tablet/ER capsule, rivastigmine capsule

Acute Care

Antibiotics

- cefadroxil, cephalexin 250mg/500mg, cefaclor capsule, cefprozil tablet, cefuroxime, cefdinir
- azithromycin, clarithromycin
- ciprofloxacin, Cipro® suspension (no PA required for age 12 and under), levofloxacin

Antifungals

- griseofulvin, terbinafine
- fluconazole, flucytosine, ketoconazole

Antivirals

- acyclovir, valacyclovir

Based on the formulary as of 1/1/2022. Unless otherwise noted, drugs listed on this sheet are preferred agents on CareSource's Ohio Medicaid formulary. Some drugs (or groups of drugs) may be subject to additional quantity limits or strength/formulation restrictions, may be available over-the-counter (OTC), or may require trial of another agent(s). When applicable, drugs follow guidance outlined in Ohio's Unified Preferred Drug List found at <https://pharmacy.medicaid.ohio.gov/unified-pdl>. For the complete, up-to-date preferred drug list, visit www.caresource.com.

Click on Providers > Show me information for: Ohio Medicaid > Tools and Resources > Drug Formulary.



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<p>Cardiac – Hypertension/Heart Failure</p> <p><u>ACE-I/ARB</u></p> <ul style="list-style-type: none"> - benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, olmesartan, perindopril erbumine, quinapril, ramipril, trandolapril - irbesartan, losartan, valsartan <p><u>Calcium Channel Blockers</u></p> <ul style="list-style-type: none"> - amlodipine, felodipine ER, nicardipine, nifedipine - diltiazem, diltiazem ER, diltiazem SR, verapamil, verapamil SR <p><u>Beta-Blockers</u></p> <ul style="list-style-type: none"> - acebutolol, atenolol, betaxolol, bisoprolol, Bystolic®, metoprolol succinate, metoprolol tartrate, nadolol, pindolol, propranolol, sotalol, sofalol AF, timolol <p><u>Alpha-Beta Blockers</u></p> <ul style="list-style-type: none"> - carvedilol, labetalol <p><u>Anti-Anginal Agents</u></p> <ul style="list-style-type: none"> - ranolazine 	<p>Gastrointestinal</p> <p><u>Acid Reducers</u></p> <ul style="list-style-type: none"> - lansoprazole capsules, Nexium® packets, omeprazole capsules, pantoprazole, Protonix® suspension (no PA required for age 6 and under) <p><u>Antiemetics</u></p> <ul style="list-style-type: none"> - dimenhydrinate, diphenhydramine, meclizine, metoclopramide, phosphorated carbohydrate solution, prochlorperazine, promethazine, scopolamine, trimethobenzamide <p><u>Antidiarrheals</u></p> <ul style="list-style-type: none"> - dicyclomine, diphenoxylate/atropine, loperamide <p><u>Laxatives/Stool Softeners</u></p> <ul style="list-style-type: none"> - bisacodyl, casanthranol/docusate, lactulose, polyethylene glycol, psyllium fiber, senna 	<p>Pain</p> <p><u>NSAIDs</u></p> <ul style="list-style-type: none"> - diclofenac, etodolac, ibuprofen, indomethacin, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen (suspension- no PA required for age 11 and under), oxaprozin, piroxicam, sulindac, celecoxib <p><u>IR Opioids</u></p> <ul style="list-style-type: none"> - Codeine, hydromorphone, oxycodone, codeine/APAP, hydrocodone/APAP, morphine sulfate, oxycodone, oxycodone/APAP, tramadol, tramadol/APAP, butorphanol nasal spray <p><u>ER Opioids (All PA Required)</u></p> <ul style="list-style-type: none"> - morphine sulfate ER, Butrans® Patch <p><u>Musculoskeletal</u></p> <ul style="list-style-type: none"> - baclofen, chlorzoxazone 250mg/500mg, cyclobenzaprine 5mg/10mg, dantrolene, methocarbamol, tizanidine tablets
<p>Cardiac – Miscellaneous</p> <p><u>Statins</u></p> <ul style="list-style-type: none"> - atorvastatin, lovastatin, pravastatin, simvastatin, rosuvastatin <p><u>Statin Alternatives</u></p> <ul style="list-style-type: none"> - fenofibrate tablet (generic Tricor®), gemfibrozil, niacin, omega-3 acid ethyl esters (PA required), ezetimibe <p><u>Oral Anticoagulants</u></p> <ul style="list-style-type: none"> - warfarin - Eliquis®, Xarelto®, Pradaxa® <p><u>Antiplatelets</u></p> <ul style="list-style-type: none"> - aspirin OTC, clopidogrel, prasugrel, Brilinta® 	<p>Urinary</p> <p><u>BPH</u></p> <ul style="list-style-type: none"> - alfuzosin, doxazosin, prazosin, tamsulosin, terazosin - finasteride, dutasteride <p><u>Urinary</u></p> <ul style="list-style-type: none"> - oxybutynin - solifenacin - Gelniq® - Myrbetriq® tablet - Toviaz® tablet 	<p>Miscellaneous</p> <p><u>Endocrine Agents</u></p> <ul style="list-style-type: none"> - alendronate tablet, ibandronate <p><u>Dermatologics</u></p> <ul style="list-style-type: none"> - Derma-Smoothe FS® Body/Scalp oil, desonide cream/ointment, fluocinolone 0.01% solution, hydrocortisone OTC - betamethasone valerate, flurandrenolide, fluticasone propionate cream/ointment, mometasone furoate, prednicarbate cream, triamcinolone acetonide - amcinonide, diflorasone, fluocinonide (excluding 0.1% cream) <p><u>Migraine</u></p> <ul style="list-style-type: none"> - rizatriptan, sumatriptan

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Click on Providers > Show me information for: Ohio Medicaid > Tools and Resources > Drug Formulary.