

Unified Preferred Drug List Update

January 2020 Summary

The purpose of this document is to summarize relevant updates to the Unified Preferred Drug List (UPDL) for Ohio managed Medicaid plans and traditional fee-for-service Medicaid. Updates will be reflected on Partners For Kids preferred drug list at www.PartnersForKids.org/resources. All changes noted below are effective as of January 2020.

Changes to Preferred Drug Lists:

Effective 1/1/20, the Ohio Department of Medicaid (ODM) and Medicaid Managed Care Plans (MCPs) will begin using a Unified Preferred Drug List (UPDL). The UPDL will require all Ohio Medicaid MCPs use a single preferred list of medications. In most instances, the medications on the UPDL are covered without the need to request prior authorization.

January 1st through March 21st, ODM will be monitoring for transition from the individual MCP PDLs to the UPDL and providers have the same time period to transition patients to preferred products. Partners For Kids preferred drug list will include both the 2020 UPDL and the 2019 MCP PDL (in gray font) to assist with the transition process. Major changes in coverage are listed below by medical condition.

CONDITION	DRUG	STATUS	NOTES
Acne	Adapalene (generic of Differin®)	Non-preferred ^Δ	Transition patients established on a generic adapalene product to brand Differin®
	Differin®	Preferred*	
Allergic Anaphylactic Reaction	Epinephrine auto-injector (generic of EpiPen® Jr. & EpiPen®)	Preferred*	Mylan brand generic is preferred; all other generic brands are non-preferred
	Symjepi™	Preferred*	
Asthma	Fluticasone/salmeterol MDI (generic of Advair® Diskus)	Preferred*	Prasco brand generic is preferred; all other generic brands are non-preferred
	Flovent® HFA	Preferred*	Transition patients established on other inhaled corticosteroids to Flovent® HFA
ADHD	Methylphenidate ER tablet (generic Concerta®)	Preferred*	Patriot brand (AB-rated generic of Concerta®) is preferred; all other generic brands are non-preferred
Diabetes	Basaglar® (insulin glargine)	Non-preferred ^Δ	Transition patients established on Basaglar® to Lantus®
	Lantus® (insulin glargine)	Preferred*	
	Admelog® (insulin lispro)	Non-preferred ^Δ	Transition patients established on Admelog® to insulin lispro (generic of Humalog®)
	Insulin lispro (generic of Humalog®)	Preferred*	
Gastroesophageal Reflux	First-Omeprazole® and First-Lansoprazole® compounding kits	Not covered ^x	Traditionally compounded suspensions of omeprazole and lansoprazole are preferred; compounding kits by First® brand are not covered
	Protonix® suspension	Preferred* (for ≤ 6yo)	

*Preferred: covered on the UPDL

^ΔNon-preferred: coverage may be obtained with additional information (i.e.; prior authorization) on the UPDL

^xNot covered: product will not be covered on the UPDL