

Unified Preferred Drug List Update July 2020

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 July 2020.

Effective 1/1/20, the Ohio Department of Medicaid (ODM) and Medicaid Managed Care Plans (MCPs) began using a UPDL. The UPDL requires 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.

Effective 7/1/20, providers and the MCPs had through the end of the first quarter of 2020 to switch patients' medications to a preferred drug to avoid a gap in therapy, if needed. If the medication was not switched before this date, a prior authorization may now be needed causing a potential delay in continuity of therapy for patients.

****As of 7/1/20**, only UHC had posted their quarter 3 coverage updates. The ODM website will continue to be monitored for quarterly changes and all documents will be updated accordingly.

CONDITION	DRUG	STATUS	NOTES
Acne			No relevant changes for 2020 quarter 3
Allergy			No relevant changes for 2020 quarter 3
Asthma			No relevant changes for 2020 quarter 3
Anxiety Disorders/Depression			No relevant changes for 2020 quarter 3
ADHD	Adderall XR™	Brand Adderall XR™ removed from UHC PDL	Effective August 1, 2020, current patients will be required to transition to generic Adderall XR™ capsule and will not be grandfathered in.
	Vyvanse®	Removed from UHC PDL	Effective August 1, 2020, current patients for non-binge eating disorder indications will be required to transition to generic Adderall XR™ capsule or generic Concerta®/Metadate CD® capsule.
Atopic Dermatitis			No relevant changes for 2020 quarter 3
Diabetes	Novolog® Mix	Authorized generic of Novolog® Mix vial preferred	Authorized generic of Novolog® Mix vial will remain preferred and the brand Novolog® Mix vial will become non-preferred. Current patients will be required to transition to the authorized generic of Novolog® Mix vial.
Gastroesophageal Reflux			No relevant changes for 2020 quarter 3
Head Lice			No relevant changes for 2020 quarter 3



Oral Antibiotics			No relevant changes for 2020 quarter 3
Otic Antibiotics			No relevant changes for 2020 quarter 3
Antifungals			No relevant changes for 2020 quarter 3



PARTNERS
FOR KIDS