

Unified Preferred Drug List Update April 2024

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 available [HERE](#).

All changes noted below are effective as of April 1st 2024.

CONDITION	DRUG	STATUS	NOTES
Asthma	Fluticasone propionate HFA	Preferred	Generic of Flovent® HFA is now preferred because brand is no longer being manufactured
	Fluticasone propionate dry powder inhaler (DPI)	Preferred	Generic of Flovent® Diskus® is now preferred because brand is no longer being manufactured
	Arnuity™ Elipta™	Preferred	Moved from non-preferred
	QVAR® Redihaler™	Preferred	Moved from non-preferred
Otic Antibiotics	Ciprofloxacin/Dexamethasone	Preferred	Generic of Ciprodex® is now preferred because brand is no longer being manufactured
ADHD	Dyanavel XR Tablet	Preferred	Dyanavel XR Tablet moved to preferred. The liquid remains preferred
ADHD	Methylphenidate products	Preferred	Age limit (6 year old) removed