

# Unified Preferred Drug List Update July 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 July 1<sup>st</sup> 2024.

CONDITION	DRUG	STATUS	NOTES
<b>Acne</b>	Adapalene 0.3% Gel	Preferred	Moved from non-preferred
	Altreno <sup>®</sup> (Tretinoin 0.05% lotion)	Preferred	Moved from non-preferred
	Clindamycin Swabs	Preferred	Moved from non-preferred
	Clindamycin/Benzoyl Peroxide 1.2-3.75%	Non-preferred	Brand name Onexton <sup>®</sup> moved to preferred
	Onexton <sup>®</sup> Gel (Clindamycin/Benzoyl Peroxide 1.2-3.75%)	Preferred	Replaces generic Clindamycin/Benzoyl Peroxide 1.2-3.75% as preferred option