

# Unified Preferred Drug List

## Update January 2025

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 January 1<sup>st</sup> 2025.

CONDITION	DRUG	STATUS	NOTES
<b>Acne</b>	Adapalene and Benzoyl Peroxide (Epiduo®)	Preferred	Moved to preferred from non-preferred
	Tretinoin Gel (Microspheres) (Retin-A® Micro Pump)	<b>Brand:</b> Preferred <b>Generic:</b> Non-preferred	Brand preferred over generic for 0.04% and 0.1% Retin-A® Micro Pump gel
<b>Allergic Anaphylactic Reaction</b>	Epinephrine Auto-injector (Epipen® and Epipen® Jr)	Preferred	Brand name Epipen® and Epipen® JR moved to preferred from non-preferred (Generic also preferred)
<b>Allergic Rhinitis</b>	Desloratadine (Clarinex®)	Preferred	Moved to preferred from non-preferred
	Fexofenadine (Allegra®)	Preferred	Moved to preferred from non-preferred
	Levocetirizine (Xyzal®)	Preferred	Moved to preferred from non-preferred
	Loratadine chewable	Preferred with Age Restriction	Moved to preferred for patients 5 years and younger. PA-required for patients 6 years and older.
<b>Atypical Antipsychotics</b>	Olanzapine ODT	Preferred	Moved to preferred from non-preferred
	Risperidone Long-Acting Injection (Rykindo®)	Preferred	Moved to preferred from non-preferred
	Risperidone Long-Acting Injection (Uzedy®)	Preferred	Moved to preferred from non-preferred
<b>Atopic Dermatitis</b>	Fluocinolone Acetonide 0.01% Oil (Derma-Smoothe®)	Preferred	Generic moved to preferred from non-preferred. Brand name Derma-Smoothe is no longer preferred.

<b>ADHD</b>	Focalin XR	Preferred	Moved from non-preferred to preferred. Generic dexamethylphenidate XR preparations remain preferred.
<b>Diabetes</b>	Novolog® U-100 Novolog® 70-30	Non-preferred	Brand Novolog moved from preferred to non-preferred. Generic Insulin Aspart products remain preferred.
	Insulin Degludec	Non-preferred	Generic Insulin Degludec moved from preferred with step therapy to non-preferred. Tresiba remains preferred with a step therapy requirement.
<b>Gastroesophageal Reflux</b>	Esomeprazole (Nexium®)	Preferred	Capsules moved to preferred from non-preferred
	Rabeprazole (Aciphex®)	Preferred	Tablet moved to preferred from non-preferred
	Omeprazole (Prilosec®)	Preferred	Tablet moved to preferred from non-preferred
<b>Headache</b>	Sumatriptan nasal spray (Tosymra®)	Non-preferred	Tosymra® (10 mg sumatriptan nasal spray), moving to non-preferred from preferred.
<b>Oral Antibiotics</b>	Cephalexin suspension	Age Restriction	PA required for patients 12 and older
	Cephalexin 250 mg & 500 mg Tablets	Non-preferred	Tablets moved to non-preferred from preferred. 250 mg and 500 mg capsules remain preferred.