

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 1st 2025.

CONDITION	DRUG	STATUS	NOTES
Acne	Adapalene and Benzoyl Peroxide (Epiduo®)	Preferred	Moved to preferred from non-preferred
	Tretinoin Gel (Microspheres) (Retin-A® Micro Pump)	Brand: Preferred Generic: Non-preferred	Brand preferred over generic for 0.04% and 0.1% Retin-A® Micro Pump gel
Allergic Anaphylactic Reaction	Epinephrine Auto-injector (Epipen® and Epipen® Jr)	Preferred	Brand name Epipen® and Epipen® JR moved to preferred from non-preferred (Generic also preferred)
Allergic Rhinitis	Desloratadine (Clarinx®)	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.
Atypical Antipsychotics	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
Atopic Dermatitis	Fluocinolone Acetonide 0.01% Oil (Derma-Smoothe®)	Preferred	Generic moved to preferred from non-preferred. Brand name Derma-Smoothe is no longer preferred.

ADHD	Focalin XR	Preferred	Moved from non-preferred to preferred. Generic dexamethylphenidate XR preparations remain preferred.
Diabetes	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.
Gastroesophageal Reflux	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
Headache	Sumatriptan nasal spray (Tosymra®)	Non-preferred	Tosymra® (10 mg sumatriptan nasal spray), moving to non-preferred from preferred.
Oral Antibiotics	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.