

Unified Preferred Drug List Update April 2021

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 > Prescribing Resources.
All changes noted below are effective as of April 2021.

Please note: Ohio Department of Medicaid has updated the format of the UPDL. Detailed clinical criteria for medication coverage can now be found by selecting the link below the corresponding therapeutic class tables within the UPDL. The UPDL coverage criteria document can also be accessed by visiting the following website: [UPDL Coverage Criteria](#)

CONDITION	DRUG	STATUS	NOTES
Acne			No relevant changes for Quarter 2 2021
Allergy			No relevant changes for Quarter 2 2021
Asthma			No relevant changes for Quarter 2 2021
Antipsychotics			No relevant changes for Quarter 2 2021 New to PFK UPDL document as of Q1
Anxiety Disorders/Depression			No relevant changes for Quarter 2 2021
ADHD			No relevant changes for Quarter 2 2021
Atopic Dermatitis			No relevant changes for Quarter 2 2021
Diabetes	BD Pen Needles	Non-covered OTC	Change for CARESOURCE ONLY Other brands of pen needles remain covered
Gastroesophageal Reflux	Famotidine Suspension 40mg/5mL	PA required for age 12 years and older	Change for CARESOURCE ONLY
Head Lice			No relevant changes for Quarter 2 2021
Oral Antibiotics			No relevant changes for Quarter 2 2021
Otic Antibiotics			No relevant changes for Quarter 2 2021
Antifungals			No relevant changes for Quarter 2 2021

Covered Blood Glucose Test Strips and Meters as of 1/1/2021

BLOOD GLUCOSE TEST STRIPS:		
Manufacturer	NDC/HRI	Product Description
LifeScan, Inc.	53885-0244-50	ONETOUCH ULTRA BLUE
LifeScan, Inc.	53885-0245-10	ONETOUCH ULTRA BLUE
LifeScan, Inc.	53885-0270-25	ONETOUCH VERIO
LifeScan, Inc.	53885-0271-50	ONETOUCH VERIO
LifeScan, Inc.	53885-0272-10	ONETOUCH VERIO
LifeScan, Inc.	53885-0994-25	ONETOUCH ULTRA BLUE
Trividia Health, Inc.	56151-1460-01	TRUE METRIX
Trividia Health, Inc.	56151-1460-04	TRUE METRIX
BLOOD GLUCOSE METERS:		
Manufacturer	NDC/HRI	Product Description
LifeScan, Inc.	53885-0044-01	ONETOUCH VERIO FLEX
LifeScan, Inc.	53885-0046-01	ONETOUCH ULTRA 2
LifeScan, Inc.	53885-0194-01	ONETOUCH VERIO FLEX
LifeScan, Inc.	53885-0208-01	ONETOUCH ULTRA MINI
LifeScan, Inc.	53885-0267-01	ONETOUCH VERIO IQ
LifeScan, Inc.	53885-0448-01	ONETOUCH ULTRA 2
LifeScan, Inc.	53885-0657-01	ONETOUCH VERIO
LifeScan, Inc.	53885-0927-01	ONETOUCH VERIO REFLECT
Trividia Health, Inc.	56151-1470-02	TRUE METRIX
Trividia Health, Inc.	56151-1490-02	TRUE METRIX AIR