

Unified Preferred Drug List Update July 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 July 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	Adapalene Gel 0.1% (Differin® Gel)	Generic No PA Required Preferred	PA for > 24 years old
Allergy			No relevant changes for Quarter 3 2021
Asthma			No relevant changes for Quarter 3 2021
Antipsychotics			No relevant changes for Quarter 3 2021
Anxiety Disorders/Depression			No relevant changes for Quarter 3 2021
ADHD			No relevant changes for Quarter 3 2021
Atopic Dermatitis			No relevant changes for Quarter 3 2021
Diabetes			No relevant changes for Quarter 3 2021
Gastroesophageal Reflux			No relevant changes for Quarter 3 2021
Head Lice			No relevant changes for Quarter 3 2021
Oral Antibiotics			No relevant changes for Quarter 3 2021
Otic Antibiotics			No relevant changes for Quarter 3 2021
Antifungals			No relevant changes for Quarter 3 2021

Per CARESOURCE, all enteral nutrition products will require Prior Authorization and must be filled through a durable medical equipment (DME) provider effective July 1, 2021.

Product Name	HCPCS
Ensure Active Clear, Ensure Clear, Ensure Clear Therapeutic, Boost Breeze	B4102
Compleat Pediatric, Compleat Pediatric Reduced Cal, Liquid Hope Original, Nourish Original	B4149
Boost, Boost Calorie Smart, Boost High Protein, Ensure Liquid, Ensure Original, Ensure High Protein, Ensure Active Muscle Health, Ensure Active Protein-Muscle, Jevity 1.2 Cal, Nutren Junior, Osmolite	B4150
Boost Plus, Boost VHC, Ensure Plus, Isosource 1.5 Cal, Nutren 2.0, Twocal HN	B4152
Core Essentials Ped Peptid PLS, Impact Peptide 1.5 Cal, Pivot 1.5 Cal	B4153
Boost Glucose Control, Glucerna, Glucerna 1 Cal, Glucerna 1.5 Cal, Ketocal 4:1, Nepro Carb Steady, Suplena Carb Steady	B4154
Prosource No Carb, Pro-stat AWC	B4155
Pediasure Sidekicks	B4158
Boost Kid Essentials, Boost Kid Essentials with Fiber, Nutren Junior Fiber, Pediasure, Pediasure 1.5, Pediasure 1.5 with Fiber, Pediasure Grow-Gain with Fiber, Pediasure with Fiber	B4160
Elecare Jr, EO28 Splash, Neocate Splash, Pediasure Peptide 1.0 Cal, Pediasure Peptide 1.5 Cal, Peptamen Junior 1.5	B4161

Sample list of DME providers that can supply these products [here](#).

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
Trividia Health, Inc.	56151-1461-01	RELION TRUOMETRIX
Trividia Health, Inc.	56151-1461-04	RELION TRUOMETRIX
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
Trividia Health, Inc.	56151-1491-02	RELION TRUOMETRIX AIR
*CONTINUOUS GLUCOSE MONITORING:		
Manufacturer	NDC/HRI	Product Description
Abbott Diabetes Care Sales Corporation	57599-0000-19	FREESTYLE LIBRE SENSOR
Abbott Diabetes Care Sales Corporation	57599-0000-21	FREESTYLE LIBRE READER
Abbott Diabetes Care Sales Corporation	57599-0001-01	FREESTYLE LIBRE 14 DAY SENSOR
Abbott Diabetes Care Sales Corporation	57599-0002-00	FREESTYLE LIBRE 14 DAY READER
Abbott Diabetes Care Sales Corporation	57599-0800-00	FREESTYLE LIBRE 2 SENSOR
Abbott Diabetes Care Sales Corporation	57599-0803-00	FREESTYLE LIBRE 2 READER
DexCom Inc	08627-0016-01	DEXCOM G6 TRANSMITTER
DexCom Inc	08627-0053-03	DEXCOM G6 SENSOR
DexCom Inc	08627-0091-11	DEXCOM G6 RECEIVER

EXTERNAL DIABETES DEVICES:		
Manufacturer	NDC/HRI	Product Description
Insulet Corporation	08508-1120-05	OMNIPOD 5 PACK PODS
Insulet Corporation	08508-1140-02	OMNIPOD STARTER KIT
Insulet Corporation	08508-2000-05	OMNIPOD DASH 5 PACK PODS
Zealand Pharma A/S Inc	08560-9400-01	V-GO 40
Zealand Pharma A/S Inc	08560-9400-02	V-GO 30
Zealand Pharma A/S Inc	08560-9400-03	V-GO 20

*The following practice standards warrant CGM usage:

- o Must have had appointment with provider within past 6 months AND
 - Diagnosis of type 1 diabetes OR
 - Diagnosis of type 2 diabetes and require insulin dose adjustment within the last 12 months, or have significant inability to adequately monitor blood glucose via fingerstick, or not require prandial insulin with A1c >7% OR
 - History of significant or recurring hypoglycemia

Covered Blood Glucose Test Strips and Meters as of 7/1/2021