

# Unified Preferred Drug List Changes

## Update January 2022

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](http://www.PartnersForKids.org/resources) under “Prescribing Resources”. All changes noted below are effective as of January 2022.

**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
<b>Allergy</b>	Cetirizine Chewable	PA Required; Non-preferred	Changed from Preferred for ≤6 yo
<b>Asthma</b>	Advair® Diskus	No PA Required; Preferred	Changed from Prasco-brand generic preferred
	Advair® HFA	No PA Required; Preferred	Changed from Non-preferred
	Albuterol HFA	PA Required; Non-preferred	Ventolin® HFA and ProAir® HFA now preferred
<b>ADHD</b>	Clonidine ER	No PA Required; Preferred	Changed from Non-preferred
	Methylphenidate Solution	No PA Required; Preferred	PA required for 12 and older
	Vyvanse® Chewable Tab	PA Required; Non-preferred	Changed from preferred with age-restriction
<b>Atopic Dermatitis</b>	Fluocinolone Acetonide Oil 0.01%	PA Required; Non-preferred	Derma-Smoothe/FS® brand preferred
<b>Diabetes</b>	Apidra®	No PA Required; Preferred	Changed from Non-preferred
	Humalog U-100®	No PA Required; Preferred	Brand and generic preferred
	Novolog 70-30®	No PA Required; Preferred	Brand and generic preferred
	Novolog U-100®	No PA Required; Preferred	Brand and generic preferred
	Toujeo®	No PA Required; Preferred	Changed from Non-preferred
	Humulin R U-100®	PA Required; Non-preferred	Changed from preferred
	Novolin 70-30®	PA Required; Non-preferred	Changed from preferred
<b>Oral Antibiotics</b>	Eryped®	PA Required; Non-preferred	Changed from preferred
	Erythromycin	PA Required; Non-preferred	Changed from preferred

**Additional Changes (Medications not included in PFK's UPDL)**

CONDITION	DRUG	STATUS	NOTES
<b>CNS: Anticonvulsants Rescue</b>	Diazepam Gel	PA Required; Non-preferred	Diastat® brand preferred
	Nayzilam®	PA Required for patients younger than 12 year old	Change from no age-restriction
	Valtoco®	PA Required for patients younger than 6 years old	Change from no age-restriction
<b>CNS: Anticonvulsants</b>	Banzel® (brand preferred)	No PA Required; Preferred	Change from Non-preferred
<b>Endocrine: Hypoglycemia</b>	Glucagon Emergency Kit (Labeler 00548 & 63323)	PA Required; Non-preferred	Labeler 00002 preferred
	Gvoke Hypopen® and Gvoke® PFS	No PA Required; Preferred	Change from Non-preferred
<b>Endocrine: Growth Hormone</b>	Omnitrope®	Clinical PA Required "Preferred"	Change from Non-preferred
	Genotropin®	PA Required; Non-preferred	Change from PA Required "preferred"
<b>Immunomodulators</b>	Kineret®	Clinical PA Required "Preferred"	Change from Non-preferred
	Xeljanz® IR 10mg	Clinical PA Required "Preferred"	Change from Non-preferred