

NETWORK Notification

Notice Date: December 1, 2022

To: Ohio Medicaid Providers

From: CareSource

Subject: Unified Preferred Drug List (UPDL) Changes

Effective Date: January 1, 2023

Summary

The Ohio Department of Medicaid (ODM) Pharmacy and Therapeutics (P&T) Committee completed their annual UPDL review on Sep. 28, 2022. The recommendations of the P&T Committee were reviewed and accepted by the ODM Director. The following 30-day change notification lists all changes that are effective Jan. 1, 2023.

Notable changes include:

- Moving Myfembree to a preferred agent with clinical criteria required, in the Endocrine agents Uterine Fibroids category
- Moving Symtuza to a Preferred agent, no prior authorization required, in the Infectious Disease: Antivirals – HIV category
- Moving Focalin XR to non-preferred. Note that members established on Focalin XR will not require
 prior authorization until June 30, 2023. Please see the UPDL Central Nervous System (CNS)
 Agents Attention Deficit Hyperactivity Disorder Agents criteria for more information.
- The following brand-name drugs will no longer be preferred over the generic:
 - o Enalapril maleate oral solution (Epaned Solution)
 - Febuxostat tablets (Uloric)
 - Formoterol fumarate nebulizer solution (Perforomist)
 - Lacosamide tablets (Vimpat)
 - Lopinavir-ritonavir tablets (Kaletra)
 - Mesalamine 1.2-gram delayed-release tablets (Lialda)
 - Pirfenidone tablets (Esbriet)
 - Ritonavir tablets (Norvir)

For claims processing and prior authorization questions, please contact Gainwell Technologies via phone at 833-491-0344. Instructions for submitting claims and prior authorization are available at the SPBM website under Reference Materials.

Phone	833-491-0344
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Portal	Gainwell Technologies will share
	additional information for submitting
	prior authorizations as it becomes
	available.

Questions?

If you have questions for CareSource, please contact Provider Services at 1-800-488-0134.

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