

# Unified Preferred Drug List

## Update July 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 July 1<sup>st</sup> 2025.

CONDITION	DRUG	STATUS	NOTES
<b>Allergic Anaphylactic Reaction</b>	Neffy (epinephrine nasal solution)	Non-Preferred	New drug added as non-preferred. Non-preferred criteria: must have had an inadequate clinical response to at least one preferred drug in this category. Note unique route of administration: nasal.
<b>Insulin</b>	Levemir (Insulin detemir)	Preferred, Manufacturer Discontinued	Remains preferred product on UPDL, however, manufacturer is no longer producing product.
<b>Constipation</b>	Polyethylene Glycol 3350 Oral Powder Packets	Non-Preferred	Powder Packets previously not separated Clarification made to UPDL.
	Polyethylene Glycol 3350 Bottle	Preferred	Bottle preferred Packets not preferred