Unified Preferred Drug List Updates
Effective January 2026

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.

Click on the above UPDL link and search the document (ctrl F) for additional information on the criteria and changes.

Updates will be reflected on Partners For Kids preferred drug list available HERE.

CATEGORY	DRUG	UPDATES
Oral Acne Products	Isotretinoin	**Non-Preferred** (Removed from preferred status)
Insulin	Fiasp	**Preferred** (Removed from non-preferred status)
Inhaled Agents	Advair Diskus	Generic preferred over brand
	Fluticasone/salmeterol diskus	
	AirSupra	Added to formulary as **Preferred with PA**
	Fluticasone Propionate HFA	Age Restriction- Prior Authorization Required for patients 18 and older
Antiparasitics	Spinosad	Labeler 52246 (ParaPRO) preferred over 28595 (Allegis)