

Unified Preferred Drug List Updates

Effective October 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.

Updates will be reflected on Partners For Kids preferred drug list available [HERE](#).

CATEGORY	DRUG	UPDATES
Central Nervous System (CNS): ADHD agents	Arynta (lisdexamfetamine soln)	New Non-Preferred Drug (prior authorization required) <i>*Additional Criteria: Must have had an inadequate clinical response of at least 30 days with at least 2 preferred extended-release non-solid oral dosage forms drugs in this UPDL category and indicated for diagnosis</i>
Diabetes- Insulin	Insulin glargine-yfgh U-100 pen (generic Semglee)	New Preferred Drug (no prior authorization required)
	Toujeo U-300 (insulin glargine)	Brand Preferred over Generic Removal <i>*Generic now Preferred as of 10.1.2026</i>
Gastrointestinal Agents	Nexium (esomeprazole) granules	Brand Preferred over Generic Removal <i>*Generic now Preferred as of 10.1.2026</i>