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Buckeye Health Plan Preferred Drug List (PDL) Updates – Q1 2021

Buckeye Health Plan’s (BHP) Preferred Drug List (PDL) is developed in partnership with the Ohio Department of Medicaid (ODM) and the other Medicaid Managed Care Plans (MCPs) in Ohio. This unified PDL (UPDL) means all Ohio MCPs and Fee for Service Medicaid will prefer the same medications and use the same prior authorization criteria. ODM’s Pharmacy and Therapeutics (P&T) Committee is responsible for developing and maintaining the list of medications and related products that appear on the UPDL. Medications and related products are added, removed or modified periodically due to industry standard, market availability, and/or assessment of use. Below is the list of changes UPDL as determined at ODM’s Q1 2021 P&T meeting.

For the most current program description you may call Member Services at 1-866-246-4358 (TTY/TTD 1-800-750-0750) or visit the Buckeye Health Plan website at www.buckeyehealthplan.com.

Medicaid Preferred Drug List					
Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Fintepla	Fenfluramine	Solution	2.2mg/ml	Change	Add as PA required, non-preferred
Bafiertam	Monomethyl Fumarate	Delayed Release Capsule	95mg	Change	Add as PA required, non-preferred
Kesimpta	Ofatumumab	Solution for injection	20mg/0.4 ml	Change	Add as PA required, non-preferred
Ongentys	Opicapone	Capsule	25mg, 50mg	Change	Add as PA required, non-preferred
Semglee	Insulin Glargine	Solution for injection	100 units/ml	Change	Add as PA required, non-preferred
Ortikos ER	Budesonide	Extended Release capsule	6mg, 9mg	Change	Add as PA required, non-preferred
Rukobia ER	Fostemsavir	Extended Release tablet	600mg	Change	Add as PA required, non-preferred
Airduo Digihaler	Fluticasone/Salmeterol	Powder for inhalation	Various	Change	Add as PA required, non-preferred

Preferred Drug List (PDL) Updates – Q4 2020

Armonair Digihaler	Fluticasone propionate	Powder for inhalation	Various	Change	Add as PA required, non-preferred
Breztri Aerosphere	Budesonide/Glycopyrrolate/Formoterol	Powder for inhalation	160mcg/9mcg/4.8mcg	Change	Add as PA required, non-preferred