



Effective date: 01/01/21

Buckeye Health Plan Preferred Drug List (PDL) Updates – Q4 2020

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 Q4 2020 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
Clobazam (generic Onfi)	Clobazam	Tablet; Suspension	10mg, 20mg; 2.5mg/ml	Change	Add as No PA required, preferred
Aubagio	Teriflunomide	Tablet	7mg, 14mg	Change	Add as No PA required, preferred
Bonjesta	Doxylamine/Vit B6	Extended Release Tablet	20mg/20mg	Change	Add as No PA required, preferred
Alfuzosin	Alfuzosin	Extended Release Tablet	10mg	Change	Add as No PA required, preferred
Dutasteride	Dutasteride	Capsule	0.5mg	Change	Add as No PA required, preferred
Sevelamer	Sevelamer	Tablet	400mg, 800mg	Change	Add as No PA required, preferred
Eryped	Erythromycin Ethylsuccinate	Suspension	400mg/5ml	Change	Add as No PA required, preferred
Vibramycin	Doxycycline	Suspension	25mg/5ml	Change	Add as No PA required for age 12 and under, preferred

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Neomycin/Polymyxin/Bacitracin/Hydrocortisone	Neomycin/Polymyxin/Bacitracin/Hydrocortisone	Ophthalmic ointment		Change	Add as No PA required, preferred
Dorzolamide/Timolol	Dorzolamide/Timolol	Ophthalmic solution	2%/0.5%	Change	Add as No PA required, preferred
Corifact	Factor XIII Concentrate	IV	1000/1600 units	Change	Add as PA required, preferred
Taltz	Ixekizumab	SQ Inj	80mg/ml	Change	Add as PA required, preferred
Xeljanz 5mg	Tofacitinib	Tablet	5mg	Change	Add as PA required, preferred
Aimovig	Erenumab	SQ Inj	70mg/ml, 140mg/ml	Change	Add as Step Therapy required, preferred
Ajovy	Fremanezumab	SQ Inj	225mg/1.5 ml	Change	Add as Step Therapy required, preferred
Farxiga	Dapagliflozin	Tablet	5mg/10mg	Change	Add as Step Therapy required, preferred
Invokana	Canagliflozin	Tablet	100mg, 300mg	Change	Add as Step Therapy required, preferred
Invokamet	Canagliflozin/Metformin	Tablet	50mg/500mg, 50mg/1000mg, 150mg/500mg, 150mg/1000mg	Change	Add as Step Therapy required, preferred
Miglitol	Miglitol	Tablet	25mg, 50mg, 100mg	Change	Add as Step Therapy required, preferred
Zeposia	Ozanimod	Capsule	0.92mg	Change	Add as PA required, non-preferred
Kynmobi	Apomorphine	SL Film	10mg, 15mg, 20mg, 25mg, 30mg	Change	Add as PA required, non-preferred
Dayvigo	Lemborexant	Tablet	5mg, 10mg	Change	Add as PA required, non-preferred
Lyumjev	Insulin Lispro	SQ Inj	100u/ml, 200u/ml	Change	Add as PA required, non-preferred

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Doxylamine/Pyridoxine	Doxylamine/Pyridoxine	Delayed Release Tablet	10mg/10mg	Change	Add as PA required, non-preferred
Cosentyx	Secukinumab	SQ Inj	150mg/ml	Change	Add as PA required, non-preferred
Vibramycin	Doxycycline	Susp	25mg/5ml	Change	Add as PA required for age over 12, non-preferred
Pazeo	Olopatadine	Ophthalmic solution	0.7%	Change	Add as PA required, non-preferred