



Effective date: 8/1/18

## Buckeye Health Plan Preferred Drug List (PDL) Updates – Q2 2018

**B**uckeye Health Plan (BHP) routinely reviews the medications available on the Preferred Drug List (PDL). Items are added, removed or modified periodically due to industry standard, market availability, and/or assessment of use. Below is the list of changes to the published PDL this quarter.

*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](http://www.buckeyehealthplan.com).*

Medicaid Preferred Drug List					
Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
rosuvastatin calcium	rosuvastatin calcium	tablet	5mg, 10mg, 20mg, 40mg	Change	Add quantity limit of 1 tablet per day.
loperamide	loperamide	Tablet	2mg	Change	Change quantity limit to 8 tablets per day.
loperamide	loperamide	Capsules	2mg	Change	Add quantity limit of 8 capsules per day.
loperamide	loperamide	Solution	1mg/5ml	Change	Add quantity limit of 40ml per day.
Codeine, Tramadol, and Hydrocodone Use in Children and Adolescents	Codeine, Tramadol, and Hydrocodone Use in Children and Adolescents	Multiple	Multiple	Change	It is clinically appropriate to implement age limits of 12 years on codeine-containing products for pain, 18 years on codeine- and hydrocodone-containing products for cough, and 18 years for tramadol-containing products for pain.
BENICAR	Olmesartan Medoxomil	Tablet	5mg, 0mg, 40mg	Change	Remove Prior Authorization; Add Step Therapy
BENICAR HCT	Olmesartan Medoxomil-Hydrochlorothiazide	Tablet	20-12.5mg, 40-12.5mg,	Change	Remove Prior Authorization; Add Step Therapy

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy POS=Point Of Sale message

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			40-25mg		
MAXALT-MLT	Rizatriptan Benzoate	Oral Disintegrating Tablet	5mg, 10mg	Change	Remove Prior Authorization; Add quantity limit of 0.4-tablets per day
BETAMETHASONE DIPROPIONATE	Betamethasone Dipropionate (Topical)	Cream	0.05%	Add	Add quantity limit of 1 package per fill.
BEVYXXA	Betrixaban Maleate	Capsules	80mg	Add	Add to PDL with quantity limit of 42 capsules per 42-days
BYDUREON BCISE	Exenatide	Auto-Injector	2 mg/0.85mL	Add	Add to PDL with Prior Authorization and quantity limit of 3.4mL per 28-days
FLOLIPID	Simvastatin	Susp	40 mg/5mL (8 mg/mL), 20 mg/5mL (4 mg/mL)	Change	Changed quantity limit to 2-tablets per day
INGREZZA	Valbenazine Tosylate	Capsules	40mg	Add	Add to formulary with Prior Authorization
JULUCA	Dolutegravir Sodium-Rilpivirine HCl	Tablet	50-25 mg	Add	Add to PDL
TRELEGY ELLIPTA	Fluticasone-Umeclidinium-Vilanterol	Aerosol	100-62.5-25 mcg/inh	Change	Add to PDL with Prior Authorization

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