



Effective date: 4/1/20

Buckeye Health Plan Preferred Drug List (PDL) Updates – Q1 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 Q1 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
Nayzilam nasal spray	Midazolam nasal spray solution 5mg/spray	Nasal spray	5mg/spray	Change	Add as formulary
Katerzia suspension	Amlodipine oral suspension 1mg/ml	oral suspension	1mg/ml	Change	Add as PA required, non-formulary
Tosymra nasal spray	Sumatriptan 10mg nasal spray	Nasal spray	10mg/spray	Change	Add as PA required, non-formulary
Adhansia XR	Methylphenidate HCL extended release capsule	Oral extended release capsule	25mg, 35mg, 45mg, 55mg, 70mg, 85mg	Change	Add as PA required, non-formulary
Nourianz	Istradefylline oral tablet	Oral tablet	20mg, 40mg	Change	Add as PA required, non-formulary
Rybelsus	Semaglutide oral tablet	Oral tablet	3mg, 7mg, 14mg	Change	Add as PA required, non-formulary
Rinvoq	Upadacitinib extended release tablet	Oral extended release tablet	15mg	Change	Add as PA required, non-formulary

Preferred Drug List (PDL) Updates – Q4 2013

Duaklir Pressair	Acidinium bromide, formoterol fumarate inhalation powder	Inhalation powder	400mcg/12 mcg per actuation	Change	Add as PA required, non-formulary
Lucemyra	Lofexidine oral tablet	Oral tablet	0.18mg	Change	Add as PA required, non-formulary
Proair Digihaler	Albuterol Inhalation powder	Inhalation powder	90mcg/actuation	Change	Add as PA required, non-formulary
Drizalma Sprinkle delayed release capsule	Duloxetine delayed release capsule	oral liquid	30mg, 40mg, 60mg	Change	Add as PA required, non-formulary