



Effective date: 9/1/20

## Buckeye Health Plan Preferred Drug List (PDL) Updates – Q3 2020

**B**uckeye 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 Q3 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](http://www.buckeyehealthplan.com).*

Medicaid Preferred Drug List					
Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Aklief	Trifarotene	Topical Cream	0.005%	Change	Add as PA required, non-formulary
Amzeeq	Minocycline	Topical Foam	4%	Change	Add as PA required, non-formulary
Arazlo	Tazarotene	Topical Lotion	0.045%	Change	Add as PA required, non-formulary
Caplyta	Lumateperone	Capsule	42mg	Change	Add as PA required, non-formulary
Esperoct	Antihemophilic factor-recombinant, glycopegylated-exei	Injection	500IU, 1000IU, 1500IU, 2000IU, 3000IU	Change	Add as PA required, non-formulary
Gloperba	Colchicine	Solution	0.6mg/5ml	Change	Add as PA required, non-formulary
Jatenzo	Testosterone undecanoate	Capsule	158mg, 198mg, 237mg	Change	Add as PA required, non-formulary

## Preferred Drug List (PDL) Updates – Q4 2013

Nexletol	Bempedoic acid	Tablet	180mg	Change	Add as PA required, non-formulary
Nexlizet	Bempedoic acid and Ezetimibe	Tablet	180mg – 10mg	Change	Add as PA required, non-formulary
Nurtec ODT	Rimegepant	Orally disintegrating tablet	75mg	Change	Step Therapy required, preferred
Reyvow	Lasmiditan	Tablet	50mg, 100mg	Change	Add as PA required, non-formulary
Secuado	Asenapine	Transdermal	3.8mg, 5.7mg, 7.6mg	Change	Add as PA required, non-formulary
Trijardy XR	Empagliflozin/Linagliptin/Metformin	Extended Release Tablet	5/2.5/1000 mg; 10/5/1000 mg; 12.5/2.5/1000mg; 25/5/1000 mg	Change	Add as PA required, non-formulary
Ubrelyvy	Ubrogepant	Tablet	50mg, 100mg	Change	Add as PA required, non-formulary
Valtoco	Diazepam	Nasal Spray	5mg, 10mg, 15mg, 20mg	Change	Add as formulary
Vumerity	Diroximel fumarate	Delayed Release Capsule	231mg	Change	Add as PA required, non-formulary
Ziextenzo	Pegfilgrastim-mez	Injection	6mg/0.6ml	Change	Add as PA required, formulary