Effective date: 9/1/18*

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

Buckeye 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.

Medicaid Preferred Drug List					
Drug Name	**Ingredients**	**Dosage Form**	**Strength**	**Update**	**Notes**
Admelog	Insulin Lispro	Vial - solution	100units/ml	Add	Add to the PDL with a quantity limit of 40ml per 30 days
Admelog Solostar	Insulin Lispro	Pen - solution	100units/ml	Add	Add to the PDL with a quantity limit of 30ml per 30 days
Apidra	Insulin Glulisine	Vial - solution	100units/ml	Remove	Remove from the PDL.
Apidra Solostar	Insulin Glulisine	Pen - solution	100units/ml	Remove	Remove from the PDL.
Fiasp	Insulin Aspart	Vial - solution	100units/ml	Remove	Remove from the PDL.
Fiasp Flex Touch	Insulin Aspart	Pen - solution	100units/ml	Remove	Remove from the PDL.
Humalog	Insulin Lispro	Vial – solution	100units/ml	Remove	Remove from the PDL.
Humalog KwikPen	Insulin Lispro	Pen – solution	100units/ml	Remove	Remove from the PDL.
Novolog	Insulin Aspart	Vial – solution	100units/ml	Remove	Remove from the PDL.
Novolog Flexpen	Insulin Aspart	Syringe – solution	100units/ml	Remove	Remove from the PDL.

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

Novolog Penfill	Insulin Aspart	Cartridge - solution	100units/ml	Remove	Remove from the PDL.

*Members currently using Apidra, Fiasp, Humalog, or Novolog can continue to use these products until 12/1/18. After that date, those products will require PA.

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