



Effective date: 6/01/17

Buckeye Health Plan Preferred Drug List (PDL) Updates – Q2 2017

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
verapamil hcl er	verapamil hcl er	capsule	100mg	Add	Add generic only to PDL with a QL of 2/day.
verapamil hcl er	verapamil hcl er	capsule	200mg	Add	Add generic only to PDL with a QL of 2/day.
verapamil hcl er	verapamil hcl er	capsule	300mg	Add	Add generic only to PDL with a QL of 2/day.
chlorpheniramine/phenylephrine	chlorpheniramine/phenylephrine	solution	1mg-3.5mg/ml	Remove	Remove from PDL due to no longer available on market.
brompheniramine/pseudoephedrine cr	brompheniramine/pseudoephedrine cr	capsule	6mg-60mg	Remove	Remove from PDL due to no longer available on market.
brompheniramine/pseudoephedrine cr	brompheniramine/pseudoephedrine cr	capsule	12mg-120mg	Remove	Remove from PDL due to no longer available on market.
guaifenesin/codeine	guaifenesin/codeine	solution	200mg-10mg/5ml	Remove	Remove from PDL due to no longer available on market.
guaifenesin/codeine	guaifenesin/codeine	solution	300mg-10mg/5ml	Remove	Remove from PDL due to no longer available on market.
pramoxine/chloroxylenol	pramoxine/chloroxylenol	otic solution	1/0.1%	Remove	Remove from PDL due to no longer available on market.
phenylephrine hcl/promethazine	phenylephrine hcl/promethazine	syrup	5mg-6.25mg-	Change	Change AL to: Limited to ages 6 years and older. Drug

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

Preferred Drug List (PDL) Updates – Q1 2017

e hcl/codeine phosphate	hcl/codeine phosphate		10mg/5ml		is contraindicated for ages less than 6.
promethazine hcl/codeine phosphate	promethazine hcl/codeine phosphate	syrup	6.25mg-10mg/5ml	Change	Change AL to: Limited to ages 6 years and older. Drug is contraindicated for ages less than 6.
budesonide	budesonide	nebulizer suspension	0.25mg/2 ml; 0.5mg/2ml ; 1mg/2ml	Change	Change AL to: Limited to ages 1-8 years. Drug is FDA indicated for ages 1-8.
fluoxetine hcl	fluoxetine hcl	tablet	10mg	Change	Change AL to: Limited to ages 7 years and older.
olanzapine	olanzapine	tablet	Various strengths	Change	Change AL to: Limited to ages 10 years and older.
propranolol/hctz	propranolol/hctz	tablet	40mg/25mg; 80mg/25mg	Change	Add QL of 2 tablets/day.
diphenhydramine/pseudoephedrine	diphenhydramine/pseudoephedrine	tablet	25mg/60mg	Change	Add QL of 4 tablets/day.

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