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Buckeye Health Plan Preferred Drug List (PDL) Updates – Q3 2016

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
ISENTRESS	raltegravir	chewable tablet	25mg	Add	Add to PDL with a quantity limit of 12 tablets per day
ISENTRESS	raltegravir	chewable tablet	100mg	Add	Add to PDL with a quantity limit of 6 tablets per day
ISENTRESS	raltegravir	suspension	100mg	Add	Add to PDL with a quantity limit of 2 packets per day
NEVIRAPINE XR	nevirapine	tablet	100mg	Add	Add generic only to PDL with a quantity limit of 1 tablet per day
REYATAZ	atazanavir	suspension	50mg	Add	Add to PDL with quantity limit of 6 packets per day
PREZISTA	darunavir	suspension	100mg	Add	Add to PDL with a quantity limit of 12ml per day
EVOTAZ	atazanavir/cobicistat	tablet	300mg/150mg	Add	Add to PDL with a quantity limit of 1 tablet per day
TYBOST	cobicistat	tablet	150mg	Add	Add to PDL with a quantity limit of 1 tablet per day
XULANE	norelgestromin-ethinyl estradiol	patch	150-35mcg	Add	Add to PDL with a quantity limit of 1 package per 30 days and for females only
ZEPATIER	elbasvir/grazoprevir	tablet	50mg/100mg	Add	Add to PDL with PA and quantity limit of 1 tablet per day

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



Descovy	emtricitabine/tenofovir alafenamide	tablet	200mg/25mg	Add	Add to PDL with a quantity limit of 1 tablet per day with a PA
Levemir	insulin detemir	Pen, vials	100 units/ml	Remove	Remove from PDL
Advair HFA	fluticasone propionate/salmeterol xinafoate	inhalation suspension	45-21mcg; 115-21mcg; 230-21mcg	Remove	Remove from PDL
Advair Diskus	fluticasone propionate/salmeterol xinafoate	inhalation powder	100-50mcg; 250-50mcg; 500-50mcg	Remove	Remove from PDL
Breo Ellipta	fluticasone furoate/vilanterol	inhalation powder	100-25mcg	Remove	Remove from PDL
desmopressin	desmopressin	nasal spray	10mcg/0.1 ml	Add to PDL	Remove PA
desmopressin	desmopressin	nasal spray	10mcg/0.1 ml	Add to PDL	Remove PA
valsartan	valsartan	tablet	40mg; 80mg; 160mg; 320mg	Add to PDL	Remove step therapy edit
valsartan hctz	valsartan hctz	tablet	80mg/12.5 mg		Remove step therapy edit
Tamiflu	oseltamivir phosphate	capsule	30mg	Change	Add prior authorization for ages > 2 years and < 65 years

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