



Effective date: 08/23/15

Buckeye Health Plan

Preferred Drug List (PDL) Updates – Q3 2015

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
Stribild	Cobicistat; Elvitegravir; Emtricitabine; Tenofovir	Tablet	Cobicistat 150mg, Elvitegravir 150mg, Emtricitabine 200mg, Tenofovir Disoproxil Fumarate 300mg	Add	Add to PA list
Epaned	Enalapril	Powder for Solution	1mg/ml	Add	Add to PDL for children 8 and under
N/A	Bupropion HCl (Smoking Deterrent) Tab SR 150 MG	Tablets	150mg	Add	Add to PDL
N/A	Nicotine Inhaler System 10 MG (4 MG Delivered)	Nasal Spray	10mg	Add	Add to PDL

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

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N/A	Nicotine TD Patch Kit	Transdermal Patches	21-14-7 MG/24HR	Add	Add to PDL
N/A	Nicotine TD Patch 24HR	Transdermal Patches	7 MG/24HR; 11 MG/24HR; 14 MG/24HR; 21 MG/24HR; 22 MG/24HR	Add	Add to PDL
N/A	Nicotine Polacrilex Gum	Gum	2MG; 4MG	Add	Add to PDL
N/A	Nicotine Polacrilex Lozenge	Lozenge	2MG; 4MG	Add	Add to PDL
N/A	Varenicline Tartrate Tab	Tablets	0.5MG; 1MG	Add	Add to PDL
N/A	Vancomycin HCl Oral (Compound Kit)	Solution	25MG/ML; 50MG/ML	Add	Add to PDL
N/A	Clomipramine	Tablets	25MG; 50MG	Remove	Remove from PDL
QVAR	Beclomethasone	Inhaler	40MCG; 80MCG	Remove	Remove from PDL

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