



Effective date: 9/11/17

Buckeye Health Plan Preferred Drug List (PDL) Updates – Q4 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
Jardiance	empagliflozin	tablet	10mg	Add	Add to PDL with PA and a quantity limit of 1 tablet daily.
Jardiance	empagliflozin	tablet	25mg	Add	Add to PDL with PA and a quantity limit of 1 tablet daily.
Emverm	mebendazole	chewable tablet	100mg	Add	Add to PDL with a quantity limit of 1 tablet (100mg) per treatment.
alogliptin	alogliptin	tablet	Various strengths	Remove	Add PA
alogliptin-pioglitazone	alogliptin-pioglitazone	tablet	Various strengths	Remove	Add PA
Jentadueto	linagliptin/metformin hcl	tablet	Various strengths	Remove	Add PA
desmopressin acetate	desmopressin acetate	tablet	Various strengths	Change	Change QL to 6/day.

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