



Effective date: 7/1/19

Buckeye Health Plan Preferred Drug List (PDL) Updates – Q2 2019

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
Ergocalciferol Soln 8000 IU/ML	Ergocalciferol Soln 8000 IU/ML	oral liquid	8000 IU/ML	Change	Add as formulary
Cholecalciferol Oral Liquid 400 Unit/ML	Cholecalciferol Oral Liquid 400 Unit/ML	oral liquid	400 Unit/ML	Change	Add as formulary
Cholecalciferol Drops 5000 Unit/ML (1000 Unit/0.2ML)	Cholecalciferol Drops 5000 Unit/ML (1000 Unit/0.2ML)	oral liquid	5000 Unit/ML (1000 Unit/0.2ML)	Change	Add as formulary
Cholecalciferol Drops 400 Unit/0.028ML (Per Drop)	Cholecalciferol Drops 400 Unit/0.028ML (Per Drop)	oral liquid	400 Unit/0.028 ML (Per Drop)	Change	Add as formulary