

Effective date: 12/18/17

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
guanfacine xr	guanfacine xr	tablet	1mg, 2mg, 3mg, 4mg	Change	Add AL of ≥ 6 years old; Will still require a PA
atomoxetine	atomoxetine	capsule	10mg, 18mg, 25mg, 40mg, 60mg, 80mg,	Change	Add AL of ≥ 6 years old; Will still require a PA

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