



Effective date: 7/10/17

Buckeye Health Plan Preferred Drug List (PDL) Updates – Q3 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
Nevanac	nepafenac	ophthalmic suspension	0.1%	Remove	Remove from PDL and Add PA
Purixan	mercaptopurine	suspension	20mg/ml	Change	Remove age limit
Epaned	enalapril maleate	solution	1mg/ml	Change	Remove age limit
cetirizine hcl	cetirizine hcl	solution	1mg/ml	Change	Remove age limit
ranitidine hcl	ranitidine hcl	syrup	75mg/5ml	Change	Remove age limit
sucralfate	sucralfate	suspension	1gm/10ml	Change	Remove age limit
nitrofurantoin	nitrofurantoin	suspension	25mg/5ml	Change	Remove age limit
dextroamphetamine sulfate	dextroamphetamine sulfate	tablet	Multiple strengths	Change	Change AL to limited to ages 3 years and older
amphetamine-dextroamphetamine sr	amphetamine-dextroamphetamine sr	capsule	30mg	Change	Change AL to limited to ages 6 years and older
methylphenidate hcl cr	methylphenidate hcl cr	capsule	Multiple strengths	Change	Change AL to limited to ages 6 years and older

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dexmethylphenidate hcl	dexmethylphenidate hcl	tablet	Multiple strengths	Change	Change AL to limited to ages 6 years and older
diazepam rectal	diazepam rectal	gel	Multiple strengths	Change	Change AL to limited to ages 2 years and older
tranexamic acid	tranexamic acid	tablet	650mg	Change	Change AL to limited to ages 12 years and older
isotretinoin	isotretinoin	capsule	Multiple strengths	Change	Change AL to limited to ages 12 years and older
tretinoin	tretinoin	cream	0.025%	Change	Change AL to limited to ages 35 years and under
lidocaine	lidocaine	ointment	5.0%	Remove	Remove from PDL and Add PA
Lantus Inj 100/ML/ Solostar/vial	glargine	injection	Multiple strengths	Remove	Remove from PDL (Basaglar preferred)

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