

Preferred Drug List Update March/April 2018 Summary

The purpose of this document is to summarize relevant updates to the preferred drug lists for managed Medicaid plans and Traditional Medicaid. Updates will be reflected on Partners For Kids preferred drug list at www.PartnersForKids.org/resource. All changes noted below are effective as of March or April 2018.

Additions to Preferred Drug Lists:

| PLAN | DRUG |
|-----------------------------|--|
| CareSource | Flovent HFA and Diskus (fluticasone propionate) |
| Molina | Flovent HFA (fluticasone propionate) - PA required for patients > 7 yo |
| Paramount Advantage | Nasacort (Triamcinolone) |
| | Prevacid (lansoprazole) 15 mg and 30 mg, Prevacid OTC 15 mg |
| | Lansoprazole 3 mg/mL compound kit |
| United Healthcare Community | Flovent HFA (fluticasone propionate) - PA required for patients > 12 yo |

Prior Authorization Required:

| PLAN | DRUGS REQUIRING PRIOR AUTHORIZATION | PREFERRED ALTERNATIVES |
|-----------------------------|-------------------------------------|--|
| Buckeye | Omeprazole 2 mg/mL compound kit | Nexium 20mg OTC version (esomeprazole) |
| United Healthcare Community | Dulera HFA (mometasone/formoterol) | AirDuo Respiclick (fluticasone propionate/salmeterol) Breo Ellpita (fluticasone furoate/vilanterol) |



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