

Preferred Drug List Update

July 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 July 2018.

Changes to Preferred Drug Lists:

PLAN	DRUG	STATUS	NOTES
Buckeye	Admelog® (insulin lispro) 100 unit/mL vial & SoloStar pen	Preferred	
	Fiasp® (insulin aspart) 100 unit/mL vial & FlexTouch pen	Preferred	
CareSource	Admelog® (insulin lispro) 100 unit/mL vial & SoloStar pen	Preferred	
	Fiasp® (insulin aspart) 100 unit/mL vial & FlexTouch pen	Preferred	
	Benzamycin® (erythromycin/benzoyl peroxide) gel 5-3%	Non-Preferred	PA required
	Asmanex® (mometasone furoate)	Non-Preferred	PA required
	Kenalog® (triamcinolone) 0.025%, 0.1%, 0.5% cream & ointment	Preferred	Quantity limit (cream 15 gm / 26 days; ointment 80 gm / 26 days)
	Molina	Admelog® (insulin lispro) 100 unit/mL vial & SoloStar pen	Preferred
	Novolog® (insulin aspart) 100 unit/mL vial & FlexTouch pen	Non-Preferred	PA required
	Humalog® (insulin lispro) 100 unit/mL vial & KwikPen pen	Non-Preferred	PA required
	Flovent® (fluticasone) 44mcg, 110mcg inhaler	Preferred	Age limit Quantity limit
	Symbicort® (budesonide/formoterol) 80/4.5mcg	Preferred	Step therapy Age limit Quantity limit



Molina (con't)	Advair® Diskus® (fluticasone/salmeterol) 100/50mcg	Non-Preferred	PA required
Ohio Medicaid	Cotempla® XR-ODT (methylphenidate)	Non-Preferred	PA required
	Fiasp® (insulin aspart) 100 unit/mL vial & FlexTouch pen	Non-Preferred	PA required
	Admelog® (insulin lispro) 100 unit/mL vial & SoloStar pen	Non-Preferred	PA required
United Healthcare Community	Admelog® SoloStar® (insulin lispro)	Preferred	
	Admelog® 100 unit/mL vial (insulin lispro)	Preferred	
	Metadate® CD (methylphenidate CD)	Preferred	Diagnosis (ADHD) required
	Natroba® (spinosad suspension)	Preferred	
	Qvar® RediHaler™ (beclomethasone)	Preferred	
	Asmanex® HFA (mometasone inhalation)	Preferred	PA required for new starts ≥ 8 y/o Current users < 18 y/o will be grandfathered
	Humalog® KwikPen® (insulin lispro)	Non-Preferred	Required transition to Admelog® SoloStar®
	Humalog® 100 unit/mL vial (insulin lispro)	Non-Preferred	Required transition to: Admelog® vial
	NovoLog® Flexpen® (insulin aspart)	Non-Preferred	Required transition to Admelog® SoloStar®
	NovoLog® 100 unit/mL vial (insulin aspart)	Non-Preferred	Required transition to: Admelog® vial
	Fiasp® FlexTouch® (insulin aspart)	Non-Preferred	
	Fiasp® 100 unit/mL vial (insulin aspart)	Non-Preferred	
	Asmanex® TwiSthaler® (mometasone inhalation)	Non-Preferred	Current users < 18 y/o will be grandfathered Preferred alternatives: Arnuity® Ellipta® and Qvar® RediHaler™
	Concerta® (methylphenidate ER AB- rated generic)	Non-Preferred	Current users < 18 y/o will be grandfathered Preferred alternative: methylphenidate ER (Concerta® BX-rated generic) and methylphenidate CD





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