

Preferred Drug List Update

October 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/resources. All changes noted below are effective as of October 2018.

Changes to Preferred Drug Lists:

PLAN	DRUG	STATUS	NOTES
Buckeye	Admelog® (insulin lispro) 100 unit/mL vial & SoloStar pen	Preferred	Quantity limit of 40mL per 30 days
	Apidra® (insulin glulisine) 100 unit/mL vial & SoloStar pen	Non-Preferred	
	Fiasp® (insulin aspart) 100 unit/mL vial & FlexTouch pen	Non-Preferred	
	Humalog® (insulin lispro) 100 unit/mL vial & KwikPen	Non-Preferred	
	Novolog® (insulin aspart) 100 unit/mL vial, Flexpen, & Penfill	Non-Preferred	
CareSource	Natroba (spinosad) 0.9%	Non-Preferred	
	Firvanq (oral vancomycin) 25 mg/mL & 50 mg/mL	Preferred	Requires a PA
	Vancocin (oral vancomycin) 125 mg & 250 mg	Non-Preferred	Use Firvanq
Molina	Dulera HFA (mometasone/formoterol) 100/5 mcg/act; 200/5 mcg/act	Non-Preferred	Requires a PA
	Symbicort (budesonide/formoterol) 80/4.5 mcg/act; 160/4.5 mcg/act	Non-Preferred	Step therapy: requires prior use of inhaled corticosteroid therapy
Ohio Medicaid	No relevant changes		
Paramount	No published changes		
United Healthcare Community	Strattera® (atomoxetine)	Preferred	Generic only; diagnosis of ADHD required

	Non-BD insulin and pen needles	Non-Preferred	BD insulin syringes and pen needles will remain preferred. All other manufacturer's insulin syringes & pen needles will be non-preferred.
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