

# Preferred Drug List Update

## April 2019 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](http://www.PartnersForKids.org/resources). All changes noted below are effective as of April 2019.

### Changes to Preferred Drug Lists:

PLAN	DRUG	STATUS	NOTES
<b>Buckeye</b>	No published changes		
<b>CareSource</b>	Humira® 10mg, 20mg, 40mg, 80mg	Non-Preferred effective 5/1/19	Will remain preferred for diagnosis of Crohn's Disease, Ulcerative Colitis (UC), Uveitis, and Hydradenitis suppurativa
<b>Molina</b>	Erythromycin 2% gel	Non-Preferred	
	Amoxicillin/Clavulanic Acid suspension 125mg & 31.25mg/5mL and 250mg & 62.5mg/5mL	Non-Preferred	Strengths are for use in neonates
<b>Ohio Medicaid</b>	No relevant changes		
<b>Paramount</b>	No published changes		
<b>United Healthcare Community</b>	Toujeo® (insulin glargine) vials and pens	Non-preferred	Current users will not be grandfathered. Basaglar® is an alternative.