

Preferred Drug List Update

July 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. All changes noted below are effective as of July 2019.

Changes to Preferred Drug Lists:

PLAN	DRUG	STATUS	NOTES
Buckeye	Fluticasone/salmeterol 100-50mcg, 250-50mcg, 500-50mcg DPI diskus	Preferred	Generic is preferred instead of Advair® Diskus brand
	Cholecalciferol 400 units/mL, 400 units/0.28mL	Preferred	
CareSource	Insulin Lispro 100 units/mL vials, KwikPen	Preferred	Generic Insulin Lispro and Admelog® now preferred, Humalog® brand non-preferred
Molina	Fluticasone/salmeterol 100-50mcg, 250-50mcg, 500-50mcg DPI diskus	Preferred	Generic is preferred instead of Advair® Diskus brand
	Symbicort® HFA 80-4.5mcg, 160-4.5mcg	Preferred	Age limit <12yo
	Hydrocortisone valerate cream	Non-Preferred	
	Duloxetine 20mg, 30mg, 60mg	Preferred	
	Aripiprazole 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Preferred	Quantity Limit 1 tablet/day
	Olanzapine 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	Preferred	Removed Step Therapy Requirement
Ohio Medicaid	No relevant changes		
Paramount	No relevant changes		
United Healthcare Community	Alclometasone dipropionate 0.05% cream	Non-Preferred	Current users will not be grandfathered. Ointment still covered.
	Hydrocortisone butyrate 0.1% cream	Non-Preferred	Current users will not be grandfathered. Ointment still covered.
	Hydrocortisone valerate 0.2% cream	Non-Preferred	Current users will not be grandfathered.