

Effective date: September 25, 2023



Peach State Health Plan

Preferred Drug List (PDL) Updates – Q3-2023

Peach State Health Plan looks at the medications on the Preferred Drug List (PDL) every three months. Medicines are added, removed or changed due to industry standards, availability, or how much it is used. Below are changes to the PDL this quarter. Generic products are preferred.

Drug Name	Update	Notes
CLINICAL EDIT: ADHD First Fill	EDIT REMOVE	Remove ADHD edit limiting to a 20-day supply for 6 to 12yo on initial fill of ADHD medication
Adalimumab-adaz Pen/Prefilled Syringe 40 MG/0.4ML (Biosimilar for HUMIRA - generic HYRIMOZ)	ADD	Add to PDL PA Required
Adalimumab-fkjp Pen/Prefilled Syringe 20 MG/0.4ML; 40 MG/0.8ML (Biosimilar for HUMIRA - generic HULIO)	ADD	Add to PDL PA Required
YUSIMRY Pen 40 MG/0.8 ML (Biosimilar for HUMIRA - Adalimumab-aqvh Injection)	ADD	Add to PDL PA Required
HADLIMA Pen/Prefilled Syringe 40 MG/0.4ML; 40 MG/0.8ML (Biosimilar for HUMIRA - Adalimumab-bwwd Injection)	ADD	Add to PDL PA Required
Pirfenidone Cap 267 MG (generic ESBRIET)	ADD	Add to PDL PA Required
HUMIRA Pen Kit 40 MG/0.4 ML; 40 MG/0.8 ML; 80 MG/0.8 ML (Adalimumab Pen-injector Kits)	REMOVE	Use Preferred Products: adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry (PA required for Preferred Product)
HUMIRA Prefilled Syringe Kit 10 MG/0.1ML; 20 MG/0.2ML; 40 MG/0.8ML; 80 MG/0.8ML (Adalimumab Prefilled Syringe Kits)	REMOVE	Use Preferred Products: adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry (PA required for Preferred Product)
AMJEVITA Pen/Prefilled Syringe Kits 10 MG/0.2ML; 20 MG/0.4ML; 40 MG/0.8 ML (Biosimilar for HUMIRA - Adalimumab-atto Injection kits)	REMOVE	Use Preferred Products: adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry (PA required for Preferred Product)
ENBREL Vial/Pen/Prefilled Syringe Kits 25 MG/0.5ML; 50 MG/ML (Etanercept Subcutaneous Injection)	REMOVE	Use Preferred Products: adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry (PA required for Preferred Product)

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Drug Name	Update	Notes
CIMZIA Vial/Prefilled Syringe Kits 2 X 200 MG/ML; 6 x 200 MG/ML (Certolizumab Pegol Injection Kits)	REMOVE	Use Preferred Products: adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry (PA required for Preferred Product)
SIMPONI ARIA 50 MG/4ML (Golimumab IV Solution)	REMOVE	Use Preferred Products: adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry (PA required for Preferred Product)
SIMPONI Vial/Pen/Prefilled Syringe Kits 50 MG/0.5ML; 100 MG/ML (Golimumab Subcutaneous Injection)	REMOVE	Use Preferred Products: adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry (PA required for Preferred Product)

For a copy of the preferred drug list (PDL), you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at www.pshp.com
For more information on these programs, please visit our website at www.pshp.com, or refer to the Peach State Health Plan member handbook.