

Effective date: December 28, 2018



# Peach State Health Plan Preferred Drug List (PDL) Updates – Q4-2018

**P**each 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.

Drug Name	Ingredients	Dosage Form	Strength	UPDATE	Notes
BIKTARVY	Bictegravir- Emtricitabine- Tenofovir AF	Tablet	50-200-25 MG	ADD	Add to PDL; PA required; MDD = 1 tab
BRAFTOVI	Encorafenib	Capsule	50 MG; 75 MG	ADD	Add to PDL; PA required
CIMDUO	Lamivudine- Tenofovir Disoproxil Fumarate	Tablet	300-300 MG	ADD	Add to PDL; PA required; MDD = 1 tab
ILUMYA	Tildrakizumab-asmn	SubQ Injection	100 MG	ADD	Add to PDL; PA required
JYNARQUE	Tolvaptan	Tablet Therapy Pack	45 & 15 MG; 60 & 30 MG; 90 & 30 MG	ADD	Add to PDL; PA required
MEKTOVI	Binimetinib	Tablet	15 MG	ADD	Add to PDL; PA required
SEGLUROMET	Ertugliflozin- Metformin HCl	Tablet	2.5-500 MG; 2.5-1000 MG; 7.5-500 MG; 7.5-1000 MG	ADD	Add to PDL; PA Required; ST = Try Metformin; QL = 2 tab/day
SIKLOS	Hydroxyurea	Tablet	100 MG	ADD	Add to PDL; AL < 19 years old
STEGLATRO	Ertugliflozin L- Pyroglutamic Acid	Tablet	5 MG (Base); 15 MG (Base)	ADD	Add to PDL; PA Required; ST = Try Metformin; QL = 1 tab/day
SYMFI	Efavirenz- Lamivudine- Tenofovir DF	Tablet	600-300-300 MG	ADD	Add to PDL; PA required; MDD = 1 tab
SYMFI LO	Efavirenz- Lamivudine- Tenofovir DF	Tablet	400-300-300 MG	ADD	Add to PDL; PA required; MDD = 1 tab
TAVALISSE	Fostamatinib Disodium	Tablet	100 MG (Base); 150 MG (Base)	ADD	Add to PDL; PA required
VAGIFEM	Estradiol	Vaginal Tablet	10 MCG; 25 MCG	ADD	Add to PDL

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<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>UPDATE</b>	<b>Notes</b>
ALOGLIPTIN	Alogliptin Benzoate	Tablet	6.25 MG (Base); 12.5 MG (Base); 25 MG (Base)	CHANGE	Update PDL; Remove PA
ALOGLIPTIN-METFORMIN	Alogliptin-Metformin HCl	Tablet	12.5-500 MG; 12.5-1000 MG	CHANGE	Update PDL; Remove PA
ALOGLIPTIN-PIOGLITAZONE	Alogliptin-Pioglitazone	Tablet	12.5-15 MG; 12.5-30 MG; 12.5-45 MG; 25-15 MG; 25-30 MG; 25-45 MG	CHANGE	Update PDL; Remove PA
ATRIPLA	Efavirenz- Emtricitabine- Tenofovir DF	Tablet	600-200-300 MG	CHANGE	Update PDL; ST = Try Simfi first
COMPLERA	Emtricitabine- Rilpivirine-Tenofovir DF	Tablet	200-25-300 MG	CHANGE	Update PDL; ST = Try Simfi first

*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](http://www.pshp.com)*

*For more information on these programs, please visit our website at [www.pshp.com](http://www.pshp.com), or refer to the Peach State Health Plan member handbook.*