

Effective date: March 25, 2019



Peach State Health Plan

Preferred Drug List (PDL) Updates – Q1-2019

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.

Drug Name	Ingredients	Dosage Form	Strength	UPDATE	Notes
Buprenorphine/ Naloxone	Buprenorphine HCl- Naloxone HCl	Sublingual Tablet	2-0.5 MG; 8-2 MG	ADD	Add to PDL; QL = 3 tabs/day
Cholecalciferol	Cholecalciferol	Oral Drops	5000 Unit/ML (1000 Unit/0.2ML)	ADD	Add to PDL; AL = 6 months to 1 year old
Cholecalciferol	Cholecalciferol	Oral Drops	400 Unit/0.028ML (Per Drop)	ADD	Add to PDL; AL = less than 6 months old
Cholecalciferol	Cholecalciferol	Oral Liquid	400 Unit/ML	ADD	Add to PDL
COPIKTRA	Duvelisib	Capsule	15 MG; 25 MG	ADD	Add to PDL; PA Required
DELSTRIGO	Doravirine- Lamivudine-Tenofovir DF	Tablet	100-300-300 MG	ADD	Add to PDL; ST = Try Symfi first; QL = 1 tab/day
Ergocalciferol	Ergocalciferol	Oral Solution	8000 IU/ML	ADD	Add to PDL
GALAFOLD	Migalastat HCl	Capsule	123 MG	ADD	Add to PDL; PA Required; QL = 1cap every other day (0.5/day)
NUPLAZID	Pimavanserin Tartrate	Capsule	34 MG	ADD	Add to PDL; PA Required; QL = 1 tab/day
NUPLAZID	Pimavanserin Tartrate	Tablet	10 MG	ADD	Add to PDL; PA Required; QL = 1 tab/day
OLUMIANT	Baricitinib	Tablet	2 MG	ADD	Add to PDL; PA Required
ORLISSA	Elagolix Sodium	Tablet	150 MG; 200 MG	ADD	Add to PDL; PA Required
PALYNZIQ	Pegvaliase-pqpz	Subcutaneous Solution; Prefilled Syringe	2.5 MG/0.5ML; 10 MG/0.5ML; 20 MG/ML	ADD	Add to PDL; PA Required

Preferred Drug List (PDL) Updates – Q1 2019



Drug Name	Ingredients	Dosage Form	Strength	UPDATE	Notes
SIKLOS	Hydroxyurea	Tablet	100 MG	ADD	Add to PDL; PA Required (Try generic hydroxyurea first)
SYMTUZA	Darunavir-Cobic- Emtricitab-Tenofov AF	Tablet	800-150-200-10 MG	ADD	Add to PDL; ST = Try Symfi first; QL = 1 tab/day
TIBSOVO	Ivosidenib	Tablet	250 MG	ADD	Add to PDL; PA Required
YONSA	Abiraterone Acetate	Tablet	125 MG	ADD	Add to PDL; PA Required

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.