

Effective date: December 21, 2021



Peach State Health Plan

Preferred Drug List (PDL) Updates – Q4-2021

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	Ingredients	Dosage Form	Strength	Update	Notes
OGIVRI	Trastuzumab-dkst	IV Solution	150MG; 420MG	ADD	Add to PDL; PA Required
RUXIENCE	Rituximab-pvvr	IV Solution	500 MG/50ML	ADD	Add to PDL; PA Required
TRUXIMA	Rituximab-abbs	IV Solution	100MG/10ML; 500MG/50ML	ADD	Add to PDL; PA Required
ELIQUIS	Apixiban	Tablet	2.5 MG; 5 MG	CHANGE	QL = 2tabs/day
ELIQUIS	Apixiban Starter Pack	Tablet		CHANGE	QL = 2.47tabs/day
COSENTYX	Secukinumab	SC Auto-injector; SC Prefilled Syringe	150MG/ML; 300MG/2ML	REMOVE*	PDL Alternative = As FDA Indicated: Cimzia, Enbrel, Otezla, Taltz (PA may be required)

** Drugs not listed on the PDL require PA*

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.