Effective date: December 15, 2025

Peach State Health Plan
Preferred Drug List (PDL) Updates: Q4-2025

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
Sacubitril-Valsartan tablet (generic ENTRESTO 24-26 MG; ENTRESTO 49-51 MG; ENTRESTO 97-103 MG)	Add	Add to PDL; QL = 2 tab/day
PYZCHIVA (Ustekinumab-ttwe Solution 45 MG/0.5ML)	Add	Add to PDL; PA Required
BAFIERTAM (Monomethyl Fumarate Delayed Release capsule 95 MG)	Remove	Use PDL Alternative
CHOLBAM (Cholic Acid capsule 50 MG; Cholic Acid capsule 250 MG)	Remove	Use PDL Alternative
FIRDAPSE (Amifampridine Phosphate Tablet 10MG)	Remove	Use PDL Alternative
GRANIX (Tbo-Filgrastim Subcutaneous Inj 300 MCG/ML; Tbo-Filgrastim Prefilled Syringe 300 MCG/0.5ML; Tbo-Filgrastim Prefilled Syringe 480 MCG/0.8ML)	Remove	Use PDL Alternative
IOPIDINE (Apraclonidine Solution 1% eye drop)	Remove	Use PDL Alternative
KESIMPTA (Ofatumumab Auto-Injector 20 MG/0.4ML)	Remove	Use PDL Alternative
MULPLETA (Lusutrombopag Tab 3 MG)	Remove	Use PDL Alternative
NEUPOGEN (Filgrastim Injection 300 ML; Filgrastim Injection 480 MCG/1.6ML; Filgrastim Prefilled Syringe 300 MCG/0.5ML; Filgrastim Prefilled Syringe 480 MCG/0.8ML)	Remove	Use PDL Alternative
NIVESTYM (Filgrastim-aafi Injection 300 MCG/ML; Filgrastim-aafi Injection 480 MCG/1.6ML; Filgrastim-aafi Prefilled Syringe 300 MCG/0.5ML; Filgrastim-aafi Prefilled Syringe 480 MCG/0.8ML) **biosimilar NEUPOGEN**	Remove	Use PDL Alternative

Drug Name	Update	Notes
RELEUKO (Filgrastim-ayow Injection 300 MCG/ML; Filgrastim-ayow Injection 480 MCG/1.6ML; Filgrastim-ayow Prefilled Syringe 300 MCG/0.5ML; Filgrastim-ayow Prefilled Syringe 480 MCG/0.8ML) **biosimilar NEUPOGEN**	Remove	Use PDL Alternative
XPOVIO (40 MG ONCE WEEKLY: Selinexor Tablet Pack 10MG; 40 MG ONCE WEEKLY: Selinexor Tablet Pack 40MG; 40 MG TWICE WEEKLY: Selinexor Tablet Pack 40MG; 60 MG TWICE WEEKLY: Selinexor Tablet Pack 20MG; 60 MG ONCE WEEKLY: Selinexor Tablet Pack 60MG; 80 MG ONCE WEEKLY: Selinexor Tablet Pack 40MG; 80 MG TWICE WEEKLY: Selinexor Tablet Pack 20MG; 100 MG ONCE WEEKLY: Selinexor Tablet Pack 50MG)	Remove	Use PDL Alternative
XGEVA (Denosumab Injection 120MG/1.7ML)	Remove	Use PDL Alternative

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.