Effective date: September 1, 2026

Peach State Health Plan
Preferred Drug List (PDL) Updates: Q3-2026

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
ADEK THE ESSENTIALS PLUS ZINC GUMMIES	ADD	Add to PDL
BILDYOS (generic Denosumab Prefilled Syringe 60 MG/ML) Biosimilar PROLIA	ADD	Add to PDL; PA Required; QL 1 per 180 days
ENOBY (generic Denosumab Prefilled Syringe 60 MG/ML) Biosimilar PROLIA	ADD	Add to PDL; PA Required; QL 1 per 180 days
ERZOFRI (generic Paliperidone Palmitate ER Prefilled Syringe 351 MG/2.25ML)	ADD	Add to PDL; PA Required
BLINCYTO (generic Blinatumomab Infusion 35 MCG)	REMOVE	PA Required
CHEMET (generic Succimer Capsule 100 MG)	REMOVE	PA Required
EPIDIOLEX (generic Cannabidiol 100 MG/ML)	REMOVE	PA Required
GAMMAGARD (generic Immune Globulin 30 GM/300ML)	REMOVE	PA Required
GAMMAGARD S/D (generic Immune Globulin 5 GM; Immune Globulin 10 GM)	REMOVE	PA Required
GAMMAGARD, GAMMAKED, GAMUNEX-C (generic Immune Globulin 1 GM/10ML; Immune Globulin 2.5 GM/25ML; Immune Globulin 5 GM/50ML; Immune Globulin 10 GM/100ML; Immune Globulin 20 GM/200ML; Immune Globulin 40 GM/400ML)	REMOVE	PA Required
HEMLIBRA (generic Emicizumab-kxwh 30 MG/ML; Emicizumab-kxwh 60 MG/0.4ML (150 MG/ML); Emicizumab-kxwh 105 MG/0.7ML (150 MG/ML); Emicizumab-kxwh 150 MG/ML)	REMOVE	PA Required

Drug Name	Update	Notes
IBRANCE (generic Palbociclib Capsule 100 MG; Palbociclib Capsule 125 MG; Palbociclib Tablet 75 MG; Palbociclib Tablet 100 MG; Palbociclib Tablet 125 MG)	REMOVE	PA Required
IDELVION (generic Coagulation Factor IX (Recomb) (rIX-FP) 250 Unit)	REMOVE	PA Required
ILARIS (generic Canakinumab 150 MG/ML)	REMOVE	PA Required
KISQALI (generic Ribociclib Tablet 200 MG Daily Dose; Ribociclib Tablet 400 MG Daily Dose; Ribociclib Tablet 600 MG Daily Dose)	REMOVE	PA Required
KISQALI FEMARA (generic Ribociclib 200 MG Dose & Letrozole 2.5 MG Pack; Ribociclib 400 MG Dose & Letrozole 2.5 MG Pack; Ribociclib 600 MG Dose & Letrozole 2.5 MG Pack)	REMOVE	PA Required
KOSELUGO (generic Selumetinib Capsules 10 MG; Selumetinib Capsules 25 MG)	REMOVE	PA Required
NAGLAZYME (generic Galsulfase 1 MG/ML)	REMOVE	PA Required
NEXVIAZYME (generic Avalglucosidase Alfa-ngpt 100 MG)	REMOVE	PA Required
NOVOSEVEN RT (generic Coagulation Factor VIIa (Recomb) 1 MG; Coagulation Factor VIIa (Recomb) 2 MG; Coagulation Factor VIIa (Recomb) 5 MG; Coagulation Factor VIIa (Recomb) 8 MG)	REMOVE	PA Required
OXLUMO (generic Lumasiran 94.5 MG/0.5ML)	REMOVE	PA Required
PROLIA (generic Denosumab Prefilled Syringe 60 MG/ML)	REMOVE	PA Required
SCEMBLIX (generic Asciminib Tablet 20 MG; Asciminib Tablet 40 MG; Asciminib Tablet 100 MG)	REMOVE	PA Required

Drug Name	Update	Notes
STRENSIQ (generic Asfotase Alfa 18 MG/0.45ML; Asfotase Alfa 28 MG/0.7ML; Asfotase Alfa 40 MG/ML; Asfotase Alfa 80 MG/0.8ML)	REMOVE	PA Required
TALTZ (generic Ixekizumab Auto-injector 80 MG/ML; Ixekizumab Prefilled Syringe 20 MG/0.25ML; Ixekizumab Prefilled Syringe 40 MG/0.5ML; Ixekizumab Prefilled Syringe 80 MG/ML)	REMOVE	PA Required
TRIKAFTA (generic Elexacaf-Tezacaf-Ivacaf 50-25-37.5 MG & Ivacaftor 75 MG Pack; Elexacaf-Tezacaf-Ivacaf 100-50-75 MG & Ivacaftor 150 MG Pack)	REMOVE	PA Required
VERZENIO (generic Abemaciclib Tablet 50 MG; Abemaciclib Tablet 100 MG; Abemaciclib Tablet 150 MG; Abemaciclib Tablet 200 MG)	REMOVE	PA Required
VIMIZIM (generic Elosulfase Alfa 5 MG/5ML)	REMOVE	PA Required
ZAVESCA (generic Miglustat Capsule 100 MG)	REMOVE	PA Required
ZOLGENSMA (generic Onasemnogene Abeparvovec-xioi; All Strengths)	REMOVE	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.