Effective date: December 1, 2026

Peach State Health Plan
Preferred Drug List (PDL) Updates: Q4-2026

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
ARESTIN (generic Minocycline Powder Cartridge 1 MG)	REMOVE	Use PDL Preferred Alternative or submit PA for review
BRONCHITOL; BRONCHITOL TOLERANCE TEST (generic Mannitol Inhalation Capsule 40 MG)	REMOVE	Use PDL Preferred Alternative or submit PA for review
CAPRELSA (generic Vandetanib Tablet 100 MG; Vandetanib Tablet 300 MG)	REMOVE	Use PDL Preferred Alternative or submit PA for review
CORTROSYN (generic Cosyntropin 0.25 MG)	REMOVE	Use PDL Preferred Alternative or submit PA for review
DOCETAXEL (generic Docetaxel Injection 80 MG/4ML; Docetaxel Injection 160 MG/8ML)	REMOVE	Use PDL Preferred Alternative or submit PA for review
DOCETAXEL; BEIZRAY (generic Docetaxel Injection 20 MG/ML)	REMOVE	Use PDL Preferred Alternative or submit PA for review
DOCETAXEL; DOCIVYX (generic Docetaxel Infusion 20 MG/ML; Docetaxel Infusion 80 MG/8ML; Docetaxel Infusion 160 MG/16ML)	REMOVE	Use PDL Preferred Alternative or submit PA for review
Glycine Diluent (DILUENT FOR TREPROSTINIL; STERILE DILUENT FLOLAN; STERILE DILUENT FOR REMODULIN)	REMOVE	Use PDL Preferred Alternative or submit PA for review
Ondansetron Orally Disintegrating Tablet 16 MG (brand ZOFRAN)	REMOVE	Remove from PDL; Use PDL Alternative
ONPATTRO (generic Patisiran Sodium 10 MG/5ML)	REMOVE	Use PDL Preferred Alternative or submit PA for review
SAPHNELO (generic Anifrolumab-fnia 300 MG/2ML)	REMOVE	Use PDL Preferred Alternative or submit PA for review
SEROSTIM (generic Somatropin (Non-Refrigerated) 4 MG; Somatropin (Non-Refrigerated) 5 MG; Somatropin (Non-Refrigerated) 6 MG)	REMOVE	Use PDL Preferred Alternative or submit PA for review

Drug Name	Update	Notes
SUSVIMO OCULAR IMPLANT (generic Ocular Implant - Intravitreal Reservoir; Ranibizumab Intravitreal (Implant 1st Fill) 10 MG/0.1ML; Ranibizumab Intravitreal (Implant Refill) 10 MG/0.1ML)	REMOVE	Use PDL Preferred Alternative or submit PA for review
TEGSEDI (generic Inotersen Sodium Prefilled Syringe 284 MG/1.5ML)	REMOVE	Use PDL Preferred Alternative or submit PA for review
THYROGEN (generic Thyrotropin Alfa 0.9 MG)	REMOVE	Use PDL Preferred Alternative or submit PA for review
UPTRAVI (generic Selexipag Tablet 200 MCG; Selexipag Tablet 400 MCG; Selexipag Tablet 600 MCG; Selexipag Tablet 800 MCG; Selexipag Tablet 1000 MCG; Selexipag Tablet 1200 MCG; Selexipag Tablet 1400 MCG; Selexipag Tablet 1600 MCG; Selexipag Therapy Pack 200 MCG & 800 MCG; Selexipag IV Solution 1800 MCG)	REMOVE	Use PDL Preferred Alternative or submit PA for review
VABRINTY (generic Leuprolide Acetate Kit 7.5 MG; Leuprolide Acetate (3 Month) Kit 22.5MG; Leuprolide Acetate (4 Month) Kit 30 MG; Leuprolide Acetate (6 Month) Kit 45 MG)	REMOVE	Use PDL Preferred Alternative or submit PA for review

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.