

Effective date: March 30, 2018



Peach State Health Plan

Preferred Drug List (PDL) Updates – Q1-2018

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
Atacand - GENERIC	Candesartan Cilexetil	Tablet	4 MG; 8 MG; 16 MG; 32 MG;	ADD	Add to PDL
Atacand/HCT - GENERIC	Candesartan Cilexetil- Hydrochlorothiazide	Tablet	16-12.5 MG; 32-12.5 MG; 32-25 MG	ADD	Add to PDL
Azor - GENERIC	Amlodipine Besylate- Olmesartan Medoxomil	Tablet	5-20 MG; 5-40 MG; 10-20 MG; 10-40 MG	ADD	Add to PDL: ST = Try Losartan or Irbesartan first;
Benicar- GENERIC	Olmesartan Medoxomil	Tablet	5 MG; 20 MG; 40 MG	ADD	Add to PDL: ST = Try Losartan or Irbesartan first
Benicar HCT- GENERIC	Olmesartan Medoxomil- Hydrochlorothiazide	Tablet	20-12.5 MG; 40-12.5 MG; 40-25 MG	ADD	Add to PDL: ST = Try Losartan or Irbesartan first
Estrostep FE- GENERIC	Norethindrone- Ethinyl Estradiol-Fe	Tablet	1-20/1-30/1-35 MG-MCG	ADD	Add to PDL
Exforge- GENERIC	Amlodipine Besylate-Valsartan	Tablet	5-160 MG; 5-320 MG; 10-160 MG; 10-320 MG	ADD	Add to PDL: ST = Try Losartan or Irbesartan first
Exforge HCT- GENERIC	Amlodipine- Valsartan- Hydrochlorothiazide	Tablet	5-160-12.5 MG; 5-160-25 MG; 10-160-12.5 MG; 10-160-25 MG; 10-320-25 MG	ADD	Add to PDL: ST = Try Losartan or Irbesartan first
Famvir- GENERIC	Famciclovir	Tablet	125 MG; 250 MG; 500 MG	ADD	Add to PDL
Femcon FE- GENERIC	Norethindrone & Ethinyl Estradiol-Fe	Chew Tab	0.4 MG-35 MCG	ADD	Add to PDL
Femhrt Low Dose- GENERIC	Norethindrone Acetate-Ethinyl Estradiol	Tablet	0.5 MG-2.5 MCG	ADD	Add to PDL
Femhrt Low Dose- GENERIC	Norethindrone Acetate-Ethinyl Estradiol	Tablet	1 MG-5 MCG	ADD	Add to PDL
Fexmid- GENERIC	Cyclobenzaprine HCl	Tablet	7.5 MG	ADD	Add to PDL; QL = 4 tabs/day
Generess FE- GENERIC	Norethindrone & Ethinyl Estradiol-Fe	Chew Tab	0.8 MG-25 MCG	ADD	Add to PDL

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Jadenu Sprinkle	Deferasirox	Granules Packet	90 MG; 180 MG; 360 MG	ADD	Add to PDL; PA Required
Kapvay-GENERIC	Clonidine HCl SR	Tab SR 12HR	0.1 MG	ADD	Add to PDL
Keppra-GENERIC	Levetiracetam	Tablet	1000 MG	ADD	Add to PDL
Keppra XR-GENERIC	Levetiracetam SR	Tab SR 24HR	500 MG; 750 MG	ADD	Add to PDL; ST = Try Levetiracetam IR
Lamictal XR-GENERIC	Lamotrigine SR	Tab SR 24HR	25 MG; 50 MG; 100 MG; 200 MG; 250 MG; 300 MG	ADD	Add to PDL; ST = Try Lamotrigine IR
Mavyret	Glecaprevir-Pibrentasvir	Tablet	100-40 MG	ADD	Add to PDL; PA Required; QL = 3 tabs/day
Maxalt-MLT-GENERIC	Rizatriptan Benzoate	ODT	5 MG; 10 MG	ADD	Add to PDL; QL = 0.4 tabs/day (12 tabs/month)
Asacol HD-GENERIC	Mesalamine DR	Tab DR	800 MG	ADD	Add to PDL
Lialda-GENERIC	Mesalamine DR	Tab DR	1.2 GM	ADD	Add to PDL
Micardis-GENERIC	Telmisartan	Tablet	20 MG; 40 MG; 80 MG	ADD	Add to PDL
Orphenadrine ER	Orphenadrine Citrate ER	Tab SR 12HR	100 MG	ADD	Add to PDL
Ortho Tri-Cyclen Lo-GENERIC	Norgestimate-Eth Estradiol	Tablet	0.18-25/0.215-25/0.25-25 MG-MCG	ADD	Add to PDL
Oscion Cleanser-GENERIC	Benzoyl Peroxide	Lotion	6%	ADD	Add to PDL
PanOxyl-4 Creamy Wash-GENERIC	Benzoyl Peroxide	Liquid	4%	ADD	Add to PDL
PanOxyl-10-GENERIC	Benzoyl Peroxide	Bar	10%	ADD	Add to PDL
Paxil CR-GENERIC	Paroxetine HCl SR	Tab SR 24HR	12.5 MG; 25 MG; 25 MG	ADD	Add to PDL
Pepcid-GENERIC	Famotidine (OTC and Rx)	Suspension	40 MG/5ML	ADD	Add to PDL
Prevacid-GENERIC	Lansoprazole (OTC and Rx)	Cap DR	15 MG; 30 MG	ADD	Add to PDL
Prilosec-GENERIC	Omeprazole (OTC and Rx)	Cap DR	10 MG	ADD	Add to PDL; QL = 2 caps/day
Selzentry	Maraviroc	Oral Solution	20 MG/ML	ADD	Add to PDL; QL = 35mL/day
Tarka-GENERIC	Trandolapril-Verapamil HCl CR	Tab CR	1-240 MG; 2-180 MG; 2-240 MG; 4-240 MG	ADD	Add to PDL
Tribenzor-GENERIC	Olmesartan-Amlodipine-Hydrochlorothiazide	Tablet	20-5-12.5 MG; 40-5-12.5 MG; 40-5-25 MG; 40-10-12.5 MG; 40-10-25 MG	ADD	Add to PDL; ST = Try Losartan or Irbesartan

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TRUE METRIX Control Solution	Control Solution	Solution	LEVEL 1; LEVEL 2; LEVEL 3	ADD	Add to PDL
Twynsta - GENERIC	Telmisartan- Amlodipine	Tablet	40-5 MG; 40-10 MG; 80-5 MG; 80-10 MG	ADD	Add to PDL
Xyzal - GENERIC	Levocetirizine Dihydrochloride	Tablet	5 MG	ADD	Add to PDL
Bupropion SR	Bupropion HCl SR	Tab SR 12HR	100 MG	UPDATE	Change QL = 4 tabs/day
Bupropion SR	Bupropion HCl SR	Tab SR 12HR	150 MG	UPDATE	Change QL = 3 tabs/day
Bupropion XL	Bupropion HCl XL	Tab SR 24HR	150 MG	UPDATE	Change QL = 3 tabs/day
Buspirone	Buspirone HCl	Tablet	5 MG; 10 MG	UPDATE	Change QL = 6 tabs/day
Buspirone	Buspirone HCl	Tablet	15 MG	UPDATE	Change QL = 4 tabs/day
Citalopram	Citalopram Hydrobromide	Tablet	10 MG	UPDATE	Change QL = 4 tabs/day
Citalopram	Citalopram Hydrobromide	Tablet	20 MG	UPDATE	Change QL = 2 tabs/day
Escitalopram	Escitalopram Oxalate	Tablet	5 MG	UPDATE	Change QL = 4 tabs/day
Escitalopram	Escitalopram Oxalate	Tablet	10 MG	UPDATE	Change QL = 2 tabs/day
Fluoxetine	Fluoxetine HCl	Solution	20 MG/5ML	UPDATE	Change QL = 600 mL/30days
Gabapentin	Gabapentin	Cap	100 MG; 300 MG; 400 MG	UPDATE	Change QL = 9 caps/day
Gabapentin	Gabapentin	Tablet	600 MG	UPDATE	Change QL = 6 tabs/day
Glimepiride	Glimepiride	Tablet	1 MG; 2 MG	UPDATE	Change QL = 4 tabs/day
Guaifenesin- Codeine	Guaifenesin- Codeine	Solution	100-10 MG/5ML	UPDATE	Change AL = 18 years old and up
Hydrocodone w/ Homatropine	Hydrocodone w/ Homatropine	Syrup	5-1.5 MG/5ML	UPDATE	Change AL = 18 years old and up
Isentress HD	Raltegravir Potassium	Tablet	600 MG	UPDATE	Change QL = 2 tabs/day
Levetiracetam	Levetiracetam	Tablet	500 MG	UPDATE	Change QL = 6 tabs/day
Methylphenidate	Methylphenidate HCl	Tablet	5 MG	UPDATE	Change QL = 6 tabs/day
Toprol-XL- GENERIC	Metoprolol Succinate SR	Tab SR 24HR	25 MG; 50 MG; 100 MG	UPDATE	Change QL = 4 tabs/day
Lopressor- GENERIC	Metoprolol Tartrate	Tablet	25 MG; 50 MG; 100 MG	UPDATE	Change QL = 4 tabs/day
Mirtazapine	Mirtazapine	Tablet; ODT	30 MG	UPDATE	Change QL = 1.5 tabs/day
Mirtazapine	Mirtazapine	Tablet; ODT	15 MG	UPDATE	Change QL = 3 tabs/day
Olanzapine	Olanzapine	Tablet	2.5 MG; 5 MG	UPDATE	Change QL = 4 tabs/day
Olanzapine	Olanzapine	Tablet	7.5 MG; 10 MG	UPDATE	Change QL = 2 tabs/day
Omeprazole	Omeprazole DR	Cap DR	20 MG; 40 MG	UPDATE	Change QL = 2 caps/day
Paroxetine	Paroxetine HCl	Tablet	10 MG	UPDATE	Change QL = 6 tabs/day
Paroxetine	Paroxetine HCl	Tablet	20 MG	UPDATE	Change QL = 3 tabs/day

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Phenylephrine-Promethazine w/ Codeine	Phenylephrine-Promethazine w/ Codeine	Syrup	5-6.25-10 MG/5ML	UPDATE	Change AL = 18 years old and up
Promethazine w/ Codeine	Promethazine w/ Codeine	Syrup	6.25-10 MG/5ML	UPDATE	Change AL = 18 years old and up
Pseudoephedrine w/ COD-GG	Pseudoephedrine w/ COD-GG	Solution	30-10-100 MG/5ML	UPDATE	Change AL = 18 years old and up
Quetiapine Fumarate	Quetiapine Fumarate	Tablet	25 MG; 50 MG; 100 MG; 200 MG	UPDATE	Change QL = 4 tabs/day
Ranitidine	Ranitidine HCl	Syrup	75 MG/5ML	UPDATE	Change QL = 40 mL/day
Risperidone	Risperidone	Tablet	0.25 MG; 0.5 MG; 1 MG; 2 MG; 3 MG; 4 MG	UPDATE	Change QL = 4 tabs/day
Sertraline	Sertraline HCl	Tablet	25 MG; 50 MG	UPDATE	Change QL = 4 tabs/day
Topiramate	Topiramate	Tablet	25 MG; 50 MG	UPDATE	Change QL = 6 tabs/day
Topiramate	Topiramate	Tablet	100 MG	UPDATE	Change QL = 4 tabs/day
Valacyclovir	Valacyclovir HCl	Tablet	1 GM	UPDATE	Change QL = 42 tabs/21 days
Venlafaxine SR	Venlafaxine HCl SR	Cap SR 24HR	37.5 MG	UPDATE	Change QL = 4 caps/day
Venlafaxine SR	Venlafaxine HCl SR	Cap SR 24HR	75 MG	UPDATE	Change QL = 5 caps/day
Asacol HD	Mesalamine DR	Tab DR	800MG	REMOVE	Remove from PDL; PDL ALT = Use generic mesalamine
Delzicol	Mesalamine DR	Cap DR	400 MG	REMOVE	Remove from PDL; PDL ALT = generic Lialda
Epclusa	Sofosbuvir-Velpatasvir	Tablet	400-100 MG	REMOVE	Remove from PDL; PA Required
Harvoni	Ledipasvir-Sofosbuvir	Tablet	90-400 MG	REMOVE	Remove from PDL; PA Required
Omeprazole-compound kit	Omeprazole (boxed compound kit)	Suspension	2MG/ML	REMOVE	Remove from PDL; Compounds under \$50 do not require PA
Vancomycin-compound kit	Vancomycin (boxed compound kit)	Solution	25 MG/ML; 50 MG/ML	REMOVE	Remove from PDL; Compounds under \$50 do not require PA
Zepatier	Elbasvir-Grazoprevir	Tablet	50-100 MG	REMOVE	Remove from 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.