Effective date: September 1, 2025

Peach State Health Plan
Preferred Drug List (PDL) Updates: Q3-2025

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
ACCU-CHECK Test Strips & Supplies	ADD	Add to PDL
Adalimumab-aaty Auto-injector Kit 80 MG/0.8ML (generic YUFLYMA); Biosimilar HUMIRA	ADD	Add to PDL; PA Required
Adalimumab-aaty Auto-injector Kit 80 MG/0.8ML (generic YUFLYMA); Biosimilar HUMIRA	ADD	Add to PDL; PA Required
Adalimumab-ryvk Auto-injector 40 MG (generic SIMLANDI); Biosimilar HUMIRA	ADD	Add to PDL; PA Required
Bevacizumab Intravitreal Syringe 2.25 MG/0.09ML	ADD	Add to PDL; PA Required
Bisoprolol Fumarate Tablet 2.5 MG	ADD	Add to PDL; QL = 1/day
Diflunisal Tablet (generic DOLOBID 375 MG)	ADD	Add to PDL
EMBECTA Pen Needles Insulin Pen Needle 31 G X 5 MM (3/16") Insulin Pen Needle 32 G X 4 MM (5/32") Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16") Insulin Pen Needle 32 G X 4 MM (5/32") Insulin Pen Needle 32 G X 6 MM (1/4") Insulin Pen Needle 30 G X 5 MM (1/5" or 3/16") Insulin Pen Needle 29 G X 12.7 MM	ADD	Add to PDL
Exenatide Soln Pen-injector (generic BYETTA 5 MCG/0.02ML; 10 MCG/0.04ML)	ADD	Add to PDL; AL = 18 years and older; QL = 2x/day
Fesoterodine Fumarate Tablet (generic TOVIAZ ER 4 MG; TOVIAZ ER ER 8 MG)	ADD	Add to PDL; QL = 1/day
OTULFI (Ustekinumab-aauz Syringe 45 MG/0.5ML; Ustekinumab-aauz Syringe 90 MG/ML; Ustekinumab-aauz IV 130 MG/26ML); Biosimilar STELARA	ADD	Add to PDL; PA Required

Drug Name	Update	Notes
PYZCHIVA (Ustekinumab-ttwe Syringe 45 MG/0.5ML; Ustekinumab-ttwe Syringe 90 MG/1ML; Ustekinumab-ttwe IV 130 MG/26ML); Biosimilar STELARA	ADD	Add to PDL; PA Required; Made by SANDOZ manufacturer
SELARSDI (Ustekinumab-aekn Syringe 45 MG/0.5ML; Ustekinumab-aekn Soln Syringe 90 MG/ML; Ustekinumab-aekn IV 130 MG/26ML); Biosimilar STELARA	ADD	Add to PDL; PA Required
SEVENFACT (Coagulation Factor VIIa (Recom)-jncw Injection 2 MG)	ADD	Add to PDL; PA Required
Solifenacin Succinate Tablets (generic VESICARE 5 MG; VESICARE 10MG)	ADD	Add to PDL; QL = 1/day
STEQEYMA (Ustekinumab-stba Syringe 45 MG/0.5ML; Ustekinumab-stba Syringe 90 MG/1ML; Ustekinumab-stba IV 130 MG/26ML); Biosimilar STELARA	ADD	Add to PDL; PA Required
Ustekinumab-aekn Syringe (generic SELARSDI 45 MG/0.5ML; SELARSDI 90 MG/ML); Biosimilar STELARA	ADD	Add to PDL; PA Required
XPOVIO (Selinexor Tablets Therapy Pack 10 MG (40 MG Once Weekly))	ADD	Add to PDL; PA Required
YESINTEK (Ustekinumab-kfce Syringe 45 MG/0.5ML; Ustekinumab-kfce Syringe 90 MG/1ML; Ustekinumab-kfce IV Soln 130 MG/26ML); Biosimilar STELARA	ADD	Add to PDL; PA Required
BD Pen Needles Insulin Pen Needle 29 G X 5 MM (3/16") Insulin Pen Needle 29 G X 8 MM (5/16") Insulin Pen Needle 30 G X 5 MM (1/5" or 3/16") Insulin Pen Needle 32 G X 4 MM (5/32") Insulin Pen Needle 32 G X 4 MM (5/32") Insulin Pen Needle 32 G X 4 MM (5/32")	CHANGE	Remove QL
Sitagliptin-Metformin Tablet ER (generic ZITUVIMET XR 24HR 50-500 MG; ZITUVIMET XR 24HR 50-1000 MG; ZITUVIMET XR 24HR 100-1000 MG)	CHANGE	Add to PDL; QL = 2/day (100MG-1000MG QL = 1/day)
ENTYVIO (Vedolizumab For IV 300 MG)	REMOVE	Use PDL Alternative

Drug Name	Update	Notes
ILUMYA (Tildrakizumab-asmn Syringe 100 MG/ML)	REMOVE	Use PDL Alternative
KINERET (Anakinra Syringe 100 MG/0.67ML)	REMOVE	Use PDL Alternative
ORENCIA (Abatacept Syringe 50 MG/0.4ML; Abatacept Syringe 87.5 MG/0.7ML; Abatacept Syringe 125 MG/ML; Abatacept Auto-Injector 125 MG/ML; Abatacept For IV 250 MG)	REMOVE	Use PDL Alternative
RINVOQ (Upadacitinib Tablet ER 15 MG; Upadacitinib Tablet ER 30 MG; Upadacitinib Tablet ER 45 MG)	REMOVE	Use PDL Alternative
SKYRIZI (Risankizumab-rzaa Syringe 150 MG/ML; Risankizumab-rzaa Auto-injector 150 MG/ML; Risankizumab-rzaa Syringe 2 x 75 MG/0.83ML Kit)	REMOVE	Use PDL Alternative
STELARA (Ustekinumab IV 130 MG/26ML; Ustekinumab Injection 45 MG/0.5ML; Ustekinumab Syringe 45 MG/0.5ML; Ustekinumab Syringe 90 MG/ML)	REMOVE	Use PDL Alternative: biosimilar options Otulfi, Pyzchiva, Yesintek, Steqeyma, and Selarsdi
TREMFYA (Guselkumab Syringe 100 MG/ML; Guselkumab Auto-injector 100 MG/ML)	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.