

Effective date: June 1, 2025



# Peach State Health Plan

## Preferred Drug List (PDL) Updates: Q2-2025

**P**each 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
AMITIZA (Lubiprostone capsule 8 MCG) (Lubiprostone capsule 24 MCG)	ADD	Add to PDL; PA Required
LOQTORZI (Toripalimab-tpzi IV 240 MG/6ML (40 MG/ML))	ADD	Add to PDL; PA Required
ARANESP vials (Darbepoetin Alfa 25 MCG/ML) (Darbepoetin Alfa 40 MCG/ML) (Darbepoetin Alfa 60 MCG/ML) (Darbepoetin Alfa 100 MCG/ML) (Darbepoetin Alfa 200 MCG/ML)	REMOVE	Use PDL Alternative: Retacrit
ARANESP prefilled syringe (Darbepoetin Alfa 10 MCG/0.4ML) (Darbepoetin Alfa 25 MCG/0.42ML) (Darbepoetin Alfa 40 MCG/0.4ML) (Darbepoetin Alfa 60 MCG/0.3ML) (Darbepoetin Alfa 100 MCG/0.5ML) (Darbepoetin Alfa 150 MCG/0.3ML) (Darbepoetin Alfa 200 MCG/0.4ML) (Darbepoetin Alfa 300 MCG/0.6ML) (Darbepoetin Alfa 500 MCG/ML)	REMOVE	Use PDL Alternative: Retacrit
CRYSVITA (Burosumab-twza 10 MG/ML) (Burosumab-twza 20 MG/ML) (Burosumab-twza 30 MG/ML)	REMOVE	Use PDL Alternatives or submit PA
EPOGEN (Epoetin Alfa 2000 Unit/ML) (Epoetin Alfa 3000 Unit/ML) (Epoetin Alfa 4000 Unit/ML) (Epoetin Alfa 10000 Unit/ML) (Epoetin Alfa 20000 Unit/ML)	REMOVE	Use PDL Alternative: Retacrit
EXTAVIA (Interferon Beta-1b Kit 0.3 MG)	REMOVE	Product Discontinued

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Drug Name	Update	Notes
IMCIVREE (Setmelanotide Acetate 10 MG/ML)	REMOVE	Use PDL Alternatives or submit PA
MIRCERA (Methoxy PEG-Epoetin Beta 30 MCG/0.3ML) (Methoxy PEG-Epoetin Beta 50 MCG/0.3ML) (Methoxy PEG-Epoetin Beta 75 MCG/0.3ML) (Methoxy PEG-Epoetin Beta 100 MCG/0.3ML) (Methoxy PEG-Epoetin Beta 120 MCG/0.3ML) (Methoxy PEG-Epoetin Beta 150 MCG/0.3ML) (Methoxy PEG-Epoetin Beta 200 MCG/0.3ML)	REMOVE	Use PDL Alternative: Retacrit
PROCRIT (Epoetin Alfa 2000 Unit/ML) (Epoetin Alfa 3000 Unit/ML) (Epoetin Alfa 4000 Unit/ML) (Epoetin Alfa 10000 Unit/ML) (Epoetin Alfa 20000 Unit/ML) (Epoetin Alfa 40000 Unit/ML)	REMOVE	Use PDL Alternative: Retacrit
VOXZOGO (Vosoritide injection 0.4 MG) (Vosoritide injection 0.56 MG) (Vosoritide injection 1.2 MG)	REMOVE	Use PDL Alternatives or submit PA

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](http://www.pshp.com)

For more information on these programs, please visit our website at [www.pshp.com](http://www.pshp.com), or refer to the Peach State Health Plan member handbook.