Effective date: September 19, 2022

Peach State Health Plan Preferred Drug List (PDL) Updates – Q3-2022

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
Amoxicillin Cap-Clarithro+B2:D21 Tab-Lansopraz Cap Therapy Pac (generic PREVPAC)	ADD	QL = 1 (one) 14-day treatment every 365 days
Cefixime Cap 400mg (generic SUPRAX)	ADD	
ENSPRYNG INJ 120mg/mL (Satralizumab-mwge Subcutaneous Pref Syringe)	ADD	PA Required
INSULIN GLARGINE-yfgn vial INJ vial 100 Unit/mL (biosimilar interchange SEMGLEE)	ADD	QL = 1mL/ day
INSULIN GLARGINE-yfgn INJ Pen-Injector 100 Unit/mL (biosimilar interchange SEMGLEE)	ADD	QL = 1mL/day
OLUMIANT TAB 1mg (Baricitinib Tab)	ADD	PA Required
OLUMIANT TAB 2mg (Baricitinib Tab)	ADD	PA Required
Rifabutin Cap 150mg	ADD	
Testosterone Cypionate IM INJ 100mg/mL (generic DEPO-TESTOSTERONE)	ADD	QL = 0.2858mL/day MAX = 4mL/month
Testosterone Enanthate IM INJ 200mg/mL	ADD	QL = 0.2858mL/day MAX = 4mL/month
Tetracycline HCl Cap 500mg	ADD	
SEMGLEE vial 100 Unit/mL (Insulin Glargine-yfgn)	CHANGE	PDL Alt = Insulin Glargine-yfgn (Interchangeable Biosimilar)
SEMGLEE Pen-Injection 100 Unit/mL (Insulin Glargine-yfgn)	CHANGE	PDL Alt = Insulin Glargine-yfgn (Interchangeable Biosimilar)
ACTHAR INJ 80 UNIT	REMOVE	PA Required
ANDRODERM PATCH 2mg/24hr	REMOVE	PA Required PDL Alt = testosterone injection
ANDRODERM PATCH 4mg/24hr	REMOVE	PA Required PDL Alt = testosterone injection
AUSTEDO TAB 12mg (Deutetrabenazine Tab)	REMOVE	PA Required
AUSTEDO TAB 6mg (Deutetrabenazine Tab)	REMOVE	PA Required
AUSTEDO TAB 9mg (Deutetrabenazine Tab)	REMOVE	PA Required

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy MDS=Maximum Day Supply

Drug Name	Update	Notes
ELMIRON CAP 100mg (Pentosan Polysulfate Sodium Caps)	REMOVE	PA Required
EMPAVELI INJ 1080mg/20mL (Pegcetacoplan Subcutaneous)	REMOVE	PA Required; PDL Alt = Enspryng (PA Req)
INGREZZA CAP 40mg (Valbenazine Tosylate Cap)	REMOVE	PA Required
INGREZZA CAP 60mg; (Valbenazine Tosylate Cap)	REMOVE	PA Required
INGREZZA CAP 80mg (Valbenazine Tosylate Cap)	REMOVE	PA Required
INGREZZA CAP Therapy Pack (40mg&80mg) (Valbenazine Tosylate Cap)	REMOVE	PA Required
ORILISSA TAB 150mg (Elagolix Sodium Tab)	REMOVE	PA Required
ORILISSA TAB 200mg (Elagolix Sodium Tab)	REMOVE	PA Required
SOLIRIS INJ 10mg/mL (Eculizumab IV)	REMOVE	PA Required; PDL Alt = Enspryng (PA Req)
ULTOMIRIS INJ 300mg/30mL (Ravulizumab-cwvz IV)	REMOVE	PA Required; PDL Alt = Enspryng (PA Req)
ULTOMIRIS INJ 300mg/3mL (Ravulizumab-cwvz IV)	REMOVE	PA Required; PDL Alt = Enspryng (PA Req)
ULTOMIRIS INJ 1100mg/11mL (Ravulizumab-cwvz IV)	REMOVE	PA Required; PDL Alt = Enspryng (PA Req)
UPLIZNA SOL 100mg/10mL (Inebilizumab-cdon IV)	REMOVE	PA Required; PDL Alt = Enspryng (PA Req)

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.