Effective date: June 26, 2023

Peach State Health Plan Preferred Drug List (PDL) Updates – Q2-2023

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
FREESTYLE LIBRE 3 (Sensor/Continuous Glucose Monitoring System)	ADD	Add to PDL; PA Required; QL = 2/28 days
Levalbuterol Tartrate Inhaled Aerosol 45 MCG/ACT (generic XOPENEX HFA)	ADD	ADD to PDL; QL = 0.5 GM per day
Lurasidone Tablet 20 MG (generic LATUDA)	ADD	Add to PDL
Lurasidone Tablet 40 MG (generic LATUDA)	ADD	Add to PDL
Lurasidone Tablet 60 MG (generic LATUDA)	ADD	Add to PDL
Lurasidone Tablet 80 MG (generic LATUDA)	ADD	Add to PDL
Lurasidone Tablet 120 MG (generic LATUDA)	ADD	Add to PDL
Oseltamivir Phosphate Capsules 30 MG (generic TAMIFLU)	CHANGE	QL = 20 per 31 days; 1 fill per 180 days, 2 fills per year
Oseltamivir Phosphate Capsules 45 MG (generic TAMIFLU)	CHANGE	QL = 10 per 31 days, 1 fill per 180 days, 2 fills per year
Oseltamivir Phosphate Capsules 75 MG (generic TAMIFLU)	CHANGE	QL = 10 per 31 days, 1 fill per 180 days, 2 fills per year
Oseltamivir Phosphate Suspension 6 MG/ML (generic TAMIFLU)	CHANGE	QL = 120ML per 31 days, 1 fill per 180 days, 2 fills per year
SOLIQUA 100/33 Unit-MCG/ML (Insulin Glargine-Lixisenatide Sol Pen-Injection)	CHANGE	Remove ST; Add PA Required
BOTOX COSMETIC Injection 50 Unit (Botulinum Toxin Type A (Cosmetic))	REMOVE	PA Required
BOTOX COSMETIC Injection 100 Unit (Botulinum Toxin Type A (Cosmetic))	REMOVE	PA Required
BOTOX Injection 100 Unit (Botulinum Toxin Type A)	REMOVE	PA Required
BOTOX Injection 200 Unit (Botulinum Toxin Type A)	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
DYSPORT Injection 300 Unit (AbobotulinumtoxinA)	REMOVE	PA Required
DYSPORT Injection 500 Unit (AbobotulinumtoxinA)	REMOVE	PA Required
ELELYSO Injection 200 Unit (Taliglucerase Alfa)	REMOVE	PA Required; Use PDL ALT Cerezyme or Cerdelga (may require PA)
Lanreotide Acetate Extended Release 120 MG/0.5ML (generic SOMATULINE DEPOT)	REMOVE	PA Required; Use PDL ALT Sandostatin Lar Depot (may require PA)
MYOBLOC Injection 2500 Unit/0.5ML (RimabotulinumtoxinB)	REMOVE	PA Required
MYOBLOC Injection 5000 Unit/ML (RimabotulinumtoxinB)	REMOVE	PA Required
MYOBLOC Injection 10000 Unit/2ML (Botulinum Toxin Type B)	REMOVE	PA Required
PANCREAZE Capsules (Pancrelipase (Lipase-Protease-Amylase) Delayed Release)	REMOVE	PA Required; Use PDL ALT Creon
SOMATULINE DEPOT Injection 60 MG/0.2ML (Lanreotide Acetate Extended Release)	REMOVE	PA Required; Use PDL ALT Sandostatin Lar Depot (may require PA)
SOMATULINE DEPOT Injection 90 MG/0.3ML (Lanreotide Acetate Extended Release)	REMOVE	PA Required; Use PDL ALT Sandostatin Lar Depot (may require PA)
SOMATULINE DEPOT Inj 120 MG/0.5ML (Lanreotide Acetate Extended Release)	REMOVE	PA Required; Use PDL ALT Sandostatin Lar Depot (may require PA)
VPRIV Injection 400 Unit (Velaglucerase Alfa)	REMOVE	PA Required; Use PDL ALT Cerezyme or Cerdelga (may require PA)
XEOMIN IM Injection 50 Unit (IncobotulinumtoxinA)	REMOVE	PA Required
XEOMIN Injection 100 Unit (IncobotulinumtoxinA)	REMOVE	PA Required
XEOMIN Injection 200 Unit (IncobotulinumtoxinA)	REMOVE	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.