

Effective date: December 23, 2019



# Peach State Health Plan Preferred Drug List (PDL) Updates – Q4-2019

**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	Ingredients	Dosage Form	Strength	UPDATE	Notes
DIACOMIT	Stiripentol	Capsule or Packet	250 MG; 500 MG	ADD	Add to PDL QL = 500 mg: 6/day; 250 mg: 12/day
DOVATO	Dolutegravir Sodium-Lamivudine	Tablet	50-300 MG	ADD	
MAKENA	Hydroxyprogesterone Caproate	Injection	250 MG/ML	UPDATE	Add QL = 2 mL/fill
Short-Acting Opioids	Some Examples: Codeine Hydrocodone Morphine Oxycodone	All forms: Tablet Capsule Liquid	All immediate-release strengths	UPDATE	Treatment-Naïve* Limits: • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids

\*Treatment-Naïve means no opioid fill in last 180 days

\*\*MME = Morphine Milligram Equivalent

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.