Effective date: March 27, 2023

Peach State Health Plan Preferred Drug List (PDL) Updates – Q1-2023

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
ZIRABEV IV 100MG/4mL (Bevacizumab-bvzr Solution)	ADD	Add to PDL; PA Required
TRULICITY Pen-Injector 0.75MG/0.5mL (Dulaglutide Solution)	ADD	Add to PDL; PA Required; QL = 2pens/28days
TRULICITY Pen-Injector 1.5MG/0.5mL (Dulaglutide Solution)	ADD	Add to PDL; PA Required; QL = 2pens/28days
TRULICITY Pen-Injector 3MG/0.5mL (Dulaglutide Solution)	ADD	Add to PDL; PA Required; QL = 2pens/28days
TRULICITY Pen-Injector 4.5MG/0.5mL (Dulaglutide Solution)	ADD	Add to PDL; PA Required; QL = 2pens/28days
ADLYXIN Pen-Injector 20MCG/0.2mL (Lixisenatide Solution)	ADD	Add to PDL; PA Required; QL = 0.2mL/day
ADLYXIN STARTER PACK (Lixisenatide Solution)	ADD	Add to PDL; PA Required; QL = 0.2mL/day
DALIRESP Tablet 250MCG (Roflumilast Tablet)	ADD	Add to PDL; Generic Required; QL = 1/day
DALIRESP Tablet 500MCG (Roflumilast Tablet)	ADD	Add to PDL; Generic Required; QL = 1/day
LEMTRADA IV 12MG/1.2mL (10MG/mL) (Alemtuzumab Injection)	REMOVE	PA Required; Use PDL ALT (may require PA)
FASENRA Pen 30MG/mL (Benralizumab Subcutaneous Solution)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)
FASENRA Prefilled Syringe 30MG/mL (Benralizumab Subcutaneous Solution)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)
AVASTIN IV 100MG/4mL (Bevacizumab Solution)	REMOVE	PA Required; Use PDL ALT Biosimilars Mvasi or Zirabev (may require PA)
AVASTIN IV 400MG/16mL (Bevacizumab Solution)	REMOVE	PA Required; Use PDL ALT Biosimilars Mvasi or Zirabev (may require PA)
DUPIXENT Pen-injector 200MG/1.14mL (Dupilumab Subcutaneous Soln)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)

Drug Name	Update	Notes
DUPIXENT Pen-injector 300MG/2mL (Dupilumab Subcutaneous Soln)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)
DUPIXENT Prefilled Syringe 100MG/0.67mL (Dupilumab Subcutaneous Soln)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)
DUPIXENT Prefilled Syringe 200MG/1.14mL (Dupilumab Subcutaneous Soln)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)
DUPIXENT Prefilled Syringe 300MG/2mL (Dupilumab Subcutaneous Soln)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)
NUCALA Auto-Injector 100MG/mL (Mepolizumab Solution)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)
NUCALA Inj 100MG (Mepolizumab Solution)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)
NUCALA Prefilled Syringe 100MG/mL (Mepolizumab Solution)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)
NUCALA Prefilled Syringe 40MG/0.4mL (Mepolizumab Solution)	REMOVE	PA Required; Use PDL ALT Xolair (may require PA)
ZEPOSIA 7-DAY STARTER PACK (Ozanimod Capsule)	REMOVE	PA Required; Use PDL ALT (may require PA)
ZEPOSIA Capsule 0.92MG (Ozanimod Capsule)	REMOVE	PA Required; Use PDL ALT (may require PA)
ZEPOSIA STARTER KIT (Ozanimod Capsule)	REMOVE	PA Required; Use PDL ALT (may require PA)
NEULASTA ONPRO KIT 6MG/0.6mL (Pegfilgrastim Solution)	REMOVE	PA Required; Use PDL ALT Zarxio (may require PA)
NEULASTA Prefilled Syringe 6MG/0.6mL (Pegfilgrastim Solution)	REMOVE	PA Required; Use PDL ALT Zarxio (may require PA)
UDENYCA Prefilled Syringe 6MG/0.6mL (Pegfilgrastim-cbqv Solution)	REMOVE	PA Required; Use PDL ALT Zarxio (may require PA)
FULPHILA Prefilled Syringe 6MG/0.6mL (Pegfilgrastim-jmdb Solution)	REMOVE	PA Required; Use PDL ALT Zarxio (may require PA)
PONVORY 14-DAY STARTER PACK (Ponesimod Tablet)	REMOVE	PA Required; Use PDL ALT (may require PA)
PONVORY Tablet 20MG (Ponesimod Tablet)	REMOVE	PA Required; Use PDL ALT (may require PA)
HEMANGEOL Oral Solution 4.28MG/mL (Propranolol Oral Solution)	REMOVE	PA Required; Use PDL ALT Propranolol Oral Solution 20MG/5mL
MAYZENT STARTER PACK Tablet 0.25MG (12) (Siponimod Fumarate Tablet)	REMOVE	PA Required; Use PDL ALT (may require PA)
MAYZENT STARTER PACK Tablet 0.25MG (7) (Siponimod Fumarate Tablet)	REMOVE	PA Required; Use PDL ALT (may require PA)
MAYZENT Tablet 0.25MG (Siponimod Fumarate Tablet)	REMOVE	PA Required; Use PDL ALT (may require PA)
MAYZENT Tablet 1MG (Siponimod Fumarate Tablet)	REMOVE	PA Required; Use PDL ALT (may require PA)
MAYZENT Tablet 2MG (Siponimod Fumarate Tablet)	REMOVE	PA Required; Use PDL ALT (may require PA)

Drug Name	Update	Notes
GENOTROPIN MINIQUICK Prefilled Syr 0.2 MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN MINIQUICK Prefilled Syr 0.4 MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN MINIQUICK Prefilled Syr 0.6 MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN MINIQUICK Prefilled Syr 0.8 MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN MINIQUICK Prefilled Syr 1 MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN MINIQUICK Prefilled Syr 1.2 MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN MINIQUICK Prefilled Syr 1.4 MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN MINIQUICK Prefilled Syr 1.6 MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN MINIQUICK Prefilled Syr 1.8 MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN MINIQUICK Prefilled Syr 2 MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN Subcutaneous Cartridge 12MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
GENOTROPIN Subcutaneous Cartridge 5MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
HUMATROPE Cartridge 12MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
HUMATROPE Cartridge 25MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
HUMATROPE Cartridge 6MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
HUMATROPE COMBO PACK 5MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
NUTROPIN AQ NUSPIN 10 (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
NUTROPIN AQ NUSPIN 20 (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
NUTROPIN AQ NUSPIN 5 (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
OMNITROPE Cartridge 10MG/1.5mL (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
OMNITROPE Cartridge 5MG/1.5mL (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
OMNITROPE Injection 5.8MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
ZOMACTON Injection 10MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)

Drug Name	Update	Notes
ZOMACTON Subcutaneous Injection 5MG (Somatropin Injection)	REMOVE	PA Required; Use PDL ALT Norditropin (may require PA)
HETLIOZ Capsule 20MG (Tasimelteon Capsule)	REMOVE	PA Required; Use PDL ALT generic Ambien (zolpidem)
HETLIOZ Oral Suspension 4MG/mL (Tasimelteon Oral Solution)	REMOVE	PA Required; Use PDL ALT generic Ambien (zolpidem)

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.