## Peach State Health Plan Preferred Drug List (PDL) Updates – Q2-2019



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
KRINTAFEL	Tafenoquine Succinate	Tablet	150 MG	ADD	Add to PDL; QL = 2 tabs/30 days
PIFELTRO	Doravirine	Tablet	100 MG	ADD	Add to PDL; QL = 1 tab/day
VIVITROL	Naltrexone	For IM Extended Release Susp	380 MG	ADD	Add to PDL; No PA Required
ZETIA	Ezetimibe	Tablet	10 MG	ADD	Add to PDL; ST = Try PDL generic statin
ADVAIR DISKUS	Fluticasone- Salmeterol	Aerosol Powder; Breath Activated	100-50 MCG/DOSE; 250-50 MCG/DOSE; 500-50 MCG/DOSE	CHANGE	Remove Age Limit
VYTORIN	Ezetimibe- Simvastatin	Tablet	10-10 MG; 10-20 MG: 10-40 MG; 10-80 MG	CHANGE	Remove PA; Add ST = Try PDL generic statin

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 <u>www.pshp.com</u>

For more information on these programs, please visit our website at <u>www.pshp.com</u>, or refer to the Peach State Health Plan member handbook.

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy MDS=Maximum Day Supply Based on Q2 2019 P&T – F&U 051319 Page 1 of 1