Effective date: September 24, 2018

Peach State Health Plan Preferred Drug List (PDL) Updates – Q3-2018

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.

Drug Name	Ingredients	Dosage Form	Strength	UPDATE	Notes
Erleada	Apalutamide	Tablet	60 MG	ADD	Add to PDL; PA required
Fasenrah	Benralizumab	Injection	30 MG/ML	ADD	Add to PDL; PA required
Ciprodex	ciprofloxacin-dexamethasone	Otic Susp	0.3-0.1%	ADD	Add to PDL; QL = 7.5mL/Claim (1 bottle)
Desonide	Desonide	Cream	0.05%	ADD	Add to PDL; DD = 2GM/day
Desonide	Desonide	Ointment	0.05%	ADD	Add to PDL; DD = 2GM/day
Doxycycline Monohydrate	Doxycycline Monohydrate	Capsule	50 MG; 100 MG	ADD	Add to PDL
Doxycycline Monohydrate	Doxycycline Monohydrate	Tablet	50 MG; 100 MG	ADD	Add to PDL
Makena AutoInjector	Hydroxyprogesterone Caproate	Injection	275 MG/1.1ML	ADD	Add to PDL; PA required
Imbruvica	Ibrutinib	Tablet	140 MG; 280 MG; 420 MG; 560 MG	ADD	Add to PDL; PA required
Admelog	Insulin Lispro	Injection	100 Unit/ML	ADD	Add to PDL
Admelog Solostar	Insulin Lispro	Injection	100 Unit/ML	ADD	Add to PDL
Symdeko	Tezacaftor-Ivacaftor & Ivacaftor	Tablet	100-150MG	ADD	Add to PDL; PA required
Firvanq	Vancomycin	Oral Soln	25 MG/ML; 250 MG/5 ML	ADD	Add to PDL
sumatriptan succinate	sumatriptan succinate	Injection	6mg/0.5ml	CHANGE	QL = 2.5mL/30 days

Key: **PDL**=Preferred Drug List; **AL**=Age Limit; **DD**=Daily Dose; **QL**=Quantity Limit; **ST**=Step Therapy; **MDS**=Max Day Supply

Drug Name	Ingredients	Dosage Form	Strength	UPDATE	Notes
esterified estrogens & methyltestosterone	esterified estrogens & methyltestosterone	Tablet	0.625-1.25mg; 1.25-2.5mg	REMOVE	No longer available
Novolog; Novolog Flexpen; Novolog Penfill	Insulin Aspart	Injection	100 Unit/ML	REMOVE	Remove from PDL; Use PDL agent Admelog, Admelog Solostar
Apidra; Apidra Solostar	Insulin Glulisine	Injection	100 Unit/ML	REMOVE	Remove from PDL; Use PDL agent Admelog, Admelog Solostar
Humalog; Humalog Kwikpen	Insulin Lispro	Injection	100 Unit/ML	REMOVE	Remove from PDL; Use PDL agent Admelog, Admelog Solostar
pb-hyoscy-atrop-scopol	pb-hyoscy-atrop-scopol	Tablet	16.2-0.1037-0.0194-0.0065mg	REMOVE	No longer available
pb-hyoscy-atrop-scopol	pb-hyoscy-atrop-scopol	Elixir	16.2-0.1037-0.0194-0.0065 mg/5ml	REMOVE	No longer available

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.