

Effective date: March 28, 2016



Peach State Health Plan

Preferred Drug List (PDL) Updates – Q1 2016

Peach State Health Plan routinely reviews the medications available on the Preferred Drug List (PDL). Items are added, removed or modified periodically due to industry standards, market availability, and/or assessment of use. Below is the list of changes to the published PDL this quarter.

Drug Name	Ingredient	Dosage Form	Strength	Update	Notes
Glatopa	Glatiramer Acetate	Injection	20mg/ml	ADD	ADD to PDL; PA Required
Intranasal Midazolam	Midazolam Hydrochloride	Injection	10mg/2ml; 2mg/2ml; 5mg/ml; 25mg/5ml; 5mg/5ml; 50mg/10ml; 10mg/10ml	ADD	ADD to PDL
Jadenu	Deferasirox	Tablet	90mg; 180mg; 360mg	ADD	ADD to PDL; PA Required
Tobramycin (CF)	Tobramycin	Injection	60mg/50ml-0.9%; 1.2gm; 1.2gm/30ml; 10mg/ml; 40mg/ml; 80mg/2ml	ADD	ADD to PDL; PA Required
Tobramycin (CF)	Tobramycin	Nebulizer	300mg/5ml	ADD	ADD to PDL; PA Required
True Metrix Air Glucose Meter KIT w/Device		Kit		ADD	ADD to PDL
True Metrix Level 1 SOLUTION Low		Solution		ADD	ADD to PDL
True Metrix Level 2 SOLUTION Normal		Solution		ADD	ADD to PDL
True Metrix Level 3 SOLUTION High		Solution		ADD	ADD to PDL
Auvi-Q	Epinephrine	Injection	0.15mg/0.15ml; 0.3mg/0.3ml	REMOVE	PDL Alternative: Use equivalent epinephrine auto-injector

For the most current program description 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