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# Peach State Health Plan Preferred Drug List (PDL) Updates – Q2 2015

**P**each 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
Sivextro	Tedizolid Phosphate	oral tablet	200 mg	ADD	Add to PDL PA required QL = 6/claim
Byetta	Exenatide Soln	SC Pen-Injector	5 MCG/0.02ML; 10 MCG/0.04ML	ADD	Add to PDL QL=1.2/30 days (5MCG) QL=2.4/30 days (10MCG) AL=18 and older ST after metformin
Bydureon	Exenatide Extended	SC Pen-Injector; Vial for SC Injection	2 MG	ADD	Add to PDL QL=4/28 days AL=18 and older ST after metformin
Invokana	Canagliflozin	oral tablet	100 MG; 300 MG	ADD	Add to PDL QL=1/day AL=18 and older ST after metformin
Mirapex	Pramipexole Dihydrochloride	oral tablet	0.125 MG; 0.25 MG; 0.5 MG; 0.75 MG; 1 MG; 1.5 MG	ADD	Add to PDL QL=3/day AL=18 and older
Oxycodone	Oxycodone HCl	oral tablet	10 MG; 20 MG	ADD	Add to PDL QL=6/day
Xarelto	Rivaroxaban Tab 15 MG	oral tablet	15 MG; 20 MG	ADD	Add to PDL QL=2/day (15 MG) QL=1/day (20 MG) Max fill =21 (DAYS)/180 (DAYS)

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy POS=Point Of Sale message

Drug Name	Ingredient	Dosage Form	Strength	Update	Notes
SymlinPen	Pramlintide Acetate Pen-inj	SC Pen-Injector	1500 MCG/1.5ML; 2700 MCG/2.7ML	ADD	Add to PDL ST after metformin & insulin QL=6/30 days (1500 MCG) QL=10.8/30 days (2700 MCG)
Levemir & Levemir FlexTouch	Insulin Detemir	Vial for SC injection; SC Pen-Injector	100 Unit/ML	ADD	Add to PDL QL=30 (units)/30 days
Protonix	Pantoprazole Sodium EC	oral delayed release tablets	20 MG; 40 MG	ADD	Add to PDL QL=1/day (20 MG) QL=2/day (40 MG)
Nexium 24HR	Esomeprazole Magnesium Cap Delayed Release	oral delayed release capsules	20 MG	ADD	Add to PDL OTC only QL=2/day
Astelin	Azelastine HCl Nasal Spray	nasal solution	137 MCG/SPRAY	ADD	Add to PDL QL=1/30 days
Astepro	Azelastine HCl Nasal Spray	nasal solution	0.15%	ADD	Add to PDL QL=1/30 days
Suboxone	Buprenorphine HCl-Naloxone HCl SL Film	Sublingual Film	2-0.5 MG; 4-1 MG; 8-2 MG; 12-3 MG	ADD	Add to PDL PA required QL=1 (2-0.5 MG; 4-1 MG) QL=2 (8-2 MG; 12-3 MG)
Atelvia	Risedronate Sodium Tab Delayed Release	oral tablet	35 MG	ADD	Add to PDL PA required QL=4/28 days
Derma-Smoothe/FS	Fluocinolone Acetonide Scalp Oil	oil	0.01%	ADD	Add to PDL Add QL= 1bottle/30days
Tivicay	Dolutegravir Sodium Tab 50 MG (Base Equiv)	oral tablet	50mg	ADD	Add to PDL Add QL= 2/day
Harvoni	Ledipasvir-Sofosbuvir Tab 90-400 MG	oral tablet	90-400mg	ADD	Add to PDL Specialty Drug PA required
Solvadi	Sofosbuvir Tab 400 MG	oral tablet	400mg	ADD	Add to PDL Specialty Drug PA required
Epivir	Lamivudine Solution 10 MG/ML	oral solution	10 mg/mL	ADD	Add to PDL QL= 30/day

Drug Name	Ingredient	Dosage Form	Strength	Update	Notes
Valcyte	Valcyte TAB 450 MG	oral tablet	450 mg	ADD	QL= 2/day
Vitreolis	Boceprevir Cap	oral capsules	200 MG	REMOVE	PA required
Midrin	Acetaminophen- Isometheptene- Dichloral Cap	oral capsules	325-65-100 MG	REMOVE	Removed based on DESI list
Anusol-HC	Hydrocortisone Acetate Suppos	suppository	25 MG	REMOVE	Removed based on DESI list
Donnatal	Belladonna Alkaloids- Phenobarbital Tab	oral tablet	16.2 MG	REMOVE	Removed based on DESI list
Donnatal	Belladonna Alkaloids- Phenobarbital Elixir	oral elixir	16.2 MG/5ML	REMOVE	Removed based on DESI list
Analpram-HC	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1%	rectal cream	1-1%	REMOVE	Removed based on DESI list
Analpram-HC	Hydrocortisone Acetate w/ Pramoxine Rectal Cream	rectal cream	2.5-1%	REMOVE	Removed based on DESI list
Benaphen Plus	Diphenhydramine & Pseudoephedrine Cap CR	oral capsules	25-60 MG	REMOVE	Removed based on No Active NDC
Multiple Products	Chlorphen Tan- Pyrilamine Tan-PE Tan Suspl	oral suspension	2-12.5-5 MG/5ML	REMOVE	Removed based on No Active NDC
Multiple Products	Aspirin Suppository	suppository	60 MG	REMOVE	Removed based on No Active NDC
Valcyte Oral Solution	Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)	oral solution	50 mg/mL	UPDATE	Add PA required
Lipitor	Atorvastatin Calcium	oral tablet	10 MG; 20 MG	UPDATE	Remove ST restriction
Allegra	Fexofenadine HCl Tab 30 MG	oral tablet	30 MG; 60 MG; 180 MG	UPDATE	Remove ST restriction
Optivar	Azelastine HCl Ophth	ophthalmic solution	0.05%	UPDATE	Remove ST restriction
Diovan	Valsartan	oral tablet	40 MG; 80 MG; 160 MG; 320 MG	UPDATE	Modify ST restriction to allow use for diagnosis of HF or post-MI
Diovan HCT	Valsartan- Hydrochlorothiazide	oral tablet	80-12.5 MG; 160-12.5 MG; 160-25 MG; 320-12.5 MG; 320-25 MG	UPDATE	Remove ST restriction

Drug Name	Ingredient	Dosage Form	Strength	Update	Notes
Zanaflex	Tizanidine HCl	oral tablet	2 MG; 4 MG	UPDATE	Remove ST restriction
Sonata	Zaleplon	oral capsules	5 MG; 10 MG	UPDATE	Remove ST restriction
Amerge	Naratriptan	oral tablet	1 MG; 2.5MG	UPDATE	QL= 9/30 days
Maxalt	Rizatriptan	oral tablet	5 MG; 10 MG	UPDATE	QL= 12/30days

*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 website at [www.pshp.com](http://www.pshp.com)*