

Effective date: September 30, 2015



# Peach State Health Plan

## Preferred Drug List (PDL) Updates – Q3 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
Chantix	Varenicline Tartrate	Tablets	0.5MG; 1MG	ADD	Add to PDL PA Required QL - 2/Day
Chantix - Starter Pak	Varenicline Tartrate	Tablets	0.5MG & 1MG pack	ADD	Add to PDL PA Required QL - 2/year
Epaned	Enalapril	Powder for Solution	1MG/mL	ADD	Add to PDL AL=8yo & under
First Vancomycin	Vancomycin HCl Oral Soln (Compound Kit)	Oral Solution	25MG/mL; 50MG/mL	ADD	Add to PDL QL =1kit/90days
Nicotrol Inhaler	Nicotine Inhaler 10 MG/CARTRIDGE (4mg delivered)	Inhaler	10MG	ADD	Add to PDL QL = 504/30 days
Nicotrol Nasal Spray	Nicotine Nasal Spray 10 MG/ML (0.5 MG/SPRAY)	Nasal Spray	10MG/mL	ADD	Add to PDL QL = 120/30 days
	Nicotine TD Patch 24HR 11 MG/24HR	Patch	11MG	ADD	Add to PDL QL = 1 per day
	Nicotine TD Patch 24HR 22 MG/24HR	Patch	22MG	ADD	Add to PDL QL = 1 per day
	True Metrix Meter KIT w/Device	Device		ADD	Add to PDL
	True Metrix Blood Glucose Test STRIP	Strips		ADD	Add to PDL QL = 150/30 days
Tev-tropin	Somatropin	Injection	All	REMOVE	Norditropin & NordiFlex PDL
	Tetracycline	Capsules	250MG; 500MG	REMOVE	Remove from PDL
	Clomipramine	Tablets	25MG; 50MG	REMOVE	75MG is still PDL
Infergen	Interferon alfacon-1	Injection	ALL	REMOVE	No longer on the market
Incivek	Telaprevir	Tablet	375MG	REMOVE	No longer on the market

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](http://www.pshp.com)