

Effective date: December 19, 2022



# Peach State Health Plan Preferred Drug List (PDL) Updates – Q4-2022

**P**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	Update	Notes
EPCLUSA Tablet 400-100 MG (Sofosbuvir-Velpatasvir Tablet)	CHANGE	Non-Preferred; PDL Alt = Sofosbuvir-Velpatasvir Tablet
FLOVENT HFA 110mcg/ACT (125/Valve) (Fluticasone Propionate HFA Inhaler Aero)	CHANGE	PDL Alt = Fluticasone Propionate HFA (generic Flovent)
FLOVENT HFA 220mcg/ACT (250/Valve) (Fluticasone Propionate HFA Inhaler Aero)	CHANGE	PDL Alt = Fluticasone Propionate HFA (generic Flovent)
FLOVENT HFA 44mcg/ACT (50/Valve) (Fluticasone Propionate HFA Inhaler Aero)	CHANGE	PDL Alt = Fluticasone Propionate HFA (generic Flovent)
MAVYRET Pellet Pack 50-20mg (Glecaprevir-Pibrentasvir Pellet Pack)	CHANGE	ADD QL = 6 tablets/day
Sofosbuvir-Velpatasvir Tablet 400-100 mg (EPCLUSA Tablet)	CHANGE	ADD QL = 1 tablet/day
AIMOVIG Auto-Injector 140mg/mL (Erenumab-aooe Subcutaneous Solution)	REMOVE	PA Required
AIMOVIG Auto-Injector 70mg/mL (Erenumab-aooe Subcutaneous Solution)	REMOVE	PA Required
AJOVY Auto-Injector 225mg/1.5mL (Fremanezumab-vfrm Subcutaneous Solution)	REMOVE	PA Required
AJOVY Prefilled Syringe 225mg/1.5mL (Fremanezumab-vfrm Subcutaneous Solution)	REMOVE	PA Required
EMGALITY Auto-Injector 120mg/mL (Galcanezumab-gnlm Subcutaneous Solution)	REMOVE	PA Required
EMGALITY Prefilled Syringe 100mg/mL (Galcanezumab-gnlm Subcutaneous Solution)	REMOVE	PA Required
EMGALITY Prefilled Syringe 120mg/mL (Galcanezumab-gnlm Subcutaneous Solution)	REMOVE	PA Required
Fabrazyme For IV Solution 35mg (Agalsidase beta for IV)	REMOVE	PA Required
Fabrazyme For IV Solution 5mg (Agalsidase beta for IV)	REMOVE	PA Required
GILENYA Capsule 0.25mg (Fingolimod HCl Capsule)	REMOVE	PA Required
MAVENCLAD TABLET 10mg (Cladribine Tablet)	REMOVE	PA Required

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NURTEC TABLET 75mg (Rimegepant Sulfate Tablet)	REMOVE	PA Required
Ocrevus For IV Infusion 300mg/10mL (Ocrelizumab Solution)	REMOVE	PA Required
OXERVATE 0.002% (20mcg/mL) (Cenegegermin-bkbj Ophth Solution)	REMOVE	PA Required
QULIPTA TABLET 10mg (Atogepant Tablet)	REMOVE	PA Required
QULIPTA TABLET 30mg (Atogepant Tablet)	REMOVE	PA Required
QULIPTA TABLET 60mg (Atogepant Tablet)	REMOVE	PA Required
SUCRAID Soln 8500 Unit/mL (Sacrosidase Solution)	REMOVE	PA Required
TYSABRI IV Inj Conc 300mg/15mL (Natalizumab for IV Injection)	REMOVE	PA Required
UBRELVY TABLET 100mg (Ubrogepant Tablet)	REMOVE	PA Required
UBRELVY TABLET 50mg (Ubrogepant Tablet)	REMOVE	PA Required
VYEPTI vial 100mg/mL (Eptinezumab-jjmr IV Solution)	REMOVE	PA Required

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](http://www.pshp.com)  
 For more information on these programs, please visit our website at [www.pshp.com](http://www.pshp.com), or refer to the Peach State Health Plan member handbook.