

Effective date: December 27, 2016



# Peach State Health Plan Preferred Drug List (PDL) Updates – Q4 2016

**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	Ingredients	Dosage Form	Strength	Update	Notes
alogliptin	alogliptin	tablet	6.25mg; 12.5mg; 25mg	ADD	Add to PDL; QL = 1 tab/day; Nesina now available in generic
alogliptin/metformin	alogliptin/metformin	tablet	12.5mg/500mg; 12.5mg/1000mg	ADD	Add to PDL; QL = 1 tab/day; Kazano now available in generic
alogliptin/pioglitazone	alogliptin/pioglitazone	tablet	12.5mg/15mg; 12.5mg/30mg; 12.5mg/45mg; 25mg/15mg; 25mg/30mg; 25mg/45mg	ADD	Add to PDL; QL = 1 tab/day; Oseni now available in generic
Avonex	interferon beta-1a	auto-injector; prefilled syringe	30mcg/0.5ml	ADD	Add to PDL; PA Required
Epclusa	sofosbuvir/velpatasvir	tablet	400mg/100mg	ADD	Add to PDL; PA Required; QL = 1 tab/day
Epinephrine (branded-generic, generic)	epinephrine auto-injector 0.15mg/0.15mL (1:1000)	auto-injector	0.15mg/0.15ml	ADD	Add to PDL; Add QL = 4 pens/year; PA Required for additional fills * NDC: 54505-0101-01 * NDC: 54505-0101-02
Gilenya	fingolimod	capsule	0.5mg	ADD	Add to PDL; PA Required
HPC	hydroxyprogesterone caproate	injection	250mg/ml	ADD	Add to PDL; PA Required; QL = 5ml (1250mg)/30 days; AL = ≥ 16 years.
lidocaine	lidocaine	cream	4%	ADD	Add to PDL; QL = 1 package/claim
lidocaine hcl	lidocaine hcl	cream	4%	ADD	Add to PDL; QL = 1 package/claim

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Nuplazid	pimavanserin tartrate	tablet	17mg	ADD	Add to PDL; PA Required; QL = 2 tabs/day
Plegridy	peginterferon beta-1a	pen-injector and starter kit; prefilled syringe and starter kit	Pen/syringe: 125mcg/0.5ml Starter kit: 63mcg and 94mch/0.5ml	ADD	Add to PDL; PA Required
Tecfidera	dimethyl fumarate	capsule; starter pack	120mg; 240mg; starter w/120mg & 240mg	ADD	Add to PDL; PA Required
Victoza	liraglutide	pen	18mg/3ml	ADD	Add to PDL; PA Required; QL = 1.8mg (0.3 ml) daily
Adrenaclick	epinephrine	auto-injector	0.15mg/0.15ml	REMOVE	Remove from PDL - PDL Alternative Epinephrine Auto-Injector
Advair HFA	fluticasone propionate/salmeterol xinafoate	inhalation suspension	45-21mcg; 115-21mcg; 230-21mcg	REMOVE	Remove from PDL - PDL Alternatives Symbicort & Dulera EFFECTIVE 02/01/2017
Breo Ellipta	fluticasone furoate/vilanterol	inhalation powder	100-25mcg	REMOVE	Remove from PDL - PDL Alternatives Symbicort & Dulera EFFECTIVE 02/01/2017
Endometrin	progesterone	vaginal insert	100mg	REMOVE	Remove from PDL -
Epipen	epinephrine	auto-injector	0.3mg/0.3ml	REMOVE	Remove from PDL - PDL Alternative Epinephrine Auto-Injector
Epipen-JR	epinephrine	auto-injector	0.15mg/0.3ml	REMOVE	Remove from PDL - PDL Alternative Epinephrine Auto-Injector
Kombiglyze XR	saxagliptin/metformin	tablet	2.5mg/1000mg; 5mg/500mg; 5mg/1000mg	REMOVE	Remove from PDL - PDL Alternative alogliptin/metformin (generic Kazano)
Onglyza	saxagliptin	tablet	2.5mg; 5mg	REMOVE	Remove from PDL - PDL Alternative alogliptin (generic Nesina)
True2go	Blood Glucose Monitoring System	meter	N/A	REMOVE	Remove from PDL - Discontinued by manufacturer
TRUEresult	Blood Glucose Monitoring System	meter	N/A	REMOVE	Remove from PDL - Discontinued by manufacturer
TRUEtest Test Strips 25 ct.	Test strips	strips	25ct; 50ct; 100ct	REMOVE	Remove from PDL - Discontinued by manufacturer

Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Advair Diskus	fluticasone propionate/salmeterol xinafoate	inhalation powder	100-50mcg; 250-50mcg; 500-50mcg	UPDATE	Add AL = 4 to 11 years of age PA Required for over 11 years of age; PDL Alternatives Symbicort & Dulera EFFECTIVE 02/01/2017
drosiprone/ethinyl estradiol	drosiprone/ethinyl estradiol	tablet	3.0mg/0.02mg	UPDATE	Add QL = 1 tab/day
Ella	ulipristal acetate	tablet	30mg	UPDATE	Add Limited to female
Epinephrine (branded-generic, generic)	epinephrine auto-injector 0.3mg/0.3mL (1:1000)	auto-injector	0.3mg/0.3ml	UPDATE	Add QL = 4 pens/year; PA Required for additional fills *NDC: 54505-0102-01 *NDC: 54505-0102-02 *NDC: 54569-6425-00
Estrace	estradiol	vaginal cream	0.1mg	UPDATE	Add Limited to female
lidocaine	lidocaine	ointment	5%	UPDATE	Add Claim Limit = 3 claims/month
nevirapine XR	nevirapine	tablet	100mg	UPDATE	Change QL = 3 tabs/day
spinosad	spinosad	suspension	0.9%	UPDATE	Change AL = ages ≥ 6 months
Tazorac	tazarotene	cream; gel	0.05%; 0.10%	UPDATE	Add AL = ≥ 21 years
trandolapril	trandolapril	tablet	1mg; 2mg; 4mg	UPDATE	Change 1mg & 2mg QL = 1 tab/day Change 4mg QL = 2 tabs/day
Zovia	ethynodiol diacetate /ethinylestradiol	tablet	1mg/50mcg	UPDATE	Add Limited to female; Add QL = 1 tab/day

**BENZODIAZEPINE: Age Limit Changes**

Drug Name	Ingredients	Dosage Form	Strength	UPDATE	Notes
Alprazolam	Alprazolam	tablet	0.25mg	UPDATE	Change AL = 18 years and older; Change QL = 3 tabs/day
Alprazolam	Alprazolam	tablet	0.5mg; 1mg; 2mg	UPDATE	Change AL = 18 years and older
Chlordiazepoxide	Chlordiazepoxide	capsule	5mg; 10mg; 25mg	UPDATE	Change AL = 18 years and older
Clonazepam	Clonazepam	tablet	1mg	UPDATE	Change AL = 18 years and older; Change QL = 3 tabs/day
Clonazepam	Clonazepam	tablet	0.5mg; 2 mg	UPDATE	Change AL = 18 years and older

<b>BENZODIAZEPINE: Age Limit Changes</b>					
<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>UPDATE</b>	<b>Notes</b>
Clorazepate	Clorazepate	tablet	3.75mg; 7.5mg; 15mg	UPDATE	Change AL = 18 years and older
Diazepam	Diazepam	solution	1mg/mL	UPDATE	Change AL = 6 months to 12 years of age
Diazepam	Diazepam	tablet	2mg; 5mg; 10mg	UPDATE	Change AL = 18 years and older
Flurazepam	Flurazepam	capsule	15mg; 30mg	UPDATE	Change AL = 18 years to 65 years of age
Lorazepam	Lorazepam	tablet	0.5mg; 1mg; 2mg	UPDATE	Change AL = 18 years and older
Oxazepam	Oxazepam	capsule	10mg; 15mg; 30mg	UPDATE	Change AL = 18 years and older
Temazepam	Temazepam	capsule	15mg; 30mg	UPDATE	Change AL = 18 years and older
Triazolam	Triazolam	tablet	0.125mg; 0.25mg	UPDATE	Change AL = 18 years and older; Change QL = 1 tab/day

<b>SHORT ACTING OPIOID: Quantity Limit Changes</b>					
<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>UPDATE</b>	<b>Notes</b>
Acetaminophen w/ codeine	Acetaminophen w/ codeine	solution	120-12mg/5mL	UPDATE	Change MDS = 21 days/claim; Change QL = 30 ml/day
Acetaminophen-Codeine #2	Acetaminophen-Codeine #2	tablet	300-15mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 tabs/day
Acetaminophen-Codeine #3	Acetaminophen-Codeine #3	tablet	300-30mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 tabs/day
Acetaminophen-Codeine #4	Acetaminophen-codeine #4	tablet	300-60mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 tabs/day
Butalbital-APAP-caffeine-codeine	Butalbital-APAP-caffeine-codeine	capsule	50-325-40-30mg	UPDATE	Change MDS = 21 days/claim; Change QL = 4 caps/day
Butalbital-aspirin-caffeine-codeine	Butalbital-aspirin-caffeine-codeine	capsule	50-325-40-30mg	UPDATE	Change MDS = 21 days/claim; Change QL = 4 caps/day
Codeine sulfate	Codeine sulfate	tablet	15 mg; 30mg; 60mg	UPDATE	Change MDS = 21 days/claim; Change QL = 2 tabs/day
Hydrocodone-acetaminophen	Hydrocodone-acetaminophen	solution	7.5-325mg/15mL	UPDATE	Change MDS = 21 days/claim; Change QL = 180mL/day
Hydrocodone-acetaminophen	Hydrocodone-acetaminophen	solution	7.5-500mg/15mL	UPDATE	Change MDS = 21 days/claim; Change QL = 120mL/day

<b>SHORT ACTING OPIOID: Quantity Limit Changes</b>					
<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>UPDATE</b>	<b>Notes</b>
Hydrocodone-acetaminophen	Hydrocodone-acetaminophen	tablet	5-325mg; 5-500mg; 7.5-325mg; 7.5-500mg; 7.5-650mg; 7.5-750mg; 10-325mg; 10-500mg; 10-650mg; 10-660mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 tabs/day
Hydromorphone HCl	Hydromorphone HCl	suppository	3mg	UPDATE	Change MDS = 21 days/claim; Change QL = 2 supp/day
Hydromorphone HCl	Hydromorphone HCl	tablet	2mg; 4mg; 8mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 tabs/day
Meperidine HCl	Meperidine HCl	solution	50mg/5mL	UPDATE	Change MDS = 21 days/claim; Change QL = 30mL/day
Meperidine HCl	Meperidine HCl	tablet	50mg; 100mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 tabs/day
Morphine sulfate	Morphine sulfate	solution	100mg/5mL (20 mg/mL)	UPDATE	Change MDS = 21 days/claim; Change QL = 180mL/21days
Morphine sulfate	Morphine sulfate	solution	10mg/5mL; 20mg/5mL	UPDATE	Change MDS = 21 days/claim; Change QL = 300mL/21days
Morphine sulfate	Morphine sulfate	suppository	5mg; 10mg; 20mg; 30mg	UPDATE	Change MDS = 21 days/claim; Change QL = 18supp/21days
Morphine sulfate	Morphine sulfate	tablet	15mg; 30mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 tabs/day
Morphine sulfate (concentrate)	Morphine sulfate (concentrate)	solution	20mg/mL	UPDATE	Change MDS = 21 days/claim; Change QL = 180mL/21days
Oxycodone HCl	Oxycodone HCl	capsule	5mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 caps/day
Oxycodone HCl	Oxycodone HCl	solution	5mg/5mL	UPDATE	Change MDS = 21 days/claim; Change QL = 30mL/21days
Oxycodone HCl	Oxycodone HCl	tablet	5mg; 10mg; 15mg; 20mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 tabs/day
Oxycodone HCl	Oxycodone HCl	tablet	30mg	UPDATE	Change MDS = 21 days/claim; Change QL = 4 tabs/day
Oxycodone HCl (concentrate)	Oxycodone HCl (concentrate)	solution	100mg/5mL (20 mg/mL)	UPDATE	Change MDS = 21 days/claim; Change QL = 90mL/21days
Oxycodone w/ acetaminophen	Oxycodone w/ acetaminophen	capsule	5-500mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 caps/day

<b>SHORT ACTING OPIOID: Quantity Limit Changes</b>					
<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>UPDATE</b>	<b>Notes</b>
Oxycodone w/ acetaminophen	Oxycodone w/ acetaminophen	tablet	5-325mg; 7.5-325mg; 7.5-500mg; 10-325mg; 10-650mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 tabs/day
Roxicet	Oxycodone w/ acetaminophen	solution	5-325mg/5mL	UPDATE	Change MDS = 21 days/claim; Change QL = 30mL/day
Oxycodone-aspirin	Oxycodone-aspirin	tablet	4.8355-325mg	UPDATE	Change MDS = 21 days/claim; Change QL = 6 tabs/day
Tramadol HCl	Tramadol HCl	tablet	50mg	UPDATE	Change MDS = 21 days/claim; Change QL = 4 tabs/day
Tramadol-acetaminophen	Tramadol-acetaminophen	tablet	37.5-325mg	UPDATE	Change MDS = 21 days/claim; Change QL = 4 tabs/day

*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)*