Effective date: March 28, 2022

Peach State Health Plan Preferred Drug List (PDL) Updates – Q1-2022

Peach 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
Asmanex HFA 100 mcg/ACT	Add	QL = 0.44 grams/day
Asmanex HFA 200 mcg/ACT	Add	QL = 0.44 grams/day
Asmanex HFA 50 mcg/ACT	Add	QL = 0.44 grams/day
Freestyle Libre 14 Day Reader Device	Add	PA Required; QL = 1 per 365 days
Freestyle Libre 14 Day Sensor	Add	PA Required; QL = 2 per 28 days
Freestyle Libre 2 Reader Device	Add	PA Required; QL = 1 per 365 days
Freestyle Libre 2 Sensor	Add	PA Required; QL = 2 per 28 days
Soliqua Sol Pen-Injection 100-33 Unit-mcg/mL	Add	ST; QL = 0.6 ml/day
Insulin Asp Prot & Asp Flexpen Suspension Pen-Injector (70-30) 100 Unit/mL	Change	QL = 1mL/day
Insulin Aspart Prot & Aspart Suspension (70-30) 100 Unit/mL	Change	QL = 40mL/30ds
Insulin Lispro Prot & Lispro Suspension Pen-Injector (75-25) 100 Unit/mL	Change	QL = 1mL/day
Betaseron Injection Kit 0.3 mg	Remove	PA Required; PDL Alternative = Extavia (PA Required)
Doptelet Tablet 20 mg	Remove	PA Required
Erleada Tablet 60 mg	Remove	PA Required; PDL Alternative = Generic Zytiga (airaterone acetate) (PA Required)
Humalog Mix 50/50 Kwikpen Suspension Pen-Injector (50-50) 100 Unit/mL	Remove	PA Required; PDL Alternatives = PDL Insulins
Humalog Mix 50/50 Suspension (50-50) 100 Unit/mL	Remove	PA Required; PDL Alternatives = PDL Insulins
Humalog Mix 75/25 Kwikpen Susp Pen-Injection (75-25) 100 Unit/mL	Remove	PA Required; PDL Alternatives = PDL Insulin Lispro 75/25 Pens

Drug Name	Update	Notes
Humalog Mix 75/25 Suspension (75-25) 100 Unit/mL Subcutaneous	Remove	PA Required; PDL Alternatives = PDL Insulin Lispro 75/25 Pens
Mulpleta Tablet 3 mg	Remove	PA Required
Novolog 70/30 Flexpen Relion Susp Pen-Injection (70-30) 100 Unit/mL	Remove	PA Required; PDL Alternatives = PDL Insulin Aspart 70/30 Pens or Vial
Novolog Mix 70/30 Flexpen Susp Pen-Injection (70-30) 100 Unit/mL	Remove	PA Required; PDL Alternatives = PDL Insulin Aspart 70/30 Pens or Vial
Novolog Mix 70/30 Relion Suspension (70-30) 100 Unit/mL	Remove	PA Required; PDL Alternatives = PDL Insulin Aspart 70/30 Pens or Vial
Novolog Mix 70/30 Suspension (70-30) 100 Unit/mL	Remove	PA Required; PDL Alternatives = PDL Insulin Aspart 70/30 Pens or Vial
Nplate Injection 250 mcg	Remove	PA Required
Nplate Injection 500 mcg	Remove	PA Required
Nubeqa Tablet 300 mg	Remove	PA Required; PDL Alternative = Generic Zytiga (airaterone acetate) (PA Required)
Promacta Pack For Susp 12.5 mg	Remove	PA Required
Promacta Pack For Susp 25 mg	Remove	PA Required
Promacta Tablet 12.5 mg	Remove	PA Required
Promacta Tablet 25 mg	Remove	PA Required
Promacta Tablet 50 mg	Remove	PA Required
Promacta Tablet 75 mg	Remove	PA Required
Tavalisse Tablet 100 mg	Remove	PA Required
Tavalisse Tablet 150 mg	Remove	PA Required
Xtandi Capsule 40 mg	Remove	PA Required; PDL Alternative = Generic Zytiga (airaterone acetate) (PA Required)
Xtandi Tablet 40 mg	Remove	PA Required; PDL Alternative = Generic Zytiga (airaterone acetate) (PA Required)
Xtandi Tablet 80 mg	Remove	PA Required; PDL Alternative = Generic Zytiga (airaterone acetate) (PA Required)
Yonsa Tablet 125 mg	Remove	PA Required; PDL Alternative = Generic Zytiga (airaterone acetate) (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
For more information on these programs, please visit our website at www.pshp.com, or refer to the Peach State Health Plan member handbook.