

Effective date: December 18, 2023



Peach State Health Plan Preferred Drug List (PDL) Updates – Q4-2023

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
Dabigatran Etexilate Mesylate Capsule 150 MG (generic PRADAXA)	ADD	Add to PDL
Dabigatran Etexilate Mesylate Capsule 75 MG (generic PRADAXA)	ADD	Add to PDL
Insulin Aspart Injection 100 Unit/ML (generic NOVOLOG)	ADD	Add to PDL; QL = 1.34 ML/day
Insulin Aspart Pen-injector 100 Unit/ML (generic NOVOLOG FLEXPEN)	ADD	Add to PDL; QL = 1.34 ML/day
Insulin Degludec Injection 100 Unit/ML (generic TRESIBA)	ADD	Add to PDL; QL = 1.5 ML/day
Insulin Degludec Pen-Injector 200 Unit/ML (generic TRESIBA FLEXTOUCH)	ADD	Add to PDL; QL = 1.5 ML/day
Insulin Lispro Injection 100 Unit/ML (generic HUMALOG)	ADD	Add to PDL; QL = 1.34 ML/day
Insulin Lispro Pen-injector 100 Unit/ML (generic HUMALOG KwikPen)	ADD	Add to PDL; QL = 1.34 ML/day
Fingolimod HCl Capsule 0.25 MG (generic GILENYA)	CHANGE	Remove PA requirement
Fingolimod HCl Capsule 0.5 MG (generic GILENYA)	CHANGE	Remove PA requirement
Dimethyl Fumarate Capsule Delayed Release 120 MG (generic TECFIDERA)	CHANGE	Remove PA requirement
Dimethyl Fumarate Capsule Delayed Release 240 MG (generic TECFIDERA)	CHANGE	Remove PA requirement
Glatiramer Acetate Prefilled Syringe 20 MG/ML (generic COPAXONE)	CHANGE	Remove PA requirement
Glatiramer Acetate Prefilled Syringe 40 MG/ML (generic COPAXONE)	CHANGE	Remove PA requirement
Teriflunomide Tablet 14 MG (generic AUBAGIO)	CHANGE	Remove PA requirement
Teriflunomide Tablet 7 MG (generic AUBAGIO)	CHANGE	Remove PA requirement

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Drug Name	Update	Notes
ADMELOG (Insulin Lispro Injection 100 Unit/ML)	REMOVE	Use Preferred Product: Insulin Lispro
ADMELOG SOLOSTAR (Insulin Lispro Pen-injector 100 Unit/ML)	REMOVE	Use Preferred Product: Insulin Lispro
BASAGLAR KWIKPEN (Insulin Glargine Pen-Injector 100 Unit/ML)	REMOVE	Use Preferred Product: Insulin Glargine
NOVOLIN 70/30 FLEXPEN RELION (Insulin Isophane & Regular (Human) Pen-injector 100 Unit/ML (70-30))	REMOVE	Use Preferred Products: Novolin 70/30 vial or Flexpen
NOVOLIN 70/30 RELION (Insulin Isophane & Regular (Human) Injection 100 Unit/ML (70-30))	REMOVE	Use Preferred Products: Novolin 70/30 vial or Flexpen
NOVOLIN N FLEXPEN RELION (Insulin Isophane (Human) Pen-injector 100 Unit/ML)	REMOVE	Use Preferred Products: Novolin N vial or Flexpen
NOVOLIN N RELION (Insulin Isophane (Human) Injection 100 Unit/ML)	REMOVE	Use Preferred Products: Novolin N vial or Flexpen
NOVOLIN R RELION (Insulin Regular (Human) Injection 100 Unit/ML)	REMOVE	Use Preferred Products: Novolin R
RAVICTI (Glycerol Phenylbutyrate Liquid 1.1 GM/ML)	REMOVE	Use Preferred Product: sodium phenylbutyrate (generic BUPHENYL) (PA required for Preferred Product)

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.