

Effective date: June 24, 2024



Peach State Health Plan Preferred Drug List (PDL) Updates – Q2-2024

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
BREYNA Inhaler 80-4.5 MCG/ACT (Budesonide-Formoterol Fumarate Aerosol)	ADD	Add to PDL; QL = 1 inhaler/month
BREYNA Inhaler 160-4.5 MCG/ACT (Budesonide-Formoterol Fumarate Aerosol)	ADD	Add to PDL; QL = 1 inhaler/month
Dapagliflozin Propanediol Tablet 5 MG (generic FARXIGA)	ADD	Add to PDL; QL = 1 tablet/day
Dapagliflozin Propanediol Tablet 10 MG (generic FARXIGA)	ADD	Add to PDL; QL = 1 tablet/day
Dapagliflozin Prop-Metformin Tablet ER 24HR 5-1000 MG (generic XIGDUO XR)	ADD	Add to PDL; QL = 2 tablets/day
Dapagliflozin Prop-Metformin Tablet ER 24HR 10-1000 MG (generic XIGDUO XR)	ADD	Add to PDL; QL = 1 tablet/day
Fluticasone Propionate Powder Inhaler 50 MCG/ACT (generic FLOVENT DISKUS)	ADD	Add to PDL
Fluticasone Propionate Powder Inhaler 100 MCG/ACT (generic FLOVENT DISKUS)	ADD	Add to PDL
Fluticasone Propionate Powder Inhaler 250 MCG/ACT (generic FLOVENT DISKUS)	ADD	Add to PDL
SUPREP BOWEL PREP KIT (Sod Sulfate-Pot Sulf-Mg Sulf Oral Solution 17.5-3.13-1.6 GM/177ML)	ADD	Add to PDL
VICTOZA 18 MG/3ML (Liraglutide Pen-injector)	ADD	Add to PDL; PA Required
Lisdexamfetamine Dimesylate Capsules (generic VYVANSE - all strengths)	CHANGE	Remove ST; Add PA Required
COSENTYX Syringe 150 MG/ML (Secukinumab Subcutaneous 300 MG Dose))	REMOVE	Remove from PDL; Must Try PDL Alternatives
COSENTYX Syringe 150 MG/ML (Secukinumab)	REMOVE	Remove from PDL; Must Try PDL Alternatives

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Drug Name	Update	Notes
COSENTYX Syringe 75 MG/0.5ML (Secukinumab)	REMOVE	Remove from PDL; Must Try PDL Alternatives
COSENTYX SENSOREADY PEN 150 MG/ML (Secukinumab (300 MG Dose))	REMOVE	Remove from PDL; Must Try PDL Alternatives
COSENTYX SENSOREADY PEN 150 MG/ML (Secukinumab)	REMOVE	Remove from PDL; Must Try PDL Alternatives
SEGLUROMET Tablet 2.5-500 MG (Ertugliflozin-Metformin)	REMOVE	Remove from PDL; PDL Alternative = Dapagliflozin- Metformin (generic XIGDUO XR)
SEGLUROMET Tablet 2.5-1000 MG (Ertugliflozin-Metformin)	REMOVE	Remove from PDL; PDL Alternative = Dapagliflozin- Metformin (generic XIGDUO XR)
SEGLUROMET Tablet 7.5-500 MG (Ertugliflozin-Metformin)	REMOVE	Remove from PDL; PDL Alternative = Dapagliflozin- Metformin (generic XIGDUO XR)
SEGLUROMET Tablet 7.5-1000 MG (Ertugliflozin-Metformin)	REMOVE	Remove from PDL; PDL Alternative = Dapagliflozin- Metformin (generic XIGDUO XR)
SILIQ Prefilled Syringe 210 MG/1.5ML (Brodalumab)	REMOVE	Remove from PDL; Must Try PDL Alternatives
STEGLATRO Tablet 5 MG (Ertugliflozin L-Pyroglutamic Acid)	REMOVE	Remove from PDL; PDL Alternative = Dapagliflozin (generic FARXIGA)
STEGLATRO Tablet 15 MG (Ertugliflozin L-Pyroglutamic Acid)	REMOVE	Remove from PDL; PDL Alternative = Dapagliflozin (generic FARXIGA)

*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.*