

Effective date: March 25, 2024



Peach State Health Plan Preferred Drug List (PDL) Updates – Q1-2024

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
Adalimumab-adbm Injection (unbranded CYLTEZO/biosimilar HUMIRA)	ADD	Add to PDL; PA Required
Saxagliptin 2.5mg Tablets (generic ONGLYZA)	ADD	Add to PDL; QL = 1 tablet/day
Saxagliptin 5mg Tablets (generic ONGLYZA)	ADD	Add to PDL; QL = 1 tablet/day
Tiotropium Bromide 18mcg Powder (generic SPIRIVA HANDIHALER)	ADD	
ADLYXIN 20mcg (Lixisenatide Injection)	REMOVE	Use Preferred Product: such as Bydureon Bcise (PA Required)
ADLYXIN STARTER PACK 10mcg & 20mcg (Lixisenatide Injection)	REMOVE	Use Preferred Product: such as Bydureon Bcise (PA Required)
KEVZARA 150mg PEN/Prefilled Syringe (Sarilumab Injection)	REMOVE	Use Preferred Product: such as Actemra (PA Required)
KEVZARA 200mg PEN/Prefilled Syringe (Sarilumab Injection)	REMOVE	Use Preferred Product: such as Actemra (PA Required)
OLUMIANT 1mg (Baricitinib tablet)	REMOVE	Use Preferred Product: such as Xeljanz (PA Required)
OLUMIANT 2mg (Baricitinib tablet)	REMOVE	Use Preferred Product: such as Xeljanz (PA Required)
OLUMIANT 4mg (Baricitinib tablet)	REMOVE	Use Preferred Product: such as Xeljanz (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.