

Effective date: September 23, 2024



# Peach State Health Plan

## Preferred Drug List (PDL) Updates – Q3-2024

**P**each 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
HUMATROPE (Somatropin Injection Cartridge)	ADD	Add to PDL; PA Required
Adalimumab-ryvk 2-PEN KIT 40 MG/0.4ML (unbranded SIMLANDI/biosimilar HUMIRA)	ADD	Add to PDL; PA Required
Lanreotide Acetate 120 MG/0.5ML (generic SOMATULINE DEPOT Injection)	ADD	Add to PDL; PA Required
SIMLANDI 40 MG/0.4ML (Adalimumab-ryvk/biosimilar HUMIRA)	ADD	Add to PDL; PA Required
REMICADE 100 MG (generic Infliximab IV Injection)	REMOVE	PDL Alternative: Avsola (infliximab-axxq) [PA required for Preferred Product]
Infliximab 100 MG (generic REMICADE IV Injection)	REMOVE	PDL Alternative: Avsola (infliximab-axxq) [PA required for Preferred Product]
INFLECTRA 100 MG (Infliximab-dyyb IV Injection/biosimilar REMICADE)	REMOVE	PDL Alternative: Avsola (infliximab-axxq) [PA required for Preferred Product]
RENFLEXIS 100 MG (Infliximab-abda IV Injection/biosimilar REMICADE)	REMOVE	PDL Alternative: Avsola (infliximab-axxq) [PA required for Preferred Product]
SAIZEN 5 MG SAIZEN & SAIZEN PREP KIT 8.8 MG (Somatropin (Non-Refrigerated) Injection)	REMOVE	PDL Alternative: Humatrope or Norditropin (somatropin) [PA required for Preferred Product]
SKYTROFA (Lonapegsomatropin-tcgd For Subcutaneous Injection Cartridge)	REMOVE	PDL Alternative: Humatrope or Norditropin (somatropin) [PA required for Preferred Product]
SOVUNA (Hydroxychloroquine Sulfate Tablet 200 MG)	REMOVE	PDL Alternative: generic Hydroxychloroquine Sulfate Tablet 200 MG

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](http://www.pshp.com)

For more information on these programs, please visit our website at [www.pshp.com](http://www.pshp.com), or refer to the Peach State Health Plan member handbook.

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy MDS=Maximum Day Supply  
Based on Q3 2024 P&T