

Effective date: March 3, 2026



Peach State Health Plan

Preferred Drug List (PDL) Updates: Q1-2026

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
OMNITROPE (Somatropin 5.8 MG; Somatropin Cartridge 5 MG/1.5ML; Somatropin Cartridge 10 MG/1.5ML)	ADD	Add to PDL; PA Required
OTULFI (Ustekinumab-aaaz Subcutaneous Vial 45 MG/0.5ML) (Biosimilar STELARA)	ADD	Add to PDL; PA Required
ANDEXXA (Coagulation Fact Xa Inact-zhzo 200 MG)	REMOVE	Use PDL Alternative
BENLYSTA (Belimumab 120 MG; Belimumab 400 MG; Belimumab Auto-injector 200 MG/ML; Belimumab Prefilled Syringe 200 MG/ML)	REMOVE	Use PDL Alternative
BRIDION (Sugammadex 200 MG/2ML; Sugammadex 500 MG/5ML)	REMOVE	Use PDL Alternative
BRUKINSA (Zanubrutinib Capsule 80 MG)	REMOVE	Use PDL Alternative
FERRIPROX (Deferiprone Oral Solution 100 MG/ML; Deferiprone Tablet 500 MG; Deferiprone Tablet 1000 MG)	REMOVE	Use PDL Alternative
FERRIPROX TWICE-A-DAY (Deferiprone Tablet 1000 MG)	REMOVE	Use PDL Alternative
HUMATROPE (Somatropin 6 MG; Somatropin 12 MG; Somatropin 24 MG)	REMOVE	Use PDL Alternative; Preferred Products – Norditropin and Omnitrope
KRYSTEXXA (Pegloticase 8 MG/ML)	REMOVE	Use PDL Alternative
LUPKYNIS (Voclosporin Capsule 7.9 MG)	REMOVE	Use PDL Alternative

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Drug Name	Update	Notes
NYVEPRIA (Pegfilgrastim-apgf Prefilled Syringe 6 MG/0.6ML) (Biosimilar NEULASTA)	REMOVE	Use PDL Alternative; Preferred NEULASTA Biosimilar - Udenyca
SIGNIFOR LAR (Pasireotide 10 MG; Pasireotide 20 MG; Pasireotide 30 MG; Pasireotide 40 MG; Pasireotide 60 MG)	REMOVE	Use PDL Alternative; Preferred Products - generic Sandostatin
SOMAVERT (Pegvisomant 10 MG; Pegvisomant 15 MG; Pegvisomant 20 MG; Pegvisomant 25 MG; Pegvisomant 30 MG)	REMOVE	Use PDL Alternative; Preferred Products - generic Sandostatin

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.