



FROM



2024 Formulary Changes

Following formulary changes will take place on 1/1/2024. If you are affected by formulary changes listed below, please speak with your provider to find an appropriate alternative or request coverage exception.

Product Name	Generic Name	Change
ADVAIR HFA	Fluticasone-Salmeterole Inhal Aerosol 45-21 mcg/act	Brand product removed from the formulary
ADVAIR HFA	Fluticasone-Salmeterole Inhal Aerosol 115-21 mcg/act	Brand product removed from the formulary
ADVAIR HFA	Fluticasone-Salmeterole Inhal Aerosol 230-21 mcg/act	Brand product removed from the formulary
ALIMTA	Pemetrexed Disodium For IV Soln 500 MG (Base Equiv)	Brand product removed from the formulary
ALLEGRA-D 12 HOUR	Fexofenadine-Pseudoephedrine Tab ER 12HR 60-120 MG	Product removed from the formulary
ALLEGRA-D 24 HOUR	Fexofenadine-Pseudoephedrine Tab ER 24HR 180-240 MG	Product removed from the formulary
ALTABAX	Retapamulin Ointment 1%	Quantity of 15 units per 30 days added
AMBISOME	Amphotericin B Liposome IV For Susp 50 MG	Brand product removed from the formulary
AMJEVITA	Adalimumab-atto Soln Auto-injector 40 MG/0.8ML	Product removed from the formulary
AMJEVITA	Adalimumab-atto Soln Prefilled Syringe 20 MG/0.4ML	Product removed from the formulary
APOKYN	Apomorphine HCl Soln Cartridge 30 MG/3ML	Brand product removed from the formulary
APTIVUS	Tipranavir Cap 250 MG	Brand product moved to Tier 3

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
AUBAGIO	Teriflunomide Tab 7 MG	Brand product removed from the formulary
AUBAGIO	Teriflunomide Tab 14 MG	Brand product removed from the formulary
AVSOLA	Infliximab-axxq For IV Inj 100mg	Product removed from the formulary
AZASITE	Azithromycin Ophth Solution 1%	Quantity limit of 2.5 units every 30 days added
AZELEX	Azelaic Acid Cream 20%	Quantity limit of 50 units per 30 days added
BENDAMUSTINE HYDROCHLORIDE	Bendamustine HCl For IV Soln 25 MG	Brand product removed from the formulary
BENDAMUSTINE HYDROCHLORIDE	Bendamustine HCl For IV Soln 100 MG	Brand product removed from the formulary
BEVESPI AEROSPHERE	Glycopyrrolate-Formoterol Fumarate Aerosol 9-4.8 mcg/act	Product removed from the formulary
BIDIL	Isosorbide Dinitrate-Hydralazine HCl Tab 20-37.5 MG	Brand product removed from the formulary
BORTEZOMIB	Bortezomib For Inj 3.5 MG	Brand product removed from the formulary
BOTOX	Botulinum Toxin Type A For Inj 100 Unit	Product removed from the formulary
BOTOX	Botulinum Toxin Type A For Inj 200 Unit	Product removed from the formulary
BREO ELLIPTA	Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/ACT	Brand product moved to Tier 2
BREO ELLIPTA	Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/ACT	Brand product moved to Tier 2
BUTALBITAL/ACETAMINO PHEN	Butalbital-Acetaminophen Tab 50-325 MG	Quantity limit of 6 units per day added
BUTALBITAL/ACETAMINO PHEN/CAFFEINE	Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	Quantity limit of 6 units per day added
BUTALBITAL/ACETAMINO PHEN/CAFFEINE	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	Quantity limit of 6 units per day added

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
BUTALBITAL/ASPIRIN/CAFFEINE	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	Quantity limit of 4 units per day added
CEFOTAXIME SODIUM	Cefotaxime Sodium For Inj 1 GM	Brand product removed from the formulary
CEPHALEXIN	Cephalexin Tab 250 MG	Product removed from the formulary
CEPHALEXIN	Cephalexin Tab 500 MG	Product removed from the formulary
CHANTIX	Varenicline Tartrate Tab 0.5 MG (Base Equiv)	Brand product removed from the formulary
CHANTIX CONTINUING MONTHPAK	Varenicline Tartrate Tab 1 MG (Base Equiv)	Brand product removed from the formulary
CHANTIX STARTING MONTH PAK	Varenicline Tartrate Tab 11 x 0.5 MG & 42 x 1 MG Start Pack	Brand product removed from the formulary
CIMDUO, TEMIXYS	Lamivudine-Tenofovir Disoproxil Fumarate Tab 300-300 MG	Brand product moved to Tier 3
CLARITIN-D 12 HOUR	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Product removed from the formulary
CLARITIN-D 24 HOUR	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Product removed from the formulary
CRIVAN	Indinavir Sulfate Cap 400 MG	Brand product moved to Tier 3
CYSADANE	Betaine Powder For Oral Solution	Brand product removed from the formulary
DALIRESP	Roflumilast Tab 250 MCG	Brand product removed from the formulary
DALIRESP	Roflumilast Tab 500 MCG	Brand product removed from the formulary
DAYTRANA	Methylphenidate TD Patch 10 MG/9HR	Brand product removed from the formulary
DAYTRANA	Methylphenidate TD Patch 15 MG/9HR	Brand product removed from the formulary
DAYTRANA	Methylphenidate TD Patch 20 MG/9HR	Brand product removed from the formulary

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
DAYTRANA	Methylphenidate TD Patch 30 MG/9HR	Brand product removed from the formulary
DIASTAT ACUDIAL	Diazepam Rectal Gel Delivery System 10 MG	Quantity limit of 5 kits per 30 days added
DIASTAT ACUDIAL	Diazepam Rectal Gel Delivery System 20 MG	Quantity limit of 5 kits per 30 days added
DIASTAT PEDIATRIC	Diazepam Rectal Gel Delivery System 2.5 MG	Quantity limit of 5 kits per 30 days added
DICHLORPHENAMIDE	Dichlorphenamide Tab 50 MG	Brand product removed from the formulary
DOVATO	Dolutegravir Sodium-Lamivudine Tab 50-300 MG (Base Eq)	Brand product moved to Tier 3
DYSPORT	AbobotulinumtoxinA For Inj 300 Unit	Product removed from the formulary
DYSPORT	AbobotulinumtoxinA For Inj 500 Unit	Product removed from the formulary
EDURANT	Rilpivirine HCl Tab 25 MG (Base Equivalent)	Brand product moved to Tier 3
EMTRIVA	Emtricitabine Soln 10 MG/ML	Brand product moved to Tier 3
ENTRESTO	Sacubitril-Valsartan Tab 24-26 MG	Product removed from the formulary
ENTRESTO	Sacubitril-Valsartan Tab 49-51 MG	Product removed from the formulary
ENTRESTO	Sacubitril-Valsartan Tab 97-103 MG	Product removed from the formulary
EPCLUSA	Sofosbuvir-Velpatasvir Tab 200-50 MG	Product removed from the formulary
EPCLUSA	Sofosbuvir-Velpatasvir Tab 400-100 MG	Brand product removed from the formulary. Generic moved to Tier 1
EPCLUSA	Sofosbuvir-Velpatasvir Pellet Pack 150-37.5 MG	Product removed from the formulary
EPCLUSA	Sofosbuvir-Velpatasvir Pellet Pack 200-50 MG	Product removed from the formulary

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
ESTRADIOL	Estradiol TD Gel 0.25 MG/0.25GM (0.1%)	Brand product removed from the formulary
ESTRADIOL	Estradiol TD Gel 0.5 MG/0.5GM (0.1%)	Brand product removed from the formulary
ESTRADIOL	Estradiol TD Gel 0.75 MG/0.75GM (0.1%)	Brand product removed from the formulary
ESTRADIOL	Estradiol TD Gel 1 MG/GM (0.1%)	Brand product removed from the formulary
ESTRADIOL	Estradiol TD Gel 1.25 MG/1.25GM (0.1%)	Brand product removed from the formulary
ETOPOSIDE	Etoposide Inj 100MG/5ML (20 MG/ML)	Prior authorization requirement added
ETOPOSIDE	Etoposide Inj 500MG/25ML (20 MG/ML)	Prior authorization requirement added
ETOPOSIDE	Etoposide Inj 1 GM/50ML (20 MG/ML)	Prior authorization requirement added
FARXIGA	Dapagliflozin Propanediol Tab 5 MG (Base Equivalent)	Product removed from the formulary
FARXIGA	Dapagliflozin Propanediol Tab 10 MG (Base Equivalent)	Product removed from the formulary
FETZIMA	Levomilnacipran HCl Cap SR 24HR 20 MG (Base Equivalent)	Quantity limit of 1 unit per day added
FETZIMA	Levomilnacipran HCl Cap SR 24HR 40 MG (Base Equivalent)	Quantity limit of 1 unit per day added
FETZIMA	Levomilnacipran HCl Cap SR 24HR 80 MG (Base Equivalent)	Quantity limit of 1 unit per day added
FETZIMA	Levomilnacipran HCl Cap SR 24HR 120 MG (Base Equivalent)	Quantity limit of 1 unit per day added
FIASP	Insulin Aspart (with Niacinamide) Inj 100 Unit/ML	Product removed from the formulary
FIASP	Insulin Aspart (with Niacinamide) Sol Pen-inj 100 Unit/ML	Product removed from the formulary
FIASP	Insulin Aspart (with Niacinamide) Soln Cartridge 100 Unit/ML	Product removed from the formulary

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
FLOVENT DISKUS	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	Product removed from the formulary
FLOVENT DISKUS	Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER	Product removed from the formulary
FLOVENT DISKUS	Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER	Product removed from the formulary
FLOVENT HFA	Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve)	Brand product removed from the formulary. Generic moved to Tier 2
FLOVENT HFA	Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve)	Brand product removed from the formulary. Generic moved to Tier 2
FLOVENT HFA	Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve)	Brand product removed from the formulary. Generic moved to Tier 2
FOLOTYN	Pralatrexate IV Inj 20 MG/ML	Brand product removed from the formulary
GILENYA	Fingolimod HCl Cap 0.25 MG (Base Equiv)	Brand product removed from the formulary
GILENYA	Fingolimod HCl Cap 0.5 MG (Base Equiv)	Brand product removed from the formulary
GLATIRAMER ACETATE	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	Brand product removed from the formulary
GLATIRAMER ACETATE	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	Brand product removed from the formulary
GYNAZOLE-1	Butoconazole Nitrate (One Dose) Vaginal Cream 2%	Quantity limit of 5 units per 30 days added
HORIZANT	Gabapentin Enacarbil Tab CR 300MG	Product removed from the formulary
HORIZANT	Gabapentin Enacarbil Tab CR 600MG	Product removed from the formulary
IBRANCE	Palbociclib Cap 75 MG	Product moved to Tier 4. Quantity limit of 1 unit per day added

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
IBRANCE	Palbociclib Cap 100 MG	Product moved to Tier 4. Quantity limit of 1 unit per day added
IBRANCE	Palbociclib Cap 125 MG	Product moved to Tier 4. Quantity limit of 1 unit per day added
IBRANCE	Palbociclib Tab 75 MG	Product moved to Tier 4. Quantity limit of 1 unit per day added
IBRANCE	Palbociclib Tab 100 MG	Product moved to Tier 4. Quantity limit of 1 unit per day added
IBRANCE	Palbociclib Tab 125 MG	Product moved to Tier 4. Quantity limit of 1 unit per day added
ILEVRO	Nepafenac Ophth Susp 0.3%	Product removed from the formulary
INTELENCE	Etravirine Tab 25 MG	Brand product moved to Tier 3
INTRAROSA	Prasterone Vaginal Insert 6.5 MG	Quantity limit of 1 unit per day added
INVIRASE	Saquinavir Mesylate Tab 500 MG	Brand product moved to Tier 3
IRESSA	Gefitinib Tab 250 MG	Quantity limit of 2 units per day added
ISENTRESS	Raltegravir Potassium Tab 400 MG (Base Equiv)	Brand product moved to Tier 3
ISENTRESS	Raltegravir Potassium Chew Tab 25 MG (Base Equiv)	Brand product moved to Tier 3
ISENTRESS	Raltegravir Potassium Chew Tab 100 MG (Base Equiv)	Brand product moved to Tier 3
ISENTRESS HD	Raltegravir Potassium Tab 600 MG (Base Equiv)	Brand product moved to Tier 3
ISTODAX (OVERFILL)	Romidepsin For IV Inj 10 MG	Brand product removed from the formulary

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
JUBLIA	Efinaconazole Soln 10%	Product removed from the formulary
KISQALI	Ribociclib Succinate Tab 200 MG	Product moved to Tier 4. Quantity limit of 1 unit per day added
KISQALI	Ribociclib Succinate Tab 400 MG (200 MG Tab)	Product moved to Tier 4. Quantity limit of 1 unit per day added
KISQALI	Ribociclib Succinate Tab 600 MG (200 MG Tab)	Product moved to Tier 4. Quantity limit of 1 unit per day added
KISQALI FEMARA 200 DOSE	Ribociclib 200 MG Dose (200 MG Tab)	Product moved to Tier 4. Quantity limit of 1 unit per day added
KISQALI FEMARA 400 DOSE	Ribociclib 400 MG Dose (200 MG Tab)	Product moved to Tier 4. Quantity limit of 1 unit per day added
KISQALI FEMARA 600 DOSE	Ribociclib 600 MG Dose (200 MG Tab)	Product moved to Tier 4. Quantity limit of 1 unit per day added
LACRISERT	Artificial Tear Ophth Insert	Product removed from the formulary
LANREOTIDE ACETATE,SOMATULINE DEPOT	Lanreotide Acetate Extended Release Inj 120 MG/0.5ML	Product removed from the formulary
LATUDA	Lurasidone Tab 20mg	Brand product removed from the formulary
LATUDA	Lurasidone Tab 40mg	Brand product removed from the formulary
LATUDA	Lurasidone Tab 60mg	Brand product removed from the formulary
LATUDA	Lurasidone Tab 80mg	Brand product removed from the formulary
LATUDA	Lurasidone Tab 120mg	Brand product removed from the formulary

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
LENALIDOMIDE	Lenalidomide Caps 2.5 MG	Brand product removed from the formulary
LENALIDOMIDE	Lenalidomide Cap 5 MG	Brand product removed from the formulary
LENALIDOMIDE	Lenalidomide Cap 10 MG	Brand product removed from the formulary
LENALIDOMIDE	Lenalidomide Cap 15 MG	Brand product removed from the formulary
LENALIDOMIDE	Lenalidomide Cap 20 MG	Brand product removed from the formulary. Quantity limit of 1 unit per day added
LENALIDOMIDE	Lenalidomide Cap 25 MG	Brand product removed from the formulary
LEVEMIR	Insulin Detemir Inj 100 Unit/ML	Product moved to Tier 3. Prior authorization requirement added
LEVEMIR FLEXPEN	Insulin Detemir Soln Pen-injector 100 Unit/ML	Product moved to Tier 3. Prior authorization requirement added
LEXIVA	Fosamprenavir Calcium Susp 50 MG/ML (Base Equiv)	Brand product moved to Tier 3
MIRVASO	Brimonidine Tartrate Gel 0.33% (Base Equivalent)	Brand product removed from the formulary
NEOSTIGMINE METHYLSULFATE	Neostigmine Methylsulfate Soln Pref Syr 3 MG/3ML (1 MG/ML)	Brand product removed from the formulary
NEO-SYNALAR	Neomycin-Fluocinolone Cream 0.35-0.025%	Quantity limit of 60 units per 30 days added
NORVIR	Ritonavir Oral Soln 80 MG/ML	Brand product moved to Tier 3
NORVIR	Ritonavir Powder Packet 100 MG	Brand product moved to Tier 3
NOVOLIN 70/30 FLEXPEN RELION	Insulin Isophane & Regular Susp Pen-Inj 100 Unit/ML (70-30)	Relion product removed from the formulary

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
NOVOLIN 70/30 RELION	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (70-30)	Relion product removed from the formulary
NOVOLIN N FLEXPEN RELION	Insulin Isophane (Human) Susp Pen-injector 100 Unit/ML	Relion product removed from the formulary
NOVOLIN N RELION	Insulin Isophane (Human) Inj 100 Unit/ML	Relion product removed from the formulary
NOVOLIN R RELION	Insulin Regular (Human) Inj 100 Unit/ML	Relion product removed from the formulary
NOVOLOG	Insulin Aspart Inj Soln 100 Unit/ML	Brand product removed from the formulary. Generic added at Tier 1
NOVOLOG MIX 70/30	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)	Brand product removed from the formulary. Generic moved to Tier 1
NOVOLOG MIX 70/30 FLEXPEN	Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30)	Brand product removed from the formulary. Generic moved to Tier 1
NOVOLOG PEN	Insulin Aspart Soln Pen-injector 100 Unit/ML	Brand product removed from the formulary. Generic moved to Tier 1
NOVOLOG PENFILL	Insulin Aspart Soln Cartridge 100 Unit/ML	Brand product removed from the formulary. Generic moved to Tier 1
NUDEXTA	Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG	Quantity limit of 2 units per day added
PACLITAXEL PROTEIN-BOUND PARTICLES	Paclitaxel Protein-Bound Particles For IV Susp 100 MG	Brand product removed from the formulary
PANRETIN	Alitretinoin Gel 0.1%	Quantity limit of 60 units per 30 days added
PENCICLOVIR	Penciclovir Cream 1%	Brand product removed from the formulary
PHOSPHOLINE IODIDE	Echothiophate Iodide Ophth For Soln 0.125%	Product removed from the formulary
PIFELTRO	Doravirine Tab 100 MG	Brand product moved to Tier 3

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
PIRFENIDONE	Pirfenidone Cap 267 MG	Brand product removed from the formulary
PIRFENIDONE	Pirfenidone Tab 267 MG	Brand product removed from the formulary
PIRFENIDONE	Pirfenidone Tab 801 MG	Brand product removed from the formulary
PREZCOBIX	Darunavir-Cobicistat Tab 800-150 MG	Brand product moved to Tier 3
PREZISTA	Darunavir Tab 75 MG	Brand product moved to Tier 3
PREZISTA	Darunavir Tab 150 MG	Brand product moved to Tier 3
PREZISTA	Darunavir Tab 600 MG	Brand product moved to Tier 3
PREZISTA	Darunavir Tab 800 MG	Brand product moved to Tier 3
PREZISTA	Darunavir Oral Susp 100 MG/ML	Brand product moved to Tier 3
RELISTOR	Methylnaltrexone Bromide Inj 8 MG/0.4ML (20 MG/ML)	Product removed from the formulary
RELISTOR	Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)	Product removed from the formulary
RETIN-A	Tretinoin Cream 0.025%	Prior authorization requirement added
RETIN-A	Tretinoin Cream 0.05%	Prior authorization requirement added
RETIN-A	Tretinoin Cream 0.1%	Prior authorization requirement added
RETIN-A	Tretinoin Gel 0.01%	Prior authorization requirement added
RETIN-A	Tretinoin Gel 0.025%	Prior authorization requirement added
RETROVIR IV INFUSION	Zidovudine IV Soln 10 MG/ML	Brand product moved to Tier 3

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
SELZENTRY	Maraviroc Tab 25 MG	Brand product moved to Tier 3
SELZENTRY	Maraviroc Tab 75 MG	Brand product moved to Tier 3
SELZENTRY	Maraviroc Tab 150 MG	Brand product removed from the formulary
SELZENTRY	Maraviroc Tab 300 MG	Brand product removed from the formulary
SELZENTRY	Maraviroc Oral Soln 20 MG/ML	Brand product moved to Tier 3
SODIUM SULFATE/POTASSIUMSULFATE/MAGNESIUM SULFATE	Sod Sulfate-Pot Sulf-Mg Sulf Oral Sol 17.5-3.13-1.6 GM/177ML	Brand product removed from the formulary
SOMATULINE DEPOT	Lanreotide Acetate Extended Release Inj 60 MG/0.2ML	Product removed from the formulary
SOMATULINE DEPOT	Lanreotide Acetate Extended Release Inj 90 MG/0.3ML	Product removed from the formulary
SORAFENIB	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	Brand product removed from the formulary
STELARA	Ustekinumab IV Soln 130 MG/26ML (5 MG/ML) (For IV Infusion)	Quantity limit of 3.47 units per day added
SYMLINPEN 120	Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML)	Product removed from the formulary
SYMLINPEN 60	Pramlintide Acetate Pen-inj 1500 MCG/1.5ML (1000 MCG/ML)	Product removed from the formulary
T AFLUPROST	Tafluprost Preservative Free (PF) Ophth Soln 0.0015%	Brand product removed from the formulary
TAGRISSO	Osimertinib Mesylate Tab 40 MG (Base Equivalent)	Quantity limit of 2 units per day added
TAGRISSO	Osimertinib Mesylate Tab 80 MG (Base Equivalent)	Quantity limit of 1 unit per day added
TARGETIN	Bexarotene Gel 1%	Brand product removed from the formulary

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
TOBI	Tobramycin Nebu Soln 300 MG/5ML	Quantity limit of 280 units every 56 days added
TOVIAZ	Fesoterodine Fumarate Tab ER 24HR 4 MG	Brand product removed from the formulary
TOVIAZ	Fesoterodine Fumarate Tab ER 24HR 8 MG	Brand product removed from the formulary
TRESIBA	Insulin Degludec Inj 100 Unit/ML	Brand product removed from the formulary. Generic added at Tier 2
TRESIBA FLEXTOUCH	Insulin Degludec Soln Pen-Injector 100 Unit/ML	Brand product removed from the formulary. Generic added at Tier 2
TRESIBA FLEXTOUCH	Insulin Degludec Soln Pen-Injector 200 Unit/ML	Brand product removed from the formulary. Generic added at Tier 2
TRIZIVIR	Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	Brand product moved to Tier 3
TYBOST	Cobicistat Tab 150 MG	Brand product moved to Tier 3
UBRELVY	Ubrogepant Tab 50 MG	Product removed from the formulary
UBRELVY	Ubrogepant Tab 100 MG	Product removed from the formulary
VERZENIO	Abemaciclib Tab 50 MG	Quantity limit of 2 units per day added
VERZENIO	Abemaciclib Tab 100 MG	Quantity limit of 2 units per day added
VERZENIO	Abemaciclib Tab 150 MG	Quantity limit of 2 units per day added
VERZENIO	Abemaciclib Tab 200 MG	Quantity limit of 2 units per day added
VIRACEPT	Nelfinavir Mesylate Tab 250 MG	Brand product moved to Tier 3
VIRACEPT	Nelfinavir Mesylate Tab 625 MG	Brand product moved to Tier 3

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.



FROM



Product Name	Generic Name	Change
VIREAD	Tenofovir Disoproxil Fumarate Tab 150 MG	Brand product moved to Tier 3
VIREAD	Tenofovir Disoproxil Fumarate Tab 200 MG	Brand product moved to Tier 3
VIREAD	Tenofovir Disoproxil Fumarate Tab 250 MG	Brand product moved to Tier 3
VIREAD	Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM	Brand product moved to Tier 3
VIZIMPRO	Dacomitinib Tab 15 MG	Quantity limit of 1 unit per day added
VIZIMPRO	Dacomitinib Tab 30 MG	Quantity limit of 1 unit per day added
VIZIMPRO	Dacomitinib Tab 45 MG	Quantity limit of 1 unit per day added
VOSEVI	Sofosbuvir-Velpatasvir-Voxilaprevir Tab 400-100-100 MG	Product removed from the formulary
XIGDUO XR	Dapagliflozin-Metformin HCl Tab ER 24HR 2.5-1000 MG	Product removed from the formulary
XIGDUO XR	Dapagliflozin-Metformin HCl Tab SR 24HR 5-500 MG	Product removed from the formulary
XIGDUO XR	Dapagliflozin-Metformin HCl Tab SR 24HR 5-1000 MG	Product removed from the formulary
XIGDUO XR	Dapagliflozin-Metformin HCl Tab SR 24HR 10-500 MG	Product removed from the formulary
XIGDUO XR	Dapagliflozin-Metformin HCl Tab SR 24HR 10-1000 MG	Product removed from the formulary
XULTOPHY	Insulin Degludec-Liraglutide Sol Pen-Inj 100-3.6 Unit-MG/ML	Product moved to Tier 3
ZERVIAE	Cetirizine HCl Ophth Soln 0.24%	Product removed from the formulary
ZYRTEC-D ALLERGY/SINUS	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Product removed from the formulary

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace.

This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.