

**To: Participating AmeriHealth Caritas Florida Providers**

**Date: January 6, 2023**

**Subject: Changes to Preferred Drug List (PDL)**

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report on December 9, 2022, for changes to the PDL **effective January 1, 2023**.

You can find additional information on the drug formularies by visiting [www.amerihealthcaritasfl.com](http://www.amerihealthcaritasfl.com) and/or [https://ahca.myflorida.com/Medicaid/Prescribed\\_Drug/pharm\\_thera/index.shtml](https://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/index.shtml).

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at **1-800-617-5727**.

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From the December 9, 2022 Florida Pharmaceutical and Therapeutics Committee Meeting  
(Changes Effective January 1, 2023)

DRUG NAME	PDL Status Before Meeting	PDL Status After Meeting	Comment
<b>ANDROGENIC AGENTS</b>			
TESTIM (TRANSDERM)	Non-PDL	PDL	Clinical PA
TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)	PDL	Non-PDL	
TESTOSTERONE PUMP (AXIRON) (TRANSDERM)	Non-PDL	PDL	Clinical PA
<b>ANTIBIOTICS, GI</b>			
AEMCOLO	NA	Non-PDL	
<b>ANTIBIOTICS, INHALED</b>			
TOBRAMYCIN (TOBI) (AG) INHALATION	Non-PDL	PDL	AutoPA
TOBRAMYCIN (TOBI) INHALATION	Non-PDL	PDL	AutoPA
<b>ANTIBIOTICS, VAGINAL</b>			
XACIATO (VAGINAL)	NA	Non-PDL	
<b>ANTIFIBRINOLYTIC AGENTS</b>			
CYKLOKAPRON (INJECTION)	Non-PDL	PDL	
<b>ANTIPARASITICS, TOPICAL</b>			
IVERMECTIN LOTION OTC (TOPICAL)	NA	Non-PDL	
PIPERONYL BUTOXIDE/PYRETHRINS/PERMETHRIN KIT OTC (TOPICAL)	Non-PDL	PDL	
PIPERONYL BUTOXIDE/PYRETHRINS SHAMPOO OTC (TOPICAL)	Non-PDL	PDL	
<b>ANTIVIRALS, TOPICAL</b>			
ACYCLOVIR CREAM (AG) (TOPICAL)	Non-PDL	PDL	
ACYCLOVIR CREAM (TOPICAL)	Non-PDL	PDL	
DOCOSANOL OTC (TOPICAL)	NA	Non-PDL	
ZOVIRAX CREAM (TOPICAL)	PDL	Non-PDL	
<b>BONE RESORPTION INHIBITORS, IV</b>			
ZOLENDRONIC ACID (ZOMETA) (INTRAVENOUS)	Non-PDL	PDL	
<b>BRONCHODILATORS, BETA AGONIST</b>			
PROVENTIL HFA (INHALATION)	Non-PDL	PDL	
<b>CALCIUM CHANNEL BLOCKERS</b>			
KATERZIA (ORAL)	NA	Non-PDL	
NORLIQVA (ORAL)	NA	Non-PDL	
<b>CARBAPENEMS, INJECTABLE</b>			
IMIPENEM-CILASTATIN SODIUM (INJECTION)	PDL	Non-PDL	
INVANZ (INJECTION)	Non-PDL	PDL	
PRIMAXIN (INJECTION)	Non-PDL	PDL	
<b>CYTOKINE AND CAM ANTAGONISTS</b>			
SKYRIZI ON-BODY (SUBCUTANEOUS)	NA	Non-PDL	
SKYRIZI VIAL (INTRAVENOUS)	NA	Non-PDL	
<b>GI MOTILITY, CHRONIC</b>			
TRULANCE (ORAL)	Non-PDL	PDL	AutoPA
<b>HEP C TREATMENTS</b>			
MAVYRET (ORAL)	PDL	PDL	AutoPA
SOFOSBUVIR/VELPATASVIR (ORAL)	PDL	PDL	AutoPA
VOSEVI (ORAL)	PDL	PDL	Clinical PA
<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b>			

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BYDUREON PENS (SUBCUTANEOUS)	PDL	PDL	AutoPA
BYETTA PENS (SUBCUTANEOUS)	PDL	PDL	AutoPA
GLYXAMBI	PDL	Non-PDL	
JENTADUETO XR (ORAL)	Non-PDL	PDL	
OZEMPIC (SUBCUTANEOUS)	Non-PDL	PDL	AutoPA
TRULICITY (SUBCUTANEOUS)	PDL	PDL	AutoPA
VICTOZA (SUBCUTANEOUS)	Non-PDL	PDL	AutoPA
<b>HYPOGLYCEMICS, INSULIN AND RELATED AGENTS</b>			
APIDRA SOLOSTAR PEN (SUBCUTANEOUS)	Non-PDL	PDL	
APIDRA VIAL (SUBCUTANEOUS)	Non-PDL	PDL	
HUMULIN 500 U/M PEN (SUBCUTANEOUS)	Non-PDL	PDL	
HUMULIN 500 U/M VIAL (SUBCUTANEOUS)	Non-PDL	PDL	
INSULIN ASPART/INSULIN ASPART PROTAMINE INSULIN PEN (SUBCUTANEOUS)	Non-PDL	PDL	
INSULIN GLARGINE PEN (SUBCUTANEOUS)	Non-PDL	PDL	
INSULIN GLARGINE VIAL (SUBCUTANEOUS)	Non-PDL	PDL	
MYXREDLIN (INTRAVENOUS)	NA	Non-PDL	
<b>IRON, ORAL</b>			
NEPHRON FA TABLET (ORAL)	PDL	Non-PDL	
<b>LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS</b>			
CLEOCIN PHOSPHATE VIAL (INJECTION)	Non-PDL	PDL	
LINCOCIN (INJECTION)	Non-PDL	PDL	
<b>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</b>			
AZELASTINE (OPHTHALMIC)	Non-PDL	PDL	
BEPREVE (OPHTHALMIC)	Non-PDL	PDL	
<b>OPHTHALMICS, ANTIVIRAL</b>			
ZIRGAN (OPHTHALMIC)	Non-PDL	PDL	
<b>OPHTHALMICS, MYDRIATIC</b>			
ATROPINE (AG) (OPHTHALMIC)	NA	PDL	
<b>OPIATE DEPENDENCE TREATMENTS</b>			
ZIMHI (INJECTION)	Non-PDL	PDL	
<b>PULMONARY ANTIHYPERTENSIVE AGENTS</b>			
TADLIQ SUSPENSION (ORAL)	NA	Non-PDL	
<b>PEDIATRIC VITAMIN PREPARATIONS</b>			
POLY-VI-FLOR CHEW (ORAL)	PDL	Non-PDL	
POLY-VI-FLOR DROPS (ORAL)	PDL	Non-PDL	
POLY-VI-FLOR WITH IRON CHEW (ORAL)	PDL	Non-PDL	
POLY-VI-FLOR WITH IRON DROPS (ORAL)	PDL	Non-PDL	
TRI-VI-FLORO DROPS (ORAL)	PDL	Non-PDL	
<b>PHENYLKETONURIA</b>			
JAVYGTOR TABLET (ORAL)	NA	Non-PDL	
<b>PITUITARY SUPPRESSIVE AGENTS, LHRH</b>			
FENSOLVI (SUBCUTANEOUS)	Non-PDL	PDL	AutoPA
<b>PROTON PUMP INHIBITORS</b>			
PROTONIX SUSPENSION (ORAL)	Non-PDL	PDL	
<b>SEDATIVE HYPNOTICS</b>			

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ESTAZOLAM (ORAL)	Non-PDL	PDL	
IGALMI (SUBLINGUAL)	NA	Non-PDL	
<b>THYROID HORMONES</b>			
LEVOTHYROXINE SODIUM CAPSULE (AG) (ORAL)	PDL	Non-PDL	
SYNTHROID TABLETS (ORAL)	PDL	Non-PDL	
<b>ULCERATIVE COLITIS AGENTS</b>			
BALSALAZIDE (ORAL)	PDL	Non-PDL	
CANASA (RECTAL)	PDL	Non-PDL	
DELZICOL (ORAL)	PDL	Non-PDL	
MESALAMINE (CANASA) (AG) (RECTAL)	Non-PDL	PDL	
MESALAMINE (CANASA) (RECTAL)	Non-PDL	PDL	
PENTASA (ORAL)	Non-PDL	PDL	
SFROWASA (RECTAL)	Non-PDL	PDL	
<b>VITAMIN D PREPARATIONS</b>			
DERMACINRX D3/FOLIC ACID TABLET	NA	Non-PDL	

NA = NOT APPLICABLE (FOR NEW PRODUCTS)