

**To: Participating AmeriHealth Caritas Florida Providers**

**Date: 01/17/2022**

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

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report on December 10, 2021 for changes to the PDL effective January 1, 2022.

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**.

From the December 10, 2021  
Florida Pharmaceutical & Therapeutics Committee Meeting  
(Changes Effective January 1, 2022)

ANALGESICS, NARCOTIC INJECTABLE	PDL Status Before Meeting	PDL Status After Meeting	Comments
OLINVYK PCA VIAL (INTRAVENOUS)	NA	Non-PDL	
OLINVYK VIAL (INTRAVENOUS)	NA	Non-PDL	
<b>ANDROGENIC AGENTS</b>			
ANDROGEL GEL PACKET (TRANSDERM.)	PDL	Non-PDL	
TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)	Non-PDL	PDL	Clinical PA
<b>ANTI-ALLERGENS, ORAL</b>			
ORALAIR (SUBLINGUAL)	NA	Non-PDL	
PALFORZIA MAINTENANCE SACHET (ORAL)	NA	Non-PDL	
PALFORZIA TITRATION CAPSULE (ORAL)	NA	Non-PDL	
<b>ANTIHYPERURICEMICS</b>			
COLCHICINE CAPSULE (AG) (ORAL)	PDL	Non-PDL	
<b>ANTIVIRALS, TOPICAL</b>			
ACYCLOVIR OINTMENT (TOPICAL)	Non-PDL	PDL	
ZOVIRAX OINTMENT (TOPICAL)	PDL	Non-PDL	
<b>BLADDER RELAXANT PREPARATIONS</b>			
MYRBETRIQ GRANULES (ORAL)	NA	Non-PDL	
<b>COPD AGENTS</b>			
SPIRIVA RESPIMAT (INHALATION)	Non-PDL	PDL	
<b>GI MOTILITY, CHRONIC</b>			
AMITIZA (ORAL)	Non-PDL	PDL	Auto-PA
LUBIPROSTONE (AG) (ORAL)	PDL	Non-PDL	
<b>IMMUNOMODULATORS, LUPUS</b>			
BENLYSTA AUTOINJECTOR (SUBCUTANE.)	NA	Non-PDL	
BENLYSTA SYRINGE (SUBCUTANE.)	NA	Non-PDL	
LUPKYNIS (ORAL)	NA	Non-PDL	
SAPHNELO (INTRAVEN)	NA	Non-PDL	
<b>IMMUNOSUPPRESSIVES, ORAL</b>			
REZUROCK (ORAL)	NA	Non-PDL	
<b>IRON, ORAL</b>			
ACCRUFER (ORAL)	NA	Non-PDL	
<b>LIPOGLYCOPEPTIDE/VANCOMYCIN ANTIBIOTICS, INJECTABLE</b>			
KIMYRSA (INTRAVEN)	NA	Non-PDL	
<b>NARCOLEPSY AGENTS</b>			
XYWAV (ORAL)	NA	Non-PDL	
<b>OPHTHALMICS, CYSTINOSIS</b>			
CYSTADROPS (OPHTHALMIC)	NA	Non-PDL	

<b>OPHTHALMICS, GLAUCOMA AGENTS</b>			
BETIMOL (OPHTHALMIC)	PDL	Non-PDL	
<b>OPIATE DEPENDENCE TREATMENTS</b>			
KLOXXADO SPRAY (NASAL)	NA	PDL	
<b>STIMULANTS AND RELATED AGENTS</b>			
AZSTARYS (ORAL)	NA	Non-PDL	
<b>THYROID HORMONES</b>			
THYQUIDITY SOLUTION (ORAL)	NA	Non-PDL	
<b>ULCERATIVE COLITIS AGENTS</b>			
CANASA (RECTAL)	Non-PDL	PDL	
LIALDA (ORAL)	Non-PDL	PDL	
MESALAMINE (CANASA) (AG) (RECTAL)	PDL	Non-PDL	
MESALAMINE (CANASA) (RECTAL)	PDL	Non-PDL	
MESALAMINE (LIALDA) (AG) (ORAL)	PDL	Non-PDL	
MESALAMINE (LIALDA) (ORAL)	PDL	Non-PDL	

NA = NOT APPLICABLE (FOR NEW PRODUCTS)