



Fax

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To: Participating Prestige Health Choice Providers

Date: 2/2/2021

Subject: Changes to Preferred Drug List (PDL)

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report December 11, 2020 for changes to the PDL effective January 1, 2021.

You can find additional information on the drug formularies by visiting www.prestigehealthchoice.com and/or 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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11631 Kew Gardens Ave., Ste. 200, Palm Beach Gardens, FL 33410

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From the December 11, 2020
Florida Pharmaceutical & Therapeutics Committee Meeting
(Changes Effective January 1, 2021)

ANTIBIOTICS, GI	PDL Status Before Meeting	PDL Status After Meeting	Comment
FIRVANQ (ORAL)	PDL	Non-PDL	
ANTICONVULSANTS			
FINTEPLA (ORAL)	NA	Non-PDL	
ANTIPARASITICS, TOPICAL			
VANALICE GEL OTC (TOPICAL)	PDL	Non-PDL	
BRONCHODILATORS, BETA AGONIST			
PROVENTIL HFA (INHALATION)	PDL	Non-PDL	
VENTOLIN HFA (INHALATION)	Non-PDL	PDL	
CARBAPENEMS, INJECTABLE			
RECARBRIO (INTRAVENOUS)	NA	Non-PDL	
COPD AGENTS			
ANORO ELLIPTA (INHALATION)	Non-PDL	PDL	
BEVESPI AEROSPHERE (INHALATION)	PDL	Non-PDL	
UTIBRON NEOHALER (INHALATION)	PDL	Non-PDL	
CYTOKINE AND CAM ANTAGONISTS			
AVSOLA (INTRAVENOUS)	NA	Non-PDL	
ENBREL VIAL (SUBCUTANEOUS)	NA	PDL	Auto-PA
ENSPRYNG (SUBCUTANEOUS)	NA	Non-PDL	
UPLIZNA (INTRAIVEN.)	NA	Non-PDL	
GI MOTILITY, CHRONIC			
AMITIZA (ORAL)	Non-PDL	PDL	Auto-PA
GLUCOCORTICOIDS, INHALED			
AIRDUO DIGIHALER (INHALATION)	NA	Non-PDL	
BREZTRI AEROSPHERE (INHALATION)	NA	Non-PDL	
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
SYMLIN PENS (SUBCUTANE.)	Non-PDL	PDL	
TRULICITY (SUBCUTANE.)	Non-PDL	PDL	
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS			
HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)	Non-PDL	PDL	
HUMULIN PEN OTC (SUBCUTANE.)	PDL	Non-PDL	
LYUMJEV 100 U/ML PEN (SUBCUTANEOUS)	NA	Non-PDL	
LYUMJEV 200 U/ML PEN (SUBCUTANEOUS)	NA	Non-PDL	
LYUMJEV VIAL (SUBCUTANEOUS)	NA	Non-PDL	
SEMGLEE PEN (SUBCUTANEOUS)	NA	Non-PDL	
SEMGLEE VIAL (SUBCUTANEOUS)	NA	Non-PDL	
IMMUNOMODULATORS, ATOPIC DERMATITIS			
DUPIXENT PEN (SUBCUTANEOUS)	NA	Non-PDL	

IRON, ORAL			
HEMATOGEN FA CAPSULE (ORAL)	PDL	Non-PDL	
LIPOGLYCOPEPTIDE/VANCOMYCIN ANTIBIOTICS, INJECTABLE			
VANCOMYCIN HCL (INTRAVEN)	PDL	Non-PDL	
MULTIPLE SCLEROSIS AGENTS			
KESIMPTA (SUBCUTANE.)	NA	PDL	
NSAIDS			
DICLOTREX KIT (TOPICAL)	NA	Non-PDL	
OPHTHALMIC ANTIBIOTICS			
MOXIFLOXACIN (MOXEZA) (OPHTHALMIC)	PDL	Non-PDL	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS			
OLOPATADINE DROPS (PATADAY) (AG) (OPHTHALMIC)	Non-PDL	PDL	
OLOPATADINE DROPS (PATADAY) (OPHTHALMIC)	Non-PDL	PDL	
ZERVIAE (OPHTHALMIC)	NA	Non-PDL	
PAH AGENTS, ORAL AND INHALED			
AMBRISENTAN (ORAL)	Non-PDL	PDL	Clinical PA
LETAIRIS (ORAL)	PDL	Non-PDL	
PEDIATRIC VITAMIN PREPARATIONS			
TRI-VITAMIN WITH FLUORIDE (ORAL)	Non-PDL	PDL	
PITUITARY SUPPRESSIVE AGENTS, LHRH			
FENSOLVI (SUBCUTANEOUS)	NA	Non-PDL	
PROTON PUMP INHIBITORS			
PANTOPRAZOLE SUSPENSION (ORAL)	PDL	Non-PDL	
SEDATIVE HYPNOTICS			
DAYVIGO (ORAL)	NA	Non-PDL	
ESZOPICLONE (ORAL)	Non-PDL	PDL	
THYROID HORMONES			
SYNTHROID TABLETS (ORAL)	Non-PDL	PDL	
THYROLAR (ORAL)	PDL	Non-PDL	
ULCERATIVE COLITIS AGENTS			
DELZICOL (ORAL)	Non-PDL	PDL	
LIALDA (ORAL)	Non-PDL	PDL	
MESALAMINE (DELZICOL) (AG) (ORAL)	PDL	Non-PDL	
MESALAMINE (DELZICOL) (ORAL)	PDL	Non-PDL	

NA = NOT APPLICABLE (FOR NEW PRODUCTS)