

To: Participating AmeriHealth Caritas Florida Providers

Date: April 17, 2023

Subject: Changes to Preferred Drug List (PDL)

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report on March 24, 2023, for changes to the PDL effective April 1, 2023.

You can find additional information on the drug formularies by visiting www.amerihealthcaritasfl.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**.

From March 24, 2023
 Florida Pharmaceutical and Therapeutics Committee Meeting
 (Changes Effective April 1, 2023)

DRUG CLASS	DRUG NAME	PDL STATUS BEFORE MEETING	PDL STATUS AFTER MEETING	COMMENTS
ACNE AGENTS, TOPICAL	CLINDAMYCIN PHOSPHATE GEL (TOPICAL)	Non-PDL	PDL	
ANDROGENIC AGENTS, ORAL	TLANDO (ORAL)	NA	Non-PDL	
ANGIOTENSIN MODULATORS	BENAZEPRIL HCTZ (ORAL)	Non-PDL	PDL	
	QUINAPRIL HCTZ (ORAL)	Non-PDL	PDL	
	TELMISARTAN (ORAL)	Non-PDL	PDL	
	TELMISARTAN HCTZ (ORAL)	Non-PDL	PDL	
ANTICHOLINERGICS / ANTISPASMODICS	DARTISLA (ORAL)	NA	Non-PDL	
	GLYCOPYRROLATE SOLUTION (ORAL)	Non-PDL	PDL	
	HYOSCYAMINE SULFATE DROPS (ORAL)	PDL	Non-PDL	
ANTICONSULSANTS	ZONISADE (ORAL)	NA	Non-PDL	
ANTIDEPRESSANTS, OTHER	AUVELITY (ORAL)	NA	Non-PDL	
ANTIDIURETIC HORMONE REPLACEMENT, ORAL & NASAL	VASOSTRICT (INTRAVENOUS)	NA	Non-PDL	
ANTIMIGRAINE AGENTS, OTHER	AJOVY (SUBCUTANEOUS)	Non-PDL	PDL	
	AJOVY AUTOINJECTOR (SUBCUTANEOUS)	Non-PDL	PDL	
	AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)	Non-PDL	PDL	
ANTIMYCOBACTERIUM AGENTS	MYCOBUTIN (ORAL)	Non-PDL	PDL	
	RIFABUTIN CAPSULE (ORAL)	PDL	Non-PDL	
ANTIPSORIATICS, TOPICAL	VTAMA (TOPICAL)	NA	Non-PDL	
	ZORYVE (TOPICAL)	NA	Non-PDL	
BPH TREATMENTS	ENTADFI (ORAL)	NA	Non-PDL	
COLONY STIMULATING FACTORS	FYLNETRA (SUBCUTANEOUS)	NA	Non-PDL	
	ROLVEDON SYRINGE (SUBCUTANEOUS)	NA	Non-PDL	

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COLONY STIMULATING FACTORS	STIMUFEND SYRINGE (SUBCUTANEOUS)	NA	Non-PDL	
CYTOKINE AND CAM ANTAGONISTS	SPEVIGO (INTRAVENOUS)	NA	Non-PDL	
GLUCAGON AGENTS	DIAZOXIDE SUSPENSION (ORAL)	PDL	Non-PDL	
	PROGLYCEM SUSPENSION (ORAL)	Non-PDL	PDL	
GLUCOCORTICOIDS, INHALED	ALVESCO (INHALATION)	PDL	Non-PDL	
	FLOVENT DISKUS (INHALATION)	Non-PDL	PDL	
H. PYLORI TREATMENT	TALICIA (ORAL)	PDL	Non-PDL	
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	BASAGLAR TEMPO PEN (SUBCUTANEOUS)	NA	Non-PDL	
	HUMALOG TEMPO PEN (SUBCUTANEOUS)	NA	Non-PDL	
	LYUMJEV TEMPO PEN (SUBCUTANEOUS)	NA	Non-PDL	
IDIOPATHIC PULMONARY FIBROSIS	PIRFENIDONE (ORAL)	Non-PDL	PDL	
IMMUNOMODULATORS, ASTHMA	TEZSPIRE SYRINGE (SUBCUTANEOUS)	NA	Non-PDL	
IMMUNOMODULATORS, ATOPIC DERMATITIS	TACROLIMUS (AG) (TOPICAL)	Non-PDL	PDL	
	TACROLIMUS (TOPICAL)	Non-PDL	PDL	
IMMUNOMODULATORS, TOPICAL	HYFTOR (TOPICAL)	NA	Non-PDL	
INTRANASAL RHINITIS AGENTS	RYALTRIS (NASAL)	NA	Non-PDL	
KERATOLYTICS	SALICYLIC ACID GEL (TOPICAL)	Non-PDL	PDL	
METHOTREXATE	METHOTREXATE PF VIAL (AG) (INJECTION)	Non-PDL	PDL	
MULTIVITAMINS	DERMACINRX MULTITAM (ORAL)	NA	Non-PDL	
PHOSPHATE BINDERS	CALCIUM ACETATE CAPSULE (ORAL)	PDL	Non-PDL	
	CALCIUM ACETATE TABLET OTC (ORAL)	Non-PDL	PDL	
	RENEVELA TABLET (ORAL)	Non-PDL	PDL	

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PHOSPHATE BINDERS	SEVELAMER CARBONATE TABLET (AG) (ORAL)	PDL	Non-PDL	
	SEVELAMER CARBONATE TABLET (ORAL)	PDL	Non-PDL	
SKELETAL MUSCLE RELAXANTS	BACLOFEN SOLUTION (AG) (ORAL)	Non-PDL	PDL	Auto PA
	NORGESIC (ORAL)	NA	Non-PDL	
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER (RELEXXII) (AG) (ORAL)	NA	Non-PDL	
	RELEXXII (ORAL)	NA	Non-PDL	
	XELSTRYM (TRANSDERMAL)	NA	Non-PDL	
VASODILATORS, CORONARY	ISOSORBIDE DINTRATE/HYDRALAZINE (ORAL)	NA	Non-PDL	

NA = NOT APPLICABLE (FOR NEW PRODUCTS)