

**To: Participating AmeriHealth Caritas Florida Providers**

**Date: 04/22/2022**

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

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report on March 25, 2022 for changes to the PDL effective April 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**.

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From the March 25, 2022  
Florida Pharmaceutical & Therapeutics Committee Meeting  
(Changes Effective April 1, 2022)

ACNE AGENTS, TOPICAL	PDL Status Before Meeting	PDL Status After Meeting	Comment
AVITA CREAM (TOPICAL)	PDL	Non-PDL	
WINLEVI (TOPICAL)	NA	Non-PDL	
ANESTHETICS, TOPICAL			
DERMACINRX LIDOGEL GEL (TOPICAL)	NA	Non-PDL	
ANGIOTENSIN MODULATORS			
QUINAPRIL HCTZ (AG) (ORAL)	PDL	Non-PDL	
QUINAPRIL HCTZ (ORAL)	PDL	Non-PDL	
VALSARTAN (ORAL)	Non-PDL	PDL	
VALSARTAN HCTZ (ORAL)	Non-PDL	PDL	
ANTICONVULSANTS			
EPRONTIA SOLUTION (ORAL)	NA	Non-PDL	
ANTIDIARRHEALS			
LOPERAMIDE-SIMETHICONE (ORAL)	NA	Non-PDL	
ANTIFUNGALS, INJECTABLE			
ERAXIS (INTRAVEN)	PDL	Non-PDL	
ANTIMIGRAINE AGENTS, OTHER			
AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)	PDL	Non-PDL	
ELYXYB SOLUTION (ORAL)	NA	Non-PDL	
QULIPTA (ORAL)	NA	PDL	Auto-PA
TRUDHESA (NASAL)	NA	Non-PDL	
ANTIPARKINSON'S AGENTS			
DHIVY TABLET (ORAL)	NA	Non-PDL	
ANTIPSORIATICS, TOPICAL			
CALCIPOTRIENE SOLUTION (TOPICAL)	Non-PDL	PDL	Auto-PA
ANTIPSYCHOTICS			
INVEGA HAFYERA (INTRAMUSC)	NA	Non-PDL	
LYBALVI (ORAL)	NA	Non-PDL	
BILE SALTS			
BYLVAY CAPSULE (ORAL)	NA	Non-PDL	
BYLVAY PELLETT (ORAL)	NA	Non-PDL	
LIVMARLI (ORAL)	NA	Non-PDL	
RELTONE (ORAL)	NA	Non-PDL	
COUGH AND COLD, COLD			
GUAIFENESIN 400 MG TABLET OTC (ORAL)	Non-PDL	PDL	
GUAIFENESIN LIQUID OTC (ORAL)	Non-PDL	PDL	
MUCINEX GRAN PACK OTC (ORAL)	PDL	Non-PDL	
CYSTIC FIBROSIS, ORAL			
BRONCHITOL (INHALATION)	NA	Non-PDL	
DIURETICS			
KERENDIA (ORAL)	NA	Non-PDL	
THALITONE (ORAL)	NA	Non-PDL	

<b>GLUCAGON AGENTS</b>			
GVOKE VIAL (SUBCUTANEOUS)	NA	Non-PDL	
ZEGALOGUE AUTOINJECTOR (SUBCUTANEOUS)	NA	PDL	
ZEGALOGUE SYRINGE (SUBCUTANEOUS)	NA	Non-PDL	
<b>GLUCOCORTICIODS, INHALED</b>			
ALVESCO (INHALATION)	Non-PDL	PDL	
PULMICORT FLEXHALER (INHALATION)	Non-PDL	PDL	
<b>GROWTH HORMONE</b>			
SKYTROFA CARTRIDGE (SUBCUTANEOUS)	NA	Non-PDL	
<b>H. PYLORI TREATMENT</b>			
TALICIA (ORAL)	Non-PDL	PDL	
<b>HYPOGLYCEMICS, INSULIN AND RELATED AGENTS</b>			
INSULIN GLARGINE-YFGN PEN (SUBCUTANEOUS)	NA	Non-PDL	
INSULIN GLARGINE-YFGN VIAL (SUBCUTANEOUS)	NA	Non-PDL	
SEMGLEE (YFGN) PEN (SUBCUTANEOUS)	NA	Non-PDL	
SEMGLEE (YFGN) VIAL (SUBCUTANEOUS)	NA	Non-PDL	
<b>IMMUNOMODULATORS, ASTHMA</b>			
XOLAIR SYRINGE (SUB-Q)	Non-PDL	PDL	Clinical PA
<b>IMMUNOMODULATORS, ATOPIC DERMATITIS</b>			
OPZELURA (TOPICAL)	NA	Non-PDL	
<b>IRON, PARENTERAL</b>			
FERRLECIT (INJECTION)	Non-PDL	PDL	
SOD FERRIC GLUC COMPLEX/SUC (INTRAVENOUS)	Non-PDL	PDL	
<b>KERATOLYTICS</b>			
SALICYLIC ACID 27.5% LIQUID (TOPICAL)	Non-PDL	PDL	
UREA LOTION (TOPICAL)	PDL	Non-PDL	
<b>METHOTREXATE</b>			
REDITREX SYRINGE (SUBCUT.)	NA	Non-PDL	
<b>MULTIVITAMINS</b>			
VIT 3 (ORAL)	NA	Non-PDL	
VITREXYL (ORAL)	NA	Non-PDL	
<b>OPHTHALMICS, GLAUCOMA AGENTS</b>			
VUITY (OPHTHALMIC)	NA	Non-PDL	
<b>POMPE DISEASE</b>			
NEXVIAZYME VIAL (INTRAVENOUS)	NA	Non-PDL	
<b>SICKLE CELL ANEMIA TREATMENTS</b>			
ENDARI (ORAL)	Non-PDL	PDL	Auto-PA
<b>SKELETAL MUSCLE RELAXANTS</b>			
ORPHENADRINE ER (ORAL)	Non-PDL	PDL	
<b>STEROIDS, TOPICAL HIGH</b>			
BETAMETHASONE VALERATE OINTMENT (TOPICAL)	Non-PDL	PDL	
<b>VASODILATORS, CORONARY</b>			
VERQUVO (ORAL)	NA	Non-PDL	

NA = NOT APPLICABLE (FOR NEW PRODUCTS)