

To: Participating AmeriHealth Caritas Florida Providers

Date: 07/18/2022

Subject: Changes to Preferred Drug List (PDL)

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report on June 24, 2022 for changes to the PDL effective July 1, 2022.

You can find additional information on the drug formularies by visiting <http://www.amerhealthcaritasfl.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 June 24, 2022
 Florida Pharmaceutical & Therapeutics Committee Meeting
 (Changes Effective July 1, 2022)

ACNE AGENTS, TOPICAL	PDL Status Before Meeting	PDL Status After Meeting	Comment
TWYNEO CREAM (TOPICAL)	NA	Non-PDL	
ANALGESICS, NARCOTICS SHORT			
SEGLENTIS (ORAL)	NA	Non-PDL	
ANTICOAGULANTS			
XARELTO SUSPENSION (ORAL)	PDL	Non-PDL	
ANTIDEPRESSANTS, OTHER			
ZULRESSO (INJECTION)	NA	Non-PDL	
ANTIDEPRESSANTS, SSRIs			
PAROXETINE SUSPENSION (ORAL)	PDL	Non-PDL	
SERTRALINE CAPSULE (ORAL)	PDL	Non-PDL	
ANTIEMETIC/ANTIVERTIGO AGENTS			
ALOXI (INTRAVEN)	Non-PDL	PDL	
BARHEMSYS VIAL (INTRAVENOUS)	NA	Non-PDL	
PALONOSETRON (AG) (INTRAVENOUS)	PDL	Non-PDL	
PALONOSETRON (INTRAVENOUS)	PDL	Non-PDL	
SCOPOLAMINE (TRANSDERM)	PDL	Non-PDL	
TRANSDERM-SCOP (TRANSDERM)	Non-PDL	PDL	Auto-PA
ANTI-ULCER PROTECTANTS			
CARAFATE SUSPENSION (ORAL)	Non-PDL	PDL	
CARAFATE TABLET (ORAL)	Non-PDL	PDL	
SUCRALFATE SUSPENSION (AG) (ORAL)	PDL	Non-PDL	
SUCRALFATE SUSPENSION (ORAL)	PDL	Non-PDL	
ANXIOLYTICS			
LOREEV XR CAP ER 24H (ORAL)	NA	Non-PDL	
BETA-BLOCKERS			
COREG CR (ORAL)	Non-PDL	PDL	
NADOLOL (ORAL)	Non-PDL	PDL	
NEBIVOLOL (ORAL)	Non-PDL	PDL	
COLONY STIMULATING FACTORS			
RELEUKO SYRINGE (SUBCUTANEOUS)	NA	Non-PDL	
RELEUKO VIAL (INJECTION)	NA	Non-PDL	
CYTOKINE AND CAM ANTAGONISTS			
CIBINQO (ORAL)	NA	Non-PDL	
ENZYME INHIBITORS, SYSTEMIC			
GLASSIA 1 GM/50 ML VIAL (INTRAVEN)	PDL	Non-PDL	

EPINEPHRINE, SELF-INJECTED			
EPINEPHRINE 0.15 MG (EPIPEN JR) (INJECTION)	PDL	Non-PDL	
EPINEPHRINE 0.3 MG (EPIPEN) (INJECTION)	PDL	Non-PDL	
EPIPEN (INTRAMUSC)	Non-PDL	PDL	
EPIPEN JR (INTRAMUSC)	Non-PDL	PDL	
GLUCOCORTICOIDS, INJECTABLE			
HEXATRIONE AMPUL (INJECTION)	NA	Non-PDL	
GLUCOCORTICOIDS, ORAL			
METHYLPREDNISOLONE 16 MG TABLET (ORAL)	Non-PDL	PDL	
TARPEYO (ORAL)	NA	Non-PDL	
HAE TREATMENTS			
TAKHZYRO SYRINGE (SUB-Q)	NA	Non-PDL	
IMMUNOMODULATORS, ATOPIC DERMATITIS			
ADBRY (SUBCUTANEOUS)	NA	Non-PDL	
IMMUNOSUPPRESSIVES, ORAL			
MYCOPHENOLIC ACID (ORAL)	Non-PDL	PDL	
TAVNEOS (ORAL)	NA	Non-PDL	
INTRANASAL RHINITIS AGENTS			
AZELASTINE (ASTEPRO) (AG) (NASAL)	PDL	Non-PDL	
AZELASTINE (ASTEPRO) (NASAL)	PDL	Non-PDL	
LIPOTROPICS, OTHER			
COLESTIPOL GRANULES (ORAL)	PDL	Non-PDL	
LEQVIO (SUBCUTANEOUS)	NA	Non-PDL	
ONCOLOGY, INJECTABLE			
ABECMA (INTRAVEN)	NA	Non-PDL	
AZACITIDINE (INJECTION)	PDL	Non-PDL	
BELRAPZO (INTRAVENOUS)	NA	Non-PDL	
BREYANZI (INTRAVEN)	NA	Non-PDL	
CARVYKTI (INTRAVEN)	NA	Non-PDL	
DOXIL (INTRAVEN)	Non-PDL	PDL	Auto-PA
ELLENCE (INTRAVEN)	Non-PDL	PDL	Auto-PA
EPIRUBICIN HCL (INTRAVEN)	PDL	Non-PDL	
FYARRO (INTRAVEN)	NA	Non-PDL	
JEMPERLI (INTRAVEN)	NA	Non-PDL	
KIMMTRAK (INTRAVEN)	NA	Non-PDL	
MARGENZA (INTRAVEN)	NA	Non-PDL	
PEMFEXY (INTRAVEN)	NA	Non-PDL	
RITUXAN (INTRAVEN)	PDL	Non-PDL	
RUXIENCE (INTRAVEN)	Non-PDL	PDL	Auto-PA
RYBREVANT (INTRAVEN)	NA	Non-PDL	
RYLAZE (INTRAMUSC)	NA	Non-PDL	
THIOTEPA (INJECTION)	PDL	Non-PDL	
TIVDAK (INTRAVEN)	NA	Non-PDL	

VALSTAR (INTRAVESICAL)	PDL	Non-PDL	
VIDAZA (INJECTION)	Non-PDL	PDL	Auto-PA
ZIRABEV (INTRAIVEN)	Non-PDL	PDL	Auto-PA
ZYNLONTA (INTRAIVEN)	NA	Non-PDL	
PAH AGENTS, INJECTABLE			
UPTRAVI (INTRAIVEN)	NA	Non-PDL	
PRENATAL VITAMINS			
FE C/FA (ORAL)	Non-PDL	PDL	
PRENATE ENHANCE (ORAL)	PDL	Non-PDL	
SKELETAL MUSCLE RELAXANTS			
FLEQSUVY (ORAL)	NA	Non-PDL	

NA = NOT APPLICABLE (FOR NEW PRODUCTS)