

To: Participating AmeriHealth Caritas Florida Providers

Date: July 25, 2023

Subject: Changes to Preferred Drug List (PDL)

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report on June 16, 2023, for changes to the PDL **effective July 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**.

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From June 16, 2023
Florida Pharmaceutical and Therapeutics Committee Meeting
(Changes Effective July 1, 2023)

| ACNE AGENTS, ORAL | PDL Status Before Meeting | PDL Status After Meeting | Comment |
|--|---------------------------|--------------------------|---------|
| ISOTRETINOIN (AG) (ABSORICA) (ORAL) | Non-PDL | PDL | |
| ALZHEIMER'S AGENTS | | | |
| LEQEMBI (INTRAVENOUS) | NA | Non-PDL | |
| ANTIBIOTICS, GI | | | |
| REBYOTA ENEMA (RECTAL) | NA | Non-PDL | |
| ANTIBIOTICS, VAGINAL | | | |
| CLEOCIN CREAM (VAGINAL) | Non-PDL | PDL | |
| ANTICOAGULANTS | | | |
| PRADAXA PELLET PACK (ORAL) | NA | Non-PDL | |
| ANTICONVULSANTS | | | |
| SEZABY (INTRAVENOUS) | NA | Non-PDL | |
| ANTIDEPRESSANTS, OTHER | | | |
| VENLAFAXINE BESYLATE ER (ORAL) | NA | Non-PDL | |
| ANTIEMETIC/ANTIVERTIGO AGENTS | | | |
| APONVIE VIAL (INTRAVENOUS) | NA | Non-PDL | |
| ONDANSETRON AMPULE (INTRAVENOUS) | Non-PDL | PDL | |
| ANTIFUNGALS, VAGINAL | | | |
| MICONAZOLE 3 COMBO PKG OTC (VAGINAL) | Non-PDL | PDL | |
| TIOCONAZOLE-1 OTC (VAGINAL) | Non-PDL | PDL | |
| CYTOKINE AND CAM ANTAGONISTS | | | |
| AMJEVITA AUTOINJECTOR HC (SUBCUTANEOUS) | NA | Non-PDL | |
| AMJEVITA AUTOINJECTOR LC (SUBCUTANEOUS) | NA | Non-PDL | |
| AMJEVITA SYRINGE (SUBCUTANEOUS) | NA | Non-PDL | |
| INFLIXIMAB (INJECTION) | Non-PDL | PDL | |
| OTEZLA (ORAL) | Non-PDL | PDL | |
| SOTYKTU (ORAL) | NA | Non-PDL | |
| ENZYME INHIBITORS, SYSTEMIC | | | |
| JOENJA (ORAL) | NA | Non-PDL | |
| VIJOICE (ORAL) | NA | Non-PDL | |
| EPINEPHRINE, SELF-INJECTED | | | |
| AUVI-Q 0.1 MG (INTRAMUSCULAR) | NA | Non-PDL | |
| AUVI-Q 0.15 MG (INTRAMUSCULAR) | NA | Non-PDL | |
| AUVI-Q 0.3 MG (INTRAMUSCULAR) | NA | Non-PDL | |
| ERYTHROPOIESIS STIMULATING PROTEINS | | | |
| RETACRIT (VIFOR) (INJECTION) | PDL | Non-PDL | |
| ESTROGEN AGENTS, INJECTABLE | | | |
| DELESTROGEN (INJECTION) | Non-PDL | PDL | |
| ESTRADIOL VALERATE (INJECTION) | PDL | Non-PDL | |
| ESTROGEN AGENTS, ORAL/TRANSDERMAL | | | |
| CLIMARA (TRANSDERMAL) | PDL | Non-PDL | |
| GLUCOCORTICOIDS, INJECTABLE | | | |
| CELESTONE (INJECTION) | PDL | Non-PDL | |
| HYPOGLYCEMICS, INSULIN AND RELATED AGENTS | | | |
| REZVOGLAR KWIKPEN (SUBCUTANEOUS) | NA | Non-PDL | |
| INTRANASAL RHINITIS AGENTS | | | |
| DYMISTA (NASAL) | Non-PDL | PDL | |

| ACNE AGENTS, ORAL | PDL Status Before Meeting | PDL Status After Meeting | Comment |
|--------------------------------------|---------------------------|--------------------------|-------------|
| LIPOTROPICS, OTHER | | | |
| COLESEVELAM (AG) (ORAL) | Non-PDL | PDL | |
| COLESEVELAM (ORAL) | Non-PDL | PDL | |
| PRALUENT PEN (SUBCUTANEOUS) | Non-PDL | PDL | AutoPA |
| REPATHA SURECLICK (SUBCUTANEOUS) | Non-PDL | PDL | AutoPA |
| REPATHA SYRINGE (SUBCUTANEOUS) | Non-PDL | PDL | AutoPA |
| VASCEPA (ORAL) | Non-PDL | PDL | |
| LIPOTROPICS, STATINS | | | |
| ATORVALIQ (ORAL) | NA | Non-PDL | |
| MULTIPLE SCLEROSIS AGENTS | | | |
| BRIUMVI (INTRAVENOUS) | NA | Non-PDL | |
| ONCOLOGY, INJECTABLE | | | |
| ALIMTA (INTRAVENOUS) | PDL | Non-PDL | |
| ALYMSYS (INTRAVENOUS) | NA | Non-PDL | |
| AZACITIDINE (INJECTION) | Non-PDL | PDL | |
| BENDAMUSTINE (INTRAVENOUS) | Non-PDL | PDL | |
| BENDEKA (INTRAVENOUS) | Non-PDL | PDL | |
| DOXIL (INTRAVENOUS) | PDL | Non-PDL | |
| ELAHERE (INTRAVENOUS) | NA | Non-PDL | |
| FLOXURIDINE (INJECTION) | PDL | Non-PDL | |
| KEYTRUDA (INTRAVENOUS) | Non-PDL | PDL | |
| LUNSUMIO (INTRAVENOUS) | NA | Non-PDL | |
| OPDUALAG (INTRAVENOUS) | NA | Non-PDL | |
| PEMETREXED (AG) (INTRAVENOUS) | Non-PDL | PDL | |
| PEMETREXED (INTRAVENOUS) | Non-PDL | PDL | |
| PERJETA (INTRAVENOUS) | Non-PDL | PDL | |
| PRALATREXATE (AG) (INTRAVENOUS) | NA | Non-PDL | |
| TECVAYLI (SUBCUTANEOUS) | NA | Non-PDL | |
| TRAZIMERA (INTRAVENOUS) | Non-PDL | PDL | |
| TREANDA (INTRAVENOUS) | PDL | Non-PDL | |
| VEGZELMA (INTRAVENOUS) | NA | Non-PDL | |
| VIDAZA (INJECTION) | PDL | Non-PDL | |
| ZYNYZ (INTRAVENOUS) | NA | Non-PDL | |
| PAH AGENTS, ORAL AND INHALED | | | |
| ORENITRAM TITRATION KIT (ORAL) | NA | Non-PDL | |
| PRENATAL VITAMINS | | | |
| PNV COMBO#47/IRON/FA #1/DHA (ORAL) | PDL | Non-PDL | |
| PUREFE OB PLUS (ORAL) | PDL | Non-PDL | |
| PUREFE PLUS (ORAL) | PDL | Non-PDL | |
| STIMULANTS AND RELATED AGENTS | | | |
| DEXMETHYLPHENIDATE ER (ORAL) | Non-PDL | PDL | |
| DYANAVEL XR TABLET (ORAL) | NA | Non-PDL | |
| FOCALIN XR (ORAL) | PDL | Non-PDL | |
| UREA CYCLE DISORDERS, ORAL | | | |
| BUPHENYL POWDER (ORAL) | NA | PDL | |
| BUPHENYL TABLET (ORAL) | NA | PDL | |
| CARBAGLU (ORAL) | Non-PDL | PDL | Clinical PA |

NA = NOT APPLICABLE (FOR NEW PRODUCTS)