



Fax

www.prestigehealthchoice.com

To: Participating Prestige Health Choice Providers

Date: July 30, 2020

Subject: Changes to Preferred Drug List (PDL)

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report June 19, 2020 for changes to the PDL effective July 1, 2020.

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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From the June 19, 2020
Florida Pharmaceutical & Therapeutics Committee Meeting
(Changes Effective July 1, 2020)

ACNE AGENTS, ORAL	PDL Status Before Meeting	PDL Status After Meeting	Comment
ABSORICA LD (ORAL)	NA	Non-PDL	
ANALGESICS, NON-SAL/BARBITURATE			
BUTALBITAL/ACETAMINOPHEN (BUPAP) (ORAL)	PDL	Non-PDL	
ANTIBIOTICS, VAGINAL			
NUVESSA (VAGINAL)	Non-PDL	PDL	
ANTICONVULSANTS			
VALTOCO (NASAL)	NA	PDL	Auto-PA
ANTIDEPRESSANTS, OTHER			
BUPROPION XL (FORFIVO XL) (AG) (ORAL)	PDL	Non-PDL	
ANTIEMETIC/ANTIVERTIGO AGENTS			
PROMETHAZINE 50 MG (RECTAL)	PDL	NPD	
ANTIMIGRAINE TREATMENT			
NURTEC ODT (ORAL)	NA	PDL	Auto-PA
REYVOW (ORAL)	NA	Non-PDL	
UBRELVY (ORAL)	NA	PDL	Auto-PA
ANTIPSYCHOTICS			
SECUADO (TRANSDERMAL)	NA	Non-PDL	
CYTOKINE AND CAM ANTAGONISTS			
COSENTYX PEN INJECTER (SUBCUTANE.)	PDL	Non-PDL	
COSENTYX SYRINGE (SUBCUTANE.)	PDL	Non-PDL	
ENZYME INHIBITORS, SYSTEMIC			
PROLASTIN C 1 GM VIAL (INTRA VEN)	PDL	Non-PDL	
ZEMAIRA (INTRA VEN)	PDL	Non-PDL	
ERYTHROPOIESIS STIMULATING PROTEINS			
EPOGEN (INJECTION)	NPD	PDL	Clinical PA
PROCRIT (INJECTION)	PDL	Non-PDL	
ESTROGEN AGENTS, COMBINATION			
BIJUVA (ORAL)	NA	Non-PDL	
ESTROGEN AGENTS, ORAL/TRANSDERMAL			
DOTTI (TRANSDERM)	NA	Non-PDL	
GLUCOCORTICOIDS, INJECTABLE			
KENALOG-80 (INJECTION)	NA	Non-PDL	
TRIAMCINOLONE ACETONIDE (KENALOG-40) (INJECTION)	Non-PDL	PDL	
GLUCOCORTICOIDS, ORAL			
DXEVO (ORAL)	NA	Non-PDL	
PREDNISOLONE SODIUM PHOSPHATE ODT (AG) (ORAL)	PDL	Non-PDL	
PREDNISOLONE SODIUM PHOSPHATE ODT (ORAL)	PDL	Non-PDL	

HYPOGLYCEMICS, METFORMINS			
METFORMIN ER (FORTAMET) (ORAL)	PDL	Non-PDL	
RIOMET ER SUSPENSION (ORAL)	NA	Non-PDL	
LIPOTROPICS, OTHER			
NEXLETOL (ORAL)	NA	Non-PDL	
PRENATAL VITAMINS			
PNV119/IRON FUMARATE/FA/DSS TABLET (ORAL)	Non-PDL	PDL	
PRENATAL VIT NO.78/IRON/FA (ORAL)	Non-PDL	PDL	
PRENATE ELITE (ORAL)	PDL	Non-PDL	
PROVIDA OB (ORAL)	Non-PDL	PDL	
PUREFE OB PLUS (ORAL)	Non-PDL	PDL	
PUREFE PLUS (ORAL)	Non-PDL	PDL	
SELECT-OB TAB CHEW (ORAL)	PDL	Non-PDL	
TRINATAL RX 1 (ORAL)	PDL	Non-PDL	
VITAFOL NANO (ORAL)	Non-PDL	PDL	
VOL-PLUS (ORAL)	Non-PDL	PDL	
VP-PNV-DHA (ORAL)	Non-PDL	PDL	
STEROIDS, TOPICAL HIGH			
SILA III KIT (TOPICAL)	NA	Non-PDL	
STIMULANTS AND RELATED AGENTS			
ADDERALL XR (ORAL)	Non-PDL	PDL	
AMPHETAMINE SALT COMBO ER (AG) (ORAL)	PDL	Non-PDL	ON HOLD
AMPHETAMINE SALT COMBO ER (ORAL)	PDL	Non-PDL	ON HOLD
CONCERTA (ORAL)	Non-PDL	PDL	
DYANAVAL XR (ORAL)	PDL	Non-PDL	ON HOLD
JORNAY PM (ORAL)	Non-PDL	PDL	Auto-PA
METHYLPHENIDATE SOLUTION (ORAL)	Non-PDL	PDL	
QUILLICHEW ER (ORAL)	PDL	Non-PDL	ON HOLD
QUILLIVANT XR (ORAL)	PDL	Non-PDL	ON HOLD

NA = NOT APPLICABLE (FOR NEW PRODUCTS)