

To: Participating AmeriHealth Caritas Florida Providers

Date: October 11, 2022

Subject: Changes to Preferred Drug List (PDL) effective October 1, 2022

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report on September 23, 2022 for changes to the PDL effective October 1, 2022.

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 the September 23, 2022
Florida Pharmaceutical & Therapeutics Committee Meeting
(Changes Effective October 1, 2022)

ALZHEIMER'S AGENTS	PDL Status Before Meeting	PDL Status After Meeting	Comment
ADLARITY (TRANSDERM)	NA	Non-PDL	
ANALGESICS, NARCOTICS SHORT			
OXYCODONE / APAP SOLUTION (ORAL)	PDL	Non-PDL	
ANTICONSULSANTS			
LACOSAMIDE SOLUTION (ORAL)	Non-PDL	PDL	
LACOSAMIDE TABLET (ORAL)	Non-PDL	PDL	
VIGABATRIN TABLET (ORAL)	PDL	Non-PDL	
VIMPAT SOLUTION (ORAL)	PDL	Non-PDL	
VIMPAT TABLET (ORAL)	PDL	Non-PDL	
ANTIDOTE CHELATING AGENTS			
DEFERASIROX (JADENU) (ORAL)	Non-PDL	PDL	
ANTIFUNGALS, ORAL			
BREXAFEMME (ORAL)	NA	Non-PDL	
ANTIHISTAMINES, MINIMALLY SEDATING			
DESLORATADINE (ORAL)	Non-PDL	PDL	
ANTIMIGRAINE AGENTS, TRIPTANS			
IMITREX (NASAL)	Non-PDL	PDL	
ANTIPIRURITICS, TOPICAL			
ZONALON (TOPICAL)	Non-PDL	PDL	Auto - PA
ANTIPSYCHOTICS			
INVEGA HAFYERA (INTRAMUSC)	Non-PDL	PDL	Auto-PA
PERSERIS (SUBCUTANEOUS)	Non-PDL	PDL	Auto-PA
ANTIVIRALS, GENERAL			
LIVTENCITY (ORAL)	NA	Non-PDL	
VALCYTE SOLUTION (ORAL)	Non-PDL	PDL	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS			
RALOXIFENE (ORAL)	Non-PDL	PDL	
GI MOTILITY, CHRONIC			
IBSRELA (ORAL)	NA	Non-PDL	
HYPERPARATHYROID AGENTS			
CINACALCET (ORAL)	Non-PDL	PDL	
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
MOUNJARO (SUBCUTANE.)	NA	Non-PDL	
LAXATIVES & CATHARTICS			
MOVIPREP POWDER PACK (ORAL)	Non-PDL	PDL	

MACULAR DEGENERATION AGENTS			
BYOOVIZ VIAL (INTRAOCULAR)	NA	Non-PDL	
VABYSMO VIAL (INTRAOCULAR)	NA	Non-PDL	
NEUROPATHIC PAIN			
NEURONTIN CAPSULE (ORAL)	PDL	Non-PDL	
NEURONTIN SOLUTION (ORAL)	PDL	Non-PDL	
NEURONTIN TABLET (ORAL)	PDL	Non-PDL	
NSAIDS			
INDOMETHACIN CAPSULE ER (ORAL)	Non-PDL	PDL	
NAPROXEN SODIUM (ORAL)	Non-PDL	PDL	
PIROXICAM (ORAL)	Non-PDL	PDL	
SULINDAC (ORAL)	Non-PDL	PDL	
NSAIDS, INJECTABLE			
ANJESO (INTRAVEN)	PDL	Non-PDL	
CALDOLOR (INTRAVEN)	Non-PDL	PDL	
ONCOLOGY, ORAL - BREAST			
VERZENIO (ORAL)	Non-PDL	PDL	
ONCOLOGY, ORAL - HEMATOLOGIC			
LENALIDOMIDE (ORAL)	PDL	Non-PDL	
POMALYST (ORAL)	PDL	Non-PDL	
SCEMBLIX (ORAL)	NA	Non-PDL	
TABLOID (ORAL)	Non-PDL	PDL	
VENCLEXTA (ORAL)	Non-PDL	PDL	
VONJO (ORAL)	NA	Non-PDL	
ONCOLOGY, ORAL - LUNG			
EXKIVITY (ORAL)	NA	Non-PDL	
IRESSA (ORAL)	PDL	Non-PDL	
ONCOLOGY, ORAL - RENAL CELL			
SUNITINIB (ORAL)	PDL	Non-PDL	
SUTENT (ORAL)	Non-PDL	PDL	
WELIREG (ORAL)*	NA	Non-PDL	
ONCOLOGY, ORAL - SKIN			
MEKINIST (ORAL)	Non-PDL	PDL	
TAFINLAR (ORAL)	Non-PDL	PDL	
OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS			
TOBRADEX ST (OPHTHALMIC)	Non-PDL	PDL	
OPHTHALMICS, ANTI-INFLAMMATORIES			
ILEVRO (OPHTHALMIC)	PDL	Non-PDL	
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR			
TYRVAYA SPRAY (NASAL)	NA	Non-PDL	
OPIATE DEPENDENCE TREATMENTS			
ZIMHI (INJECTION)	NA	Non-PDL	

PAH AGENTS, ORAL AND INHALED			
TYVASO DPI (INHALATION)	NA	Non-PDL	
PITUITARY SUPPRESSIVE AGENTS, LHRH			
CAMCEVI (SUBCUTANEOUS)	NA	Non-PDL	
SEDATIVE HYPNOTICS			
QUVIVIQ (ORAL)	NA	Non-PDL	
SKELETAL MUSCLE RELAXANTS			
LYVISPAH (ORAL)	NA	Non-PDL	

NA = NOT APPLICABLE (FOR NEW PRODUCTS)