



Fax

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To: Participating Prestige Health Choice Providers

Date: 10/22/2020

Subject: Changes to Preferred Drug List (PDL)

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report September 18, 2020 for changes to the PDL effective October 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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PL2547_1907

From the September 18, 2020
Florida Pharmaceutical & Therapeutics Committee Meeting
(Changes Effective October 1, 2020)

ACNE AGENTS, TOPICAL	PDL Status Before Meeting	PDL Status After Meeting	Comment
ARAZLO (TOPICAL)	NA	Non-PDL	
ANALGESICS, NARCOTICS LONG			
ARYMO ER (ORAL)	PDL	Non-PDL	
ANTIANGINAL & ANTI-ISCHEMIC			
RANEXA (ORAL)	PDL	Non-PDL	
RANOLAZINE (ORAL)	Non-PDL	PDL	
ANTIBIOTICS, TOPICAL			
XEPI (TOPICAL)	NA	Non-PDL	
ANTICONVULSANTS			
EPIDIOLEX (ORAL)	Non-PDL	PDL	Auto-PA
LAMICTAL ODT DOSE PACK (ORAL)	PDL	Non-PDL	
XCOPRI TABLET (ORAL)	NA	PDL	Auto-PA
XCOPRI TITRATION PAK (ORAL)	NA	PDL	Auto-PA
ANTIHISTAMINES, MINIMALLY SEDATING			
QUZYTIR (INTRAVENOUS)	NA	Non-PDL	
ANTIMIGRAINE AGENTS, OTHER			
AJOVY AUTOINJECTOR (SUBCUTANEOUS)	NA	PDL	
ANTIPARKINSON'S AGENTS			
KYNMOBI (SUBLINGUAL)	NA	Non-PDL	
ANTIPSYCHOTICS			
CAPLYTA (ORAL)	NA	Non-PDL	
CLOZARIL (ORAL)	PDL	Non-PDL	
PERSERIS (SUBCUTANEOUS)	PDL	Non-PDL	
VRAYLAR (ORAL)	Non-PDL	PDL	Auto-PA
BONE RESORPTION SUPPRESSION AND RELATED AGENTS			
IBANDRONATE TABLETS (ORAL)	Non-PDL	PDL	
TERIPARATIDE (BRAND) (SUBCUTANEOUS)	NA	Non-PDL	
H. PYLORI TREATMENT			
TALICIA (ORAL)	NA	Non-PDL	
HEPATITIS C TREATMENT COURSE			
HARVONI PELLETT PACK (ORAL) (12 WEEKS)	NA	Non-PDL	
SOVALDI PELLETT PACK (ORAL) (12 WEEKS)	NA	Non-PDL	
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
TRIJARDY XR (ORAL)	NA	Non-PDL	
IMMUNE GLOBULINS			
HIZENTRA SYRINGE (SUBCUTANEOUS)	NA	Non-PDL	
LIPOTROPICS, OTHER			
NEXLIZET (ORAL)	NA	Non-PDL	

MULTIPLE SCLEROSIS AGENTS			
REBIF (SUBCUTANE.)	PDL	Non-PDL	
REBIF REBIDOSE PEN INJCTR (SUBCUTANE.)	PDL	Non-PDL	
ZEPOSIA CAPSULE (ORAL)	NA	Non-PDL	
ZEPOSIA STARTER KIT (ORAL)	NA	Non-PDL	
ZEPOSIA STARTER PACK (ORAL)	NA	Non-PDL	
NEUROPATHIC PAIN			
DULOXETINE (IRENKA) (ORAL)	PDL	Non-PDL	
NSAIDS			
LICART PATCH (TRANSDERMAL)	NA	Non-PDL	
NAPROXEN EC (AG) (ORAL)	PDL	Non-PDL	
NAPROXEN EC (ORAL)	PDL	Non-PDL	
ONCOLOGY, ORAL - BREAST			
IBRANCE TABLET (ORAL)	NA	Non-PDL	
TUKYSA (ORAL)	NA	Non-PDL	
ONCOLOGY, ORAL - LUNG			
RETEVMO (ORAL)	NA	Non-PDL	
TABRECTA (ORAL)	NA	Non-PDL	
ONCOLOGY, ORAL - OTHER			
AYVAKIT (ORAL)	NA	Non-PDL	
KOSELUGO (ORAL)	NA	Non-PDL	
PEMAZYRE (ORAL)	NA	Non-PDL	
QINLOCK (ORAL)	NA	Non-PDL	
TAZVERIK (ORAL)	NA	Non-PDL	
ONCOLOGY, ORAL - PROSTATE			
ABIRATERONE (AG) (ORAL)	Non-PDL	PDL	
ABIRATERONE (ORAL)	Non-PDL	PDL	
NUBEQA (ORAL)	NA	Non-PDL	
ZYTIGA (ORAL)	PDL	Non-PDL	
OPHTHALMICS, ANTI-INFLAMMATORIES			
LOTEMAX DROPS (OPHTHALMIC)	PDL	Non-PDL	
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR			
XIIDRA (OPHTHALMIC)	Non-PDL	PDL	
PROGESTATIONAL AGENTS			
MAKENA SDV (INTRAMUSCULAR)	PDL	Non-PDL	
STEROIDS, TOPICAL HIGH			
HALOG SOLUTION (TOPICAL)	NA	Non-PDL	
UTERINE DISORDER TREATMENTS			
ORIAHNN (ORAL)	NA	PDL	Clinical PA

NA = NOT APPLICABLE (FOR NEW PRODUCTS)