

To: AmeriHealth Caritas Providers

Date: January 11, 2024

Subject: Changes to Preferred Drug List (PDL)

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report on December 8, 2023, for changes to the PDL effective January 1, 2024.

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 December 8, 2023
Florida Pharmaceutical & Therapeutics Committee Meeting
(Changes Effective January 1, 2024)

	PDL Status Before Meeting	PDL Status After Meeting	Comment
ANDROGENIC AGENTS			
ANDROGEL GEL PUMP (TRANSDERMAL)	PDL	Non-PDL	Clinical PA
TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)	Non-PDL	PDL	Clinical PA
TESTOSTERONE PUMP (AXIRON) (TRANSDERMAL)	PDL	Non-PDL	Clinical PA
ANTIBIOTICS, GI			
REBYOTA ENEMA (RECTAL)	NA	Non-PDL	
VOWST CAPSULE (ORAL)	NA	Non-PDL	
ANTICOAGULANTS			
PRADAXA PELLET PACK (ORAL)	NA	Non-PDL	
ANTIHISTAMINES, FIRST GENERATION			
CARBINOXAMINE LIQUID (ORAL)	PDL	Non-PDL	
CLEMASTINE SYRUP (ORAL)	NA	Non-PDL	
CLEMASTINE TABLET (ORAL)	PDL	Non-PDL	
ANTIHYPERURICEMICS			
ALLOPURINOL 200MG (AG) (ORAL)	PDL	Non-PDL	
ANTIVIRALS, TOPICAL			
ACYCLOVIR CREAM (AG) (TOPICAL)	PDL	Non-PDL	
ACYCLOVIR CREAM (TOPICAL)	PDL	Non-PDL	
ZOVIRAX CREAM (TOPICAL)	Non-PDL	PDL	
BRONCHODILATORS, BETA AGONIST			
ARFORMOTEROL (AG) (INHALATION)	Non-PDL	PDL	
ARFORMOTEROL (INHALATION)	Non-PDL	PDL	
CARBAPENEMS, INJECTABLE			
ERTAPENEM (INJECTION)	Non-PDL	PDL	
COPD AGENTS			
TIOTROPIUM (INHALATION)	NA	Non-PDL	
CYTOKINE AND CAM ANTAGONISTS			
ADALIMUMAB-ADAZ KIT (INJECTION) (CF) 100 MG/ML	NA	Non-PDL	
ADALIMUMAB-ADAZ PEN KIT (INJECTION) (CF) 100 MG/ML	NA	Non-PDL	
ADALIMUMAB-FKJP KIT (INJECTION) (CF) 50 MG/ML	NA	Non-PDL	
ADALIMUMAB-FKJP PEN KIT (INJECTION) (CF) 50 MG/ML	NA	Non-PDL	
CYLTEZO KIT (INJECTION) (CF) 50 MG/ML	NA	Non-PDL	
CYLTEZO PEN KIT (INJECTION) (CF) 50 MG/ML	NA	Non-PDL	
HADLIMA KIT (INJECTION) (CF) 100 MG/ML	NA	Non-PDL	
HADLIMA KIT (INJECTION) 50 MG/ML	NA	Non-PDL	
HADLIMA PEN KIT (INJECTION) (CF) 100 MG/ML	NA	Non-PDL	
HADLIMA PEN KIT (INJECTION) 50 MG/ML	NA	Non-PDL	
HULIO KIT (INJECTION) (CF) 50 MG/ML	NA	Non-PDL	
HULIO PEN KIT (INJECTION) (CF) 50 MG/ML	NA	Non-PDL	
HYRIMOZ KIT (INJECTION) (CF) 100 MG/ML	NA	Non-PDL	
HYRIMOZ PEN KIT (INJECTION) (CF) 100 MG/ML	NA	Non-PDL	
IDACIO KIT (INJECTION) (CF) 50 MG/ML	NA	Non-PDL	
IDACIO PEN KIT (INJECTION) (CF) 50 MG/ML	NA	Non-PDL	
YUFLYMA KIT (INJECTION) (CF) 100 MG/ML	NA	Non-PDL	
YUFLYMA PEN KIT (INJECTION) (CF) 100 MG/ML	NA	Non-PDL	
YUSIMRY PEN KIT (INJECTION) (CF) 50 MG/ML	NA	Non-PDL	

	PDL Status Before Meeting	PDL Status After Meeting	Comment
FABRY'S DISEASE			
ELFABRIO (INTRAVENOUS)	NA	Non-PDL	
GI MOTILITY, CHRONIC			
LOTRONEX (ORAL)	PDL	Non-PDL	
LUBIPROSTONE (AG) (ORAL)	Non-PDL	PDL	AutoPA
LUBIPROSTONE (ORAL)	Non-PDL	PDL	AutoPA
RELISTOR SYRINGE (SUBCUTANEOUS)	Non-PDL	PDL	AutoPA
RELISTOR VIAL (SUBCUTANEOUS)	Non-PDL	PDL	AutoPA
GLUCOCORTICOIDS, INHALED			
AIRSUPRA HFA (INHALATION)	NA	Non-PDL	
GROWTH HORMONE			
NGENLA PEN (INJECTION)	NA	PDL	Clinical PA
SOGROYA (SUBCUTANEOUS)	NA	Non-PDL	
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
BYETTA PENS (SUBCUTANEOUS)	PDL	Non-PDL	
GLYXAMBI (ORAL)	Non-PDL	PDL	
KAZANO (ORAL)	Non-PDL	PDL	
NESINA (ORAL)	Non-PDL	PDL	
SAXAGLIPTIN (ORAL)	NA	Non-PDL	
SAXAGLIPTIN/METFORMIN ER (ORAL)	NA	Non-PDL	
SYMLIN PENS (SUBCUTANEOUS)	PDL	Non-PDL	
TRIJARDY XR (ORAL)	Non-PDL	PDL	
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS			
FIASP PUMPCART (SUBCUTANEOUS)	NA	Non-PDL	
REZVOGLAR KWIKPEN (SUBCUTANEOUS)	NA	Non-PDL	
MOVEMENT DISORDERS			
AUSTEDO XR (ORAL)	NA	PDL	AutoPA
AUSTEDO XR TITRATION PACK (ORAL)	NA	Non-PDL	
NITROFURAN DERIVATIVES			
NITROFURANTOIN MONO-MACRO CAPSULES (AG) (ORAL)	NA	PDL	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS			
OLOPATADINE DROPS (PATADAY) (OPHTHALMIC)	PDL	Non-PDL	
OPHTHALMICS, GLAUCOMA AGENTS			
BRIMONIDINE 0.1% (ALPHAGAN P 0.1%) (OPHTHALMIC)	NA	Non-PDL	
DURYSTA IMPLANT (INTRACAMERAL)	NA	Non-PDL	
IYUZEH (OPHTHALMIC)	NA	Non-PDL	
OPIATE DEPENDENCE TREATMENTS			
BRIXADI MONTHLY (SUBCUTANEOUS)	NA	PDL	AutoPA
BRIXADI WEEKLY (SUBCUTANEOUS)	NA	PDL	AutoPA
OPVEE SPRAY (NASAL)	NA	Non-PDL	
PULMONARY ANTIHYPERTENSIVE AGENTS, ORAL AND INHALED			
LIQREV SUSPENSION (ORAL)	NA	Non-PDL	
ORENITRAM TITRATION KIT (ORAL)	NA	Non-PDL	
SILDENAFIL SUSPENSION (AG) (ORAL) (GREENSTONE LLC)	PDL	Non-PDL	
PROTON PUMP INHIBITORS			
DEXILANT (ORAL)	Non-PDL	PDL	
ESOMEPRAZOLE CAPSULES (ORAL)	Non-PDL	PDL	
KONVOMEF (ORAL)	NA	Non-PDL	
LANSOPRAZOLE CAPSULES (ORAL)	Non-PDL	PDL	
ZEGERID (ORAL)	Non-PDL	PDL	

	PDL Status Before Meeting	PDL Status After Meeting	Comment
SEDATIVE HYPNOTICS			
RAMELTEON (ORAL)	Non-PDL	PDL	
ROZEREM (ORAL)	PDL	Non-PDL	
ZOLPIDEM CAPSULE (ORAL)	NA	Non-PDL	
THYROID HORMONES			
ERMEZA SOLUTION (ORAL)	NA	Non-PDL	

NA = NOT APPLICABLE (FOR NEW PRODUCTS)