

To: AmeriHealth Caritas Florida Providers

Date: July 30, 2024

Subject: Changes to Preferred Drug List (PDL)

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report on June 12, 2024, for changes to the PDL effective July 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 call the Provider Services department at **1-800-617-5727**.

From the June 14, 2024
Florida Pharmaceutical & Therapeutics Committee Meeting
(Changes Effective July 1, 2024)

	PDL Status Before Meeting	PDL Status After Meeting	Comment
ANTIHYPERTENSIVES, SYMPATHOLYTICS			
CLONIDINE (AG) (TRANSDERMAL)	NA	PDL	
METHYLDOPA (AG) (ORAL)	NA	Non-PDL	
ANTIPSYCHOTICS			
FANAPT TABLET (ORAL)	PDL	PDL with Auto PA	Auto PA
PALIPERIDONE (ORAL)	Non-PDL	PDL	
REXULTI (ORAL)	Non-PDL	PDL	Auto PA
RISPERIDONE (INTRAMUSCULAR)	NA	Non-PDL	
RYKINDO (INTRAMUSCULAR)	NA	Non-PDL	
COLONY STIMULATING FACTORS			
UDENYCA ONBODY (SUBCUTANEOUS)	NA	Non-PDL	
CYTOKINE AND CAM ANTAGONISTS			
LITFULO CAPSULE (ORAL)	NA	Non-PDL	
ZYMFENTRA PEN (SUBCUTANEOUS)	NA	Non-PDL	
ZYMFENTRA SYRINGE (SUBCUTANEOUS)	NA	Non-PDL	
ESTROGEN AGENTS, ORAL/TRANSDERMAL			
CLIMARA ONCE WEEKLY (TRANSDERMAL)	Non-PDL	PDL	
ELESTRIN GEL (TRANSDERMAL)	Non-PDL	PDL	
ESTRADIOL ONCE WEEKLY (TRANSDERMAL)	PDL	Non-PDL	
MINIVELLE TWICE WEEKLY (TRANSDERMAL)	Non-PDL	PDL	
VEOZAH (ORAL)	NA	Non-PDL	
GI MOTILITY, CHRONIC			
ALOSETRON (AG) (ORAL)	PDL	Non-PDL	
ALOSETRON (ORAL)	PDL	Non-PDL	
AMITIZA (ORAL)	PDL	Non-PDL	
GLUCOCORTICOIDS, INJECTABLE			
KENALOG-80 (INJECTION)	NA	Non-PDL	
GLUCOCORTICOIDS, ORAL			
EOHILIA SUSPENSION PACKET (ORAL)	NA	Non-PDL	
GROWTH HORMONE			
SKYTROFA CARTRIDGE (SUBCUTANEOUS)	Non-PDL	PDL	Clinical PA
SOGROYA (SUBCUTANEOUS)	Non-PDL	PDL	Clinical PA

	PDL Status Before Meeting	PDL Status After Meeting	Comment
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
KAZANO (ORAL)	PDL	Non-PDL	
KOMBIGLYZE XR (ORAL)	PDL	Non-PDL	
NESINA (ORAL)	PDL	Non-PDL	
ONGLYZA (ORAL)	PDL	Non-PDL	
SITAGLIPTIN (ZITUVIO) (AG) (ORAL)	NA	Non-PDL	
ZITUVIO (ORAL)	NA	Non-PDL	
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS			
INSULIN GLARGINE MAX PEN (TOUJEO MAX) (SUBCUTANEOUS)	NA	Non-PDL	
INSULIN GLARGINE PEN (TOUJEO) (SUBCUTANEOUS)	NA	Non-PDL	
TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)	Non-PDL	PDL	Clinical PA
TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)	Non-PDL	PDL	Clinical PA
HYPOGLYCEMICS, METFORMINS			
METFORMIN 625 MG (ORAL)	PDL	Non-PDL	
HYPOGLYCEMICS, SGLT2			
DAPAGLIFLOZIN (AG) (ORAL)	NA	Non-PDL	
DAPAGLIFLOZIN-METFORMIN ER (AG) (ORAL)	NA	Non-PDL	
INVOKAMET (ORAL)	PDL	Non-PDL	
INVOKANA (ORAL)	PDL	Non-PDL	
SYNJARDY XR (ORAL)	Non-PDL	PDL	
IMMUNOMODULATORS, ASTHMA			
TEZSPIRE PEN (SUBCUTANEOUS)	NA	PDL	Clinical PA
TEZSPIRE SYRINGE (SUBCUTANEOUS)	Non-PDL	PDL	Clinical PA
IMMUNOMODULATORS, ATOPIC DERMATITIS			
ADBRY (SUBCUTANEOUS)	Non-PDL	PDL	Clinical PA
PIMECROLIMUS (AG) (TOPICAL)	Non-PDL	PDL	
ZORYVE FOAM (TOPICAL)	NA	Non-PDL	
ONCOLOGY, INJECTABLE			
ADSTILADRIN (INTRAVESICAL)	NA	Non-PDL	
COLUMVI (INTRAVENOUS)	NA	Non-PDL	
ELREXFIO (SUBCUTANEOUS)	NA	Non-PDL	
EPKINLY (SUBCUTANEOUS)	NA	Non-PDL	
KEYTRUDA (INTRAVENOUS)	PDL	Non-PDL	
LOQTORZI (INTRAVENOUS)	NA	Non-PDL	
PEMRYDI (INTRAVENOUS)	NA	Non-PDL	
TALVEY (SUBCUTANEOUS)	NA	Non-PDL	
VEGZELMA (INTRAVENOUS)	NA	Non-PDL	
VIVIMUSTA (INTRAVENOUS)	NA	Non-PDL	

	PDL Status Before Meeting	PDL Status After Meeting	Comment
OPHTHALMICS, GLAUCOMA AGENTS			
IDOSE IMPLANT (INTRAOCULAR)	NA	Non-PDL	
OPIATE DEPENDENCE TREATMENTS			
BRIXADI MONTHLY (SUBCUTANEOUS)	PDL with Auto PA	PDL	Remove Auto PA
BRIXADI WEEKLY (SUBCUTANEOUS)	PDL with Auto PA	PDL	Remove Auto PA
BUPRENORPHINE HCL (SUBLINGUAL)	PDL with Auto PA	PDL	Remove Auto PA
BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)	PDL with Auto PA	PDL	Remove Auto PA
NALOXONE SPRAY (AG) (NASAL)	Non-PDL	PDL	
NALOXONE SPRAY (NASAL)	Non-PDL	PDL	
SUBLOCADE (SUBCUTANEOUS)	PDL with Auto PA	PDL	Remove Auto PA
SUBOXONE FILM (SUBLINGUAL)	PDL with Auto PA	PDL	Remove Auto PA
VIVITROL (INTRAMUSCULAR)	PDL with Auto PA	PDL	Remove Auto PA
ZUBSOLV (SUBLINGUAL)	PDL with Auto PA	PDL	Remove Auto PA
PAH AGENTS, ORAL AND INHALED			
OPSYNVI TABLET (ORAL)	NA	Non-PDL	
SILDENAFIL SUSPENSION (AG) (ORAL)	Non-PDL	PDL	
PITUITARY SUPPRESSIVE AGENTS, LHRH			
LEUPROLIDE DEPOT (AG) 3-MONTH (INTRAMUSCULAR)	Non-PDL	PDL	Auto PA
LUPRON DEPOT-PED 6-MONTH (INJECTION)	PDL	Non-PDL	
TRELSTAR (INTRAMUSCULAR)	Non-PDL	PDL	Auto PA
TRIPTODUR KIT 6-MONTH (INTRAMUSCULAR)	PDL	Non-PDL	
ROSACEA AGENTS, TOPICAL			
METRONIDAZOLE GEL PUMP (AG) (TOPICAL)	PDL	Non-PDL	
SICKLE CELL ANEMIA TREATMENTS			
CASGEVY (INTRAVENOUS)	NA	Non-PDL	
LYFGENIA (INTRAVENOUS)	NA	PDL	Clinical PA

	PDL Status Before Meeting	PDL Status After Meeting	Comment
STIMULANTS AND RELATED AGENTS			
ADDERALL XR (ORAL)	PDL	Non-PDL	
AMPHETAMINE SALT COMBO ER (AG) (ORAL)	Non-PDL	PDL	
AMPHETAMINE SALT COMBO ER (MYDAYIS) (ORAL)	NA	Non-PDL	
AMPHETAMINE SALT COMBO ER (ORAL)	Non-PDL	PDL	
ARMODAFINIL (AG) (ORAL)	Non-PDL	PDL	Auto PA
ARMODAFINIL (ORAL)	Non-PDL	PDL	Auto PA
CLONIDINE ER (ORAL)	Non-PDL	PDL	
LISDEXAMFETAMINE CAPSULE (ORAL)	NA	Non-PDL	
LISDEXAMFETAMINE CHEWABLE TABLET (ORAL)	NA	Non-PDL	
METHYLPHENIDATE ER (CONCERTA) (ORAL)	Non-PDL	PDL	
METHYLPHENIDATE PATCH TD24 (AG) (TRANSDERMAL)	NA	Non-PDL	
QELBREE (ORAL)	Non-PDL	PDL	Auto PA
UREA CYCLE DISORDERS, ORAL			
OLPRUVA (ORAL)	NA	Non-PDL	
PHEBURANE (ORAL)	NA	PDL	Clinical PA

NA = NOT APPLICABLE (FOR NEW PRODUCTS)