

Quarterly pharmacy formulary change notice

Summary

The formulary changes listed in the table below were reviewed and approved at our first quarter 2023 Pharmacy and Therapeutics Committee meeting.

Effective August 1, 2023, the changes outlined below apply to all Florida Healthy Kids members enrolled with Simply Healthcare Plans, Inc. Please remember to read the footnotes at the end of the table.

Effective for all patients on August 1, 2023			
Therapeutic class	Drug	Revised status	Potential alternatives
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	HUMIRA 10/0.1ML INJ	NON-PREFERRED	AMJEVITA INJ (PA REQUIRED)
ORAL GLUCOCORTICOSTEROIDS	MILLIPRED 5MG	NON-PREFERRED	PREDNISOLONE ODT TABLET METHYLPREDNISOLONE TABLET PREDNISONE TABLET PREDNISOLONE SOLUTION PREDNISONE SOLUTION
OVER THE COUNTER AGENTS	(GENERIC) BROMPHENIRAMINE & PHENYLEPHRINE ELIXIR CAPSAICIN CREAM CHLORPHENIRAMINEIRAMINE & PHENYLEPHRINERINE LIQUID CHLORPHENIRAMINEIRAMINE & PHENYLEPHRINERINE TABLET CHLORPHENIRAMINEIRAMINE & PSEUDOEPHEDRINE TABLET CHLORPHENIRAMINEIRAMINE-DM LIQUID CHLORPHENIRAMINEIRAMINE-DM TABLET DEXBROMPHENIRAMINE- PHENYLEPHRINERINE TABLET DEXTROMETHORPHAN-GUAIFENESIN CAPSULE DEXTROMETHORPHAN-GUAIFENESIN LIQUID DEXTROMETHORPHAN-GUAIFENESIN TABLET	PREFERRED	N/A

<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.
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	<p> DEXTROMETHORPHAN-GUAIFENESIN TABLET ER DIPHENHYDRAMINE- PHENYLEPHRINERINE LIQUID DIPHENHYDRAMINE- PHENYLEPHRINERINE SOLUTION DIPHENHYDRAMINE- PHENYLEPHRINERINE TABLET DIPHENHYDRAMINE-ZINC ACETATE CREAM DIPHENHYDRAMINE-ZINC ACETATE LIQUID DOCUSATE SODIUM ENEMA DOXYLAMINE-DM LIQUID DOXYLAMINE-PHENYLEPHRINERINE TABLET EPHEDRINE-GUAIFENESIN TABLET GUAIFENESIN TABLET ER LIDOCAINE (ANORECTAL) GEL LIDOCAINE (ANORECTAL) SUPP MENTHOL (TOPICAL ANALGESIC) GEL MENTHOL (TOPICAL ANALGESIC) LIQUID MENTHOL-METHYL SALICYLATE CREAM MENTHOL-METHYL SALICYLATE OINTMENT MENTHOL-METHYL SALICYLATE STICK OXYMETAZOLINE HCL SOLUTION PHENYLEPHRINERINE HCL SOLUTION PHENYLEPHRINERINE HCL TABLET PHENYLEPHRINERINE W/ DM- GUAIFENESIN LIQUID PHENYLEPHRINERINE W/ DM- GUAIFENESIN SYRUP PHENYLEPHRINERINE W/ DM- GUAIFENESIN TABLET PHENYLEPHRINERINE- BROMPHENIRAMINE-DM LIQUID PHENYLEPHRINERINE- CHLORPHENIRAMINE-DM LIQUID PHENYLEPHRINERINE-DM SOLUTION PHENYLEPHRINERINE-GUAIFENESIN LIQUID PHENYLEPHRINERINE-GUAIFENESIN TABLET PHENYLEPHRINERINE-IBUPROFEN TABLET PSEUDOEPHEDRINEED-BROMPHEN-DM SYRUP PSEUDOEPHEDRINEEDRINE HCL TABLET </p>	<p>PREFERRED</p>	<p>N/A</p>
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	PSEUDOEPHEDRINE/DRINE W/ DM-GUAIFENESIN LIQUID PSEUDOEPHEDRINE/DRINE-DEXCHLORPHENIRAMINE/IRAMINE-DEXTROMETHORPHAN LIQUID PSEUDOEPHEDRINE/DRINE-GUAIFENESIN SYRUP PSEUDOEPHEDRINE/DRINE-GUAIFENESIN TABLET PSEUDOEPHEDRINE/DRINE-GUAIFENESIN TABLET ER PSYLLIUM POWDER WHEAT DEXTRIN POWDER	PREFERRED	N/A
OVER THE COUNTER AGENTS	HYDROCODONE POLISTIREX-CHLORPHENIRAMINE POLISTIREX 10-8/5ML SUSPENSION ALLEGRA-D 24 HOUR TABLET BENADRYL ITCH GEL 2% CLARINEX-D 2.5-120 MG TABLET CLARITIN-D 5-120MG TABLET COLACE CLEAR 50MG CAPSULE DOCUSATE MINI ENENMA 283MG ICY HOT PAD 5% ITCH ERASER SPRAY 2% KONSYL DAILY POW 100% LIDOCAINE CREAM 5% PHOS-NAK POWDER CONCENTRATE PROMETH VC 6.25-5/5 SYRUP PROMETH VC/CODEINE SYRUP ZOSTRIX HP CREAM 0.1%	NOT COVERED	GENERIC OTC COUGH AND COLD AGENTS FEXOFENADINE- PSEUDOEPHEDRINE LORATADINE- PSEUDOEPHEDRINE XYZAL DOCUSATE SODIUM ENEMA MENTHOL GEL LIDOCAINE GEL
UM edits – effective for all members no later than May 1, 2023 <i>No changes in preferred/non-preferred status revision or addition to UM edit only</i>			
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	TEZSPIRE SOL 210MG	UPDATE QL 1 PEN/SYRINGE/VIAL PER 28 DAYS	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	AIRSUPRA INHALER	ADD PA AND QL 3 INHALERS PER 30 DAYS	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ARMONAIR DIGIHALER 30 MCG	ADD QL 1 INHALER PER 30 DAYS	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	NUCALA 40MG/0.4 INJ	ADD QL 40 MG (1 SYRINGE) EVERY 4 WEEKS	
ANTIDEPRESSANTS	DULOXETINE 20MG CAPSULE	UPDATE QL 6 CAPSULES PER DAY	
ANTIDEPRESSANTS	DULOXETINE 30MG CAPSULE	UPDATE QL 4 CAPSULE PER DAY AND CHANGE FROM DO TO QL	
ANTIDEPRESSANTS	VENLAFAXINE ER 37.5 TABLET	UPDATE QL 6 TABLET/CAPSULE PER DAY AND CHANGE FROM DO TO QL	
ANTIDEPRESSANTS	VENLAFAXINE ER 75MG TABLET	UPDATE QL	

		3 TABLET/CAPSULE PER DAY AND CHANGE FROM DO TO QL
ANTIDIABETICS*	BRENZAVVY 20 MG TABLET	ADD ST AND QL 1 TABLET PER DAY
ANTIDIABETICS	LYUMJEV TEMPO INJ 100/ML INJ HUMALOG TEMPO INJ 100/ML INJ BASAGLAR TEMPO INJ	ADD ST
ANTIDIABETICS	TEMPO REFILL KIT	2 KITS PER 30 DAYS
ANTIDIABETICS	TEMPO SMART BUTTON	1 SMART BUTTON EVERY 8 MONTHS
ANTIFUNGALS	POSACONAZOLE DR 100MG TABLET	UPDATE QL 93 TABLETS PER 30
ANTIFUNGALS	VIVJOA 150MG CAPSULE	UPDATE QL 18 CAPSULES (1 CARTON) PER 4 MONTHS
ANTIFUNGALS	VFEND 50MG TABLET	ADD QL 6 TABLETS PER DAY
ANTIFUNGALS	VFEND 200MG TABLET	ADD QL 2 TABLETS PER DAY
ANTIFUNGALS	VFEND 40MG/ML ORAL SUSPENSION	ADD QL 10 ML PER DAY
ANTIFUNGALS	NOXAFIL PAK 300MG	REMOVE QL
ANTIHYPERLIPIDEMICS	EZETIMIBE/ATORVASTATIN 10MG/20MG	ADD ST AND QL 1 PER DAY
ANTIHYPERLIPIDEMICS	EZETIMIBE/ATORVASTATIN 10MG/10MG EZETIMIBE/ATORVASTATIN 10MG/40MG EZETIMIBE/ATORVASTATIN 10MG/80MG	ADD QL 1 PER DAY
ANTIHYPERLIPIDEMICS	ATORVALIQ 20MG/5ML SUSPENSION	ADD ST AND QL 20 ML PER DAY
ANTI-INFECTIVE AGENTS - MISC.	NITROFURANTOIN MONOHYDRATE MACROCRYSTALS 100 MG CAPSULE NITROFURANTOIN MACROCRYSTALS 25 MG, 50 MG, 100 MG CAPSULE NITROFURANTOIN 25MG/5ML SUSPENSION FOSFOMYCIN 3GM POWDER CLEOCIN (CLINDAMYCIN) 150 MG/ML INJECTION CLEOCIN (CLINDAMYCIN) 75 MG CAPSULE CLEOCIN (CLINDAMYCIN) 150 MG CAPSULE CLEOCIN (CLINDAMYCIN) 300 MG CAPSULE	REMOVE QL

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	VIVIMUSTA 100/4ML INJ	ADD PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	CALQUENCE 100MG TABLET CALQUENCE 100MG CAPSULE	ADD QL 2 PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*	ADSTILADRIN INJ	ADD PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	KRAZATI 200MG TABLET	ADD PA AND QL 6 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	JAYPIRCA 50MG TABLET JAYPIRCA 100MG TABLET	ADD PA AND QL 50 MG: 1 TABLET PER DAY 100MG: 2 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	LUNSUMIO 30MG/30 INJ	ADD PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ORSERDU 86MG TABLET ORSERDU 345MG TABLET	ADD PA AND QL 86 MG: 3 TABLETS PER DAY 345 MG: 1 TABLET PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TURALIO 125MG CAPSULE	ADD QL 4 CAPSULES PER DAY
ANTIPSYCHOTICS/ANTIMANIC AGENTS*	RYKINDO ER INJ	ADD PA AND QL 2 INJ PER 28 DAYS
ANTIPSYCHOTICS/ANTIMANIC AGENTS	ABILIFY MYCITE 2 MG, 5 MG, 10 MG, 15 MG TABLET WITH SENSOR MAINTENACE KIT	ADD DOSE OP 1 TABLET PER DAY
ANTIPSYCHOTICS/ANTIMANIC AGENTS	ABILIFY MYCITE 20 MG, 30 MG TABLET WITH SENSOR MAINTENACE KIT	ADD QL 1 TABLET PER DAY
ANTIPSYCHOTICS/ANTIMANIC AGENTS	ABILIFY MYCITE 2 MG, 5 MG, 10 MG, 15 MG, 20 MG, 30 MG TABLETS WITH SENSOR AND POD STARTER KIT	ADD QL 2 KITS PER YEAR
ANTIPSYCHOTICS/ANTIMANIC AGENTS	QUETIAPINE 200MG TABLET	UPDATE QL TO DO 3 TABLETS PER DAY
ANTIPSYCHOTICS/ANTIMANIC AGENTS	QUETIAPINE 150MG TABLET	ADD QL 5 TABLETS PER DAY
ANTIPSYCHOTICS/ANTIMANIC AGENTS	FLUPHENAZINE 5MG TABLET	UPDATE QL TO DO 4 TABLETS PER DAY
ANTIPSYCHOTICS/ANTIMANIC AGENTS	CAPLYTA 10.5MG CAPSULE CAPLYTA 21MG CAPSULE	ADD DO 1 PER DAY
ANTIPSYCHOTICS/ANTIMANIC AGENTS	HALOPERIDOL 2MG/ML ORAL CONCENTRATE SOLUTION	ADD QL 30 ML PER DAY
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	IDACIO 40 MG/0.8 ML PREFILLED PEN/SYRINGE	ADD QL 2 PENS/SYRINGES PER 28 DAYSB
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	IDACIO CROHN'S DISEASE/ULCERATIVE COLITIS STARTER PACK 40 MG/0.8 ML PREFILLED PEN IDACIO PSORIASIS STARTER PACK 40 MG/0.8 ML PREFILLED PEN	ADD QL 1 PACK (28 DAY SUPPLY, ONE TIME FILL)
ANTIVIRALS	SUNLENCA INJ	ADD PA AND QL 2 VIALS EVERY 24 WEEKS
ANTIVIRALS	SUNLENCA 300MG TABLET	ADD QL 1 PACK (4 TABLETS) PER FILL

		1 PACK (5 TABLETS) PER FILL
BARBITURATE HYPNOTICS	PHENOBARBITAL 15 MG	UPDATE DO 4 TABLETS PER DAY
BARBITURATE HYPNOTICS	PHENOBARBITAL 16.2 MG	UPDATE DO 7 TABLETS PER DAY
BARBITURATE HYPNOTICS	PHENOBARBITAL 30 MG	UPDATE DO 4 TABLETS PER DAY
BARBITURATE HYPNOTICS	PHENOBARBITAL 32.4 MG	UPDATE DO 7 TABLETS PER DAY
BARBITURATE HYPNOTICS	PHENOBARBITAL 60 MG	UPDATE QL 4 TABLETS PER DAY
BARBITURATE HYPNOTICS	PHENOBARBITAL 64.8 MG	UPDATE QL 4 TABLETS PER DAY
BARBITURATE HYPNOTICS	PHENOBARBITAL 97.2 MG	UPDATE QL 4 TABLETS PER DAY
BETA BLOCKERS	KAPSPARGO 25MG CAPSULE	UPDATE QL 16 CAPSULES PER DAY AND CHANGE FROM DO TO QL
BETA BLOCKERS	KAPSPARGO 50MG CAPSULE	UPDATE QL 8 CAPSULES PER DAY AND CHANGE FROM DO TO QL
BETA BLOCKERS	KAPSPARGO 100MG CAPSULE	UPDATE QL 4 CAPSULES PER DAY AND CHANGE FROM DO TO QL
BETA BLOCKERS	METOPROLOL TARTRATE 25 MG TABLET METOPROLOL SUCCINATE ER 25 MG	UPDATE QL 16 TABLETS PER DAY AND CHANGE FROM DO TO QL
BETA BLOCKERS	METOPROLOL TARTRATE 37.5 MG TABLET	UPDATE QL 10 TABLETS PER DAY AND CHANGE FROM DO TO QL
BETA BLOCKERS	METOPROLOL TARTRATE 50 MG TABLET METOPROLOL SUCCINATE ER 50 MG TABLET	UPDATE QL 8 TABLETS PER DAY AND CHANGE FROM DO TO QL
BETA BLOCKERS	METOPROLOL TARTRATE 75 MG TABLET	UPDATE QL 5 TABLETS PER DAY AND CHANGE FROM DO TO QL
BETA BLOCKERS	METOPROLOL SUCCINATE ER 100 MG TABLET	UPDATE QL 4 TABLETS PER DAY AND CHANGE FROM DO TO QL
CARDIOVASCULAR AGENTS - MISC.	TADLIQ 20MG/5ML ORAL SUSPENSION	ADD PA AND QL 10 ML PER DAY
CEPHALOSPORINS	CEFDINIR 125/5ML SUSPENSION CEFDINIR 250/5ML SUSPENSION CEFDINIR 300MG CAPSULE SUPRAX 100MG CHW SUPRAX 200MG CHW SUPRAX 400MG CAPSULE CEFIXIME 100/5ML SUSPENSION CEFIXIME 200/5ML SUSPENSION	REMOVE QL

	SUPRAX 500/5ML SUSPENSION	
COUGH/COLD/ALLERGY	DEXTROMETHORPHAN 15 MG CAPSULES DEXTROMETHORPHAN 30 MG/5 ML ORAL SUSPENSION DEXTROMETHORPHAN 15 MG/5 ML ORAL SOLUTION/SUSP/SYRUP DEXTROMETHORPHAN 12.5 MG/5 ML ORAL LIQUID DEXTROMETHORPHAN 10 MG/5 ML ORAL LIQUID DEXTROMETHORPHAN 7.5 MG/5 ML ORAL SOLUTION/SUSP/SYRUP DEXTROMETHORPHAN 7.5 MG ORAL STRIP/CHEW TABLET DEXTROMETHORPHAN 5 MG LOZENGE DEXTROMETHORPHAN/GUAIFENESIN 20 MG/400 MG/5 ML LIQUID GUAIFENESIN 200 MG TABLET GUAIFENESIN 400 MG TABLET GUAIFENESIN ER TABLET 600 MG GUAIFENESIN ER TABLET 1200 MG GUAIFENESIN 100 MG/5 ML LIQUID GUAIFENESIN 150 MG/15 ML LIQUID GUAIFENESIN 200 MG/5 ML LIQUID DEXTROMETHORPHAN/GUAIFENESIN SYRUP/SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SYRUP PROMETHAZINE/PHENYLEPHRINE SYRUP 6.25-5 MG/5 ML PSEUDOEPHEDRINE ER TABLET 12 HOUR 120 MG PSEUDOEPHEDRINE ER TABLET 24 HOUR 240 MG PSEUDOEPHEDRINE 30 MG TABLET PSEUDOEPHEDRINE 60MG TABLET PSEUDOEPHEDRINE ORAL SOLUTION 15 MG/5 ML, 30 MG/5 ML	REMOVE QL
DERMATOLOGICALS	NEXOBRID 8.8% GEL	ADD PA AND QL 440 GRAMS PER 2 DAYS
DERMATOLOGICALS	KLISYRI 1% OINTMENT	UPDATE QL 5 PACKETS PER FILL;1 FILL PER YEAR
DERMATOLOGICALS	ACITRETIN 25MG CAPSULE	ADD QL 2 CAPSULES PER DAY
DERMATOLOGICALS	ACITRETIN 10MG CAPSULE ACITRETIN 17.5MG CAPSULE	ADD QL 1 CAPSULE PER DAY
DIGESTIVE AIDS	SUCRAID 8500/ML ORAL SOLUTION	UPDATE QL 360 ML PER 30 DAYS

DIGESTIVE AIDS	SUCRAID 17,000/2ML SINGLE USE CONTAINER	UDPATE QL 360 ML PER 30 DAYS
ENDOCRINE AND METABOLIC AGENTS - MISC.	LAMZEDE 10MG INJ	ADD PA
FLUOROQUINOLONES	BAXDELA 450 MG TABLET MOXIFLOXACIN 400 MG TABLET CIPRO 100 MG, 250 MG, 500 MG, 750 MG TABLET CIPRO 10% (500 MG/5 ML, 100 ML BOTTLE) ORAL SUSPENSION CIPRO 5% (250 MG/5 ML, 100 ML BOTTLE) ORAL SUSPENSION LEVOFLOXACIN 250 MG, 500 MG, 750 MG TABLET LEVOFLOXACIN 25 MG/ML (100 ML, 200 ML, AND 480 ML BOTTLE) ORAL SOLUTION OFLOXACIN 300 MG, 400 MG TABLET	REMOVE QL
GASTROINTESTINAL AGENTS - MISC.	REBYOTA FECAL SUSPENSION	ADD PA AND QL ONE 150 ML DOSE, ONE TIME
GENITOURINARY AGENTS – MISC.	FILSPARI 200MG TABLET FILSPARI 400MG TABLET	ADD PA AND QL 1 TABLET PER DAY
HEMATOLOGICAL AGENTS - MISC.	SOLIRIS 300 MG/30 ML VIAL	ADD QL 8 VIALS PER 28 DAYS
HEMATOLOGICAL AGENTS - MISC.*	JESDUVROQ TABLET	ADD PA AND QL 1MG, 2MG, 4MG TABLET: 1 PER DAY 6MG TABLET: 2 PER DAY 8MG TABLET: 3 PER DAY
HEMATOLOGICAL AGENTS - MISC.	TAKHZYRO 300/2ML INJ TAKHZYRO 150MG/ML INJ	ADD QL 1 SYRINGE/VIAL PER 28 DAYS
LAXATIVES	CLENPIQ SOLUTION	UPDATE QL 350 ML PER 30 DAYS
MACROLIDES	ZITHROMAX TABLETS AND Z-PAK 250 MG ZITHROMAX TABLETS AND TRI-PAK 500 MG AZITHROMYCIN 600 MG TABLETS ZITHROMAX 1G POWDER PACKETS ZITHROMAX SUSPENSION 100 MG/5 ML (15 ML BOTTLE) ZITHROMAX SUSPENSION 200 MG/5 ML (15 ML BOTTLE) ZITHROMAX SUSPENSION 200 MG/5 ML (22.5 ML BOTTLE) ZITHROMAX SUSPENSION 200 MG/5 ML (30 ML BOTTLE) CLARITHROMYCIN 250 MG, 500 MG	REMOVE QL

	CLARITHROMYCIN GRANULES FOR SUSPENSION 125 MG/5 ML, 250 MG/5 ML	
METABOLIC MODIFIERS*	OLPRUYA POWDER PACKET	ADD QL 1 KIT (90 DOSAGE ENVELOPES) PER 30 DAYS
MISCELLANEOUS THERAPEUTIC CLASSES	JOENJA 70MG TABLET	ADD PA AND QL 2 TABLETS PER DAY
MISCELLANEOUS THERAPEUTIC CLASSES	VIJOICE 50MG TABLET VIJOICE 125MG TABLET	UPDATE QL 28 TABLETS PER 28 DAYS
MISCELLANEOUS THERAPEUTIC CLASSES	VIJOICE 250MG TABLET	ADD QL 56 TABLETS PER 28 DAYS
NEUROMUSCULAR AGENTS	SKYCLARYS 50MG CAPSULE	ADD PA AND QL 3 CAPSULES PER DAY
NEUROMUSCULAR AGENTS	DAYBUE 200MG/ML SOLUTION	ADD PA AND QL 120 ML PER DAY (60 ML TWICE DAILY)
OPHTHALMIC AGENTS	SYFOVRE 15/0.1ML INJ	ADD PA
OPHTHALMIC AGENTS	ALPHAGAN P SOL 0.1% ALPHAGAN P SOL 0.15% BRIMONIDINE SOL 0.2%	UPDATE QL 30 ML PER 30 DAYS
OPHTHALMIC AGENTS	TIMOLOL MAL SOL 0.25% OP TIMOPTIC SOL 0.5% OP	UPDATE QL 20 ML PER 30 DAYS
OPHTHALMIC AGENTS	TRAVATAN Z DROP 0.004%	UPDATE QL 10 ML PER 30 DAYS
OPHTHALMIC AGENTS	VYZULTA SOL 0.024%	UPDATE QL 5 ML PER 30 DAYS
OPHTHALMIC AGENTS	LATANOPROST SOL 0.005% XELPROS EMU 0.005%	UPDATE QL 5 ML PER 30 DAYS
PENICILLINS	AMOXICILLIN 125 MG/5 ML, 200 MG/5 ML, 250 MG/5 ML, 400 MG/5 ML SUSPENSION AMOXICILLIN/CLAVULANATE POTASSIUM 1,000 MG/62.5 MG 12HR TABLET	REMOVE QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	TASCENSO ODT TAB 0.5MG	ADD QL 1 TABLET PER DAY
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	BRIUMVI 150/6ML INJ	ADD PA AND QL 3 VIALS EVERY 24 WEEKS
VAGINAL AND RELATED PRODUCTS	XACIATO GEL 2%	ADD PA 1 APPLICATOR (5 GRAMS OF GEL CONTAINING 100 MG CLINDAMYCIN) PER FILL, 1 FILL PER 30 DAYS

* This change will be implemented once the medication is on the market.

What action do I need to take?

Please review these changes and work with your patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you will need to obtain prior authorization (PA) to continue coverage beyond the applicable effective date.

What if I need assistance?

We recognize the unique aspects of patients' cases. If, for medical reasons, your patient cannot be converted to a formulary alternative, call our Pharmacy Department at **844-405-4296** and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website simplyhealthcareplans.com/provider.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **844-405-4296**.



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3Cm6b8s>).

