

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at the Agency for Health Care Administration’s June 2021 Pharmacy and Therapeutics Committee meeting.

Effective July 1, 2021, and July 15, 2021, the changes outlined below apply to all members enrolled with Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

Effective for all FL MMA patients on July 1, 2021		
Therapeutic class	Drug	Revised status
ANTIEMETIC/ANTIVERTIGO AGENTS	GIMOTI (NASAL)	Non-PDL
ANTIFUNGALS, TOPICAL	TRIAMAZOLE KIT (TOPICAL) TRILOCICLO KIT (TOPICAL)	Non-PDL
ANTIFUNGALS, VAGINAL	GYNAZOLE 1 (VAGINAL) MICONAZOLE 3 (VAGINAL)	Non-PDL
ANTIMIGRAINE AGENTS, OTHER	AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)	PDL
ANXIOLYTICS	CLORAZEPATE (ORAL)	Non-PDL
BLADDER RELAXANT PREPARATIONS	GEMTESA (ORAL) VESICARE LS (ORAL)	Non-PDL
CEPHALOSPORINS AND RELATED ANTIBIOTICS	CEFIXIME CAPSULE (AG) (ORAL) CEFIXIME CAPSULE (ORAL)	Non-PDL
CYTOKINE AND CAM ANTAGONISTS	XELJANZ SOLUTION (ORAL)	PDL
ENZYME INHIBITORS, SYSTEMIC	ZOKINVY (ORAL)	Non-PDL
ERYTHROPOIESIS STIMULATING PROTEINS	EPOGEN (INJECTION)	Non-PDL
ERYTHROPOIESIS STIMULATING PROTEINS	RETACRIT (INJECTION)	PDL
ESTROGEN AGENTS, ORAL/TRANSDERMAL	CLIMARA (TRANSDERM.) VIVELLE-DOT (TRANSDERM)	PDL
GLUCOCORTICOIDS, ORAL	ALKINDI SPRINKLE (ORAL) HEMADY (ORAL) ORTIKOS CAPSULE ER (ORAL)	Non-PDL

<https://provider.simplyhealthcareplans.com>

<https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

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Therapeutic class	Drug	Revised status
HYPOGLYCEMICS, METFORMINS	METFORMIN ER (GLUMETZA) (ORAL)	Non-PDL
IMMUNOSUPPRESSIVES, ORAL	CELLCEPT SUSPENSION (ORAL) EVEROLIMUS TABLET (ZORTRESS) (ORAL) RAPAMUNE TABLET (ORAL)	PDL
IMMUNOSUPPRESSIVES, ORAL	MYCOPHENOLATE MOFETIL SUSPENSION (ORAL) SIROLIMUS TABLET (AG) (ORAL) SIROLIMUS TABLET (ORAL)	Non-PDL
LIPOTROPICS, OTHER	FENOFIBRATE CAPSULE (LOFIBRA) (ORAL) FENOFIBRATE TABLET (LOFIBRA) (ORAL) OMEGA-3 ACID ETHYL ESTERS (ORAL)	PDL
LIPOTROPICS, OTHER	EVKEEZA (INTRAVEN) ICOSAPENT ETHYL (ORAL)	Non-PDL
MULTIPLE SCLEROSIS AGENTS	PLEGRIDY (INTRAMUSC.)	Non-PDL
NSAIDS	CLOFENAX KIT (TOPICAL) VENNGEL ONE KIT (TOPICAL)	Non-PDL
ONCOLOGY, INJECTABLE	BLENREP (INTRAVEN) DANYELZA (INTRAVEN) DARZALEX FASPRO (SUBCUT) HERZUMA (INTRAVEN) JELMYTO (URETHRAL) MONJUVI (INTRAVENOUS) ONTRUZANT (INTRAVENOUS) PEPAXTO (INTRAVEN) PHESGO (SUBCUTANEOUS) RIABNI (INTRAVEN) ROMIDEPSIN VIAL (INTRAVENOUS) RUXIENCE (INTRAVEN) TECARTUS (INTRAVEN) TRODELVY (INTRAVENOUS) ZEPZELCA (INTRAVEN)	Non-PDL
POTASSIUM BINDERS	LOKELMA (ORAL)	PDL
PRENATAL VITAMINS	PNV COMBO#47/IRON/FA #1/DHA (ORAL) PRENATE ENHANCE (ORAL) VITAFOL FE+ (ORAL)	PDL
PRENATAL VITAMINS	PNV53/IRON B-G HCL- P/FA/OMEGA3 (ORAL)	Non-PDL
ROSACEA AGENTS, TOPICAL	ZILXI (TOPICAL)	Non-PDL

Therapeutic class	Drug	Revised status
SEDATIVE HYPNOTICS	HETLIOZ LQ (ORAL)	Non-PDL
STIMULANTS AND RELATED AGENTS	APTENSIO XR (ORAL) VYVANSE CHEWABLE TABLET (ORAL)	Non-PDL

Effective for all FL MMA patients on July 15,2021		
Therapeutic class	Drug	Revised status
DIABETIC SUPPLIES	RELION TRUOMETRIX TEST STRIPS	PDL
DIABETIC SUPPLIES	RELION TRUOMETRIX BLOOD GLUCOSE METER	PDL

What action do I need to take?

Please review these changes and work with your Simply and CHA 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 Simply or CHA patient cannot be converted to a formulary alternative, call our Pharmacy department at **877-577-9044** and follow the voice prompts for pharmacy PA.

You can find the *Preferred Drug List* on our provider website:

- For Simply patients: <https://provider.simplyhealthcareplans.com/florida-provider/pharmacy>
- For CHA patients: <https://provider.clearhealthalliance.com/florida-provider/member-eligibility-and-pharmacy>

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