



January 2021

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our third quarter 2020 Pharmacy and Therapeutics Committee meeting.

Effective February 1, 2021, the changes outlined below apply to all new starts. Effective May 1, 2021, the changes below apply to all current utilizers for Florida Healthy Kids (FHK) members enrolled with Simply Healthcare Plans, Inc. (Simply). Please remember to read the footnotes at the end of the table.

| EFFECTIVE FOR ALL NEW STARTS ON FEBRUARY 1, 2021 AND FOR CURRENT UTILIZERS ON MAY 1, 2021 | | | |
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| Therapeutic class | Drug | Revised status | Potential alternatives |
| ANTIEMETICS | ONDANSETRON TAB 4MG ONDANSETRON TAB 8MG ONDANSETRON TAB 24MG | PREFERRED | N/A |
| TOPICAL CORTICOSTEROIDS | FLUOCINONIDE CREAM 0.05% FLUOCINONIDE GEL 0.05% FLUOCINONIDE OINTMENT 0.05% FLUOCINONIDE SOLUTION 0.05% TRIAMCINOLONE LOTION 0.025% CORTISONE GEL 1% HYDROCORT LOTION 1% AND 2.5% TRIAMCINOLONE LOTION 0.1% AND 0.025% DESONATE GEL 0.05% | PREFERRED | N/A |
| | AMCINONIDE LOTION 0.1% DIFLORASONE CREAM 0.05% TRIAMCINOLON OINTMENT 0.05% TRIANEX OINTMENT 0.05% PREDNICARBAT OINTMENT 0.1% | NON-PREFERRED | FLUOCINONIDE CREAM 0.1% FLUOCINONIDE GEL 0.05% FLUOCINONIDE OINTMENT 0.05% FLUOCINONIDE SOLUTION 0.05% TRIAMCINOLONE OINTMENT 0.1% TRIAMCINOLON OINTMENT 0.025% FLUTICASONE CREAM 0.05% TRIAMCINOLONE LOTION 0.025% CORTISONE GEL 1% HYDROCORT LOTION 1% AND 2.5% TRIAMCINOLONE LOTION 0.1% AND 0.025% DESONATE GEL 0.05% |
| ANTISPASMODICS | GLYCOPYRROLATE TAB 1.5MG | NON-PREFERRED | GLYCOPYRROLATE TAB 1MG GLYCOPYRROLATE TAB 2MG |

<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract.
Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.
SFLPEC-2467-21 January 2021

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| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | AIMOVIG INJ 140MG/ML AIMOVIG INJ 70MG/ML EMGALITY INJ 100MG/ML EMGALITY INJ 120MG/ML | PREFERRED WITH PA | N/A |
| | AJOVY INJ 225/1.5 VYEPTI INJ 100MG/ML | NON-PREFERRED WITH PA | AIMOVIG INJ 140MG/ML AIMOVIG INJ 70MG/ML EMGALITY INJ 100MG/ML EMGALITY INJ 120MG/ML |
| | NURTECTAB 75MG ODT | PREFERRED | N/A |
| | UBRELVY TAB 50MG UBRELVY TAB 100MG | NON-PREFERRED | NURTECTAB 75MG ODT |
| SEROTONIN AGONISTS | REYVOW TAB 50MG REYVOW TAB 100MG | NON-PREFERRED | NARATRIPTAN TAB SUMATRIPTAN TAB |
| MULTIPLE SCLEROSIS AGENTS | OCREVUS INJ 300/10ML KESIMPTA INJ 20/.4ML | NON-PREFERRED | DIMETHYL FUM CAP 120MG DR DIMETHYL FUM CAP 240MG DR DIMETHYL FUM MISSTARTER |
| | DIMETHYL FUM CAP 120MG DR DIMETHYL FUM CAP 240MG DR DIMETHYL FUM MISSTARTER | PREFERRED | N/A |
| ACNE PRODUCTS | RX ADAPALENE GEL 0.1% (DIFFERIN) | EXCLUDED | OTC ADAPALENE GEL 0.1% |
| | RX BENZACAC WASH 5% | EXCLUDED | OTC BENZOYL PEROXIDE WASH |
| ALLERGY PRODUCTS | RX CETIRIZINE SOLN 1MG/ML | EXCLUDED | OTC CETERIZINE SOLN 1MG/ML (PA REQUIRED) |
| | RX DIPHENHYDRAMINE ELIXIR 12.5/5ML | EXCLUDED | OTC DIPHENHYDRAMINE ELIXIR 12.5/5ML |
| | RX FLUTICASONE NASAL SPRAY 50MCG (FLONASE) TRIAMCINOLONE NASAL 55MCG/AC | EXCLUDED | OTC FLUTICASONE NASAL SPRAY 50MCG OTC TRIAMCINOLONE NASAL 55MCG/ACB |
| | RX LEVOCETIRIZINE 5 MG TAB RX LEVOCETIRIZINE SOLN 2.5/5ML | EXCLUDED | OTC LEVOCETIRIZINE 5 MG TAB XYZAL 24HR SOL 2.5/5ML (PA REQUIRED) |
| | RX OLOPATADINE OPHTH SOLN 0.1% AND 0.2% (PATADAY) | EXCLUDED | OTC OLOPATADINE OPHTH SOLN 0.1% AND 0.2% |
| ANTI-INFLAMMATORY (TOPICAL) | RX DICLOFENAC GEL 1% (VOLTAREN) | EXCLUDED | OTC DICLOFENAC GEL 1% |
| ULCER DRUGS | RX CIMETIDINE TAB | EXCLUDED | OTC CIMETIDINE 200 MG TAB |
| | RX FAMOTIDINE 20MG TAB | EXCLUDED | OTC FAMOTIDINE 20MG TAB |
| | RX LANSOPRAZOLE 15MG CAP/ODT (PREVACID) | EXCLUDED | OTC LANSOPRAZOLE 15MG CAP/ODT |
| | RX ESOMEPRAZOLE MAG 20MG CAP | EXCLUDED | OTC ESOMEPRAZOLE MAG 20 MG CAP |

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| | (NEXIUM) | | |
| | RX OMEPRAZOLE 20MG CAP FOR PATIENTS 6 YEARS OF AGE AND OLDER | EXCLUDED | OTC OMEPRAZOLE 20 MG CAP |
| | RX OMEPRAZOLE/BICARB CAP 20-1100MG (ZEGERID) | EXCLUDED | OTC ZEGERID 20-1100MG CAP |
| URINARY ANTISPASMODICS | OXYTROL PATCH (RX) | EXCLUDED | OTC OXYTROL/WOMN DIS 3.9MG/24 |
| HEMATOPOIETIC GROWTH FACTORS | FULPHILA | NON- PREFERRED | NEULASTA NEULASTA ONPRO UDENYCA |
| | UDENYCA | PREFERRED | N/A |
| CONTRACEPTIVES | CAYA DIAPHRAGM OMNIFLEX DIAPHRAGM | PREFERRED | N/A |
| UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2021 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i> | | | |
| ACNE AGENTS | WINLEVI 1% CREAM* | | ADD PA ADD QL: 60 GM PER 30 DAYS |
| ADRENAL STEROID INHIBITORS | ISTURISA TAB 1MG ISTURISA TAB 5MG | | ADD PA ADD QL: 1 MG, 5 MG TABS: 4 TABS PER DAY (2 CARTONS IN 30 DAYS) |
| | ISTURISA TAB 10MG | | ADD PA ADD QL: 6 TABLETS PER DAY (3 CARTONS IN 30 DAYS) |
| ALKYLATING AGENTS | ZEPZELCA SOL 4MG | | ADD PA |
| ANTI-CATALECTIC AGENTS | XYWAV SOL 0.5GM/ML | | ADD PA ADD QL: 18 ML PER DAY |
| ANTICONVULSANTS | FINTEPLA SOL 2.2MG/ML | | ADD PA ADD QL: 26 MG PER DAY |
| | VALTOCO SPR 5MG VALTOCO SPR 10MG VALTOCO LIQ 15MG VALTOCO LIQ 20MG | | UPDATE QL: 10 BLISTER PACKS PER 30 DAYS* |
| | XCOPRI TITRATION PAK XCOPRI MAINTENANCE PAK | | UPDATE QL: 1 BLISTER PACK FOR 28 DAYS |
| | XCOPRI TAB 50MG XCOPRI TAB 100MG XCOPRI TAB 150MG | | UPDATE QL: 1 TABLET PER DAY |
| | XCOPRI TAB 200MG | | UPDATE QL: 2 TABLETS PER DAY |
| | ZONEGRAN CAP 25MG ZONEGRAN CAP 100MG | | UPDATE QL: 6 CAPSULES PER DAY |
| | LAMOTRIGINE KIT START 35 (BLUE) | | UPDATE QL: |

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| | SUBVENITE KIT START 35 (BLUE) | 1 KIT PER 28 DAYS |
| | LAMOTRIGINE KIT START 49 (ORANGE) SUBVENITE KIT START 49 (ORANGE) LAMOTRIGINE KIT START 98 (GREEN) SUBVENITE KIT START 98 (GREEN) | UPDATE QL: 1 KIT PER 35 DAYS |
| ANTIMETABOLITES | ONUREG TAB 200MG ONUREG TAB 300MG | ADD PA ADD QL: 14 TABLETS PER 28 DAYS |
| ANTINEOPLASTIC | KEYTRUDA INJ 100MG/4M | ADD QL: 4 VIALS PER 6 WEEKS |
| | BLENREP INJ 100MG | ADD PA |
| | MONJUVI INJ 200MG | ADD PA |
| | XPOVIO PAK 40MG ONCE WEEKLY XPOVIO PAK 40MG TWICE WEEKLY XPOVIO PAK 60MG TWICE WEEKLY | ADD QL: 1 CARTON PER 28 DAYS OR 1 BLISTER PACK PER 7 DAYS |
| | PHEGO SOL 80 MG-40 MG-2000 UNT/ML PHEGO SOL 60 MG-60 MG-2000 UNT/ML | ADD PA ADD QL: 80MG-40MG-2000UNIT/ML: 1 VIAL PER 42 DAYS 60MG-60MG-2000UNIT/ML: 1 VIAL PER 21 DAYS |
| | INQOVI TAB 35-100MG | ADD PA ADD QL: 1 CARTON/BLISTER (5 TABLETS) PER 28 DAYS |
| | GAVRETO CAP 100MG | ADD PA ADD QL: 4 CAPSULES PER DAY |
| ANTIPARKINSON | ONGENTYS CAP 50MG | ADD PA ADD QL: 1 CAPSULE PER DAY |
| | OSMOLEX ER TAB 322 MG DOSING KIT | ADD QL: 2 TABLETS PER DAY |
| | KYNMOBI MIS 10MG KYNMOBI MIS 15MG KYNMOBI MIS 20MG KYNMOBI MIS 25MG KYNMOBI MIS 30MG | ADD PA ADD QL: 5 FILMS PER DAY |
| | AMANTADINE SYP 50MG/5ML | ADD QL: 40ML PER DAY |
| ANTIRETROVIRALS | RUKOBIA TAB 600MG ER | ADD PA ADD QL: 2 TABLETS PER DAY |
| | TIVICAY PD TAB 5MG | ADD QL: 12 TABLETS PER DAY |
| | TIVICAY TAB | UPDATE QL: 4 TABLETS PER DAY |

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| | DOVATO TAB 50-300MG | REMOVE PA |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | AJOVY INJ 225/1.5 | ADD ST |
| | VYEPTI INJ 100MG/ML | ADD ST |
| | UBRELVY TAB 50MG | ADD ST |
| CENTRAL MUSCLE RELAXANTS | CHLORZOXAZONE TAB | ADD QL: 4 TABLETS PER DAY |
| | METAXALONE TAB | ADD QL: 4 TABLETS PER DAY |
| | OZOBAX SOL 5MG/5ML | ADD QL: 80ML PER DAY |
| | CYCLOBENZAPR TAB 5MG | ADD QL: 3 TABLETS PER DAY |
| | FEXMID TAB 7.5MG | ADD QL: 3 TABLETS PER DAY |
| CONTRACEPTIVES | DEPO-PROVERA INJ 150MG/ML | ADD QL: 1 INJECTION (1 ML) PER 3 MONTHS |
| | TWIRLA DIS 120-30 | 3 PATCHES PER 28 DAYS |
| DIABETICSUPPLIES | MINIMED 630G KIT INSULIN | ADD QL: 1 PUMP PER YEAR |
| | MINIMED 670G MIS INS PUMP | ADD QL: 1 PUMP EVERY 4 YEARS |
| | OMNIPOD PDM OMNIPOD DASH PDM | ADD QL: 1 PDM EVERY 4 YEARS |
| | OMNIPOD POD OMNIPOD DASH POD | ADD QL: 15 PODS PER 30 DAYS |
| | T:SLIM X2 MIS | ADD QL: 1 PUMP EVERY 4 YEAERS |
| | INSULIN INFUSION PUMP SUPPLIES | ADD QL: 15 INFUSION SETS/RESERVOIRS PER 30 DAYS |
| | DEXCOM G5 MIS RECEIVER DEXCOM G6 MIS RECEIVER | ADD QL: 1 PER YEAR |
| | DEXCOM G5 MIS TRANSMIT DEXCOM G6 MIS TRANSMIT | ADD QL: 1 PER 90 DAYS |
| | DEXCOM G5 MIS SENSOR | ADD QL: 5 PER 30 DAYS |
| | DEXCOM G6 MIS SENSOR | ADD QL: 3 PER 30 DAYS |
| | FREESTY LIBR MIS 2 READER | ADD QL: 1 PER YEAR |
| | FREESTY LIBR KIT 2 SENSOR | ADD QL: 2 PER 28 DAYS |
| | GUARDIAN CON MIS TRANSMIT | ADD QL: 2 PER YEAR |
| | GUARDIAN MIS SENSOR 3 | ADD QL: 5 PER 30 DAYS |

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| | EVERSENSE MISTRANSMTR | ADD QL: 1 PER YEAR |
| ECZEMA AGENT | DUPIXENT INJ 300/2ML | ADD QL: 2 PENS PER 28 DAYS |
| GLUCOCORTICOSTEROIDS | ZILRETTA INJ 32MG | ADD PA ADD QL: 1 INJECTION PER LIFETIME |
| HEMATOPOIETIC GROWTH FACTORS | ARANESP INJ | ADD QL: 4 SYRINGES/VIALS PER 28 DAYS |
| | EPOGEN INJ 2000/ML EPOGEN INJ 3000/ML EPOGEN INJ 4000/ML EPOGEN INJ 10000/ML | ADD QL: 12 VIALS PER 28 DAYS |
| | EPOGEN INJ 20000/ML | ADD QL: 24 VIALS PER 28 DAYS |
| | EPOGEN INJ 20000/2 ML MULTI-DOSE VIAL | ADD QL: 6 VIALS PER 28 DAYS |
| | MIRCERA INJ/SOL | ADD QL: 2 SYRINGES PER 28 DAYS |
| | PROCRIT INJ 2000/ML PROCRIT INJ 3000/ML PROCRIT INJ 4000/ML PROCRIT INJ 10000/ML PROCRIT INJ 20000/ML PROCRIT INJ 40000/ML | ADD QL: 12 VIALS PER 28 DAYS |
| | PROCRIT INJ 20000/2 ML MULTI DOSE VIAL | ADD QL: 6 VIALS PER 28 DAYS |
| | RETACRIT INJ 2000UNIT RETACRIT INJ 3000UNIT RETACRIT INJ 4000UNIT RETACRIT INJ 10000UNT RETACRIT INJ 20000UNT RETACRIT INJ 40000UNT | ADD QL: 12 VIALS PER 28 DAYS |
| | RETACRIT INJ 20000UNT/2 ML MULTI-DOSE VIAL | ADD QL: 6 VIALS PER 28 DAYS |
| | NYVEPRIA 6 MG/0.6 ML PREFILLED SYRINGE* | ADD PA ADD QL: 2 SYRINGES |
| IMMUNOSUPPRESSIVE AGENTS | ENSPRYNG INJ | ADD PA ADD QL: 1 SYRINGE PER 28 DAYS |
| INTERLEUKIN-1BETA BLOCKERS | ILARIS INJ 150MG/ML | UPDATE QL: 2 VIALS PER 28 DAYS |
| METABOLIC MODIFIERS | PALYNZIQ INJ 2.5/0.5 PALYNZIQ INJ 10/0.5ML PALYNZIQ INJ 20MG/ML | UPDATE QL: 1 SYRINGE PER DAY |

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| MOVEMENT DISORDER DRUG THERAPY | XENAZINE TAB 12.5MG | ADD QL: 8 TABLETS PER DAY |
| | XENAZINE TAB 25MG | ADD QL: 4 TABLETS PER DAY |
| MULTIPLE SCLEROSIS AGENTS | KESIMPTA INJ 20/.4ML | ADD PA ADD QL: 1 SYRINGE PER 28 DAYS |
| | BAFIERTAM CAP 95MG | ADD PA ADD QL: 4 CAPSULES PER DAY |
| | COPAXONE INJ 40MG/ML PF SYR GLATOPA INJ 40MG/ML PF SYR | ADD QL: 12 SYRINGES PER 28 DAYS |
| | PLEGRIDY PEN INJ STARTER PLEGRIDY INJ STARTER | ADD QL: 1 PACK (1 ML) PER FILL, ONE TIME FILL (28 DAY SUPPLY) |
| | PLEGRIDY INJ PEN PLEGRIDY INJ | ADD QL: 2 PENS/SYRINGES PER 28 DAYS |
| | REBIF INJ 22/0.5 REBIF INJ 44/0.5 REBIF REBIDO INJ 22/0.5 REBIF REBIDO INJ 44/0.5 | ADD QL: 12 SYRINGES/AUTOINJECTORS PER 28 DAYS |
| | REBIF TITRTN INJ PACK REBIF REBIDO INJ TITRATN | ADD QL: 1 PACK (4.2 ML) PER FILL, ONE TIME FILL (28 DAY SUPPLY) |
| OPHTHALMICS - MISC. | CYSTARAN SOL 0.44% | ADD QL: 60 ML PER 28 DAYS |
| | PATADAY SOL (OTC) | ADD QL: 1 BOTTLE (5 ML, 2.5 ML) PER 30 DAYS |
| | BEPREVE DRO 1.5% | ADD QL: 5 ML BOTTLE: 1 BOTTLE PER 30 DAYS |
| | KETOTIFEN FUM DRO 0.025%OP | ADD QL: 10 ML BOTTLE: 1 BOTTLE PER 30 DAYS |
| | ZERVIATE DRO 0.24% | ADD QL: 2 BOXES (60 SINGLE-USE CONTAINERS) PER 30 DAYS |
| | UPNEEQ SOL 0.1% | ADD PA ADD QL: 30 SINGLE USE CONTAINERS PER 30 DAYS |
| OPIOID AGONISTS | HYDROMORPHONE INJ 0.2MG/ML MORPHINE SULFATE INJ 1MG/ML | ADD QL: 6 ML PER DAY |
| ROSACEA AGENTS | ZILXI AER 1.5% | ADD PA ADD QL: 30 GM TUBE: 30 GM PER 30 DAYS 45 GM TUBE: 45 GM PER 30 DAYS 60 GM TUBE: 60 GM PER 30 DAYS |
| | SOOLANTRA CRE 1% | UPDATE QL: 30 GM TUBE: 30 GRAMS PER 30 DAYS |

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| | | 45 GM TUBE: 45 GRAMS PER 30 DAYS 60 GM TUBE: 60 GRAMS PER 30 DAYS |
| SOMATOSTATIC AGENTS | MYCAPSSA CAP 20MG | ADD PA ADD QL: 1 BLISTER PACK PER 7 DAYS (4 BLISTER PACKS PER 28 DAYS) |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | EVRYSDI SOL | ADD PA ADD QL: 5 MG PER DAY |
| STIMULANTS - MISC. | METHYLPHENIDATE CHEW 10MG | UPDATE QL: 6 TABLETS PER DAY |
| TOPICAL CORTICOSTEROIDS | AMCINONIDE LOT 0.1% | ADD PA ADD QL: 60 ML PER 30 DAYS |
| | AMCINONIDE OIN 0.1% | ADD PA ADD QL: 60 GM PER 30 DAYS |
| | DIFLORASONE CRE 0.05% | ADD PA |
| | FLUOCINONIDE CRE 0.05% FLUOCINONIDE GEL 0.05% FLUOCINONIDE OIN 0.05% FLUOCINONIDE SOL 0.05% TRIAMCINOLON LOT 0.1% TRIAMCINOLON LOT 0.025% DESONATE GEL 0.05% HYDROCORT LOT 2.5% HYDROCORT LOT 1% CORTISONE GEL 1% | REMOVE PA |
| | TRIAMCINOLON OIN 0.05% TRIANEX OIN 0.05% PREDNICARBAT OIN 0.1% | ADD PA |
| | AMCINONIDE CRE 0.1% CLOBETASOL CRE 0.05% CLOBETASOL E CRE 0.05% CLOBETASOL GEL 0.05% CLOBETASOL OIN 0.05% DESONIDE CRE 0.05% DESONIDE GEL 0.05% DESONIDE OIN 0.05% DESOXIMETAS GEL 0.05% FLUTICASONE OIN 0.005% FLUTICASONE CRE 0.05% CORTISONE GEL 1% HC BUTYRATE CRE 0.1% HC BUTYRATE OIN 0.1% HC VALERATE CRE 0.2% HC VALERATE OIN 0.2% | ADD QL: 60 GM PER 30 DAYS |

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| TOPICAL CORTICOSTEROIDS | AUG BETAMET CRE 0.05% AUG BETAMET OIN 0.05% AUG BETAMET GEL 0.05% | ADD QL: 50 GM PER 30 DAYS |
| | AUG BETAMET LOT 0.05% BETAMETH DIP LOT 0.05% ULTRAVATE LOT 0.05% HC BUTYRATE SOL 0.1% TRIAMCINOLON LOT 0.025% TRIAMCINOLON LOT 0.1% | ADD QL: 60 ML PER 30 DAYS |
| | BETAMETH DIP CRE 0.05% BETAMETH DIPO OIN 0.05% | ADD QL: 45 GM PER 30 DAYS |
| | SERNIVO SPR 0.05% | ADD QL: 120 ML PER 30 DAYS |
| | IMPOYZ CRE 0.025% | ADD QL: 112 GM PER 30 DAYS |
| | CLOBETASOL LOT 0.05% CLOBETASOL SHA 0.05% | ADD QL: 118 ML PER 30 DAYS |
| | CLOBETASOL SOL 0.05% | ADD QL: 50 ML PER 30 DAYS |
| | CLOBEX SPR 0.05% | ADD QL: 125 ML PER 30 DAYS |
| | DESONIDE LOT 0.05% HYDROCORTISONE LOTION 0.1% HYDROCORTISONE LOTION 2.5% | ADD QL: 118 ML PER 30 DAYS |
| | DESOXIMETAS CRE 0.05% DESOXIMETAS OIN 0.05% DESOXIMETAS CRE 0.25% DESOXIMETAS OIN 0.25% VERDESO AER 0.05% CLOBETASOL AER 0.05% BRYHALI LOT 0.01% TRIAMCINOLON AER SPRAY BETAMETH VAL AER 0.12% | ADD QL: 100 GM PER 30 DAYS |
| | TOPICORT SPR 0.25% | ADD QL: 100 ML PER 30 DAYS |
| | FLURANDRENOL CRE 0.05% FLURANDRENOL OIN 0.05% CORDRAN CRE 0.025% | ADD QL: 120 GM PER 30 DAYS |
| | CORDRAN 80X3 TAP 4MCG/CM | ADD QL: 80 INCH (1 BOX) PER 30 DAYS |
| | FLUTICASONE LOT 0.05% CORTISONE LOT 1% SCALPICIN SOL 1% FLURANDRENOL LOT 0.05% | ADD QL: 120 ML PER 30 DAYS |

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| TOPICAL CORTICOSTEROIDS | HALOBETASOL CRE 0.05% HALOBETASOL OIN 0.05% HALOBETASOL AER 0.05% | ADD QL: 50 GM PER 30 DAYS | |
| | HYDROCORT CRE 0.5% HYDROCORT OIN 0.5% | ADD QL: 30 GM PER 30 DAYS | |
| | HYDROCORT CRE 1% HYDROCORT OIN 1% HYDROCORT CRE 2.5% HYDROCORT OIN 2.5% TRIAMCINOLON OIN 0.025% TRIAMCINOLON OIN 0.1% TRIAMCINOLON CRE 0.025% TRIAMCINOLON CRE 0.1% TRIAMCINOLON CRE 0.5% | ADD QL: 454 GM PER 30 DAYS | |
| | ALA SCALP LOT 2% | ADD QL: 60 GM/ML PER 30 DAYS | |
| | TEXACORT SOL 2.5% | ADD QL: 30 ML PER 30 DAYS | |
| | PANDEL CRE 0.1% | ADD QL: 80 GM PER 30 DAYS | |
| | TRIAMCINOLON OIN 0.5% | ADD QL: 30 GM PER 30 DAYS | |
| | TRIAMCINOLON OIN 0.05% | ADD QL: 430 GM PER 30 DAYS | |
| | HALOG SOL 0.1% | ADD PA ADD QL: 120ML PER 30 DAYS | |
| | IMPEKLO 0.05% LOTION* | ADD PA ADD QL: 68 GM PER 30 DAYS | |
| | WYNZORA 0.005%/0.064% CREAM* | ADD QL: 420 GM PER 28 DAYS | |
| | URINARY ANTISPASMODICS | DETROL TAB 1MG DETROL TAB 2MG | ADD QL: 2 TABLETS PER DAY |
| | | DETROL LA CAP 2MG DETROL LA CAP 4MG TROSPIMUM CHL CAP 60MG ER | ADD QL: 1 CAPSULE PER DAY |
| OXYBUTYNIN TAB 5MG | | ADD QL: 4 TABLETS PER DAY | |

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| | ENABLEX TAB 7.5MG ENABLEX TAB 15MG MYRBETRIQ TAB 25MG MYRBETRIQ TAB 50MG TOVIAZ TAB 4MG TOVIAZ TAB 8MG VESICARE TAB 5MG VESICARE TAB 10MG | ADD QL: 1 TABLET PER DAY |
| | OXYTROL/WOMN DIS 3.9MG/24 OXYTROL DIS 3.9MG/24 | ADD QL: 8 PATCHES PER 28 DAYS |
| | TROSPIUM CL TAB 20MG | ADD QL: 2 TABLETS PER DAY |
| | VESICARE LS SOLN* | ADD PA |
| VASOPRESSIN RECEPTOR ANTAGONISTS | JYNARQUE PAK | ADD QL: 1 CARTON PER 28 DAYS |
| INFLUENZA VACCINES | FLUZONE HD INJ PF 20-21 | ADD QL: 0.7 ML PER FILL |
| IMMUNOSUPPRESSIVE AGENTS | UPLIZNA SOL 100MG | ADD PA ADD QL: 3 VIALS (300 MG) EVERY 6 MONTHS |
| NON-STEROIDAL ANTIINFLAMMATORY DRUGS | ELYXYB SOLN 25MG/ML* | ADD PA ADD QL: 9 BOTTLES PER 30 DAYS |

These edits will be applied once the medication is available on the market

What action do I need to take?

Please review these changes and work with your Simply 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 patient cannot be converted to a formulary alternative, call our Pharmacy department at **1-844-405-4296** and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website at <https://provider.simplyhealthcareplans.com>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-405-4296**.