



Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our first quarter 2022, Pharmacy and Therapeutics committee meeting:

- The effective date for changes to the formulary is August 1, 2022.
- The effective date for UM changes is no later than August 1, 2022.
- The effective date for the positive changes to the formulary is June 15, 2022.*

Effective August 1, 2022, the changes outlined below apply to all 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 FHK patients on August 1, 2022			
Therapeutic class	Drug	Revised status	Potential alternatives
Opioid Antagonists**	ZIMHI SOLUTION PREFILLED SYRINGE	PREFERRED	N/A
MISCELLANEOUS ANTIVIRALS**	REMDESIVIR 100MG INJ REMDESIVIR 150MG INJ	COVERED	N/A
MONOCLONAL ANTIBODIES**	SOTROVIMAB 500/8ML INJ	COVERED	N/A
MONOCLONAL ANTIBODIES**	BEBTELOVIMAB 175/2ML SOLUTION	COVERED	N/A
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	CELECOXIB 400MG CAPSULE DICLOFENA 35MG CAPSULE ETODOLAC 200MG CAPSULE FENOPROFEN 600MG TABLET INDOCIN 25MG/5ML SUSPENSION KETOR TROMET 15.75MG SPRAY MEFENAM ACID 250MG CAPSULE MELOXICAM 10MG CAPSULE MELOXICAM 5MG CAPSULE NALFON 400MG CAPSULE NAPROSYN 25/5ML SUSPENSION NAPROXEN SOD 375MG CR TABLET NAPROXEN SOD 500MG CR TABLET RELAFEN DS 1000MG TABLET ZIPSOR 25MG CAPSULE ZORVOLEX 18MG CAPSULE	NON-PREFERRED	
OPHTHALMIC AGENTS	XIIDRA 5% DROPS	NON-PREFERRED	CYCLOSPORINE 0.05% EMULSION

<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.
FLSMPLY-CD-002881-22 July 2022

UM edits – effective for all members no later than August 1, 2022		
<i>No changes in preferred/non-preferred status revision or addition to UM edit only</i>		
ADHD AGENTS	DYANAVEL XR 5 MG TABLET DYANAVEL XR 10 MG TABLET DYANAVEL XR 15 MG TABLET DYANAVEL XR 20 MG TABLET	ADD PA AND QL LIMIT: 5MG: 1.5 TABLETS PER DAY 10,15 AND 20 MG: 1 TABLET PER DAY
ANALGESICS – ANTI-INFLAMMATORY*	YUSIMRY (ADALIMUMAB-AQVH) SYRINGE	ADD PA AND QL qd LIMIT: 2 SYRINGES PER 28 DAYS
ANALGESICS – ANTI-INFLAMMATORY	RINVOQ 15MG ER TABLET RINVOQ 30MG ER TABLET RINVOQ 45MG ER TABLET	ADD PA AND QL: 1 TABLET PER DAY
ANALGESICS – ANTI-INFLAMMATORY	ACETAMINOPHEN 160/5ML LIQUID	UPDATE QL: 120 ML PER 25 DAYS
ANTI-ANXIETY AGENTS	LOREEV XR 1MG CAPSULE LOREEV XR 1.5MG CAPSULE LOREEV XR 2MG CAPSULE LOREEV XR 3MG CAPSULE	ADD STEP THERAPY
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS	TEZSPIRE 210MG SOLUTION	ADD PA AND QL: 1 PREFILLED SYRINGE/VIAL PER 28 DAYS
ANTICONVULSANTS	CELONTIN 300MG CAPSULE	ADD QL: 4 CAPSULES PER DAY
ANTICONVULSANTS	FELBATOL TAB 400MG FELBATOL TAB 600MG	ADD QL: 6 TABLETS PER DAY
ANTICONVULSANTS	FELBATOL 600/5ML SUSPENSION	ADD QL: 30 ML PER DAY
ANTICONVULSANTS	MYSOLINE 50MG TABLET	ADD QL: 4 TABLETS PER DAY
ANTICONVULSANTS	MYSOLINE 250MG TABLET	ADD QL: 8 TABLETS PER DAY
ANTICONVULSANTS	PEGANONE 250MG TABLET	ADD QL: 12 TABLETS PER DAY
ANTICONVULSANTS	ZARONTIN 250MG CAPSULE	ADD QL: 6 CAPSULES PER DAY
ANTICONVULSANTS	ZARONTIN 250/5ML SOLUTION	ADD QL: 30 ML PER DAY
ANTIDEPRESSANTS	CITALOPRAM 30MG CAPSULE CITALOPRAM 40MG TABLET	ADD QL: 1 PER DAY

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ANTIHISTAMINES	PROMETHAZINE 12.5MG TABLET PROMETHAZINE 25MG TABLET	ADD QL: 4 TABLETS PER DAY
ANTIHISTAMINES	PROMETHAZINE 12.5MG SUPPOSITORY PROMETHAZINE 25MG SUPPOSITORY	ADD QL: 6 SUPPOSITORIES PER DAY
ANTIHISTAMINES	PROMETHEGAN 50MG SUPPOSITORY	ADD QL: 1 SUPPOSITORY PER DAY
ANTIHYPERLIPIDEMICS	LEQVIO SOLUTION	ADD PA AND QL: 1 SYRINGE PER 6 MONTHS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	KIMMTRAK 100MCG SOLUTION	ADD PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	VONJO 100MG CAPSULE	ADD PA AND QL: 4 CAPSULES PER DAY
ANTIPSYCHOTICS/ANTIMANIC AGENTS	ARISTADA 1064MG INJ	ADD QL: 1 KIT EVERY 60 DAYS
ANTIVIRALS	APRETUDE 600MG ER SUSPENSION	ADD QL: 1 VIAL EVERY 2 MONTHS
ANTIVIRALS	CABENUVA 600-900 SUSPENSION	UPDATE QL: 1 KIT EVERY 2 MONTHS
ANTIVIRALS	CABENUVA 400-600 SUSPENSION	UPDATE QL: 1 KIT PER MONTH
ANTIVIRALS	LIVTENCITY 200MG TABLET	ADD PA AND QL: 4 TABLETS PER DAY
ANTIVIRALS	VALACYCLOVIR 500MG TABLET VALACYCLOVIR 1GM TABLET	500 MG- 60 PER FILL AND 1 FILL PER MONTH 1G- 30 PER FILL, 1 FILL PER MONTH
ANTIVIRALS	VEKLURY 100MG INJ	REMOVE QTY LIMIT
COUGH/COLD/ALLERGY	DEXTROMETHORPHAN 15MG CAPSULE	ADD QL: 8 CAPSULES PER DAY; 2 FILLS PER 30 DAYS
COUGH/COLD/ALLERGY	DEXTROMETHORPHAN 30MG/5ML SUSPENSION	ADD QL: 150 ML PER FILL; 2 FILLS PER 30 DAYS
COUGH/COLD/ALLERGY	DEXTROMETHORPHAN 12.5 MG/5 ML ORAL LIQUID	ADD QL: 120 ML PER FILL; 2 FILLS PER 30 DAYS

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	DEXTROMETHORPHAN 10 MG/5 ML ORAL LIQUID	
COUGH/COLD/ALLERGY	DEXTROMETHORPHAN 7.5 MG ORAL STRIP/CHEW TABLET DEXTROMETHORPHAN 5 MG LOZENGE	ADD QL: 8 PER FILL; 2 FILLS PER 30 DAYS
COUGH/COLD/ALLERGY	GUAIFENESIN 200MG TABLET	ADD QL: 12 TABLETS PER DAY; 2 FILLS PER 30 DAYS
COUGH/COLD/ALLERGY	GUAIFENESIN 400MG TABLET	ADD QL: 6 TABLETS PER DAY; 2 FILLS PER 30 DAYS
COUGH/COLD/ALLERGY	GUAIFENESIN 600MG ER TABLET	ADD QL: 4 TABLETS PER DAY; 2 FILLS PER 30 DAYS
COUGH/COLD/ALLERGY	GUAIFENESIN 1200 ER TABLET	ADD QL: 2 TABLETS PER DAY; 2 FILLS PER 30 DAYS
COUGH/COLD/ALLERGY	GUAIFENESIN 150 MG/15 ML LIQUID	ADD QL: 250 ML PER FILL; 2 FILLS PER 30 DAYS
COUGH/COLD/ALLERGY	GUAIFENESIN 200 MG/5 ML LIQUID	ADD QL: 240 ML PER FILL; 2 FILLS PER 30 DAYS
COUGH/COLD	PSEUDOEPHEDRINE 240 MG ER TABLET	ADD QL: 1 TABLET PER DAY; 2 FILLS PER 30 DAYS
COUGH/COLD	PSEUDOEPHEDRINE 120MG ER TABLET	ADD QL: 2 TABLETS PER DAY; 2 FILLS PER 30 DAYS
COUGH/COLD	PSEUDOEPHEDRINE 60MG TABLET	ADD QL: 4 TABLETS PER DAY; 2 FILLS PER 30 DAYS
DERMATOLOGICALS	ADBRY 150MG/ML INJ	ADD PA AND QL: 2 SYRINGES PER 28 DAYS
DERMATOLOGICALS	ELIDEL 1% CREAM PROTOPIC 0.03% OINTMENT PROTOPIC 0.1%" OINTMENT	UPDATE QL: 100 GRAMS PER 30 DAYS
ENDOCRINE AND METABOLIC AGENTS - MISC.	RECORLEV 150MG TABLET	ADD PA AND QL: 8 TABLETS PER 28 DAYS
ENDOCRINE AND METABOLIC AGENTS - MISC.	VOXZOGO 0.4MG INJ VOXZOGO 0.56MG INJ VOXZOGO 1.2MG INJ	ADD PA AND QL: 1 VIAL PER DAY

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H-2 ANTAGONISTS	CIMETIDINE 300/5ML SOLUTION	ADD QL: 40 ML PER DAY
HEMATOLOGICAL AGENTS - MISC.	ENJAYMO SOLUTION	ADD PA AND QL: 6 VIALS (6,600 MG TOTAL) PER 2 WEEKS
HEMATOLOGICAL AGENTS - MISC.	PYRUKYND 5MG TABLET PYRUKYND 20MG TABLET PYRUKYND 50MG TABLET	ADD PA AND QL: 2 TABLETS PER DAY
HEMATOLOGICAL AGENTS - MISC.	PYRUKYND TAPER PACK	ADD QL: 1 PACK PER 28 DAYS
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	MIDAZOLAM 2MG/ML SYRUP	ADD QL: 10 ML PER FILL
LAXATIVES	COLACE 100MG CAPSULE	ADD QL: 3 CAPSULES PER DAY
MISCELLANEOUS BPH AGENTS*	ENTADFI	ADD PA AND QL: 1 PER DAY
MISCELLANEOUS THERAPEUTIC CLASSES	VYVGART 400/20ML INJ	ADD PA AND QL: 10 MG/KG ONCE WEEKLY FOR 4 WEEKS (4 WEEKS = 1 CYCLE) 1200 MG (TOTAL OF 3 VIALS) ONCE WEEKLY FOR 4 WEEKS (4 WEEKS = 1 CYCLE)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	FENOPROFEN 600MG TABLET ETODOLAC 200MG CAPSULE	ADD PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	FENOPROFEN 400MG CAPSULE	REMOVE PA
OPHTHALMIC AGENTS	EYSUVIS 0.25% DROPS	UPDATE QL: 20 ML PER 30 DAYS
OPHTHALMIC AGENTS	TYRVAYA 0.03MG SOLUTION	ADD PA AND QL: 1 CARTON (2 BOTTLES) PER 30 DAYS
OPHTHALMIC AGENTS	VUITY 1.25% OP SOLUTION	ADD PA AND QL: 2.5 ML PER 30 DAYS
OPHTHALMIC AGENTS	VABYSMO 6/0.05ML INJ	ADD PA AND QL: 6 MG PER EYE; EACH

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		EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS

**These changes will be implemented ASAP.

**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 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 **844-405-4296** and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website at www.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**.