

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our third quarter 2021 Pharmacy and Therapeutics Committee meeting.

Effective February 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 members on February 1, 2022			
Therapeutic class	Drug	Revised status	Potential alternatives
ANTI-INFLAMMATORY AGENTS - TOPICAL	PENNSAID SOLUTION 2%	NOT COVERED	DICLOFENAC SOL 1.5% DICLOFENAC GEL 1%
GLUCOCORTICOSTEROIDS	RAYOS TABLETS	NOT COVERED	PREDNISONE TABLETS
INSULINS	(GENERIC NOVOLOG) INSULIN ASPART 100/ML INJ INSULIN ASPART PENFILL INJ INSULIN ASPART FLEXPEN INJ	NON-PREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	ADMELOG 100U/ML INJ ADMELOG SOLOSTAR INSULIN LISPRO 100/ML INJ INSULIN LISPRO JUNIOR INJ
UM edits effective for all members no later than February 1, 2022			
No changes in preferred/non-preferred status revision or addition to UM edit only			
ACNE PRODUCTS	CLEOCIN-T GEL 1%	UPDATE QL: 75 GRAMS PER 30 DAYS	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS	VEREGEN OINTMENT 15%	UPDATE QL: 30 GRAMS PER 28 DAYS	
ANTHELMINTICS	STROMEKTOL TABLET 3MG	ADD PA ADD QL: 9 TABLETS PER FILL; 1 FILL PER 90 DAYS	
ANTICONVULSANTS	DEPAKOTE TABLET 250MG DR	ADD QL: 2 TABLETS PER DAY	
	DEPAKOTE TABLET 500MG DR	ADD QL: 7 TABLETS PER DAY	
	DEPAKOTE ER TABLET 500MG	ADD QL: 7 TABLETS PER DAY	
	GABITRIL TABLETS	ADD QL: 2 TABLETS PER DAY	

<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.
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	KEPPRA SOLUTION 100MG/ML	ADD QL: 30 ML PER DAY
ANTIHISTAMINES - ETHANOLAMINES	CLEMASTINE TABLETS	ADD QL: 3 TABLETS PER DAY
ANTINEOPLASTICS	AYVAKIT TABLET	UPDATE QL: 1 TABLET PER DAY
ATTENTION- DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	QELBREE CAPSULE 100MG ER	ADD PA ADD QL: 1 CAPSULE PER DAY
	QELBREE CAPSULE 150MG ER QELBREE CAPSULE 200MG ER	ADD PA ADD QL: 2 CAPSULES PER DAY
BENZODIAZEPINES	XANAX XR TABLET 0.5MG XANAX XR TABLET 1MG	UPDATE QL: 1 TABLET PER DAY
	XANAX XR TABLET 2MG XANAX XR TABLET 3MG	UPDATE QL: 2 TABLETS PER DAY
	LOREEV XR CAPSULE 1MG	UPDATE QL: 1 CAPSULE PER DAY
	LOREEV XR CAPSULE 2MG LOREEV XR CAPSULE 3MG	UPDATE QL: 2 CAPSULES PER DAY
BONE DENSITY REGULATORS	PROLIA SOLUTION 60MG/ML	UPDATE QL: 60 MG (1 PREFILLED SYRINGE) EVERY 6 MONTHS
COMBINATION CONTRACEPTIVES - TRANSDERMAL	XULANE DIS 150-35	UPDATE QL: 3 PATCHES PER 28 DAYS
COMBINATION CONTRACEPTIVES - VAGINAL	NUVARING	UPDATE QL: 1 RING PER 28 DAYS
COMBINATION PSYCHOTHERAPEUTICS	LYBALVI TABLET	ADD QL: 1 TABLET PER DAY
DENTAL PRODUCTS	PREVIDENT CREAM 5000 PLS	UPDATE QL: 100 ML PER 30 DAYS
	FLUORIDEX PST 1.1%	ADD QL: 112 GM PER 30 DAYS
	CLINPRO 5000 PST 1.1%	ADD QL: 113 GM PER 30 DAYS
EMERGENCY CONTRACEPTIVES	LEVONORGESTREL TABLET 1.5MG	UPDATE QL: 1 TABLET PER 30 DAYS
GALLSTONE SOLUBILIZING AGENTS	RELTONE CAPSULE	ADD PA
HEMATOPOIETIC GROWTH FACTORS	EPOGEN INJECTION	UPDATE QL: 12 VIALS (12 ML) PER 28 DAYS

HEPATITIS AGENTS	EPCLUSA TABLET	UPDATE QL: 1 TABLET PER DAY
	EPCLUSA 200 MG/50 MG PELLETS*	ADD QL: 2 PACKETS PER DAY
	EPCLUSA 150 MG/37.5 MG PELLETS*	ADD QL: 1 PACKET PER DAY
	MAVYRET TABLET 100-40MG	UPDATE QL: 3 TABLETS PER DAY
	MAVYRET 50 MG/ 20 MG PELLETS*	ADD QL: 5 PACKETS PER DAY
IMMUNOSUPPRESSIVE AGENTS	REZUROCK TABLET 200MG	UPDATE QL: 1 TABLET PER DAY
INFLUENZA AGENTS	XOFLUZA TABLET	UPDATE QL: 1 DOSE PACK PER FILL; 1 FILL PER 90 DAYS
	XOFLUZA 40 MG/20 ML ORAL SUSPENSION*	UPDATE QL: 2 BOTTLES PER FILL; 1 FILL PER 90 DAYS
IRON	INJECTAFER INJ 750/15ML	UPDATE QL: 1 VIAL PER 7 DAYS
	MONOFERRIC 100 MG/ML VIAL*	UPDATE QL: 4 VIALS PER DAY
	MONOFERRIC 500 MG/5 ML VIAL*	UPDATE QL: 1 VIAL PER DAY
	MONOFERRIC INJ 1000/10	UPDATE QL: 1 VIAL PER DAY
LOCAL ANESTHETICS - TOPICAL	SYNERA DIS 70-70MG	ADD PA UPDATE QL: 1 PATCH PER 30 DAYS
METABOLIC MODIFIERS	CRYSVITA INJECTION 10MG/ML	ADD QL: 2 VIALS PER 28 DAYS
	CRYSVITA INJECTION 20MG/ML	ADD QL: 8 VIALS PER 28 DAYS
	CRYSVITA INJECTION 30MG/ML	ADD QL: 6 VIALS PER 28 DAYS
	NEXVIAZYME INJECTION 100MG	ADD PA ADD QL: 20 MG/KG EVERY 2 WEEKS
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS	JUXTAPID CAPSULES	UPDATE QL: 2 CAPSULES PER DAY
MISC. ANTIVIRALS	VEKLURY INJECTION 100MG	UPDATE QL: 11 VIALS PER MONTH
MOVEMENT DISORDER DRUG THERAPY	INGREZZA CAPSULE 60MG	UPDATE QL: 1 CAPSULE PER DAY

MULTIPLE SCLEROSIS AGENTS	PLEGRIDY TITRATION KIT (PREFILLED SYRINGE)	ADD QL: 1 PACK PER FILL, ONE TIME FILL (28 DAY SUPPLY)
OPHTHALMICS - MISC.	ACULAR SOLUTION 0.5% OPHTH	UPDATE QL: 10 ML PER 30 DAYS
	ILEVRO DROPS 0.3% OPHTH	UPDATE QL: 3 ML PER 30 DAYS
	PATADAY SOLUTION	ADD QL: 1 BOTTLE PER 30 DAYS
	VERKAZIA 0.1% OPHTH	ADD PA ADD QL: 120 SINGLE DOSE VIALS PER FILL
OPIOID AGONISTS	ARYMO ER TABLETS	UPDATE QL: 3 TABLETS PER DAY
	MORPHINE SUL CAPSULES ER	UPDATE QL: 1 CAPSULE PER DAY
	METHADONE TABLET 5MG METHADONE TABLET 10MG	UPDATE QL: 6 TABLETS PER DAY
	METHADONE INJ 10MG/ML	UPDATE QL: 1 ML PER DAY
	DURAGESIC (FENTANYL) PATCHES	UPDATE QL: 15 PATCHES PER 30 DAYS
	EMBEDA CAPSULES	UPDATE QL: 2 CAPSULES PER DAY
	HYDROMORPHONE ER TABLETS	UPDATE QL: 1 TABLET PER DAY
	HYSINGLA ER TABLETS	UPDATE QL: 1 TABLET PER DAY
	KADIAN ER CAPSULES	UPDATE QL: 2 CAPSULES PER DAY
	LEVORPHANOL TABLET 2MG LEVORPHANOL TABLET 3MG	UPDATE QL: 6 TABLETS PER DAY
	METHADONE TABLET 40MG	UPDATE QL: 1 TABLET PER DAY
	METHADONE SOLUTION 10MG/5ML METHADONE SOLUTION 5MG/5ML	UPDATE QL: 30 ML PER DAY
	METHADONE CONCENTRATE 10MG/ML	UPDATE QL: 6 ML PER DAY
	MORPHABOND TABLETS	UPDATE QL: 2 TABLETS PER DAY
	MS CONTIN TAB 100MG ER MS CONTIN TAB 200MG ER	UPDATE QL: 2 TABLETS PER DAY

MS CONTIN TAB 15MG ER MS CONTIN TAB 30MG ER MS CONTIN TAB 60MG ER	UPDATE QL: 3 TABLETS PER DAY
OXYMORPHONE ER TABLET	UPDATE QL: 2 TABLETS PER DAY
OXYCONTIN TABLETS	UPDATE QL: 2 TABLETS PER DAY
XTAMPZA ER CAPSULES	UPDATE QL: 2 CAPSULES PER DAY
ZOHYDRO ER CAPSULES	UPDATE QL: 2 CAPSULES PER DAY
CODEINE SULF TABLETS	UPDATE QL: 6 TABLETS PER DAY
DILAUDID INJECTION 0.2MG/ML DILAUDID INJECTION 1MG/ML DILAUDID INJECTION 2MG/ML	UPDATE QL: 6 ML PER DAY
DILAUDID LIQ 1MG/ML	UPDATE QL: 24 ML PER DAY
DILAUDID TABLETS	UPDATE QL: 6 TABLETS PER DAY
HYDROMORPHON INJECTION 4MG/ML	UPDATE QL: 2 ML PER DAY
HYDROMORPHON SUPPOSITORIES 3MG	UPDATE QL: 4 SUPPOSITORIES PER DAY
HYDROMORPHON INJECTION 10MG/ML	UPDATE QL: 1 INJECTION PER 30 DAYS
MEPERIDINE TABLET 50MG	UPDATE QL: 6 TABLETS PER DAY
MEPERIDINE SOLUTION 50MG/5ML	UPDATE QL: 30 ML PER DAY
DEMEROL INJECTION 100/2ML DEMEROL INJECTION 100MG/ML DEMEROL INJECTION 25MG/ML DEMEROL INJECTION 75MG/ML DEMEROL INJECTION 50MG/ML DEMEROL INJECTION 75MG/1.5	UPDATE QL: 4 ML PER DAY
MITIGO INJECTION	UPDATE QL: 2 VIALS PER MONTH
MORPHINE SUL INJECTION 10/0.7ML	UPDATE QL: 6 INJECTIONS/ PENS PER DAY
MORPHINE SUL INJECTION 150/30ML	UPDATE QL: 1 VIAL (30 ML) PER DAY
MORPHINE SUL INJECTION 50MG/ML	UPDATE QL: 2 ML PER DAY

MORPHINE SUL INJECTION 1MG/ML MORPHINE SUL INJECTION 2MG/ML MORPHINE SUL INJECTION 4MG/ML MORPHINE SUL INJECTION 5MG/ML MORPHINE SUL INJECTION 8MG/ML MORPHINE SUL INJECTION 10MG/ML	UPDATE QL: 6 ML PER DAY
DURAMORPH INJECTION 0.5MG/ML DURAMORPH INJECTION 1MG/ML	UPDATE QL: 6 ML PER DAY
MORPHINE SUL SOLUTION 20MG/ML	UPDATE QL: 6 ML PER DAY
MORPHINE SUL SOLUTION 10MG/5ML MORPHINE SUL SOLUTION 20MG/5ML	UPDATE QL: 30 ML PER DAY
MORPHINE SUL SUPPOSITORIES	UPDATE QL: 6 SUPPOSITORIES PER DAY
MORPHINE SUL TABLET IR	UPDATE QL: 6 TABLETS PER DAY
OXYCODONE TABLETS	UPDATE QL: 6 TABLETS PER DAY
OXYCODONE CAPSULES 5MG	UPDATE QL: 6 CAPSULES PER DAY
OXYCODONE CONCENTRATE 100/5ML	UPDATE QL: 6 ML PER DAY
OXYCODONE 10 MG/0.5 ML INJECTION	UPDATE QL: 2 ML PER DAY
OXYCODONE SOLUTION 5MG/5ML	UPDATE QL: 30 ML PER DAY
OPANA TABLETS	UPDATE QL: 6 TABLETS PER DAY
NUCYNTA TABLET 50MG NUCYNTA TABLET 100MG	UPDATE QL: 181 TABLETS PER 30 DAYS
NUCYNTA TABLET 75MG	UPDATE QL: 242 TABLETS PER 30 DAYS
QDOLO SOLUTION 5MG/ML	UPDATE QL: 80 ML PER DAY
TRAMADOL HCL TABLET 100MG	UPDATE QL: 4 TABLETS PER DAY
ULTRAM TABLET 50MG	UPDATE QL: 8 TABLETS PER DAY
CONZIP CAPSULE	UPDATE QL: 1 CAPSULE PER DAY
TRAMADOL HCL TABLET ER	UPDATE QL: 1 TABLET PER DAY

OPIOID ANTAGONISTS	KLOXXADO LIQUID	ADD QL: 6 NASAL SPRAYS (3 CARTONS) PER 3 MONTHS
OPIOID COMBINATIONS	APADAZ TABLET	UPDATE QL: 6 TABLETS PER DAY
	TREZIX CAPSULE	UPDATE QL: 6 CAPSULES PER DAY
	DVORAH TABLET	UPDATE QL: 6 TABLETS PER DAY
	TYLENOL/COD TABLET	UPDATE QL: 6 TABLETS PER DAY
	APAP/CODEINE SOLUTION 120-12/5	UPDATE QL: 30 ML PER DAY
	LORTAB ELIXIR 10-300MG	UPDATE QL: 67.5 ML PER DAY
	HYDROCO/APAP SOLUTION 7.5-325MG HYDRO/ACETA SOLUTION 10-325MG	UPDATE QL: 90 ML PER DAY
	HYDROCO/APAP TABLET 5-325MG HYDROCO/APAP TABLET 7.5-325 HYDROCO/APAP TABLET 10-325MG HYDROCO/APAP TABLET 5-300MG HYDROCO/APAP TABLET 7.5-300 HYDROCO/APAP TABLET 10-300MG	UPDATE QL: 6 TABLETS PER DAY
	HYDROCOD/IBU TABLET 5-200MG HYDROCOD/IBU TABLET 7.5-200 HYDROCOD/IBU TABLET 10-200MG	UPDATE QL: 5 TABLETS PER DAY AND 50 TABLETS PER FILL
	OXYCOD/APAP TABLET 2.5-325 OXYCOD/APAP TABLET 5-325MG OXYCOD/APAP TABLET 7.5-325 OXYCOD/APAP TABLET 10-325MG OXYCOD-APAP TABLET 2.5-300 OXYCOD/APAP TABLET 5-300MG OXYCOD/APAP TABLET 10-300MG PROLATE TABLET 7.5-300 OXYCOD/ASA TABLET	UPDATE QL: 6 TABLETS PER DAY
	OXYCOD/IBU TABLET 5-400MG	UPDATE QL: 4 TABLETS PER DAY AND 28 TABLETS PER FILL
	PROLATE SOL 10/300MG	UPDATE QL: 30 ML PER DAY
	TRAMADL/APAP TABLET 37.5-325	UPDATE QL: 8 TABLETS PER DAY AND 40 TABLETS PER FILL

OPIOID PARTIAL AGONISTS	PENTAZ/NALOX TABLET 50-0.5MG	UPDATE QL: 6 TABLETS PER DAY
	BUPRENEX INJECTION 0.3MG/ML	UPDATE QL: 3 ML PER DAY
	BUTORPHANOL INJECTION 1MG/ML	UPDATE QL: 8 ML PER DAY
	BUTORPHANOL INJECTION 2MG/ML	UPDATE QL: 4 ML PER DAY
	BUTORPHANOL SOLUTION 10MG/ML (NASAL SPRAY)	UPDATE QL: 2 BOTTLES PER 30 DAYS
	NALBUPHINE INJECTION	UPDATE QL: 2 ML PER DAY
PHENOTHIAZINES	CHLORPROMAZINE CONCENTRATE 30MG/ML	ADD QL: 26 ML PER DAY
	CHLORPROMAZINE CONCENTRATE 100MG/ML	ADD QL: 8 ML PER DAY
PLASMINOGEN DEFICIENCY	RYPLAZIM INJECTION	ADD PA
PLATELET AGGREGATION INHIBITORS	AGRYLIN CAPSULE 0.5MG	UPDATE QL: 20 CAPSULES PER DAY
	ANAGRELIDE CAPSULE 1MG	ADD QL: 10 CAPSULES PER DAY
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	PRALUENT INJECTION	UPDATE QL: 2 PENS PER 28 DAYS
	REPATHA INJECTION 140MG/ML REPATHA SURE INJECTION 140MG/ML	UPDATE QL: 2 PREFILLED SYRINGES OR AUTO-INJECTORS PER 28 DAYS
	REPATHA PUSH INJECTION 420/3.5	UPDATE QL: 1 PREFILLED CARTRIDGE PER 28 DAYS
STIMULANTS - MISC.	AZSTARYS CAPSULE	ADD PA ADD QL: 1 CAPSULE PER DAY
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	SAPHNELO SOLUTION 300/2ML	ADD PA ADD QL: 1 VIAL PER 28 DAYS
THROMBIN INHIBITORS	PRADAXA CAPSULE	UPDATE QL: 2 CAPSULES PER DAY
	PRADAXA ORAL PELLETS 20 MG* PRADAXA ORAL PELLETS 150 MG*	ADD QL: 2 PACKETS PER DAY
	PRADAXA ORAL PELLETS 30 MG* PRADAXA ORAL PELLETS 40 MG* PRADAXA ORAL PELLETS 50 MG* PRADAXA ORAL PELLETS 110 MG*	ADD QL: 4 PACKETS PER DAY

**UM UPDATES WILL APPLY WHEN THE MEDICATION BECOMES 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 **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 Provider Relations associate 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>).

