

## Quarterly pharmacy formulary change notice

*This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).*

**Summary:** The formulary changes listed in the table below were reviewed and approved at the Agency for Healthcare Administration’s September 2022 Pharmacy and Therapeutics Committee meeting.

Effective October 1, 2022, the changes outlined below apply to all members enrolled with Simply and CHA. Please remember to read the footnotes at the end of the table.

Effective for all Statewide Medicaid Managed Care Managed Medical Assistance patients on October 1, 2022		
Therapeutic class	Drug	Revised status
<b>ALZHEIMER’S AGENTS</b>	ADLARITY (TRANSDERM)	Non-PDL
<b>ANALGESICS, NARCOTICS SHORT</b>	OXYCODONE / APAP SOLUTION (ORAL)	Non-PDL
<b>ANTICONVULSANTS</b>	ANTICONVULSANTS LACOSAMIDE SOLUTION (ORAL)	PDL
	LACOSAMIDE TABLET (ORAL)	PDL
	VIGABATRIN TABLET (ORAL)	Non-PDL
	VIMPAT SOLUTION (ORAL)	Non-PDL
	VIMPAT TABLET (ORAL)	Non-PDL
<b>ANTIDOTE CHELATING AGENTS</b>	DEFERASIROX (JADENU) (ORAL)	PDL
<b>ANTIFUNGALS, ORAL</b>	BREXAFEMME (ORAL)	Non-PDL
<b>ANTIHIAMINES, MINIMALLY SEDATING</b>	DESLOTRADINE (ORAL)	PDL
<b>ANTIMIGRAINE AGENTS, TRIPTANS</b>	IMITREX (NASAL)	PDL
<b>ANTIIPRURITICS, TOPICAL</b>	ZONALON (TOPICAL)	PDL Auto - PA
<b>ANTIPSYCHOTICS</b>	INVEGA HAFYERA (INTRAMUSC)	PDL Auto-PA
	PERSERIS (SUBCUTANEOUS)	PDL Auto-PA
<b>ANTIVIRALS, GENERAL</b>	LIVTENCITY (ORAL)	Non-PDL
	VALCYTE SOLUTION (ORAL)	PDL
<b>BONE RESORPTION SUPPRESSION AND RELATED AGENTS</b>	RALOXIFENE (ORAL)	PDL
<b>GI MOTILITY, CHRONIC</b>	IBSRELA (ORAL)	Non-PDL
<b>HYPERPARATHYROID AGENTS</b>	CINACALCET (ORAL)	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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<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b>	MOUNJARO (SUBCUTANE.)	Non-PDL
<b>LAXATIVES &amp; CATHARTICS</b>	MOVIPREP POWDER PACK (ORAL)	PDL
<b>MACULAR DEGENERATION AGENTS</b>	BYOOVIZ VIAL (INTRAOCULAR)	Non-PDL
	VABYSMO VIAL (INTRAOCULAR)	Non-PDL
<b>NEUROPATHIC PAIN</b>	NEURONTIN CAPSULE (ORAL)	Non-PDL
	NEURONTIN SOLUTION (ORAL)	
	NEURONTIN TABLET (ORAL)	
<b>NSAIDS</b>	INDOMETHACIN CAPSULE ER (ORAL)	PDL
	NAPROXEN SODIUM (ORAL)	PDL
	PIROXICAM (ORAL)	PDL
	SULINDAC (ORAL)	PDL
<b>NSAIDS, INJECTABLE</b>	ANJESO (INTRAVEN)	Non-PDL
	CALDOLOR (INTRAVEN)	PDL
<b>ONCOLOGY, ORAL - BREAST</b>	VERZENIO (ORAL)	PDL
<b>ONCOLOGY, ORAL — HEMATOLOGIC</b>	LENALIDOMIDE (ORAL)	Non-PDL
	POMALYST (ORAL)	Non-PDL
	SCSEMBLIX (ORAL)	Non-PDL
	TABLOID (ORAL)	PDL
	VENCLEXTA (ORAL)	PDL
	VONJO (ORAL)	Non-PDL
<b>ONCOLOGY, ORAL — LUNG</b>	EXKIVITY (ORAL)	Non-PDL
	IRESSA (ORAL)	Non-PDL
<b>ONCOLOGY, ORAL — RENAL CELL</b>	SUNITINIB (ORAL)	Non-PDL
	SUTENT (ORAL)	PDL
	WELIREG (ORAL)*	Non-PDL
<b>ONCOLOGY, ORAL — SKIN</b>	MEKINIST (ORAL)	PDL
	TAFINLAR (ORAL)	PDL
<b>OPHTHALMIC ANTI-BIOTIC-STEROID COMBINATIONS</b>	TOBRADEX ST (OPHTHALMIC)	PDL
<b>OPHTHALMICS, ANTI-INFLAMMATORIES</b>	ILEVRO (OPHTHALMIC)	Non-PDL
<b>OPHTHALMICS, ANTI-INFLAMMATORY/ IMMUNOMODULATOR</b>	TYRVAYA SPRAY (NASAL)	Non-PDL
<b>OPIATE DEPENDENCE TREATMENTS</b>	ZIMHI (INJECTION)	Non-PDL
<b>PAH AGENTS, ORAL AND INHALED</b>	TYVASO DPI (INHALATION)	Non-PDL
<b>PITUITARY SUPPRESSIVE AGENTS, LHRH</b>	CAMCEVI (SUBCUTANEOUS)	Non-PDL
<b>SEDATIVE HYPNOTICS</b>	QUVIVIQ (ORAL)	Non-PDL
<b>SKELETAL MUSCLE RELAXANTS</b>	LYVISPAH (ORAL)	Non-PDL

NA = NOT APPLICABLE (FOR NEW PRODUCTS)

### 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 at [https://ahca.myflorida.com/medicaid/prescribed\\_drug/pharm\\_thera/fmpdl.shtml](https://ahca.myflorida.com/medicaid/prescribed_drug/pharm_thera/fmpdl.shtml).

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

Email is the quickest and most direct way to receive important information from Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

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 (Simply: <https://bit.ly/3Cm6b8s>, CHA: <https://bit.ly/2ZoU8so>).

Simply:



CHA:

