

Provider Bulletin

October 2022

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		
ALZHEIMER'S AGENTS	ADLARITY (TRANSDERM)	Non-PDL
ANALGESICS, NARCOTICS SHORT	OXYCODONE / APAP SOLUTION (ORAL)	Non-PDL
ANTICONVULSANTS	ANTICONVULSANTS LACOSAMIDE SOLUTION (ORAL)	PDL
	LACOSAMIDE TABLET (ORAL)	PDL
	VIGABATRIN TABLET (ORAL)	Non-PDL
	VIMPAT SOLUTION (ORAL)	Non-PDL
	VIMPAT TABLET (ORAL)	Non-PDL
ANTIDOTE CHELATING AGENTS	DEFERASIROX (JADENU) (ORAL)	PDL
ANTIFUNGALS, ORAL	BREXAFEMME (ORAL)	Non-PDL
ANTIHISTAMINES, MINIMALLY SEDATING	DESLORATADINE (ORAL)	PDL
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX (NASAL)	PDL
ANTIPRURITICS, TOPICAL	ZONALON (TOPICAL)	PDL Auto - PA
ANTIPSYCHOTICS	INVEGA HAFYERA (INTRAMUSC)	PDL Auto-PA
	PERSERIS (SUBCUTANEOUS)	PDL Auto-PA
ANTIVIRALS, GENERAL	LIVTENCITY (ORAL)	Non-PDL
	VALCYTE SOLUTION (ORAL)	PDL
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	RALOXIFENE (ORAL)	PDL
GI MOTILITY, CHRONIC	IBSRELA (ORAL)	Non-PDL
HYPERPARATHYROID AGENTS	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. FLSMPLY-CD-010573-22 October 2022

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HYPOGLYCEMICS, INCRETIN	MOUNJARO (SUBCUTANE.)	Non-PDL
MIMETICS/ENHANCERS		
LAXATIVES & CATHARTICS	MOVIPREP POWDER PACK (ORAL)	PDL
MACULAR DEGENERATION AGENTS	BYOOVIZ VIAL (INTRAOCULAR)	Non-PDL
	VABYSMO VIAL (INTRAOCULAR)	Non-PDL
NEUROPATHIC PAIN	NEURONTIN CAPSULE (ORAL)	Non-PDL
	NEURONTIN SOLUTION (ORAL)	
	NEURONTIN TABLET (ORAL)	
NSAIDS	INDOMETHACIN CAPSULE ER (ORAL)	PDL
	NAPROXEN SODIUM (ORAL)	PDL
	PIROXICAM (ORAL)	PDL
	SULINDAC (ORAL)	PDL
NSAIDS, INJECTABLE	ANJESO (INTRAVEN)	Non-PDL
	CALDOLOR (INTRAVEN)	PDL
ONCOLOGY, ORAL - BREAST	VERZENIO (ORAL)	PDL
ONCOLOGY, ORAL — HEMATOLOGIC	LENALIDOMIDE (ORAL)	Non-PDL
	POMALYST (ORAL)	Non-PDL
	SCEMBLIX (ORAL)	Non-PDL
	TABLOID (ORAL)	PDL
	VENCLEXTA (ORAL)	PDL
	VONJO (ORAL)	Non-PDL
ONCOLOGY, ORAL — LUNG	EXKIVITY (ORAL)	Non-PDL
	IRESSA (ORAL)	Non-PDL
ONCOLOGY, ORAL — RENAL CELL	SUNITINIB (ORAL)	Non-PDL
	SUTENT (ORAL)	PDL
	WELIREG (ORAL)*	Non-PDL
ONCOLOGY, ORAL — SKIN	MEKINIST (ORAL)	PDL
	TAFINLAR (ORAL)	PDL
OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS	TOBRADEX ST (OPHTHALMIC)	PDL
OPHTHALMICS, ANTI-INFLAMMATORIES	ILEVRO (OPHTHALMIC)	Non-PDL
OPHTHALMICS, ANTI-INFLAMMATORY/	TYRVAYA SPRAY (NASAL)	Non-PDL
IMMUNOMODULATOR		
OPIATE DEPENDENCE TREATMENTS	ZIMHI (INJECTION)	Non-PDL
PAH AGENTS, ORAL AND INHALED	TYVASO DPI (INHALATION)	Non-PDL
PITUITARY SUPPRESSIVE AGENTS, LHRH	CAMCEVI (SUBCUTANEOUS)	Non-PDL
SEDATIVE HYPNOTICS	QUVIVIQ (ORAL)	Non-PDL
SKELETAL MUSCLE RELAXANTS	LYVISPAH (ORAL)	Non-PDL

NA = NOT APPLICABLE (FOR NEW PRODUCTS)

What action do I need to take?

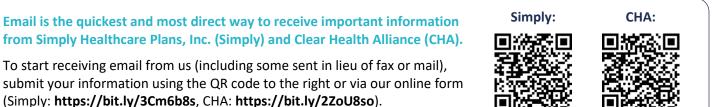
Please review these changes and work with your Simply and CHA patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific

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.

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



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).