

**To: AmeriHealth Caritas Florida Providers**

**Date: April 18, 2024**

**Subject: April Changes to Preferred Drug List (PDL)**

Please reference the attached Florida Pharmaceutical & Therapeutics Committee Meeting report on **March 22** for changes to the PDL effective **April 1, 2024**

You can find additional information on the drug formularies by visiting [www.amerihealthcaritasfl.com](http://www.amerihealthcaritasfl.com) and/or [https://ahca.myflorida.com/Medicaid/Prescribed\\_Drug/pharm\\_thera/index.shtml](https://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/index.shtml).

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at **1-800-617-5727**.

From the March 22, 2024  
Florida Pharmaceutical & Therapeutics Committee Meeting  
(Changes Effective April 1, 2024)

	PDL Status Before Meeting	PDL Status After Meeting	Comment
<b>ACNE AGENTS, TOPICAL</b>			
CABTREO GEL (TOPICAL)	NA	Non-PDL	
CLINDAMYCIN / BENZOYL PEROXIDE (ONEXTON) W/PUMP (AG) (TOPICAL)	NA	Non-PDL	
CLINDAMYCIN / BENZOYL PEROXIDE (ONEXTON) W/PUMP (TOPICAL)	NA	Non-PDL	
TRETINOIN MICROSPHERES GEL 0.08% PUMP (TOPICAL)	NA	Non-PDL	
<b>ANDROGENIC AGENTS, ORAL</b>			
JATENZO (ORAL)	Non-PDL	PDL	Clinical PA
<b>ANTIBIOTICS, GI</b>			
LIKMEZ SUSPENSION (ORAL)	NA	Non-PDL	
<b>ANTIBIOTICS, VAGINAL</b>			
CLINDESSE (VAGINAL)	PDL	Non-PDL	
<b>ANTICONVULSANTS</b>			
LAMICTAL TABLET DOSE PACK (ORAL)	PDL	Non-PDL	
MOTPOLY XR (ORAL)	NA	Non-PDL	
<b>ANTIDEPRESSANTS, OTHER</b>			
VIIBRYD (ORAL)	PDL	Non-PDL	
VILAZODONE (AG) (ORAL)	Non-PDL	PDL	
VILAZODONE (ORAL)	Non-PDL	PDL	
ZURZUVAE (ORAL)	NA	Non-PDL	
<b>ANTIDEPRESSANTS, SSRIs</b>			
CITALOPRAM CAPSULE (ORAL)	NA	Non-PDL	
<b>ANTIFUNGALS, INJECTABLE</b>			
POSACONAZOLE (INTRAVENOUS)	NA	Non-PDL	
REZZAYO (INTRAVENOUS)	NA	Non-PDL	
VORICONAZOLE (AG) (INTRAVENOUS)	NA	Non-PDL	
<b>ANTIPSORIATICS, TOPICAL</b>			
CALCITRIOL OINTMENT (AG) (TOPICAL)	NA	Non-PDL	
<b>COLONY STIMULATING FACTORS</b>			
UDENYCA AUTOINJECTOR (SUBCUTANEOUS)	NA	Non-PDL	
<b>CYTOKINE AND CAM ANTAGONISTS</b>			
BIMZELX PEN (SUBCUTANEOUS)	NA	Non-PDL	
BIMZELX SYRINGE (SUBCUTANEOUS)	NA	Non-PDL	
HADLIMA KIT (INJECTION) (CF) 100 MG/ML	NP	PDL	Auto PA
HADLIMA KIT (INJECTION) 50 MG/ML	NP	PDL	Auto PA
HADLIMA PEN KIT (INJECTION) (CF) 100 MG/ML	NP	PDL	Auto PA
HADLIMA PEN KIT (INJECTION) 50 MG/ML	NP	PDL	Auto PA
OMVOH PEN (SUBCUTANEOUS)	NA	Non-PDL	
OMVOH VIAL (INJECTION)	NA	Non-PDL	
RINVOQ ER (ORAL)	Non-PDL	PDL	Auto PA
VELSIPITY (ORAL)	NA	Non-PDL	

	PDL Status Before Meeting	PDL Status After Meeting	Comment
<b>EPINEPHRINE, SELF-INJECTED</b>			
AUVI-Q 0.1 MG (INTRAMUSCULAR)	Non-PDL	PDL	
AUVI-Q 0.15 MG (INTRAMUSCULAR)	Non-PDL	PDL	
AUVI-Q 0.3 MG (INTRAMUSCULAR)	Non-PDL	PDL	
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b>			
JESDUVROQ TABLET (ORAL)	NA	Non-PDL	
<b>GLUCOCORTICOIDS, INHALED</b>			
ARNUIITY ELLIPTA (INHALATION)	Non-PDL	PDL	
ASMANEX HFA (INHALATION)	Non-PDL	PDL	
BUDESONIDE/FORMOTEROL (INHALATION)	NA	Non-PDL	
PULMICORT FLEXHALER (INHALATION)	PDL	Non-PDL	
QVAR REDHALER (INHALATION)	Non-PDL	PDL	
<b>H. PYLORI TREATMENT</b>			
VOQUEZNA (ORAL)	NA	Non-PDL	
VOQUEZNA DUAL PAK (ORAL)	NA	Non-PDL	
VOQUEZNA TRIPLE PAK (ORAL)	NA	Non-PDL	
<b>IDIOPATHIC PULMONARY FIBROSIS</b>			
PIRFENIDONE CAPSULE (ESBRIET) (ORAL)	PDL	Non-PDL	
PIRFENIDONE TABLET (ESBRIET) (ORAL)	PDL	Non-PDL	
<b>IMMUNOMODULATORS, TOPICAL</b>			
PODOFILOX GEL (CONDYLOX) (TOPICAL)	NA	Non-PDL	
<b>KERATOLYTICS</b>			
SALICYLIC ACID CREAM (TOPICAL)	PDL	Non-PDL	
YCANATH (TOPICAL)	NA	Non-PDL	
<b>METHOTREXATE</b>			
JYLAMVO SOLUTION (ORAL)	NA	Non-PDL	
<b>PARASYMPATHETIC AGENTS</b>			
CEVIMELINE (AG) (ORAL)	NA	Non-PDL	
<b>PHOSPHATE BINDERS</b>			
XPHOZAH TABLET (ORAL)	NA	Non-PDL	
<b>PNH AGENTS</b>			
FABHALTA (ORAL)	NA	Non-PDL	
<b>POMPE DISEASE</b>			
POMBILITI (INTRAVENOUS)	NA	Non-PDL	
<b>TETRACYCLINES</b>			
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE (AG) (ORAL)	Non-PDL	PDL	
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE (ORAL)	Non-PDL	PDL	
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE (AG) (ORAL)	Non-PDL	PDL	
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE (ORAL)	Non-PDL	PDL	
DOXYCYCLINE MONOHYDRATE TABLET (ORAL)	Non-PDL	PDL	
<b>VASODILATORS, CORONARY</b>			
ISOSORBIDE DINITRATE (AG) (ORAL)	PDL	Non-PDL	

NA = NOT APPLICABLE (FOR NEW PRODUCTS)