

Quarterly pharmacy formulary change notice

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

The formulary changes listed in the table below were reviewed and approved at the Agency for Healthcare Administration’s March 2023 Pharmacy and Therapeutics Committee meeting.

Effective April 1, 2023, 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 members on April 1, 2023		
Therapeutic class	Drug	Revised status
ACNE AGENTS, TOPICAL	CLINDAMYCIN PHOSPHATE GEL (TOPICAL)	PDL
ANDROGENIC AGENTS, ORAL	TLANDO (ORAL)	Non-PDL
ANGIOTENSIN MODULATORS	BENAZEPRIL HCTZ (ORAL)	PDL
ANGIOTENSIN MODULATORS	QUINAPRIL HCTZ (ORAL)	PDL
ANGIOTENSIN MODULATORS	TELMISARTAN (ORAL)	PDL
ANGIOTENSIN MODULATORS	TELMISARTAN HCTZ (ORAL)	PDL
ANTICHOLINERGICS / ANTISPASMODICS	DARTISLA (ORAL)	Non-PDL
ANTICHOLINERGICS / ANTISPASMODICS	GLYCOPYRROLATE SOLUTION (ORAL)	PDL
ANTICHOLINERGICS / ANTISPASMODICS	HYOSCYAMINE SULFATE DROPS (ORAL)	Non-PDL
ANTICONVULSANTS	ZONISADE (ORAL)	Non-PDL
ANTIDEPRESSANTS, OTHER	AUVELITY (ORAL)	Non-PDL
ANTIDIURETIC HORMONE REPLACEMENT, ORAL & NASAL	VASOSTRICT (INTRAVENOUS)	Non-PDL
ANTIMIGRAINE AGENTS, OTHER	AJOVY (SUBCUTANEOUS)	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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ANTIMIGRAINE AGENTS, OTHER	AJOVY AUTOINJECTOR (SUBCUTANEOUS)	PDL
ANTIMIGRAINE AGENTS, OTHER	AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)	PDL
ANTIMYCOBACTERIUM AGENTS	MYCOBUTIN (ORAL)	PDL
ANTIMYCOBACTERIUM AGENTS	RIFABUTIN CAPSULE (ORAL)	Non-PDL
ANTIPSORIATICS, TOPICAL	VTAMA (TOPICAL)	Non-PDL
ANTIPSORIATICS, TOPICAL	ZORYVE (TOPICAL)	Non-PDL
BPH TREATMENTS	ENTADFI (ORAL)	Non-PDL
COLONY STIMULATING FACTORS	FYLNETRA (SUBCUTANEOUS)	Non-PDL
COLONY STIMULATING FACTORS	ROLVEDON SYRINGE (SUBCUTANEOUS)	Non-PDL
COLONY STIMULATING FACTORS	STIMUFEND SYRINGE (SUBCUTANEOUS)	Non-PDL
CYTOKINE AND CAM ANTAGONISTS	SPEVIGO (INTRAVENOUS)	Non-PDL
GLUCAGON AGENTS	DIAZOXIDE SUSPENSION (ORAL)	Non-PDL
GLUCAGON AGENTS	PROGLYCEM SUSPENSION (ORAL)	PDL
GLUCOCORTICOIDS, INHALED	ALVESCO (INHALATION)	Non-PDL
GLUCOCORTICOIDS, INHALED	FLOVENT DISKUS (INHALATION)	PDL
H. PYLORI TREATMENT	TALICIA (ORAL)	Non-PDL
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	BASAGLAR TEMPO PEN (SUBCUTANEOUS)	Non-PDL
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	HUMALOG TEMPO PEN (SUBCUTANEOUS)	Non-PDL
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	LYUMJEV TEMPO PEN (SUBCUTANEOUS)	Non-PDL
IDIOPATHIC PULMONARY FIBROSIS	PIRFENIDONE (ORAL)	PDL
IMMUNOMODULATORS, ASTHMA	TEZSPIRE SYRINGE (SUBCUTANEOUS)	Non-PDL
IMMUNOMODULATORS, ATOPIC DERMATITIS	TACROLIMUS (AG) (TOPICAL)	PDL
IMMUNOMODULATORS, ATOPIC DERMATITIS	TACROLIMUS (TOPICAL)	PDL
IMMUNOMODULATORS, TOPICAL	HYFTOR (TOPICAL)	Non-PDL

INTRANASAL RHINITIS AGENTS	RYALTRIS (NASAL)	Non-PDL
KERATOLYTICS	SALICYLIC ACID GEL (TOPICAL)	PDL
METHOTREXATE	METHOTREXATE PF VIAL (AG) (INJECTION)	PDL
MULTIVITAMINS	DERMACINRX MULTITAM (ORAL)	Non-PDL
PHOSPHATE BINDERS	CALCIUM ACETATE CAPSULE (ORAL)	Non-PDL
PHOSPHATE BINDERS	CALCIUM ACETATE TABLET OTC (ORAL)	PDL
PHOSPHATE BINDERS	REVELA TABLET (ORAL)	PDL
PHOSPHATE BINDERS	SEVELAMER CARBONATE TABLET (AG) (ORAL)	Non-PDL
PHOSPHATE BINDERS	SEVELAMER CARBONATE TABLET (ORAL)	Non-PDL
SKELETAL MUSCLE RELAXANTS	BACLOFEN SOLUTION (AG) (ORAL)	PDL Auto PA
SKELETAL MUSCLE RELAXANTS	NORGESIC (ORAL)	Non-PDL
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER (RELEXXII) (AG) (ORAL)	Non-PDL
STIMULANTS AND RELATED AGENTS	RELEXXII (ORAL)	Non-PDL
STIMULANTS AND RELATED AGENTS	XELSTRYM (TRANSDERMAL)	Non-PDL
VASODILATORS, CORONARY	ISOSORBIDE DINTRATE/HYDRALAZINE (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 and 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 Relations 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:

