



P.O. Box 31577
Tampa, FL 33631-3577

UPDATE
Staywell Medicaid
Preferred Drug List

12/14/2018

Dear Provider:

At the **December 14, 2018** Florida Medicaid Pharmaceutical and Therapeutics Committee meeting, it was decided that the drug removals listed below will be made to the Staywell Medicaid Preferred Drug List. For a full listing of changes, please refer to the Changes Summary Report at http://ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml.

The Staywell Medicaid Preferred Drug List is updated based on recommendations by the Pharmaceutical and Therapeutics Committee and the Agency for Health Care Administration. Please carefully review the following removals:

Key	
NA= Not Applicable (for new products)	PDL = Preferred Drug List
NR = Not Previously Reviewed	PA = Prior Authorization

Effective date of change: **12/14/2018**

Drug Name	PDL Status Before Meeting	PDL Status After Meeting	Comments
REMOVALS FROM THE PDL			
SAVAYSA (ORAL)	PDL	Non-PDL	
CEREZYME 400 UNITS (INTRAVEN)	PDL (Auto PA)	Non-PDL	
VPRIV 400 UNITS (INTRAVEN)	PDL (Auto PA)	Non-PDL	
HUMALOG PEN (SUBCUTANE.)	PDL	Non-PDL	





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NOVOLIN 70/30 PEN OTC (SUBCUTANE.)	PDL	Non-PDL	
NOVOLIN 70/30 VIAL OTC (SUBCUTANE.)	PDL	Non-PDL	
FERREX 28 TABLET (ORAL)	PDL	Non-PDL	
FUSION SPRINKLES POWDER PACK (ORAL)	PDL	Non-PDL	
HEMATOGEN CAPSULE (ORAL)	PDL	Non-PDL	
IRON CARBONYL/DOCUSATE/B12-IF/FA/MULTIVITAMIN & MINERAL TABLET ER 24H (ORAL)	PDL	Non-PDL	
MULTIGEN PLUS TABLET (ORAL)	PDL	Non-PDL	
NEPHRON FA TABLET (ORAL)	PDL	Non-PDL	
LINCOICIN (INJECTION)	PDL	Non-PDL	
MVC-FLUORIDE CHEW (ORAL)	PDL	Non-PDL	
TRI-VITAMIN WITH FLUORIDE (ORAL)	PDL	Non-PDL	
SULFAMYLLON CREAM (TOPICAL)	PDL	Non-PDL	
MESALAMINE (RECTAL)	PDL	Non-PDL	

If you have questions, our Pharmacy Help Desk is available to help you at **1-866-334-7927**.

Thank you for providing excellent care to Staywell Medicaid members.





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Sincerely,
Staywell

