



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

## UPDATE

06/06/2024

### Fidelis Care Medicaid Preferred Drug List

Dear Provider,

Thank you for your partnership.

We have some important information to share with you.

At the **June 6<sup>th</sup>, 2024** Fidelis Care Pharmacy & Therapeutics meeting, it was decided that the following changes will be made to the **Fidelis Care Medicaid Preferred Drug List (PDL)**, effective **9/01/2024**. Please review these changes carefully.

Key	
<b>UPPER CASE</b> = Brand Name Drugs	<b>QL</b> = Quantity Limit
<b>Lower case italics</b> = Generic Drugs	<b>ST</b> = Step Therapy
<b>PDL</b> = Preferred Drug List	<b>AL</b> = Age Limit
<b>PA</b> = Prior Authorization	<b>YOA</b> = Years of Age
<b>SC</b> = Safety Concerns	<b>LU</b> = Low Utilization
<b>PC</b> = Pharmacoeconomic	<b>DD</b> = Discontinued Drug
<b>GA</b> = Generic Available	<b>CR</b> = Clinical Removal

Effective Date: **09/01/2024**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
<b>ADDITIONS TO THE PDL</b>			
<i>dabigatran etexilate mesylate</i> (Pradaxa)	Anticoagulants	Added to PDL with QL/DD	
Simlandi	TNF blockers	Added to PDL with PA; Update applicable PA criteria to include Simlandi as one of the preferred Humira biosimilars	
<b>UTILIZATION MANAGEMENT CHANGES</b>			



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Trospium Chloride, <i>acyclovir cream/ointment</i> (Zovirax Cream/Ointment), Natroba ( <i>spinosad</i> ), Dovonex cream ( <i>calcipotriene cream</i> ), <i>ciprofloxacin-dexamethasone otic suspension</i> (Ciprodex Otic), <i>calcipotriene ointment/solution</i> , Amerge ( <i>naratriptan</i> ), Actos ( <i>pioglitazone</i> ), Actoplus Met ( <i>pioglitazone hcl-metformin</i> )	Multiple	Removed EST	
<i>adalimumab-ryvk</i>	TNF Blockers	Manage at NDC, keep at Tier 9, updated WFD to N	
<i>asenapine maleate</i> (Saphris), <i>pimecrolimus</i> (Elidel), Absorbica (generics), Xhance ( <i>fluticasone propionate nasal spray</i> )	Multiple	PA added, removed EST	
Xhance ( <i>fluticasone propionate nasal spray</i> )	Nasal Agents	PA updated; Modify existing PA criteria to add triple step with two intranasal corticosteroids (INCs) and one intranasal saline agent to chronic rhinosinusitis without nasal polyps indication (CRSsNP)	
Remicade ( <i>infliximab</i> )	Anti-inflammatory/Gastrointestinal Agents	PA updated; Update criteria to step brand Remicade through unbranded Remicade (after	



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		preferred biosimilars)	
Zymfentra ( <i>infliximab-dyyb</i> )	Anti-inflammatory/Gastrointestinal Agents	PA updated; Update Zymfentra criteria to limit use to members unable to continue receiving IV infliximab infusions due to healthcare access issues	
Entresto ( <i>sacubitril-valsartan</i> )	Cardiovascular Agents	PA updated; Separate criteria and require step through Farxiga AG	
Udenyca ( <i>pegfilgrastim-cbqv</i> ) Nyvepria ( <i>pegfilgrastim-apgf</i> ) Ziextenzo ( <i>pegfilgrastim-bmez</i> )	Hematopoietic Agents	PA updated; Modify corresponding clinical criteria to co-prefer Udenyca and Nyvepria (remove preference of Ziextenzo). Remove the redirection to Zarxio from all indications	
Genotropin/Genotropin Miniquick ( <i>somatropin</i> )	Human Growth Hormone	PA updated; Update criteria to co-prefer Zomacton and Omnitrope Vial; if preferred drugs are not available due to a shortage, use Omnitrope Cartridge; add Skytrofa to Clinical criteria	
<b>REMOVALS FROM THE PDL</b>			
Prudoxin/Zonalon cream ( <i>doxepin</i> )	Dermatologicals	Removed from PDL, removed EST	
Janumet/Janumet XR ( <i>sitagliptin-metformin</i> )	Antidiabetics	Removed from PDL, removed EST	
First-Lansoprazole	Ulcer drugs/antispasm	Removed from PDL, removed EST	



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	odics/anticholinergics		
Denavir ( <i>penciclovir</i> )	Dermatologicals	Removed from PDL, removed EST	
<i>calcipotriene foam</i>	Dermatologicals	Removed from PDL, removed EST	

If you have any questions, Fidelis Care’s Pharmacy Help Desk is available to assist providers at **1-888-453-2534**.

Thank you for your quality care of Fidelis Care Medicaid members.

Sincerely,  
Fidelis Care Pharmacy