

Pharmacy formulary change notice

Effective May 15, 2021, the changes outlined below apply to all members enrolled with Simply Healthcare Plans, Inc. and Clear Health Alliance.

| Effective for all Statewide Medicaid Managed Care Managed Medical Assistance patients on May 15, 2021 | | | |
|---|---|---|-------------------------------|
| Therapeutic class | Drug | Revised status | Preferred CGMs |
| Durable medical equipment | Continuous Glucose Monitoring Systems (CGM) (Sensor, transmitter, external receiver) | Add Age limit: Ages 0-20 Prior authorization required Ages 21+ excluded benefit | FreeStyle Libre and Dexcom G6 |

We appreciate the quality care you give our members and recognize the unique aspects of individual cases. You may fax the prior authorization request to **1-877-577-9045** by completing our *Prior Authorization Form*. Please call Provider Services at **1-844-405-4296** if you have further questions regarding this communication.

<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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