From the June 27, 2025
Florida Pharmaceutical & Therapeutics Committee Meeting
(Changes Effective October 1, 2025)

| | PDL Status Before Meeting | PDL Status After Meeting | Comment |
|---|---|---|---|
| **ALZHEIMER'S AGENTS** | | | |
| MEMANTINE ER (ORAL) | Non-PDL | PDL | |
| MEMANTINE ER (AG) (ORAL) | Non-PDL | PDL | |
| **ANTIDEPRESSANTS, OTHER** | | | |
| RALDESY SOLUTION (ORAL) | NA | Non-PDL | |
| **ANTIHYPERTENSIVES, SYMPATHOLYTICS** | | | |
| METHYLDOPA (AG) (ORAL) | Non-PDL | PDL | |
| **ANTIMIGRAINE AGENTS, TRIPTANS** | | | |
| SYMBRAVO TABLET (ORAL) | NA | Non-PDL | |
| **ANTIPARKINSON'S AGENTS** | | | |
| ONAPGO (SUBCUTANEOUS) | NA | Non-PDL | |
| **GROWTH HORMONE** | | | |
| SKYTROFA CARTRIDGE (SUBCUTANEOUS) | PDL | Non-PDL | |
| SOGROYA (SUBCUTANEOUS) | PDL | Non-PDL | |
| **HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS** | | | |
| JANUMET (ORAL) | PDL | Non-PDL | |
| JANUMET XR (ORAL) | PDL | Non-PDL | |
| JANUVIA (ORAL) | PDL | Non-PDL | |
| MOUNJARO (SUBCUTANEOUS) | Non-PDL | PDL | Clinical PA |
| VICTOZA (SUBCUTANEOUS) | PDL | Non-PDL | |
| **HYPOGLYCEMICS, INSULIN AND RELATED AGENTS** | | | |
| APIDRA SOLOSTAR PEN (SUBCUTANEOUS) | PDL | Non-PDL | |
| APIDRA VIAL (SUBCUTANEOUS) | PDL | Non-PDL | |
| NOVOLIN VIAL OTC (SUBCUTANEOUS) | PDL | Non-PDL | |
| **HYPOGLYCEMICS, SGLT2** | | | |
| JARDIANCE (ORAL) | PDL | Non-PDL | |
| SYNJARDY (ORAL) | PDL | Non-PDL | |
| SYNJARDY XR (ORAL) | PDL | Non-PDL | |
| **HYPOGLYCEMICS, SULFONYLUREAS** | | | |
| GLIMEPIRIDE 3MG (ORAL) | PDL | Non-PDL | |

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|---|---|---|---|
| **IMMUNOMODULATORS, ATOPIC DERMATITIS** | | | |
| EBGLYSS PEN (SUBCUTANEOUS) | Non-PDL | PDL | Clinical PA |
| EBGLYSS SYRINGE (SUBCUTANEOUS) | Non-PDL | PDL | Clinical PA |
| NEMLUVIO PEN (SUBCUTANEOUS) | Non-PDL | PDL | Clinical PA |
| OPZELURA (TOPICAL) | Non-PDL | PDL | Auto PA |
| **LIPOTROPICS, OTHER** | | | |
| LEQVIO (SUBCUTANEOUS) | Non-PDL | PDL | Auto PA |
| TRYNGOLZA AUTOINJECTOR (SUBCUTANEOUS) | NA | Non-PDL | |
| **MISCELLANEOUS** | | | |
| JOURNAVX TABLET (ORAL) | NA | PDL | |
| **MOVEMENT DISORDERS** | | | |
| AUSTEDO XR TITRATION KIT (ORAL) | Non-PDL | PDL | Auto PA |
| INGREZZA INITIATION PACK (ORAL) | Non-PDL | PDL | Auto PA |
| **ONCOLOGY, INJECTABLE** | | | |
| ANKTIVA VIAL (INTRAVESICAL) | NA | Non-PDL | |
| AUCATZYL (INTRAVENOUS) | NA | Non-PDL | |
| BENDEKA (INTRAVENOUS) | PDL | Non-PDL | |
| BICNU (INTRAVENOUS) | PDL | Non-PDL | |
| BIZENGRI VIAL (INTRAVENOUS) | NA | Non-PDL | |
| CARMUSTINE VIAL (INTRAVENOUS) | Non-PDL | PDL | |
| CARMUSTINE VIAL (AG) (INTRAVENOUS) | Non-PDL | PDL | |
| DATROWAY (INTRAVENOUS) | NA | Non-PDL | |
| GRAFAPEX VIAL (INTRAVENOUS) | NA | Non-PDL | |
| IMDELLTRA (INTRAVENOUS) | NA | Non-PDL | |
| RYTELO (INTRAVENOUS) | NA | Non-PDL | |
| TECELRA (INTRAVENOUS) | NA | Non-PDL | |
| TEVIMBRA (INTRAVENOUS) | NA | Non-PDL | |
| VYLOY (INTRAVENOUS) | NA | Non-PDL | |
| ZIIHERA (INTRAVENOUS) | NA | Non-PDL | |
| **OPIATE DEPENDENCE TREATMENTS** | | | |
| NARCAN SPRAY OTC (NASAL) | Non-PDL | PDL | |
| **PITUITARY SUPPRESSIVE AGENTS, LHRH** | | | |
| TRIPTODUR KIT 6-MONTH (INTRAMUSCULAR) | Non-PDL | PDL | Auto PA |
| **PRENATAL VITAMINS** | | | |
| PRENATAL VIT/FE FUMARATE/FA OTC (ORAL) | NA | PDL | |
| **ROSACEA AGENTS, TOPICAL** | | | |
| EPSOLAY (TOPICAL) | NA | Non-PDL | |

NA = NOT APPLICABLE (FOR NEW PRODUCTS)