

**Sunshine Health  
Supplemental PDL**



## Pharmacy Program

Sunshine Health is committed to providing appropriate, high quality, and cost effective care to our Sunshine Health members. Some products may require prior authorization (PA) or have limitations on maximum quantities. For the most current information about the Sunshine Health Pharmacy Program you may call Member Services at 1-866-796-0530 (TTY /TDD 1-866-796-0524) or visit the Sunshine Health website [www.SunshineStateHealth.com](http://www.SunshineStateHealth.com).

## Supplemental Preferred Drug List

The Sunshine Health Supplemental Preferred Drug List (PDL) includes drugs covered through the Sunshine Health pharmacy benefit that are not listed on the AHCA Preferred Drug List. The Supplemental PDL is continually evaluated by the Sunshine Health Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the Sunshine Health Medical Director, Sunshine Health Pharmacy Director, and several Florida physicians and specialists.

## Pharmacy Benefit Manager

Sunshine Health works with Envolve Pharmacy Solutions and CVS/Caremark to process all pharmacy claims for prescribed drugs. Some drugs on the Sunshine Health PDL require a PA and Envolve Pharmacy Solutions is responsible for administering this process. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager.

## Dispensing Limits

Medications may be dispensed up to a maximum of 34 day supply for each new prescription or refill. A total of 80% of the days supply must have elapsed before the prescription can be refilled at a Sunshine Health network pharmacy.

## Contact Information

Sunshine Health Member Services:	1-866-796-0530 Fax: 1-866-714-7998
Sunshine Health Member Services TTY/TDD:	1-866-796-0524
Envolve Pharmacy Solutions Prior Authorizations:	1-866-399-0928 Fax: 1-866-399-0929
Envolve Pharmacy Solutions Help Desk:	1-800-460-8988

Supplemental Preferred Drug List (PDL)
Aerospan Inhalation Aerosol 8.9g (ages 5 and up) limit 1 per month
Invanz IV – max of 1g/day
Kyleena – limit 1 every 5 years
Skyla – limit 1 every 3 years
Mirena – limit 1 every 5 years
Liletta – limit 1 every 5 years
Methylphenidate HCl Cap SR 24HR 20 MG, 30 MG, 40 MG
Paragard – limit 1 every 10 years
Select Spacers / Aerosol-Holding Chambers limit 1 per year