HealthSun Health Plans, Inc.

Florida Medicaid Preferred Drug List Changes

The table below outlines the Preferred Drug List changes

Effective Month	Drug Name	NDC	Change of PDL Status
August	FE FUM-IRON POLYSACCH COMPLEX-FA-B CMPLX-C-ZN-MN-CU CAP	NDC 13925011890	Non-PDL (NDC 13925011890 Deletion)
August	GUAIFENESIN TAB 400 MG	NDC 24689012202	Non-PDL (NDC 24689012202 Deletion)
August	DEXTROMETHORPHAN-GUAIFENESIN TAB 20-400 MG	NDC 24689012301	Non-PDL (NDC 24689012301 Deletion)
August	DEXTROMETHORPHAN-GUAIFENESIN TAB 20-400 MG	NDC 24689012302	Non-PDL (NDC 24689012302 Deletion)
August	CYANOCOBALAMIN INJ 1000 MCG/ML	NDC 70710166301	Non-PDL (NDC 70710166301 Deletion)
August	CYANOCOBALAMIN INJ 1000 MCG/ML	NDC 70710166307	Non-PDL (NDC 70710166307 Deletion)
August	CYANOCOBALAMIN INJ 1000 MCG/ML	NDC 70710166406	Non-PDL (NDC 70710166406 Deletion)
August	CYANOCOBALAMIN INJ 1000 MCG/ML	NDC 70710166407	Non-PDL (NDC 70710166407 Deletion)

Effective Month	Drug Name	NDC	Change of PDL Status
August	CYANOCOBALAMIN INJ 1000 MCG/ML	NDC 70710166501	Non-PDL (NDC 70710166501 Deletion)
August	CYANOCOBALAMIN INJ 1000 MCG/ML	NDC 70710166505	Non-PDL (NDC 70710166505 Deletion)
August	CYANOCOBALAMIN INJ 1000 MCG/ML	NDC 71288030391	Non-PDL (NDC 71288030391 Deletion)
August	CYANOCOBALAMIN INJ 1000 MCG/ML	NDC 71288030392	Non-PDL (NDC 71288030392 Deletion)
August	GUAIFENESIN TAB ER 12HR 1200 MG	NDC 70000047902	Non-PDL (NDC 70000047902 Deletion)
August	MULTIPLE VITAMIN IV SOLN	NDC 54643900701	Non-PDL (NDC 54643900701 Deletion)
August	PEDIATRIC MULTIPLE VITAMINS IV SOLN	NDC 54643902301	Non-PDL (NDC 54643902301 Deletion)