

Commercial and Other Pharmacy Program Updates Effective January 1, 2023

The following changes to our pharmacy programs become effective **January 1, 2023**. These changes affect our preferred drug lists and medication guides, including prior authorization requirements, the Responsible Quantity Program, Responsible Steps and the Pharmacy Coverage Exclusions List. Important changes are below.

Responsible Quantity Program

We will add the following drugs and drug-dispensing limits to the Responsible Quantity Program effective January 1. This applies only to members whose plans are part of the Responsible Quantity Program.

Please note: Responsible Quantity Program limits apply to generic drugs where applicable.

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	Dispensing Limit Per Month (unless noted otherwise)
Auvelity (dextromethorphan/bupropion)	60 tabs
Baraclude (entecavir) 0.5 mg; 1 mg tab	30 tabs
Baraclude (entecavir) 0.5 mg/mL oral soln	630 ml
Calquence 100 mg tabs	60 tabs
Epivir (lamivudine) 100 mg tab	30 tabs
Epivir (lamivudine) oral soln 5 mg/mL	600 ml
Estrace (estradiol) cream	255 grams / 365 days
Fynetra	2 syringes / 28 days
Hepsera (adefovir dipivoxil) 10 mg tab	30 tabs
Imbruvica 70 mg/ml oral suspension	216 ml (2 bottles)
Quetiapine 150 mg	30 tabs
Kyzatrex 100 mg	60 caps
Kyzatrex 150 mg, 200 mg	120 caps
Orkambi 75 mg – 94 mg granules	60 packets
Pheburane	1218 grams / 29 days
Pirfenidone 534 mg tablet	21 tabs / 180 days
Ryaltris	1 bottle (29 grams)
Tadliq	300 ml

Vemlidy 25 mg tab	30 tabs
Verkazia 0.3 ml single use vial	120 vials
Vivjoa	18 caps / 180 days
Vtama	60 grams
Xelstrym	30 patches
Ztalmy	1100 ml (2 bottles)

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Auvelity (dextromethorphan/bupropion)	Auvelity added as a target
Doryx	Doryx added as a target
Quetiapine 150 mg	Quetiapine added as a target
Ryaltris	Ryaltris added as a target

New Pharmacy Coverage Exclusions

Our commercial pharmacy plans will no longer cover the brand-name or generic drugs listed below. We will cover many of their therapeutic or generic alternatives. This exclusion list applies only to members enrolled in health plans that allow pharmacy coverage exclusions.

New Coverage Exclusions	
Cetraxal 0.2% otic solution	Megestrol Acetate 625 mg/5ml suspension
Diltiazem Coated Beads 120 mg ER Tab 24 hour	Phentermine 15 mg cap
Diltiazem Coated Beads 180 mg ER Tab 24 hour	Picato 0.015% and 0.05% gel
Diltiazem Coated Beads 240 mg ER Tab 24 hour	Vagifem 10 mcg
Diltiazem Coated Beads 300 mg ER Tab 24 hour	Vijoice (effective 12/1/22)
Diltiazem Coated Beads 360 mg ER Tab 24 hour	

Medications Requiring Prior Authorization

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefits. This applies only to members whose plans are part of the Prior Authorization Program. New-to-market drugs may still be under review for a coverage decision as a part of our New-to-Market Program.

Drugs Added to the Prior Authorization Program	
Drug	Covered Condition(s)*
Calquence 100 mg tabs	FDA approved indication(s)
Crotan (crotamiton) lotion 10% (alternate PA)	FDA approved indication(s)
Fynetra (pegfilgrastim)	FDA approved indication(s)
Imbruvica 70 mg/ml oral suspension	FDA approved indication(s)

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Kyzatrex	FDA approved indication(s)
Noxafil powder mix	FDA approved indication(s)
Orkambi 75 mg – 94 mg granules	FDA approved indication(s)
Pheburane	FDA approved indication(s)
Pirfenidone 534 mg tablet	FDA approved indication(s)
Tadliq	FDA approved indication(s)
Verkazia	FDA approved indication(s)
Vivjoa	FDA approved indication(s)
Xelstrym	FDA approved indication(s)
Ztalmy	FDA approved indication(s)
*Summary of criteria and additional information are available with our authorization forms.	

Preferred Drug List Changes and Medication Guides

Changes to our preferred drug lists and the current list are available at floridablue.com/providers. Select **Tools & Resources**, **Medical & Pharmacy Policies, Guidelines** and then **Medication Guides**. Here is the direct link to the [Medication Guides](#).

Net Results Formulary Program Updates

The following changes only apply to members with the Net Results formulary as part of their plan.

Net Results Pharmacy Coverage Exclusions

Effective January 1, 2023, Net Results will no longer cover the brand-name or generic drugs listed below.

Net Results New Exclusions	
Adlarity	Nexavar
Akten	Norliqva
Amiodarone hcl tab 400 mg	Nyvepria
Aspruzo sprinkle	Oxycodone hcl cap 5 mg
Bromfenac sodium ophth soln 0.09%	Penicillamine cap 250 mg
Camcevi	Pennsaid
Cetraxal	Pradaxa
Cholestyramine light powder packets 4 gm	Prednisone intensol (prednisone conc 5 mg/ml)
Cholestyramine powder packets 4 gm	Proparacaine hcl ophth soln 0.5%
Ciclopirox olamine susp 0.77%	Quviviq
Clopidogrel bisulfate tab 300 mg	Roxybond abuse deterrent
Diclofenac sodium soln 2%	Sodium sulfate/potassium sulfate/magnesium sulfate oral solution
Diltiazem hcl coated beads cap ER 24hr	Tlando

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Epsolay	Tyvaso DPI maintenance kit
Fluticasone furoate/vilan terol ellipta	Vagifem
Fluticasone propionate HFA	Verkazia
Insulin glargine	Viibryd
Insulin glargine Solostar	Vimpat
Leucovorin calcium tab 10 mg	Voquezna dual pak
Lyvispah	Voquezna triple pak
Megestrol acetate susp 625 mg/5ml	Vtama
Mounjaro	zolmitriptan orally disintegrating tab
Net Results Drugs Added Back to Coverage	
Estradiol vaginal tab 10 mcg	Olumiant
Fulphila	Phexxi

Net Results Step Therapy Program Changes

The following changes apply to the Net Results Step Therapy Program.

Program	Added drug(s)
Antidepressant	Venlafaxine ER 112.5 mg
Atypical Antipsychotics	Caplyta, quetiapine, Abilify Mycite

Net Results Medications Requiring Prior Authorization

Prior authorization requirements for the following list of medications will change for members using our Net Results Formulary effective January 1, 2023.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Adlyxin	FDA approved indication (s)
Besremi	FDA approved indication (s)
Byetta	FDA approved indication (s)
Calquence	FDA approved indication (s)
Camzyos	FDA approved indication (s)
Imbruvica suspension	FDA approved indication (s)
Kyzatrex	FDA approved indication (s)
Mounjaro	FDA approved indication (s)
Pheburane	FDA approved indication (s)
Pirfenidone 534 mg	FDA approved indication (s)
Revlimid 2.5 mg and 20 mg	FDA approved indication (s)
Rinvoq	FDA approved indication (s)

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Sotyktu	FDA approved indication (s)
Tadliq	FDA approved indication (s)
Tascenso ODT	FDA approved indication (s)
Tyvaso DPI	FDA approved indication (s)
Vascepa	FDA approved indication (s)
Vijoice	FDA approved indication (s)
*Summary of criteria and additional information are available with authorization forms available at myprime.com	

Net Results Quantity Limit Program

The following drugs and drug-dispensing limits to the Net Results Quantity Limit Program become effective January 1, 2023.

Brand/Generic Name	Net Results Quantity per 30 Day Supply Unless Otherwise Indicated
Auvelity (dextromethorphan/bupropion)	60 tabs
Besremi	2 syringe / 28 days
Calquence	60 tabs
Caplyta 10.5 mg and 21 mg	30 caps
Dynavel XR	30 tab
Imbruvica 70 mg/ml oral suspension	216 ml
Kyzatrex 100 mg	60 caps
Kyzatrex 150 mg, 200 mg	120 caps
Ocaliva	30 tabs
Paxlovid	30 tab
Pirfenidone 534 mg tablet	21 tabs / 180 days
Quviviq	30 tab
Rinvoq 15 mg, 30 mg	30 tab
Rinvoq 45 mg	56 tab / 365 days
Ryaltris	29 grams
Sotyktu	30 tab
Tadliq	300 ml
Tascenso ODT	30 tab
Tyvaso DPI 16 mcg, 32 mcg, 48 mcg, 64 mcg	112 cartridges / 28 days
Tyvaso DPI 32 mcg-48 mcg	224 cartridges / 28 days
Tyvaso DPI 16 mcg-32 mcg	196 cartridges / 180 days
Tyvaso DPI 16 mcg-32 mcg-48 mcg	252 cartridges / 180 days
Quetiapine 150 mg	30 tab

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Venlafaxine ER 112.5 mg	30 tab
Xarelto suspension	4 bottles

Net Results Authorization Request Forms

Net Results authorization request forms are available at myprime.com. Create a profile or click on **Forms** and then select **Continue without signing in**. Select **Florida Blue** from the top drop-down menu and **No** to the question regarding Medicare status. At the top of the following page, click **Forms** and then select **Florida Blue Net Results Formulary**. You will see a list of form categories.

Verify Eligibility and Benefits on Availity

As a reminder, you can verify your patients' eligibility and pharmacy benefits through Availity^{®1} at availity.com. If you have questions about your patients' Florida Blue benefits or these pharmacy updates, please call the Provider Contact Center at 800-727-2227.

¹Availity, LLC is a multi-payer joint venture company. For more information, visit availity.com.