

Commercial and Other Pharmacy Program Updates

The following changes to our pharmacy programs will become effective **April 1, 2022**. 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 summarized below.

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 part of our New-to-Market Program.

| Drugs Added to the Prior Authorization Program | | |
|---|----------------------------|--|
| Drug | Covered Condition(s)* | |
| Adbry | FDA approved indication(s) | |
| Basremi SC | FDA approved indication(s) | |
| Epclusa pellet pack | FDA approved indication(s) | |
| Livtencity | FDA approved indication(s) | |
| Mavyret pellet pack | FDA approved indication(s) | |
| Oplezura | FDA approved indication(s) | |
| Oxbryta | FDA approved indication(s) | |
| Purified Cortrophin gel | FDA approved indication(s) | |
| Recorlev | FDA approved indication(s) | |
| Ryplazim | FDA approved indication(s) | |
| Scemblix | FDA approved indication(s) | |
| Skytrofa | FDA approved indication(s) | |
| Tarpeyo | FDA approved indication(s) | |
| Tascenso ODT | FDA approved indication(s) | |
| Tavneos | FDA approved indication(s) | |
| Voxzgo | FDA approved indication(s) | |
| *Summary of criteria and additional information are available with our authorization forms. | | |

¹Availity, LLC is a multi-payer joint venture company. For more information, visit availity.com. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.

Responsible Quantity Program

We will add the following drugs and drug-dispensing limits to the Responsible Quantity Program effective April 1, 2022. 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) | |
| Biktarvy | 30 tabs | |
| Dupixent 100mg | 2 syringes / 28 days | |
| Epclusa pellet pack | 30 packets | |
| Mavyret pellet pack | 150 packets | |
| Molnupiravir | 1 treatment course | |
| Oplezura | 60 grams | |
| Oxbryta | 90 tabs | |
| Paxlovid | 1 treatment course | |
| Changes to Drugs Already in the Responsible Quantity Program | | |
| Meperidine 50mg tabs | 12 tablets per day | |

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 | | |
|---|---------------------------------|--|
| Cephalexin 750mg | Cyclosporin ophthalmic emulsion | |
| Hydroxychloroquine 100mg, 300mg, 400mg | Loreev XR | |
| Restasis Multidose | Sertraline 150 mg, 200 mg | |
| Stalevo 50 mg, 75 mg, 100 mg | Stalevo 125 mg, 150 mg, 200 mg | |
| Drugs added back to Coverage | | |
| Calcipotriene-betamethasone susp and ointment | Firdapse | |

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 April 1, 2022, Net Results will no longer cover the brand-name or generic drugs listed below.

| Net Results New Exclusions | | |
|---|---------------------------|--|
| Brinzolamide 1% | Brovama | |
| Bystolic | Calcipotriene ointment | |
| Cyclosporine ophthalmic | Epaned suspension | |
| Hydroxychloroquine 100 mg, 300 mg, 400 mg | Icosapent ethyl | |
| Imiquimod cream | Intelence | |
| Isosorbide dinitrate 40 mg | Loreev XR | |
| Lybalvi | Mytesi | |
| Opzelura | Pimecrolimus cream | |
| Prednisolone phosphate ODT | Quilipta | |
| Restasis multidose | Sertraline 150 mg, 200 mg | |
| Skytrofa | Sutent | |
| Trudhesa | Zolpidem SL tab | |
| Net Results Drugs Added Back to Coverage | | |
| Gemtesa | Myfembree | |

Net Results Quantity Limit Program

The following drugs and drug-dispensing limits to the Net Results Quantity Limit Program become effective April 1, 2022.

| Brand/Generic Name | Net Results Quantity per 30-day supply unless otherwise indicated |
|----------------------|---|
| Besremi | 2 syringes / 28 days |
| Epclusa packet | 30 packets |
| Mavyret packet | 150 packets |
| Oxbryta | 150 tablets |
| Reset | 1 license / 90 days |
| Reset-O | 1 license / 84 days |
| Scemblix 20mg, 40 mg | 60 tabs, 300 tabs |
| Sertraline | 30 capsules |
| Qulipta | 30 tablets |

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 April 1, 2022.

| Drugs Added to the Net Results Prior Authorization Program | | |
|---|-----------------------------|--|
| Drug | Covered Condition(s)* | |
| Besremi | FDA approved indication (s) | |
| Bylvay | FDA approved indication (s) | |
| Cortrophin gel | FDA approved indication (s) | |
| Dupixent 100mg | FDA approved indication (s) | |
| Epclusa packets | FDA approved indication (s) | |
| Livmarli | FDA approved indication (s) | |
| Mavyret packets | FDA approved indication (s) | |
| Oxbryta | FDA approved indication (s) | |
| Qulipta | FDA approved indication (s) | |
| Scemblix | FDA approved indication (s) | |
| Skytrofa | FDA approved indication (s) | |
| *Summary of criteria and additional information are available with authorization forms available at myprime.com | | |

Net Results Step Therapy Program Changes

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

| Program | Program Change |
|----------------|------------------------------------|
| Antidepressant | Addition of sertraline as a target |
| Oral NSAID | Addition of Elyxyb as a target |

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 <u>availity.com</u>. If you have questions about your patients' Florida Blue benefits or these pharmacy updates, please call the Provider Contact Center at 800-727-2227.