

# Commercial and Other Pharmacy Program Updates Effective January 2022

The following changes to our pharmacy programs will become effective **January 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.

#### **Preferred Drug List Changes and Medication Guides**

Changes to our preferred drug lists and the current list are available at <a href="floridablue.com/providers">floridablue.com/providers</a>. Select Tools & Resources, Medical & Pharmacy Policies, Guidelines and then Medication Guides. Here is the direct link to the <a href="Medication Guides">Medication Guides</a>.

## **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)
Aztarys	30 tabs
Brexafemme	12 tabs / 365 days
Dupixent 200mg	2 pens / 28 days
Kerendia	30 tabs
Kloxxado	4 bottles
Lybalvi	30 tabs
Myrbetriq suspension	300 ml / 28 days
Myfembree	30 tabs
Trudhesa	12 ml / 28 days
Verquvo	30 tabs
Xofluza therapy pack	2 tabs / 120 days

Changes to Drugs Already in the Responsible Quantity Program	
Aldara	48 packets / 112 days
Duobrii	100 gm
Halcinonide 0.1%	120 gm
Migranal	8 containers / 28 days

## **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	
Accrufer	Invokana
Amicar brand solution	Isosorbide dinitrate 40mg
Atacand HCT brand	Loperamide 2mg
Aztarys	Nextellis
Betapace AF brand	Paxil brand sus
Brexafemme	Qtern
Depen Titra tab	Revatio brand susp
Hydrocodone/acet 10/325 soln	Segluromet
Hydroxychloroquine 100, 300, 400mg	Steglatro
Inspra brand	Thalitone tab
Invokamet	Zithromax brand susp
Invokament XR	
Drugs added back to Coverage	
Buprenorphine patches	Targadox tab
Chlorzoxazone tabs	Testosterone gel 10mg/act
Cipro suspension	Zafemy
Prednisolone phosphate ODT	

## **Step Therapy Program Changes**

The following changes apply to the Step Therapy Program.

Program	Program Change
Atypical Antipsychotics	Lybalvi added as a target

## **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.

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Drugs Added to the Prior Authorization Program	
Drug	Covered Condition(s)*
Aztarys	FDA approved indication(s)
Brexafemme	FDA approved indication(s)
Bylvay	FDA approved indication(s)
Exkivity	FDA approved indication(s)
Insulin glargine	FDA approved indication(s)
Ivermectin	FDA approved indication(s)
Kerendia	FDA approved indication(s)
Livmarli	FDA approved indication(s)
Myfembree	FDA approved indication(s)
Skytrofa	FDA approved indication(s)
Verquvo	FDA approved indication(s)
Welireg	FDA approved indication(s)
*Summary of criteria and additional information are available with our authorization forms.	

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

## **Net Results Quantity Limit Program**

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

Brand/Generic Name	Net Results Quantity per 30 day supply unless otherwise indicated
Accrufer	60 caps
Dupixent syringe 200mg	2 pens / 28 days
Exkivity	120 caps
Kerendia	30 tabs
Lybalvi	30 tabs
Trudhesa	12 ml / 28 days
Welireg	90 tabs
Xofluza	2 tabs / 120 days
Changes to Drugs Already in the Responsible Quantity Program	
Xtandi 40	120 caps or tabs

## **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, 2022.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Accrufer	FDA approved indication (s)
Exkivity	FDA approved indication (s)
Ivermectin	FDA approved indication (s)
Kerendia	FDA approved indication (s)
Welireg	FDA approved indication (s)
Xolair prefilled syringe	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
Atypical Antipsychotics	Lybalvi added as a target
Oral NSAID	Diclofenac 25mg tablets added as a target

## **Net Results Pharmacy Coverage Exclusions**

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

Net Results New Exclusions	
Absorica	Kaletra
Accrufer	Lantus
Adasuve	Miacalcin
Azopt	Mitigare
Aztarys	Myfembree
Banzel	Neulasta
Brexafemme	Neulasta OnPro
Epogen	Neupogen
Exservan	Nextellis
Fulphila	Prevident Rinse
Granix	Procrit
Hydrocortisone butyrate topical soln	Qtern

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Invokamet	Thiola
Invokamet XR	Udenyca
Invokana	
Net Results Drugs Added Back to Coverage	
Ajovy	Orencia
Amphetamine-dextroamphetamine ER cap	Orencia Clickjet
Amphetamine-dextroamphetamine SR cap	Sutab
norelgestromin-ethinyl estradiol patch	Xolair

## **Net Results Authorization Request Forms**

Net Results authorization request forms are available at <a href="myprime.com">myprime.com</a>. 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<sup>®1</sup> 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.

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