

## Commercial and Other Pharmacy Program Updates *Effective July 2021*

The following changes to our pharmacy programs will become effective **July 1, 2021**. 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 [floridablue.com/providers](http://floridablue.com/providers). Select **Tools & Resources, Medical & Pharmacy Policies, Guidelines** and then **Medication Guides**. Here is the direct link to the [Medication Guides](#).

### Responsible Quantity Program

We will add the following drugs and drug-dispensing limits to the Responsible Quantity Program effective July 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)
Bronchitol	600 caps
Gemtesa	30 tabs
Humira UC pediatric starter pack	4 pens / 180 days
Iclusig 10, 30	30 tabs
Ozempic 4	1 pen / 28 days
Plegridy IM	2 syringes / 28 days
Vesicare suspension	300 ml
Xeljanz oral soln	240 ml
Xtandi 40	90 tabs
Xtandi 80	60 tabs

## 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	
Amitiza	Apriso
Azasan	Ciprodex brand
Concerta brand	Ec-Naproxen tablets
Eysuvis	Femring
Impeklo	Lyrica brand
Methamphetamine 5mg	Orapred ODT
Oxycodone 10-300	Pregen DHA
Prolate 10-300	Qdolo
Reltone	Suboxone film brand
Trazodone 300mg	Trezix 320.5-30-16
Tristart Free	Winlevi
Wynzora	

## 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)*
Fotivda	FDA approved indication(s)
Hetlioz LQ	FDA approved indication(s)
Lupkynis	FDA approved indication(s)
Nulibry	FDA approved indication(s)
Plegridy	FDA approved indication(s)
Ponvory	FDA approved indication(s)
Singifor LAR	FDA approved indication(s)
Tepmetko	FDA approved indication(s)
Ukoniq	FDA approved indication(s)
*A summary of criteria and additional information are available with our authorization forms.	

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## 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 July 1, 2021.

Brand/Generic Name	Net Results Quantity Per 30 Day Supply Unless Otherwise Indicated
Abilify Mycite	30 tabs
Fotivda	21 caps / 28 days
Hetlioz oral suspension	150 ml
Humira UC pediatric starter pack	4 pens / 180 days
Iclusig 10, 30	30 tabs
Mayzent Starter Pack	1 pack / 180 days
Ozempic 4	1 pen / 28 days
Plegridy IM	2 syringes / 28 days
Pogo system	200 tests
Qelbree 100	30 caps
Qelbree 150, 200	60 caps
Tepmetko	60 tabs
Ukoniq	120 tabs
Xeljanz oral soln	240 ml
Xtandi 40	90 tabs
Xtandi 80	60 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 July 1, 2021.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Imcivree	FDA approved indication (s)
Xhance	FDA approved indication (s)
Zokinvy	FDA approved indication (s)
*A summary of criteria and additional information are available with authorization forms at <a href="http://myprime.com">myprime.com</a>	

## Net Results Pharmacy Coverage Exclusions

Effective July 1, 2021, Net Results will no longer cover the brand-name or generic drugs listed below.

Net Results New Exclusions	
Alinia brand	Amantadine 100 tab
Atripla brand	Banzel brand
Benzonatate 150 cap	Bethkis brand
Clindamycin / benzoyl gel 1-5%	Cyclobenzaprine 7.5
Eysuvis	Ferriprox brand
Gemtesa	Hycodan syrup
Imipramine 75, 100, 125, 150 cap	Impeklo
Monurol brand	Orladeyo
Oxycodone/apap 10-300	Prolate
Qdolo	Reltone
Sklice brand	Sutab
Taclonex brand	Temazepam 7.5, 22.5 cap
Tretinoin gel 0.5%	Trexall brand
Tykerb brand	Wynzora
Net Results Drugs Added Back to Coverage	
Jornay PM	Kesimpta
Xhance	

## Net Results Authorization Request Forms

Net Results authorization request forms are available at [myprime.com](https://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®<sup>1</sup> at [availity.com](https://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, and select **Eligibility and Benefits**.

<sup>1</sup>Availity, LLC is a multi-payer joint venture company. For more information, visit [availity.com](https://availity.com).

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