

Commercial and Other Pharmacy Program Updates Effective October 2021

The following changes to our pharmacy programs will become effective **Oct. 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. 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 Oct. 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)
Annovera	1 ring / 180 days
Freestyle Libre Reader	1 / year
Freestyle Libre Sensor 10 day	3 sensors
Freestyle Libre Sensor 14 day	2 sensors / 28 days
Changes to Drugs Already in the Responsible Quantity Program	
Repatha 420mg	2 systems
Soliqua	6 pens

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	
Betamethasone Valerate 0.12 % foam	Hydrocodone Bitartrate/APAP 5-300 mg tabs
Clotrimazole/Beta Dibr 1-0.05% lotion	Hydrocodone Bitartrate/APAP 7.5-300 mg tabs
Desonide 0.05 % lotion	Mitigare
Doxycycline Monohydrate 150 mg tabs	Quelbree
Elepsia XR	Rilutek
Gemtesa	Roszet
Halobetasol Propionate 0.05 % ointment	Vesicare LS
Hydrocodone Bitartrate/APAP 10-300 mg tabs	Zafemy
Drugs Removed From Valuescript Formulary only	
Kuvan powder packets 100	Kuvan powder packets 500
Drugs Added Back to Coverage	
Sympazan	

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Statins	New Program from retired Prior Auth program

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)*
Empaveli	FDA approved indication(s)
Exservan	FDA approved indication(s)
Lumakras	FDA approved indication(s)
Truseltiq	FDA approved indication(s)
Xolair prefilled syringe	FDA approved indication(s)
*Summary of criteria and additional information are available with our authorization forms.	
Changes to Drugs or Classes in the Prior Authorization Program	
Statins	Program retired
Constipation agents	Movantik added as preferred

Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.

102576 0821R

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 Oct. 1, 2021.

Brand/Generic Name	Net Results Quantity per 30-day Supply Unless Otherwise Indicated
Verquvo	30 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 Oct. 1, 2021.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Verquvo	FDA approved indication (s)
*Summary of criteria and additional information are available with authorization forms available at myprime.com	

Net Results Pharmacy Coverage Exclusions

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

Net Results New Exclusions	
APAP/Caff/dihydrocodeine 320.5/30/16 cap	Ponvory and Ponvory Starter Pack
Bronchitol and tolerance test	Qelbree
Elepsia XR	Roszet
Femring	Saphris
Fenofibrate	Trazodone 300mg tab
Glucagon Emergency Kit	Trezix
Lotemax gel	Truvada
Methamphetamine 5mg tab	Vesicare LS
Naproxen EC 375mg, 500mg	Zyclara and Zyclara pump
Norelgestromin-ethinyl estradiol td (Zafemy)	Zytiga
Net Results Drugs Added Back to Coverage	
Briviact	Ketoconazole 200 mg
Calcium acetate 667 mg (PhosLo)	Nulibry
Forteo	Fluocinonide cream 0.1%

Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.

102576 0821R

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.