

Commercial and Other Pharmacy Program Updates *Effective January 1, 2024*

The following changes to our pharmacy programs become effective **January 1, 2024**. 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.

Responsible Quantity Program

We will add the following drugs and drug-dispensing limits to the Responsible Quantity Program effective January 1, 2024. 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)
Abrilada	2 pens or syringes / 28 days
Airsupra	3 inhalers
Akeega	60 tabs
Breo Ellipta 50 – 25 mcg	1 inhaler
Cosentyx Uno	1 injector / 28 days
Dexcom receiver	1 receiver / 365 days
Dexcom transmitter	1 transmitter / 90 days
Dexcom sensor	3 sensors
Entyvio	2 pens / 28 days
lyuzeh	30 containers
Kalydeco 5.8 mg granules packet	56 packets / 28 days
Ojjaara	30 tabs
Opvee	4 bottles
Sohonos 1 mg, 1.5 mg	112 caps / 28 days
Sohonos 2.5 mg	140 caps / 28 days
Sohonos 5 mg	84 caps / 28 days
Sohonos 10 mg	56 caps / 28 days
Tezspire	1 pen / 28 days
Vanflyta 17.7 mg	28 tabs / 28 days

Drugs Added to the Responsible Quantity Program	
Vanflyta 26.5 mg	56 tabs / 28 days
Veozah	30 tabs
Yargesa	90 caps

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Dexcom receiver, sensor, transmitter	Added to Glucose monitor program
Freestyle Libre reader, sensor, monitoring system	Added to Glucose monitor program
Sevelamer	Removal from program
Vraylar	Removal from program

New Pharmacy Coverage Exclusions

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

New Coverage Exclusions	
Advair Diskus 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act	Konvomep
Brimonidine 0.1% eye drops	Liqrev
carbinoxamine maleate 4 mg/5 ml soln (genus life NDC)	Ngenla
Cuvrior 300 mg tabs	Nitrofurantoin 50 mg/5 ml oral suspension
Flovent Diskus 50 mcg/blist, 100 mcg/blist, 250 mcg/blist	Sogroya 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml
Flovent HFA 44 mcg/act, 110 mcg/act, 220 mcg/act	Veozah
Gilenya 0.25 mg cap	Zavzpret 10 mg/act
Inpefa 200 mg	zolpidem tartrate 7.5 mg caps

Medications Requiring Prior Authorization

Prior authorization requirements under our members' pharmacy benefits will change for the following list of medications. The changes apply 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)*
Akeega	FDA approved indication(s)
Budesonide/formoterol	FDA approved indication(s)
Cuvrior	FDA approved indication(s)

Drugs Added to the Prior Authorization Program	
Kalydeco	FDA approved indication(s)
Ojjaara	FDA approved indication(s)
Sohonos	FDA approved indication(s)
tiotropium handihaler	FDA approved indication(s)
Trientine	FDA approved indication(s)
Vanflyta	FDA approved indication(s)
Veozah	FDA approved indication(s)
Xalkori pellets	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](https://www.floridablue.com/providers). Select **Tools & Resources**, **Medical & Pharmacy Policies, Guidelines**, 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, 2024, Net Results will no longer cover the brand-name or generic drugs listed below.

Net Results New Exclusions	
Adalimumab-adaz (adalimumab-adaz soln auto-injector 40 mg/0.4 ml)	Hyrmoz plaque psoriasis starter pack (adalimumab-adaz soln auto-injector 80 mg/0.8 ml & 40 mg/0.4 ml)
Adalimumab-fkjp (adalimumab-fkjp prefilled syringe kit 20 mg/0.4 ml)	Idacio (adalimumab-aacf prefilled syringe kit 40 mg/0.8 ml)
Adalimumab-fkjp (adalimumab-fkjp prefilled syringe kit 40 mg/0.8 ml)	Idacio starter package for Crohn's disease (adalimumab-aacf auto-injector kit 40 mg/0.8 ml)
Advair Diskus (fluticasone-salmeterol aer powder ba 100-50 mcg/act)	Inpefa (sotagliflozin tab 200 mg)
Advair Diskus (fluticasone-salmeterol aer powder ba 250-50 mcg/act)	Isotretinoin cap 25 mg, 35 mg
Advair Diskus (fluticasone-salmeterol aer powder ba 500-50 mcg/act)	Lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit
Carbinoxamine maleate (carbinoxamine maleate soln 4 mg/5 ml)	Lamotrigine tab disint 42 x 50 mg & 14 x 100 mg titration kit
Cuvrior (trientine tetrahydrochloride tab 300 mg)	Liqrev (sildenafil citrate oral susp 10 mg/ml)
Edarbi (azilsartan medoxomil tab 40 mg, 80 mg)	Lumryz (sodium oxybate pack for oral er susp 4.5 gm)
Edarbyclor (azilsartan medoxomil-chlorthalidone tab 40-12.5 mg)	Lumryz (sodium oxybate pack for oral er susp 6 gm)
Edarbyclor (azilsartan medoxomil-chlorthalidone tab 40-25 mg)	Lumryz (sodium oxybate pack for oral er susp 7.5 gm)
Firvanq (vancomycin hcl for oral soln 25 mg/ml (base equivalent))	Lumryz (sodium oxybate pack for oral er susp 9 gm)

Net Results New Exclusions	
Firvanq (vancomycin hcl for oral soln 50 mg/ml (base equivalent))	Moxifloxacin hydrochloride (moxifloxacin hcl opth soln 0.5% (base eq) (2 times daily))
Flovent Diskus (fluticasone propionate aer pow ba 100 mcg/act)	Neomycin/polymyxin/hydrocortisone (neomycin-polymyxin-hc opth susp)
Flovent Diskus (fluticasone propionate aer pow ba 250 mcg/act)	Prezista (darunavir tab 600 mg)
Flovent Diskus (fluticasone propionate aer pow ba 50 mcg/act)	Prezista (darunavir tab 800 mg)
Flovent HFA (fluticasone propionate hfa inhal aer 110 mcg/act (125/valve))	Risedronate sodium tab delayed release 35 mg
Flovent HFA (fluticasone propionate hfa inhal aer 220 mcg/act (250/valve))	Sogroya (somapacitan-beco solution pen-injector 10 mg/1.5 ml)
Flovent HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve))	Sogroya (somapacitan-beco solution pen-injector 15 mg/1.5 ml)
Hulio (adalimumab-fkjp auto-injector kit 40 mg/0.8 ml)	Sogroya (somapacitan-beco solution pen-injector 5 mg/1.5 ml)
Hulio (adalimumab-fkjp prefilled syringe kit 20 mg/0.4 ml)	Symbicort (budesonide-formoterol dihydrate aero 80-4.5 mcg/act)
Hulio (adalimumab-fkjp prefilled syringe kit 40 mg/0.8 ml)	Symbicort (budesonide-formoterol dihydrate aero 160-4.5 mcg/act)
Hyrimoz (adalimumab-adaz soln auto-injector 40 mg/0.4 ml)	Veozah (fezolinetant tab 45 mg)
Hyrimoz (adalimumab-adaz soln auto-injector 80 mg/0.8 ml)	Victoza (liraglutide soln pen-injector 18 mg/3 ml (6 mg/ml))
Hyrimoz (adalimumab-adaz soln prefilled syringe 10 mg/0.1 ml)	Yuflyma 1-pen kit (adalimumab-aaty auto-injector kit 40 mg/0.4 ml)
Hyrimoz (adalimumab-adaz soln prefilled syringe 20 mg/0.2 ml)	Yuflyma 2-pen kit (adalimumab-aaty auto-injector kit 40 mg/0.4 ml)
Hyrimoz (adalimumab-adaz soln prefilled syringe 40 mg/0.4 ml)	Yuflyma 2-syringe kit (adalimumab-aaty prefilled syringe kit 40 mg/0.4 ml)
Hyrimoz Crohn's disease and ulcerative colitis starter pack (adalimumab-adaz soln auto-injector 80 mg/0.8 ml)	Yusimry (adalimumab-aqvh soln pen-injector 40 mg/0.8 ml)
Hyrimoz pediatric Crohn's disease starter pack (adalimumab-adaz soln prefilled syr 80 mg/0.8 ml & 40 mg/0.4 ml)	Zavzpret (zavegepant hcl nasal spray 10 mg/act)
Hyrimoz pediatric Crohn's disease starter pack (adalimumab-adaz soln prefilled syringe 80 mg/0.8 ml)	Zolpidem tartrate (zolpidem tartrate cap 7.5 mg)
Net Results Drugs Added Back to Coverage	
Breyndax (budesonide-formoterol dihydrate aero 80-4.5 mcg/act)	Obstetrix dha (*prenat w/fe carbonyl-fa tab 29-1 mg & dha cap 350 mg pak*)
Breyndax (budesonide-formoterol dihydrate aero 160-4.5 mcg/act)	Onetouch ultra (glucose blood test strip)
Budesonide-formoterol dihydrate aero 80-4.5 mcg/act	Onetouch ultra blue (glucose blood test strip)
Budesonide-formoterol dihydrate aero 160-4.5 mcg/act	Onetouch ultra test strips (glucose blood test strip)
Fluticasone-salmeterol aer powder ba 100-50 mcg/act	Onetouch verio in vitro medical (glucose blood test strip)
Fluticasone-salmeterol aer powder ba 250-50 mcg/act	Onetouch verio test strips (glucose blood test strip)
Fluticasone-salmeterol aer powder ba 500-50 mcg/act	Rhofade (oxymetazoline hcl cream 1%)
Hemangeol (propranolol hcl oral soln 4.28 mg/ml)	Tezspire (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)

Net Results Step Therapy Program Changes

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

Program	Added drug(s)
Atypical Antipsychotics	Rexulti

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, 2024.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Adalimumab-adbm	FDA approved indication(s)
Joenja	FDA approved indication(s)
Ngenla	FDA approved indication(s)
Vowst	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, 2024.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
adalimumab-adbm auto-injector kit 40 mg/0.8 ml	6 pens (1 kit) / 180 days
adalimumab-adbm auto-injector kit 40 mg/0.8 ml	4 pens (1 kit) / 180 days
adalimumab-adbm auto-injector kit 40 mg/0.8 ml	1 kit (2 auto-injectors) / 28 days
Austedo XR starter pack	42 tabs / 80 days
Brenzavvy	30 tabs
Breo Ellipta 50/25 mcg	60 blisters
Iyuzeh	30 containers (1 box)
Ojjaara	30 tabs
Nurtec	16 tab
Rexulti	30 tab
Yuflyma	2 syringes or pens / 28 days

Net Results Authorization Request Forms

Net Results authorization request forms are available at [MyPrime.com](https://www.myprime.com). Create a profile or click on **Forms**, 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**, then select **Florida Blue Net Results Formulary**. You will see a list of form categories.

Flovent HFA and Diskus Discontinued January 1, 2024

Beginning January 1, 2024, pharmacies or members may contact you due to the discontinuation of Flovent HFA and Diskus. For our commercial plans, the **preferred agents to switch your patients to are listed below.**

- Fluticasone HFA inhaler
- Arnuity Ellipta
- Asmanex
- Qvar

Verify Eligibility and Benefits on Availity

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

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