

Commercial and Other Pharmacy Program Updates Effective July 1, 2022

The following changes to our pharmacy programs are effective **July 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 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)*
CIBINQO	FDA approved indication(s)
ELYXB	FDA approved indication(s)
ISBRELA	FDA approved indication(s)
OPZELURA	FDA approved indication(s)
OXBRYTA 300mg	FDA approved indication(s)
PYRUKYND	FDA approved indication(s)
RELEUKO	FDA approved indication(s)
SEGLENTIS	FDA approved indication(s)
VIJOICE	FDA approved indication(s)
VONJO	FDA approved indication(s)
*Summary of criteria and additional information are available with our authorization forms.	

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)
DESCOVY 120/15	30 tabs
ISBRELA	60 tabs
MAYZENT 1mg	30 tabs
MAYZENT starter pack	1 pack / 180 days
naloxone auto injector	2 injectors / 365 days
naloxone vial, nasal spray	4 vials or sprays
OMNIPOD	1 kit / 999 days
OZEMPIC 8	1 pen / 28 days
RINVOQ 30	30 tabs
RINVOQ 45	56 tabs / 365 days
SEGLENTIS	120 tabs
TALZENNA	30 caps
TAKHZYRO	2 syringes / 28 days
XARELTO suspension	620 ml

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	
adapalene 0.1% cream, 0.3% gel	ELYXB
adapalene/benzoyl peroxide 0.1%-2.5% gel	hydrocortisone 1% topical cream, ointment
ammonium lactate 12% cream and lotion	ibuprofen 100mg/ml suspension
ANTIVERT 25 chew tab, 50mg tab	olopatadine 0.1% ophthalmic solution
clotrimazole 1% topical solution, cream	prednisolone sod phos 10mg/5ml, 20mg/5ml
CORTROPHIN gel	testosterone 1.62% packet
DEXLANSOPRAZOLE	TRYVAYA
DHIVY	
Drugs added back to Coverage	
None this quarter	

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

Net Results New Exclusions	
AFINITOR	EPRONTIA
AFINITOR DISPERZ	ergotamine w/caffeine tab
ATROPINE SULFATE ophth soln	NARCAN
CARBAGLU	prednisolone sod phosphate oral soln 10 mg/5ml
CHANTIX	QUDEXY XR
CORTROPHIN	RESTASIS MULTIDOSE
CUVPOSA	SELZENTRY
CYSTADANE	SYMJEPI
DEXLANSOPRAZOLE	TAVNEOS
DHIVY	TYRVAYA
DUEXIS	VUITY
EPIDUO FORTE	
Net Results Drugs Added Back to Coverage	
AUVI Q	TRUDHESA

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, 2022.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
FLEQSUVY	FDA approved indication (s)
ISBRELA	FDA approved indication (s)
TWYNEO	FDA approved indication (s)
VERKAZIA	FDA approved indication (s)
VONJO	FDA approved indication (s)
VOXZOGO	FDA approved indication (s)
Net Results Drugs Removed from PA program	
dimethyl fumarate	glatiramer
*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 July 1, 2022.

Brand/Generic Name	Net Results Quantity per 30 Day Supply Unless Otherwise Indicated
citalopram 30mg	30 caps
DESCOVY 120-15	30 tabs
FLEQSUVY	480 ml
ISBRELA	60 tabs
MAYZENT 1mg	30 tabs
MAYZENT starter pack	1 pack / 180 days
RINVOQ 30	30 tabs
RINVOQ 45	56 tabs / 365 days
SEGLENTIS	120 tabs
TAKHZYRO	4 ml / 28 days
TALZENNA	30 caps
VERKAZIA	120 vials
VONJO	120 caps
VUITY	2.5 ml
XARELTO suspension	620 ml

Net Results Step Therapy Program Changes

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

Program	Program Change
No changes this quarter	

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 1-800-727-2227.

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