

## Commercial and Other Pharmacy Program Updates Effective July 1, 2023

The following changes to our pharmacy programs become effective **July 1, 2023**. 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.

### 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)
Acetaminophen-codeine 120mg-12mg/5mL oral soln	2700 mL
Amjevita	2 syringes or pens/28 days
Atorvaliq 20 mg/5 mL	600 mL
Austedo XR 6 mg, 12 mg	30 tabs
Austedo XR 24 mg	60 tabs
Bismuth subcitrate potassium-metronidazole-tetracycline	120 caps / 90 days
Daybue 200 mg/ml	8 bottles
Dexlansoprazole DR 30 mg	30 caps
Doxepin HCl 5% cream	45 grams
Erleada 240 mg	30 tabs
Filspari	30 tabs
Gefitinib 250 mg	30 tabs
Gralise 450 mg, 750 mg	30 tabs
Gralise 900 mg	60 tabs
Jaypirca 50 mg	30 tabs
Jaypirca 100 mg	60 tabs
Joenja	60 tabs

Kalydeco 13.4 mg packet	56 packets/28 days
Konvomep 40 mg/20mL suspension	600 mL
Lumakras 320 mg	90 tabs
Lumryz	30 packets
Lurasidone 20 mg, 40 mg, 60 mg, 120 mg	30 tabs
Lurasidone 80 mg	60 tabs
Lyrica CR 82.5 mg, 165 mg	30 tabs
Lyrica CR 330 mg	60 tabs
Omnipod GO	10 kits
Orenitram titration kit	1 kit/180 days
Orserdu 86 mg	90 tabs
Orserdu 345 mg	30 tabs
Oxybutynin 2.5 mg tab	90 tabs
Oxybutynin 5 mg/5ml	600 mL
Pradaxa 20 mg, 150 mg	60 packets
Pradaxa 30 mg, 40 mg, 50 mg, 110 mg	120 packets
Skyclarys 50 mg	90 caps
Takhzyro 150 mg/ml	2 syringes/28 days
Teriflunomide	30 tabs
Topiramate ER 24 hr 200 mg	60 caps
Trikafta	56 packets/28 days
Udenyca auto-injector	2 pens/28 days

### Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Atorvaliq suspension	added as a target
Dexlansoprazole DR	added as a target
Konvomep suspension	added as a target

### 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	
Auvelity	Relexxii/Methylphenidate 45 mg, 63 mg
Amjevita 40 mg/0.8 ml	Tascenso ODT 0.25 mg, 0.5 mg
Bystolic brand	Veralan PM 100 mg, 200 mg, 300 mg

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Ezetimibe/Atorvastatin	Viibryd brand
Javygtor	Xelstrym
Latuda brand	Zoniside
Minocycline ER 105 mg, 135 mg	

### 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)*
Altuviiio	FDA approved indication (s)
Amjevita	FDA approved indication (s)
Austedo XR	FDA approved indication (s)
Daybue	FDA approved indication (s)
Filspari	FDA approved indication (s)
Jaypirca	FDA approved indication (s)
Joenja	FDA approved indication (s)
Oserdu	FDA approved indication (s)
Skyclarys	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** 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, 2023, Net Results will no longer cover the brand-name or generic drugs listed below.

Net Results New Exclusions	
Atropine sulfate	Mirvaso
Auvelity	Nicardipine hcl cap 20 mg, 30 mg
calcitriol oral soln 1 mcg/ml	Nisoldipine ER 20 mg, 25.5 mg, 30 mg, 40 mg

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Cambia 50 mg	Nitromist
Colesevelam Hcl packet for suspension 3.75 gm	Paricalcitol cap 1 mcg, 2mcg, 4 mcg
Delestrogen	Javygtor
Dexilant 30 mg, 60 mg	Relexxii
Dexlansoprazole cap delayed release 30 mg, 60 mg	Stimufend
Diltiazem hcl coated beads tab ER, SR 24 hr 420 mg	Tascenso ODT
Doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	Telmisartan-hydrochlorothiazide tab
Esbriet 267 mg	Trandolapril/verapamil HCL ER
Ezetimibe/Atorvastatin	Trokendi XR 25 mg, 50 mg, 100 mg
Fylnetra	Verapamil HCL ER 100 mg, 200 mg, 300 mg
Hetlioz	Verapamil SR 360 mg
Isradipine cap 2.5 mg, 5 mg	Verelan PM 100 mg, 200 mg, 300 mg
Latuda	Xelstrym
Methylphenidate Hydrochloride ER	Zonisade
Minocycline Hydrochloride ER	
<b>Net Results Drugs Added Back to Coverage</b>	
Mounjaro	Pheburane

### Net Results Step Therapy Program Changes

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

Program	Added drug(s)
Statin Step therapy	Atorvaliq suspension
Proton Pump Inhibitors Step therapy	Dexlansoprozole DR
Proton Pump Inhibitors Step therapy	Konvomep suspension

### 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, 2023.

<b>Drugs Added to the Net Results Prior Authorization Program</b>	
Drug	Covered Condition(s)*
Altuviiio	FDA approved indication (s)
Amjevita	FDA approved indication (s)
Jaypirca	FDA approved indication (s)
Lumakras	FDA approved indication (s)

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Orserdu	FDA approved indication (s)
Rebinyn	FDA approved indication (s)
teriflunomide	FDA approved indication (s)
Topiramate ER	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 July 1, 2023.

Brand/Generic Name	Net Results Quantity per 30 Day Supply Unless Otherwise Indicated
Amjevita	2 syringes or pens/28 days
Dexlansoprazole DR 30 mg	30 caps
Dichlorphenamide 50 mg	120 tabs
Doxepin HCl 5% cream	45 grams
Erleada 240 mg	30 tabs
Jaypirca 50 mg	30 tabs
Jaypirca 100 mg	60 tabs
Konvomep 40 mg/20mL suspension	600 mL
Lumakras 320 mg	90 tabs
Lurasidone 20 mg, 40 mg, 60 mg, 120 mg	30 tabs
Lurasidone 80 mg	60 tabs
Orenitram titration kit	1 kit/180 days
Orserdu 86 mg	90 tabs
Orserdu 345 mg	30 tabs
Pirfenidone	90 caps
Pradaxa 20 mg, 150 mg	60 packets
Pradaxa 30 mg, 40 mg, 50 mg, 110 mg	120 packets
Rezvoglar	100 mL
Takhzyro 150 mg/ml	2 syringes/28 days
Teriflunomide	30 tabs
Topiramate ER 24 hr 200 mg	60 caps

### 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.

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### **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://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.

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

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