

Commercial and Other Pharmacy Program Updates Effective January 1, 2025

The following changes to our pharmacy programs become effective **January 1, 2025**. 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, 2025. 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)
Adalimumab-aacf 40 mg / 0.8 ml	1 kit / 180 days
Agneursa	112 packets / 28 days
Audenz	1 vaccine / 90 days
Cobenfy	60 caps
Cobenfy Starter Pack	1 kit / 180 days
Combipatch	8 patches
Dasatinib 20 mg tabs	90 tabs
Dasatinib 50 mg, 70 mg, 80 mg, 100 mg, 140 mg tabs	30 tabs
Ebglyss	1 pen / 28 days
Freestyle Libre 2 Plus	2 sensors / 28 days
Hydrocodone-acetaminophen	2700 ml
Itovebi 3 mg	56 tab / 28 days
Itovebi 9 mg	28 tabs / 28 days
Lazcluze 80 mg	60 tabs
Lazcluze 240 mg	30 tabs
Livdelzi	30 caps
Lofexidine	228 tabs / 60 days
Lumryz Starter kit	28 packets / 180 days
Miplyffa	90 caps

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	Dispensing Limit Per Month (unless noted otherwise)
Naloxone 1 mg / ml, 2 mg / 2 ml	4 syringes
Nemluvio	2 pens / 28 days
Omnipod 5 DX pods, Omnipod 5 LB pods	30 pods
Omnipod 5 DX Kit, Omnipod 5 LB Kit	1 kit per 720 days
Onyda XR suspension 0.1 mg / mL	120 mls
Otezla 20 mg	60 tabs
Otezla 10 mg / 20 mg starter pack	1 pack / 180 days
Repatha Sureclick 140 mg / ml	6 auto-injectors or prefilled syringes / 28 days
Repatha Pushtronex 420 mg / 3.5 ml	2 cartridges / 28 days
Roxybond 10 mg`	180 tabs
Tazarotene 0.5% cream	120 grams / 30 days
Tremfya 200 mg / 2 ml	1 pen or prefilled syringe / 28 days
Tridocaine	3 patches / day
Truqap therapy packs	64 packs / 28 days
Tyenne	4 pens or syringes / 28 days
Undecatex 200 mg	120 caps
Voranigo 10 mg	60 tabs
Voranigo 40 mg	30 tabs
Yorvipath	2 pens / 28 days
Zepbound 2.5 mg / 0.5 ml	4 vials / 180 days
Zepbound 5 mg / 0.5 ml	4 vials / 28 days
Zituvimet	60 tabs
Zituvimet XR 100 mg / 1000 mg	30 tabs
Zituvimet XR 50 mg / 1000 mg, 50 mg / 500 mg	60 tabs

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Atypical Antipsychotics	Updated step therapy for Lybalvi
Continuous glucose monitor	Addition of Freestyle Libre 2 Plus
DPP-4 Inhibitors	Addition of Zituvimet XR
Insulin combination	Program removed
Methotrexate injection	Program removed
Oral tetracycline derivatives	Program removed

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	
Actemra	Libervant film
Alvaiz	Opsynvi
Baclofen 15 mg tab	Oxycodone 10 mg abuse deterrent
Carbinoxamine maleate ER	Sitagliptin/metformin authorized generics
Crexont	Tanlor tabs
Dolobid tablets	Tolmetin 400 mg cap
Flurazepam caps	Tolectin 600 mg tab
Fraiche 5000 (previ gel and sensitive gel)	Undecatrex capsules
Glimepiride 3 mg	

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)*
Adalimumab Celltrion	FDA approved indication(s)
Aqneursa	FDA approved indication(s)
Bijuva	FDA approved indication(s)
Dasatinib	FDA approved indication(s)
Ebglyss	FDA approved indication(s)
Itovebi	FDA approved indication(s)
Lazcluze	FDA approved indication(s)
Leqselvi	FDA approved indication(s)
Livdelzi	FDA approved indication(s)
Lofexidine	FDA approved indication(s)
Miplyffa	FDA approved indication(s)
Nemluvio	FDA approved indication(s)
Otulfi	FDA approved indication(s)
Tremfya 200 mg / 2 ml	FDA approved indication(s)

Drugs Added to the Prior Authorization Program	
Tyenne SC	FDA approved indication(s)
Undecatrex	FDA approved indication(s)
Voranigo	FDA approved indication(s)
Yorvipath	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, 2025, Net Results will no longer cover the brand or generic drugs listed below.

Net Results New Exclusions	
Actemra (tocilizumab subcutaneous soln prefilled syringe 162 mg / 0.9 ml)	phenylephrine hcl ophth soln 2.5%
Actemra actpen (tocilizumab subcutaneous soln auto-injector 162 mg / 0.9 ml)	phenylephrine hcl ophth soln 10%
Carbinoxamine maleate ER susp 4 mg / 5 ml)	Sitagliptin/metformin hydrochloride (50 – 500 mg, 50-1000 mg)
Corlanor (ivabradine hcl tab 5 mg, 7.5 mg)	tetracaine hcl ophth soln 0.5%
Endari (glutamine (sickle cell) powd pack 5 gm)	Voydeya (danicipan tab 100 mg)
Libervant (diazepam buccal film 5mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg)	Voydeya (danicipan tab therapy pack 50 mg & 100 mg)
Opsynvi (macitentan-tadalafil tab 10-20 mg, 10-40 mg)	

Net Results Drugs Added Back to Coverage	
acyclovir ointment 5%	lidocaine oint 5%
Adalimumab-adaz (adalimumab-adaz soln auto-injector 40 mg / 0.4 ml)	Lybalvi (olanzapine-samidorphan l-malate tab 10-10 mg)
Adalimumab-adaz (adalimumab-adaz soln prefilled syringe 40 mg / 0.4 ml)	Lybalvi (olanzapine-samidorphan l-malate tab 15-10 mg)
Caplyta (lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg)	Lybalvi (olanzapine-samidorphan l-malate tab 20-10 mg)
ciclopirox olamine suspension 0.77%	Lybalvi (olanzapine-samidorphan l-malate tab 5-10 mg)
Fabhalta (iptacopan hcl cap 200 mg)	Kerendia (finerenone tab 10 mg)
fluocinonide emulsified base cream 0.05%	Kerendia (finerenone tab 20 mg)
Hadlima (adalimumab-bwwd soln prefilled syringe 40 mg / 0.4 ml)	Simlandi 1-pen kit (adalimumab-ryvk auto-injector kit 40 mg / 0.4 ml)
Hadlima (adalimumab-bwwd soln prefilled syringe 40 mg / 0.8 ml)	Simlandi 2-pen kit (adalimumab-ryvk auto-injector kit 40 mg / 0.4 ml)
Hadlima pushtouch (adalimumab-bwwd soln auto-injector 40 mg / 0.4 ml)	Zymfentra 1-pen (infliximab-dyyb soln auto-injector kit 120 mg / ml)
Hadlima pushtouch (adalimumab-bwwd soln auto-injector 40 mg/ 0.8 ml)	Zymfentra 2-pen (infliximab-dyyb soln auto-injector kit 120 mg / ml)
hydrocortisone valerate cream 0.2%	Zymfentra 2-syringe (infliximab-dyyb soln prefilled syringe kit 120 mg / ml)

Net Results Step Therapy Program Changes

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

Program	Added Drug(s)
DPP-4 inhibitors	Added sitagliptin/metformin

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, 2025.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Austedo 18 mg	FDA approved indication(s)
Austedo titration pack	FDA approved indication(s)
Dasatinib	FDA approved indication(s)
Ebglyss	FDA approved indication(s)
Fabhalta	FDA approved indication(s)
Ivabradine	FDA approved indication(s)
Tremfya 200 mg / 2 ml	FDA approved indication(s)
Xolremdi PAQL	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, 2025.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Austedo XR 18 mg	30 tabs
Austedo titration pack	1 pack / 180 day
Dasatinib 20 mg tabs	90 tabs
Dasatinib 50 mg, 70 mg, 80 mg, 100 mg, 140 mg tabs	30 tabs
Ebglyss	1 pen / 28 days
Fabhalta	60 cap
Ondansetron ODT 16 mg	1 tab
Onyda XR suspension 0.1 mg / mL	120 mls
Tremfya 200 mg / 2 ml	1 pen or prefilled syringe / 28 days
Xolremdi	120 cap
Zepbound 2.5 mg / 0.5 ml	4 vials / 180 days
Zepbound 5 mg / 0.5 ml	4 vials / 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.

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.

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