

Commercial and Other Pharmacy Program Updates Effective April 1, 2024

The following changes to our pharmacy programs are effective **April 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 April 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)
Agamree	300 ml
Airsupra	3 inhalers
Augtyro	240 caps
Bimzelx	2 pens / syringes per 56 days
Bosulif 50 mg	30 caps
Bosulif 100 mg caps	150 caps
Bosulif 100 mg tabs	12 tabs
Fabhalta	60 caps
Freestyle Libre 3 reader	1 reader / 365 days
Fruzaqla 1 mg	84 caps / 28 days
Fruzaqla 5 mg	21 caps / 28 days
Iwilfin	240 tabs
Meibo	12 mls
Ogsiveo	180 tabs
Omnipod 5-pack (G6, G7)	30 pods
Omnipod 5 G7 Kit	1 kit per 720 days
Omvoh 100 mg/ml	2 pens / 28 days
Opfolda	8 caps / 28 days
Opvee	4 bottles

Drugs Added to the Responsible Quantity Program	
rabeprazole cap DR sprinkle	60 caps
Relexxii 36 mg	60 tabs
Rivfloza 128 mg / 0.8 ml, 160 mg/ml	1 syringe
Rivfloza 80 mg / 0.5 ml	2 vials
Rozyltrek 50 mg pak	336 packets / 28 days
Sunlenca 4 tab pack	4 tabs / 365 days
Sunlenca 5 tab pack	5 tabs / 365 days
tacrolimus 0.1% and 0.03% ointment	100 grams
Teglutik	600 ml
Tramadol 25 mg	240 tabs
Truqap	64 tabs / 28 days
Velsipity	30 tabs
Veveye	2 ml
Voquezna	30 tab
Wainua	1 pen / 28 days
Xalkori sprinkle 20 mg, 50 mg	120 caps
Xalkori sprinkle 150 mg	180 caps
Xdemvy 0.25% eye drops	10 ml / 50 days
Yuflyma CD/UC/HS starter kit	1 kit / 180 days
Zilbrysq	28 syringes / 28 days
Zituvio	30 tabs
Zurzuvae 20 mg, 25 mg	28 caps
Zurzuvae 30 mg	14 caps

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Nasal steroid	Program retired

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	
Airsupra	Ngenla
Bexagliflozin (authorized generic)	Olpruva
Brenzavvy	Sodium Oxybate (Amneal)
Fiasp Pumpcart	Suflave
Hymrioz	Unbranded Cyltezo
Iyuzeh	Victoza
Lodoco	Xdemvy
Meibo	

Medications Requiring Prior Authorization

Prior authorization requirements under our members' pharmacy benefits will change for the following 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 part of our New-to-Market Program.

Drugs Added to the Prior Authorization Program	
Drug	Covered Condition(s)*
Agamree	FDA approved indication(s)
Alvaiz	FDA approved indication(s)
Augtyro	FDA approved indication(s)
Bimzelx	FDA approved indication(s)
Erelzi	FDA approved indication(s)
Eticovo	FDA approved indication(s)
Fabhalta	FDA approved indication(s)
Fruzaqla	FDA approved indication(s)
Iwilfin	FDA approved indication(s)
Meibo	FDA approved indication(s)
Ogsiveo	FDA approved indication(s)
Omvoh	FDA approved indication(s)
Opfolda	FDA approved indication(s)
Phyrago	FDA approved indication(s)

Drugs Added to the Prior Authorization Program	
Rivfloza	FDA approved indication(s)
Truqap	FDA approved indication(s)
Velsipity	FDA approved indication(s)
Wainua	FDA approved indication(s)
Wezlana	FDA approved indication(s)
Zilbrysq	FDA approved indication(s)
Zurzuvae	FDA approved indication(s)
Zymfentra	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://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 April 1, 2024, Net Results will no longer cover the brand-name or generic drugs listed below.

Net Results New Exclusions	
Adalimumab-adbm (prefilled syringe kit 10 mg/0.2ml)	Miebo (perfluorohexyloctane ophth soln 1.338 gm/ml)
Adalimumab-adbm (prefilled syringe kit 20 mg/0.4ml)	Ngenla pen-injector 24 mg/1.2ml (20 mg/ml)
Adalimumab-adbm (prefilled syringe or auto-injector kit 40 mg/0.8ml)	Ngenla pen-injector 60 mg/1.2ml (50 mg/ml)
Adalimumab-adbm Crohns/UC/HS Starter (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	Norditropin Flexpro pen-injector 10 mg/1.5ml
Adalimumab-Adbm Psoriasis/Uveitis Starter (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	Norditropin Flexpro pen-injector 15 mg/1.5ml
Airsupra (albuterol-budesonide inhalation aerosol 90-80 mcg/act)	Norditropin Flexpro pen-injector 30 mg/3ml
Brenzavvy (bexagliflozin tab 20 mg)	Norditropin Flexpro pen-injector 5 mg/1.5ml
Crotan (crotamiton lotion 10%)	Olpruva (sodium phenylbutyrate packet for susp 2 gm, 3 gm, 4 gm, 5 gm, 6 gm, 6.67 gm therapy pack)
Diastat Acudial (diazepam rectal gel delivery system 10 mg, 20 mg)	Onexton (clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%)
diclofenac potassium (migraine) packet 50 mg	Oxandrolone (oxandrolone tab 2.5 mg, 10 mg)

Net Results New Exclusions	
Flurazepam HCl cap 15 mg, 30 mg)	Rhofade (oxymetazoline hcl cream 1%)
Hyrimoz (prefilled syringe or auto-injector 40 mg/0.4ml)	Sodium Oxybate oral solution 500 mg/ml
Hyrimoz (prefilled syringe or auto-injector 40 mg/0.8ml)	Suflave (peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm)
lyuzeh (latanoprost (pf) ophth soln 0.005%)	Votrient (pazopanib hcl tab 200 mg (base equiv))
Litfulo (ritlecitinib tosylate cap 50 mg (base equiv))	Xdemvy (lotilaner ophth soln 0.25%)
Livalo (pitavastatin calcium tab 1 mg, 2 mg, 4 mg)	Ziextenzo (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml)
Lodoco (colchicine (cardiovascular) tab 0.5 mg)	

Net Results Drugs Added Back to Coverage	
Cibinqo (abrocitinib tab 50 mg, 100 mg, 200 mg)	Omnitrope (somatropin solution cartridge 5 mg/1.5ml)
Lumryz (sodium oxybate pack for oral er susp 4.5, 6, 7.5, 9 gm)	Opzelura (ruxolitinib phosphate cream 1.5%)
Nyvepria (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml)	Orladeyo (berotralstat hcl cap 110 mg, 150 mg)
Omnitrope (somatropin for inj 5.8 mg)	Vancomycin hcl for oral solution 50 mg/ml (base equivalent)
Omnitrope (somatropin solution cartridge 10 mg/1.5ml)	

Net Results Step Therapy Program Changes

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

Program	Added drug(s)
Antidepressant	Zurzuvae
Continuous glucose monitor	Freestyle libre
Proton pump inhibitors	Voquezna
Xdemvy Step Therapy	Xdemvy 0.25%

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 April 1, 2024.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Altuviiio	FDA approved indication(s)
Cabtreo	FDA approved indication(s)
Ozobax DS (10mg/5mL)	FDA approved indication(s)
*Additional information, summary of criteria, and authorization forms are available at MyPrime.com	

Net Results Quantity Limit Program

The following drugs and drug-dispensing limits to the Net Results Quantity Limit Program are effective April 1, 2024.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Amjevita	2 pens or syringes / 28 days
Amphetamine/Dextroamphetamine salts 12.5 mg extended-release cap	30 caps
Brenzavvy	30 tab
Freestyle libre	1 receiver / 365 days
Tolvaptan 15 mg	30 tab / 365 days
Tolvaptan 30 mg	60 tab / 365 days
Tramadol 25 mg	240 tab
Voquezna	30 tab
Yuflyma starter kit	1 kit / 180 days
Yuflyma 80 mg/0.8 mL	1 pen or syringe / 28 days
Zurzuvae 30 mg	14 cap / 365 days
Zurzuvae 20 mg, 25 mg	28 cap / 365 days

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**, 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.

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