

Commercial and Other Pharmacy Program Updates Effective October 1, 2024

The following changes to our pharmacy programs are effective **October 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 October 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)
Adbry	2 auto-injectors / 28 days
Austedo XR 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	30 tabs
Cyclosporine 0.05%	60 vials
Cyltezo	2 pens or syringes / 28 days
Cyltezo	1 starter kit / 180 days
Drizalma	60 caps
Duvyzat	280 ml / 28 days
Entresto 6 / 6 mg, 15 / 16 mg	240 tabs
Eohilia	600 ml
Evrysdi	160 mLs / 24 days
Iqirvo	30 tabs
liraglutide	9 ml (3 pens)
Livmarli 19 mg / ml	60 ml
Meibo	1 bottle (3 ml)
Mounjaro 2.5 mg	4 pens / 180 days
Mounjaro 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	4 pens / 28 days
Naloxone 0.4 mg / 1 ml syringe	4 syringes
Ondansetron ODT 16 mg	1
Otezla 20 mg	60 tabs
Prilosec suspension packet 2.5 mg	60 packs

Drugs Added to the Responsible Quantity Program

Brand/Generic Name	Dispensing Limit Per Month (unless noted otherwise)
Prilosec suspension packet 10 mg	30 packs
rabeprazole DR sprinkle 10 mg	30 caps
Retevmo 40 mg	90 caps or tabs
Retevmo 80 mg, 120 mg, 160 mg	60 caps or tabs
Rextovy	4 devices
Rinvoq LQ	360 ml
Scemblix 20 mg	60 tabs
Scemblix 40 mg	240 tabs
Scemblix 100 mg	120 tabs
Sitagliptin / Metformin	60 tabs
Sofdra	1 bottle
Spevigo	2 syringes / 28 days
Taltz 20 mg and 40 mg	1 syringe / 28 days
Torpenz	30 tabs
Vioice 50 mg, 125 mg	28 tabs or granules / 28 days
Vioice 250 mg	56 tabs / 28 days
Xolremdi	120 caps
Zoryve 0.15%	60 grams

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Antiemetic agents	Addition of ondansetron ODT 16 mg
Angiotensin Receptor Blocker-Renin Inhibitors	Retire step program
Continuous Glucose Monitor	Freestyle Libre 3 Plus
DDP-4 Inhibitors	Addition of sitagliptin/metformin
Proton Pump Inhibitors	Retire step program
Statin	Retire step program
Topical Corticosteroids	Addition of hydrocortisone lotion 2.5%

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	
doxycycline hyclate 50 mg tabs	Metronidazole (Flagyl) 375 mg caps
Exkivity	Relyvrio

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)*
Adbry	FDA approved indication(s)
Cyltezo HC	FDA approved indication(s)
Duvyzat	FDA approved indication(s)
Eohila	FDA approved indication(s)
Emflaza	FDA approved indication(s)
Ingrezza Sprinkle	FDA approved indication(s)
Iqirvo	FDA approved indication(s)
L-glutamine	FDA approved indication(s)
Livmarli 19 mg / ml	FDA approved indication(s)
Liraglutide 18 mg / 3 ml	FDA approved indication(s)
Nypozi	FDA approved indication(s)
Ojemda	FDA approved indication(s)
Retevmo	FDA approved indication(s)
Rinvoq LQ	FDA approved indication(s)
Scemblix	FDA approved indication(s)
Sofdra	FDA approved indication(s)
Torpenz	FDA approved indication(s)
Tyenne SQ	FDA approved indication(s)
Vijoice granules	FDA approved indication(s)
Xolremdi	FDA approved indication(s)
Zoryve	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 October 1, 2024, Net Results will no longer cover the brand-name or generic drugs listed below.

Net Results New Exclusions	
Agamree (vamorolone oral susp 40 mg / ml)	Relyvrio (sodium phenylbutyrate-taurursodiol powd pack 3 - 1 gm)
Alvaiz (eltrombopag choline tab 9 mg, 18 mg, 36 mg, 54 mg)	Rivfloza (nedosiran sodium subcutaneous solution 80 mg / 0.5 ml, 128 mg / 0.8 ml, 160 mg / ml)
bromfenac sodium ophth solution 0.075% (base equivalent)	Simlandi 1-pen kit adalimumab-ryvk auto-injector kit 40 mg / 0.4 ml)
cyanocobalamin nasal spray 500 mcg / 0.1 ml	Simlandi 2-pen kit (adalimumab-ryvk auto-injector kit 40 mg / 0.4 ml)
Eohilia (budesonide oral suspension 2 mg / 10 ml)	Sitagliptin (sitagliptin tab 25 mg, 50 mg, 100 mg)
Estrogel (estradiol gel 0.06% (0.75 mg / 1.25 gm metered-dose pump))	Sovuna (hydroxychloroquine sulfate tab 200 mg, 300 mg)
Humira (adalimumab prefilled syringe kit 10 mg / 0.1 ml, 20 mg / 0.2 ml, 40 mg / 0.4 ml)	Trudhesa (dihydroergotamine mesylate hfa nasal aerosol 0.725 mg / act)
Humira pen (adalimumab pen-injector kit 40 mg / 0.4 ml, 80 mg / 0.8 ml)	Udenyca onbody (pegfilgrastim-cbqv solution prefill syr/infusion dev 6 mg / 0.6 ml)
Insulin glargine solostar (insulin glargine solution pen-injector 300 unit / ml (1 unit dial))	Zilbrysq (zilucoplan sodium subcutaneous solution pref syr 16.6 mg / 0.416 ml, 23 mg / 0.574 ml, 32.4 mg / 0.81 ml)
Insulin glargine max solo star (insulin glargine solution pen-injector 300 unit / ml (2 unit dial))	Zituvio (sitagliptin tab 25 mg, 50 mg, 100 mg)
metronidazole cap 375 mg	Zoryve (roflumilast foam 0.3%)
Morphine sulfate (morphine sulfate oral solution 10 mg / 5 ml)	Zymfentra 1-pen (infliximab-dyyb solution auto-injector kit 120 mg / ml)
Morphine sulfate (morphine sulfate oral solution 100 mg / 5ml (20 mg / ml))	Zymfentra 2-pen (infliximab-dyyb solution auto-injector kit 120 mg / ml)
Rectiv (nitroglycerin oint 0.4%)	Zymfentra 2-syringe (infliximab-dyyb solution prefilled syringe kit 120 mg / ml)

Net Results Drugs Added Back to Coverage	
alosetron hcl tab 0.5 mg, 1 mg (base equiv)	Humulin 70 / 30 (insulin nph isophane & regular human injector 100 unit / ml (70 - 30))
Humalog (insulin lispro (human) solution cartridge 100 unit / ml)	Humulin 70 / 30 kwikpen (insulin nph & regular susp pen-injector 100 unit / ml (70 - 30))
Humalog (insulin lispro injector solution 100 unit / ml)	Humulin N (insulin nph (human) (isophane) injector 100 unit / ml)
Humalog junior kwikpen (insulin lispro solution pen-injector 100 unit / ml (0.5 unit dial))	Humulin N kwikpen (insulin nph (human) (isophane) susp pen-injector 100 unit / ml)
Humalog kwikpen (insulin lispro (human) solution pen-injector 200 unit / ml)	Humulin R (insulin regular (human) injector 100 unit / ml)
Humalog kwikpen (insulin lispro solution pen-injector 100 unit/ ml (1 unit dial))	Lyumjev (insulin lispro-aabc injector 100 unit / ml)
Humalog mix 50 / 50 (insulin lispro prot & lispro (human) injector 100 unit/ml (50 - 50))	Lyumjev kwikpen (insulin lispro-aabc solution pen-injector 100 unit / ml (1 unit dial))
Humalog mix 50 / 50 KWIKPEN (insulin lispro prot & lispro sus pen-injector 100 unit/ml (50 - 50))	Lyumjev kwikpen (insulin lispro-aabc solution pen-injector 200 unit / ml)
Humalog mix 75 / 25 (insulin lispro prot & lispro (human) injector 100 unit / ml (75 - 25))	Lyumjev tempo pen (insulin lispro-aabc solution pen-injector w/transmit port 100 unit / ml)
Humalog mix 75 / 25 kwikpen (insulin lispro prot & lispro sus pen-injector 100 unit / ml (75 - 25))	silodosin cap 4 mg
Humalog tempo pen (insulin lispro solution pen-injector w/transmitter port 100 unit / ml)	silodosin cap 8 mg

Net Results Step Therapy Program Changes

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

Program	Added drug(s)
None applicable	

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 October 1, 2024.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Adlarity 5 mg, 10 mg	FDA approved indication(s)
Aspruzo sprinkle 500 mg, 1000 mg	FDA approved indication(s)
Carafate 1 g / 10 mL	FDA approved indication(s)
Carospir 25 mg / 5 mL	FDA approved indication(s)
Cimetidine HCl solution 300 mg / 5 ml	FDA approved indication(s)
Cuvposa 1 mg / 5 mL	FDA approved indication(s)
Dartisla ODT 1.7 mg	FDA approved indication(s)
Diuril 250 mg / mL	FDA approved indication(s)
Epaned 1 mg / mL	FDA approved indication(s)
Exservan 50 mg	FDA approved indication(s)
Famotidine for Susp 40 mg / 5ml	FDA approved indication(s)

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Filsuvez	FDA approved indication(s)
Furosemide oral solution 40 mg / 5 ml, 8 mg / ml	FDA approved indication(s)
Indocin 50 mg	FDA approved indication(s)
Indomethacin suppositories 100 mg	FDA approved indication(s)
Jylamvo 2 mg / ml	FDA approved indication(s)
Katerzia 1 mg / ml	FDA approved indication(s)
Kevzara	FDA approved indication(s)
Ilanreotide	FDA approved indication(s)
Likmez 500 mg / 5 ml	FDA approved indication(s)
Memantine HCl oral solution 10 mg / 5 ml, 2 mg / ml	FDA approved indication(s)
Nimodipine oral solution 60 mg / 20 ml	FDA approved indication(s)
Nizatidine oral solution 15 mg / ml	FDA approved indication(s)
Norliqva 1 mg / ml	FDA approved indication(s)
Nymalize 6 mg / ml	FDA approved indication(s)
Propranolol HCl oral solution 20 mg / 5ml	FDA approved indication(s)
Propranolol HCl oral solution 40 mg / 5 ml	FDA approved indication(s)
Qbrexelis 1 mg / ml	FDA approved indication(s)
Riomet 500 mg / 5 ml	FDA approved indication(s)
Sotylize 5 mg / ml	FDA approved indication(s)
Teglutik; Tiglutik 50 mg / 10 ml	FDA approved indication(s)
Vijoice 50 mg	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 October 1, 2024.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Adlarity 5 mg, 10 mg	4 patches
Amifampridine	300 tabs
Aspruzyo sprinkle 500 mg, 1000 mg	60 packets
Austedo XR 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	30 tabs
Carafate 1 gm / 10 mL	1200 mL

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Carospir 25 gm / 5 mL	450 mL
Cimetidine HCl solution 300 mg / 5 mL	1200 mL
Cuvposa 1 g / 5 mL	1350 mL
Dartisla ODT 1.7 mg	120 tablets
Diuril 250 mg / 5 mL	1200 mL
Drizalma Sprinkle	60 caps
Emgality	2 injection (2 mL)
Epaned 1 mg / mL	1200 mL
Exservan 50 mg	60 films
Famotidine for suspension 40 mg / 5 mL	2400 mL
Furosemide oral solution 40 mg / 5 mL, 8 mg / mL	2250 mL
Indocin 50 mg	120 suppositories
Indomethacin suppositories 100 mg	60 suppositories
Jylamvo 2 mg / mL	180 mL / 28 days
Katerzia 1 mg / mL	300 mL
Likmez 500 mg / 5 mL	400 mL
Memantine HCl oral solution 10 mg / 5 ml; 2 mg / ml	300 mL
Mirabegron 25 mg	30 tabs
Nimodipine oral solution 60 mg / 20 mL	3600 mL
Nizatidine oral solution 15 mg / mL	600 mL
Norliqva 1 mg / mL	30 mL
Nymalize 6 mg / mL	1260 mL / 21 days
Propranolol HCl oral solution 20 mg / 5 mL	4800 mL
Propranolol HCl oral solution 40 mg / 5 mL	2400 mL
Qbrelix 1 mg / mL	1200 mL
Riomet 500 mg / 5 mL	780 mL
Sotylize 5 mg / mL	1920 mL
Teglutik 5 mg / mL	600 mL
Tiglutik 50 mg / 10 mL suspension	600 mL
Vijoice 50 mg	28 packet / 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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