

Commercial and Other Pharmacy Program Updates *Effective April 1, 2023*

The following changes to our pharmacy programs become effective **April 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 April 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)
Dulera	3 canisters
Ezetimibe/atorvastatin	30 tabs
Fragmin 2500 unit / mL	30 vials / 90 days
Furoscix	8 kits
Hyftor	70 grams / 84 days
Krazati	180 tabs
Lytgobi (12 mg per day)	84 tabs / 28 days
Lytgobi (16 mg per day)	112 tabs / 28 days
Lytgobi (20 mg per day)	140 tabs / 28 days
Methylphenidate ER Osmotic Release	30 tabs
Oxbryta 300 mg	90 tabs
Oxybutynin solution	600 mL
Ozempic 2 mg / 3mL	1 pen / 28 days
Relexxii	30 tabs
Relyvrio	56 packets / 28 days
Rezilidhia	60 caps
Skyrizi 180 mg / 1.2 mL	1 cartridge / 56 days

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	Dispensing Limit Per Month (unless noted otherwise)
Sotyktu	30 tabs
Stimufend	2 syringes / 28 days
Symbicort	3 inhalers
Tascenso ODT	30 tabs
Turalio	120 caps
Vtama	60 grams
Zoryve	60 grams

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Ezetimibe/Atorvastatin	added as a target
Ozempic 2 mg/3 mL	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	
Diphenoxylate/Atropine 2.5mg – 0.025mg/5mL solution	Pheburane
Entadfi	Ryaltris
Gilenya cap 0.5 mg	Tadliq 20 mg /5 mL suspension
Kyzatrex caps 100 mg, 150 mg, 200 mg	Venlafaxine ER tab 112.5 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. **For tips on submitting pharmacy prior authorizations, click [here](#).**

Drugs Added to the Prior Authorization Program	
Drug	Covered Condition(s)*
Alkindi Sprinkle	FDA approved indication(s)
Furoscix	FDA approved indication(s)
Humalog Tempo Pen	FDA approved indication(s)
Idacio	FDA approved indication(s)

Drugs Added to the Prior Authorization Program	
Drug	Covered Condition(s)*
Krazati	FDA approved indication(s)
Lytgobi	FDA approved indication(s)
Lyumjev Tempo Pen	FDA approved indication(s)
Noxafil PowderMix	FDA approved indication(s)
Olpruva	FDA approved indication(s)
Opzelura	FDA approved indication(s)
Oxbryta 300 mg tabs	FDA approved indication(s)
Relexxii	FDA approved indication(s)
Relyvrio	FDA approved indication(s)
Rezlidhia	FDA approved indication(s)
Skyrizi 180 mg / 1.2 mL	FDA approved indication(s)
Sodium Oxybate	FDA approved indication(s)
Stimufend	FDA approved indication(s)
Tascenso ODT	FDA approved indication(s)
Turalio	FDA approved indication(s)
Vtama	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. 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 April 1, 2023, Net Results will no longer cover the brand-name or generic drugs listed below.

Net Results New Exclusions	
Alprazolam Intensol 1 mg/ml	Pheburane
alprazolam orally disintegrating tab 0.25mg, 0.5mg, 1mg, 2mg	Pradaxa 150 mg cap

Net Results New Exclusions	
Daliresp 250 mcg, 500 mcg	Ryaltris
dantrolene sodium cap 25mg, 50mg, 100mg	Sotyktu
Entadfi	Sumatriptan succinate refill 4 mg/0.5ml, 6 mg/0.5ml cartridge
Gilenya 0.5 mg cap	Tadliq 20 mg/5ml
Hydrocodone ER cap 12hr 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	Trimethoprim tab 100 mg
Insulin Degludec 100 unit/ml	Venlafaxine ER tab 112.5 mg
Insulin Degludec Flextouch 100 unit/ml, 200 unit/ml	Vivjoa (12 week therapy pack 150 mg)
Kyzatrex 100mg, 150mg, 200mg	Zoryve
Oxymorphone Hcl ER tab 12hr 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg	Zyclara pump 2.5%

Net Results Step Therapy Program Changes

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

Program	Added drug(s)
Continuous Glucose Monitor	Dexcom G7

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, 2023.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Briumvi	FDA approved indication(s)
Hetlioz	FDA approved indication(s)
Humalog Tempo Pen	FDA approved indication(s)
Hyftor	FDA approved indication(s)
Krazati	FDA approved indication(s)
Lytgobi	FDA approved indication(s)
Lyumjev Tempo Pen	FDA approved indication(s)
Noxafil PowderMix	FDA approved indication(s)
Oxbryta 300 mg	FDA approved indication(s)
Ozempic 2 mg / 3mL	FDA approved indication(s)
Radicava	FDA approved indication(s)
Rezilidhia	FDA approved indication(s)

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Skyrizi 180 mg / 1.2 mL	FDA approved indication(s)
Sotyktu	FDA approved indication(s)
Tascenso ODT	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 April 1, 2023.

Brand/Generic Name	Net Results Quantity per 30 Day Supply Unless Otherwise Indicated
Basaglar Tempo Pen	100 mL
Cetorelix acetate	5 kits
Dexcom G7 receiver	1 receiver / 365 days
Dexcom G7 sensor	3 sensors
Fragmin 2500 unit / mL	30 vials / 90 days
Hetlioz	30 cap
Humalog Tempo Pen	100 mL
Hyftor	70 grams / 84 days
Krazati	180 tabs
Lytgobi (12 mg per day)	84 tabs / 28 days
Lytgobi (16 mg per day)	112 tabs / 28 days
Lytgobi (20 mg per day)	140 tabs / 28 days
Lyumjev Tempo Pen	100 mL
Methylphenidate ER Osmotic Release	30 tabs
Oxbryta 300 mg	90 tabs
Ozempic 2 mg / 3mL	1 pen / 28 days
Radicava ORS 105 mL/ 5mL	50 mL / 28 days
Radicava ORS 105 / 5mL	70 mL / 180 days
Radicava 30 mg/100 ml	20 bags / 28 days
Rezilidhia	60 caps
Skyrizi 180 mg / 1.2 mL	1 cartridge / 56 days
Sotyktu	30 tab
Sodium Oxybate	540 mL

Brand/Generic Name	Net Results Quantity per 30 Day Supply Unless Otherwise Indicated
Tascenso ODT	30 tabs
Xelstrym	30 patches
Zioptan	30 containers

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 800-727-2227.

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