

Commercial and Other Pharmacy Program Updates Effective October 1, 2023

The following changes to our pharmacy programs are effective **October 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 October 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)
Cyltezo	2 syringes or pens / 28 days
Cytelzo starter kit	1 starter kit / 180 days
Hadlima	2 syringes or pens / 28 days
Hulio	2 syringes or pens / 28 days
Hyrimoz	2 syringes or pens / 28 days
Hyrimoz starter pack	1 pack / 180 days
Idacio	1 kit / 28 days
Idacio starter kit	1 kit / 180 days
Intesa	30 tabs
Olpruva	1 kit
Talzenna 0.1 mg, 0.35 mg	30 caps
Yuflyma	2 syringes or pens / 28 days
Yusimry	2 syringes or pens / 28 days
Zejula tablets	30 tabs
Zeposia starter kit	28 caps / 180 days
Zolpidem tartrate ER 7.5 mg	30 caps

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Fibrates	Removal of program
Rho-kinase inhibitors (Rhopressa)	Removal of program

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	
Atorvaliq 20 mg/5 ml	Methocarbamol 1000 mg tablets
Imbruvica 560 mg	Misemer
Jayln	Rezvoglar Kwikpen 100 unit/ml
Ketoprofen 50 mg capsules	Tembexa
Konvomep	Xaciato 2%
Metaxalone 400 mg tablets	Xyrem

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)*
Hyrimoz HCF	FDA approved indication (s)
Liqrev	FDA approved indication (s)
Litfulo	FDA approved indication (s)
Lumryz	FDA approved indication (s)
Ngela	FDA approved indication (s)
Tezspire	FDA approved indication (s)
Vowst	FDA approved indication (s)
Yuflyma	FDA approved indication (s)
Zejula	FDA approved indication (s)
*Summary of criteria and additional information are available with our authorization forms.	

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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 October 1, 2023, Net Results will no longer cover the brand-name or generic drugs listed below.

Net Results New Exclusions	
Atorvaliq 20 mg/5ml	Noxafil 40 mg/ml
Aubagio 7 mg, 14 mg	Orfadin 20 mg
Cardizem LA 120 mg	Rezvoglar Kwikpen (100 unit/ml)
Celontin 300 mg	Suprep Bowel Prep kit 17.5-3.13-1.6 gm/177ml
Chorionic gonadotropin 10000 unit	Tazorac 0.05%, 0.1%
Divigel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)	Tezspire 210 mg/1.91ml
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Trokendi XR 200 mg
Farydak 10 mg, 15 mg, 20 mg	Uceris 2 mg/act
Iressa 250 mg	Xaciatto 2%
Lamictal ODT 21 x 25 mg & 7 x 50 mg, 42 x 50mg & 14 x 100mg titration kit	Xyrem 500 mg/ml
Novarel 5000 unit, 10000 unit	
Net Results Drugs Added Back to Coverage	
Azstarys 26.1-5.2 mg, 39.2 – 7.8 mg, 52.3 – 10.4 mg	Ovidrel 250 mcg/0.5ml
Glatopa 20 mg/ml, 40 mg/ml	

Net Results Step Therapy Program Changes

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

Program	Added Drug(s)
Gabapentin ER	Gralise 450 mg, 750 mg, 900 mg
Insomnia Agents	zolpidem tartrate capsules

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, 2023.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Daybue	FDA approved indication (s)
Filspari	FDA approved indication (s)
Praluent	FDA approved indication (s)
Repatha	FDA approved indication (s)
Repatha pushtronex system	FDA approved indication (s)
Repatha sureclick	FDA approved indication (s)
Rezurock	FDA approved indication (s)
Skyclarys	FDA approved indication (s)
Tezpire	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, 2023.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Gefitinib	30 tabs
Inpefa	30 tabs
Kalydeco 13.4 mg packet	60 packets
Mekinist solution	1170 mL / 28 days
Omnipod GO	10 kits

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Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Olpruva	1 kit
darunavir 600 mg	60 tab
darunavir 800 mg	30 tab
Gralise 450 mg, 750 mg	30 tab
Gralise 900 mg	60 tab
Tafinlar tablets for oral suspension	840 tabs / 28 days
Talzenna 0.1 mg, 0.35 mg	30 caps
Trikafta oral granule formulation	56 packets / 28 days
Zavzpret	8 devices
Zejula tablets	30 tabs
Zeposia starter kit	28 caps / 180 days
Zolpidem tartrate ER 7.5 mg	30 caps

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** 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.

RSV Vaccines

Florida Blue non-Medicare plans will begin coverage of the RSV vaccines **Abrysvo** and **Arexvy** at a \$0 cost share to members aged 60 and over starting on September 1, 2023. Coverage of Abrysvo and Arexvy will be at in network pharmacies or your provider's office. Additionally, the RSV immunization **Beyfortus** will be covered at \$0 for infants at your provider's office.

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 800-727-2227.

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

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