

Commercial and Other Pharmacy Program Updates Effective July 1, 2024

The following changes to our pharmacy programs are effective **July 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 July 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)
Annovera	1 ring / 365 days
Bosulif 50 mg cap	30 caps
Bosulif 100 mg cap	150 caps
Bosulif 120 mg tab	120 tabs
Brixadi 64 mg / 0.18 ml, 96 mg / 0.27 ml, 128 mg / 0.36 ml	1 syringe / 28 days
Brixadi 8 mg / 0.16ml, 16 mg / 0.32 ml, 24 mg / 0.48 ml, 32 mg / 0.64 ml	4 syringes / 28 days
cyanocobalamin 500 mcg nasal spray	4 bottles / 28 days
dabigatran 110 mg caps	120 caps
deflazacort 6 mg tabs	60 tabs
deflazacort 18 mg tabs	30 tabs
dextroamphetamine sulfate 2.5 mg tabs	90 tabs
dextroamphetamine sulfate 7.5 mg tabs	90 tabs
Filsuvez	30 tubes
Fluocinolone acetonide cream 0.1%	120 grams
gabapentin ER 300 mg tab	30 tabs
gabapentin ER 600 mg tab	90 tabs
Halobetasol propionate foam 0.05%	200 grams / 28 days
Humira 80 mg / 0.8 mL pen-injector kit	2 pens / 28 days
Hymrioz auto-injector	2 pens / 28 days
Hymrioz auto-injector starter kit	3 pens / 180 days

Drugs Added to the Responsible Quantity Program	
Imiquimod 5% cream, actinic keratosis	3 boxes (36 packets) for up to 16 weeks
Imiquimod 5% cream, external genital and perianal warts	12 packets for up to 16 weeks
Imiquimod 5% cream, basal cell carcinoma	3 boxes (36 packets) for up to 16 weeks
Imitrex 100 mg	18 tabs
Imitrex 6 mg / 0.5 mL	5 mL (10 vials)
Imitrex STAT dose 6 mg	6 mL (12 injections)
Iwifin 192 mg tabs	240 tabs
Klarity-C	120 vials
Lupkynis 7.9 mg caps	180 caps
Maxalt, Maxalt-MLT 10 mg	18 tabs
methylphenidate hydrochloride ER 27 mg	30 tabs
methylphenidate hydrochloride ER 36 mg	60 tabs
methylphenidate hydrochloride ER 54 mg	30 tabs
mifepristone 300 mg	120 tabs
nevirapine 200 mg	60 tabs
nevirapine ER 100 mg	90 tabs
nevirapine ER 400 mg	30 tabs
Ogsiveo 100 mg, 150 mg	56 tabs / 28 days
Ojemda oral suspension	96 ml / 28 days
Ojemda 100 mg tablet	24 tabs / 28 days
Omnipod 5 G7 Pod	30 pods
Omnipod 5 G7 kit	1 kit / 720 days
Opill	28 tabs / 28 days
Opsynvi	30 tabs
Ormalvi	120 tabs
Relpax 40 mg	12 tabs
Rezdifra	30 tabs
Simlandi	2 pens / 28 days
Spravato	4 packs / 28 days
Sublocade 100 mg / 0.5 mL	1 syringe / 28 days
Sublocade 300 mg / 1.5 mL	2 syringes / 180 days
sumatriptan 100 mg	18 tabs
sumatriptan auto-injector, 6 mg / 0.5 mL	6 mL (12 injections)
Thalomid 50 mg	90 caps
Thalomid 100 mg	120 caps

Drugs Added to the Responsible Quantity Program	
Tiopronin DR 100 mg	600 tabs
Tiopronin DR 300 mg	180 tabs
Tolvaptan 15 mg	30 tabs / 365 days
Tolvaptan 30 mg	60 tabs / 365 days
tramadol 25 mg	240 tabs
Voydeya	180 tabs
Wegovy 0.25 mg / 0.5mL, 0.5 mg / 0.5mL, 1 mg / 0.5 mL*	8 pens / 180 days
Wegovy 1.7 mg / 0.75mL, 2.4 mg / 0.75mL*	4 pens / 28 days
Winrevair	1 kit / 21 days
Yuflyma 20 mg / 0.2 ml syringe kit	2 syringe / 28 days
Zituvio 25 mg, 50 mg, 100 mg tabs	30 tabs
Zymfentra	2 pens / 28 days
*Only for those self-insured groups who purchased weight loss coverage.	

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Antiemetics	Conversion from prior authorization to Step Therapy Program
Continuous glucose monitor (CGM)	Added Xultophy and Soliqua as prerequisite therapy permitted
Dipeptidyl peptidase-4 (DPP-4) inhibitors	Zituvio added as a target
Gabapentin extended-release (ER)	Gralise added to Step Therapy Program
Oral Tetracycline	Tetracycline 250 mg and 500 mg tabs added as a target
Topical corticosteroids	Fluocinolone acetonide cream 0.1% added as a target
Triptans	Conversion from prior authorization to Step Therapy 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 therapeutic or generic alternatives. This exclusion list applies only to members enrolled in health plans that allow pharmacy coverage exclusions.

New Coverage Exclusions	
Amjevita (adalimumab-atto) 10 mg / 0.2 ml, 20 mg / 0.4 ml, 40 mg / 0.8 ml	Jylamvo
Combigan drops	Livalo
Daliresp tablets	Oxandrolone tabs
Denavir cream	Prudoxin/Zonalon cream
Forteo	Symjepi
Hetlioz	Talzenna 0.5 mg caps

New Coverage Exclusions	
Insulin aspart	Targretin gel
Insulin aspart flexpen	Trudhesa
Insulin aspart penfill	Vectical ointment
Insulin aspart protamine / insulin aspart	Viibryd tabs
Insulin aspart protamine / insulin aspart flexpen	Zioptan drops

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)*
Amjevita (high concentration)	FDA approved indication(s)
Bosulif caps	FDA approved indication(s)
Brixadi	FDA approved indication(s)
cyanocobalamin 500 mcg nasal spray	FDA approved indication(s)
deflazacort tabs	FDA approved indication(s)
Entyvio pen	FDA approved indication(s)
Hemlibra 12 mg / 0.4 mL	FDA approved indication(s)
Hemlibra 300 mg / 2 mL	FDA approved indication(s)
Humira 80 mg / 0.8 mL pen-injector kit	FDA approved indication(s)
Hyrimoz 80 mg / 0.8 ml autoinjector and starter kit	FDA approved indication(s)
lwlfin	FDA approved indication(s)
mifepristone 300 mg tab	FDA approved indication(s)
Opsynvi	FDA approved indication(s)
Rezdiffra	FDA approved indication(s)
Simlandi	FDA approved indication(s)
Spravato	FDA approved indication(s)
Sublocade	FDA approved indication(s)
tiopronin DR	FDA approved indication(s)
Voydeya	FDA approved indication(s)
Vyvanse chewable tablets	FDA approved indication(s)
Winrevair	FDA approved indication(s)

Drugs Added to the Prior Authorization Program	
Xolair SQ auto-injector	FDA approved indication(s)
Yuflyma 20 mg / 0.2 ml syringe kit	FDA approved indication(s)
Zoryve 0.3% foam	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. 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 July 1, 2024, Net Results will no longer cover the brand-name or generic drugs listed below.

Net Results New Exclusions	
Adalimumab-aacf (2 PEN) (adalimumab-aacf auto-injector kit 40 mg / 0.8ml)	Fluticasone propionate di skus (fluticasone propionate aerosolized powder 50 mcg / act, 100 mcg/act, 250 mcg/act)
Alrex (loteprednol etabonate ophth susp 0.2%)	Forteo (teriparatidemrecombinant) soln pen-inj 600 mcg / 2.4ml)
Amjevita (adalimumab-atto soln auto-injector 40 mg / 0.4ml, 40 mg / 0.8 ml, 80 mg / 0.8 ml)	Gralise (gabapentin (once-daily) tab 300 mg, 600 mg)
Amjevita (adalimumab-atto soln prefilled syringe 10 mg / 0.2 ml, 20 mg / 0.2ml, 20 mg / 0.4ml, 40 mg / 0.4 ml, 40 mg / 0.8ml)	Jylamvo (methotrexate oral soln 2 mg / ml)
Baclofen (baclofen oral soln 10 mg / 5ml)	Korlym (mifepristone tab 300 mg)
Bimzelx (bimekizumab-bkzx subcutaneous soln auto-injector 160 mg / ml)	Likmez (metronidazole susp 500 mg / 5ml)
Bimzelx (bimekizumab-bkzx subcutaneous soln prefilled syr 160 mg / ml)	Lipofen (fenofibrate cap 50 mg, 150 mg)
Bromsite (bromfenac sodium ophth soln 0.075% (base equivalent))	Motpoly xr (lacosamide cap er 24-hour 100 mg, 150 mg, 200 mg)
Cabtree (adapalene-benzoyl peroxide-clindamycin gel 0.15-3.1-1.2%)	Nascobal (cyanocobalamin nasal spray 500 mcg / 0.1ml)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	Omvo (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg / ml)
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	Oxaprozin (oxaprozin cap 300 mg)
Coxanto (oxaprozin cap 300 mg)	pitavastatin calcium tab 1 mg, 2 mg, 4 mg
Dapagliflozin propanediol (dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent))	Pradaxa (dabigatran etexilate mesylate cap 110 mg)
Dapagliflozin propanediol / metformin hydrochloride (dapagliflozin prop-metformin hcl tab er 24-hour 10-1000 mg)	Ozobax ds (baclofen oral soln 10 mg / 5ml)

Net Results New Exclusions	
Dapagliflozin propanediol / metformin hydrochloride (dapagliflozin prop-metformin hcl tab er 24-hour 5-1000 mg)	Velsipity (etrasimod arginine tab 2 mg)
Exkivity (mobocertinib succinate cap 40 mg)	Veveye (cyclosporine (ophth) soln 0.1%)
Fabhalta (iptacopan hcl cap 200 mg)	Xphozah (tenapanor hcl tab 20 mg, 30 mg)

Net Results Drugs Added Back to Coverage	
Sotyktu (deucravacitinib tab 6 mg)	Tyrvaya (varenicline tartrate nasal soln 0.03 mg / act)

Net Results Step Therapy Program Changes

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

Program	Added drug(s)
Insomnia agents	Quviviq added as target
Oral non-steroidal anti-inflammatory drug (NSAID)	Added indomethacin suspension as target

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 July 1, 2024.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Alvaiz	FDA approved indication(s)
deflazacort tabs	FDA approved indication(s)
Hemlibra 12 mg / 0.4 mL	FDA approved indication(s)
Hemlibra 300 mg / 2 mL	FDA approved indication(s)
mifepristone 300 mg tab	FDA approved indication(s)
Saxenda	FDA approved indication(s)
Wegovy	FDA approved indication(s)
Yuflyma 20 mg / 0.2 ml syringe kit	FDA approved indication(s)
Zepbound	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, are effective July 1, 2024.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Acetaminophen/hydrocodone	2700 ml
Alvaiz 9 mg, 18 mg	30 tabs
Alvaiz 36 mg, 54 mg	60 tabs
dabigatran 110 mg caps	120 caps
deflazacort 6 mg tabs	60 tabs
deflazacort 18 mg tabs	30 tabs
gabapentin ER 300 mg tab	30 tabs
gabapentin ER 600 mg tab	90 tabs
methylphenidate hydrochloride ER 27 mg	30 tabs
methylphenidate hydrochloride ER 36 mg	60 tabs
methylphenidate hydrochloride ER 54 mg	30 tabs
mifepristone 300 mg	120 tabs
Quviviq	30 tabs
Saxenda	15 ml / 30 days
Thalomid 50 mg	90 caps
Thalomid 100 mg	120 caps
Wegovy 0.25 mg / 0.5ml, 0.5 mg / 0.5ml, 1mg / 0.5ml	8 pens / 180 days
Wegovy 1.7 mg / 0.75, 2.4 mg / 0.75ml	4 pens / 28 days
Yuflyma 20 mg / 0.2 ml syringe kit	2 syringe / 28 days
Zepbound 2.5 mg / 0.5 mL	4 pens / 180 days
Zepbound 5 mg / 0.5 mL, 7.5 mg / 0.5 ml, 10 mg / 0.5 ml, 12.5 mg / 0.5 ml, 15 mg / 0.5 ml	4 pens / 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.

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