

Commercial and Other Pharmacy Program Updates Effective April 1, 2025

The following changes to our pharmacy programs become effective **April 1, 2025**. 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, 2025. 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)
Alclometasone dipropionate 0.05% ointment	120 grams / 30 days
Adalimumab-adaz 80 mg/0.8 mL	2 pens / 28 days
Adalimumab-rvyvk	2 pens / 28 days
Alhemo 60 mg/1.5 ml	14 pens / 28 days
Alhemo 150 mg/1.5 ml	6 pens / 28 days
Alvaiz 9 mg, 18 mg	30 tabs
Alvaiz 36 mg, 54 mg	60 tabs
Alyftrek 4-20-50	84 tabs / 28 days
Alyftrek 10-50-125	56 tabs / 28 days
Attruby	112 tabs / 28 days
Augtyro 160 mg	60 caps
Azmiro 200 mg	4 ml / 28 days
Bimzalex 320 mg / 2 ml	1 pen / 28 days
clobetasol propionate 0.5% foam	200 grams
Crenessity	60 caps
Crenessity oral solution	120 ml
Danziten	112 tab / 28 days
Efavirenz/emtricitabine/tenofovir	30 tabs
Emend Tripack (aprepitant pack)	2 therapy packs

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	Dispensing Limit Per Month (unless noted otherwise)
esomeprazole granules	30 packets
flurandrenolide 0.05% cream	120 grams
llet pump, starter kit	1 kit / 720 days
llet insulin infusion kit – 23” 6 mm, 32” 6 mm	15 kits / 30 days
llet Insulin Infusion kit – contact detach	30 kits / 30 days
Imkeldi	280 ml / 28 days
Liraglutide 18 mg / 3 mL	3 pens
Lumakras 240 mg	120 tabs
Prucalopride	30 tabs
Nimodipine	2520 ml / 180 days
Opipza 2 mg	30 films
Opipza 5 mg and 10 mg	90 films
Oxybutynin extended-release 10 mg, 15 mg	60 tabs
Revuforj 110 mg	120 tabs
Revuforj 160 mg	60 tabs
sacubitril/valsartan	60 tabs
testosterone gel 1% packet	60 packets
Tramadol 75 mg	150 tabs
Tryngolza	28 days
Twist refill kit	15 kits
Twist Starter Kit, Refill Kit/Infusion	1 kit / 720 days
Venxxiva 100 mg	600 tablets
Venxxiva 300 mg	180 tablets
Vyalev	56 vials / 28 days
Wezlana 45 mg	1 vial or syringe / 84 days
Wezlana 90 mg	1 syringe / 56 days

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Oral tetracycline step therapy	Emrosi 40 mg capsules added to program
Topical Corticosteroid Step therapy	Acemetasone dipropionate 0.05% ointment added to program
Xdemvy Step therapy	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	
Adalimumab-aacf	prucalopride succinate tab (generic Motegrity)
Clobetasol ophthalmic	Promethazine & phenylephrine syrup 6.25-5 mg/5 mL
Crexont 35mg-140mg	Promethazine & phenylephrine syrup with codeine 6.25-5-10 mg/5mL
Femlyv	Sajazir injection 30 mg
Neffy nasal spray	Sofdra topical gel
Ohtuvayre	Vigafyde oral solution 100 mg/ml
Onyda XR	Zembrace Symtouch 3mg/0.5ml

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)*
Adalimumab-adaz 80 mg	FDA approved indication(s)
Adalimumab-ryvk	FDA approved indication(s)
Alhemo	FDA approved indication(s)
Alyftrek	FDA approved indication(s)
Attruby	FDA approved indication(s)
Augtyro 160 mg	FDA approved indication(s)
Azmiro 200 mg/ml	FDA approved indication(s)
Bimzelx	FDA approved indication(s)
Crenessity	FDA approved indication(s)
Danziten	FDA approved indication(s)
Ensacove	FDA approved indication(s)
Esperoct	FDA approved indication(s)
Hympavzi	FDA approved indication(s)
Imkeldi	FDA approved indication(s)
Imuldosa subcutaneous	FDA approved indication(s)

Drugs Added to the Prior Authorization Program	
Itovebi	FDA approved indication(s)
Jivi	FDA approved indication(s)
Liraglutide 18 mg / 3 mL	FDA approved indication(s)
Lumakras 240 mg	FDA approved indication(s)
Nypozi	FDA approved indication(s)
Ohtuvayre	FDA approved indication(s)
Opipza	FDA approved indication(s)
Otulfu subcutaneous	FDA approved indication(s)
prucalopride 1 mg	FDA approved indication(s)
Pyzchiva subcutaneous	FDA approved indication(s)
Revuforj	FDA approved indication(s)
Selarsdi subcutaneous	FDA approved indication(s)
Simlandi	FDA approved indication(s)
Stelara subcutaneous	FDA approved indication(s)
Steqeyma subcutaneous	FDA approved indication(s)
Tramadol 75 mg	FDA approved indication(s)
Tryngolza	FDA approved indication(s)
Vyalev	FDA approved indication(s)
Wezlana subcutaneous	FDA approved indication(s)
Yesintek subcutaneous	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 April 1, 2025, Net Results will no longer cover the brand or generic drugs listed below.

Net Results New Exclusions	
CLOBETASOL PROPIONATE (clobetasol propionate ophth susp 0.05%)	Oracea (doxycycline cap delayed release 40 mg)

Net Results New Exclusions	
Crexont (carbidopa & levodopa cap ER 35-140 mg)	Oxtellar XR (oxcarbazepine tab ER 24hr 150 mg, 300 mg, 600 mg)
Crexont (carbidopa & levodopa cap ER 52.5-210 mg)	Oxycodone hydrochloride (oxycodone hcl tab abuse deterrent 10 mg)
Crexont (carbidopa & levodopa cap ER 70-280 mg)	Prevident rinse (sodium fluoride rinse 0.2%)
Crexont (carbidopa & levodopa cap ER 87.5-350 mg)	promethazine & phenylephrine syrup 6.25-5 mg/5ml
doxycycline (rosacea) cap delayed release 40 mg	Promethazine VC/codeine (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml)
Femlyv (norethindrone acetate & ethinyl estradiol disintegrating tab 1 mg-20 mcg)	promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml
icatibant acetate subcutaneous syringe 30 mg/3ml (Sajazir)	Roxybond (oxycodone hcl tab abuse deterrent 10 mg)
Livdelzi (seladelpar lysine cap 10 mg)	Sofdra (sofipirionium bromide gel 12.45%)
Lucemyra (lofexidine tab 0.18 mg)	Sprycel (dasatinib tab 20mg, 50mg, 70mg, 80mg, 100mg, 140 mg)
Neffy (epinephrine nasal spray 2 mg/0.1ml)	Stendra (avanafil tab 50 mg, 100 mg, 200 mg)
Nemluvio (nemolizumab-ilot for subcutaneous auto-injector 30 mg)	Tazorac (tazarotene cream 0.05%)
Ohtuvayre (ensifentrine inhalation suspension 3 mg/2.5ml)	Vigafyde (vigabatrin oral solution 100 mg/ml)
Onyda XR (clonidine extended-release suspension 0.1 mg/ml)	Zoryve (roflumilast cream 0.15%)

Net Results Drugs Added Back to Coverage	
Fluoxetine hcl tab 10 mg and 20 mg	Ilet starter kit - inset 23" 6mm (insulin infusion pump supplies)
Ilet insulin infusion kit - contact detach 23" 6mm (insulin infusion pump supplies)	Ilet starter kit - inset 32" 6mm (insulin infusion pump supplies)
Ilet insulin infusion kit - inset 23" 6mm (insulin infusion pump supplies)	Litfulo (ritlectinib tosylate cap 50 mg)
Ilet insulin infusion kit - inset 32" 6mm (insulin infusion pump supplies)	Twist refill kit (insulin infusion pump supplies)
Ilet insulin pump (insulin infusion pump - device)	Twist refill kit/infusion set (insulin infusion pump supplies)
Ilet starter kit - contact detach 23" 6mm (insulin infusion pump supplies)	Twist starter kit (insulin infusion pump - kit)

Net Results Step Therapy Program Changes

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

Program	Added Drug(s)
DPP-4 Inhibitors and Combinations	Addition of Zituvimet and Zituvimet XR

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, 2025.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Condition(s)*
Attruby	FDA approved indication(s)
Danziten	FDA approved indication(s)
Ebglyss	FDA approved indication(s)
Edaravone	FDA approved indication(s)
Nemludio	FDA approved indication(s)
Sohonos	FDA approved indication(s)
Revuforj	FDA approved indication(s)
Tramadol 75 mg	FDA approved indication(s)
Zituvimet	FDA approved indication(s)
Zituvimet XR	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, 2025.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Attruby	112 tab / 28 days
Benlysta	4 pens or syringes / 28 days
Danziten	112 tab / 28 days
Ebglyss	1 pen / 28 days
Edaravone	10 vials / 28 days
Nemludio	2 pens / 28 days
Revuforj 110 mg	120 tabs
Revuforj 160 mg	60 tabs
Sohonos 1 mg, 1.5 mg	120 caps
Sohonos 2.5 mg	150 caps
Sohonos 5 mg	90 caps
Sohonos 10 mg	60 caps
Tramadol 75 mg	150 tabs
Zituvimet	60 tabs

Zituvimet XR 100 mg/1000 mg	30 tabs
Zituvimet XR 50 mg/1000 mg, 50 mg/500 mg	60 tabs

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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