



Truli for Health Pharmacy Program Updates Effective October 2021

The following changes to Truli for Health’s (Truli) pharmacy programs will become effective **Oct. 1, 2021**. These changes affect our preferred drug lists and medication guides. Important changes are summarized below.

Medication Guides and Truli for Me Drug List

Truli Rx Medication guides are available at truliforhealth.com/providers. Scroll down to **Manuals and Guides** and select one of the three medication guides:

- **Truli Rx Flex**
- **Truli Rx Choice**
- **Truli Rx Basic**

In the medication guides, you can also find a link to the [Truli for Me Drug List](#).

Medications Requiring Prior Authorization

Prior authorization requirements for the following list of medications will change under the member’s pharmacy benefits. New-to-market drugs may still be under review for a coverage decision as a part of our New-to-Market Program. Links to Truli’s *Prior Authorization Program Information* document can be found in the medication guides.

Prior authorizations can be requested via CoverMyMeds.com or via fax form found on MyPrime.com.

New Prior Authorization Programs	
Drug Name	Covered Condition(s)*
Empaveli	FDA approved indication(s)
Exservan	FDA approved indication(s)
Stromectol (ivermectin)	FDA approved indication(s)
Lumakras	FDA approved indication(s)
Truseltiq	FDA approved indication(s)
Xolair prefilled syringe	FDA approved indication(s)
*A summary of criteria and additional information are available with our authorization forms.	
Changes to Existing Prior Authorization Programs	
Drug or Class Name	Program Change
Constipation Agents	Movantik added as preferred
Statins	Program retired

Quantity Limit Program

We will add the following drugs and drug-dispensing limits to the Quantity Limit Program. **Please note:** Quantity limits apply to generic drugs where applicable.

Drugs Added to the Quantity Limit Program	
Brand/Generic Name	Dispensing Limit Per Month (unless noted otherwise)
Annovera	1 ring / 180 days
Freestyle Libre Reader	1 / year
Freestyle Libre Sensor 10 day	3 sensors
Freestyle Libre Sensor 14 day	2 sensors / 28 days
Changes to Drugs Already in the Quantity Limit Program	
Repatha 420mg	2 systems
Soliqua	6 pens

Pharmacy Coverage Exclusions

Truli will no longer cover the brand-name or generic drugs listed below. We will cover many of their therapeutic or generic alternatives.

New Coverage Exclusions	
Betamethasone Valerate 0.12 % foam	Hydrocodone Bitartrate/APAP 7.5-300 mg tabs
Clotrimazole/Beta Dibr 1-0.05% lotion	Kuvan powder packets 100, 500 ¹
Desonide 0.05 % lotion	Mitigare
Doxycycline Monohydrate 150 mg tabs	Quelbree
Elepsia XR	Rilutek
Gemtesa	Roszet
Halobetasol Propionate 0.05 % ointment	Truvada ²
Hydrocodone Bitartrate/APAP 10-300 mg tabs	Vesicare LS
Hydrocodone Bitartrate/APAP 5-300 mg tabs	Zafemy
¹ Exclusion applies only to Truli Rx Choice	
² Exclusion applies only to Truli Rx Flex and Truli Rx Basic	
Drugs Added Back to Coverage	
Sympazan	

Step Therapy Program

We will add the following drugs or drug classes to the Step Therapy Program.

New Step Therapy Programs
Descovy*
Statins
*Step therapy program applies only to Truli Rx Flex

Verify Eligibility and Benefits on Availity

You can verify your patients' eligibility and pharmacy benefits through Availity^{®1} at [availity.com](https://www.availity.com). If you have questions about Truli or these pharmacy updates, please call the Provider Contact Center at 833-238-8144.

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

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