



## Truli for Health Pharmacy Program Updates Effective January 2022

The following changes to Truli for Health's (Truli) pharmacy programs will become effective **January 1, 2022**. 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](http://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](http://CoverMyMeds.com) or via fax form found on [MyPrime.com](http://MyPrime.com).

New Prior Authorization Programs	
Drug Name	Covered Condition(s)*
Aztarys	FDA approved indication(s)
Brexafemme	FDA approved indication(s)
Bylvay	FDA approved indication(s)
Exkivity	FDA approved indication(s)
Ivermectin	FDA approved indication(s)
Kerendia	FDA approved indication(s)
Livmarli	FDA approved indication(s)
Myfembree	FDA approved indication(s)
Skytrofa	FDA approved indication(s)
Verquvo	FDA approved indication(s)
Welireg	FDA approved indication(s)
*A summary of criteria and additional information are available with our authorization forms.	

## 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 otherwise noted)
Aztarys	30 tabs
Brexafemme	12 tabs / 365 days
Dupixent 200mg	2 pens / 28 days
Kerendia	30 tabs
Kloxxado	4 bottles
Lybalvi	30 tabs
Myrbetriq suspension	300 ml / 28 days
Myfembree	30 tabs
Trudhesa	12 ml / 28 days
Verquvo	30 tabs
Xofluza therapy pack	2 tabs / 120 days
Changes to Existing Drugs in the Quantity Limit Program	
Aldara	48 packets / 112 days
Duobrii	100 gm
Halcinonide 0.1%	120 gm
Migranal	8 containers / 28 days

## 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	
Accrufer	Invokana
Amicar brand solution	Isosorbide dinitrate 40mg
Atacand HCT brand	Lantus
Aztarys	Loperamide 2mg
Betapace AF brand	Nextellis
Brexafemme	Paxil brand sus
Depen Titra tab	Qtern
Hydrocodone/acet 10/325 soln	Revatio brand susp
Hydroxychloroquine 100, 300, 400mg	Segluromet
Inspra brand	Steglatro
Invokamet	Thalitone tab
Invokament XR	Zithromax brand susp
Drugs Added Back to Coverage	
Buprenorphine patches	Targadox tab
Chlorzoxazone tabs	Testosterone gel 10mg/act
Cipro suspension	Zafemy

Health coverage is offered by Truli for Health, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

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## New Coverage Exclusions

Prednisolone phosphate ODT	
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### Step Therapy Program

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

Step Therapy Program	Program Change
Atypical Antipsychotics	Lybalvi added as a target

### Verify Eligibility and Benefits on Availity

You can verify your patients' eligibility and pharmacy benefits through Availity<sup>®1</sup> 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.

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