

## Effective January 2019 Commercial and Other Pharmacy Program Updates

On January 1, 2019, we will implement several changes to our pharmacy programs. The changes affect our preferred drug lists and medication guides, medications that require prior authorization, the Responsible Quantity Program, Responsible Steps and the Pharmacy Coverage Exclusions List. Changes are summarized below.

### Preferred Drug List Changes and Medication Guides

Changes to our preferred drug lists, as well as a current list, are available at [floridablue.com](http://floridablue.com). Click on Providers (top of the page), *Tools & Resources*, *Medical & Pharmacy Policies and Guidelines* and then [Medication Guides](#).

### Medications Requiring Prior Authorization

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefits effective January 1, 2019. This applies only to members enrolled in plans that 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)*
Ajovy	FDA-approved indication(s)
Biltricide 600 mg **	FDA-approved indication(s)
Copiktra	FDA-approved indication(s)
Emgality	FDA-approved indication(s)
Epidiolex	FDA-approved indication(s)
Galafold	FDA-approved indication(s)
Imiquimod 3.75 cream	FDA-approved indication(s)
Jivi	FDA-approved indication(s)
Mulpleta	FDA-approved indication(s)
Nivestym	FDA-approved indication(s)
Oxervate	FDA-approved indication(s)
Oxycodone-ibu 5-400**	FDA-approved indication(s)
Panzyga	FDA-approved indication(s)
Takhzyro	FDA-approved indication(s)

Tegsedi	FDA-approved indication(s)
Tibsovo	FDA-approved indication(s)
Trokendi XR	FDA-approved indication(s)
Vizimpro	FDA-approved indication(s)
Qudexy XR	FDA-approved indication(s)
Welchol 3.75 gm**	FDA-approved indication(s)
Xyosted	FDA-approved indication(s)
Ztlido	FDA-approved indication(s)

\*Summary of criteria and additional information is available with our authorization forms.

\*\* Closed formulary only

### Responsible Quantity Program

We will add the following drugs and drug dispensing limits to the Responsible Quantity Program effective January 1, 2019. This applies only to members enrolled in health plans that are part of the Responsible Quantity Program. **Please note:** Responsible Quantity Program limits apply to generic drugs where applicable, and to members enrolled in health plans that are part of the Responsible Quantity Program.

Drugs Added to the Responsible Quantity Program		
Brand/Generic Name	Strength	Dispensing Limit Per Month (unless noted otherwise)
Ajovy		3 syringes / 90 days
Delstrigo	100 300 300	30 tabs
Dupixent	200 mg	2 syringes / 28 days
Emgality		1 injector
Imiquimod 3.75% cream	3.75%	15 grams
Lenvima therapy pack	4 mg	30 caps
Lenvima therapy pack	12 mg	90 caps
Pifeltro		30 tabs
Signifor LAR		1 kit / 28 days
Xarelto	2.5 mg	60 tabs
Xelpros		2.5 ml
Xofluza	20mg, 40mg	4 tabs / 120 days
Xyosted		4 pens / 30 days
Ztlido		90 patches

## Responsible Steps Program Changes

On January 1, 2019, we will make the following changes to the Responsible Steps Program. This applies only to members enrolled in health plans that are part of the Responsible Steps Program.

Program	Program Changes
Minocycline ER	Addition of Minolira

## New Pharmacy Coverage Exclusions

Effective January 1, 2019, our commercial pharmacy plans will no longer cover the brand name drugs listed below. We will cover many of their generic alternatives. This exclusion list applies only to members enrolled in health plans that allow pharmacy coverage exclusions.

Drugs Added to Pharmacy Coverage Exclusion List		
Adapalene solution	Amcinonide cream 0.1%	Androgel 1.62%
Apidra	Baclofen 5 mg tab	Butalbital/APAP 50/300
Carafate suspension	Epiduo Forte	Finacea foam
Humalog mix	Kapsargo sprinkle	Plixda
Pristiq brand	Strattera brand	Topicort Spray
Drugs Removed from Pharmacy Coverage Exclusion List		
Butalbital/APAP/caff 50/300/40	Silenor	

## Authorization Request Forms

Authorization request forms are available at [floridablue.com](http://floridablue.com). Click on Providers (top of the page), *Tools & Resources* and then *Medical & Pharmacy Policies and Guidelines*. You will see a list of programs and authorization forms.

## Verify Eligibility and Benefits on Availity

As a reminder, you can verify your patients' eligibility and pharmacy benefits through Availity<sup>®1</sup> at [availity.com](http://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**.

<sup>1</sup>Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at [availity.com](http://availity.com).