

Commercial and Other Pharmacy Program Updates **Effective July 2018**

Preferred Drug List Changes and Medication Guides

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

Summary of Changes

On July 1, 2018, we will implement several changes to our pharmacy programs. The changes affect medications that require prior authorization, the Responsible Quantity Program, Responsible Steps, and the pharmacy coverage exclusions list. Changes are summarized below.

Medications That Require Prior Authorization

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefits effective July 1, 2018. 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)*
Aimovig	FDA approved indication(s)
Bonjesta	FDA approved indication(s)
Erleada	FDA approved indication(s)
Ertaczo	FDA approved indication(s)
Exelderm	FDA approved indication(s)
Pegvaliase	FDA approved indication(s)
Symdeko	FDA approved indication(s)
Tavalisse	FDA approved indication(s)
Xtampza ER	FDA approved indication(s)

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

Responsible Steps Program Changes

On July 1, 2018, 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
Rho Kinase Inhibitors	Add Rhopressa

New Pharmacy Coverage Exclusions

Effective July 1, 2018, 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 Excluded From Coverage			
Admelog	Azelex cream	Calcipotriene/betamethasone	Carbinoxamine 6mg
Clenpiq	Cyclobenzaprine 7.5mg	Doxycycline 75mg, 150mg	Impoyz
Lyrica CR	Methylphenidate ER 72mg	Naproxen suspension	Siklos
Tyrosint	Vuyzulta	Zypitamag	

Responsible Quantity Program

We will add the following drugs and drug dispensing limits to the Responsible Quantity Program effective July 1, 2018. This applies only to members enrolled in 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.

Brand/Generic Name	Strength	Dispensing Limit Per Month (unless noted otherwise)
Drugs Added to the Program		
Bonjesta		30 tabs
Cimduo		30 tabs
EMLA		60 grams
Imbruvica	All strengths	30 caps
Naloxone nasal		2 doses
Suboxone film	8mg	90 films
Symfi		30 tabs
Symfi Lo		30 tabs
Tasigna	50mg	120 caps

Zypitamag	1mg, 2mg	45 tabs
Zypitamag	3mg	30 tabs

Authorization Request Forms

Authorization request forms are available at www.floridablue.com. Click on Providers (top of the page), select Tools & Resources and then click [Medical & Pharmacy Info](#). You will see a list of programs and authorization forms.

If you have questions about these changes, please call the Provider Contact Center at **(800) 727-2227**.