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

**Preferred Drug List Changes and Medication Guides**  
Changes to our preferred drug lists, as well as a current list, are available at floridablue.com. Click on Providers (top of the page) > Tools & Resources > Medical & Pharmacy Information > Medication Guides.

**Summary of Changes**  
On October 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 Program 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 October 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.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Covered Condition(s)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braftovi</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Doptelet</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Epidiolex</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Fulphila</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Impavidro</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Jadenu Sprinkle</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Jynarque</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Lucemyra</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Mektovi</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Olumiant</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Palynzixq</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Tavalisse</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Retacrit</td>
<td>FDA approved indication(s)</td>
</tr>
<tr>
<td>Yonsa</td>
<td>FDA approved indication(s)</td>
</tr>
</tbody>
</table>

*Summary of criteria and additional information is available on our authorization forms.
**Responsible Steps Program Changes**

On October 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.

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous Glucose Monitors</td>
<td>Freestyle Libre</td>
</tr>
</tbody>
</table>

**New Pharmacy Coverage Exclusions**

Effective October 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 Added to the Program**

| Clindamycin/Benzoyle Peroxide Gel 1.2/2.5% | Fentanyl patch 37.5 mcg/hr | Fentanyl patch 62.5 mcg/hr |
| Fentanyl patch 87.5 mcg/hr | Glycate | Nalocet |
| Noctiva | Praluent |  

**Responsible Quantity Program**

We will add the following drugs and drug dispensing limits to the Responsible Quantity Program effective October 1, 2018. 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.

<table>
<thead>
<tr>
<th>Brand/Generic Name</th>
<th>Strength</th>
<th>Dispensing Limit Per Month (unless noted otherwise)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drugs Added to the Program</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arnuity Elipta</td>
<td>50 mcg</td>
<td>30 blisters</td>
</tr>
<tr>
<td>Butalbital/APAP</td>
<td>50 – 300</td>
<td>180 caps</td>
</tr>
<tr>
<td>Gilenya</td>
<td>2.5 mg</td>
<td>30 caps</td>
</tr>
<tr>
<td>Humira kit</td>
<td></td>
<td>3 pens / 180 days</td>
</tr>
<tr>
<td>Imvexxy starter pack</td>
<td>4 mcg, 10 mcg</td>
<td>1 pack / 180 days</td>
</tr>
<tr>
<td>Imvexxy</td>
<td>4 mcg, 10 mcg</td>
<td>8 inserts / 28 days</td>
</tr>
<tr>
<td>Nalocet</td>
<td>2.5 mg / 300 mg</td>
<td>360 tabs</td>
</tr>
<tr>
<td>Nuplazid</td>
<td>10 mg, 34 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Pylera</td>
<td></td>
<td>120 caps/90 days</td>
</tr>
<tr>
<td>Roxybond</td>
<td>15 mg, 30 mg</td>
<td>180 tabs</td>
</tr>
<tr>
<td>Sprycel</td>
<td>20 mg</td>
<td>90 tabs</td>
</tr>
<tr>
<td>Symtuza</td>
<td></td>
<td>30 tabs</td>
</tr>
</tbody>
</table>
Authorization Request Forms
Authorization request forms are available at floridablue.com. Click on Providers (top of the page) > Tools & Resources > Medical & Pharmacy Information. 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.