



An Independent Licensee of the
Blue Cross and Blue Shield Association

September 2019

Commercial and Other Pharmacy Program Updates Effective October 2019

On October 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. 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 October 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)*
Adhansia XR	FDA-approved indication(s)
Balversa	FDA-approved indication(s)
Cutaquig	FDA-approved indication(s)
Diacomit	FDA-approved indication(s)
Evekeo	FDA-approved indication(s)
Ezallor	FDA-approved indication(s)
Inbrija	FDA-approved indication(s)
Jetenzo	FDA-approved indication(s)
Nucala SQ	FDA-approved indication(s)
Piqray	FDA-approved indication(s)
Ryzurgi	FDA-approved indication(s)
Skyrizi	FDA-approved indication(s)
Symdeko	FDA-approved indication(s)
Tamiflu brand (closed formulary only)	failure/contraindication of covered alternatives

Thiola EC	FDA-approved indication(s)
Vydnaqel, Vyndamax	FDA-approved indication(s)
Xpovio	FDA-approved indication(s)
Zykadia	FDA-approved indication(s)
Drugs Removed from the Prior Authorization Program	
Sildenafil tablets 20mg	Advicor
*Summary of criteria and additional information is available with our authorization forms.	

Responsible Steps Program Changes

On October 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
Potassium binders	Lokelma added
DPP-4 Inhibitors	Qtern added

New Pharmacy Coverage Exclusions

Effective October 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.

Subcutaneous Immune Globulin Products

Included in the coverage exclusions for October 1, 2019, are Cutaquig, Cuvitru and Xembify. These subcutaneous immune globulin products will no longer be covered. Hizentra, Hyqvia, Gammunex-C and Gammagard will continue to be covered under the pharmacy benefit. Medical benefit immune globulin products administered intravenously will not be affected.

Drugs Added to Pharmacy Coverage Exclusion List		
Accupril	Butrans	Edarbyclor
Actonel	Canasa	Effient
adapalene 0.1% pads	Capex	Elidel
Adcirca	Captopril/HCTZ	Elocon
Aerospan	Carafate	Entocort EC
Aggrenox	Cardura/Cardura XL	Epipen 2-pak
Ajovy	carisoprodol	esomeprazole magnesium
Ala Scalp	Casodex	Estrostep FE
Aldactone	Catapres-TTS-3	Eucrisa
Altoprev	Ciloxan ointment	Evekeo ODT
Amaryl	ci metidine tablet	Evista
Amicar	Cipro tab and suspension	Exforge HCT
Apadaz	Climara	famotidine suspension
Arava	Clobetasol Foam, liq, lotn, shampoo	Firazyr brand
Aricept	Clozaril	Firdapse
Arthrotec 75	Colazal	Flomax
Asacol HD	Combigan	Fosamax Plus D
Astepro nasal	Coreg, Coreg CR, carvedilol ER	Gastrocrom

Atacand	Cortef	Genotropin
Atelvia	Cosopt, Cosopt PF	Glucophage, Glucophage XR
Aurovela 24 FE	Cozaar	Glucotrol, Glucotrol XL
Avalide	Cutaquig	Hailey 24 FE
Avandia	Cuvitru	Hemangeol
Avodart	Cytomel	Hepsera
Azilect	Daklinza	hydrocortisone butyrate lotion
Azopt	dapsone 5% topical	Humatrope
Besivance	DDAVP	Hyzaar
Betimol	Dexpak	Indocin susp/supp
Blisovi 24 FE	diflorasone cream	Inspra
Boniva	Dutoprol	Jentadueto / Jentadueto XR
Kapvay	Norgesic Forte	Skelaxin
Kazano (and AG)	Nutropin AQ	Steglujan
Keflex	Omeclamox-Pak	Symbyax
ketoprofen 25mg capsules	Omnitrope	Taytulla
Ketoprofen ER	Osmoprep	Tazorac
lansoprazole	Otovel	Tektuma HCT
Larin 24 FE	Oxistat cream and lotion	Tikosyn
Lescol XL	Pataday	Timoptic Ocudose
Lialda	Pazeo	Tradjenta
Linzess	Pentasa	Tridesilon
Lipofen	Pravachol	Trilipix
Loestrin FE 1/20	Pred Forte	Uceris foam
Loseasonique	Prevpac (and generic)	Urso 250
Lovenox	Procardia XL	Urso Forte
Lumigan	Proctocort	Valcyte
Malarone	Prolensa	Vigamox
Melodetta 24 FE	Prometrium	Vivelle-dot
Metrocream	Protopic	Voltaren
Mibelas 24 FE	Pulmicort	Vytorin
Micardis, Micardis HCT	Pylera	Welchol
Minastrin 24 FE	QmiiZ ODT	Wymzya FE
Minivelle	Quartette	Xadago
Mirapex	Relpax	Xembify
morphine sulfate ER (generic for Kadian)	Renvela pak and tab	Xepi
Motegrity	Requip XL	Ziac
Moxeza	Retin-A	Zocor
Namenda, Namenda XR	Riomet	Zofran
Namzaric, Namzaric Pak	Rythmol SR	Zomacton
neomycin/polymyxin/HC ophth susp	Saizen	Zorbitive
Niacor	Singulair Granules	Zyloprim

Authorization Request Forms

Authorization request forms are available at 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^{®1} at 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**.

¹Availity, LLC, is a multi-payer joint venture company. For more information, visit availity.com.