

An Independent Licensee of the Blue Cross and Blue Shield Association

February 2019

Commercial and Other Pharmacy Program Updates Effective April 2019

On April 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 <u>floridablue.com</u>. Click on Providers (top of the page) > *Tools & Resources* > *Medical & Pharmacy Policies and Guidelines* > <u>Medication Guides</u>.

Medications Requiring Prior Authorization

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefits effective April 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)*	
Cequa	FDA-approved indication(s)	
Daurismo	FDA-approved indication(s)	
Emgality	FDA-approved indication(s)	
Fibryga	FDA-approved indication(s)	
Firdapse	FDA-approved indication(s)	
Lorbrena	FDA-approved indication(s)	
Orlisssa	FDA-approved indication(s)	
Talzenna	FDA-approved indication(s)	
Udenyca	FDA-approved indication(s)	
Viktrakvi	FDA-approved indication(s)	
Xospata	FDA-approved indication(s)	
Drugs Removed from the Prior Authorization Program		
Ribavirin oral		

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

Responsible Quantity Program

We will add the following drugs and drug dispensing limits to the Responsible Quantity Program effective April 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)	
Nimodipine	30 mg	252 caps/180 days	

Responsible Steps Program Changes

On April 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
Behavioral Health	Addition of Abilify Mycite
Oral tetracyclines	Seysera

New Pharmacy Coverage Exclusions

Effective April 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			
Ampyra brand	Altreno	Byetta	
Colchicine tabs	Colcrys	Copaxone	
Diflorasone ointment	Glatopa	Glycate 1.5mg	
Granix	Kristalose packet	Nalfon 600mg	
Neupogen	Qbrexa	Ryclora	
Savaysa	Tizanidine	Uloric	
Zanaflex	Ztlido		
Drugs Removed from Pharmacy Coverage Exclusion List			
Epaned			

Authorization Request Forms

Authorization request forms are available at <u>floridablue.com</u>. 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.**