



An Independent Licensee of the
Blue Cross and Blue Shield Association

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Commercial and Other Pharmacy Program Updates Effective January 2020

On January 1, 2020, we will implement several changes to our pharmacy programs. The changes affect our preferred drug lists and medication guides, the Responsible Quantity Program, medications that require prior authorization, Responsible Steps Program 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 the current lists, are available at floridablue.com. Click on *Providers* (top of the page), *Tools & Resources*, *Medical & Pharmacy Policies and Guidelines* and then [Medication Guides](#).

Responsible Quantity Program

We will add the following drugs and drug-dispensing limits to the Responsible Quantity Program effective January 1, 2020. 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.

Drugs Added to the Responsible Quantity Program		
Brand/Generic Name	Strength	Dispensing Limit Per Month (unless noted otherwise)
Drizalma Sprinkle		60 caps
Duaklir		1 inhaler
ledipasvir-sofosbuvir		28 tabs / 28 days
Proair Digihaler		2 inhalers
Rybelsus		30 tabs
sofosbuvir		28 tabs / 28 days
Sunosi		30 tabs
Temixys		30 tabs
topical doxepin cream	5%	45 grams
Tosymra		18 vials
vancomycin oral solution	50mg/ml	1200 ml

Medications Requiring Prior Authorization

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefits effective January 1, 2020. 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)*
Cialis 2.5mg, 5mg (closed formulary only)	failure/contraindication of covered alternatives
Egaten	FDA-approved indication(s)
Inrebic	FDA-approved indication(s)
ledipasvir-sofosbuvir	FDA-approved indication(s)
Nubeqa	FDA-approved indication(s)
Rinvoq	FDA-approved indication(s)
Rozlytrek	FDA-approved indication(s)
sofosbuvir	FDA-approved indication(s)
Sunosi	FDA-approved indication(s)
Topical doxepin creams	FDA-approved indication(s)
Tosymra	FDA-approved indication(s)
Turalio	FDA-approved indication(s)
Trikafta	FDA-approved indication(s)
Xembify	FDA-approved indication(s)
Vyndamax	FDA-approved indication(s)
Wakix	FDA-approved indication(s)
*Summary of criteria and additional information is available with our authorization forms.	

Responsible Steps Program Changes

On January 1, 2020, 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
GLP-1 agonists	Rybelsus
Antidepressants	Drizalma Sprinkle

New Pharmacy Coverage Exclusions

Effective January 1, 2020, our commercial pharmacy plans will no longer cover the brand-name or generic drugs listed below. We will cover many of their therapeutic or 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		
Adcirca	Humatrope	Pazeo
Adhansia XR	Indocin suppository	Pyridostigmine 30mg
Annovera	Indocin suspension	Relpax
Besivance	Jornay PM	Saizen
carisoprodol	Katerzia	Viekira
Cortisporin TC / Coly-mycin S	Namenda	Vigamox
Duobrii	Nutropin AQ	Xembify
Extavia	Omnitrope	Zepatier
Ezallor	Opana ER	Zinbryta
Fibricor / Fenofibric Acid	Oxymorphone ER	Zomacton
Genotropin	Pataday (olopatadine 0.2%)	Zorbtive
Drugs Added Back to Coverage		
Belbuca	Zubsolv	

Change to Specialty Pharmacy Designation for Praluent and Repatha

Effective January 1, 2020, our commercial pharmacy plans will no longer consider **Praluent** and **Repatha** as specialty drugs. Note that **Repatha** is our preferred PCSK9 inhibitor product and Praluent is not covered for members enrolled in health plans that allow pharmacy coverage exclusions. Both Praluent and Repatha will be available at in-network retail pharmacies and will require prior authorization for coverage. Alliance Rx Walgreens Prime will continue to stock and dispense both medications for members obtaining them through their pharmacy. Caremark specialty pharmacy has chosen to no longer stock either Praluent or Repatha and is transitioning current prescriptions to retail pharmacies.

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'll 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.
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