

## Commercial and Other Pharmacy Program Updates Effective January 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](http://www.floridablue.com). Click on Providers (top of the page), Tools & Resources, Medical & Pharmacy Info, and then [Medication Guides](#).

### Summary of Changes

On January 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.

### Responsible Quantity Program

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

Brand/Generic Name	Strength	Dispensing Limit Per Month (unless noted otherwise)
<b>Drugs Added to the Program</b>		
Bevyxxa		43 caps/42 days
Duzallo		30 tabs
Enbrel mini		4 cartridge / 28 days
Ingrezza	80mg	30 caps
Santyl Ointment		90 grams
Trelegy Ellipta		60 blisters
Xhance		2 bottles
Xarelto	10mg	30 tabs
Xtampza ER		180 caps

### Responsible Steps Program Changes

On January 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
Dermatology	Add Ximino
Nasal Steroids	Add Xhance

### New Pharmacy Coverage Exclusions

Effective January 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 No Longer Covered (applies to brand products unless noted otherwise )			
Acetaminophen/caffeine/ dihydrocodine tab	Flolipid	Mydayis	Pertyze
ArmonAir	Flurandrenolide cream, lotion and ointment	Naftifene	Seroquel XR
Celebrex	Frova	OxyContin	Syndros
Cotempla XR ODT	Govri	Patanase	Vanatol S
Crestor	Hydrocortisone butyrate lipophilic cream	Pennsaid	
Ergomar	Imitrex	Prilosec	
Exalgo	Levocetirizine liquid	Prodrin	
Drugs Added Back to Coverage			
Azopt	Halog ointment	Soliqua	Xultophy

### Medications That Require Prior Authorization

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefit effective January 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 coverage decision as a part of our New to Market Program.

Drugs Added to the Prior Authorization Program	
Drug	Covered Condition(s)*
Benlysta subcutaneous	FDA approved indication(s)
Duzallo	FDA approved indication(s)
Enbrel mini	FDA approved indication(s)
Endari	FDA approved indication(s)
Idhifa	FDA approved indication(s)
Lynparza	FDA approved indication(s)

Nityr	FDA approved indication(s)
Oxistat	FDA approved indication(s)
Symproic	FDA approved indication(s)
<b>Drugs Removed from the Prior Authorization Program</b>	
None this quarter	

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

### Responsible Steps Program Changes

There are no changes to the program this quarter.

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

### Authorization Request Forms

Authorization request forms are available at [www.floridablue.com](http://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.