

Commercial and Other Pharmacy Program Updates Effective January 2017

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. Click on Providers (top of the page), Tools & Resources, Medical & Pharmacy Info, and then [Medication Guides](#).

Summary of Changes

On January 1, 2017, 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.

New Pharmacy Coverage Exclusions

Effective January 1, 2017, our commercial pharmacy plans will no longer cover the brand name drugs listed in the table below. We will cover many of their generic alternatives. This exclusion list only applies to members enrolled in health plans that allow pharmacy coverage exclusions.

Drugs No Longer Covered (applies to brand products unless noted otherwise)			
Actoplus Met brand	Actos brand	Androderm	Apriso
Betapace brand	Cephalexin tabs	Cefaclor ER tab	DDAVP brand nasal spray
Dihydroergotamine nasal spray	Dipentum	Epaned	Giazo
Gonitro	Innopran XL	Kadian	Naprosyn brand suspension
Pancreaze	Pancrelipase	Pertyze	Prandin brand
Proventil HFA	Qbrelis	Sotilyze solution	Uceris
Ultresa	Vanos*	Viokace	Xopenex
Xopenex concentrate	Xopenex HFA	Yosprala	
Drugs Added for Coverage (applies to brand products unless noted otherwise)			
Axiron	Jardiance	Mirvaso	Neo synalar cream
Oxistat cream	Oxistat lotion	Stiolto Respimat	Synera patch
Synjardy	Veltin		

*generic versions also included

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Responsible Quantity Program

We will add the following drugs and drug dispensing limits to the Responsible Quantity Program on January 1, 2017. This only applies 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)
Drugs Added to the Program		
Invokamet XR		60 tabs
Orkambi	100-125 mg	120 tabs
Treximet	10 – 60 mg	9 tabs
Vascepa	500 mg	240 caps
Yosprala		30 tabs
Changes to Drugs in the Program		
Zenzedi	5 mg, 7.5 mg	90 tabs

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, 2017. This only applies to members enrolled in plans that are part of the Prior Authorization Program.

Drugs Added to the Prior Authorization Program	
Drug	Covered Condition(s)*
Amjevita	FDA approved indication(s)
Civitru	FDA approved indication(s)
Erelzi	FDA approved indication(s)
olmesartan**	Trial/failure/contraindication to brand Benicar**
olmesartan/hydrochlorothiazide**	Trial/failure/contraindication to brand Benicar HCT**
Relistor 150mg oral	FDA approved indication(s)

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

** beginning after initial generic launch and effective only during generic exclusivity period

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Responsible Steps Program Changes

On January 1, 2017, we will make the following changes to the Responsible Steps Program. This only applies to members enrolled in health plans that are part of the Responsible Steps Program.

Program	Change(s) to Program
Bisphosphonates	Program retired. Actonel, Alendronate 40mg, Alendronate 70mg/75ml, Atelvia, Binosto, Boniva, Fosamax, Fosamax Plus D no longer require Step Therapy.

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. 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.