



An Independent Licensee of the  
Blue Cross and Blue Shield Association

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## Commercial and Other Pharmacy Program Updates Effective April 2016

Several changes to Florida Blue's pharmacy programs will be implemented **April 1, 2016**. The modifications affect medications that require prior authorization, the Responsible Quantity Program, Responsible Steps and the pharmacy coverage exclusions list. The changes are summarized below.

### Responsible Quantity Additions

The following list of drugs and drug dispensing limits will be added to the Responsible Quantity Program April 1, 2016. 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 otherwise noted)
<b>New Drugs to the Program</b>		
Ezvio	1 pen	2 pens / year
Mephyton	5mg	
Lovaza	1g	120 caps
Pradaxa	110mg	60 tabs
Rexulti	All	30 tabs
Vescepa	1g	120 caps
<b>Changes to Existing Drugs in the Program</b>		
Drug and strength	Old Limit per month	New Limit per month
Antidepressant starter packs	All	1 pack/180 days
Temodar all strengths	Removed from Program	
Xeloda 150 mg	120 caps	240 caps
Zubsolv 5.7 mg/1.4 mg	90 tabs	30 tabs

## Medications Requiring Prior Authorization

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefit effective April 1, 2016. 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)*
Alecensca	In accordance with FDA approved indication(s)
Adynovate	In accordance with FDA approved indication(s)
Coagdex	In accordance with FDA approved indication(s)
Cotellic	In accordance with FDA approved indication(s)
Daraprim	In accordance with FDA approved indication(s)
Elmiron	In accordance with FDA approved indication(s)
Ezvio	Prior use of lower cost alternatives
Keveyis	In accordance with FDA approved indication(s)
Leukine	In accordance with FDA approved indication(s)
Lonsurf	In accordance with FDA approved indication(s)
Lovaza	In accordance with FDA approved indication(s)
Mephyton	In accordance with FDA approved indication(s)
Ninlaro	In accordance with FDA approved indication(s)
Nuwiq	In accordance with FDA approved indication(s)
Odomzo	In accordance with FDA approved indication(s)
Strensiq	In accordance with FDA approved indication(s)
Tagrisso	In accordance with FDA approved indication(s)
Uptravi	In accordance with FDA approved indication(s)
Vascepa	In accordance with FDA approved indication(s)
Viberzi	In accordance with FDA approved indication(s)
Zepatier	In accordance with FDA approved indication(s)

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

Drugs Removed from the Prior Authorization Program	
Drug	
Zyvox	

## Responsible Steps Additions

Beginning April 1, 2016, Florida Blue will make the following changes to the Responsible Steps Program for members enrolled in our under 65 products. This only applies to members enrolled in health plans that are part of the Responsible Steps Program.

Program	New Target
Antipsychotics	Rexulti
Uloric	Uloric
Veltassa	Veltassa

## Responsible Steps Removals

Program	Targets Removed
Diabetes	Actos and Avandia

## Pharmacy Coverage Exclusion Additions

Effective April 1, 2016, Florida Blue commercial pharmacy plans will no longer cover the brand name drugs listed in the table below. However, Florida Blue will cover many of their generic alternatives. This exclusion list only applies to members in plans that allow pharmacy coverage exclusions.

Drugs no longer covered (applies to brand products unless otherwise noted)			
Belbuca	Naftin	Risperdal brand	Wellbutrin XL brand
Brovana	Pandel	Synera	Zestril
Celexa brand	Paxil brand	Synjardy	Zestoretic
Cymbalta brand	Paxil CR brand	Tofranil brand	Zoloft brand
Geodon brand	Perforomist	Tofranil PM brand	Zyflo brand
Demser	Prestalia	Uroxatral brand	Zyflo CR brand
Effexor XR brand	Prozac brand	Vivlodex	Zyprexa brand
Jardiance	Prozac Weekly brand	Vusion	
Levorphanol	Remeron brand	Wellbutrin brand	
Lexapro brand	Remeron Soltab brand	Wellbutrin SR brand	

\*generic versions also included

## Authorization Request forms

Authorization request forms are available at [www.floridablue.com](http://www.floridablue.com). Click on the Providers tab, select Tools & Resources and then click Medical & Pharmacy Info. A listing of the programs and authorization forms can be found there.

## Pharmacy Preferred Drug List Changes and Current Listing

Changes to our preferred drug lists as well as a current listing are available at [www.floridablue.com](http://www.floridablue.com). Click on the Providers tab, Tools & Resources, Medical & Pharmacy Info and then the *Medication Guides* link.