

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

### Opana ER® will be Withdrawn from the Market by the Manufacturer

On June 8, 2017, the United States Food and Drug Administration asked Endo Pharmaceuticals to remove its pain medication, Opana ER®, from the market. Endo Pharmaceuticals has responded to this request and agreed to stop manufacturing Opana ER® after September 1, 2017. Please check our medication guide for covered alternatives.

### Summary of Changes

On October 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.

### Responsible Quantity Program

We will add the following drugs and drug dispensing limits to the Responsible Quantity Program effective October 1, 2017. 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>		
Butorphanol Nasal Spray		5 ml
Hydromorphone suppository		120 supp
Meperidine/promethazine		180 caps
Morphine suppository		180 supp
Oxycodone	5mg/ml solution	5400 ml
Pentazocine/naloxone		360 tabs
<b>Drugs Removed from the Program</b>		
Ondansetron and Ondansetron ODT 4mg and 8mg		

### New Pharmacy Coverage Exclusions

Effective October 1, 2017, 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 )			
Aktipak	Dilaudid	Fenortho	Xatmep
AirDuo	Fenofibrate 40	Morphabond ER	Zetia
Benicar	Fenofibrate 120	MS Contin	
Benicar HCT	Fenoprofen 400	Norco	

### Medications That Require Prior Authorization

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefits effective October 1, 2017. 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)*
Alunbrig	FDA approved indication(s)
Bonjesta	FDA approved indication(s)
Haegarda	FDA approved indication(s)
Kevzara	FDA approved indication(s)
Nerlynz	FDA approved indication(s)
Rydapt	FDA approved indication(s)
Sucraid	FDA approved indication(s)
Tremfya	FDA approved indication(s)
Tymlos	FDA approved indication(s)
Vosevi	FDA approved indication(s)
Drugs Removed from the Prior Authorization Program	
All HIV Drugs	

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

### 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.

### 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**.