

Summary

On July 1, 2021, we'll implement several changes to our Commercial and other pharmacy programs. The changes affect our preferred drug lists and medication guides, including prior authorization requirements, the Responsible Quantity Program, Responsible Steps and the Pharmacy Coverage Exclusions List. Important changes are summarized below.

Details

Preferred Drug List Changes and Medication Guides

Here's the direct link to the Medication Guides. To follow the link, press the Control key and click on the link with the mouse.

Medications Requiring Prior Authorization

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefits. 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)*
Fotivda	FDA approved indication(s)
Hetlioz LQ	FDA approved indication(s)
Lupkynis	FDA approved indication(s)
Nulibry	FDA approved indication(s)
Plegridy	FDA approved indication(s)
Ponvory	FDA approved indication(s)
Singifor LAR	FDA approved indication(s)
Tepmetko	FDA approved indication(s)
Ukoniq	FDA approved indication(s)

Responsible Quantity Program

We'll add the following drugs and drug-dispensing limits to the Responsible Quantity Program effective July 1, 2021. 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	Dispensing Limit Per Month (unless noted otherwise)
Bronchitol	600 caps
Gemtesa	30 tabs
Humira UC pediatric starter pack	4 pens / 180 days
Iclusig 10, 30	30 tabs

Ozempic 4	1 pen / 28 days
Plegridy IM	2 syringes / 28 days
Vesicare suspension	300 ml
Xeljanz oral soln	240 ml
Xtandi 40	90 tabs
Xtandi 80	60 tabs

New Pharmacy Coverage Exclusions

Our commercial pharmacy plans will no longer cover the brand-name or generic drugs listed below. We'll cover many of their therapeutic or generic alternatives. This exclusion list applies only to members enrolled in health plans that allow pharmacy coverage exclusions.



New Coverage Exclusions

Amitiza	Apriso
Azasan	Ciprodex brand
Concerta brand	Ec-Naproxen tablets
Eysuvis	Femring
Impekllo	Lyrica brand
Methamphetamine 5mg	Orapred ODT
Oxycodone 10-300	Pregen DHA
Prolate 10-300	Qdolo
Reltone	Suboxone film brand
Trazodone 300mg	Trezix 320.5-30-16
Tristar Free	Winlevi
Wynzora	

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Next Steps

You can access Medication Guides (formularies) for commercial plans. The guides list all covered drugs and pharmacy programs for commercial plans.

Talking Points

- With so many drugs on the market, there are alternatives that are safe and equally effective, and can save members money.
- encourage members to talk with their doctor if they are taking a medication impacted by any of these changes.
- The easiest way for members to see which drugs are covered and what they cost is to log in to their member account at floridablue.com. They can see which drugs are covered and what authorizations may be needed. Members can also enter drug names and compare prices at different pharmacies.
- For more information, members can also call the toll-free Customer Service number on their ID card.