

Changes in Rx Coverage for Select Drugs as of Oct. 1, 2021 (Will Not Affect Medicare, FEP Members)

Florida Blue coverage for the medical pharmacy drugs listed below will change Oct. 1, 2021. These changes do not affect members on Medicare or the Federal Employee Program (FEP).

Update to Preferred Trastuzumab (Herceptin) Biosimilars: Herzuma, Ogivri and Ontruzant to Be Removed From Preferred Status

Starting Oct. 1, 2021, Kanjinti or Trazimera will be required before allowing coverage of other trastuzumab brand or biosimilar products. Herzuma, Ogivri or Ontruzant will no longer be preferred options. Patients with existing authorizations for these non-preferred products will be allowed to continue for the duration of their current authorization. This change only applies to our commercial members being newly initiated on treatment.

Preferred Trastuzumab Products	Non-Preferred Trastuzumab Products
Kanjinti, Trazimera	Herceptin, Herceptin Hylecta, Herzuma, Ogivri, Ontruzant

All trastuzumab products will continue to be subject to prior authorization requirements.

Update to Preferred Rituximab (Rituxan) Biosimilars: Truxima to Be Removed From Preferred Status

Starting Oct. 1, 2021, Riabni or Ruxience will be required before Rituximab brand or biosimilar products are covered. Truxima will no longer be a preferred option. Patients with authorizations for Truxima may continue for the duration of their current authorization. This change only applies to our commercial members being newly initiated on treatment.

Preferred Rituximab Products	Non-Preferred Infliximab Products
Riabni, Ruxience	Rituxan, Rituxan Hycela, Truxima

All rituximab products will continue to be subject to prior authorization requirements.

Required Prior Authorization for Feraheme

Starting Oct. 1, 2021, Feraheme will require prior authorization. Venofer, Ferrlecit and Infed **will remain as not** requiring prior authorization.

Covered IV Iron Products	
Prior Authorization Required	No Prior Authorization Required
Feraheme, Injectafer, Monoferric	Ferrlecit, Infed, Venofer

Prior authorization for Feraheme can be requested by calling 800-955-5692. Prior authorization for Injectafer and Monoferric will still be requested through Magellan Rx.