Effective January 1, 2012, Blue Cross and Blue Shield of Florida, Inc. (BCBSF) and Health Options, Inc. will expand our Responsible Rx pharmacy program for BlueCare, BlueChoice and BlueOptions. Responsible Rx refers to an umbrella of programs including Prior Authorization, Responsible Step and Responsible Quantity programs. Members with endorsements that support these programs may be affected.

Prior Authorization

Effective January 1, 2012, the medications listed below will require prior authorization for coverage under the member's pharmacy benefit.

Oral Oncology

Afinitor® (everolimus)	**Nexavar**® (sorafenib)	**Temodar**® **(**emozolomide)	**Xeloda**® (capecitabine)
Caprelsa® (vandetanib)	**Oforta**® (fludarabine)	**Targretin**® (bexarotene)	**Zelboraf**® (vemurafenib)
Gleevec® (imatinib)	**Revlimid**® (lenalidomide)	**Thalomid** (thalidomide)	**Zolinza**® (vorinostat)
Hexalen® (altretamine)	**Sprycel**® (dasatinib)	**Tretinoin**® **(oral)**	**Zytiga**® (abiraterone)
Hycamtin® (topotecan)	**Sutent**® (sunitinib)	**Tykerb**® (lapatinib)	**Sylatron**® **(**peginterferon)
Matulane® **(**procarbazine)	**Tarceva**® (erlotinib)	**Votrient**® (pazopanib)	
Lysodren® (mitotane)	**Tasigna**® (nilotinib)	**Xalkori**® (crizotinib)	

The intent of the Oral Oncology Agents Prior Authorization (PA) program is to ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and clinical guidelines. **Patients currently prescribed therapy with one of these agents will be able to continue their established therapy.** New prescriptions after January 1, 2012 will require review.

Pharmaceutical compendia [National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, American Hospital Formulary Service (AHFS) Drug Information, DrugDex, and Clinical Pharmacology] may be consulted to evaluate for medically accepted off-label use. Prior Authorization requests for oral oncology agents will be reviewed when patient-specific documentation is provided.

BCBSFL will also be classifying these oral oncology medications as specialty pharmacy medications, effective January 1, 2012. BCBSF's preferred specialty pharmacy provider is CVS Caremark Specialty Pharmacy. CVS Caremark's toll free number is **1-866-278-5108.** Some members may pay a higher out of pocket cost share when using an out-of-network pharmacy for specialty medications.

New Drugs to Existing Programs

Orencia subcutaneous® (abatacept)

Orencia subcutaneous will be added to our Immunomodulators PA program.

Prior authorization request forms are available on the provider website at www.bcbsfl.com under For Providers, then Pharmacy, and the Prior Authorization Program Information and Authorization forms link.

Responsible Quantity Expansion

This program ensures coverage of certain prescription drugs that reflect dosing guidelines of drug manufacturers and the U.S. Food and Drug Administration (FDA). The table below lists all additional medications and limits added to the Responsible Quantity Program **effective January 1, 2012**. This only applies to members in plans that are part of the Responsible Quantity Program. You can find a complete list of prescription drugs modified in the program at www.bcbsfl.com; select For Providers, Pharmacy, and then click the Responsible Quantity Program Information link.

Additions to the Responsible Quantity Program Effective 1/1/12		
Responsible Quantity Program limits also apply to generic drugs where applicable		
Brand/ Generic Name	**Strength**	**Dispensing Limit Per Month** (unless noted)
Antidepressants		
Aplenzin		30 tabs
bupropion	75 mg	60 tabs
bupropion	100 mg	120 tabs
bupropion SR	100 mg, 150 mg, 200 mg	60 tabs
bupropion ER	150 mg, 300 mg	30 tabs
Celexa (**citalopram**)	tablets	30 tabs
Celexa (**citalopram**)	oral solution	600 mL
fluvoxamine	25 mg, 50 mg	30 caps
fluvoxamine	100 mg	90 caps
Lexapro	tablets	30 tabs
Lexapro	oral solution	600mL
Luvox CR		60 caps
Maprotiline		90 tabs
mirtazapine	7.5 mg, 15 mg, 30 mg, 45 mg	30 tabs
Oleptro	150 mg	45 tabs
Oleptro	300 mg	30 tabs
Paxil (**paroxetine**)	10 mg, 20 mg, 40mg	30 tabs
Paxil (**paroxetine**)	30 mg	60 tabs
Paxil (**paroxetine**)	oral suspension	900 mL
Paxil CR (**paroxetine ER**)	12.5 mg	30 tabs
Paxil CR (**paroxetine ER**)	25 mg, 37.5 mg	60 tabs
Pexeva (**paroxetine**)	10 mg, 20 mg, 40 mg	30 tabs
Pexeva (**paroxetine**)	30 mg	60 tabs
Prozac (**fluoxetine**)	10 mg	30 caps/tabs
Prozac (**fluoxetine**)	20 mg	120 caps/tabs
Prozac (**fluoxetine**)	40mg	60 caps
fluoxetine	60 mg	30 tabs
Prozac (**fluoxetine**)	oral solution	600 mL
Prozac weekly (**fluoxetine**)		4 caps / 28 days

Additions to the Responsible Quantity Program Effective 1/1/12		
Responsible Quantity Program limits also apply to generic drugs where applicable		
Brand/ Generic Name	**Strength**	**Dispensing Limit Per Month** (unless noted)
Viibryd	10 mg, 20 mg, 40 mg	30 tabs
Zoloft (**sertraline**)	25 mg, 50 mg	30 tabs
Zoloft (**sertraline**)	100 mg	60 tabs
Zoloft (**sertraline**)	oral concentrate	300 mL
Anti-infectives		
Dificid		40 tabs / 180 days
Anti-inflammatory		
Orencia subcutaneous		4 syringes / 28 days
Diabetes		
Juvisync (sitagliptin/simvastatin)	100 mg/10 mg, 100 mg/20 mg, 100 mg/40 mg	30 tabs
Hematology		
Xarelto	10 mg	35 tabs / 90 days
Xarelto	15 mg and 20 mg	30 tabs
Oral Oncology		
Afinitor		30 tablets
Caprelsa	100 mg	60 tabs
Caprelsa	300 mg	30 tabs
Gleevec	100 mg	90 tabs
Gleevec	400 mg	60 tabs
Nexavar		120 tabs
Revlimid	5 mg, 10 mg	30 caps
Revlimid	15 mg, 25 mg	21 caps/28 days
Sprycel	20 mg	60 tabs
Sprycel	50 mg, 70 mg, 80 mg, 100 mg, 140 mg	30 tabs
Sutent	12.5 mg	90 caps
Sutent	25 mg, 50 mg	60 caps
Tarceva	25 mg	60 tabs
Tarceva	100 mg, 150 mg	30 tabs
Tasigna		120 caps
Thalomid	50 mg, 100 mg	30 caps
Thalomid	150 mg, 200 mg	60 caps
Tykerb		180 tabs
Votrient		120 tabs
Xalkori		60 caps
Zelboraf		240 tabs
Zolinza		120 caps

Additions to the Responsible Quantity Program Effective 1/1/12		
Responsible Quantity Program limits also apply to generic drugs where applicable		
Brand/ Generic Name	**Strength**	**Dispensing Limit Per Month** (unless noted)
Zytiga		120 tabs
Pain		
Conzip		30 tabs
Nucynta ER		60 tabs
Suboxone/Subutex		15 tabs / 90 days
Vaccines		
Influenza		1 / 90 days

For members requiring a larger monthly quantity than the coverage maximum, based on medical necessity, you may submit a prior authorization request by filling out the Quantity Limit Prior Authorization form at www.bcbsfl.com; select For Providers and then Pharmacy.

Responsible Steps Expansion

Drugs included in Responsible Steps Program and qualifying prerequisites beginning 1/1/12	
New Programs	**Prerequisite(s)**
Hyalgan, Orthovisc, Supartz*	Euflexxa, Synvisc, Synvisc One
Juvisync	metformin, sulfonylureas, metformin/TZD combination, metformin/sulfonylurea combination, sulfonylurea/TZD combination

*this program is part of our Medical Step Therapy program and only applies medical claims for members in new HMO products that support medical step therapy

Authorization request forms are available on the provider website at www.bcbsfl.com under For Providers, then Pharmacy, then the Responsible Steps Program Information and Authorization Forms link.

Pharmacy Coverage Exclusions

Effective **January 1, 2012**, BCBSF commercial pharmacy plans will no longer cover the brand name drugs listed in the table below. However, BCBSF will cover many of their generic alternatives. This exclusion only applies to members in plans that allow pharmacy coverage exclusions.

Drugs not covered	Covered alternatives
Benzoyl Peroxide Wash 7% & Cream 5.5% Kit	benzoyl peroxide (Rx only)
Veltin gel, Ziana gel	clindamycin phosphate topical gel 1%, tretinoin topical gel 0.025%

Responsible Rx Expansion

QUESTIONS AND ANSWERS

Responsible Quantity

QUESTION: Why are there limits on the quantity that I can get on my prescription?

ANSWER: BlueCross and BlueShield of Florida has established quantity limits or coverage maximums for certain medications based on manufacturers and FDA approved dosing guidelines.

QUESTION: Will there be limits on all of my medicines?

ANSWER: Only medications included in the Responsible Quantity Program have quantity limits.

QUESTION: My doctor said I had to have this many pills. What can I do?

ANSWER: Responsible Quantity does not prevent you from receiving the medicine your doctor has prescribed for you. The program places a coverage maximum on select medicines filled in a 30-day period. If your doctor prescribed a greater quantity of the medicine for you, we will cover the Responsible Quantity maximum quantity for your usual copayment or coinsurance, and you may pay for the remainder of the quantity prescribed by your doctor. However, if your doctor determines you must have a greater quantity than the limit, your doctor can request an authorization from BlueCross and BlueShield of Florida to have a greater limit covered for you.

Responsible Steps

QUESTION: I received a letter that said I would no longer have coverage for my medication unless I have tried a generic first. I do not like to use generics because I have read that they are not as effective as brand drugs.

ANSWER:
Generic drugs are FDA-approved and proven to be safe and effective for treating certain conditions. Please check with your doctor if a generic drug is right for you.

QUESTION: I have asked my doctor about generics and he/she put me on the brand drug that you are no longer covering. What can I do?

ANSWER: Check with your doctor if a generic drug is right for you. If not, authorization forms for drugs in our Responsible Steps program are available on our website. Your doctor will fill out the form and fax it in for review. Forms are available at www.bcbsfl.com under providers, then pharmacy, then Responsible Steps Program Information and Authorization Forms.

QUESTION: I have taken the prerequisite meds in the past, but it has been longer than the time period required in the responsible steps program. Can I still qualify for coverage?

ANSWER: In order for your claim for a responsible steps drug to be covered, you will need to have a claim for a prerequisite drug within the last 90 days.

QUESTION: It says that current users will not be affected by this step. Does this mean that no matter what, I can still get my prescription filled?

ANSWER: No. In order for your claim for your drug to be covered, you will need to have a claim in our system for a prerequisite drug within the last 90 days. In other words, you have to keep refilling your prescription regularly.