

Website and Pharmacy Program Information

PROVIDER DIRECTORY

- Go to www.bcbsfl.com
 - Click the “Find a Doctor and More” tab
 - The “Insurance Plan Information” you will select depends upon your Plan. For BlueChoice PPO plans, select *BlueChoice (PPO)*; for BlueCare plans, select *BlueCare (HMO)*; for BlueOptions plans, select *BlueOptions (NetworkBlue)*.
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MyBlueService www.bcbsfl.com to Login or Register to create a User ID and PIN

- Check the status of claims
 - View your current benefits
 - Compare drug costs
 - Research health topics
 - Update your personal information
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MEDICATION GUIDE

- Go to www.bcbsfl.com
 - Click the “For Providers” tab
 - Click on “Medication Guides” on the bottom left side of the page
 - Underneath the heading *Medication Guides for Individuals Under 65 and Group*, click the most recent *Medication Guide* link
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OBTAINING PRIOR COVERAGE AUTHORIZATION (PHARMACY)

Information about Prior Authorization and steps for how to obtain a Prior Authorization approval can be found on page three (3) of the Medication Guide and at www.bcbsfl.com

- Click on the “For Members” tab
- Click on the “Forms” tab
- Under *Prescription Drug Forms*, select *Prior Authorization Forms*.

Note: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

RESPONSIBLE QUANTITY INFORMATION

The *Responsible Quantity* program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the FDA guidelines and the manufacturer’s dosing recommendations. Prescription medications that have limits indicated under the Responsible Quantity Program are listed in the Medication Guide. Steps for how to obtain an exception can be found on our website, www.bcbsfl.com

- Click on the “For Members” tab
- Click on the “Forms” tab
- Under *Prescription Drug Forms*, select *Responsible Quantity Limit Authorization Form*.

Note: Your provider is required to complete and submit the Quantity Limit form in order for a coverage determination to be made.

RESPONSIBLE STEPS INFORMATION

The *Responsible Steps* program promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the *Responsible Steps* program are not covered unless you have tried one or more covered alternative medications first. If for medical reasons, you cannot use one of the alternative medications and require the medication listed in the Responsible Steps program, your physician may submit an exception request as described below.

Information about the *Responsible Steps* program and steps for how to obtain an exception can be found on our website, www.bcbsfl.com

- Click on the “For Members” tab
- Click on the “Forms” tab
- Under *Prescription Drug Forms*, select *Responsible Step Authorization Forms*.

MAIL ORDER PHARMACY INFORMATION

Obtaining prescription medications through the Mail Order Pharmacy may reduce the cost you pay for your prescription medications. The Mail Order Pharmacy Form is on our website, www.bcbsfl.com:

- Click on the “For Members” tab
- Click on the “Forms” tab
- Under *Prescription Drug Forms*, select *Pharmacy Mail Order Form*

Note: If the original prescription was filled at a pharmacy other than the Mail Order Pharmacy, you must submit a new, original three month supply prescription with a quantity of up to a three month supply and not less than a two month supply along with the Registration and Prescription Order Form. Prescriptions may not be transferred from a retail pharmacy to the Mail Order Pharmacy.

MEDICATIONS THAT ARE NOT COVERED

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative
- The medication is no longer marketed
- The medication has a widely available/distributed AB rated generic equivalent formulation

Medications that are not covered as of July 1, 2010 are listed below (check the Medication Guide at www.bcbsfl.com for updates to this list).

Note: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine the Medication Exclusions that apply to your plan. Coverage details may also be available to you by logging into MyBlueService or by calling the customer service number listed on your member ID card.

Medications that are Not Covered 7/1/10

Drugs Not Covered	Covered Alternatives
Aciphex, Prevacid, Prevacid Solutab, Protonix, Zegerid	Omeprazole (Rx and OTC), Dexilant, Nexium, Prilosec OTC
Adoxa CK Kit, Adoxa TT Kit, Alodox Kit, Avidoxy Kit, Nutridox Kit	doxycycline
Allegra, Allegra-D, Clarinex, Clarinex-D, Xyzal, Zyrtec, Zyrtec-D	fenofenadine, loratadine, loratadine-pseudoephedrine ext-release
Beconase AQ, Flonase, Nasacort AQ, Omnaris, Rhinocort AQ, Veramyst	flunisolide, fluticasone
Benzoyl Peroxide Wash Kit, Brevoxyl Complete Kit, Breze Kit, Inova Kit, Lavoclen Kit, Neobenz Micro Plus Kit, Zacare Kit	benzoyl peroxide (Rx only)
Carmol Scalp Kit, Scalp Treatment Kit	sulfacetamide sodium/urea
Cleeravue-M Kit, Minocin Kit, Minocin Pac Kit	minocycline
Cyclobenzaprine Comfort Pac or Kit	cyclobenzaprine
Desowen Kit	desonide
Ibuprofen Comfort Kit	ibuprofen (Rx only)
Metozolv	metoclopramide
Naproxen Comfort Pac	naproxen (Rx only)
Pamine FQ Kit	methscopolamine
Rinnovi Nail System Kit	no covered alternatives
Rosaderm Kit, Rosanil Kit, Rosula CLK Kit, Sodium Sulfacetamide/ Sulfur Kit	sulfacetamide sodium/sulfur
Rowasa Kit	mesalamine enema
Salex Kit, Salicylic Acid Kit	salicylic acid lotion, cream
Scalacort DK Kit	hydrocortisone lotion (Rx only)
Tretin-X Kit	tretinoin
Treximet	naproxen (Rx only), sumatriptan, Maxalt
Ultravate Kit	halobetasol
Vanoxide HC Kit	benzoyl peroxide, (Rx only) hydrocortisone (Rx only)
Xolegel Corepak Kit	Xolegel
Xolegel Duo Kit	Xolegel
Z-clinz Kit	Duac CS
Zytopic Kit	triamcinolone
Zypram	hydrocortisone/pramoxine