

Effective April 1, 2013, Florida Blue will expand the 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

The medications listed below will be added to our prior authorization program for coverage under the member's pharmacy benefit. **Current users will not be affected.**

Drugs New to the Program	
Drug	Coverage Criteria*
Amitiza [®] , Linzess [®]	Coverage in accordance with FDA approved indications that have persisted >3 months and that have failed first line treatments
Cometriq ^{®†}	Unresectable medullary thyroid cancer
Inclusiq ^{®†}	Philadelphia chromosome positive leukemia after failure of first line treatments or presence of T315I mutation
Onmel [®]	Same as existing criteria for itraconazole
Quillivant XR ^{®**}	Failure/intolerance/contraindication to generic stimulants
Xeljanz ^{®†}	Moderate or severe active rheumatoid arthritis after failure of one of Enbrel, Humira, Orencia SQ or Simponi
Changes to Drugs already in the Program	
Drug	Coverage Criteria*
Adcirca [®] , Revatio [®]	Require failure/contraindication to generic sildenafil

*Summary of criteria, see <http://mcgs.bcbsfl.com> for complete criteria information.

**This program only applies to members >18 years of age

† considered a specialty pharmacy medication

Prior Authorization Request Forms are available on the provider website at www.floridablue.com, under the Providers tab, Pharmacy Information and Resources, then, scroll down to [Prior Authorization Program Information and Authorization Forms](#).

Responsible Steps Expansion

Drugs in the following categories will be added to the Responsible Steps Program for members enrolled in our under 65 products. This only applies to members in plans that are part of the Responsible Steps Program. Current users will not be affected.

Program	Update
DPP-4	Kazano [®] , Nessina [®] , Oseni [®]

Authorization request forms are available on the provider website at www.floridablue.com under the Providers tab, Pharmacy Information and Resources, and then the [Responsible Steps 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. It also includes updates to medications already included in the program. 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.floridablue.com; select Providers, Pharmacy Information and Resources and then click on the [Responsible Quantity Program Information link](#).

Brand/ Generic Name	Strength	Dispensing Limit Per Month (unless noted)
Alora [®]		8 patches
butalbital/APAP generic	5 mg/325 mg	180 tabs
Estraderm [®]		8 patches
Kazano [®]		60 tabs
Minivelle [®]		8 patches
Nesina [®]		30 tabs
Oseni [®]		30 tabs
Picato Gel [®]	0.015%	3 tubes/90 days
Picato Gel [®]	0.05%	2 tubes/90 days
Quillivant XR [®]		360 ml
Vivelle-dot [®]		8 patches

For members requiring a larger monthly quantity than the coverage maximum based on medical necessity, providers may submit a prior authorization request by filling out the [Quantity Limit Prior Authorization form](#) at www.floridablue.com; under the Providers tab, and then Pharmacy Information and Resources.

Pharmacy Coverage Exclusions

Florida Blue commercial pharmacy plans will no longer cover the brand name drugs listed in the table below. However, Florida Blue will cover many of their generic alternatives. This exclusion only applies to members in plans that allow pharmacy coverage exclusions. **Current users will not be affected.**

Drugs not covered	Covered alternatives
Arestin	none available
Avidoxy DK [®] , Ocudox Kit [®] , Adoxa [®] , Nutridox [®] , Alodox [®] , Doryx [®] , Doxycycline (brands), Monodox [®] , Oracea [®] , Oraxyl [®] , Vibramycin [®] , VibraTab [®] , Dynacin [®] , Minocin [®] , Minocin Kit [®] , Solodyn [®] , Periostat [®]	generic versions of doxycycline or minocycline
Onmel [®]	generic itraconazole
Ovace face wash [®]	generic sulfacetamide sodium