

Effective January 1, 2014, Florida Blue 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.

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
Topical Corticosteroids	Topicort® 0.25% spray
Antidepressants	Brintellix®, Fetzima®, Khedezla®
Anti Inflammatory	Zorvolex®

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](#).

Prior Authorization

The medications below will have the updates as indicated below under the member's pharmacy benefit. Current users will not be affected by drugs added to the program.

Drugs Added to the Prior Authorization Program	
Drug	Coverage Criteria*
Gilotrif®	Metastatic non-small cell lung cancer
Rixubis®	Hemophilia B

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

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 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 otherwise noted)
New Drugs to the Program		
Aciphex Sprinkle®	All strengths	30 caps
Antara®	30 mg	60 caps
Antara®	90 mg	30 caps
Brintellix®	All strengths	30 tabs
Fetzima®	All strengths	30 caps
Fetzima®	Titration pack	1 pack
Gilotrif®	All strengths	30 tabs
Khedezla®	All strengths	30 tabs
Zorvolex®	All strengths	90 caps
Changes to Drugs Already in the Program		
Vytorin®	All strengths	30 tabs

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
Esomeprazole strontium	omeprazole (Rx and OTC), lansoprazole, Nexium®, pantoprazole, Prilosec® OTC
Glumetza®	Metformin ER
Tretin X® cream	Tretinoin cream*

*Coverage may be excluded per member benefit