

Effective October 1, 2009, 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® members.

Prior Authorization

Effective October 1, 2009, a prior authorization requirement for coverage will be implemented on Xenazine® and Cinryze®. Authorization for coverage of Xenazine® will be provided for members with chorea associated with Huntington's Disease. Authorization for coverage of Cinryze® will be provided for members according to FDA approved indications.

Members on Xenazine® and Cinryze® were sent letters informing them of the program and their options during the first week of September 2009. Less than 10 members currently use these 2 drugs.

In addition, prior authorization will also be implemented for BlueCare and BlueChoice members on the following oral drugs: Kuvan, Revatio, Revlimid and Zavesca. Prior authorization for these medications is already a requirement for coverage for BlueOptions members. BlueCare and BlueChoice members currently on these medications will not be required to obtain a prior authorization, however effective October 1, 2009, new users will require a prior authorization for coverage.

Prior authorization request forms will be available on the provider website at www.bcbsfl.com under providers, then pharmacy, then Prior Authorization.

Responsible Quantity Expansion

This program ensures coverage of certain prescription drugs that reflects drug manufacturers' and Food and Drug Administration (FDA) dosing guidelines. The program places coverage maximums on select medicines filled in a one-month period.

The table below lists all medications and limits added to the Responsible Quantity Program effective 10/1/09.

Class	Drug	Responsible Quantity
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Cholesterol Lowering		
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	Advicor	500/20, 750/20, 1000/20
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	Advicor	1000/40
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	Altoprev	all strengths
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	Crestor	5, 10, 20mg
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	Crestor	40mg
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	Lescol	all strengths
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	Lescol XL	80mg
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	Lipitor	10, 20, 40mg
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	Lipitor	80mg
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Mevacor (lovastatin) all strengths
Pravachol (pravastatin) 10, 20, 40mg
Pravachol (pravastatin) 80mg
Simcor all strengths
Vytorin 10/10, 10/20, 10/40
Vytorin 10/80mg
Zetia
Zocor 5, 10, 40mg
Zocor 20
Zocor 80mg Monthly Amount

60 tabs
30 tabs
30 tabs
45 tabs
30 tabs
60 caps
30 tabs
45 tabs
30 tabs
60 tabs
45 tabs
30 tabs
60 tabs
45 tabs
30 tabs
30 tabs
45 tabs
60 tabs
30 tabs

Diabetes

Diabetic Test strips (all products)
Onglyza all strengths Monthly Amount
204 strips
30 tabs

Pain

Nucynta
Embeda 100/4
Embeda all other strengths Monthly Amount
180 tabs
120 tabs
60 tabs

Migraine Prophylaxis

Sumavel DosePro
sumatriptan vial 4mg/0.5ml Monthly Amount
12 injections
12 doses (6ml)

Fibromyalgia

Savella
Savella Dosepack Monthly Amount
60 tabs
1 pack

Urinary Incontinence
Gelnique Monthly Amount
30 sachets

For members who require a greater monthly quantity than the coverage maximum based on medical necessity, their physician can submit a prior authorization request by filling out the QuantityLimit Prior Authorization Form <http://www.bcbsfl.com/DocumentLibrary/Providers/Fax_QuantityLimit.pdf> at www.bcbsfl.com <<http://www.bcbsfl.com/>> , under Physicians & Providers, Pharmacy. Letters went out to members in Early September. Only members with claims for drugs in this expansion in excess of the QL will get letters informing them of the program.

Responsible Steps Expansion
Angiotensin Converting Enzyme Inhibitors (ACEI) / Angiotensin Receptor Blockers (ARB) Responsible Step is now a 2 - step program

The current ACEI/ARB step therapy program will be enhanced from its current state to require the use of a generic ACE inhibitor prior to a preferred branded ARB, and a generic ACE inhibitor and a preferred branded ARB prior to a non-preferred brand ARB.

A prescription for a brand ACEI product will be covered if there is evidence of a prior claim for a generic ACEI or ACEI/combination product or the identical brand ACEI product within 90 days. A prescription for a preferred ARB product will be covered if there is a prior claim for the identical ARB product within 90 days or a generic ACEI or ACEI/combination product within 90 days. A prescription for a non-preferred ARB product will be covered if there is a prior claim for the identical ARB product within 90 day or a prescription for a generic ACEI or ACEI/combination AND a preferred ARB product within 180 days.

Drugs included in the program and qualifying prerequisite drugs are listed below.

ACE inhibitors and preferred ARBs Prerequisites

Accupril, Accuretic, Aceon, Altace, Benicar, Benicar HCT, Capoten, Capozide, Diovan, Diovan HCT, Exforge, Exforge HCT, Lexxel, Lotensin, Lotensin HCT, Lotrel, Mavik, Micardis, Micardis HCT, Monopril, Monopril HCT, Prinivil, Prinizide, Tarka, Uniretic, Univasc, Vaseretic, Vasotec, Zestoretic, Zestril

Previous use of any of the following generic drugs either alone or as an component of a combination product:

benazepril, captopril, enalapril, fosinopril, lisinopril, moexepiril, quinapril, ramipril, or trandolapril

Non-Preferred ARBs Prerequisites

Atacand, Atacand HCT, Avapro, Avalide, Azor, Cozaar, Hyzaar, Teveten, Teveten HCT

Previous use of any of the following generic drugs either alone or as an component of a combination product:

benazepril, captopril, enalapril, fosinopril, lisinopril, moexepiril, quinapril, ramipril, or trandolapril

AND, in addition, previous use of any or the following drugs:

Benicar, Benicar HCT, Diovan, Diovan HCT, Micardis, Micardis HCT, Exforge, Exforge HCT

New prescriptions for brand ACEI, ACEI combinations, ARBs and ARB combination agents will be subject to the step edit October 1, 2009. Current users of the targeted ARBs and ARB combination drugs will not be affected by this step.

Questions and Answers

Responsible Quantity

QUESTION: Why are there limits on how many pills 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.
<http://www.bcbsfl.com/index.cfm?fuseaction=phyPharmacy.home> is the link to the form

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 ARB prescription filled?

ANSWER: No. In order for your claim for an ARB drug to be covered, you will need to have a claim in our system for either a prerequisite drug or an ARB drug within the last 90 days.