



# Blue Care Network — June 2009

## Quantity Limits

Antiemetics	Limit per Rx
Anzemet® (Nonformulary)	6 tablets
Emend® 80mg	4 capsules
Emend® 125mg	2 capsules
Emend Trifold Pack®	2 packs
Kytril® 1mg (g)	12 tablets
Sancuso® (Nonformulary)*	2 patches
Zofran (g), ODT® (g)	24 tablets
Antihistamines/Combinations	Limit
Allegra-D® 12 Hour*	2 tablets per day
Allegra-D® 24 Hour*	1 tablet per day
Clarinet-D® 12 Hour (Nonformulary)*	2 tablets per day
Clarinet®, D® 24 Hour (Nonformulary)*	1 tablet per day
Xyzal® (Nonformulary)*	1 tablet per day
Anti-Infectives	Limit per Rx
Cipro XR® (g)*	14 tablets
Coartem®	24 tablets
Proquin XR® (Nonformulary)*	14 tablets
Spectracef® (Nonformulary)	14 tablets
Stromectol®	1 per month
Tindamax™ (g)	20 tablets per 20 days
Vermox® (g)	1 per month
Xifaxan® (Nonformulary)	9 tablets every 7 days
Antivirals	Limit
Famvir® (g) 125, 250mg	60 tablets per 30 days
Famvir® (g) 500mg	21 tablets per 30 days
Relenza®	20 inh per Rx, 2 Rx per 270 days
Tamiflu®	10 caps per Rx, 2 Rx per 270 days
Valtrex® 500mg, 1g	30 tablets per 30 days
Erectile Dysfunction	Limit
Caverject®*, Muse®*	
Cialis®*	
Edex® (Nonformulary)*	6 per 28 days
Levitra® (Nonformulary)*	
Viagra®*	
Estrogens/Combinations	Limit
Alora®	8 per 28 days
Climara® (g), Pro® (Nonformulary)	4 per 28 days
Combipatch® (Nonformulary)	8 per 28 days
Elestrin™ (Nonformulary)	1 per 100 days
Enjuvia™ (Nonformulary)	1 tablet per day
Estraderm®	8 per 28 days
Estring®	1 per 90 days
EstroGel® (Nonformulary)	1 per 64 days
Evamist™ (Nonformulary)	1 per 34 days
Femring® (Nonformulary)	1 per 90 days
LoSeasonique™ (Nonformulary)	1 per 90 days
Menostar® (Nonformulary)	4 per 28 days
Nuvaring® (Nonformulary)	1 per 28 days
Ortho Evra®	3 per 28 days
Seasonale® (g)	1 per 90 days
Seasonique™ (Nonformulary)	1 per 90 days
Vivelle DOT™	8 per 28 days
Gastrointestinal	Limit
Amitiza™ (Nonformulary)*	2 per day
Kapidex™ (Nonformulary)*	1 per day
Lialda™ (Nonformulary)	4 per day
Lotronex® (Nonformulary)*	2 per day
Relistor® Kit*	14 trays (2 kits) per 28 days
Relistor® Vial*	14 vials per 28 days
Zegerid® (Nonformulary)*	1 per day

These limits do not apply to BCN Advantage or BlueCaid members.

\* Prior Authorization or Step Therapy may also be required.

Please refer to BCN's Quality Interchange Program available on the web at [bcbsm.com/provider/pharmacy\\_services/index.shtml](http://bcbsm.com/provider/pharmacy_services/index.shtml).

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Migraine Therapy	Limit per Rx
Amerge® (Nonformulary)*	9 tablets
Axert® (Nonformulary)*	6 tablets
Cafergot® (g)	50 tabs/24 supp
D.H.E. 45® (g)	5 ampules
Ergomar®	20 tablets
Frova® (Nonformulary)*	9 tablets
Imitrex injection® (g)	5 vials
Imitrex injection® (Kits) (g)	2 kits
Imitrex nasal spray® (g)	6 ml bottle
Imitrex tabs® (g)	9 tablets
Maxalt, MLT®*	9 tablets
Migranal nasal spray®	8 vials
Relpax® (Nonformulary)*	6 tablets
Treximet® (Nonformulary)*	9 tablets
Zomig NS® 5mg (Nonformulary)*	1 bottle (6ml)
Zomig, ZMT® 2.5mg (Nonformulary)*	6 tablets
Zomig, ZMT® 5mg (Nonformulary)*	3 tablets
Narcotics	Limit
Actiq® (g)*	4 per day
Avinza® (Nonformulary)	1 per day
Duragesic Patch® (g)	1 per 3 days
Fentora® (Nonformulary)*	4 tabs per day
Opana ER® (Nonformulary)	4 tabs per day
Oxycontin® (Nonformulary)*	4 tabs per day
NSAIDs	Limit
Celebrex® (Nonformulary)*	1 per day
Flector® Patch (Nonformulary)*	30 per month
Toradol® (g)	20 tabs/5 days every 24 days
Voltaren® Gel (Nonformulary)	400 grams per month
Osteoporosis	Limit
Actonel Weekly®*	4 tabs per 28 days
Actonel® 150mg*	1 tab per month
Boniva® 150mg (Nonformulary)*	1 tab per month
Forteo™ (Nonformulary) <s>	1 per 28 days
Fosamax Weekly (g)	4 per 28 days
Fosamax Plus D® (Nonformulary)*	4 per 28 days
Other	Limit
Aczone™ (Nonformulary)	30 grams per Rx
Ambien CR® (Nonformulary)*	1 per day
Amrix® (Nonformulary)	30 pills per 180 days
Arava® 10mg, 20mg (g)	1 per day
Disposable Insulin Syringes	200 syringes per Rx
Enbrel®* <s>	4 syringes per 28 days
HalfLytely® (Nonformulary)	1 pkg per Rx
Humira®* <s>	1 kit (2 syringes of .8ml) per 28 days
Kineret® (Nonformulary)* <s>	20ml per 30 days
Lyrica® (Nonformulary)*	600mg per day
Neulasta® (Nonformulary) <s>	2 syringes per 30 days
Nexava®* <s>	4 tablets per day
Radiogardase™	252 capsules per Rx
Revlimid® (Nonformulary)* <s>	1 capsule per day
Simponi® (Nonformulary) <s>	1 pen/syringe per 30 days
Soriatane® CK™ (Nonformulary)	1 kit per 30 days
Vivotif Berna®	4 capsules per year
Xenazine®*	1 tablet per day
Zacare® (Nonformulary)	1 kit per 30 days
Zelapar® (Nonformulary)	2 per day

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<b>Pulmonary</b>	<b>Limit</b>
Brovana® (Nonformulary)*	2 vials per day
Letairis™* <s>	1 tablet per day
Perforomist® (Nonformulary)*	2 vials per day
Revatio™* 20mg <s>	3 tablets per day
Singulair®**	1 tablet per day
Ventavis®** <s>	270 ampules/30 days
Zyflo CR™ (Nonformulary)	4 per day
<b>Smoking Cessation</b>	<b>Limit</b>
Chantix™**	1 fill/30 days and 3 fills/180 days
Nicotrol, NS, Inhaler® (Nonformulary)	2 fills/30 days and 90 days/180 days
OTC Smoking Cessation Products	2 fills/30 days and 90 days/180 days
<b>Testosterone Replacement</b>	<b>Limit</b>
Androderm®	30 patches every 30 days
AndroGel Gel Pkt® (Nonformulary)	30 per Rx
AndroGel Pump® (Nonformulary)	2 bottles (150ml) per 30 days
Striant® (Nonformulary)	2 per day
Testim® (Nonformulary)	1 per day
<b>Urology</b>	<b>Limit</b>
Gelnique™ (Nonformulary)	1 packet per day
Oxytrol® (Nonformulary)	8 patches per 28 days
Rapaflo™ (Nonformulary)	1 capsule per day
Sanctura XR™ (Nonformulary)	1 capsule per day
Toviaz™ (Nonformulary)	1 tablet per day
<b>Weight Reduction</b>	<b>Limit per Lifetime</b>
Adipex-P®*, Ionamin® (g)*	Initial coverage limited to 3 months, max 12 months per lifetime
Bontril® (g)*	
Didrex® (g)*	
Meridia® (Nonformulary)*	
Tenuate® (g)*	
Xenical® (Nonformulary)*	24 months/lifetime

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\*\*Must enroll in Quit the Nic for coverage, call 800-811-1764

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## Dose Optimization Program

Antidepressants	Limit
Cymbalta® (Nonformulary)*	1 per day
Emsam® (Nonformulary)	1 patch per day
Effexor XR®* 300mg	2 – 150mg per day
Effexor XR®* 225mg	75mg 1 per day plus 150mg 1 per day
Effexor XR®* 37.5mg, 75mg	1 per day
Lexapro®* 5mg, 10mg	1 per day
Luvox® CR (Nonformulary)*	2 per day
Paxil CR® (g)	1 per day
Pexeva® (Nonformulary)*	1 per day
Pristiq™ (Nonformulary)*	1 per day
Prozac Weekly® (Nonformulary)*	4 per 28 days
Savella™ (Nonformulary)*	1 per day
Venlafaxine® ER*	1 per day
Wellbutrin XL® 150mg, 300mg (g)	1 per day
Antidiabetics	Limit
Actos®*	1 per day
Actoplus Met™ (Nonformulary)*	2 per day
Avandamet® (Nonformulary)*	2 per day
Avandia®*	2 per day
Byetta® (Nonformulary)*	1 cartridge per month
Duetact™ (Nonformulary)*	1 per day
Cardiovascular	Limit
Adalat CC® (g)/Procardia XL® (g)	1 per day
Atacand® (Nonformulary)*	1 per day
Avalide® (Nonformulary)*	1 per day
Avapro (Nonformulary)*	1 per day
Azor™ (Nonformulary)*	1 per day
Benicar, HCT®*	1 per day
Bystolic™ 2.5 mg, 5 mg (Nonformulary)*	1 per day
Coreg CR™ (Nonformulary)*	1 per day
Cozaar®/Hyzaar®*	1 per day
Diovan HCT® (Nonformulary)*	1 per day
Dutoprol™ (Nonformulary)*	1 per day
Exforge® HCT (Nonformulary)*	1 per day
Inderal® LA 60, 80mg (g)	1 per day
Lotrel™	1 per day
Lipotropics	Limit
Advicor® (Nonformulary)*	2 per day
Altoprev™ (Nonformulary)*	1 per day
Caduet® (Nonformulary)*	1 per day
Crestor®*	1 per day
Lescol, XL® (Nonformulary)*	1 per day
Lipitor® (Nonformulary)*	1 per day
Lipofen® (Nonformulary)	1 per day
Tricor®	1 per day
TriLipix™ (Nonformulary)*	1 per day
Vytorin® (Nonformulary)*	1 per day
Zetia®*	1 per day
Zocor® (g)	1 per day
Other	Limit
Exelon Capsules®	2 per day
Exelon Patches®	1 per day
Invega™ 3mg, 9mg (Nonformulary)*	1 per day
Invega™ 6mg (Nonformulary)*	2 per day
Lamicta® ODT™ (Nonformulary)*	1 per day
Requip® XL™ (Nonformulary)	1 per day
Ryzolt™ (Nonformulary)*	1 per day
Seroquel XR™ (Nonformulary)*	2 per day

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BCN's 90-Day at Retail program is available to all commercial members with a drug benefit. Members can receive a 90-day supply of most maintenance medications from their local pharmacy for only two copayments. Members must have first received a minimum 28-day supply prior to coverage of a 90-day supply.

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### Dose Optimization Program

Other (Cont.)	Limit
Sutent®* <s>	1 per day
Uloric® (Nonformulary)*	1 per day
Xanax XR® (g)	1 per day
Stimulants	Limit
Adderall® (g)	4 per day (max 60mg/day)
Adderall XR® (g)	2 per day (max 60mg/day)
Concerta®	2 per day (max 108 mg/day)
Daytrana™ (Nonformulary)	1 per day (max 150mg/day)
Desoxyn®	5 per day (max 25mg/day)
Dextrostat® (g), Dexedrine® (g)	4 per day (max 60mg/day)
Focalin®	3 per day (max 60mg/day)
Focalin® XR (Nonformulary)	3 per day (max 60mg/day)
Metadate CD®	3 per day (max 100mg/day)
Methylin® chew, solution (Nonformulary)	150mg per day
Methylin® (g), Ritalin (g)	4 per day (max 100mg/day)
Methylin® ER (g), Ritalin-SR (g)	3 per day (max 100mg/day)
Nuvigil® (Nonformulary)*	1 per day
Ritalin LA® (Nonformulary)	3 per day (max 100mg/day)
Provigil®*	2 per day
Strattera® 10-60mg (Nonformulary)*	2 per day (max 120mg/day)
Strattera® 80, 100mg (Nonformulary)*	1 per day (max 120mg/day)
Vyvanse™ (Nonformulary)*	1 per day (max 70mg/day)

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