

BCN Advantage Quantity Limits January 2009

Antibacterials/Antifungals/Antivirals	Limited To
Ciprofloxacin ER	14 per Rx
Diflucan (g)	4 per month
Proquin XR	14 per Rx
Relenza	2 per day
Tamiflu (45mg)	20 per 270 days
Tamiflu (75mg)	28 per 180 days
Tamiflu (30mg)	40 per 270 days
Tamiflu (12mg/ml)	1 Rx/180 days
Xifaxan	9 per Rx
Antidepressants	Limited To
Cymbalta*	1 per day
Effexor XR (75mg)*	1 per day
Effexor XR (150mg)*	2 per day
Lexapro*	1 per day
Paxil CR*	1 per day
Pexeva*	1 per day
Pristiq*	1 per day
Prozac Weekly*	5 per month
Sarafem*	1 per day
Wellbutrin XL*	1 per day
Anti-Emetic Products/Misc GI	Limited To
Aciphex*	1 per day
Amitiza*	2 per day
Anzemet*	6 per 30 days
Emend (40mg and 125mg)*	2 per Rx
Emend (80mg)*	4 per Rx
Emend (125mg-80mg)*	6 per Rx
Kytril HCL (1mg Oral Tabs) (g)*	12 per Rx
Kytril HCL (100mcg/ml and 1mg/ml vial) (g)	12 per Rx
Lialda	4 per day
Lotronex	2 per day
Zegerid	1 per day
Zofran HCL Solution (g)*	250ml per day
Zogran HCL, ODT (g)*	24 per Rx
Antihistamines	Limited To
Allegra 180mg (g)	1 per day
Allegra ODT*	2 per day
Allegra-D 24 Hour*	1 per day
Clarinet (tabs and rapid tabs)*	1 per day
Clarinet-D 24 Hour*	1 per day
Xyzal*	1 per day
Antihypertensives	Limited To
Adalat CC, Nifedipine ER	1 per day

Antihypertensives (Cont.)	Limited To
Atacand, HCT*	1 per day
Avalide*	1 per day
Avapro*	1 per day
Azor*	1 per day
Benicar*	1 per day
Benicar HCT	1 per day
Bystolic (2.5mg and 5mg)*	1 per Rx
Bystolic (10mg)*	4 per Rx
Cardizem LA	1 per day
Coreg CR	1 per day
Cozaar*	1 per day
Diovan, HCT*	1 per day
Hyzaar*	1 per day
Lotrel*	1 per day
Micardis*	1 per day
Micardis HCT*	1 per day
Nifedical XL	1 per day
Norvasc (g)*	1 per day
Plendil ER (g)	1 per day
Teveten*	1 per day
Teveten HCT*	1 per day
Anti-Migraine Products	Limited To
Amerge	9 per 30 days
Axert	12 per 30 days
Cafegot (g)	50 tabs/34 days
D.H.E. 45 (g)	5 vials per Rx
Ergomar	20 per Rx
Frova	9 tabs per Rx
Imitrex	1 cartridge per Rx
Imitrex Injection	5 vials per Rx
Imitrex Injection Kit	2 kits per Rx
Imitrex Spray	6 ml bottle
Imitrex Tabs	9 tabs per Rx
Maxalt, MLT	12 tabs per Rx
Migergot (g)	24 supp/34 days
Migranal Spray	2 units per Rx
Relpax	6 tabs per Rx
Treximet	9 tabs/28 days
Zomig	1 bottle (6ml) per Rx
Zomig, ZMT	6 tabs per Rx
Diabetes Therapy	Limited To
Actoplus Met (15mg-500mg)*	3 per day
Actoplus Met (15mg-850mg)*	4 per day
Actos	1 per day

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Diabetes Therapy (Cont.)	Limited To
Avandamet*	2 per day
Avandia*	2 per day
Byetta*	1 syringe per month
Duetact*	1 per day
Januvia*	1 per day
Estrogens/Combinations	Limited To
Alora (0.05mg/24H, 0.075mg/24H and 0.1mg/24H) Patch	11 per 34 days
Alora (.025mg/24H) Patch	8 per 28 days
Climara	11 per 34 days
Climara Pro	4 per 28 days
Combipatch	8 per 28 days
Estradiol	8 per 28 days
Estring	1 per 90 days
Estrogel	1 pump per 64 days
Femring	1 per 90 days
Jolessa	1 per day
Menostar	4 per 28 days
Nuvaring	1 per 28 days
Ortho Evra	3 per 28 days
Quasense	1 per day
Seasonique	1 per day
Vivelle, Vivelle-Dot	8 per 28 days
Interferons	Limited To
Pegasys (kit and vial)	4 per 28 days
Pegintron, Redipen	4 per 28 days
Lipotropics	Limited To
Altoprev	1 per day
Caduet*	1 per day
Crestor*	1 per day
Lescol XL	1 per day
Lipitor*	1 per day
Pravachol (g)	1 per day
Tricor	1 per day
Vytorin*	1 per day
Zetia	1 per day
Zocor (g)*	1 per day
Long-Acting Narcotics	Limited To
Avinza	1 per day
Fentanyl	1 per 3 days
Fentanyl Citrate*	4 per day
Fentora*	4 per day
Toradol (g)	20 per 24 days
Long-Acting Narcotics (Cont.)	Limited To

Opana ER	2 per day
Oxycontin ER*	2 per day
NSAIDs	Limited To
Celebrex	800mg per day
Osteoporosis/Bone Resorption	Limited To
Actonel (5mg and 30mg)*	1 per day
Actonel (35mg)*	4 per 28 days
Actonel (75mg)*	2 per 28 days
Actonel With Calcium*	4 per 28 days
Boniva (2.5mg)*	1 per day
Boniva (150mg)*	1 per 28 days
Fosamax Plus D, Fosamax Weekly*	4 per 28 days
Respiratory Anti-Inflammatory Agents	Limited To
Accolate	2 per day
Singulair	1 per day
Zyflo, CR	4 per day
Sedatives	Limited To
Ambien CR*	1 per day
Lunesta*	1 per day
Rozerem*	1 per day
Sonata*	1 per day
Smoking Cessation Products	Limited To
Nicotrol, NS	90 days per 360 days
Testosterone Replacement	Limited To
Androderm	1 per day
Androgel	2 bottles (150ml) per 30 days
Androgel	30 per Rx
Striant	2 per day

Effective January 1, 2009.

More information is available at MiBCN.com/medicare.

* Prior Authorization or Step Therapy may be required for coverage.