

## Pharmacy programs ensure safety and cost-effectiveness

We monitor the use of certain medications to help ensure you receive the most appropriate and cost-effective drug therapy. Our Quantity Limits program is one of the ways we monitor medications. Our Dose Optimization program is one of the ways we monitor medications to help ensure you receive the most appropriate and cost-effective care. Here's how it works:

### Quantity limits

Our Quantity Limits program limits the amount of medicine that you can fill for certain medications. For example, a drug may have a limit of 30 pills per 30 days. We apply such limits, based on drug studies and reviews by actively practicing doctors, to certain drugs in weight loss, smoking cessation, erectile dysfunction, nausea and several other categories. If you refill a prescription too soon or if your doctor prescribes an amount that's higher than usual, your pharmacist will tell you that the drug isn't covered.

### Dose optimization

Dose optimization means taking more of a medication once a day instead of taking a lower dose two or more times a day. It's easier to remember to take a medication once a day, and it will probably cost you less. In some cases, your out-of-pocket costs can be reduced by as much as 50 percent. Included in this program are drugs for depression, cholesterol, heart disease and several other drug categories. Talk to your doctor about dose optimization.

Only your doctor can request coverage for drugs that exceed BCN limits.

Antidepressants	Limit	Custom Select
Brintellix® ( <b>Nonpreferred</b> )*	1 tablet per day	Excluded
Brisdelle™ ( <b>Nonpreferred</b> )*	1 capsule per day	Excluded
Cymbalta® 20mg, 30mg, 60mg ( <b>g</b> )*	1 capsule per day	
Desvenlafaxine ER® ( <b>Nonpreferred</b> )*	1 tablet per day	
Desvenlafaxine Fumarate® ( <b>Nonpreferred</b> )*	1 tablet per day	
Emsam®	1 patch per day	
Effexor XR® ( <b>g</b> )	1 capsule per day	
Effexor XR® 150mg ( <b>g</b> )	2 capsules per day	
Fetzima® ( <b>Nonpreferred</b> )*	1 capsule per day	Excluded
Khedeza™ ( <b>Nonpreferred</b> )*	1 tablet per day	Excluded
Luvox® CR ( <b>g</b> )	2 capsules per day	
Oleptro ER™ ( <b>Nonpreferred</b> )*	1 tablet per day	Excluded
Paxil CR® ( <b>g</b> )	1 tablet per day	
Pexeva® ( <b>Nonpreferred</b> )*	1 tablet per day	
Pristiq® ( <b>Nonpreferred</b> )*	1 tablet per day	
Prozac Weekly®* ( <b>g</b> )	4 capsules per 28 days	
Venlafaxine® ER ( <b>g</b> )	1 tablet per day	
Venlafaxine® ER 150mg ( <b>g</b> )	2 tablets per day	
Viibryd™ ( <b>Nonpreferred</b> )*	1 tablet per day	
Viibryd™ Titration Pack ( <b>Nonpreferred</b> )*	1 pack per 1 year	
Wellbutrin XL® 150mg ( <b>g</b> )	3 tablets per day	
Wellbutrin XL® 300mg ( <b>g</b> )	1 tablet per day	

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*These limits do not apply to BCN Advantage or Blue Cross Complete members.*

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<s> Specialty drug (**g**) generic drug QL - Quantity Limits DO - Dose Optimization

Antidiabetics	Limit	Custom Select
Actos® (g)	1 tablet per day	
Actoplus Met® (g)	2 tablets per day	
Actoplus Met® XR (Nonpreferred)*	1 tablet per day	
Avandamet® (Nonpreferred)*	2 tablets per day	
Avandia® (Nonpreferred)*	2 tablets per day	
Bydureon® (Nonpreferred)*	4 vials per 28 days	Excluded
Byetta® (Nonpreferred)*	1 cartridge per month	
Cycloset® (Nonpreferred)*	6 tablets per day	
Duetact® (g)	1 tablet per day	
Invokana® (Nonpreferred)*	1 tablet per day	
Janumet®	2 tablets per day	
Janumet XR	1 tablet per day	
Janumet XR 50/1000mg	2 tablets per day	
Januvia®	1 tablet per day	
Jentadueto® (Nonpreferred)*	2 tablets per day	Excluded
Kazano® (Nonpreferred)*	2 tablets per day	Excluded
Kombiglyze® XR 2.5/1000mg (Nonpreferred)*	2 tablets per day	
Kombiglyze® XR 5/500mg (Nonpreferred)*	1 tablet per day	
Nesina® (Nonpreferred)	1 tablet per day	Excluded
Onglyza™ (Nonpreferred)*	1 tablet per day	
Oseni® (Nonpreferred)*	1 tablet per day	
Tradjenta® (Nonpreferred)*	1 tablet per day	
Victoza® (Nonpreferred)*	3 syringes per 30 days	
Antiemetics	Limit per Rx	
Anzemet® (Nonpreferred)	6 tablets	
Emend® 80mg	4 capsules	
Emend 125mg	2 capsules	
Emend Trifold Pack	2 packs	
Kytril® 1mg (g)	12 tablets	
Sancuso®* (Nonpreferred)	2 patches	
Zuplenz™* (Nonpreferred)	24 films	Excluded
Antihistamines/Combinations	Limit	
Clarinet-D® 12 Hour* (Nonpreferred)	2 tablets per day	Excluded
Clarinet-D 24 Hour* (Nonpreferred)	1 tablet per day	Excluded
Clarinet® (g)*	1 tablet per day	Excluded
Vituz® (Nonpreferred)	240mL per Rx	Excluded
Xyzal® Tab (g)*	1 tablet per day	
Anti-Infectives	Limit	
Cayston®* (Nonpreferred) <s>	1 kit per 28 days	
Cipro XR® (g)*	14 tablets per Rx	
Coartem®	24 tablets per Rx	
Dificid™ (Nonpreferred)	20 tablets per Rx	
Noxafil®	93 tablets per 30 days	
Onmel™ (Nonpreferred)*	1 tablet per day	Excluded
Oravig™ (Nonpreferred)	1 tablet per day	
Sirturo™*	2 tablets per day	
Spectracef® (g)	14 tablets per Rx	
Stromectol®	20 tablets per 28 days	
Tindamax™ (g)	20 tablets per 20 days	
Tobi™ Podhaler™ <s>	448 capsules per 90 days	Excluded

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<s> Specialty drug (g) generic drug QL - Quantity Limits DO - Dose Optimization

Anti-Infectives (cont.)	Limit	Custom Select
Vermox® (g)	6 tablets per 30 days	
Xifaxan® 200mg (Nonpreferred)	9 tablets every 7 days	
Antineoplastics and Immunosuppressants	Limit	
Afinitor®, Disperz* <s>	1 tablet per day	
Arcalyst® <s>	4 vials per 30 days	
Bosulif® 100mg <s>	2 tablets per day	
Bosulif 500mg <s>	1 tablet per day	
Caprelsa®* 100mg <s>	2 tablets per day	
Caprelsa* 300mg <s>	1 tablet per day	
Cometriq™*	4 cards (1box) per 28 days	
Erivedge®* <s>	1 capsule per day	
Gilotrif™*	1 tablet per day	
Iclusig®* <s>	1 tablet per day	
Inlyta® 1mg* <s>	6 tablets per day	
Inlyta® 5mg* <s>	4 tablets per day	
Jakafi®* <s>	2 tablets per day	
Mekinist®* <s>	1 tablet per day	
Neulasta® (Nonpreferred) <s>	2 syringes per 30 days	
Nexavar®* <s>	4 tablets per day	
Oforta™ <s>	40 tablets per Rx	
Pomalyst® (Nonpreferred)* <s>	1 capsule per day for 21 days per 28 days	
Revlimid® (Nonpreferred)* <s>	1 capsule per day	
Stivarga®* <s>	4 tablets per day	
Sutent®* <s>	1 capsule per day	
Tafinlar®* <s>	4 capsules per day	
Tasigna®* <s>	4 capsules per day	
Valchlor™ (Nonpreferred)* <s>	2 tubes (120gm) per month	
Xalkori®* <s>	2 capsules per day	
Xtandi®* <s>	4 tablets per day	
Zelboraf™* <s>	8 tablets per day	
Zytiga®* <s>	4 tablets per day	
Antivirals	Limit	
Complera®	1 tablet per day	
Edurant®	1 tablet per day	
Famvir®(g) 125, 250mg	60 tablets per 30 days	
Famvir(g) 500mg	21 tablets per 30 days	
Incivek®* <s>	6 tablets per day/1 course of therapy per lifetime	
Olysio™* <s>	2 capsules per day	
Relenza®	20 inh per Rx, 2 Rx per 270 days	
Sovaldi™* <s>	1 tablet per day	
Stribild™	1 tablet per day	
Tamiflu®	10 capsules per Rx, 2 Rx per 270 days	
Tamiflu suspension	180mL per Rx	
Valtrex®(g) 500mg, 1g	1 tablet per day	
Victrelis®* <s>	12 capsules per day/1 course of therapy per lifetime	
Viread®	1 tablet per day	
Viread® Powder	4 bottles (240gm) per 28 days	

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Cardiovascular	Limit	Custom Select
Amturnide™ (Nonpreferred)*	1 tablet per day	
Atacand® (Nonpreferred)*	1 tablet per day	
Avalide® (g)	1 tablet per day	
Avapro® (g)	1 tablet per day	
Azor® (Nonpreferred)*	1 tablet per day	
Benicar, HCT®*	1 tablet per day	
Brilinta™	2 tablets per day	
Bystolic® 2.5 mg, 5 mg, 10mg (Nonpreferred)*	1 tablet per day	
Coreg CR® (Nonpreferred)*	1 capsule per day	
Cozaar®/Hyzaar® (g)	2 tablets per day	
Diovan HCT® (g)*	1 tablet per day	
Effient®	1 tablet per day	
Edarbi® (Nonpreferred)*	1 tablet per day	
Edarbyclor® (Nonpreferred)*	1 tablet per day	
Eliquis®	2 tablets per day	
Exforge® HCT (Nonpreferred)*	1 tablet per day	
Lotrei® 5/40mg, 10/40mg (g)	1 capsule per day	
Micardis® (Nonpreferred)*	1 tablet per day	
Micardis HCT® (Nonpreferred)*	1 tablet per day	
Multaq®	2 tablets per day	
Pradaxa®	2 capsules per day	
Tarka®	1 tablet per day	
Tekamlo™ (Nonpreferred)*	1 tablet per day	
Teveten® (g)	1 tablet per day	
Teveten® 400mg (Nonpreferred)	1 tablet per day	
Teveten® HCT (Nonpreferred)	1 tablet per day	
Tribenzor™ (Nonpreferred)*	1 tablet per day	
Twynsta® (g)*	1 tablet per day	
Valturna® (Nonpreferred)*	1 tablet per day	Excluded
Xarelto®	1 tablet per day	
Xarelto® 15mg	51 tablets per 30 days	
Dermatology	Limit	
Aczone® (Nonpreferred)	1 tube (30gm) per Rx	Excluded
Aldara® (g)	1 packet per day	
Picato® (Nonpreferred)*	1 carton per 30 days, 3 cartons per 90 days	
Regranex® (Nonpreferred)*	3 tubes (45gm) per 150 days	
Soriatane® (g)	1 capsule per day	
Stelara® (Nonpreferred)* <s>	Initial coverage limited to 2 per month, max 1 injection per 90 days	
Triaz® Foaming Cloths (g)	1 box (60 units) per 30 days	Excluded
Vusion® (Nonpreferred)	1 tube (50gm) per Rx	Excluded
Zyclara™ (Nonpreferred)	1 packet per day	
Zyclara Pump	1 bottle (7.5gm) per month	

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Erectile Dysfunction	Limit	Custom Select
Caverject®*	6 units per 28 days	Excluded
Cialis®*		
Edex® (Nonpreferred)*		
Levitra® (Nonpreferred)*		
Muse®*		
Staxyn® (Nonpreferred)*		
Stendra™ (Nonpreferred)*		
Viagra®*		
Estrogens/Combinations	Limit	
Alora®	8 patches per 28 days	
Climara® (g), Pro® (Nonpreferred)	4 patches per 28 days	
Combipatch® (Nonpreferred)	8 patches per 28 days	
Elestrin™ (Nonpreferred)	2 bottles (52gm) per 30 days	
Ella™ (Nonpreferred)	2 tablets per 30 days	
Enjuvia™	1 tablet per day	
Estraderm®	8 patches per 28 days	
Estring®	1 ring per 90 days	
Estrogel® (Nonpreferred)	1 bottle (50gm) per 30 days	
Evamist™ (Nonpreferred)	1 bottle (8.1mL) per 30 days	
Femring® (Nonpreferred)	1 ring per 90 days	
LoSeasonique™ (g)	1 package per 90 days	
Menostar® (Nonpreferred)	4 patches per 28 days	
Minivelle® (Nonpreferred)	8 patches per 28 days	
Nuvaring® (Nonpreferred)*	1 ring per 28 days	
Ortho All-Flex®	1 unit per 90 days	
Ortho Evra®	3 patches per 28 days	
Quartette® (Nonpreferred)	1 package per 90 days	
Seasonale® (g)	1 package per 90 days	
Seasonique™ (g)	1 package per 90 days	
Vivelle (g), DOT™	8 patches per 28 days	
Gastrointestinal	Limit	
Aciphex® Sprinkle™ (Nonpreferred)*	2 capsules per day	Excluded
Amitiza® (Nonpreferred)*	2 capsules per day	
Cimzia®* (Nonpreferred) <s>	1 kit (contains 2 syringes) per 28 days	
Dexilant™ (Nonpreferred)*	2 capsules per day	Excluded
Esomeprazole strontium® (Nonpreferred)*	2 capsules per day	Excluded
Fulyzaq™* <s>	2 tablets per day	
Gattex®* <s>	1 kit (30 vials) per 30 days	
Giazo™ (Nonpreferred)	6 tablets per day	
Lialda® (Nonpreferred)	4 tablets per day	
Linzess® (Nonpreferred)*	1 capsule per day	
Lotronex® (Nonpreferred)*	2 tablets per day	
Nexium® (Nonpreferred)*	2 capsules per day	Excluded
Rectiv® (Nonpreferred)	1 tube (30gm) per Rx	Excluded
Relistor® kit*	2 kits (14 trays) per 28 days	
Relistor vial*	14 vials per 28 days	

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Gastrointestinal (cont.)	Limit	Custom Select
Simponi® * (Nonpreferred) <s>	1 syringe per 30 days	
Uceris™ (Nonpreferred)*	1 tablet per day	Excluded
Xifaxan® 550mg (Nonpreferred)*	2 tablets per day	
Zegerid® packet *	1 packet per day	Excluded
Zegerid capsule(g)*	1 capsule per day	Excluded
Lipotropics	Limit	
Advicor® (Nonpreferred)*	2 tablets per day	Excluded
Altoprev® (Nonpreferred)*	1 tablet per day	Excluded
Caduet® (g)	1 tablet per day	
Crestor® (Nonpreferred)*	1 tablet per day	
Juxtapid™ 5mg, 10mg (Nonpreferred)* <s>	1 tablet per day	
Juxtapid™ 20mg (Nonpreferred)* <s>	3 tablets per day	Excluded
Kynamro™* <s>	4 per 30 days	
Lescol® (g)*	1 tablet per day	
Lescol XL (Nonpreferred)	1 tablet per day	
Lipitor® 10mg, 80mg (g)	1 tablet per day	
Lipitor® 20mg, 40mg (g)	1 and 1/2 tablets per day	
Lipofen® (Nonpreferred)	1 capsule per day	
Liptruzet® (Nonpreferred)*	1 capsule per day	Excluded
Livalo® (Nonpreferred)*	1 tablet per day	
Lovaza® (Nonpreferred)*	4 capsules per day	
Tricor® (g)	1 tablet per day	
TriLipix® (g)*	1 capsule per day	
Vascepa™ (Nonpreferred)*	4 capsules per day	Excluded
Vytorin® (Nonpreferred)*	1 tablet per day	
Zetia®	1 tablet per day	
Zocor® 5mg, 10mg, 80mg (g)	1 tablet per day	
Zocor® 20mg, 40mg (g)	1 and 1/2 tablets per day	
Migraine Therapy	Limit	
Alsuma™ (g)*	2 syringes per Rx	
Amerge® (g)*	9 tablets per Rx	
Axert® (Nonpreferred)*	6 tablets per Rx	
Cafergot®	50 tablets per Rx	
D.H.E. 45® (g)	5 ampules per Rx	
Ergomar®	20 tablets per Rx	
Frova® (Nonpreferred)*	9 tablets per Rx	
Imitrex® injection (g)	5 units per Rx	
Imitrex nasal spray® (g)	6 units (1 box) per Rx	
Imitrex tabs (g)	9 tablets per Rx	
Maxalt, MLT®* (g)	9 tablets per Rx	
Migranal nasal spray® (g)	1 kit (8 vials) per Rx	
Relpax® (Nonpreferred)*	6 tablets per Rx	
Sumavel® Dosepro™ (Nonpreferred)*	2 injections per Rx	Excluded
Treximet® (Nonpreferred)*	9 tablets per Rx	Excluded
Zecuity™ (Nonpreferred)*	4 patches per Rx	
Zomig Nasal Spray® (Nonpreferred)*	6 units per Rx	
Zomig, ZMT® 2.5mg (g)*	6 tablets per Rx	

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<s> Specialty drug (g) generic drug QL - Quantity Limits DO - Dose Optimization



Migraine Therapy (cont.)	Limit	Custom Select
Zomig, ZMT 5mg (g)*	3 tablets per Rx	
Miscellaneous CNS	Limit	
Ambien CR® (g)*	1 tablet per day	
Amrix® (Nonpreferred)	30 capsules per 180 days	Excluded
Aricept® 23mg (g)*	1 tablet per day	Excluded
Conzip™ (Nonpreferred)*	1 tablet per day	Excluded
Edluar™ (Nonpreferred)*	1 tablet per day	Excluded
Exelon Capsules® (g)	2 capsules per day	
Exelon Patches	1 patch per day	
Gralise® (Nonpreferred)*	3 tablets per day	Excluded
Horizant® (Nonpreferred)*	1 tablet per day	Excluded
Intermezzo® (Nonpreferred)*	25 tablets per 30 days, 57 tablets per 90 days	Excluded
Intuniv® (Nonpreferred)*	1 tablet per day	Excluded
Invega® 1.5mg, 3mg, 9mg (Nonpreferred)*	1 tablet per day	
Invega® 6mg (Nonpreferred)*	2 tablets per day	
Kapvay® (g)*	4 tablets per day	
Lamictal® ODT® (Nonpreferred)	1 tablet per day	
Lamictal® XR® 25,50,100mg (g)	1 tablet per day	
Lyrica® 25, 50, 75, 100, 150mg (Nonpreferred)*	3 capsules per day	
Lyrica 200, 225, 300mg (Nonpreferred)*	600mg per day	
Mirapex® ER® (Nonpreferred)*	1 tablet per day	Excluded
Namenda XR™ (Nonpreferred)*	1 capsule per day	Excluded
Namenda XR Titration (Nonpreferred)*	1 pack per year	Excluded
Neupro® (Nonpreferred)	1 patch per day	
Nexiclon XR® (Nonpreferred)*	2 tablets per day	Excluded
Nexiclon XR® Suspension (Nonpreferred)*	1 bottle (118mL) per 30 days	Excluded
Nuedexta® (Nonpreferred)*	2 tablets per day	
Nymalize® (Nonpreferred)*	120mL per 21 days	
Requip® XL™ (g)	1 tablet per day	
Rybix® ODT (Nonpreferred)*	8 tablets per day	Excluded
Ryzolt™ (g)	1 tablet per day	
Saphris® (Nonpreferred)*	2 tablets per day	
Savella® (Nonpreferred)*	2 tablet per day	
Savella Titration (Nonpreferred)*	1 pack per 180 days	
Seroquel XR™ (Nonpreferred)*	2 tablets per day	
Silenor® (Nonpreferred)*	1 tablet per day	Excluded
Trokendi XR™ (Nonpreferred)*	2 capsules per day	Excluded
Xyrem® (Nonpreferred)*	18mL per day	
Zelapar® (Nonpreferred)	2 tablets per day	
Zolpimist™ (Nonpreferred)*	1 bottle (7.7mL) per 30 days	Excluded
Multiple Sclerosis	Limit	
Ampyra® (Nonpreferred)* <s>	2 tablets per day	
Aubagio® (Nonpreferred)* <s>	1 capsule per day	
Gilenya® (Nonpreferred)* <s>	1 capsule per day	
Pegasys®, Proclick™/Peg-Intron®* <s>	4 injections per 28 days	
Sylatron™ (Nonpreferred)* <s>	1 kit (4 vials) per 28 days	
Tecfidera™ 120, 240mg* <s>	2 capsules per day	

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Narcotics	Limit	Custom Select
Abstral® (Nonpreferred)*	4 tablets per day	Excluded
Actiq® (g)*	4 lozenges per day	
Avinza® (g)	1 capsule per day	Excluded
Butrans® (Nonpreferred)*	4 patches per 28 day	Excluded
Duragesic Patch® (g)	10 patches per 30 days	
Embeda® (Nonpreferred)	2 capsules per day	
Exalgo® (Nonpreferred)*	4 tablets per day	
Fentora® (Nonpreferred)*	4 tablets per day	Excluded
Fioricet® (g)	4 grams APAP per day	
Fioricet w/ codeine (g)	4 grams APAP per day	
Lazanda® (Nonpreferred)*	1 bottle (5mL) per day	Excluded
Nucynta® (Nonpreferred)*	6 tablets per day	
Nucynta ER (Nonpreferred)*	2 tablets per day	
Nucynta® Soln (Nonpreferred)*	30mL per day	
Onsolis® (Nonpreferred)*	4 tablets per day	Excluded
Opana ER® (g)*	4 tablets per day	Excluded
Opana ER® (Nonpreferred)*	4 tablets per day	Excluded
Oxecta™ (Nonpreferred)*	12 tablets per day	Excluded
Oxycodone IR 5, 10, 15, 20mg	6 tablets per day	
Oxycodone IR 30mg	4 tablets per day	
Oxycodone 5mg/5mL Soln	180mL per day	
Oxycodone 20mg/mL Soln	5mL per day	
Oxycontin® (Nonpreferred)*	4 tablets per day	
Subsys® (Nonpreferred)*	4 units per day	Excluded
Vicodin® (g)*	4 grams APAP per day	
Xodol® (g)*	4 grams APAP per day	
Zohydro™ ER (Nonpreferred)*	2 tablets per day	Excluded
NSAIDs	Limit	
Celebrex® (Nonpreferred)*	1 capsule per day	Excluded
Duexis® (Nonpreferred)*	3 tablets per day	Excluded
Flector® Patch (Nonpreferred)*	30 patches per 30 days	Excluded
Pennsaid® 2% (Nonpreferred)*	1 bottle (112gm) per 30 days	Excluded
Toradol® (g)	20 tablets every 26 days	
Sprix® (Nonpreferred)	5 bottles per 28 days	Excluded
Voltaren® gel (g)*	4 tubes (400gm) per 28 days	Excluded
Vimovo® (Nonpreferred)*	2 tablets per day	Excluded
Osteoporosis	Limit	
Actonel Weekly®*	4 tablets per 28 days	
Actonel® 150mg*	1 tablet per 28 days	
Atelvia™ 35mg (Nonpreferred)*	4 tablets per 28 days	
Binosto™ (Nonpreferred)*	4 tablets per 28 days	Excluded
Boniva® 150mg (g)*	1 tablet per 28 days	
Forteo®(Nonpreferred)* <s>	1 pen per 28 days	
Fosamax® Weekly (g)	4 tablets per 28 days	
Fosamax Plus D® (Nonpreferred)*	4 tablets per 28 days	Excluded

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Other	Limit	Custom Select
Auvi-Q™ (Nonpreferred)	4 per Rx	
BC® (Nonpreferred)	1 kit per Rx	Excluded
Cuprimine®	8 capsules per day	
Cystaran™*	3 bottles (45mL) per 30 days	
Disposable insulin syringes	200 syringes per Rx	Excluded
Egrifta® (Nonpreferred)* <s>	1 vial per day	Excluded
Feriprox® (Nonpreferred)* <s>	540 tablets per 30 days	
Firazy® (Nonpreferred)* <s>	6 syringes (18mL) per 30 days	
HalfLytely® (Nonpreferred)	1 kit per Rx	Excluded
Jalyn™*	1 capsule per day	
Korlym®* <s>	4 tablets per day	
Lysteda™ (g)	1 tablet per day	
Promacta®* <s>	1 tablet per day	
Radiogardase®	252 capsules per Rx	Excluded
Ravicti™ (Nonpreferred)* <s>	19gm per day	
Signifor®*	2mL per day	
Soma® (g)*	4 tablets per day	Applies only
Uloric®*	1 tablet per day	
Xenazine®* <s>	1 tablet per day	
Zavesca®* (Nonpreferred) <s>	3 capsules per day	
Pulmonary	Limit	
Adcirca® (Nonpreferred)* <s>	2 tablets per day	
Adempas® (Nonpreferred)* <s>	1 tablet per day	
Advair®	1 inhaler per 30 days	
Arcapta Neohaler® (Nonpreferred)*	1 capsule per day	
Breo® Ellipta™ (Nonpreferred)*	2 inhalations per day	
Brovana® (Nonpreferred)*	2 vials per day	
Dulera®	1 inhaler per 30 days	
Daliresp™ (Nonpreferred)*	1 tablet per day	
Kalydeco™* <s>	2 tablets per day	
Letairis®* <s>	1 tablet per day	
Opsumit® (Nonpreferred)* <s>	1 tablet per day	
Perforomist® (Nonpreferred)*	2 vials per day	
Revatio®* 20mg <s> (g)	1 tablet per day	
Singulair® (g)	1 tablet per day	
Spiriva®*	1 inhaler per 30 days	
Symbicort®	1 inhaler per 30 days	
Tudorza Pressair® (Nonpreferred)	1 inhaler per 30 days	
Tyvaso® starter kit* <s>	1 kit per year	
Tyvaso refill/replacement kit* <s>	1 kit per 30 days	
Tyvaso vials* <s>	4 ampules (12mL) per 30 days	
Ventavis®* <s>	270 ampules per 30 days	
Zyflo CR® (Nonpreferred)	4 tablets per day	

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Rheumatology	Limit	Custom Select
Actemra® (Nonpreferred)* <s>	4 syringes per 28 days	
Arava® 10mg, 20mg (g)	1 tablet per day	
Enbrel®* <s>	4 syringes per 28 days	
Humira® <s>	1 kit (2 syringes of .8mL) per 28 days	
Humira® Crohn's kit <s>	1 kit (6 syringes) per 1 year	
Humira® Psoriasis kit <s>	1 kit (4 syringes) per 1 year	
Kineret®(Nonpreferred)* <s>	30 syringes per 30 days	
Orencia® (Nonpreferred)* <s>	4 syringes (4 mL) per 28 days	
Xeljanz® (Nonpreferred)* <s>	2 tablets per day	
Smoking Cessation	Limit	
Chantix®*		
Nicotrol, NS® (Nonpreferred)*	1 fill/30 days and 6 fills/year	
OTC smoking cessation products		
Stimulants	Limit	
Adderall® (g)	4 per day (max 60mg/day)	
Adderall XR® (g)*	2 per day (max 60mg/day)	
Adderall XR®	2 per day (max 60mg/day)	Excluded
Concerta® (g)	2 tablets per day (max 108 mg/day)	
Daytrana® (Nonpreferred)	1 patch per day (max 30mg/day)	
Desoxyn®	5 tablets per day (max 25mg/day)	
Dextrostat® (g), Dexedrine® (g)	4 tablets/capsules per day (max 60mg/day)	
Focalin® (g)	3 tablets per day	
Focalin® XR 5, 10, 20, 25, 35mg (Nonpreferred)	2 capsules per day	Excluded
Focalin® XR 15, 30, 40mg (g)	2 capsules per day	Excluded
Metadate CD® (g) 10, 20, 30mg	3 capsules per day (max 100mg/day)	
Metadate CD® (g) 40, 50, 60mg	2 capsules per day (max 100mg/day)	
Methylin® chew (Nonpreferred)	10 tablets per day	Excluded
Methylin® solution (g)	80mg per day	
Methylin® (g), Ritalin (g)	7 tablets per day (max 140mg/day)	
Methylin® ER (g), Ritalin-SR (g)	6 tablets per day (max 100mg/day)	
Nuvigil® (Nonpreferred)*	1 tablet per day	
Onfi® (Nonpreferred)*	2 tablets per day	
Onfi® Suspension (Nonpreferred)*	16mL (40mg) per day	
Oxtellar XR® (Nonpreferred)* 150mg, 300mg	1 tablets per day	Excluded
Oxtellar XR (Nonpreferred)* 600mg	4 tablets per day	Excluded
Procentra® (g)*	60mL (60mg) per day	
Provigil®* (g)	2 tablets per day	
Quillivant XR™ (Nonpreferred)*	12mL (60mg) per day	Excluded
Ritalin LA® 10, 20, 30mg (g)	4 capsules per day (max 100mg/day)	Excluded
Ritalin LA® 40mg (g)	3 capsules per day (max 120mg/day)	
Strattera® 10-60mg (Nonpreferred)*	2 capsules per day (max 120mg/day)	
Strattera® 80, 100mg (Nonpreferred)*	2 capsules per day (max 200mg/day)	
Vyvanse® (Nonpreferred)*	1 capsules per day (max 70mg/day)	Excluded
Zenzedi™ (Nonpreferred)	4 tablets per day (max 40mg/day)	

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# Quantity Limits & Dose Optimization

March 2014

Testosterone Replacement	Limit	
Androderm®*	30 patches per 30 days	
Androgel gel packets®*	30 packets per 30 days	
Androgel 1% pump®	2 bottles (150gm) per 30 days	
Androgel 1.62% pump®	1 bottle (75gm) per 30 days	
Android® (Nonpreferred)*	1 tablet per day	
Androxy™ (g)*	1 tablet per day	
Axiron® (Nonpreferred)*	1 bottle (90mL) per 30 days	Excluded
Fortesta™ (Nonpreferred)*	1 bottle (60gm) per 30 days	Excluded
Methitest™ (Nonpreferred)*	1 tablet per day	
Striant® (Nonpreferred)*	2 buccal systems per day	Excluded
Testim® (Nonpreferred)*	30 tubes per 30 days	Excluded
Testred® (Nonpreferred)*	1 capsule per day	
Urology	Limit	
Gelnique® (Nonpreferred)	1 packet per day	Excluded
Myrbetriq™ (Nonpreferred)*	1 tablet per day	
Oxytrol® (Nonpreferred)	8 patches per 28 days	Excluded
Procysbi® 25mg (Nonpreferred)*	34 capsules per day	Excluded
Rapaflo® (Nonpreferred)	1 capsule per day	
Sanctura XR™ (g)	1 capsule per day	
Toviaz®	1 tablet per day	
Weight Reduction	Limit per Lifetime	
Adipex-P®*, Ionamin® (g)*	Initial coverage limited to 3 months, max 12 months per lifetime	Excluded
Belviq® (Nonpreferred)*	2 tablets per day, max 12 months per lifetime	
Bontril® (g)*	Initial coverage limited to 3 months, max 12 months per lifetime	
Didrex® (g)*		
Qsymia® (Nonpreferred)*		
Suprenza® ODT (Nonpreferred)*		
Tenuate® (g)*		
Xenical® (Nonpreferred)*	24 months/lifetime	

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