

Blue Care Network - January 2007

DOSE OPTIMIZATION PROGRAM

Antidepressants	Limit
Cymbalta (Nonformulary)*	1 per day
Emsam (Nonformulary)	1 patch per day
Effexor XR* 225mg	75mg 1-QD plus 150mg 1-QD
Effexor XR* 75mg, 150mg	1 per day
Lexapro* 5mg, 10mg	1 per day
Paxil CR (Nonformulary)*	1 per day
Pexeva (Nonformulary)*	1 per day
Prozac Weekly (Nonformulary)*	4 per 28 days
Wellbutrin XL (Nonformulary)*	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
Antihypertensives	Limit
Atacand (Nonformulary)*	1 per day
Avalide (Nonformulary)*	1 per day
Avapro (Nonformulary)*	1 per day
Benicar, HCT*	1 per day
Cozaar/Hyzaar*	1 per day
Diovan HCT (Nonformulary)*	1 per day
Mavik (Nonformulary)	1 per day
Micardis, HCT (Nonformulary)*	1 per day
Norvasc	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
Tricor	1 per day
Vytorin (Nonformulary)*	1 per day
Zetia*	1 per day
Other	Limit
Nexavar*	1 per day
Oxytrol (Nonformulary)	2 patches per 7 days
Sutent*	1 per day

This does not apply to BCN Advantage members.

*Prior Authorization or Step Therapy may also be required.

Please refer to BCN's Quality Interchange Program available on the web at www.bcbsm.com/providers/physicians/physicians_rx_bcn.shtml

90-Day at Retail program is now available. Commercial members may receive a 90-day supply of most maintenance medications at their local pharmacy for only 2 copays (provided they have received a minimum 28-day supply prior to filling the 90-day).

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Quantity Restrictions

Anti-Infectives	Limit per Rx	Testosterone Replacement	Limit
Cipro XR (Nonformulary)*	14 tabs	Androderm	30 patches every 30 days
Proquin XR (Nonformulary)*	14 tabs	Androgel Gel Pkt (Nonformulary)	30 per Rx
Stromectol	1 per month	Androgel Pump (Nonformulary)	2 bottles (150ml) per 30 days
Tindamax	20 tabs per 20 days	Erectile Dysfunction Drugs	Limit
Vermox (g)	1 per month	Caverject, Muse*	6 per 28 days
Xifaxan (Nonformulary)	9 tabs every 7 days	Cialis*	
Anti-Emetic Products	Limit per Rx	Edex (Nonformulary)*	
Anzemet 100mg (Nonformulary)	6 tabs	Levitra (Nonformulary)*	
Emend 125mg	2 tabs	Viagra*	
Emend 80mg	4 tabs	Gastrointestinal	Limit
Emend Trifold Pack	2 packs	Amitiza (Nonformulary)*	2 per day
Kytril 1mg	12 tabs	Lotronex (Nonformulary)*	2 per day
Zofran, ODT	24 tabs	Zegerid (Nonformulary)*	1 per day
Antifungals	Limit	Zelnorm (Nonformulary)*	2 per day for 12 wks every 6 mths
Diflucan 150mg (g)	2 tabs per 14 days	Long-Acting Narcotics	Limit
Lamisil tabs (limit for onychomycosis)	1 per day; limit to 3 mths per 9 mths	Actiq (g)	4 lollipops per day
Sporanox 100mg (g) (limit for onychomycosis)	28 per 30 days, 3 mths per 9 mths	Avinza (Nonformulary)	1 per day
Anti-Migraine Products	Limit per Rx	Duragesic Patch (g)	1 per 3 days
Amerge (Nonformulary)	9 tabs	Fentora (Nonformulary)	4 tabs per day
Axert (Nonformulary)	6 tabs	Opana ER (Nonformulary)	2 tabs per day
Cafergot (g)	50 tabs 24 supp	Oxycontin	2 tabs per day
D.H.E.45 (g)	5 ampules	NSAIDs	Limit
Ergomar	20 tabs	Celebrex (Nonformulary)*	1 per day
Frova (Nonformulary)	9 tabs	Toradol (g)	20 tabs/5 days every 24 days
Imitrex injection	5 vials	Osteoporosis	Limit
Imitrex injection (Kits)	2 kits	Actonel Weekly	4 tabs per 28 days
Imitrex nasal spray	6 ml bottle	Boniva 150mg (Nonformulary)	1 tab per month
Imitrex tabs	9 tabs	Fosamax Weekly, Plus D	4 per 28 days
Maxalt, MLT	9 tabs	Other	Limit
Migranal nasal spray	6 ampules	Arava 10mg, 20mg (g)	1 per day
Relpax (Nonformulary)	6 tabs	Daytrana (Nonformulary)	1 patch per day
Zomig NS 5mg	1 bottle (6ml)	Disposable Insulin Syringes	200 syringes per Rx
Zomig, ZMT 2.5mg	6 tabs	Enbrel* 25mg	8 syringes per 28 days
Zomig, ZMT 5mg	3 tabs	Enbrel* 50mg	4 syringes per 28 days
Antivirals	Limit	Humira (Nonformulary)*	1 kit (2 syringes of .8ml) per 28 days
Relenza	20 inh per Rx	Halflytely (Nonformulary)	1 pkg per Rx
Relenza	2 Rx's per 270 days	Kineret (Nonformulary)*	20ml per 30 days
Nexavar*	10 caps per Rx	Lyrica (Nonformulary)*	600mg per day
Tamiflu	2 Rx's per 270 days	Neulasta (Nonformulary)	2 syringes per 30 days
Estrogens/Combinations	Limit	Revlimid (Nonformulary)*	1 capsule per day
Alora (g)	2 per week	Pulmonary	Limit
Climara (g)	4 per 28 days	Revatio* 20mg	3 tabs per day
Climara Pro (Nonformulary)	4 per 28 days	Ventavis*	270 ampuls/30 days
Combipatch (Nonformulary)	8 per 28 days	Smoking Cessation Products	Limit per 360 days
Estraderm	8 per 28 days	Chantix (Nonformulary)*	Max 24 weeks every 52 weeks
Estring	1 per 90 days	Nicotrol, NS, Inhaler (Nonformulary)*	90 days, may repeat in 6 mths if enrolled in QTN
Femring (Nonformulary)	1 per 90 days	OTC Smoking Cessation Products*	As above; must enroll Quit the Nic for coverage
Menostar (Nonformulary)	4 per 28 days	Weight Reduction Products	Limit per Lifetime
Nuvaring (Nonformulary)	1 per 28 days	Bontril (g)*	initial covg limited to 3 mths, max 12 mths per lifetime
Ortho Evra	3 per 28 days	Didrex*	
Seasonale (g)	1 per 90 days	Meridia (Nonformulary)*	
Seasonique (Nonformulary)	1 per 90 days	Phentermine*	
Vivelle, DOT (g)	8 per 28 days	Tenuate (g)*	
		Xenical (Nonformulary)*	24 mths

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