

Blue Cross and Blue Shield of Illinois Drug Dispensing Limits

Dispensing Limits

Your prescription drug plan includes coverage limits on certain medications. These limits are in accordance with generally accepted pharmaceutical and manufacturers' guidelines. Drug dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain categories (see list below). Limits may include:

- Quantity of covered medication per prescription
- Quantity of covered medication within a given time period
- Coverage only for members within a certain age range

This list includes dispensing limits as of when this booklet was printed. However, this list may change from time to time. For the most current list of drug dispensing limits, visit www.bcbsil.com and log in to Blue Access® for Members. Drug dispensing limits for your benefit plan may be different than those listed here. Note that some drug classes are excluded by some plans and therefore are not covered. If you have questions about drug dispensing limits or your prescription drug benefits, call the Pharmacy Program number on the back of your ID card.

BRAND NAME (GENERIC NAME)	DOSAGE FORM	FORMULARY	DISPENSING LIMIT
Accuneb (albuterol sulfate)	inhal soln	Yes, generic; No brand	4 packages (300 mL)/Rx
Aciphex (rabeprazole delayed-release)	tabs	No	60 tabs/30 days
Actiq (fentanyl citrate)	oral lollipop	Yes, generic; No brand	120 units/30 days (not covered at mail)
Actonel 5 mg (risedronate)	tabs	Yes	1 tab/day
Actonel 35 mg (risedronate)	tabs	Yes	4 tabs/30 days
ACTONEL 150 MG (RISEDRONATE)	tabs	Yes	1 tab/30 days
Actonel with Calcium (risedronate + calcium carbonate)	tabs	No	1 package (28 tabs)/28 days
Advair Diskus (fluticasone/salmeterol)	inhaler	Yes	1 package (60 doses)/Rx
Advair HFA (fluticasone/salmeterol)	inhaler	Yes	1 inhaler/Rx
Aerobid, Aerobid M (flunisolide)	inhaler	No	3 inhalers/Rx
albuterol sulfate 0.5%	inhal soln	Yes, generic	3 packages (60 mL)/Rx
albuterol sulfate 0.083%	inhal soln	Yes, generic	360 mL/Rx
Aloxi (palonosetron)	caps	No	5 caps/30 days
Alvesco (ciclesonide)	inhaler	No	2 inhalers/30 days
Ambien (zolpidem)	tabs	Yes, generic; No, brand	1 tab/day
Ambien CR (zolpidem ext-release)	tabs	No	1 tab/day
Amerge (naratriptan)	tabs	No	9 tabs/Rx
Anzemet (dolesetron)	tabs	No	5 tabs 30 days RX
Arcalyst (rilonacept)	inj	No	1 box (4 vials)/30 days
Asmanex (mometasone furoate)	inhaler	No	2 inhalers/Rx
Astelin (azelastine)	nasal	Yes	2 inhalers (60 mL)/Rx
Astepro 137 mcg/spray (azelastine)	nasal	Yes	2 inhalers (60 mL)/Rx
Astepro 205.5 mcg/spray (azelastine)	nasal	No	2 inhalers (60 mL)/Rx
Atrovent (ipratropium)	nasal	Yes, generic; No, brand	2 inhalers/Rx
Atrovent HFA (ipratropium)	inhaler	Yes	2 inhalers/Rx
Avonex (interferon beta-1a)	inj	Yes	1 package/30 days
Axert (almotriptan)	tabs	No	12 tabs/Rx
Biaxin XL (clarithromycin ext-release)	tabs	Yes, generic; No, brand	28 tabs/Rx
Beconase AQ (beclomethasone dipropionate)	nasal	No	1 inhaler/Rx
Betaseron (interferon beta-1b)	inj	No	1 package/30 days
Boniva 2.5 mg (ibandronate)	tabs	No	1 tab/day

BRAND NAME (GENERIC NAME)	DOSAGE FORM	FORMULARY	DISPENSING LIMIT
Boniva 150 mg (ibandronate)	tabs	No	1 tab/30 days
Bravelle (urofollitropin)	inj	No	60 vials/Rx
butorphanol	nasal	Yes, generic	2 bottles/30 days
Caverject (alprostadil)	inj	No	8 units/30 days, males only
Cetrotide 0.25 mg kit (cetorelix acetate)	inj	No	12 kits/Rx
Cetrotide 3 mg kit (cetorelix acetate)	inj	No	1 kit/Rx
chorionic gonadotropin	inj	No	20 mL/Rx
Cialis (tadalafil)	tabs	No	8 tabs/30 days, males only
ciprofloxacin ext-release, 500 mg	tabs	Yes, generic	3 tabs/Rx
ciprofloxacin ext-release, 1000 mg	tabs	Yes, generic	14 tabs/Rx
Clomid (clomiphene)	tabs	Yes, generic; No, brand	10 tabs/Rx
Combivent (ipratropium/albuterol sulfate)	inhaler	Yes	2 inhalers/Rx
Copaxone (glatiramer)	inj	Yes	1 package/30 days
Crinone 8% (progesterone)	vaginal gel	Yes	60 applicators/Rx
chromolyn sodium	inhal soln	Yes, generic	1 package (240 mL)/Rx
Differin (adapalene)	crm, gel, pads, soln	Yes	Under age 40
Duoneb (ipratropium/albuterol sulfate)	inhal soln	Yes, generic; No, brand	120 vials (360 mL)/Rx
Duragesic (fentanyl)	patches	Yes, generic; No, brand	15 patches/30 days (not covered at mail)
Edex (alprostadil)	inj	No	8 units/30 days, males only
Edluar (zolpidem)	tabs	No	1 tab/day
Embeda 100/4 mg (morphine/naltrexone)	caps	No	120 caps/30 days
Embeda all other strengths (morphine/naltrexone)	caps	No	60 caps/30 days
Emend (aprepitant)	caps	Yes	6 caps/30 days
Emend Therapy Pack (aprepitant)	caps	Yes	2 packs (6 caps)/30 days
Extavia (interferon beta-1b)	inj	No	1 package/30 days
Fentora (fentanyl citrate)	buccal tabs	No	120 tabs/30 days (not covered at mail)
Flonase (fluticasone)	nasal	Yes, generic; No, brand	1 inhaler/Rx
Flovent HFA (fluticasone)	inhaler	Yes	2 inhalers/Rx
flunisolide 25 mcg/spray	nasal	Yes, generic	1 inhaler/Rx
Flunisolide 29 mcg/spray	nasal	No	1 inhaler/Rx
Follistim AQ 75 units/vial (follitropin beta)	inj	No	60 vials/RX
Follistim AQ 150 units/vial (follitropin beta)	inj	No	30 vials/RX
Follistim AQ 300 units/cartridge (follitropin beta)	inj	Yes	15 cartridges/RX
Follistim AQ 600 units/cartridge (follitropin beta)	inj	Yes	8 cartridges/RX
Follistim AQ 900 units/cartridge (follitropin beta)	inj	Yes	5 cartridges/RX
Foradil Aerolizer (formoterol)	inhaler	Yes	1 package (60 doses)/Rx
Forteo (teriparatide)	inj	Yes	1 syringe/30 days
Fosamax 5 mg, 10 mg (alendronate)	tabs	Yes, generic; No, brand	1 tab/day
Fosamax 35 mg, 70 mg (alendronate)	tabs	Yes, generic; No, brand	4 tabs/30 days
Fosamax Plus D (alendronate/cholecalciferol)	tabs	No	4 tabs/30 days
Frova (frovatriptan)	tabs	No	9 tabs/Rx
Ganirelix Acetate	inj	Yes	12 syringes (0.5 mL/syringe)/Rx
Gelnique (oxybutynin)	packets	No	30 packets/30 days
Gonal F 450 units/vial (follitropin alfa)	inj	Yes	10 vials/RX
Gonal F 1,050 units/vial (follitropin alfa)	inj	Yes	5 vials/RX
Gonal F RFF 75 units/vial (follitropin alfa)	inj	Yes	60 vials/RX
Gonal F RFF Pen 300 units/cartridge (follitropin alfa)	inj	Yes	15 cartridges/RX
Gonal F RFF Pen 450 units/cartridge (follitropin alfa)	inj	Yes	10 cartridges/RX
Gonal F RFF Pen 900 units/cartridge (follitropin alfa)	inj	Yes	5 cartridges/RX
Hycamtin (topotecan)	caps	No	5 mg/day; not to exceed 25 mg/21 days
Imitrex (sumatriptan)	nasal	Yes	6 spray unit devices/Rx
Imitrex (sumatriptan)	inj	Yes	5 kits/Rx

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Imitrex (sumatriptan)	vial	Yes, generic; No, brand	5 vials/Rx
Imitrex (sumatriptan)	tabs	Yes, generic; No, brand	9 tabs/Rx
Insulins (All)	vials, pens	Yes, all except Relion	100 mL/34 days
Insulin syringes and pen needles (All)		Yes, BD only	300 units/34 days
Intal (cromolyn sodium)	inhaler	Yes	1 inhaler/Rx
ipratropium	inhal soln	Yes, generic	4 packages (250 mL)/Rx
Janumet (sitagliptin/metformin)	tabs	No	60 tabs/30 days
Januvia (sitagliptin)	tabs	No	1 tab/day
Kapidex (dexlansoprazole delayed-release)	caps	No	60 caps/30 days
ketorolac	tabs	Yes, generic	20 tabs/Rx, 1 refill allowed, additional tabs require new Rx
Kytril (granisetron)	tabs	Yes, generic; No, brand	12 tabs/30 days
Kytril (granisetron)	oral soln	Yes, generic; No, brand	2 bottles (60 mL)/30 days Rx
Levitra (vardenafil)	tabs	No	8 tabs/30 days, males only
Lumigan (bimatoprost)	ophthalmic soln	No	2.5 mL/30 days
Lunesta (eszopiclone)	tabs	No	1 tab/day
Luveris (lutropin alfa)	inj	No	14 vials/Rx
Marinol (dronabinol)	caps	Yes, generic; No, brand	60 caps/30 days
Maxair Autohaler (pirbuterol)	inhaler	No	2 inhalers/Rx
Maxalt/Maxalt-MLT (rizatriptan)	tabs	Yes	12 tabs/Rx
Menopur (menotropins)	inj	No	60 vials/Rx
Migranal (dihydroergotamine)	nasal	Yes	8 ampules/Rx
Muse (alprostadil)	inj	No	8 units/30 days, males only
Nasacort AQ (triamcinolone acetoneide)	nasal	Yes	1 inhaler/Rx
Nasonex (mometasone)	nasal	Yes	1 inhaler/Rx
Nexium (esomeprazole delayed-release)	caps, packets	Yes	60 caps, packets/30 days
Nucynta (tapentadol)	tabs	No	6 tabs per day
Nuvigil (armodafinil)	tabs	No	1 tab/day
Omnaris (ciclesonide)	nasal	No	1 inhaler/30 days
ondansetron 24 mg	tabs	Yes, generic	4 tabs/30 days
Onglyza (saxagliptin)	tabs	No	1 tab/day
Onsolis (fentanyl citrate)	buccal film	No	120 films/30 days (not covered at mail)
Ovidrel (choriogonadotropin)	inj	No	2 syringes (1 mL)/Rx
OxyContin (oxycodone ext-release) 10 mg, 20 mg, 80 mg	tabs	Yes, generic; No, brand	90 tabs/30 days
OxyContin (oxycodone ext-release) 15 mg, 30 mg, 40 mg, 60 mg	tabs	No	90 tabs/30 days
Oxytrol (oxybutynin)	patches	No	8 patches/30 days
Patanase (olopatadine)	nasal	No	1 inhaler/Rx
Plan B, 0.75 mg (levonorgestrel)	tabs	Yes, generic; No, brand	Covered for females age 17 yrs and under with Rx – 4 tabs (2 kits)/365 days
Plan B One-Step, 1.5 mg (levonorgestrel)	tabs	No	Covered for females age 17 yrs and under with Rx – 2 tabs (2 kits)/365 days
Prevacid (lansoprazole delayed-release)	packets	No	60 packets/30 days
Prevacid (lansoprazole delayed-release)	caps	Yes, generic; No, brand	60 caps/30 days
Prevacid Solutab (lansoprazole delayed-release)	orally disintegrating tabs	No	60 tabs/30 days
Prilosec (omeprazole delayed-release)	caps	Yes, generic; No, brand	60 caps/30 days
Pristiq (desvenlafaxine ext-release)	tabs	No	1 tab/day
Proair HFA (albuterol sulfate)	inhaler	Yes	2 inhalers/Rx
Prochieve 8% (progesterone)	vaginal gel	No	60 applicators/Rx
Promacta (eltrombopag)	tabs	No	90 tabs/30 days
Protonix (pantoprazole delayed-release)	granules	No	60 packets/30 days
Protonix (pantoprazole delayed-release)	tabs	Yes, generic; No, brand	60 tabs/30 days
Proventil HFA (albuterol sulfate)	inhaler	No	2 inhalers/Rx
Provigil (modafinil)	tabs	No	1 tab/day

BRAND NAME (GENERIC NAME)	DOSAGE FORM	FORMULARY	DISPENSING LIMIT
Prozac Weekly (fluoxetine delayed-release)	caps	No	4 caps/30 days
Pulmicort Flexhaler (budesonide)	inhaler	Yes	1 package/Rx
Pulmicort Respules 1 mg/2mL (budesonide)	inhal susp	Yes	3 packages (180 mL)/Rx
Pulmicort Respules 0.25 mg/2 mL, 0.5 mg/2 mL (budesonide)	inhal susp	Yes, generic; No, brand	3 packages (180 mL)/Rx
Qvar (beclomethasone)	inhaler	Yes	2 inhalers/Rx
Rebif (interferon beta-1a)	inj	Yes	12 syringes/30 days
Relenza (zanamivir)	inhaler	No	1 inhaler (20 disks)/120 days
Relpax (eletriptan)	tabs	No	6 tabs/Rx
Repronex (menotropins)	inj	Yes	60 vials/Rx
Retin-A (tretinoin)	crm, gel	Yes, generic; No, brand	Under age 40
Retin-A Micro (tretinoin microsphere)	gel	No	Under age 40
Rhinocort Aqua (budesonide)	nasal	No	1 inhaler/Rx
Rozerem (ramelteon)	tabs	No	1 tab/day
Ryzolt (tramadol ext-release)	tabs	No	1 tab/day
Sancuso (granisetron)	patches	No	2 patches/30 days
Savella (milnacipran)	tabs	No	2 tabs/day
Savella Titration Pack (milnacipran)	pack	No	1 pack/30 days
Serevent Diskus (salmeterol)	inhaler	Yes	1 package (60 doses)/Rx
Sonata (zaleplon)	tabs	Yes, generic; No, brand	1 tab/day
Spiriva Handihaler (tiotropium bromide)	inhaler	Yes	1 package (30 doses)/Rx
Symbicort (budesonide/formoterol)	inhaler	Yes	1 inhaler/30 days
sumatriptan 4 mg/0.5 mL	inj	Yes, generic	5 kits/Rx
Sumavel DosePro (sumatriptan)	inj	No	10 syringes/Rx
Tamiflu (oseltamivir)	caps	No	10 caps/120 days
Tamiflu (oseltamivir)	oral susp	No	3 bottles (75 mL)/120 days
Travatan, Travatan Z (travoprost)	ophthalmic soln	Yes	2.5 mL/30 days
Treximet (sumatriptan/naproxen sodium)	tabs	No	9 tabs/Rx
Ultram (tramadol)	tabs	Yes, generic; No, brand	8 tabs/day
Ultram ER (tramadol ext-release)	tabs , 300 mg	No	1 tab/day
Ultram ER (tramadol ext-release)	tabs , 100 mg, 200 mg	Yes, generic; No, brand	1 tab/day
Ventolin HFA (albuterol sulfate)	inhaler	No	2 inhalers/Rx
Viagra (sildenafil)	tabs	Yes	8 tabs/30 days, males only
Vyvanse (lisdexamfetamine)	caps	Yes	1 cap/day
Xalatan (latanoprost)	ophthalmic soln	Yes	2.5 mL/30 days
Xenazine (tetraabenazine)	tabs	No	120 tabs/30 days
Xopenex HFA (levalbuterol)	inhaler	No	2 inhalers/Rx
Xyrem (sodium oxybate)	oral soln	No	3 bottles (540 mL)/30 days
Zofran (ondansetron)	oral soln	Yes, generic; No, brand	100 mL/30 days
Zofran/Zofran ODT 4 mg, 8 mg (ondansetron)	tabs	Yes, generic; No, brand	15 tabs/30 days
Zolpimist (zolpidem)	oral spray	No	1 bottle/30 days
Zomig (zolmitriptan)	nasal	No	1 bottle (6 spray units)/Rx
Zomig/Zomig ZMT (zolmitriptan)	tabs	No	6 tabs/Rx
Zyvox (linezolid)	oral susp	Yes	600 mL/Rx
Zyvox (linezolid)	tabs	Yes	28 tabs/30 days

In addition to the standard dispensing limits, a 30-day supply limit applies to all specialty medications, Only a one-month supply of these medications can be filled at one time. The following drug categories/drugs*are select examples of specialty medications.

- Anticoagulants
- Blood Modifiers
- Cystic Fibrosis Drugs
- Growth Hormones
- Hemophilia Drugs
- Hepatitis Drugs
- Infertility Drugs Multiple Sclerosis
- Multiple Sclerosis
- Oral Chemotherapy Drugs
- Prostate Cancer Drugs
- Rheumatoid Arthritis
- Drugs with Limited Distribution

*Third-party brand names are the property of their respective owners; this list is not comprehensive and is subject to change.