# Standard Formulary Dispensing Limit Changes Effective July 1, 2012

Blue Cross and Blue Shield of Illinois (BCBSIL) standard prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling.

Effective July 1, 2012, dispensing limits will be added for the following drugs:

<table>
<thead>
<tr>
<th>Drug Class and Medication*</th>
<th>Dispensing Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergy Nasal Spray</strong></td>
<td></td>
</tr>
<tr>
<td>Astelin (azelastine)</td>
<td>2 bottles/ 30 days</td>
</tr>
<tr>
<td>Astepro (azelastine)</td>
<td>2 bottles/ 30 days</td>
</tr>
<tr>
<td>Atrvent 0.03% (ipratropium)</td>
<td>1 bottle/ 30 days</td>
</tr>
<tr>
<td>Atrvent 0.06% (ipratropium)</td>
<td>3 bottles/ 30 days</td>
</tr>
<tr>
<td>Beconase AQ (beclomethasone)</td>
<td>1 bottle/ 30 days</td>
</tr>
<tr>
<td>Flonase (fluticasone)</td>
<td>1 bottle/ 30 days</td>
</tr>
<tr>
<td>Flunisolide</td>
<td>1 bottle/ 30 days</td>
</tr>
<tr>
<td>Nasacort AQ (triamcinolone)</td>
<td>1 bottle/ 30 days</td>
</tr>
<tr>
<td>Nasonex (mometasone)</td>
<td>1 bottle/ 30 days</td>
</tr>
<tr>
<td>Patanase (olopatadine)</td>
<td>1 bottle/ 30 days</td>
</tr>
<tr>
<td>Rhinocort AQ (budesonide)</td>
<td>2 bottles/ 30 days</td>
</tr>
<tr>
<td>Veramyst (fluticasone)</td>
<td>1 bottle/ 30 days</td>
</tr>
<tr>
<td><strong>Alzheimer’s</strong></td>
<td></td>
</tr>
<tr>
<td>Namenda 5 mg (memantine)</td>
<td>30 tablets/ 30 days</td>
</tr>
<tr>
<td>Namenda 10 mg (memantine)</td>
<td>60 tablets/ 30 days</td>
</tr>
<tr>
<td>Namenda Titration Pack (memantine)</td>
<td>49 tablets (1 pack)/ 365 days – no coverage at mail</td>
</tr>
<tr>
<td><strong>Antibiotics</strong></td>
<td></td>
</tr>
<tr>
<td>Biaxin XL (clarithromycin)</td>
<td>28 tablets/ 30 days</td>
</tr>
<tr>
<td>Ciprofloxacin 500 mg extended-release</td>
<td>3 tablets/ 30 days</td>
</tr>
<tr>
<td>Ciprofloxacin 1000 mg extended-release</td>
<td>14 tablets/ 30 days</td>
</tr>
<tr>
<td>Xifaxan 200 mg (rifaximin)</td>
<td>9 tablets/ 30 days</td>
</tr>
<tr>
<td>Zithromax (azithromycin)</td>
<td>60 tablets/ 150 days</td>
</tr>
<tr>
<td>Zypoxy (linezolid)</td>
<td>600 mL/ 180 days</td>
</tr>
<tr>
<td>Zypoxy tablets (linezolid)</td>
<td>56 tablets/ 180 days</td>
</tr>
<tr>
<td><strong>Anticoagulants</strong></td>
<td></td>
</tr>
<tr>
<td>Arixtra injectable (fondaparinux)</td>
<td>360 units/ 270 days (Across Arixtra, Fragmin, and Lovenox)</td>
</tr>
<tr>
<td>Fragmin injectable (dalteparin)</td>
<td>360 units/ 270 days (Across Arixtra, Fragmin, and Lovenox)</td>
</tr>
<tr>
<td>Lovenox syringe (enoxaparin)</td>
<td>360 units/ 270 days (Across Arixtra, Fragmin, and Lovenox)</td>
</tr>
<tr>
<td>Lovenox vial (enoxaparin)</td>
<td>360 units/ 270 days (Across Arixtra, Fragmin, and Lovenox)</td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td></td>
</tr>
<tr>
<td>Xanax XR (alprazolam extended-release)</td>
<td>60 tablets/ 30 days</td>
</tr>
<tr>
<td><strong>Antiemetics</strong></td>
<td></td>
</tr>
<tr>
<td>Anzemet 50 mg (dolasetron)</td>
<td>6 tablets/ 30 days</td>
</tr>
<tr>
<td>Anzemet 100 mg (dolasetron)</td>
<td>3 tablets/ 30 days</td>
</tr>
<tr>
<td>Granisetron</td>
<td>15 tablets/ 30 days</td>
</tr>
<tr>
<td>Granisol (granisetron)</td>
<td>30 mL/ 30 days</td>
</tr>
<tr>
<td>Ondansetron 24 mg</td>
<td>4 tablets/ 30 days</td>
</tr>
<tr>
<td>Zofran oral solution (ondansetron)</td>
<td>100 mL/ 30 days</td>
</tr>
<tr>
<td>Zofran tablets and orally disintegrating tablets (ondansetron)</td>
<td>30 tablets/ 30 days</td>
</tr>
<tr>
<td>Zempren (ondansetron)</td>
<td>12 films/ 30 days</td>
</tr>
<tr>
<td><strong>Antifungal</strong></td>
<td></td>
</tr>
<tr>
<td>Diflucan tablets (fluconazole)</td>
<td>90 tablets/ 180 days</td>
</tr>
<tr>
<td>Diflucan oral suspension (fluconazole)</td>
<td>35 mL/ 30 days</td>
</tr>
<tr>
<td><strong>Antiprotozoal</strong></td>
<td></td>
</tr>
<tr>
<td>Alinia (nitazoxanide)</td>
<td>60 mL/ 30 days</td>
</tr>
<tr>
<td><strong>Antipsychotics</strong></td>
<td></td>
</tr>
<tr>
<td>Abilify 2 mg, 5 mg (aripiprazole)</td>
<td>60 tablets/ 30 days</td>
</tr>
<tr>
<td>Abilify 10 mg, 15 mg, 20 mg, 30 mg (aripiprazole)</td>
<td>30 tablets/ 30 days</td>
</tr>
<tr>
<td>Abilify oral solution (aripiprazole)</td>
<td>750 mL/ 30 days</td>
</tr>
<tr>
<td>Abilify orally disintegrating tablets (aripiprazole)</td>
<td>30 tablets/ 30 days</td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
<td></td>
</tr>
<tr>
<td>Asmanex (mometasone)</td>
<td>1 inhaler/ RX</td>
</tr>
<tr>
<td>Maxair (pirbuterol)</td>
<td>1 inhaler/ RX</td>
</tr>
<tr>
<td>Xopenex 0.31 mg, 0.63 mg, 1.25 mg (levalbuterol)</td>
<td>375 mL/ RX</td>
</tr>
<tr>
<td>Xopenex Concentrate 1.25 mg/0.5 mL (levalbuterol)</td>
<td>90 ampules/ RX</td>
</tr>
<tr>
<td>Category</td>
<td>Medication</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Central Nervous System</td>
<td>ReVia (naltrexone)</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Zetia (ezetimibe)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Byetta (exenatide)</td>
</tr>
<tr>
<td></td>
<td>Victoza (liraglutide)</td>
</tr>
<tr>
<td>Diabetic Foot Ulcer</td>
<td>Regranex (becaplermin)</td>
</tr>
<tr>
<td>Fertility</td>
<td>Prochieve (progesterone)</td>
</tr>
<tr>
<td></td>
<td>H.Pylori</td>
</tr>
<tr>
<td></td>
<td>Pyleria (bismuth + metronidazole + tetracycline)</td>
</tr>
<tr>
<td>Migraine</td>
<td>Amerge (naratriptan)</td>
</tr>
<tr>
<td></td>
<td>Axert (almotriptan)</td>
</tr>
<tr>
<td></td>
<td>D.H.E.-45 1 mg/mL (dihydroergotamine)</td>
</tr>
<tr>
<td></td>
<td>Frova (frovatriptan)</td>
</tr>
<tr>
<td></td>
<td>Immitrex tablets (sumatriptan)</td>
</tr>
<tr>
<td></td>
<td>Immitrex nasal (sumatriptan)</td>
</tr>
<tr>
<td></td>
<td>Immitrex syringes (sumatriptan)</td>
</tr>
<tr>
<td></td>
<td>Immitrex vials (sumatriptan)</td>
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<tr>
<td></td>
<td>Immitrex kits (sumatriptan)</td>
</tr>
<tr>
<td></td>
<td>Maxalt and Maxalt-MLT (rizatriptan)</td>
</tr>
<tr>
<td></td>
<td>Migranal (dihydroergotamine)</td>
</tr>
<tr>
<td></td>
<td>Relpax (eletriptan)</td>
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<tr>
<td></td>
<td>Sumavel DosePro (sumatriptan)</td>
</tr>
<tr>
<td></td>
<td>Treximet (sumatriptan/naproxen)</td>
</tr>
<tr>
<td></td>
<td>Zomig nasal (zolmitriptan)</td>
</tr>
<tr>
<td></td>
<td>Zomig and Zomig ZMT (zolmitriptan)</td>
</tr>
<tr>
<td>Nasal Ointment</td>
<td>Bactroban nasal ointment (mupirocin)</td>
</tr>
<tr>
<td>Non-Steroidal Anti-Inflammatory Drugs</td>
<td>Celebrex (celecoxib)</td>
</tr>
<tr>
<td>Pain Medications</td>
<td>Kadian (morphine sulfate ext-release)</td>
</tr>
<tr>
<td>Proton Pump Inhibitors</td>
<td>Aciphex (rabeprazole delayed-release)</td>
</tr>
<tr>
<td></td>
<td>Dexilant (dexlansoprazole delayed-release)</td>
</tr>
<tr>
<td></td>
<td>Nexium (esomeprazole delayed-release)</td>
</tr>
<tr>
<td></td>
<td>Prevacid (lanosoprazole delayed-release)</td>
</tr>
<tr>
<td></td>
<td>Prilosec (omeprazole delayed-release)</td>
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<tr>
<td></td>
<td>Protonix (pantoprazole delayed-release)</td>
</tr>
<tr>
<td></td>
<td>Zegerid (omeprazole/sodium bicarbonate)</td>
</tr>
<tr>
<td>Pulmonary Arterial Hypertension</td>
<td>Revatio (sildenafil)</td>
</tr>
<tr>
<td>Vasopressin Receptor Antagonist</td>
<td>Samsca 15 mg (tolvaptan)</td>
</tr>
<tr>
<td></td>
<td>Samsca 30 mg (tolvaptan)</td>
</tr>
<tr>
<td>Other medications</td>
<td>Marinol (dronabinol)</td>
</tr>
</tbody>
</table>

*Trademarks mentioned above are the property of their respective owners.

Targeted mailings were sent to members who may be affected by formulary and dispensing limits changes per our usual process of notifying members at least 60 days prior to implementation.

For the most up-to-date details, please refer to the Dispensing Limits Drug List, which is available in the Pharmacy Program/Dispensing (Quantity vs Time) Limits section. An updated list reflecting the changes referenced above will be posted on or before July 1, 2012.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member’s certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

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