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## Medicare Plus Blue PPO Vitality, Signature and Prescription Blue PDP Option A Quantity Limit Restriction List 2011 Plan Year

Medicare Plus Blue PPO Vitality, Signature and Prescription Blue PDP Option A limits the amount of some medications to ensure our members receive the most appropriate and cost-effective drug therapy. Drugs subject to **Quantity Limits** (QL) have been approved by Medicare and are identified in the formulary list with QL. If any drugs listed below have a **(g)** noted, the QL will apply to the brand name, if covered, as well as the generic version of the drug. Your physician can contact our pharmacy help desk to request an exception to the limit on your drug. In some cases, the brand name drug is listed for reference and the generic drug is covered. Drugs that are on Tier 4 and Tier 5 are not available for more than 31 day supply. Please refer to the Formulary to verify if your drugs are covered and or available for up to 90 day supply.

The quantity limits are based upon current medical information and the recommendations of the Blues' Pharmacy and Therapeutics Committee, a group of physicians, pharmacists and other experts.

Please call the Customer Service number on the back of your BCBSM ID card if you have questions about your drug coverage or drug claim.

DRUG NAME	QUANTITY LIMIT
Abstral	4 / Day
Actiq <b>(g)</b>	4 / Day
Actonel 150mg	1 / Month
Actonel 35mg	4 / Month
Actonel 5mg, 30mg	1 / Day
Actoplus Met XR	1 / Day
Adcirca	2 / Day
Advicor	2 / Day
Afinitor 2.5mg	2 / Day
Afinitor 5mg	1 / Day
Afinitor 10mg	2 / Day
Alora	2 / Week
Altoprev	1 / Day
Ambien <b>(g)</b>	1 / Day
Ambien CR <b>(g)</b>	1 / Day
Amerge <b>(g)</b>	9 / Fill (27 / 90 Days)
Ampyra	2 / Day
Antara	1 / Day
Aranesp 25mcg	3 / Week
Aricept 23mg	1 / Day

DRUG NAME	QUANTITY LIMIT
Atelvia	4 / Month
Avinza	1 / Day
Axert	6 / Fill (18 / 90 Days)
Azor	1 / Day
Biaxin XL (g)	2 / Day
Boniva 150mg Tablet	1 / Month
Brovana	4 / Day
Cardizem CD 120mg (g)	3 / Day
Cardizem CD 180mg, 240mg (g)	2 / Day
Cardizem CD 300mg, 360mg (g)	1 / Day
Cardizem LA 120mg	3 / Day
Cardizem LA 180mg, 240mg (g)	2 / Day
Cardizem LA 300mg, 360mg, 420mg (g)	1 / Day
Cardura XL	1 / Day
Catapres TTS Patch (g)	1 / Week
Cayston	84ml / 28 days (252ml / 84 Days)
Celebrex 200mg, 400mg	2 / Day
Celebrex 50mg, 100mg	4 / Day
Cipro XR (g)	1 / Day
Climara (g)	1 / Week
Climara Pro	1 / Week
Combipatch	2 / Week
Coreg CR	1 / Day
Covera-HS	2 / Day
Crestor	1 / Day
Cycloset	6 / Day
Dificid	20 / Fill
Dilacor XR 180mg, 240mg (g)	2 / Day
Ditropan XL 10mg, 15mg (g)	2 / Day
Ditropan XL 5mg (g)	1 / Day
Dulera	1 Inhaler / Month
Duragesic (g)	15 / 30 Days
Dynacirc CR 10mg	2 / Day
Dynacirc CR 5mg	3 / Day
Egrifta	2 vials / Day
Ella	2 / Month
Egrifta	1 / Month
Embeda	2 / Day
Enablex	1 / Day
Enbrel	8 / Month
Epogen 2000u, 3000u, 4000u	3 / Week
Estraderm	2 / Week
Estrasorb	1 Box / 28 Days
Estring	1 every 3 Months

DRUG NAME	QUANTITY LIMIT
Exalgo	1 / Day
Femring	1 every 3 Months
Fenofibrate	1 / Day
Fenoglide	1 / Day
Fentora	4 / Day
Flomax (g)	2 / Day
Fortamet 1000mg (g)	2 / Day
Fortamet 500mg (g)	3 / Day
Forteo	1 Pen / Month
Fosamax 35mg, 70mg (g)	4 / Month
Fosamax Plus D	4 / Month
Fosamax Solution	1 Bottle / Month
Frova	9 / Fill (27 / 90 Days)
Gilenya	1 / Day
Glucophage XR 500mg (g)	4 / Day
Glucophage XR 750mg (g)	2 / Day
Glucotrol XL 10mg (g)	2 / Day
Glucotrol XL 2.5mg, 5mg (g)	3 / Day
Glumetza	4 / Day
Humira 20mg	4 / Month
Humira 40mg	6 / Month
Imitrex Stat Dose/Refill Kit (g)	3 Boxes / Fill (9 / 90 Days)
Imitrex Tablet (g)	9 / Fill (27 / 90 Days)
Imitrex vial (g)	6 vials / Fill (18 / 90 Days)
Inderal LA (g)	2 / Day
Innopran XL	2 / Day
Intelence	4 / Day
Invega 1.5mg, 6mg	2 / Day
Invega 3mg, 9mg	1 / Day
Januvia	1 / Day
Ketek	2 / Day
Ketoprofen	1 / Day
Kineret	1 / Day
Kombiglyze XR 2.5mg/1000mg	2 / Day
Kombiglyze XR 5mg/500mg, 5mg/1000mg	1 / Day
Lescol 20mg	4 / Day
Lescol 40mg	2 / Day
Lescol XL	1 / Day
Lidoderm	3 / Day
Lipofen	3 / Day
Livalo	1 / Day
Lofibra (g)	1 / Day
Lyrica	3 / Day
Lysteda	30 / 21 Days

DRUG NAME	QUANTITY LIMIT
Maxalt	6 / Fill (18 / 90 Days)
Maxalt MLT	6 / Fill (18 / 90 Days)
Menostar	1 / Week
Mevacor (g)	3 / Day
Migranal	1 / Fill (3 / 90 Days)
Multaq	2 / Day
Neulasta	2 / Month
Nucynta	6 / Day
Nuedexta	2 / Day
Nuvaring	1 / Month
Nuvigil	1 / Day
Oleptro ER	1 / Day
Onglyza	1 / Day
Onsolis	4 / Day
Oravig	1 / Day
Ortho Evra	3 / Month
Oxytrol Patch	2 / Week
Pegasys Kit	1 / Month
Pegasys Vial	4 vials / Month
Pegintron	1 / Week
Pegintron Redipen	1 / Week
Plendil (g)	1 / Day
Pravachol (g)	1 / Day
Procrit 2000u, 3000u, 4000u	3 / Week
Promacta 25mg	2 / Day
Promacta 50mg	1 / Day
Proquin XR	1 / Day
Provigil	2 / Day
Prozac Weekly (g)	1 / Week
Rapaflo 4mg	2 / Day
Rapaflo 8mg	1 / Day
Razadyne Capsule (g)	1 / Day
Relenza	3 / Fill
Relpax	6 / Fill (18 / 90 Days)
Rozerem	1 / Day
Sanctura XR	1 / Day
Sancuso	2 / Month
Saphris	2 / Day
Savella	2 / Day
Savella Dose Pack	1 Pack / Month
Seasonale (g)	1 / Day
Seasonique (g)	1 / Day
Seroquel XR	2 / Day
Skelid	2 / Day

DRUG NAME	QUANTITY LIMIT
Solodyn (g)	1 / Day
Sonata (g)	1 / Day
Spiriva	1 / Day
Sular (g)	1 / Day
Symbicort	1 / Month
Tamiflu 30mg	90 / Fill
Tamiflu 45mg, 75mg	50 / Fill
Tamiflu Suspension 12MG/ML	11 / Fill
Tamiflu Suspension 6MG/ML	9 / Fill
Tarka (g)	1 / Day
Tekturna	1 / Day
Tekturna HCT	1 / Day
Theo-24	1 / Day
Tiazac 120mg (g)	3 / Day
Tiazac 180mg, 240mg (g)	2 / Day
Tiazac 300mg, 360mg, 420mg (g)	1 / Day
Toprol XL (g)	2 / Day
Treximet	9 / Fill (27 / 90 Days)
Tricor	1 / Day
Triglide	1 / Day
Trilipix 135mg	1 / Day
Trilipix 45mg	3 / Day
Tyvaso	1 ampule / Day
Uloric	1 / Day
Ultram ER (g)	1 / Day
Uroxatral (g)	1 / Day
Victoza	3 / Month
Vivelle-Dot	2 / Week
Voltaren Gel	10 Tubes / Month
Vytorin	1 / Day
Xenazine 12.5mg	8 / Day
Xenazine 25mg	4 / Day
Xiaflex	1 vial / 28 Days
Xyzal (g)	1 / Day
Zetia	1 / Day
Zocor (g)	1 / Day
Zomig	6 / Fill (18 / 90 Days)
Zomig Spray	6 / Fill (18 / 90 Days)
Zomig ZMT	6 / Fill (18 / 90 Days)