

Quantity

Management

What Is Quantity Management?

It's a quality and safety program that promotes the safe use of medications. The program limits the amount of some medications that we cover.

We base the Quantity Management program limits on U.S. Food and Drug Administration and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design. The limits only affect the amount of medication your benefit plan covers. You and your doctor make the final decision about the amount of medication that is right for you.

Which Medications Are Included?

We post the most recently updated list of medications on our website. We've included the list that applies to most plans. Check your benefit information to determine if quantity limits apply to you.

For most medications on the list, your plan will only cover a set amount within a set timeframe. Your plan will cover higher amounts of some medications when medically necessary.

If your doctor thinks you need more than the amount allowed by your plan, he or she may request a medical necessity override. These requests either go to Caremark or to your health plan for review. Caremark is an independent company that provides pharmacy management services on behalf of your health plan.

- For drugs that go to Caremark for review (see page 2), please have your doctor call the Caremark Prior Authorizations department at 800-294-5979. Your doctor can also fax requests to 888-836-0730.
- For drugs that go to your health plan for review (see pages 3-5), please have your doctor contact your health plan using the precertification or customer service number on the back of your ID card.

What Happens at the Pharmacy?

The pharmacist enters your prescription information into the computer system. If the drug has a limit on the covered amount, the pharmacist will fill your prescription as long as it does not exceed the limit. If your prescription exceeds the quantity limit, you have three choices:

- Your pharmacist can reduce your prescription to the quantity your health plan covers.
- You can pay full price for all of your prescription or for the portion that exceeds the limit.
- You or your pharmacist can ask your doctor to get a quantity override if one is available.

If your plan approves the additional quantity, it will pay for it. If your plan does not approve it, or the override is not available, you can still choose another option.

If you submit your prescription to the mail-service pharmacy and (1) you do not meet the requirements for an override for an additional quantity, or (2) an override exception is not available for your drug, the pharmacy will not fill your prescription. It will return your prescription to you.

Quantity override requests to Caremark

Aciphex (30 tabs/month)+++	Kytril 1 mg (6 tabs/month)
Acticlate (14-day supply per 365 days)	Kytril injection (1 ml/month)
Adoxa (14-day supply per 365 days)	Lansoprazole Suspension (600 ml/month)
Aloxi Solution (5 ml/month)	Maxalt (8 tabs/month)+
Alsuma injection (2.5ml/month)	Maxalt MLT (8 tabs/month)+
Amerge (8 tabs/month)+	Monodox (14-day supply per 365 days)
Anzemet 100 mg (3 tabs/month)	Nexium (30 caps/month)+++
Anzemet 50 mg (3 tabs/month)	Opana ER (120 tabs/month)
Anzemet Solution (300 mg/month)	Oxycontin (120 tabs/month)
Axert (8 tabs per month)+	Prevacid (30 caps/month)+++
butorphanol nasal spray (2 inhalers/month)	Prilosec (30 caps/month)+++
Celebrex 200 mg (30 caps/month)	Protonix (30 tabs/month)+++
Compounds - all (Limit of one fill of each unique ingredient within the compound per 25 days)	Quaaliquin (7 days/Rx, max 6 Rxs[42 caps]/year)
Dexilant (30 caps/month)+++	Relpax (8 tabs/month)+
Doryx (14-day supply per 365 days)	Sancuso (2 patches/month)
Duragesic (10 patches/month)	Sumavel (1 box/month)+
Emend 125 mg (2 tabs/month)	Treximet (9 tabs/month)+
Emend 40 mg (4 tabs/month)	Xartemis XR 7.5/325mg (9 tabs/day)
Emend 80 (2 tabs/month)	Zofran (brand) 24 mg (1 tab/month)
Emend Pak (1 pack [3 caps]/15 days)	Zofran (brand) 4 mg (9 tabs/month)
Esomeprazole (30 caps/month)	Zofran (brand) 8 mg (9 tabs/month)
Esomeprazole strontium (30 caps/month)	Zofran (brand) injection (varies)
Exalgo 12mg, 16mg, 32mg (varies by strength)	Zofran (brand) ODT (9 tabs/month)
First Omeprazole Suspension (600 ml/month)	Zofran (brand) Solution (100 ml/month)
Frova (8 tabs/month)+	Zohydro (varies by strength)
Granisol Oral Solution (30 ml/month)	Zomig (8 tabs/month)+
Imitrex (8 tabs/month)+	Zomig Nasal Spray (1 box/month)+
Imitrex Injection (2.5ml/month)+	Zomig ZMT (8 tabs/month)+
Imitrex Nasal (1 box/month)+	Zuplenz 4 mg, 8mg (10 patches/15 days)

Migraine (+), sleep aid (++) , ulcer (+++) and select pain (+++++) medication quantity limits apply to all medications within the drug class. For example, if coverage for a sleep aid is limited to one tab per day, only one sleep aid tab per day will be covered. Select (+++++) limits apply to all strengths and combinations. Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed herein. Check your benefit information to verify coverage or view personal benefit information on our website. This list may contain trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with your health plan. This list may change or expand from time to time without prior notice. When we list brand-name drugs, the Quantity Limit program may also apply to any available generic equivalents.

Quantity override requests to **your health plan**

Abstral (120 tabs/month)	Combivent (2 inhalers/month)
Actiq (120 lozenges/month)	Concerta (30 tabs/month)
Actonel 150 mg (1 tab/month)	Conzip (30 caps/month)
Actonel 35 mg (4 tabs/month)	Coreg CR (30 tabs/month)
Actonel 5 mg (31 tabs/month)	Cromolyn sodium nebulizer (240ml/month)
Accuneb (360 ml/month)	Cymbalta 20 mg (60 tabs/month)
Adderall 5, 7.5 and 10 mg (90 tabs/month)	Cymbalta 30 mg (30 tabs/month)
Adderall 15, 20 and 30mg (60 tabs/month)	Cymbalta 60 mg (60 tabs/month)
Adderall XR, all strengths (30 caps/month)	Daytrana (30 patches/month)
Advair Diskus (varies by strength)	DDAVP (2 bottles/month)
Advair HFA (1 package/month)	Demerol (12 tabs per day for 3 days, 4 Rx's/year)
Aerobid (2 inhalers/month)	Denavir (one 5g tube/30 days)
Aerobid-M (2 inhalers/month)	Desoxyn (120 tabs/month)
albuterol inhalation solution (375 ml/month)	Dexedrine CR 5 and 10 mg (90 tabs/month)
albuterol nebulizer solution (varies by strength)	dexedrine CR 15 mg (60 tabs/month)
Ambien (30 tabs/month)++	dextroamphetamine tabs 2.5, 5, 7.5, 10 and 12.5 (90/month)
Ambien CR (30 tabs/month)++	dextroamphetamine tabs 15 and 20 mg (60/month)
Anoro Ellipta (1 unit/month)	dextroamphetamine tabs 30 mg (60/month)
Aptensio XR 10, 15, 20 and 30 mg (60 tabs/month)	Dilaudid (180 tabs/month)
Aptensio XR 40, 50 and 60 mg (30 tabs/month)	Doral (30 tabs/month)++
Asmanex (varies by strength)	Dulera (1 inhaler/month)
Astelin (1 inhaler/month)	Duoneb (540 ml/month)
Astepro (1 inhaler/month)	Dymista (1 bottle/month)
Astramorph inj (180 ml/month)	Dynavel (240 ml/month)
Atelvia (4 caps/month)	Edluar (30 tabs/month)++
Atrovent (2 inhalers/month)	Effexor XR (30 caps per strength/month)
Avinza (30 caps/month)	Embeda (60 caps/month)
Beconase AQ (2 inhalers/month)	Evekeo (60 tabs/month)
Belsomra (30 tabs/month)++	Fentora (120 tabs/month)
Binosto (4 tabs/month)	Flonase (1 inhaler/month)
Boniva 150 mg (1 tab/month)	Flovent (2 inhalers/month)
Breo Ellipta (1 unit/month)	Flovent Diskus (varies by strength)
Brovana Solution (120 ml/month)	Flovent HFA (2 inhalers/month)
Butrans (4 patches/month)	Focalin, all strengths (60 tabs/month)
Bydureon (4 vials/month)	Focalin XR 5, 10, 15 and 20 mg (60 caps/month)
Cambia (4 packets/month)	Focalin XR 25, 30, 35 and 40 mg (30 caps/month)
Celebrex 50 mg (60 caps/month)	Foradil (60 caps/month)
Celebrex 100 mg (60 caps/month)	Fortical (2 bottles/month)
codeine (45 tabs/month)	Fosamax 5 and 10 mg (31 tabs/month)
codeine with acetaminophen (varies by strength)	Fosamax 35 and 70 mg (4 tabs/month)
Colcrys (60 tabs/month)	Fosamax D (4 tabs/month)

continued

Quantity override requests to your health plan

Fosamax Solution (75 ml/month)	Onmel (180 tabs/year)
Halcion (30 tabs/month)++	Onsolis (120 units/month)
hydrocodone with acetaminophen (varies by strength)	Opana (120 tabs/month)
hydrocodone with ibuprofen (varies by strength)	Oramorph SR (90 tabs/month)
hydromorphone (180 tabs/month)	Oxecta (180 tabs/month)
Incruse Ellipta (1 unit/month)	oxycodone immediate release (180 caps/month)
Insulin syringes (200/month)	oxycodone with acetaminophen (varies by strength)
Intal Solution for Inhalation (120 vials/month)	oxycodone with aspirin (varies by strength)
Intermezzo (30 tabs/month)++	oxycodone with ibuprofen (varies by strength)
ipratropium nebulizer solution (120 vials/month)	Patanase (1 inhaler/month)
Irenka (30 caps/month)	Perforomist (60 vials/month)
Kadian (60 caps/month)	Prevacid 24HR (120 caps/month)
Kapvay (120 tabs/month)	Prilosec OTC (120 caps/month)
Lancets (200/month)	Pristiq (30 tabs/month)
Lazanda (8 bottles/month)	ProAir HFA (2 inhalers/month)
Levo-Dromoran (180 tabs /month)	Procentra (1200 ml/month)
Lunesta (30 tabs/month)++	ProSom (30 tabs/month)+
Lyrica 225 mg (60 caps/month)	Pulmicort Flexhaler (2 inhalers/month)
Lyrica 25mg–200 mg (90 caps/month)	Pulmicort Respules (1 box/month)
Lyrica 300 mg (60 caps/month)	Qnasl (1 canister/month)
Lyrica Solution (30 ml/day)	Quillchew ER 20 and 30 mg (60 tabs/month)
Maxair .2% (1 inhaler/month)	Quillchew ER 40 mg (30 tabs/month)
Maxair Autoinhaler (1 inhaler/month)	Quillivant XR 60 mg (12 ml) per day
Metadate CD 20 mg (90 caps/month)	Qvar (2 inhalers/month)
Metadate CD 10 and 30 mg (60 caps/month)	Relenza (20 blisters per fill, 3 fills/year)
Metadate CD 40, 50 and 60 mg (30 caps/month)	Restoril (30 caps/month)++
Methylin chew (180 tabs/month)	Rhinocort Aqua (2 inhalers/month)
Methylin solution (900 ml/month)	Rybix (240 tabs/month)
Methylphenidate 5 and 10 mg (90 tabs/month)	Ritalin 5, 10 and 20 mg (90 tabs/month)
Miacalcin injection (8 ml/month)	Ritalin LA 10, 20 and 30 mg (60 tabs/month)
Miacalcin NS (8 ml/month)	Ritalin LA 40 and 60 mg (30 tabs/month)
Migranal (1 kit/month)	Roxicodone (180 tabs/month)
Mitigare (60 caps/month)	Rozerem (30 tabs/month)++
Morphine Immediate release (180 tabs/month)	Ryzolt (30 tabs/month)
Morphine solution (180 ml month)	Seebri Neohaler (1 unit/month)
MS Contin (90 tabs/month)	Serevent Diskus (60 blisters/month)
Nasacort AQ (1 inhaler/month)	Silenor (30 caps/month)++
Nasarel (1 inhaler/month)	Sonata (30 caps/month)++
Nasonex (1 inhaler/month)	Spiriva (30 caps/month)
Nexium OTC (84 tabs/month)+++	Spiriva Respimat (1 unit/month)
Nucynta (600 mg per day)++++	Sporanox (120 caps/month, 360 caps /year)
Nucynta ER (500 mg per day)++++	Sporanox solution (600 ml/month, 1,800 ml/year)
Omnaris (1 inhaler/month)	Strattera 10, 18, 25 and 40 mg (60 caps/month)

continued

Quantity override requests to your health plan

Strattera 60, 80 and 100 mg (30 caps/month)	Ultracet (240 tabs/month)+++++
Subsys (120 sprays/month)	Ultram (240 tabs /month)+++++
Symbicort (1 inhaler/month)	Ultram ER (30 tabs/month)
Syringes/needles (200/month)	Utibron Neohaler (1 unit/month)
Talacen (135 caps/month)	Valtrex 1000 mg (31 tabs/month)
Talwin NX (360 tabs/month)	Valtrex 500 mg (62 tabs/month)
Tamiflu 30 mg (20 caps, 3/year)	Vancocin (limits vary by strength)
Tamiflu 45 mg (10 caps, 3/year)	Veramyst (1 inhaler/month)
Tamiflu 75 mg (10 caps, 3/year)	Victoza (one box/month)
Tamiflu susp (1 bottle per fill, 3 fills/year)	Vyvanse 10, 20, and 30 mg (60 caps/month)
Tanzeum (4 pens/month)	Vyvanse 40, 50, 60 and 70mg (30 caps/month)
Test strips (200/month)	Xartemis (varies by strength)
Toradol (20 tabs/month)	Zetonna (2 inhalers/month)
Trulicity (4 pens/month)	Zolpimist (1 unit/month)++
Tudorza (1 pack/month)	Zortress 0.25 mg and 0.75 mg (62 tabs/month)
Tudorza Pressair (1 unit/month)	Zortress 0.50 mg (124 tabs/month)

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