

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 injection (1 ml/month)
Acticlate (14-day supply per 365 days)	Lansoprazole Suspension (600 ml/month)
Adoxa (14-day supply per 365 days)	Maxalt (8 tabs/month)+
Aloxi Solution (5 ml/month)	Maxalt MLT (8 tabs/month)+
Alsuma injection (2.5ml/month)	Monodox (14-day supply per 365 days)
Amerge (8 tabs/month)+	Nexium (30 caps/month)+++
Anzemet 100 mg (3 tabs/month)	Opana ER (120 tabs/month)
Anzemet 50 mg (3 tabs/month)	Oxycontin (120 tabs/month)
Anzemet Solution (300 mg/month)	Prevacid (30 caps/month)+++
Axert (8 tabs per month)+	Prilosec (30 caps/month)+++
butorphanol nasal spray (2 inhalers/month)	Protonix (30 tabs/month)+++
Celebrex 200 mg (30 caps/month)	Qualaquin (7 days/Rx, max 6 Rxs[42 caps]/year)
Compounds - all (Limit of one fill per every 25 days of each unique ingredient within the compound)	Relpax (8 tabs/month)+
Dexilant (30 caps/month)+++	Sancuso (2 patches/month)
Doryx (14-day supply per 365 days)	Sumavel (1 box/month)+
Duragesic (10 patches/month)	Treximet (9 tabs/month)+
Emend 125 mg (2 tabs/month)	Xartemis XR 7.5/325mg (9 tabs/day)
Emend 40 mg (4 tabs/month)	Zegerid (30 caps/month)+++
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)
Kytril 1 mg (6 tabs/month)	

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.

1/1/2016

Quantity override requests to your health plan

Abstral (120 tabs/month)	Concerta (30 tabs/month)
Actiq (120 lozenges/month)	Conzip (30 caps/month)
Actonel 150 mg (1 tab/month)	Coreg CR (30 tabs/month)
Actonel 35 mg (4 tabs month)	Cromolyn sodium nebulizer (240ml/month)
Actonel 5 mg (31 tabs/month)	Cymbalta 20 mg (60 tabs/month)
Accuneb (360 ml/month)	Cymbalta 30 mg (30 tabs/month)
Adderall 5, 7.5 and 10 mg (90 tabs/month)	Cymbalta 60 mg (60 tabs/month)
Adderall 15 and 20 mg (60 tabs/month)	Dalmane (30 caps/month)++
Adderall 30 mg (60 tabs)	Daytrana (30 patches/month)
Adderall XR, all strengths (30 caps/month)	DDAVP (2 bottles/month)
Advair Diskus (varies by strength)	Demerol (12 tabs per day for 3 days, 4 Rx's/year)
Advair HFA (1 package/month)	Denavir (one 5g tube/30 days)
Aerobid (2 inhalers/month)	Desoxyn (120 tabs/month)
Aerobid-M (2 inhalers/month)	Dexedrine CR 5 and 10 mg (90 tabs/month)
albuterol inhalation solution (375 ml/month)	dexedrine CR 15 mg (60 tabs/month)
albuterol nebulizer solution (varies by strength)	dextroamphetamine tabs 2.5, 5, 7.5, 10 and 12.5 (90/month)
Alvesco (2 inhalers/month)	dextroamphetamine tabs 15 and 20 mg (60/month)
Ambien (30 tabs/month)++	dextroamphetamine tabs 30 mg (60/month)
Ambien CR (30 tabs /month)++	Dilaudid (180 tabs/month)
Aptensio XR 10, 15, 20 and 30 mg (60 tabs/month)	Doral (30 tabs/month)++
Aptensio XR 40, 50 and 60 mg (30 tabs/month)	Dulera (1 inhaler/month)
Asmanex (varies by strength)	Duoneb (540 ml/month)
Astelín (1 inhaler/month)	Dymista (1 bottle/month)
Astepro (1 inhaler/month)	Dynavel (240 ml/month)
Astramorph inj (180 ml/month)	Edluar (30 tabs/month)++
Atelvia (4 caps/month)	Effexor XR (30 caps per strength/month)
Atrovent (2 inhalers/month)	Embeda (60 caps/month)
Avinza (30 caps/month)	Evekeo (60 tabs/month)
Beconase AQ (2 inhalers/month)	Fentora (120 tabs/month)
Binosto (4 tabs/month)	Flonase (1 inhaler/month)
Boniva 150 mg (1 tab/month)	Flovent (2 inhalers/month)
Brovana Solution (120 ml/month)	Flovent Diskus (varies by strength)
Butrans (4 patches/month)	Flovent HFA (2 inhalers/month)
Bydureon (4 vials/month)	Focalin, all strengths (60 tabs/month)
Cambia (4 packets/month)	Focalin XR 5, 10, 15 and 20 mg (60 caps/month)
Celebrex 50 mg (60 caps/month)	Focalin XR 25, 30, 35 and 40 mg (30 caps/month)
Celebrex 100 mg (60 caps/month)	Foradil (60 caps/month)
codeine (45 tabs/month)	Fortical (2 bottles/month)
codeine with acetaminophen (varies by strength)	Fosamax 5 and 10 mg (31 tabs/month)
Colcrys (60 tabs/month)	Fosamax 35 and 70 mg (4 tabs/month)
Combivent (2 inhalers/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)
Insulin syringes (200/month)	oxycodone immediate release (180 caps/month)
Intal Solution for Inhalation (120 vials/month)	oxycodone with acetaminophen (varies by strength)
Intermezzo (30 tabs/month)++	oxycodone with aspirin (varies by strength)
ipratropium nebulizer solution (120 vials/month)	oxycodone with ibuprofen (varies by strength)
Irenka (30 caps/month)	Patanase (1 inhaler/month)
Kadian (60 caps/month)	Perforomist (60 vials/month)
Kapvay (120 tabs/month)	Prevacid 24HR (120 caps/month)
Lancets (200/month)	Prilosec OTC (120 caps/month)
Lazanda (8 bottles/month)	Pristiq (30 tabs/month)
Levo-Dromoran (180 tabs /month)	ProAir HFA (2 inhalers/month)
Lunesta (30 tabs/month)++	Procentra (1200 ml/month)
Lyrica 225 mg (60 caps/month)	ProSom (30 tabs/month)+
Lyrica 25mg–200 mg (90 caps/month)	Proventil HFA (2 inhalers/month)
Lyrica 300 mg (60 caps/month)	Pulmicort Flexhaler (2 inhalers/month)
Lyrica Solution (30 ml/day)	Pulmicort Respules (1 box/month)
Maxair .2% (1 inhaler/month)	Qnasl (1 canister/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)	Serevent Diskus (60 blisters/month)
MS Contin (90 tabs/month)	Silenor (30 caps/month)++
Nasacort AQ (1 inhaler/month)	Sonata (30 caps/month)++
Nasarel (1 inhaler/month)	Spiriva (30 caps/month)
Nasonex (1 inhaler/month)	Spiriva Respimat (1 unit/month)
Nexium OTC (84 tabs/month)+++	Sporanox (120 caps/month, 360 caps /year)
Nucynta (600 mg per day)++++	Sporanox solution (600 ml/month, 1,800 ml/year)
Nucynta ER (500 mg per day)++++	Strattera 10, 18, 25 and 40 mg (60 caps/month)
Omnaris (1 inhaler/month)	Strattera 60, 80 and 100 mg (30 caps/month)

continued

Quantity override requests to your health plan

Subsys (120 sprays/month)	Valtrex 500 mg (62 tabs/month)
Symbicort (1 inhaler/month)	Vancocin (limits vary by strength)
Syringes/needles (200/month)	Ventolin HFA (2 inhalers/month)
Talacen (135 caps/month)	Veramyst (1 inhaler/month)
Talwin NX (360 tabs/month)	Victoza (one box/month)
Tamiflu 30 mg (20 caps, 3/year)	Vimovo (60 tabs/month)
Tamiflu 45 mg (10 caps, 3/year)	Vyvanse 10, 20, and 30 mg (60 caps/month)
Tamiflu 75 mg (10 caps, 3/year)	Vyvanse 40, 50, 60 and 70mg (30 caps/month)
Tamiflu susp (1 bottle per fill, 3 fills/year)	Wellbutrin XL 150 mg (30 tabs/month)
Tanzeum (4 pens/month)	Xartemis (varies by strength)
Test strips (200/month)	Xopenex HFA (2 inhalers/month)
Toradol (20 tabs/month)	Xopenex nebulizer solution (3 boxes/month)
Trulicity (4 pens/month)	Zegerid OTC (120 caps/month)
Tudorza (1 pack/month)	Zetonna (2 inhalers/month)
Ultracet (240 tabs/month)+++++	Zolpimist (1 unit/month)++
Ultram (240 tabs /month)+++++	Zortress 0.25 mg and 0.75 mg (62 tabs/month)
Ultram ER (30 tabs/month)	Zortress 0.50 mg (124 tabs/month)
Valtrex 1000 mg (31 tabs/month)	

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.

1/1/16