

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:

1. Your pharmacist can reduce your prescription to the quantity your health plan covers.
2. You can pay full price for all of your prescription or for the portion that exceeds the limit.
3. 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 option 1 or 2.

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 tablets/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 tablets/month)+
Aloxi Solution (5 ml/month)	Maxalt MLT (8 tablets/month)+
Alsuma injection (2.5ml/month)	Monodox (14-day supply per 365 days)
Amerge (8 tablets/month)+	Nexium (30 capsules/month)+++
Anzemet 100 mg (3 tablets/month)	Opana ER (120 tablets/month)
Anzemet 50 mg (3 tablets/month)	Oxycontin (120 tablets/month)
Anzemet Solution (300 mg/month)	Prevacid (30 capsules/month)+++
Axert (8 tablets per month)+	Prilosec (30 capsules/month)+++
butorphanol nasal spray (2 inhalers/month)	Protonix (30 tablets/month)+++
Celebrex 200 mg (30 capsules/month)	Quaaliquin (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 tablets/month)+
Dexilant (30 capsules/month)+++	Sancuso (2 patches/month)
Doryx (14-day supply per 365 days)	Sumavel (1 box/month)+
Duragesic (10 patches/month)	Treximet (9 tablets/month)+
Emend 125 mg (2 tablets/month)	Xartemis XR 7.5/325mg (9 tablets/day)
Emend 40 mg (4 tablets/month)	Zegerid (30 capsules/month)+++
Emend 80 (2 tablets/month)	Zofran (brand) 24 mg (1 tablet/month)
Emend Pak (1 pack [3 caps]/15 days)	Zofran (brand) 4 mg (9 tablets/month)
Esomeprazole strontium (30 capsules/month)	Zofran (brand) 8 mg (9 tablets/month)
Exalgo 12mg, 16mg, 32mg (varies by strength)	Zofran (brand) injection (varies)
First Omeprazole Suspension (600 ml/month)	Zofran (brand) ODT (9 tablets/month)
Frova (8 tablets/month)+	Zofran (brand) Solution (100 ml/month)
Granisol Oral Solution (30 ml/month)	Zohydro (varies by strength)
Imitrex (8 tablets/month)+	Zomig (8 tablets/month)+
Imitrex Injection (2.5ml/month)+	Zomig Nasal Spray (1 box/month)+
Imitrex Nasal (1 box/month)+	Zomig ZMT (8 tablets/month)+
Kytril 1 mg (6 tablets/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 tablet per day, only one sleep aid tablet 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.

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Quantity override requests to your health plan

Abstral (120 tablets/month)	Colcrys (60 tablets/month)
Actiq (120 lozenges/month)	Combivent (2 inhalers/month)
Actonel 150 mg (1 tablet/month)	Concerta (60 tablets/month)
Actonel 35 mg (4 tablets/month)	Conzip (30 capsules/month)
Actonel 5 mg (31 tablets/month)	Coreg CR (30 tablets/month)
Accuneb (360 ml/month)	Cromolyn sodium nebulizer (240ml/month)
Adderall (60 tablets/month)	Cymbalta 20 mg (60 tablets/month)
Adderall XR (30 tablets/month)	Cymbalta 30 mg (30 tablets/month)
Advair Diskus (varies by strength)	Cymbalta 60 mg (60 tablets/month)
Advair HFA (1 package/month)	Dalmane (30 capsules/month)++
Aerobid (2 inhalers/month)	Daytrana (30 patches/month)
Aerobid-M (2 inhalers/month)	DDAVP (2 bottles/month)
albuterol inhalation solution (375 ml/month)	Demerol (12 tabs per day for 3 days, 4 Rx's/year)
albuterol nebulizer solution (varies by strength)	Desoxyn (120 tablets/month)
Alvesco (2 inhalers/month)	Dexedrine (90 tablets/month)
Ambien (30 tablets/month)++	Dilaudid (180 tablets/month)
Ambien CR (30 tablets/month)++	Doral (30 tablets/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)	Edluar (30 tablets/month)++
Atelvia (4 capsules/month)	Effexor XR (30 capsules per strength/month)
Atrovent (2 inhalers/month)	Embeda (60 capsules/month)
Avinza (30 capsules/month)	Fentora (120 tablets/month)
Beconase AQ (2 inhalers/month)	Flonase (1 inhaler/month)
Binosto (4 tablets/month)	Flovent (2 inhalers/month)
Boniva 150 mg (1 tablet/month)	Flovent Diskus (varies by strength)
Brovana Solution (120 ml/month)	Flovent HFA (2 inhalers/month)
Butrans (4 patches/month)	Focalin (60 tablets/month)
Bydureon (4 vials/month)	Focalin XR (60 capsules/month)
Cambia (4 packets/month)	Foradil (60 capsules/month)
Celebrex 100 mg (60 capsules/month)	Fortical (2 bottles/month)
Celebrex 50 mg (60 capsules/month)	Fosamax 10 mg (31 tablets/month)
codeine (45 tablets/month)	Fosamax 35 mg (4 tablets/month)
codeine with acetaminophen (varies by strength)	Fosamax 5 mg (31 tablets/month)

continued

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Quantity override requests **to your health plan**

Fosamax 70 mg (4 tablets/month)	Nucynta (600 mg per day)++++
Fosamax D (4 tablets/month)	Nucynta ER (500 mg per day)++++
Fosamax Solution (75 ml/month)	Omnaris (1 inhaler/month)
Halcion (30 tablets/month)++	Onmel (180 tablets/year)
hydrocodone with acetaminophen (varies by strength)	Onsolis (120 units/month)
hydrocodone with ibuprofen (varies by strength)	Opana (120 tablets/month)
hydromorphone (180 tablets/month)	Oramorph SR (90 tablets/month)
Insulin syringes (200/month)	Oxecta (180 tablets/month)
Intal Solution for Inhalation (120 vials/month)	oxycodone immediate release (180 capsules/month)
Intermezzo (30 tablets/month)++	oxycodone with acetaminophen (varies by strength)
ipratropium nebulizer solution (120 vials/month)	oxycodone with aspirin (varies by strength)
Kadian (60 capsules/month)	oxycodone with ibuprofen (varies by strength)
Kapvay (120 tablets/month)	Patanase (1 inhaler/month)
Lancets (200/month)	Perforomist (60 vials/month)
Lazanda (varies by package size)	Prevacid 24HR (120 capsules/month)
Levo-Dromoran (180 tablets /month)	Prilosec OTC (120 capsules/month)
Lunesta (30 tablets/month)++	Pristiq (30 tablets/month)
Lyrica 225mg (60 capsules/month)	ProAir HFA (2 inhalers/month)
Lyrica 25mg –200 mg (90 capsules/month)	Procentra (1200 ml/month)
Lyrica 300mg (60 capsules/month)	ProSom (30 tablets/month)+
Maxair .2% (1 inhaler/month)	Proventil HFA (2 inhalers/month)
Maxair Autoinhaler (1 inhaler/month)	Pulmicort Flexhaler (2 inhalers/month)
Metadate CD (60 tablets/month)	Pulmicort Respules (1 box/month)
Methylin Chew (180 tablets/month)	Qnasl (1 canister/month)
Methylin Solution (900 ml/month)	Quillivant XR 60 mg (12 ml) per day
Miacalcin injection (8 ml/month)	Qvar (2 inhalers/month)
Miacalcin NS (8 ml/month)	Relenza (20 blisters per fill, 3 fills/year)
Migranal (1 kit/month)	Restoril (30 capsules/month)++
Mitigare (60 capsules/month)	Rhinocort Aqua (2 inhalers/month)
Morphine Immediate release (180 tablets/month)	Rybix (240 tablets/month)
Morphine solution (180 ml month)	Ritalin (90 tablets/month)
MS Contin (90 tablets/month)	Ritalin LA (60 tablets/month)
Nasacort AQ (1 inhaler/month)	Ritalin SR (90 tablet/month)
Nasarel (1 inhaler/month)	Roxicodone (180 tablets/month)
Nasonex (1 inhaler/month)	Rozerem (30 tablets/month)++

continued

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Ryzolt (30 tablets/month)	Tudorza (1 pack/month)
Serevent Diskus (60 blisters/month)	Ultracet (240 tablets/month)+++++
Silenor (30 capsules/month)++	Ultram (240 tablets /month)+++++
Sonata (30 capsules/month)++	Ultram ER (30 tablets/month)
Spiriva (30 capsules/month)	Valtrex 1000 mg (31 tablets/month)
Spiriva Respimat (1 unit/month)	Valtrex 500 mg (62 tablets/month)
Sporanox (120 capsules/month, 360 capsules /year)	Vancocin (limits vary by strength)
Sporanox solution (600 ml/month, 1,800 ml/year)	Ventolin HFA (2 inhalers/month)
Strattera (60 capsules/month)	Veramyst (1 inhaler/month)
Subsys (120 sprays/month)	Victoza (one box/month)
Symbicort (1 inhaler/month)	Vimovo (60 tablets/month)
Syringes/needles (200/month)	Vyvanse (60 tablets/month)
Talacen (135 capsules/month)	Wellbutrin XL 150 mg (30 tablets/month)
Talwin NX (360 tablets/month)	Xartemis (varies by strength)
Tamiflu 30 mg (20 capsules, 3/year)	Xopenex HFA (2 inhalers/month)
Tamiflu 45 mg (10 capsules, 3/year)	Xopenex nebulizer solution (3 boxes/month)
Tamiflu 75 mg (10 capsules, 3/year)	Zegerid OTC (120 capsules/month)
Tamiflu susp (1 bottle per fill, 3 fills/year)	Zetonna (2 inhalers/month)
Tanzeum (4 pens/month)	Zolpimist (1 unit/month)++
Test strips (200/month)	Zortress 0.25 mg and 0.75 mg (62 tablets/month)
Toradol (20 tablets/month)	Zortress 0.50 mg (124 tablets/month)

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