

# Quantity Management

October 2018

**Not all benefit plans include the Quantity Management program. Check your plan materials to see if this information applies to you.**

## 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 we cover. For most medications on the list, your plan will only cover a set amount within a set time frame.

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.

Please note that many opioid pain medications are subject to quantity limits as part of a separate drug management program. For more information, please see the **Opioid Management Program** drug list available on your health plan's website.

## What If My Doctor Says I Need More Than The Listed Quantity Limit?

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 can request an override. These requests either go to CVS Caremark (page 2) or to your health plan (pages 3-5) for review. Specialty drug quantity overrides (pages 6-8) go to Caremark Specialty for review. CVS Caremark is an independent company that provides pharmacy management services on behalf of your health plan.

## 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. You and your doctor make the final decision about the medication that is right for you.

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.

Your benefit document defines actual benefits available and can exclude coverage for certain drugs listed here. 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 can change or expand from time to time without prior notice. When we list brand-name drugs, the Quantity Limit program can also apply to any available generic equivalents

## Quantity Management List – Override Requests to CVS Caremark

To request a quantity override for these drugs, please have your doctor call the CVS Caremark Prior Authorization department at 800-294-5979. Your doctor can also fax requests to 888-836-0730.

<p><b>A</b></p> <p><b>Acloate</b> (120 grams/month)  <b>Adoxa</b> (14-day supply/365 days)  <b>Aloxi Solution</b> (5 ml/month)  <b>Alsuma injection</b> (2.5 ml/month)  <b>amcinonide</b> (120 mL/month)  <b>Amerge</b> (8 tabs/month)+  <b>Anzemet 50 mg   100 mg</b> (3 tabs/month)  <b>Anzemet Solution</b> (300 mg/month)  <b>Apexicon E</b> (120 grams/month)  <b>Avinza</b> (30 caps/month)  <b>Axert</b> (8 tabs/month)+</p> <p><b>B</b></p> <p><b>Betamethasone dipropionate augmented/unaugmented</b> (120 mL/month)  <b>Betamethasone valerate</b> (120 grams or mL/month)  <b>butorphanol nasal spray</b> (2 inhalers/month)</p> <p><b>C</b></p> <p><b>Celebrex 200 mg</b> (30 caps/month)  <b>Cinvanti</b> (2 vials/month)  <b>Clobetasol</b> (120 grams/month)  <b>Clobex lotion</b> (120 mL/month)  <b>Cloderm</b> (120 grams or mL/month)  <b>Compounds – all</b> (Limit of one fill of each unique ingredient within the compound/25 days)  <b>Cordran</b> (120 grams or mL/month)  <b>Cutivate</b> (120 grams or mL/month)</p> <p><b>D</b></p> <p><b>Dermatop</b> (120 mL/month)  <b>Desonate</b> (120 grams/month)  <b>desonide</b> (120 grams or mL/month)  <b>DesOwen</b> (120 grams or mL/month)  <b>Diflorasone</b> (120 grams/month)  <b>Diprolene/AF</b> (120 grams or mL/month)  <b>doxycycline hyclate/monohydrate</b> (14-day supply/ 365 days)  <b>Duragesic 12 – 37.5 mcg</b> (10 patches/month)  <b>Duragesic 50-100 mcg</b> (Requires PA)</p> <p><b>E</b></p> <p><b>Elocon</b> (120 grams or mL/month)  <b>Emend 40 mg</b> (4 tabs/month)  <b>Emend 80 mg   125 mg</b> (2 tabs/month)</p>	<p><b>Emend Pak</b> (1 pack [3 caps]/15 days)  <b>Emla 2.5%-2.5% cream</b> (30 gm/25 days)  <b>Exalgo 8-16 mg</b> (30 tabs/month)  <b>Exalgo 32 mg</b> (Requires PA)</p> <p><b>F</b></p> <p><b>Fluocinolone</b> (120 grams/month)  <b>Fluocinonide</b> (120 grams or mL/month)  <b>Flurandrenolide</b> (120 grams/month)  <b>Fluticasone</b> (120 grams or mL/month)  <b>Frova</b> (8 tabs/month)+</p> <p><b>G</b></p> <p><b>Granisol Oral Solution</b> (30 ml/month)</p> <p><b>H</b></p> <p><b>Halog</b> (120 grams/month)  <b>Hydrocortisone valerate</b> (120 grams or mL/month)</p> <p><b>I</b></p> <p><b>Imitrex Injection</b> (2.5 ml/month)+  <b>Imitrex Nasal</b> (1 box/month)+</p> <p><b>J</b></p> <p>N/A</p> <p><b>K</b></p> <p><b>Kytril 1 mg</b> (6 tabs/month)  <b>Kytril injection</b> (1 ml/month)</p> <p><b>L</b></p> <p><b>lidocaine 4% solution</b> (50 ml/25 days)  <b>lidocaine 5% ointment</b> (50 gm/25 days)  <b>lidocaine-prilocaine 2.5-2.5% cream</b> (30 gm/25 days)  <b>lidocaine-tetracaine 70-70 mg patch</b> (2 patches/25 days)  <b>lidocaine-tetracaine 7-7% cream</b> (30 gm/25 days)  <b>Locoid/Lipocream</b> (120 grams or mL/month)  <b>LoKara</b> (120 grams or mL/month)</p> <p><b>M</b></p> <p><b>Maxalt/MLT</b> (8 tabs/month)+</p> <p><b>N</b></p> <p><b>Nolix</b> (120 grams/month)</p> <p><b>O</b></p> <p><b>Omeprazole</b> (30 caps/month)  <b>ondansetron 24 mg</b> (1 tab/month)</p>	<p><b>ondansetron 4 mg   8 mg</b> (9 tabs/month)  <b>ondansetron injection</b> (varies)  <b>ondansetron ODT</b> (9 tabs/month)  <b>ondansetron solution</b> (100 ml/month)  <b>Oxycontin 10-30 mg</b> (60 tabs/month)  <b>Oxycontin 40-80 mg</b> (Requires PA)</p> <p><b>P</b></p> <p><b>Pandel</b> (120 grams or mL/month)  <b>Pantoprazole</b> (30 tabs/month)  <b>Psorcon</b> (120 grams or mL/month)</p> <p><b>Q</b></p> <p>N/A</p> <p><b>R</b></p> <p><b>Relpax</b> (8 tabs/month)+</p> <p><b>S</b></p> <p><b>Sancuso</b> (2 patches/month)  <b>sumatriptan</b> (8 tabs/month)  <b>Sumavel</b> (1 box/month)+  <b>Synalar</b> (120 grams/month)  <b>Synera 70-70 mg patch</b> (2 patches/25 days)</p> <p><b>T</b></p> <p><b>Temovate/E</b> (120 grams or mL/month)  <b>Topicort</b> (120 grams or mL/month)  <b>Treximet</b> (9 tabs/month)+  <b>Tridesilon</b> (120 grams/month)</p> <p><b>U</b></p> <p><b>Ultravate</b> (120 grams/month)</p> <p><b>V</b></p> <p><b>Vanos</b> (120 grams or mL/month)</p> <p><b>W</b></p> <p><b>Westcort</b> (120 grams or mL/month)</p> <p><b>X</b></p> <p>N/A</p> <p><b>Y</b></p> <p>N/A</p> <p><b>Z</b></p> <p><b>Zohydro ER 10-40 mg</b> (60 caps/month)  <b>Zohydro ER 50 mg</b> (Requires PA)  <b>Zomig/ZMT</b> (8 tabs/month)+  <b>Zomig nasal spray</b> (1 box/month)+  <b>Zuplenz 4 mg   8 mg</b> (10 patches/15 days)</p>
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Migraine medication (+) quantity limits apply to all medications within the drug class. For example, if coverage for a migraine medication is limited to one tab a day, only one migraine medication a day will be covered.

## Quantity Management List – Override Requests to Your Health Plan

To request a quantity override for these drugs, please have your doctor contact your health plan at the precertification or customer service numbers on the back of your ID card.

A	D
<b>Abstral</b> (120 tabs/month) <b>Accuneb</b> (360 ml/month) <b>Actiq</b> (120 lozenges/month) <b>Actonel 5 mg</b> (31 tabs/month) <b>Actonel 35 mg</b> (4 tabs/month) <b>Actonel 150 mg</b> (1 tab/month) <b>Advair Diskus</b> (varies by strength) <b>Advair HFA</b> (1 package/month) <b>Aerobid/Aerobid-M</b> (2 inhalers/month) <b>albuterol inhalation solution</b> (375 ml/month) <b>albuterol nebulizer solution</b> (varies by strength) <b>Ambien/Ambien CR</b> (30 tabs/month)++ <b>Anoro Ellipta</b> (1 unit/month) <b>Aptensio XR 10 mg   15 mg   20 mg   30 mg</b> (60 tabs/month) <b>Aptensio XR 40 mg   50 mg   60 mg</b> (30 tabs/month) <b>Aptivus Cap 250 mg</b> (120 caps/30 days) <b>Aptivus Sol 100 mg/ml</b> (285 ml/28 days) <b>Asmanex</b> (varies by strength) <b>Astelin</b> (1 inhaler/month) <b>Astepro</b> (1 inhaler/month) <b>Atelvia</b> (4 caps/month) <b>atomoxetine 10 mg   18 mg   25 mg   40 mg</b> (60 caps/ month) <b>atomoxetine 60 mg   80 mg   100 mg</b> (30 caps/month) <b>Atripla Tab</b> (30 tabs/30 days) <b>Atrovent</b> (2 inhalers/month)	<b>Dalmane</b> (30 caps/month)++ <b>Daytrana</b> (30 patches/month) <b>DDAVP</b> (2 bottles/month) <b>Descovy Tab 200/25</b> (30 tabs/30 days) <b>Desoxyn</b> (120 tabs/month) <b>Desvenlafaxine</b> (30 tabs/month) <b>Dexedrine CR 15 mg</b> (60 tabs/month) <b>Dexedrine CR 5 mg   10 mg</b> (90 tabs/month) <b>dextroamphetamine tabs 2.5 mg   5 mg   7.5 mg   10 mg   12.5 mg</b> (90/month) <b>dextroamphetamine tabs 15 mg   20 mg   30 mg</b> (60/month) <b>dextroamphetamine/amphetamine 5 mg   7.5 mg   10 mg</b> (90 tabs/month) <b>dextroamphetamine/amphetamine 15 mg   20 mg   30 mg</b> (60 tabs/month) <b>dextroamphetamine/amphetamine XR, all strengths</b> (30 caps/month) <b>Diabetic Test strips</b> (200/month) <b>diclofenac sodium cream 1%</b> (two 100 g tubes/month) <b>diclofenac sodium cream 3%</b> (1 tube/month) <b>Doral</b> (30 tabs/month)++ <b>Dulera</b> (1 inhaler/month) <b>Duloxetine 20 mg   60 mg</b> (60 tabs/month) <b>Duloxetine 30 mg   40 mg</b> (30 tabs/month) <b>Duoneb</b> (540 ml/month) <b>Dymista</b> (1 bottle/month) <b>Dynavel</b> (240 ml/month)
B	E
<b>Beconase AQ</b> (2 inhalers/month) <b>Belsomra</b> (30 tabs/month)++ <b>Binosto</b> (4 tabs/month) <b>Boniva 150 mg</b> (1 tab/month) <b>Breo Ellipta</b> (1 unit/month) <b>Brovana Solution</b> (120 ml/month) <b>Bunavail 2.1 mg/0.3 mg   4.2mg/0.7 mg</b> (90 units/25 days) <b>Bunavail 6.3 mg/1 mg</b> (60 units/25 days) <b>Bydureon</b> (4 vials/month)	<b>Edluar</b> (30 tabs/month)++ <b>Edurant Tab 25 mg</b> (60 tabs/30 days) <b>Emtriva Cap 200 mg</b> (30 caps/30 days) <b>Emtriva Sol 10 mg/ml</b> (680 ml/28 days) <b>Epivir Sol 10 mg/ml</b> (900 ml/30 days) <b>Epivir Tab 150 mg</b> (60 tabs/30 days) <b>Epivir Tab 300 mg</b> (30 tabs/30 days) <b>Epzicom Tab 600-300</b> (30 tabs/30 days) <b>Eszopiclone</b> (30 tabs/month)++ <b>Evekeo</b> (60 tabs/month) <b>Evotaz Tab 300-150</b> (30 tabs/30 days)
C	F
<b>Celebrex 50 mg   100 mg</b> (60 caps/month) <b>Cialis 2.5 mg   5 mg</b> (30 tabs/month) <b>Cialis 10 mg   20 mg</b> (6 tabs/month)* <b>Colcrys</b> (60 tabs/month) <b>Combivent</b> (2 inhalers/month) <b>Combivir Tab 150-300</b> (60 tabs/30 days) <b>Complera Tab</b> (30 tabs/30 days) <b>Concerta</b> (30 tabs/month) <b>Coreg CR</b> (30 tabs/month) <b>Crixivan Cap 200 mg</b> (450 caps/30 days) <b>Crixivan Cap 400 mg</b> (180 caps/30 days) <b>Cromolyn sodium nebulizer</b> (240 ml/month)	<b>Fentora</b> (120 tabs/month) <b>Flonase</b> (1 inhaler/month) <b>Flovent</b> (2 inhalers/month) <b>Flovent Diskus</b> (varies by strength) <b>Flovent HFA</b> (2 inhalers/month) <b>Focalin, all strengths</b> (60 tabs/month) <b>Focalin XR 5 mg   10 mg   15 mg   20 mg</b> (60 caps/month) <b>Focalin XR 25 mg   30 mg   35 mg   40 mg</b> (30 caps/month)

Migraine (+) and sleep aid (++) medication quantity limits apply to all medications within the drug class. For example, if coverage for a sleep aid is limited to one tab a day, only one sleep aid tab a day will be covered. \*Limit applies to members whose plans cover erectile dysfunction (ED) products. ED drugs are not covered for all other members.

## Quantity Management List – Override Requests to Your Health Plan

**Fortical** (2 bottles/month)  
**Fosamax 5 mg | 10 mg** (31 tabs/month)  
**Fosamax 35 mg | 70 mg** (4 tabs/month)  
**Fosamax D** (4 tabs/month)  
**Fosamax Solution** (75 ml/month)

### G

**Genvoya Tab** (30 tabs/30 days)

### H

**Halcion** (30 tabs/month)++

### I

**Increase Ellipta** (1 unit/month)  
**Insulin syringes** (200/month)  
**Intal Solution for inhalation** (120 vials/month)  
**Intelence Tab 25 mg | 100 mg** (120 tabs/30 days)  
**Intelence Tab 200 mg** (60 tabs/30 days)  
**Intermezzo** (30 tabs/month)++  
**Invirase Cap 200 mg** (300 caps/30 days)  
**Invirase Tab 500 mg** (120 tabs/30 days)  
**ipratropium nebulizer solution** (120 vials/month)  
**Isentress Chw 25 mg | 100 mg** (180/30 days)  
**Isentress Pow 100 mg** (60 tabs/30 days)  
**Isentress Tab 400 mg** (120 tabs/30 days)

### J

N/A

### K

**Kaletra Sol** (390/30 days)  
**Kaletra Tab 100-25 mg** (240 tabs/30 days)  
**Kaletra Tab 200-50 mg** (120 tabs/30 days)  
**Kapvay** (120 tabs/month)  
**Kevzara 150 mg/1.14 ml | 200 mg/1.14 ml** (2 Syringes/pens per 4 Weeks)

### L

**Lancets** (200/month)  
**Lazanda** (8 bottles/month)  
**Levitra** (6 tabs/month)\*  
**Lexiva Sus 50 mg/ml** (1575 ml/28 days)  
**Lexiva Tab 700 mg** (120 tabs/30 days)  
**Lidocaine patches** (90/month)  
**Lyrica 225 mg | 300 mg** (60 caps/month)  
**Lyrica 25 mg–200 mg** (90 caps/month)  
**Lyrica Solution** (30 ml/day)

### M

**Maxair .2%/Maxair Autoinhaler** (1 inhaler/month)  
**Metadate CD 10 mg | 30 mg** (60 caps/month)  
**Metadate CD 20 mg** (90 caps/month)  
**Metadate CD 40 mg | 50 mg | 60 mg** (30 caps/month)  
**Methylin chew** (180 tabs/month)  
**Methylin solution** (900 ml/month)  
**Methylphenidate 5 mg | 10 mg** (90 tabs/month)  
**Mitigare** (60 caps/month)

### N

**Nasacort AQ** (1 inhaler/month)  
**Nasarel** (1 inhaler/month)  
**Norvir Cap 100 mg** (360 caps/30 days)  
**Norvir Powd Pkt 100 mg** (360/30 days)  
**Norvir Sol 80 mg/ml** (480 ml/30 days)  
**Norvir Tab 100 mg** (360 tabs/30 days)

### O

**Omnaris** (1 inhaler/month)  
**Onmel** (180 tabs/year)  
**Onsolis** (120 units/month)

### P

**Patanase** (1 inhaler/month)  
**Perforomist** (60 vials/month)  
**Prezcobix Tab 800-150** (30 tabs/30 days)  
**ProAir HFA/ProAir Respiclick** (2 inhalers/month)  
**Procentra** (1,200 ml/month)  
**ProSom** (30 tabs/month)+  
**Pulmicort Flexhaler** (2 inhalers/month)

### Q

**Qnasl** (1 canister/month)  
**Quillichew ER 20 mg | 30 mg** (60 tabs/month)  
**Quillichew ER 40 mg** (30 tabs/month)  
**Quillivant XR 60 mg** (12 ml/day)  
**Qvar** (2 inhalers/month)

### R

**Relenza** (20 blisters/fill, 3 fills/year)  
**Rescriptor Tab 100 mg** (900 tabs/30 days)  
**Rescriptor Tab 200 mg** (450 tabs/30 days)  
**Restoril** (30 caps/month)++  
**Retrovir Cap 100 mg** (180 caps/30 days)  
**Retrovir Syp 50 mg/5 ml** (1800 ml/30 days)  
**Retrovir Tab 300 mg** (60 tabs/30 days)  
**Reyataz Cap 150 mg | 300 mg** (30 caps/30 days)  
**Reyataz Cap 200 mg** (60 caps/30 days)  
**Reyataz Pow 50 mg** (180 Packets/30 days)  
**Rhinocort Aqua** (2 inhalers/month)  
**Ritalin 5 mg | 10 mg | 20 mg** (90 tabs/month)  
**Ritalin LA 10 mg | 20 mg | 30 mg** (60 tabs/month)  
**Ritalin LA 40 mg | 60 mg** (30 tabs/month)  
**Rozerem** (30 tabs/month)++

### S

**Santyl (60 g/month)**  
**Seebri Neohaler** (1 unit/month)  
**Selzentry Sol 20 mg/ml** (1840 ml/30 days)  
**Selzentry Tab 150 mg** (60 tabs/30 days)  
**Selzentry Tab 300 mg** (120 tabs/30 days)  
**Serevent Diskus** (60 blisters/month)  
**Silenor** (30 caps/month)++  
**Sonata** (30 caps/month)++  
**Spiriva** (30 caps/month)  
**Spiriva Respimat** (1 unit/month)

Migraine (+) and sleep aid (++) medication quantity limits apply to all medications within the drug class. For example, if coverage for a sleep aid is limited to one tab a day, only one sleep aid tab a day will be covered.

## Quantity Management List – Override Requests to Your Health Plan

**Sporanox** (120 caps/month, 360 caps/year)  
**Sporanox solution** (600 ml/month, 1,800 ml/year)  
**Stiolto Respimat** (1 unit/month)  
**Suboxone 2 mg/0.5 mg | 4 mg/1 mg | 8 mg/2 mg** (90 units/25 days)  
**Suboxone 12 mg/3 mg** (60 units/25 days)  
**Subsys** (120 sprays/month)  
**Sustiva Cap 50 mg | 200 mg** (90 caps/30 days)  
**Sustiva Tab 600 mg** (30 tabs/30 days)  
**Symbicort** (1 inhaler/month)  
**Syringes/needles** (200/month)

### T

**Tamiflu 30 mg** (20 caps, 3/year)  
**Tamiflu 45 mg | 75 mg** (10 caps, 3/year)  
**Tamiflu suspension** (1 bottle/fill, 3 fills/year)  
**Tivicay Tab 10 mg | 25 mg | 50 mg** (60 tabs/30 days)  
**Toradol** (20 tabs/month)  
**Triumeq Tab** (30 tabs/30 days)  
**Trizivir Tab** (60 tabs/30 days)  
**Trulicity** (4 pens/month)  
**Truvada Tab 100-150 | 133-200 | 167-250 | 200-300** (30 tabs/30 days)  
**Tudorza** (1 pack/month)  
**Tudorza Pressair** (1 unit/month)  
**Tybost Tab 150 mg** (30 tabs/30 days)

### U

N/A

### V

**Valacyclovir 500 mg** (62 tabs/month)  
**Valacyclovir 1000 mg** (31 tabs/month)  
**Vancocin** (limits vary by strength)  
**venlafaxine** (30 caps/strength/month)  
**Victoza** (one box/month)

**Videx EC Cap 125 mg | 200 mg | 250 mg | 400 mg** (30 caps/30 days)  
**Videx Sol 2 Gm | Sol 4 Gm** (1200 ml/30 days)  
**Viracept Tab 250 mg** (300 tabs/30 days)  
**Viracept Tab 625 mg** (120 tabs/30 days)  
**Viramune Sus 50 mg/5 ml** (1200 ml/30 days)  
**Viramune Tab 200 mg** (60 tabs/30 days)  
**Viramune XR Tab 100 mg** (90 tabs/30 days)  
**Viramune XR Tab 400 mg** (30 tabs/30 days)  
**Viread Pow 40 mg/Gm** (240 Gm/30 days)  
**Viread Tab 150 mg | 200 mg | 250 mg | 300 mg** (30 tabs/30 days)  
**Vyvanse 10 mg | 20 mg | 30 mg** (60 caps/month)  
**Vyvanse 40 mg | 50 mg | 60 mg | 70 mg** (30 caps/month)

### W

N/A

### X

**Xopenex nebulizer solution** (3 boxes/month)

### Y

N/A

### Z

**Zerit Cap 15 mg | 20 mg | 30 mg | 40 mg** (60 caps/30 days)  
**Zerit Sol 1 mg/ml** (2400 ml/30 days)  
**Zetonna** (2 inhalers/month)  
**Ziagen Sol 20 mg/ml** (900/30 days)  
**Ziagen Tab 300 mg** (60 tabs/30 days)  
**Zolpimist** (1 unit/month)++  
**Zortress 0.25 mg | 0.75 mg** (62 tabs/month)  
**Zortress 0.50 mg** (124 tabs/month)  
**Zubsolv 0.7 mg/0.18 mg | 1.4 mg/0.36 mg | 2.9 mg/0.71 mg**  
 | 5.7 mg/1.4 mg (90 units/25 days)  
**Zubsolv 11.4 mg | 2.9 mg** (30 units/25 days)  
**Zubsolv 8.6 mg | 2.1 mg** (60 units/25 days)

Migraine (+) and sleep aid (++) medication quantity limits apply to all medications within the drug class. For example, if coverage for a sleep aid is limited to one tab a day, only one sleep aid tab a day will be covered.

## Quantity Management List – Specialty Drugs

To request a quantity override for these drugs, please have your doctor call CVS Caremark Specialty Guideline Management at 866-814-5506.

### A

Actemra Inj 80 mg/4 ml (20 ml (5 Vials)/28 days)  
Actemra Inj 162/0.9 (162 mg/week (3.6 ml)/28 days)  
Actemra Inj 200/10 ml | 400/20 ml (40 ml/14 days)  
Adcirca Tab 20 mg (60 tabs/30 days)  
Adempas Tab 0.5 mg | 1 mg | 1.5 mg | 2 mg | 2.5 mg (90 tabs/30 days)  
Afinitor Tab 2.5 mg | 5 mg | 7.5 mg | 10 mg (30 tabs/30 days)  
Alecensa 150 mg (240/30 Days)  
Alunbrig Pak (30/30 days)  
Alunbrig Tab 30 mg (120 tabs/30 days)  
Alunbrig Tab 90 mg (53 tabs/30 days)  
Alunbrig Tab 180 mg (30 tabs/30 days)  
Ampyra Tab 10 mg (60 tabs/30 days)  
Arcalyst Inj 220 mg (4/28 days)  
Aubagio Tab 14 mg | 7 mg (30 tabs/30 days)  
Avonex Kit 30 mcg (4 Inj/28 days)  
Avonex Pen/Prefl Kit 30 mcg (4 Inj/28 days)

### B

Betaseron Inj 0.3 mg (14/28 days)  
Bethkis Neb 300/4 ml (224/28 days)  
Bosulif Tab 100 mg (90 tabs/30 days)  
Bosulif Tab 400 mg | 500 mg (30 tabs/30 days)  
Braftovi 50 mg Cap (120 caps/30 Days)  
Braftovi 75 mg Cap (180 caps/30 Days)  
Bravelle Inj 75 Unit (72 Vials/30 days)

### C

Cabometyx Tab 20 mg | 40 mg | 60 mg (30 tabs/30 days)  
Caprelsa Tab 100 mg (60 tabs/30 days)  
Caprelsa Tab 300 mg (30 tabs/30 days)  
Cayston Inh 75 mg (84/28 days)  
Cerdelga Cap 84 mg (60 caps/30 days)  
Cerezyme Inj 400 Unit (60 units/Kg (15)/14 days)  
Cimzia Prefl Kit 200 mg/ml (2 Kits (4 syringes)/28 days)  
Cimzia Starter Kit (6 Syringes/28 days)  
Cometriq Kit 100 mg (1 Box (56)/28 days)  
Cometriq Kit 140 mg (1 Box (112)/28 days)  
Cometriq Kit 60 mg (1 Box (84)/28 days)  
Copaxone Inj 20 mg/ml (30/30 days)  
Copaxone Inj 40 mg/ml (12/28 days)  
Cosentyx/Pen Inj 150 mg/ml (150 mg (1 ml)/28 days)  
Cosentyx/Pen Inj 300 Dose (300 mg (2 ml)/28 days)  
Cotellic Tab 20 mg (63 tabs/21 days)  
Crysvita 10 mg/ml (10 mg/14 Days)  
Crysvita 20 mg/ml (80 mg/14 Days)  
Crysvita 30 mg/ml (90 mg/14 Days)

### D

Dupixent Inj 300 mg/2 ml (600 mg (4 ml)/28 days)

### E

Elelyso Inj 200 Unit (60 units/Kg (30)/14 days)  
Enbrel Inj 25/0.5 ml | 50 mg/ml (8/28 days)  
Entyvio Inj 300mg (300 mg every 8 weeks)  
Eplusa Tab 400-100 (28 tabs/28 days)

Erivedge Cap 150 mg (30 caps/30 days)  
Erleada (120/30 days)  
Esbriet Cap 267 mg (270 caps/30 days)  
Extavia Inj 0.3 mg (15/30 days)

### F

Follistim AQ Inj 75 Unit (60 Vials/30 days)  
Follistim AQ Inj 300 Unit (15 Cartridges/30 days)  
Follistim AQ Inj 600 Unit (8 Cartridges/30 days)  
Follistim AQ Inj 900 Unit (5 Cartridges/30 days)  
Forteo Sol 600/2.4 (2.4 ml/28 days)  
Fuzeon Inj 90 mg (60/30 days)

### G

Gattex Kit 5 mg (30/30 days)  
Gilenya Cap 0.5 mg (30 caps/30 days)  
Gilotrif Tab 20 mg | 30 mg | 40 mg (30 tabs/30 days)  
Glatopa (30/30 days)  
Glatopa/Glatiramer Inj 40 mg/ml (12/28 days)  
Gleevec Tab 100 mg (90 tabs/30 days)  
Gleevec Tab 400 mg (60 tabs/30 days)  
Gonal-F Inj 450 Unit (10 Vials/30 days)  
Gonal-F Inj 1050 Unit (5 Vials/30 days)  
Gonal-F RFF Inj 75 Unit (60 Vials/30 days)  
Gonal-F RFF Inj 300/0.5 (15 Cartridges/30 days)  
Gonal-F RFF Inj 450/0.75 (10 Cartridges/30 days)  
Gonal-F RFF Inj 900/1.5 (5 Cartridges/30 days)

### H

Harvoni Tab 90-400 mg (28 tabs/28 days)  
Hetlioz Cap 20 mg (30 caps/30 days)  
HP Acthar Inj 80 Unit (35 ml/21 days)  
Humira Inj 10/0.1 ml | 10 mg/0.2 ml | 20/0.2 ml | 20 mg/0.4 ml (2/28 days)  
HUMIRA INJ 40/0.4 ml | 40 mg/0.8 (4/28 days)  
Humira Pediatric Crohns D (6 Syringes/28 days)  
Humira Pen Inj Crohns (6 Syringes/28 days)  
Humira Pen–Psoriasis Star (4 Syringes/28 days)  
Humira Pedia Inj Crohns (2/28 days)  
Humira Pedia Inj Crohns (3/28 days)  
Humira Pen Inj 40/0.4 ml (4/28 days)

### I

Ibrance Cap 75 mg | 100 mg | 125 mg (21 caps/28 days)  
Iclusig Tab 15 mg (60 tabs/30 days)  
Iclusig Tab 45 mg (30 tabs/30 days)  
Ilumya 100 mg/ml (1/12 weeks)  
Imbruvica Cap 70 mg (30 caps/30 days)  
Imbruvica Cap 140 mg (90 caps/30 days)  
Imbruvica Tab 140 mg | 280 mg | 420 mg | 560 mg (30 caps/30 days)  
Inlyta Tab 1 mg (180 tabs/30 days)  
Inlyta Tab 5 mg (120 tabs/30 days)

### J

Jakafi Tab 5 mg | 10 mg | 15 mg | 20 mg | 25 mg (60 tabs/30 days)

## Quantity Management List – Specialty Drugs

Juxtapid Cap 5 mg | 10 mg | 20 mg | 30 mg | 40 mg | 60 mg (28 caps/28 days)

Jynarque Pak 45-15 mg (56 tabs/28 days)

Jynarque Pak 60-30 mg (56 tabs/28 days)

Jynarque Pak 90-30 mg (56 tabs/28 days)

### K

Kalydeco Pak 50 mg | 75 mg | 150 mg (60/30 days)

Kineret Inj (28 Syringes/28 days)

Kisqali 200 Pak Femara (49/28 days)

Kisqali 400 Pak Femara (70/28 days)

Kisqali 600 Pak Femara (91/28 days)

Kisqali Tab 200 Dose (63 tabs/28 days)

Kitabis Pak Neb 300/5 ml (280/28 days)

Korlym Tab (120 tabs/30 days)

Kynamro Inj 200 mg/ml (4/28 days)

### L

Lenvima Cap 8 mg | 14 mg | 20 mg (60 caps/30 days)

Lenvima Cap 10 mg (30 caps/30 days)

Lenvima Cap 18 mg | 24 mg (90 caps/30 days)

Letairis Tab 5 mg | 10 mg (30 tabs/30 days)

Lynparza Cap 50 mg (480 caps/30 days)

### M

Mavyret Tab (84 tabs/28 days)

Mekinist Tab 0.5 mg (90 tabs/30 days)

Mekinist Tab 2 mg (30 tabs/30 days)

Mektovi 15 mg Tab (180 tabs/30 days)

### N

Neulasta Inj 6 mg/0.6 M (2/28 days)

Nexavar Tab 200 mg (120 tabs/30 days)

Northera Cap 100 mg (90 caps/30 days)

Northera Cap 200 mg | 300 mg (180 caps/30 days)

### O

Ocrevus Inj 300/10 ml (600 mg (20 ml)/24 Weeks)

Odomzo Cap 200 mg (30 caps/30 days)

Ofev Cap 100 mg | 150 mg (60 caps/30 days)

Olumiant Tab 2 mg (30 tabs/30 days)

Opsumit Tab 10 mg (30 tabs/30 days)

Orencia Inj 50/0.4 | 87.5/0.7 (4/28 days)

Orencia Inj 125 mg/ml (4/28 days)

Orkambi Tab 100-125 | 200-125 (112 tabs/28 days)

Otezla Tab 30 mg (60 tabs/30 days)

Otrexup Inj 10 mg | 15 mg | 20 mg | 25 mg (4 Inj/28 days)

Otrexup Inj 12.5/0.4 | 17.5/0.4 | 22.5/0.4 (4 Inj/28 Days)

### P

Palynziq 10 mg/0.5 ml (30/30 days)

Palynziq 2.5 mg/0.5 ml (90/30 days)

Palynziq 20 mg/ml (60/30 days)

Pegasys Inj (4/28 days)

Plegridy 125 mcg/0.5 ml (1/28 days)

Pomalyst Cap 1 mg | 2 mg | 3 mg | 4 mg (21 caps/21 days)

Prezista Sus 100 mg/ml (400 ml/30 days)

Prezista Tab 75 mg (300 tabs/30 days)

Prezista Tab 150 mg (180 tabs/30 days)

Prezista Tab 600 mg (60 tabs/30 days)

Prezista Tab 800 mg (30 tabs/30 days)

Prolia Sol 60 mg/ml (60 mg (1 ml)/6 Months)

Promacta Tab 12.5 mg | 25 mg (30 tabs/30 days)

Promacta Tab 50 mg | 75 mg (60 tabs/30 days)

Pulmozyme Sol 1 mg/ml (150 ml/30 days)

### Q

N/A

### R

Rasuvo Inj 7.5 mg | 10 mg | 12.5 mg | 15 mg | 17.5 mg | 20 mg | 22.5 mg | 25 mg | 27.5 mg | 30 mg (4 Inj/28 days)

Rebif Inj 22/0.5 | 44/0.5 (12 (6 ml)/28 days)

Rebif Titrtm Sol Pack (12 (4.2 ml)/28 days)

Remicade Inj 100 mg (10 Vials/28 days)

Repatha Inj 140 mg/ml (2/28 days)

Repatha Push Inj 420/3.5 (1/28 days)

Revatio Sus 10 mg/ml (224 ml/30 days)

Revlimid Cap 2.5 mg | 5 mg | 10 mg (28 caps/28 days)

Revlimid Cap 15 mg | 20 mg | 25 mg (21 caps/28 days)

Rubraca Tab 200 mg | 250 mg | 300 mg (120 tabs/30 days)

Rydapt Cap 25 mg (224 caps/28 days)

### S

Sabril Pow 500 mg (180/30 days)

Sabril Tab 500 mg (180 tabs/30 days)

Sandostatin Inj (45,000 units)

Sandostatin Inj 50 mcg/ml (90/30 days)

Sandostatin Inj 100 mcg | 500 mcg (90/30 days)

Sandostatin Kit Lar 10 mg (10 mg (1 kit)/28 days)

Sandostatin Kit Lar 20 mg (40 mg (2 kits)/28 days)

Sandostatin Kit Lar 30 mg (30 mg (1 kit)/28 days)

Sensipar Tab 60 mg (60 tabs/30 days)

Sensipar Tab 90 mg (120 tabs/30 days)

Signifor 0.3 mg/ml | 0.6 mg/ml | 0.9 mg/ml (60/30 days)

Signifor Lar 20 mg Kit | 40 mg | 60 mg Kit (1 kit/28 days)

Sildenafil Tab 20 mg (90 tabs/30 days)

Simponi Inj 100 mg/ml (1/28 days)

Simponi Inj 50/0.5 ml (1/28 days)

Somatuline Inj 60/0.2 ml (60 mg/28 days)

Somatuline Inj 90/0.3 ml (90 mg/28 days)

Somatuline Inj 120/.5 ml (120 mg/28 days)

Somavert Inj 10 mg | 15 mg | 20 mg | 25 mg | 30 mg (30/30 days)

Spinraza Inj 12 mg/5 ml (5 ml/120 days)

Sprycel Tab 20 mg (90 tabs/30 Days)

Sprycel Tab 20 mg | 50 mg | 80 mg | 100 mg | 140 mg (30 tabs/30 days)

Stelara Inj 5 mg/ml (4 Vials X 1 Dose)

Stelara Inj 90 mg/ml (1/8 Weeks)

Stivarga Tab 40 mg (84 tabs/28 days)

Stribild Tab (30 tabs/30 days)

Sutent Cap 12.5 mg | 25 mg | 37.5 mg | 50 mg (30 caps/30 days)

Sylatron Kit 200 mcg | 300 mcg | 600 mcg (4 kits/28 days)

### T

Tafinlar Cap 50 mg | 75 mg (120 caps/30 days)

Tagrisso Tab 40 mg | 80 mg (30 tabs/30 Days)

Tarceva Tab 25 mg (60 tabs/30 days)

Tarceva Tab 100 mg | 150 mg (30 tabs/30 days)

Tasigna Cap 50 mg | 150 mg | 200 mg (120 caps/30 days)

Tavalisse 100 mg | 150 mg Tab (60 tabs/30 days)

Tecfidera Cap 120 mg (14 caps/7 days)

Tecfidera Cap 240 mg (60 caps/30 days)

## Quantity Management List – Specialty Drugs

**Tecfidera Starter Pack** (60/6 Months)  
**Thalomid Cap 50 mg | 100 mg** (28 caps/28 days)  
**Thalomid Cap 150 mg | 200 mg** (56 caps/28 days)  
**Tracleer Tab 32 mg** (112 tabs/28 Days)  
**Tracleer Tab 62.5 mg | 125 mg** (60 tabs/30 days)  
**Tykerb Tab 250 mg** (180 tabs/30 days)  
**Tysabri 300 mg/15ml** (300 mg/15 ml/28 days)  
**Tyvaso Sol 0.6 mg/ml** (28 Amps/28 days)

### U

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N/A

### V

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**Ventavis Sol 10 mcg/ml | 20 mcg/ml** (270/30 days)  
**Victrelis Cap 200 mg** (336 caps/28 days)  
**Vivitrol Inj 380 mg** (380 mg/30 days)  
**Vosevi Tab** (28 tabs/28 days)  
**Votrient Tab 200 mg** (120 tabs/30 days)  
**Vpriv Inj 400 Unit** (60 units/Kg (15)/14 days)

### W

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N/A

### X

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**Xalkori Cap 200 mg | 250 mg** (60 caps/30 days)  
**Xeljanz Tab 5 mg** (30 tabs/30 days)  
**Xeljanz Tab 10 mg** (60 tabs/30 days)  
**Xeloda Tab 150 mg** (120 tabs/30 days)  
**Xeloda Tab 500 mg** (300 tabs/30 days)  
**Xolair Sol 150 mg** (6/28 days)  
**Xtandi Cap 40 mg** (120 caps/30 days)

### Y

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**Yonsa Tab 125 mg** (120 tabs/30 days)

### Z

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**Zavesca Cap 100 mg** (90 caps/30 days)  
**Zejula Cap 100 mg** (90 caps/30 days)  
**Zelboraf Tab 240 mg** (240 tabs/30 days)  
**Zolinza Cap 100 mg** (120 caps/30 days)  
**Zydelig Tab 100 mg | 150 mg** (60 tabs/30 days)  
**Zykadia Cap 150 mg** (150 caps/30 days)  
**Zytiga Tab 250 mg** (120 tabs/30 days)  
**Zytiga Tab 500 mg** (60 tabs/30 days)