

Quantity Management

October 2017

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.

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 time frame. 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 a medical necessity override. These requests either go to CVS Caremark or to your health plan 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.

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 Management List – Override Requests to CVS Caremark

To request a quantity override, 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>Adoxa (14-day supply per 365 days) Aloxi Solution (5 ml/month) Alsuma injection (2.5 ml/month) Amerge (8 tabs/month)+ Anzemet 50 mg 100 mg (3 tabs/month) Anzemet Solution (300 mg/month) Axert (8 tabs per month)+ butorphanol nasal spray (2 inhalers/month) Celebrex 200 mg (30 caps/month) Compounds – all (Limit of one fill of each unique ingredient within the compound per 25 days) Doryx (14-day supply per 365 days) Duragesic (10 patches/month) Emend 40 mg (4 tabs/month) Emend 80 mg (2 tabs/month) Emend 125 mg (2 tabs/month) Emend Pak (1 pack [3 caps]/15 days) Emla 2.5%-2.5% cream (30 gm/25 days) Exalgo 12 mg 16 mg 32 mg (varies by strength) Frova (8 tabs/month)+</p>	<p>Granisol Oral Solution (30 ml/month) Imitrex (8 tabs/month)+ Imitrex Injection (2.5 ml/month)+ Imitrex Nasal (1 box/month)+ Kytril 1 mg (6 tabs/month) Kytril injection (1 ml/month) Lansoprazole suspension (600 ml/month) lidocaine 2% gel 4% gel (30 gm/25 days) lidocaine 4% solution (50 ml/25 days) lidocaine 5% ointment (50 gm/25 days) lidocaine-prilocaine 2.5-2.5% cream (30 gm/25 days) lidocaine-tetracaine 70-70 mg patch (2 patches/25 days) lidocaine-tetracaine 7-7% cream (30 gm/25 days) Maxalt (8 tabs/month)+ Maxalt MLT (8 tabs/month)+ Monodox (14-day supply per 365 days) Omeprazole (30 caps/month) Oxycontin (120 tabs/month)</p>	<p>Pantoprazole (30 tabs/month) Pliaglis 7-7% cream (30 gm/25 days) Quaaliquin (7 days/Rx, max 6 Rx's [42 caps]/year) Relpax (8 tabs/month)+ Sancuso (2 patches/month) Sumavel (1 box/month)+ Synera 70-70 mg patch (2 patches/25 days) Treximet (9 tabs/month)+ Xartemis XR 7.5/325 mg (9 tabs/day) Zofran (brand) 4 mg 8 mg (9 tabs/month) Zofran (brand) 24 mg (1 tab/month) Zofran (brand) injection (varies) Zofran (brand) ODT (9 tabs/month) Zofran (brand) solution (100 ml/month) Zohydro (varies by strength) Zomig (8 tabs/month)+ Zomig nasal spray (1 box/month)+ Zomig ZMT (8 tabs/month)+ Zuplenz 4 mg 8 mg (10 patches/15 days)</p>
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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 a day, only one sleep aid tab a day will be covered. Select (+++++) limits apply to all strengths and combinations.

Quantity Management List – Override Requests to Your Health Plan

To request a quantity override, please have your doctor contact your health plan using the precertification or customer service number on the back of your ID card.

Abstral (120 tabs/month)	Bunavail 6.3 mg/1 mg (60 units/25 days)	Flonase (1 inhaler/month)
Accuneb (360 ml/month)	Butrans (4 patches/month)	Flovent (2 inhalers/month)
Actiq (120 lozenges/month)	Bydureon (4 vials/month)	Flovent Diskus (varies by strength)
Actonel 150 mg (1 tab/month)	Celebrex 50 mg 100 mg (60 caps/month)	Flovent HFA (2 inhalers/month)
Actonel 35 mg (4 tabs/month)	codeine (45 tabs/month)	Focalin XR 25 mg 30 mg 35 mg 40 mg (30 caps/month)
Actonel 5 mg (31 tabs/month)	codeine with acetaminophen (varies by strength)	Focalin XR 5 mg 10 mg 15 mg 20 mg (60 caps/month)
Adderall 15 mg 20 mg 30 mg (60 tabs/month)	Colcrys (60 tabs/month)	Focalin, all strengths (60 tabs/month)
Adderall 5 mg 7.5 mg 10 mg (90 tabs/month)	Combivent (2 inhalers/month)	Fortical (2 bottles/month)
Adderall XR, all strengths (30 caps/month)	Concerta (30 tabs/month)	Fosamax 35 mg 70 mg (4 tabs/month)
Advair Diskus (varies by strength)	Conzip (30 caps/month)	Fosamax 5 mg 10 mg (31 tabs/month)
Advair HFA (1 package/month)	Coreg CR (30 tabs/month)	Fosamax D (4 tabs/month)
Aerobid/Aerobid-M (2 inhalers/month)	Cromolyn sodium nebulizer (240 ml/month)	Fosamax Solution (75 ml/month)
albuterol inhalation solution (375 ml/month)	Cymbalta 20 mg 60 mg (60 tabs/month)	Halcion (30 tabs/month)++
albuterol nebulizer solution (varies by strength)	Cymbalta 30 mg (30 tabs/month)	hydrocodone with acetaminophen (varies by strength)
Ambien/Ambien CR (30 tabs/month)++	Dalmane (30 caps/month)++	hydrocodone with ibuprofen (varies by strength)
Anoro Ellipta (1 unit/month)	Daytrana (30 patches/month)	hydromorphone (180 tabs/month)
Aptensio XR 10 mg 15 mg 20 mg 30 mg (60 tabs/month)	DDAVP (2 bottles/month)	Increase Ellipta (1 unit/month)
Aptensio XR 40 mg 50 mg 60 mg (30 tabs/month)	Demerol (12 tabs per day for 3 days, 4 Rx's/year)	Insulin syringes (200/month)
Asmanex (varies by strength)	Denavir (one 5 g tube/30 days)	Intal Solution for inhalation (120 vials/month)
Astelin (1 inhaler/month)	Desoxyn (120 tabs/month)	Intermezzo (30 tabs/month)++
Astepro (1 inhaler/month)	Dexedrine CR 15 mg (60 tabs/month)	ipratropium nebulizer solution (120 vials/month)
Astramorph injectable (180 ml/month)	Dexedrine CR 5 mg 10 mg (90 tabs/month)	Irenka (30 caps/month)
Atelvia (4 caps/month)	dextroamphetamine tabs 15 mg 20 mg 30 mg (60/month)	Kadian (60 caps/month)
atomoxetine 10 mg 18 mg 25 mg 40 mg (60 caps/month)	dextroamphetamine tabs 2.5 mg 5 mg 7.5 mg 10 mg 12.5 mg (90/month)	Kapvay (120 tabs/month)
atomoxetine 60 mg 80 mg 100 mg (30 caps/month)	Dilaudid (180 tabs/month)	Lancets (200/month)
Atrovent (2 inhalers/month)	Doral (30 tabs/month)++	Lazanda (8 bottles/month)
Avinza (30 caps/month)	Dulera (1 inhaler/month)	Levo-Dromoran (180 tabs/month)
Beconase AQ (2 inhalers/month)	Duoneb (540 ml/month)	Lidoderm/Lidocaine patches (90/month)
Belsomra (30 tabs/month)++	Dymista (1 bottle/month)	Lunesta (30 tabs/month)++
Binosto (4 tabs/month)	Dynavel (240 ml/month)	Lyrica 225 mg 300 mg (60 caps/month)
Boniva 150 mg (1 tab/month)	Edluar (30 tabs/month)++	Lyrica 25 mg–200 mg (90 caps/month)
Breo Ellipta (1 unit/month)	Effexor XR (30 caps per strength/month)	Lyrica Solution (30 ml/day)
Brovana Solution (120 ml/month)	Embeda (60 caps/month)	Maxair .2%/Maxair Autoinhaler (1 inhaler/month)
Bunavail 2.1 mg/0.3 mg 4.2mg/0.7 mg (90 units/25 days)	Evekeo (60 tabs/month)	
	Fentora (120 tabs/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)
Morphine Immediate release (180 tabs/month)
Morphine solution (180 ml/month)
MS Contin (90 tabs/month)
Nasacort AQ (1 inhaler/month)
Nasarel (1 inhaler/month)
Nasonex (1 inhaler/month)
Nucynta (600 mg per day)++++
Nucynta ER (500 mg per day)++++
Omnaris (1 inhaler/month)
Onmel (180 tabs/year)
Onsolis (120 units/month)
Opana (120 tabs/month)
Oramorph SR (90 tabs/month)
Oxecta (180 tabs/month)
oxycodone immediate release (180 caps/month)
oxycodone with acetaminophen (varies by strength)
oxycodone with aspirin (varies by strength)
oxycodone with ibuprofen (varies by strength)
Patanase (1 inhaler/month)
Perforomist (60 vials/month)
Pristiq (30 tabs/month)
ProAir HFA/ProAir Respiclick (2 inhalers/month)
Procentra (1,200 ml/month)
ProSom (30 tabs/month)+

Pulmicort Flexhaler (2 inhalers/ month)
Pulmicort Respules (1 box/month)
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 per day)
Qvar (2 inhalers/month)
Relenza (20 blisters per fill, 3 fills/ year)
Restoril (30 caps/month)++
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)
Roxicodone (180 tabs/month)
Rozerem (30 tabs/month)++
Rybix (240 tabs/month)
Ryzolt (30 tabs/month)
Seebri Neohaler (1 unit/month)
Serevent Diskus (60 blisters/ month)
Silenor (30 caps/month)++
Sonata (30 caps/month)++
Spiriva (30 caps/month)
Spiriva Respimat (1 unit/month)
Sporanox (120 caps/month, 360 caps/year)
Sporanox solution (600 ml/month, 1,800 ml/year)
Suboxone 12 mg/3 mg (60 units/25 days)
Suboxone 2 mg/0.5 mg | 4 mg/1 mg | 8 mg/2 mg (90 units/25 days)
Subsys (120 sprays/month)
Symbicort (1 inhaler/month)

Syringes/needles (200/month)
Talacen (135 caps/month)
Talwin NX (360 tabs/month)
Tamiflu 30 mg (20 caps, 3/year)
Tamiflu 45 mg | 75 mg (10 caps, 3/ year)
Tamiflu suspension (1 bottle per fill, 3 fills/year)
Tanzeum (4 pens/month)
Test strips (200/month)
Toradol (20 tabs/month)
Trulicity (4 pens/month)
Tudorza (1 pack/month)
Tudorza Pressair (1 unit/month)
Ultracet (240 tabs/month)+++++
Ultram (240 tabs /month)+++++
Ultram ER (30 tabs/month)
Utibron Neohaler (1 unit/month)
Valtrex 1000 mg (31 tabs/month)
Valtrex 500 mg (62 tabs/month)
Vancocin (limits vary by strength)
Veramyst (1 inhaler/month)
Victoza (one box/month)
Vyvanse 10 mg | 20 mg | 30 mg (60 caps/month)
Vyvanse 40 mg | 50 mg | 60 mg | 70 mg (30 caps/month)
Xartemis (varies by strength)
Xopenex nebulizer solution (3 boxes/month)
Zetonna (2 inhalers/month)
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 | 2.9mg/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)

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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.

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오.
귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háida biká'aná nilwo'ígíí díí Béeso Ách'ááh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzih nínízingo, koji' béésh bee hółne' 1-844-516-6328. (Navajo)