

## Quantity Limits (QL)

A quantity limit is the maximum amount of a drug that will be covered by your plan over a certain period of time. Typically, quantity limits are in place to encourage appropriate drug use and contain drug costs. Quantity limits are based on the product's labeling, or adopted clinical guidelines. Select drugs are subject to quantity limits. This list is subject to change and is not all-inclusive.

- Brand name drugs are listed in CAPITAL letters and generic drugs are listed in lower case letters.

## Formulary Quantity Limits

<p>ABILIFY 2, 5, 10, 15 mg - 1 tab/day            ABILIFY 20, 30 mg – 2 tabs/day            ADVAIR DISKUS – 2 units/month            alendronate 5mg &amp; 10mg – 30 tabs/month            alendronate 35mg &amp; 70mg – 4 tabs/28 days            ASACOL HD – 6 tablets per day            BETASERON – 15 vials/month            bupropion ER (Zyban) –6 fills per year            butorphanol nasal spray – 2 units/copay            BROVANA – 60 vials/month            BYETTA – 1 pen/month            clonidine patches – 4 patches/28 days            CHANTIX – 6 fills per calendar year            DETROL – 60 tablets/month            DETROL LA – 30 tablets/month            DIASTAT – 1 kit/copay            ELIDEL – 100 grams/month            EMEND 80mg – 4 capsules/month            EMEND 125mg – 2 capsules/month            EMEND TRIFOLD – 2 trifolds/month            EPIPEN/EPIPEN JR – 4 pens/copay            estradiol (Climara) – 4 patches/28 days            famciclovir 125mg/500mg – 21 tablets/mo            famciclovir 250mg – 60 tablets/month            fentanyl (Duragesic) – 10 patches/30 days            fentanyl (Actiq, Fentora) – 120 units/mo            FLOMAX (females only) – 14 capsules/month            FORTEO – 1 pen/month</p>	<p>FOSAMAX PLUS D – 4 tablets/28 days            GEODON 80mg – 3 caps/day            GEODON all other strengths – 2 caps/day            granisetron – 2 tablets/copay            granisetron oral solution – 30ml/copay            ketorolac – 20 tablets/month            lansoprazole – 60 tablets/month            leflunomide (Arava) – 30 tablets/month            LETAIRIS – 1 unit/day            loratadine OTC – 30 tablets/month            loratadine-D OTC – 30 tablets/month            MAXALT/MLT – 18 tablets/month            nicotine gum – 3 fills per year            nicotine lozenges – 3 fills/year            nicotine patches – 30/fill, max 12 weeks/yr            NICOTROL inhaler – 16 per day, 6 fills/year            NICOTROL nasal– 4 ml/day, 3 fills/year            omeprazole 10mg– 60 units/month            omeprazole 20mg – 120 units/month            omeprazole OTC – 120 units/month            oxybutynin XL 5mg,10mg – 30 tabs/mo            oxybutynin XL 15mg – 60 tablets/month            OXYCONTIN – 120/mo            PREVPAC – 14 dose packs/copay            PROAIR HFA – 2 units/month            PROTOPIC – 100 grams/copay            REGRANEX – 15 grams/copay</p>	<p>RELENZA – 20 blister packs/fill            RESTASIS – 64 vials/month            risperidone 2mg – 2 tabs/day            risperidone 3mg – 5 tabs/day            risperidone 4 mg – 4 tabs/day            risperidone (all other strengths) – 3 tabs/day            SABRIL – 6 packets/day            SEROQUEL 200mg – 2 tabs/day            SEROQUEL all other strengths – 3 tabs/day            SEROQUEL XR 150mg, 200mg – 1 tab/day            SEROQUEL XR 50mg – 2 tabs/day            SEROQUEL XR 300, 400 mg – 3 tabs/day            STRATTERA – 60 capsules/month            sumatriptan injection – 6 injections/month            sumatriptan nasal spray – 12 units/months            sumatriptan tablets – 18 tablets/month            SUPRAX - 1 tablet per prescription            TAMIFLU 75mg – 10 units/fill            terbinafine – 120 therapy days/year            TYKERB – 150 units/30 days            valacyclovir – 90 tablets/ month            VIMPAT – 2 units/day            VIVELLE-DOT – 8 patches/28 days            XOLAIR – 6 vials/30 days            ZYPREXA/ZYDIS 2.5, 5mg – 1 tab/day            ZYPREXA/ZYDIS 7.5,15, 20mg – 2 tabs/day            ZYPREXA/ZYDIS 10mg – 4 tabs/day</p>
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## Non-Formulary Quantity Limits

Note: Non-Formulary drugs typically are not covered by your plan. However, your provider can request a formulary exception. If your condition meets certain criteria, you will receive authorization for coverage of the non-formulary drug.

<p>ACIPHEX – 60 tablets/month                  ALLEGRA-D 12 HR – 60 tablets/month                  ALLEGRA-D 24 HR – 30 tablets/month                  AMBIEN CR - 30 tablets/month                  AMERGE – 18 tablets/month                  AMITIZA – 60 tablets/month                  DAYTRANA – 30 patches/month                  ESTRADERM – 8 patches/28 days                  FROVA – 18 capsules/month</p>	<p>IMITREX injection – 6 injections/month                  IMITREX tablets – 18 tablets/month                  IMITREX nasal spray – 12 units/month                  LAMICTAL XR – 1 kit/month                  LIDODERM – 120 patches/month                  LUNESTA – 30 tablets/month                  LYRICA – 90 tablets/month                  MENOSTAR patch - 4 patches/28 days                  MIGRANAL – 4 units/ month                  NEXIUM – 60 capsules/month                  pantoprazole – 60 tablets/month</p>	<p>PERFOROMIST – 60 vials/moth                  PREVACID NAPRAPAC – 84 capsules/mo                  PRILOSEC OTC – 120 units/month                  PROTONIX – 60 tablets/month                  PROVIGIL 100mg - 60 tablets/month                  PROVIGIL 200mg – 30 tablets/month                  TREXIMET – 18 units/month                  VALTREX – 90 tablets/month                  VENTOLIN HFA – 2 units/month                  VIAGRA – 8 tablets/month                  ZOMIG – 12 tablets/month</p>
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Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, wac Medica: 952-992-2260.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم 1-800-373-8335 :Medica

Внимание: если вам нужна бесплатная помощь в переводе этой информации, позвоните Medica: 952-992-2294.

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Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite Medica: 1-800-373-8335.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame a Medica: 952-992-2297.

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Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi Medica: 952-992-2295.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu Medica: 952-992-2296.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsi bilbiltu Medica: 1-800-373-8335.

*Attention.  
 If you want  
 free help  
 translating  
 this information,  
 call 1-800-373-8335.*

*This information is available in other forms to people with disabilities by calling 952-992-2322 (voice), or 1-800-373-8335 (toll free), or 952-992-2357, or 1-800-234-8819 (TTY), or 711, or through the Minnesota Relay at 1-877-627-3848 (speech to speech relay service)*

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