

Quantity Limits (QL)

Quantity limits identify the maximum quantity of medication that can be dispensed over a specific period of time at the applicable copayment, coinsurance, or deductible. Typically, quantity limits are in place to encourage appropriate drug utilization and contain medication cost. This list includes most of the common drugs with quantity level limits. Some quantity limits based on the product's labeling, or adopted clinical guidelines may not be included on this list. Some items on this list may not apply to every Medica drug plan benefit. See your plan documents for complete information. 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.

Preferred Drug Quantity Limits

ADVAIR DISKUS – 2 units/month albuterol inhaler – 2 units/month alendronate 5mg & 10mg – 30 tabs/month alendronate 35mg & 70mg – 4 tabs/28 days ALLEGRA-D 12 HR – 60 tablets/month ALLEGRA-D 24 HR – 30 tablets/month AMBIEN CR - 30 tablets/month 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 CAVERJECT – 8 injections/month CHANTIX – 6 fills per calendar year DETROL – 60 tablets/month DETROL LA – 30 tablets/month DIASTAT – 1 kit/copay dronabinol - 2 units/day 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 ESTRADERM – 8 patches/28 days estradiol (Climara) – 8 patches/28 days	famciclovir 125mg/500mg – 21 tablets/month famciclovir 250mg – 60 tablets/month fentanyl (Duragesic) – 10 patches/30 days fentanyl (Actiq, Fentora) – 120 units/month FORTEO – 1 pen/month FOSAMAX PLUS D – 4 tablets/28 days granisetron – 2 tablets/copay granisetron oral solution – 30ml/copay ketorolac – 20 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 MIGRANAL – 4 units/ month MUSE – 8 suppositories/month nicotine gum – 3 fills per year nicotine lozenges – 3 fills per 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 OTC – 120 units/month oxybutynin XL 5mg,10mg – 30 tabs/month oxybutynin XL 15mg – 60 tablets/month	OXYCONTIN – 120/month pantoprazole – 60 tablets/month PREVACID – 60 tablets/month PREVACID NAPRAPAC – 84 capsules/month PREVPAC – 14 dose packs/copay PROAIR HFA- 2 units/month PROTOPIC – 100 grams/copay REGRANEX – 15 grams/copay RELENZA – 20 blister packs/fill RESTASIS – 64 vials/month STRATTERA — 60 capsules/month sumatriptan injection – 6 injections/month sumatriptan tablets – 18 tablets/month sumatriptan nasal spray 12 units/month TAMFLU – 10 units/fill terbinafine – 120 therapy days/year TYKERB – 150 units/30 days VALTREX – 90 tablets/month VENTOLIN HFA – 2 units/month VIMPAT – 2 units/day VIVELLE-DOT – 8 patches/28 days XOLAIR – 6 vials/30 days zolpidem 5mg – 60 tablets/month zolpidem 10mg – 30 tablets/month
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Non-Preferred Drug Quantity Limits

***Note: Non-preferred drugs may not be covered by your plan, or may be covered at a lesser benefit. Please see your plan documents for complete information.**

ACIPHEX – 60 tablets/month AMERGE – 18 tablets/month AMITIZA – 60 tablets/month CESAMET – 4 units/day CIALIS – 8 tablets/month DAYTRANA – 30 patches/month FROVA – 18 capsules/month	IMITREX injection – 6 injections/month IMITREX nasal spray – 12 units/month IMITREX tablets – 18 tablets/month LAMICTAL XR – 1 kit/month LEVITRA – 8 tablets/month LIDODERM – 120 patches/month LUNESTA – 30 tablets/month LYRICA – 90 tablets/month MENOSTAR patch - 4 patches/28 days	NEXIUM – 60 capsules/month PERFOROMIST – 60 vials/month PROVIGIL 100mg - 60 tablets/month PROVIGIL 200mg – 30 tablets/month SANCUSO – 1 patch/copay TREXIMET – 18 units/month VIAGRA – 8 tablets/month XIFAXAN – 9 tablets/fill ZOMIG – 12 tablets/month
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