

The BlueCross BlueShield of Tennessee **Quantity Limitations (QL) List** contains drugs that have a quantity limit per certain period of time. These limits are in keeping with the manufacturer's and the U.S. Food and Drug Administration's (FDA) recommendations and accepted medical practices. Prescriptions for drugs that have quantity limitations cannot be filled by the pharmacist for a greater amount than specified by the limitation.

How to obtain a quantity override

If an exception to the quantity limitation is needed, BlueCross BlueShield of Tennessee network physicians are responsible for contacting Caremark at **1-877-916-2271** to obtain a quantity override for drugs on the Quantity Limitations List. This should be done when the physician prescribes the medication so that the drug is ready when the member arrives at the pharmacy. Not all plans have quantity limitations, but most do. The pharmacist cannot dispense a prescription for drugs that have a quantity limitation greater than the amount specified as the limit.

Members are encouraged to talk to their physician if a problem occurs with the Quantity Limitations program.

Drugs with Quantity Limitations (QL)

Amerge: 9 x 1 mg OR 2.5 mg tablets/30 days
Anzemet: 10 tablets/30 days
Arixtra: 14 days, then PA required
Axert: 6 x 6.25 mg OR 12.5 mg tablets/30 days
butorphanol nasal spray: 2 bottles (2.5 mL each)/30 days
Celebrex: 400 mg/day
Emend: 1 capsule (125 mg)/15 days; 2 capsules (80 mg)/15 days; 1 capsule (40 mg)/15 days
fantanyl citrate (Actiq): 6 lozenges/30 days
Fentora: 8 tablets/30 days
fluconazole (Diflucan): 3 x 150 mg tablets/30 days
Fragmin: 14 days, then PA required
Frova: 9 tablets/30 days
Gleevec: 60 days, then PA required
granisetron (Kytril): 20 tablets/30 days; 90 mL/30 days
Halflytely: 1 kit/30 days
Infergen: 16 wks, then 2-log decrease in viral load required
Innohep: 14 days, then PA required
ketorolac (Toradol): 20 tablets or 2 injections/30 days
Lovenox: 14 days, then PA required
Lyrica: 600 mg/day
Maxalt, Maxalt-MLT: 9 x 5 mg OR 10 mg tablets/30 days
Migranal: 8 ampules/30 days
Noxafil: 6 days, then PA required
ondansetron (Zofran): 30 tabs x 4 mg OR 30 tabs x 8 mg OR 10 tabs x 24 mg OR 150mL of 4 mg/5 mL solution/30 days
OxyContin: 120 tabs/30 days (max 320 mg/day)
Pegasys: 16 wks, then 2-log decrease in viral load required
PegIntron: 16 wks, then 2-log decrease in viral load required
Plavix 300 mg: one tablet/30 days
Prevpac: 112 units/14 cards/365 days
Pylera: 120 capsules/365 days
Relenza: 20 units/365 days – one treatment
Relpax: 6 x 20 mg or 40 mg tablets/30 days
ribavirin (Copegus, Rebetol, Ribasphere): 16 wks, then 2-log decrease in viral load required
Soriatane: 2 kits/30 days

Specialty Pharmacy Products: limited to one month's supply
sumatriptan (Imitrex): 2 injections (one kit) OR 6 nasal sprays; 9 tablets (25 mg, 50 mg & 100 mg)/30 days
Tamiflu: 10 capsules OR 75 mL/365 days – one treatment
Treximet: 9 tablets/30 days
Zomig, Zomig-ZMT: 6 x 2.5 mg OR 5 mg tablets/30 days OR one 6-pack nasal spray/30 days
Zyvox: 3 days, then PA required

The following drugs have quantity limits but may not be covered by some plans. Check your benefit materials or call Customer Service to determine coverage before your doctor writes the prescription.

Caverject: 8 units/30 days
Cialis: 8 units/30 days
Edex: 8 units/30 days
Levitra: 8 units/30 days
MUSE: 8 units/30 days
Next Choice (Plan B): one kit/Rx; 3 kits/365 days (Rx limited to age 17 and under)
Plan B One-Step: one tablet/Rx; 3 tablets/365 days (Rx limited to age 17 and under)
Viagra: 8 units/30 days
Xenical: 90 capsules/30 days

Appeals

Members or their physicians may appeal a denial of a drug or a quantity limitation by faxing supportive documentation to 1-888-343-4232.