

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)

<b>Amerge:</b> 9 x 1 mg OR 2.5 mg tablets/30 days	<b>Plavix 300 mg:</b> one tablet/30 days
<b>Anzemet:</b> 10 tablets/30 days	<b>Prevpac:</b> 112 units/14 cards/365 days
<b>Arixtra:</b> 14 days, then PA required	<b>Pylera:</b> 120 capsules/365 days
<b>Axert:</b> 6 x 6.25 mg OR 12.5 mg tablets/30 days	<b>Relenza:</b> 20 units/365 days – one treatment
<b>butorphanol nasal spray:</b> 2 bottles (2.5 mL each)/30 days	<b>Relpax:</b> 6 x 20 mg or 40 mg tablets/30 days
<b>Caverject:</b> 8 units/30 days	<b>ribavirin (Copegus, Rebetol, Ribasphere):</b> 16 wks, then 2-log decrease in viral load required
<b>Cialis:</b> 8 tabs/30 days	<b>Soriatane:</b> 2 kits/30 days
<b>Edex:</b> 8 units/30 days	<b>Specialty Pharmacy Products:</b> limited to one month's supply
<b>Emend:</b> 1 capsule (125 mg)/15 days; 2 capsules (80 mg)/15 days; 1 capsule (40 mg)/15 days	<b>sumatriptan (Imitrex):</b> 2 injections (one kit) OR 6 nasal sprays; 9 tablets (25 mg, 50 mg & 100 mg)/30 days
<b>fentanyl citrate (Actiq):</b> 6 lozenges/30 days	<b>Tamiflu:</b> 10 capsules OR 75 mL/365 days – one treatment
<b>Fentora:</b> 8 tablets/30 days	<b>Treximet:</b> 9 tablets/30 days
<b>fluconazole (Diflucan):</b> 3 x 150 mg tablets/30 days	<b>Viagra:</b> 8 tabs/30 days
<b>Fragmin:</b> 14 days, then PA required	<b>Xenical:</b> 90 capsules/30 days
<b>Frova:</b> 9 tablets/30 days	<b>Zomig, Zomig-ZMT:</b> 6 x 2.5 mg OR 5 mg tablets/30 days OR one 6-pack nasal spray/30 days
<b>Gleevec:</b> 60 days, then PA required	<b>Zyvox:</b> 3 days, then PA required
<b>granisetron (Kytril):</b> 20 tablets/30 days; 90 mL/30 days	
<b>Halflytely:</b> 1 kit/30 days	
<b>Infergen:</b> 16 wks, then 2-log decrease in viral load required	
<b>Innohep:</b> 14 days, then PA required	
<b>ketorolac (Toradol):</b> 20 tablets or 2 injections/30 days	
<b>Levitra:</b> 8 tabs/30 days	
<b>Lovenox:</b> 14 days, then PA required	
<b>Lyrica:</b> 600 mg/day	
<b>Maxalt, Maxalt-MLT:</b> 9 x 5 mg OR 10 mg tablets/30 days	
<b>Migranal:</b> 8 ampules/30 days	
<b>MUSE:</b> 8 units/30 days	
<b>Next Choice (Plan B):</b> one kit/Rx; 3 kits/365 days (Rx limited to age 17 and under)	
<b>Noxafil:</b> 6 days, then PA required	
<b>Nucynta:</b> 180 tabs/30 days	
<b>ondansetron (Zofran):</b> 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	
<b>Onsolis:</b> 8 buccal films/30 days	
<b>OxyContin:</b> 120 tabs/30 days (max 320 mg/day)	
<b>Pegasys:</b> 16 wks, then 2-log decrease in viral load required	
<b>PegIntron:</b> 16 wks, then 2-log decrease in viral load required	
<b>Plan B One-Step:</b> one tablet/Rx; 3 tablets/365 days (Rx limited to age 17 and under)	

### 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.