

## 2012 Quantity Limitations List (QL)

effective 1/1/12



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)

**Alsuma:** 2 injections/30 days  
**Anzemet:** 10 tablets/30 days  
**Axert:** 6 x 6.25 mg OR 12.5 mg tablets/30 days  
**Brilinta:** 28 tablets, then PA required  
**butorphanol nasal spray:** 2 bottles (2.5 mL each)/30 days  
**Celebrex:** 400 mg/day  
**Diabetic testing supplies:** 306 qty/30 days; 918 qty/90 days  
**Ella:** 1 tablet/Rx; 3 tablets/365 days  
**Emend:** 1 capsule (125 mg)/15 days; 2 capsules (80 mg)/15 days;  
1 capsule (40 mg)/15 days  
**enoxaparin (Lovenox):** 21 days per 180 days; max 42 days per lifetime,  
then PA required  
**fondaparinux (Arixtra):** 21 days per 180 days; max 42 days per lifetime, then PA  
required  
**Fragmin:** 21 days per 180 days; max 42 days per lifetime, then PA  
required  
**Frova:** 9 tablets/30 days  
**granisetron (Kytril):** 20 tablets/30 days; 90 mL/30 days  
**Halflytely:** 1 kit/30 days  
**ketorolac (Toradol):** 20 tablets or 2 injections/30 days  
**Lyrica:** 600 mg/day  
**Lysteda:** 30 tablets/30 days  
**Maxalt, Maxalt-MLT:** 9 x 5 mg OR 10 mg tablets/30 days  
**Migranal:** 8 ampules/30 days  
**naratriptan (Amerge):** 9 x 1 mg OR 2.5 mg tablets/30 days  
**Next Choice:** 1 kit/Rx; 3 kits/365 days (Rx limited to age 17 and under)  
**Noxafil:** 6 days, then PA required  
**Nucynta:** 180 tabs/30 days  
**Oral fentanyl products:** *Maximum of any combination oral fentanyl products of 16  
units/30 days OR single product limitations as follows:*  
**Abstral:** 8 units/30 days  
**Actiq:** 6 lozenges/30 days  
**fentanyl lozenges:** 6 lozenges/30 days  
**Fentora:** 8 tablets/30 days  
**Onsolis:** 8 buccal films/30 days  
**OxyContin:** 120 tabs/30 days (max 320 mg/day)  
**Plan B One-Step:** 1 tablet/Rx; 3 tablets/365 days (Rx limited to age 17 and under)  
**Prevacid:** 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  
**Soriatane:** 2 kits/30 days  
**Specialty Pharmacy Products:** limited to 1 month's supply  
**Sprix:** 5 bottles/30 days  
**sumatriptan (Imitrex):** 2 injections (1 kit) OR one 6-pack nasal  
sprays; 9 tablets (25 mg, 50 mg & 100 mg)/30 days  
**Sumavel DosePro:** 2 injections/30 days  
**Tamiflu:** 10 capsules OR 150 mL/365 days – one treatment

**Treximet:** 9 tablets/30 days  
**Vimpat:** 3 x 50 mg/day; 3 x 100 mg/day  
**Xarelto:** 35 tabs/30 days; limit of 35 tabs/90 days and 94  
tabs per lifetime  
**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  
**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 tabs/30 days  
**Edex:** 8 units/30 days  
**Ella:** 1 tablet/Rx; 3 tablets/365 days  
**Levitra:** 8 tabs/30 days  
**MUSE:** 8 units/30 days  
**Next Choice:** 1 kit/Rx; 3 kits/365 days (Rx limited to  
age 17 and under)  
**Plan B One-Step:** 1 tablet/Rx; 3 tablets/365 days (Rx  
limited to age 17 and under)  
**Staxyn:** 8 tabs/30 days  
**Viagra:** 8 tabs/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.