

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. 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)		Drugs With Quantity Limitations (QL)	
Amerge:	9 x 1 mg OR 2.5 mg tablets/30 days	Plan-B:	one kit/Rx; 3 kits/365 days (Rx limited to age 17 and under)
Anzemet:	10 tablets/30 days	Plavix 300mg:	one tablet/30days
Arixtra	14 days, then PA required	Prevpac:	112 units/14 cards/365 days
Axert:	6 x 6.25 mg OR 12.5 mg tablets/30 days	Pylera:	120 capsules/365 days
butorphanol nasal spray	2 bottles (2.5 mL each)/30 days	Relenza:	20 units/365 days - one treatment
Caverject:	8 units/30 days	Relpax:	6 x 20 mg or 40 mg tablets/30 days
Celebrex:	400 mg/day	ribavirin (Copegus, Rebetol, Ribasphere):	16 wks, then 2-log decrease in viral load required
Cialis:	8 units/30 days	Soriatane CK:	2 Kits/30 days
Edex:	8 units/30 days	Specialty Pharmacy Products:	limited to one month's supply
Emend:	1 capsule (125 mg)/15 days; 2 capsules (80 mg)/15 days; 1 capsule (40 mg)/15 days;	sumatriptan (Imitrex):	2 injections (one kit) OR 6 nasal sprays; 9 tablets (25 mg, 50 mg & 100 mg)/30 days
fentanyl citrate (Actiq):	6 lozenges/30 days	Tamiflu:	10 capsules OR 75 ml/365 days - one treatment
Fentora:	8 tablets/30 days	Treximet:	9 tablets/30 days
fluconazole (Diflucan):	3 x 150 mg tablets/30 days	Viagra:	8 units/30 days
Fragmin:	14 days, then PA required	Xenical:	90 capsules/30 days
Frova:	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
Gleevec:	60 days, then PA required	Zyvox	3 days, then PA required
granisetron (Kytril):	20 tablets/30 days; 90 mL/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		
Levitra:	8 units/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		
MUSE:	8 units/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 150 mL 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		

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.

Please look at the reverse side of this page for additional information regarding your prescription drug coverage.

This list is subject to change throughout the year.

Check your Plan Document for specific benefit information.

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Drugs That Need Prior Authorization

To maximize your benefits, the drugs listed below need authorization from your benefit plan before they are dispensed by your pharmacy. Your network physician is responsible for contacting Caremark at [1-877-916-2271](tel:1-877-916-2271) to obtain prior authorization when prescribing a drug on this list. Ask your physician to make the call at the same time the medication is prescribed so that there will be no delay when you go to the pharmacy.

Drugs Requiring Prior Authorization (PA)

adapalene (Differin) - PA required for members age 31 or older
anabolic steroids
fluconazole (Diflucan) - excluding three doses x 150 mg/30 days
itraconazole (Sporanox)
linezolid (Zyvox) - 3 days therapy then PA required.
terbinafine oral granules (Lamisil Oral Granules)
tretinoin (Avita, Retin-A) - PA required for members age 31 or older
Specialty Pharmacy Products: Many of these drugs also require prior authorization. See below.

Specialty Pharmacy Products

BlueCross BlueShield of Tennessee's Specialty Pharmacy Program designates between self-administered specialty medications and provider-administered specialty medications.

A. Provider-administered

Selected provider-administered Specialty Pharmacy Products, which are ordered by the provider and administered in an office or outpatient setting, require prior authorization (PA) that can be obtained by the physician by contacting BlueCross BlueShield of Tennessee at [1-800-924-7141](tel:1-800-924-7141). Provider-administered specialty pharmacy products are covered under the member's medical benefit.

Acthar H.P. Gel	Erbix	Somatuline ^{ST-1}
Amevive	Orencia	Synagis
Aranesp	Procrit	Tysabri
Avastin	Remicade	Vectibix
Epogen	Remodulin	Velcade
Epoprostenol(Flolan)	Rituxan	Xolair

ST-1= This drug requires Step Therapy. Member must have tried and failed Somavert.

B. Self-administered

Selected self-administered Specialty Pharmacy Products, which patients administer to themselves, require prior authorization (PA) that can be obtained by the physician by contacting Caremark at [1-877-916-2271](tel:1-877-916-2271).

Acthar H.P. Gel	Raptiva	Thalomid
Actimmune	Revatio	Tracleer
Aranesp	Revlimid	Tykerb
Epogen	Sprycel ^{ST-2}	Ventavis
growth hormones	Raptiva	Vivaglobin
Increlex	Sutent	Zavesca
Letairis	Tasigna ^{ST-2}	
Procrit	Temodar	

ST-2= This drug requires Step Therapy. For Sprycel or Tasigna, you must be resistant or intolerant to imatinib (Gleevec).

Your physician may obtain approval and order Specialty Pharmacy Products by calling one of the Specialty Pharmacies. The member may also order self-administered drugs from one of these Specialty Pharmacies:

Caremark Specialty Rx:	1-800-237-2767;
	fax 1-800-323-2445
CuraScript, Inc.:	1-888-773-7376;
	fax 1-888-773-7386
Accredo Health Group:	1-888-239-0725;
	fax 1-866-387-1003

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