



Quantity Limit Program Drug List

Members receiving drugs on this list may only receive the drug in the quantity and corresponding month supply indicated. Limits are intended to be consistent with Food and Drug Administration approved labeling or published clinical criteria.*

Analgesics	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Embeda™ (morphine/naltrexone)	All strengths	60	180
Nucynta™ (tapentadol)	All strengths	180	540
Onsolis™ (fentanyl soluble film)	All strengths	240	720
Androgens	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Androderm® (testosterone)	2.5 mg/day	60 systems	180 systems
Androderm® (testosterone)	5 mg/day	30 systems	90 systems
AndroGel® (testosterone)	2.5 gm/day	90 packets (225 grams)	270 packets (675 grams)
AndroGel® (testosterone)	5 gm/day	60 packets (300 grams)	180 packets (900 grams)
AndroGel® (testosterone)	1% pump	4 pumps	12 pumps
Striant® (testosterone)	30 mg mucoadhesive	60 buccal systems	180 buccal systems
Testim® gel 1% (testosterone)	Each tube contains 50 mg testosterone in 5 gm of gel	2 cartons (60 tubes)	6 cartons (180 tubes)
Antihistamines	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Allegra D® 12 hour (fexofenadine/pseudoephedrine)	60 mg – 120 mg tablet	60	180
Allegra D® 24 hour (fexofenadine/pseudoephedrine)	180 mg – 240 mg tablet	30	90
Clarinex® (desloratadine)	5 mg tablet	30	90
Clarinex Reditab® (desloratadine)	5 mg tablet	30	90
Clarinex D® 24 hour (desloratadine/pseudoephedrine)	5 mg/240 mg tablet	30	90
Clarinex D® 12 hour (desloratadine/pseudoephedrine)	2.5 mg/120 mg tablet	60	180
Clarinex® Syrup (desloratadine)	2.5 mg/5 ml	300	900
Clarinex® ODT (desloratadine)	2.5 mg	30	90
Xyzal® (levocetirizine)	5 mg tablet	30	90
Antipsychotics	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Invega® (paliperidone)	3 mg, 6 mg, 9 mg tablet	30	90
Saphris® (asenapine)	5 mg, 10 mg tablet	60	180
Seroquel XR® (quetiapine)	200 mg tablet	60	180
Seroquel XR® (quetiapine)	300 mg tablet	60	180
Seroquel XR® (quetiapine)	400 mg tablet	60	180
Erectile Dysfunction	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Caverject® (alprostadil)	5 mcg, 10 mcg, 20 mcg, (system)	12	36
Caverject® (alprostadil)	10 mcg, 20 mcg, 40 mcg (vial)	12	36

continued

Note: Some member limits may be slightly different. Please see your benefit Information for your specific limits.





Quantity Limit Program Drug List

continued

Erectile Dysfunction <i>continued</i>	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Cialis® (tadalafil)	2.5 mg tablet	12	36
Cialis® (tadalafil)	5 mg tablet	12	36
Cialis® (tadalafil)	10 mg tablet	12	36
Cialis® (tadalafil)	20 mg tablet	12	36
Edex® (alprostadil)	5 mcg vial	12	36
Edex® (alprostadil)	10 mcg vial	12	36
Edex® (alprostadil)	20 mcg vial	12	36
Edex® (alprostadil)	40 mcg vial	12	36
Levitra® (vardenafil)	2.5 mg tablet	12	36
Levitra® (vardenafil)	5 mg tablet	12	36
Levitra® (vardenafil)	10 mg tablet	12	36
Levitra® (vardenafil)	20 mg tablet	12	36
MUSE® (alprostadil)	125 mcg	12	36
MUSE® (alprostadil)	250 mcg	12	36
MUSE® (alprostadil)	500 mcg	12	36
MUSE® (alprostadil)	1000 mcg	12	36
Viagra® (sildenafil)	25 mg tablet	12	36
Viagra® (sildenafil)	50 mg tablet	12	36
Viagra® (sildenafil)	100 mg tablet	12	36
Estrogens – Topical	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Alora® (estradiol)	0.025 mg/day	8 systems	24 systems
Alora® (estradiol)	0.05 mg/day	8 systems	24 systems
Alora® (estradiol)	0.075 mg/day	8 systems	24 systems
Alora® (estradiol)	0.1 mg/day	8 systems	24 systems
Climara® (estradiol)	0.025 mg/day	4 systems	12 systems
Climara® (estradiol)	0.0375 mg/day	4 systems	12 systems
Climara® (estradiol)	0.05 mg/day	4 systems	12 systems
Climara® (estradiol)	0.06 mg/day	4 systems	12 systems
Climara® (estradiol)	0.075 mg/day	4 systems	12 systems
Climara® (estradiol)	0.1 mg/day	4 systems	12 systems
Climara-Pro® (estradiol/ levonorgestrel)	0.045 mg – 0.015 mg/24H	4 systems	12 systems
CombiPatch® (estradiol/ norethindrone)	0.05 mg – 0.14 mg (9cm2)	8 systems	24 systems
CombiPatch® (estradiol/ norethindrone)	0.05 mg – 0.25 mg (16cm2)	8 systems	24 systems
Estraderm® (estradiol)	0.05 mg/day	8 systems	24 systems
Estraderm® (estradiol)	0.1 mg/day	8 systems	24 systems

continued

Note: Some member limits may be slightly different. Please see your benefit Information for your specific limits.





Quantity Limit Program Drug List

continued

Estrogens – Topical <i>continued</i>	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Estrasorb [®] Topical Emulsion (estradiol hemihydrate)	1.74 gm Pouch (4.35 mg of Estradiol Hemihydrate)	56 pouches per 28 days	168 pouches per 84 days
Estrogel [®] (estradiol)	0.06% gel	1 pump	1 pump
Menostar [®] (estradiol)	14 mcg/day	4 systems	12 systems
Ortho Evra [®]	6 mg norelgestromin, 0.75 mg ethinyl estradiol patch	3	9
Vivelle-Dot [®] (estradiol)	0.025 mg/day	8 systems	24 systems
Vivelle-Dot [®] (estradiol)	0.0375 mg/day	8 systems	24 systems
Vivelle-Dot [®] (estradiol)	0.05 mg/day	8 systems	24 systems
Vivelle-Dot [®] (estradiol)	0.075 mg/day	8 systems	24 systems
Vivelle-Dot [®] (estradiol)	0.1 mg/day	8 systems	24 systems
Estrogens – Vaginal	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Estring [®] (estradiol)	2 mg vaginal ring	1 per 90	1 per 90
Femring [®] (estradiol acetate)	0.05 mg/day vaginal ring	1 per 90	1 per 90
Femring [®] (estradiol acetate)	0.10 mg/day vaginal ring	1 per 90	1 per 90
Hypnotic Agents	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Ambien [®] (zolpidem)	5 mg tablet	30	90
Ambien [®] (zolpidem)	10 mg tablet	30	90
Ambien CR [®] (zolpidem)	6.25 mg tablet	30	90
Ambien CR [®] (zolpidem)	12.5 mg tablet	30	90
Dalmane [®] (flurazepam)	30 mg capsule	30	90
Dalmane [®] (flurazepam)	15 mg capsule	30	90
Doral [®] (quazepam)	15 mg tablet	30	90
Doral [®] (quazepam)	7.5 mg tablet	30	90
Edluar [™] (zolpidem)	5 mg, 10 mg tablet	30	90
Halcion [®] (triazolam)	0.25 mg tablet	60	180
Halcion [®] (triazolam)	0.125 mg tablet	30	90
Lunesta [®] (eszopiclone)	1 mg tablet	30	90
Lunesta [®] (eszopiclone)	2 mg tablet	30	90
Lunesta [®] (eszopiclone)	3 mg tablet	30	90
Prosom [™] (estazolam)	2 mg tablet	30	90
Prosom [™] (estazolam)	1 mg tablet	30	90

continued

Note: Some member limits may be slightly different. Please see your benefit Information for your specific limits.





Quantity Limit Program Drug List

continued

Hypnotic Agents <i>continued</i>	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Restoril™ (temazepam)	22.5 mg capsule	30	90
Restoril™ (temazepam)	30 mg capsule	30	90
Restoril™ (temazepam)	15 mg capsule	30	90
Restoril™ (temazepam)	7.5 mg capsule	30	90
Rozerem® (ramelteon)	8 mg tablet	30	90
Sonata® (zaleplon)	10 mg capsule	60	180
Sonata® (zaleplon)	5 mg capsule	30	90
Xyrem® (sodium oxybate)	500 mg/ml	3 bottles (540 ml)	9 bottles (1620 ml)
Leukotriene Antagonists	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Accolate® (zafirlukast)	10 mg tablet	60	180
Accolate® (zafirlukast)	20 mg tablet	60	180
Singulair® (montelukast)	4 mg chewable tab	30	90
Singulair® (montelukast)	4 mg granules	30	90
Singulair® (montelukast)	5 mg chewable tab	30	90
Singulair® (montelukast)	10 mg tablets	30	90
Zyflo® (zileuton)	600 mg tablet	120	360
Zyflo CR® (zileuton)	600 mg CR tablet	120	360
Lipid Lowering (Misc.)	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Caduet® (amlodipine/atorvastatin)	2.5 mg – 10 mg tablet	30	90
Caduet® (amlodipine/atorvastatin)	2.5 mg – 20 mg tablet	30	90
Caduet® (amlodipine/atorvastatin)	2.5 mg – 40 mg tablet	30	90
Caduet® (amlodipine/atorvastatin)	5 mg – 10 mg tablet	30	90
Caduet® (amlodipine/atorvastatin)	5 mg – 20 mg tablet	30	90
Caduet® (amlodipine/atorvastatin)	5 mg – 40 mg tablet	30	90
Caduet® (amlodipine/atorvastatin)	5 mg – 80 mg tablet	30	90
Caduet® (amlodipine/atorvastatin)	10 mg – 10 mg tablet	30	90
Caduet® (amlodipine/atorvastatin)	10 mg – 20 mg tablet	30	90
Caduet® (amlodipine/atorvastatin)	10 mg – 40 mg tablet	30	90
Caduet® (amlodipine/atorvastatin)	10 mg – 80 mg tablet	30	90

continued

Note: Some member limits may be slightly different. Please see your benefit Information for your specific limits.





Quantity Limit Program Drug List

continued

Lipid Lowering (Misc.) <i>continued</i>	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Vytorin [®] (ezetimibe/simvastatin)	10 mg – 20 mg tablet	30	90
Vytorin [®] (ezetimibe/simvastatin)	10 mg – 10 mg tablet	30	90
Vytorin [®] (ezetimibe/simvastatin)	10 mg – 40 mg tablet	30	90
Vytorin [®] (ezetimibe/simvastatin)	10 mg – 80 mg tablet	30	90
Zetia [®] (ezetimibe)	10 mg tablet	30	90
Migraine Therapy	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Amerge [®] (naratriptan)	1 mg tablet	12	36
Amerge [®] (naratriptan)	2.5 mg tablet	12	36
Axert [®] (almotriptan)	6.25 mg tablet	12	36
Axert [®] (almotriptan)	12.5 mg tablet	12	36
Frova [®] (frovatriptan)	2.5 mg tablet	12	36
Imitrex [®] (sumatriptan)	25 mg tablet	12	36
Imitrex [®] (sumatriptan)	50 mg tablet	12	36
Imitrex [®] (sumatriptan)	100 mg tablet	12	36
Imitrex [®] (sumatriptan)	4 mg syringe	6 syr (3 kits)	18 syr (9 kits)
Imitrex [®] Inj (sumatriptan)	6 mg syringe	6 syr (3 kits)	18 syr (9 kits)
Imitrex [®] (sumatriptan)	6 mg vial	6 vials	18 vials
Imitrex [®] NS (sumatriptan)	5 mg nasal spray device	6	18
Imitrex [®] NS (sumatriptan)	20 mg nasal spray device	6	18
Maxalt [®] (rizatriptan)	5 mg tablet	12	36
Maxalt [®] (rizatriptan)	10 mg tablet	12	36
Maxalt MLT [®] (rizatriptan)	5 mg tablet	12	36
Maxalt MLT [®] (rizatriptan)	10 mg tablet	12	36
Migranal [®] NS (dihydroergotamine)	1 ml ampules contain 4 mg Dihydroergotamine	8 ampules	24 ampules
Relpax [®] (eletriptan)	20 mg tablet	12	36
Relpax [®] (eletriptan)	40 mg tablet	12	36
Sumavel [™] DosePro [™] (sumatriptan)	6 mg unit	6 units	18 units
Treximet [™] (sumatriptan/ naproxen sodium)	85 – 500 mg tablet	9	27
Zomig [®] (zolmitriptan)	2.5 mg tablet	12	36
Zomig [®] (zolmitriptan)	5 mg tablet	12	36
Zomig [®] NS (Zolmitriptan)	5 mg spray	6	18
Zomig ZMT [®] (zolmitriptan)	2.5 mg tablet	12	36
Zomig ZMT [®] (zolmitriptan)	5 mg tablet	12	36

continued

Note: Some member limits may be slightly different. Please see your benefit Information for your specific limits.





Quantity Limit Program Drug List

continued

Osteoporosis – Bisphosphonates	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Actonel [®] (risedronate)	35 mg	4	12
Actonel [®] (risedronate)	75 mg tablet	2	6
Actonel [®] (risedronate)	30 mg tablet	30	90
Actonel [®] (risedronate)	5 mg tablet	30	90
Actonel [®] with Calcium	35 mg – 500 mg	28 (4 Actonel and 24 Calcium)	84 (12 Actonel and 72 Calcium)
Boniva [®] (ibandronate)	2.5 mg tablet	30	90
Boniva [®] (ibandronate)	150 mg tablet	1	3
Didronel [®] (etidronate)	200 mg tablet	75	225
Didronel [®] (etidronate)	400 mg tablet	150	450
Fosamax [®] (alendronate)	35 mg	4	12
Fosamax [®] (alendronate)	70 mg	4	12
Fosamax [®] (alendronate)	70 mg solution	4 (75 ml) bottles	12 (75 ml) bottles
Fosamax Plus D [™] (alendronate – vitamin D)	70 mg	4	12
Skelid [®] (tiludronate)	200 mg tablet	60	180
Osteoporosis – Other	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Forteo [™] (teriparatide)	750 mcg/3 ml prefilled injection pens	1 injection pen	3 injection pens
Statin Drugs	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Altoprev [®] (lovastatin)	10 mg tablet	30	90
Altoprev [®] (lovastatin)	20 mg tablet	30	90
Altoprev [®] (lovastatin)	40 mg tablet	30	90
Altoprev [®] (lovastatin)	60 mg tablet	30	90
Crestor [®] (rosuvastatin)	5 mg tablet	30	90
Crestor [®] (rosuvastatin)	10 mg tablet	30	90
Crestor [®] (rosuvastatin)	20 mg tablet	30	90
Crestor [®] (rosuvastatin)	40 mg tablet	30	90
Lescol [®] (fluvastatin)	20 mg cap	30	90
Lescol [®] (fluvastatin)	40 mg cap	30	90
Lescol [®] XL (fluvastatin)	80 mg tablet	30	90
Lipitor [®] (atorvastatin)	10 mg tablet	30	90
Lipitor [®] (atorvastatin)	20 mg tablet	30	90
Lipitor [®] (atorvastatin)	40 mg tablet	30	90
Lipitor [®] (atorvastatin)	80 mg tablet	30	90
Mevacor [®] (lovastatin)	10 mg tablet	30	90
Mevacor [®] (lovastatin)	20 mg tablet	30	90
Mevacor [®] (lovastatin)	40 mg tablet	30	90

continued

Note: Some member limits may be slightly different. Please see your benefit Information for your specific limits.





Quantity Limit Program Drug List

continued

Statin Drugs <i>continued</i>	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Pravachol [®] (pravastatin)	10 mg tablet	30	90
Pravachol [®] (pravastatin)	20 mg tablet	30	90
Pravachol [®] (pravastatin)	40 mg tablet	30	90
Pravachol [®] (pravastatin)	80 mg tablet	30	90
Zocor [®] (simvastatin)	5 mg, 10 mg, 20 mg, 40 mg, 80 mg tablet	30	90
Other	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Gelnique [™] (oxybutynin)	1 gm / sachet	30 sachets	90 sachets
Intuniv [™]	1 mg, 2 mg, 3 mg, 4 mg	30	90
Januvia [®] (sitagliptin)	25 mg, 50 mg, 100 mg	30	90
LoSeasonique [™]	1 mg - .02mg – .01	1 blister pack per 91	1 blister pack per 91
Multaq [®] (dronedarone)	400 mg tablets	60	180
Neulasta [™] (pegfilgrastim)	6 mg (0.6 ml) syringe	2 syringes	6 syringes
Nuvaring [®]	0.12 – 0.015	1	3
Nuvigil [™] (armodafinil)	50 mg, 150 mg, 250 mg tabs	30	90
Onglyza [™] (saxagliptin)	2.5 mg, 5 mg tablets	30	90
Oxytrol [®] (oxybutynin chloride)	3.9 mg/24 hour patch	8	24
Pegasys [®] Convenience Pack (peginterferon alpha 2A)	180 mcg/0.5 ml prefilled syringe (NOTE: 4 syringes in a convenience pack)	4 syringes	12 syringes
Pegasys [®] (peginterferon alpha 2A)	180 mcg single use vial (each vial provides 1 ml containing 180 mcg for SC injection)	4 vials	12 vials
Peg-Intron [®] (peginterferon alpha 2b)	50 mcg/0.5 ml vial	4 vials	12 vials
Peg-Intron [®] (peginterferon alpha 2b)	80 mcg/0.5 ml vial	4 vials	12 vials
Peg-Intron [®] (peginterferon alpha 2b)	120 mcg/0.5 ml vial	4 vials	12 vials
Peg-Intron [®] (peginterferon alpha 2b)	150 mcg/0.5 ml vial	4 vials	12 vials
Peg-Intron [®] (peginterferon alpha 2b)	50 mcg/0.5 ml redipen	4 redipens	12 redipens
Peg-Intron [®] (peginterferon alpha 2b)	80 mcg/0.5 ml redipen	4 redipens	12 redipens
Peg-Intron [®] (peginterferon Alpha 2b)	120 mcg/0.5 ml redipen	4 redipens	12 redipens

Continued

Note: Some member limits may be slightly different. Please see your benefit Information for your specific limits.





Quantity Limit Program Drug List

Continued

Other continued	Dosage Form/Strength	Retail (1-Month Supply)	Mail & 90-Day Retail
Peg-Intron [®] (peginterferon alpha 2b)	150 mcg/0.5 ml redipen	4 redipens	12 redipens
Provigil [®] (modafinil)	100 mg, 200 mg tablet	60	180
Prozac [®] 90 mg weekly (fluoxetine)	90 mg	4	12
Rapaflo [™] (silodosin)	4 mg, 8 mg capsule	30	90
Relenza [®] (zanamivir)	5 mg	20	20 units per 90 days
Sancuso [®] (granisetron)	3.1 mg topical patch	2 patches	6 patches
Savella [™] (milnacipran)	12.5 mg, 25 mg, 50 mg, 100 mg tablet	60	180
Seasonale [®] /Jolesa [®] /Quasense [®]	0.15 mg – 0.03 mg	1 blister pack per 91	1 blister pack per 91
Seasonique [®]	0.15 mg – 0.03 mg – 0.01 mg	1 blister pack per 91	1 blister pack per 91
Tamiflu [®] (oseltamivir)	30 mg	20 capsules per 10 days	20 capsules per 90 days
Tamiflu [®] (oseltamivir)	45 mg	10 capsules per 10 days	10 capsules per 90 days
Tamiflu [®] (oseltamivir)	75 mg	10 capsules per 10 days	10 capsules per 90 days
Tamiflu [®] Suspension (oseltamivir)	12 mg/ml	3 (25 ml) bottles per 10 days	75 ml per 90 days
Toradol [®] (ketorolac)	10 mg tablet	20 per 5 days	20 per 5 days
Toviaz [™] (fesoterodine)	4 mg, 8 mg tablet	30	90
Uloric [®] (febuxostat)	40 mg, 80 mg tablet	30	90
Zoladex [®] (goserelin acetate)	3.6 mg	1	Not available through mail order
Zoladex [®] (goserelin acetate)	10.8 mg	1	Not available through mail order

Note: Some member limits may be slightly different. Please see your benefit information for your specific limits.

