

Policies Repository



Policy Title Quantity Level Limits for Pharmaceuticals Covered Under the Pharmacy Benefit

Policy Number FS.CLIN.17

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy Applicable medications may not be appropriate for members when prescribed in quantities above quantity level limits. Quantities exceeding the quantity level limits may create safety concerns or inappropriate utilization issues. Medications subject to quantity level limits are reviewed by the Pharmacy and Therapeutics (P&T) Committee.

Policy Description Refer to the specific manufacturer's prescribing information for description details.

Policy Guideline Inclusion Inclusion criteria include appropriate documentation of medical necessity supplied by the prescriber.

Policy Guideline Exclusion Exclusion criteria include lack of documentation of medical necessity supplied by the prescriber.

An urgent, temporary, 96-hour supply of the drug is available (through retail pharmacy facilitation) upon request during review for medical necessity. Refer to Policy List of Applicable Drugs for a list of medications with quantity limits.

Policy List of Applicable Drugs

Medication	Quantity Limit	Quantity Limit (per rolling 30 days)
<i>Sedative Hypnotics</i>		
Ambien (zolpidem tartrate)	14 tablets/Rx	
Dalmane (flurazepam HCl)	14 tablets/Rx	
Doral (quazepam)	14 tablets/Rx	
Prosom (estazolam)	14 tablets/Rx	
Halcion (triazolam)	14 tablets/Rx	
Restoril (temazepam)	14 tablets/Rx	
Sonata (zaleplon)	14 tablets/Rx	
<i>Antivirals</i>		
Relenza	60 units per 180 days	
Tamiflu	28 capsules per 30 days	
	75 ml suspension/Rx per 30 days	

<i>MS Agents</i>		
Avonex		4 units
Betaseron		15 units/30 days, 14 units/28 days (determined by product)
Copaxone		30 units
Rebif		12 units
<i>Osteoporosis Agents</i>		
Actonel 35 mg		5 units
Actonel 75mg		2 units/28 days
Actonel 150 mg		2 units/28 days
Fosamax 70 mg		5 units
Fosamax 35 mg		5 units
Fosamax Plus D 70 mg		5 units
Boniva 150 mg		2 units
<i>Erectile Dysfunction Agents</i>		
Caverject		8 units
Cialis 2.5 mg and Cialis 5 mg		30 units
Cialis 10mg and 20mg		8 units
Edex		8 units
Levitra		8 units
MUSE		8 units
Viagra		8 units
<i>Antiemetics</i>		
Emend		#4 125 mg capsules or
		#8 80 mg capsules or
		#4 tri-fold packs or
		#2 40 mg capsules
<i>Antidepressants</i>		
Prozac weekly		5 units
<i>Miscellaneous</i>		
Lidoderm patch		90 patches
Flector patch		60 patches

5HT Receptor Agonists and Other Migraine Agent Quantity Limits - Refer to Migraine Agents Policy

Quantity vs. Time Edits for Fertility Medications - Refer to Injectable Fertility Medications Policy

Schedule II Tablet/Capsule/Lozenge/Patches Quantity Limits - Refer to Controlled Substance Quantity Limits Policy

Note: For retail plans with a 90-day supply or any mail service plans, the limits are tripled.

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details, contraindications, and Black Box warnings.

Policy References

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Betaseron® (interferon beta-1b) [package insert]. Montville, NJ: Bayer HealthCare Pharmaceuticals; 2008. Also available online at:
http://www.betaseron.com/prescribing_info.jsp Accessed April 1, 2009.

Cialis® (tadalafil) [package insert]. Indianapolis, IN: Eli Lilly and Company; January 2008. Also available online at: <http://www.cialis.com/misc/tb00.jsp>.
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<http://www.copaxone.com/pdf/PrescribingInformation.pdf>. Accessed April 1, 2009.

Facts and Comparisons. Nimotop monograph. [Facts and Comparisons Web site]. Available at: <http://www.factsandcomparisons.com/efacts.asp> [via
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http://www.merck.com/product/usa/pi_circulars/f/fosamax/fosamax_pi.pdf. Accessed April 1, 2009.

Rebif® (interferon beta-1a) [package insert]. Rockland, MA: EMD Serono, Inc.; 2008. Also available online at:
http://www.mslifelines.com/_assets/pdf/Rebif_PI.pdf. Accessed April 1, 2009.

Viagra® (sildenafil citrate) [package insert]. New York, NY: Pfizer; 2007. Also available online at: http://www.pfizer.com/files/products/uspi_viagra.pdf.
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Policy Link to Related Policies

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