

Quantity Management

What is Quantity Management?

It's a quality and safety program that promotes the safe use of medications. The program limits the amount of some medications that we cover.

We base the Quantity Management program limits on U.S. Food and Drug Administration and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design. The limits only affect the amount of medication your benefit plan covers. You and your doctor make the final decision about the amount of medication that is right for you.

Which Medications are Included?

We post the most recently updated list of medications on our website. See the list that applies to most plans below. Check your benefit information to determine if quantity limits apply to you.

For most medications on the list, your plan will only cover a set amount within a set timeframe. Your plan will cover higher amounts of some medications when medically necessary.

If a drug on the list has an asterisk (*) next to it, you may be able to get a medical necessity override for a larger amount. If you need more of these medications, please have your doctor call the Caremark Prior Authorizations department at 800-294-5979. Your doctor can also fax requests to 888-836-0730. On behalf of your health plan, Caremark administers the Quantity Management program. Caremark is an independent company that manages pharmacy benefits.

What Happens at the Pharmacy?

The pharmacist enters your prescription information into the computer system. If the drug has a limit on the covered amount, the pharmacist will fill your prescription as long as it does not exceed the limit. If your prescription exceeds the quantity limit, you have three choices.

1. Your pharmacist can reduce your prescription to the quantity your health plan covers.
2. You can pay full price for all of your prescription or for the portion that exceeds the limit.
3. You or your pharmacist can ask your doctor to get a quantity override if one is available.

If your plan approves the additional quantity, it will pay for it. If your plan does not approve it or the override is not available, you can still choose option 1 or 2.

If you submit your prescription to the mail-service pharmacy and (1) you do not meet the requirements for an override for an additional quantity or (2) an override exception is not available for your drug, the pharmacy will not fill your prescription. It will return your prescription to you.

Standard Quantity Management Drug List

Abstral (120 tablets per month)
AcipHex (30 tablets per month)*+++
Actiq (120 lozenges per month)
Actonel 150 mg (1 tablet per month)
Actonel 35 mg (4 tablets per month)
Actonel 5 mg (31 tablets per month)
Actonel 75 mg (2 tablets per month)
Actonel with calcium (4 tablets per month)
Adderall (60 tablets per month)
Adderall XR (30 tablets per month)
Advair Diskus (1 package per month)
Advair HFA (1 package per month)
Aerobid (2 inhalers per month)
Aerobid-M (2 inhalers per month)
albuterol inhalation solution (375 ml per month)
albuterol nebulizer solution (120 ml per month)
Aloxi Solution (5 ml per month)*
Alvesco (2 inhalers per month)
Ambien (30 tablets per month)++
Ambien CR (30 tablets per month)++
Amerge (8 tablets per month)*+
Anzemet 100 mg (3 tablets per month)*
Anzemet 50 mg (3 tablets per month)*
Anzemet Solution (300 mg per month)*
Asmanex (1 inhaler per month)
Astelin (1 inhaler per month)
Astepro (1 inhaler per month)
Atelvia (4 capsules per month)
Avinza (30 capsules per month)*
Axert (8 tablets per month)*+
Beconase AQ (2 inhalers per month)
Boniva 150 mg (1 tablet per month)
Boniva 2.5 mg (31 tablets per month)
Brovana Solution (120 ml per month)
butorphanol nasal spray (2 inhalers per month)*
Butrans (4 patches per month)
Bydureon (4 vials per month)
Cambia (4 packets per month)
Celebrex 100 mg (60 capsules per month)
Celebrex 200 mg (30 capsules per month)*
Celebrex 50 mg (60 capsules per month)
Cesamet (20 capsules per month)*
codeine (45 tablets per month)
codeine with acetaminophen (varies by strength)
Colcrys (60 tablets per month)
Combivent (2 inhalers per month)
Concerta (60 tablets per month)
Conzip (30 capsules per month)
Coreg CR (30 tablets per month)
Cymbalta 20 mg (60 tablets per month)
Cymbalta 30 mg (30 tablets per month)
Cymbalta 60 mg (30 tablets per month)
Dalmane (30 capsules per month)++
Darvon (180 tablets per month)
Darvon-N (180 tablets per month)
Daytrana (30 patches per month)
DDAVP (2 bottles per month)
Demerol (30 tablets per month)
Desoxyn (120 tablets per month)
Dexedrine (90 tablets per month)
Dexilant (30 capsules per month)*+++
Dilaudid (180 tablets per month)
Doral (30 tablets per month)++
Dulera (1 inhaler per month)
Duoneb (540 ml per month)
Duragesic (10 patches per month) *
Edluar (30 tablets per month)++
Effexor XR (30 capsules per strength per month)
Embeda (60 capsules per month)*
Emend 125 mg (2 tablets per month)*
Emend 40 mg (4 tablets per month)*
Emend 80 (2 tablets per month)*
Exalgo (60 tablets per month)*
Fentora (120 tablets per month)
Flonase (1 inhaler per month)
Flovent (2 inhalers per month)
Flovent Diskus (1 to 4 boxes per month depending on strength)
Flovent HFA (2 inhalers per month)
Focalin (60 tablets per month)
Focalin XR (60 capsules per month)
Foradil (60 capsules per month)
Fosamax 10 mg (31 tablets per month)
Fosamax 35 mg (4 tablets per month)
Fosamax 5 mg (31 tablets per month)
Fosamax 70 mg (4 tablets per month)
Fosamax D (4 tablets per month)
Fosamax Solution (75 ml per month)
Frova (8 tablets per month)*+
Halcion (30 tablets per month)++
hydrocodone with acetaminophen (varies by strength)
hydrocodone with ibuprofen (varies by strength)
hydromorphone (180 tablets per month)
Imitrex (8 tablets per month)*+
Imitrex Injection (5 vials per month)*+
Imitrex Kits (3 kits per month)*+
Imitrex Nasal (1 box per month)*+
Insulin syringes (200 per month)
Intal Solution for Inhalation (120 vials per month)
Intermezzo (30 tablets per month)++
ipratropium nebulizer solution (120 vials per month)
Kadian (60 capsules per month)*
Kapvay (120 tablets per month)
Kytril 1 mg (6 tablets per month)*
Kytril injection (1 ml per month)*
Kytril oral solution (30 ml per month)*
Lancets (200 per month)
Lazanda (varies by package size)
Levo-Dromoran (180 tablets per month)
Lunesta (30 tablets per month)++
Lyrica 225mg (60 capsules per month)
Lyrica 25mg –200 mg (90 capsules per month)
Lyrica 300mg (60 capsules per month)
Maxair .2% (1 inhaler per month)
Maxair Autoinhaler (1 inhaler per month)
Maxalt (8 tablets per month)*+
Maxalt MLT (8 tablets per month)*+
Metadate CD (60 tablets per month)
Methylin Chew (180 tablets per month)

Methylin Solution (900 ml per month)
 Miactalcin injection (8 ml per month)
 Miactalcin NS (8 ml per month)
 Migranal (1 kit per month)
 Morphine Immediate release (180 tablets per month)
 Morphine solution (180 ml per month)
 MS Contin (90 tablets per month)*
 Nasacort AQ (1 inhaler per month)
 Nasarel (1 inhaler per month)
 Nasonex (1 inhaler per month)
 Nexium (30 capsules per month)*+++
 Nucynta (600 mg per day)++++
 Nucynta ER (500 mg per day)++++
 Omnaris (1 inhaler per month)
 Onsolis (120 units per month)
 Opana (120 tablets per month)
 Opana ER (120 tablets per month)*
 Oramorph SR (90 tablets per month)*
 Oxecta (180 tablets per month)
 oxycodone immediate release (180 capsules per month)
 oxycodone with acetaminophen (varies by strength)
 oxycodone with aspirin (varies by strength)
 oxycodone with ibuprofen (varies by strength)
 Oxycontin (120 tablets per month)*
 Patanase (1 inhaler per month)
 Perforomist (60 vials per month)
 Prevacid (30 capsules per month)*+++
 Prevacid 24HR (120 capsules per month)
 Prilosec (30 capsules per month)*+++
 Prilosec OTC (120 capsules per month)
 Pristiq (30 tablets per month)
 ProAir HFA (2 inhalers per month)
 Procentra (1200 ml per month)
 ProSom (30 tablets per month)+
 Protonix (30 tablets per month)*+++
 Proventil HFA (2 inhalers per month)
 Pulmicort Flexhaler (2 inhalers per month)
 Pulmicort Respules (1 box per month)
 Quaaluan (42 capsules, 7 days supply per year)*
 Qvar (2 inhalers per month)
 Relenza (20 blisters per fill, 3 fills per year)
 Relpax (8 tablets per month)*+
 Restoril (30 capsules per month)++
 Rhinocort Aqua (2 inhalers per month)
 Rybix (240 tablets per month)
 Ritalin (90 tablets per month)
 Ritalin LA (60 tablets per month)
 Ritalin SR (90 tablet per month)
 Roxicodone (180 tablets per month)
 Rozerem (30 tablets per month)++
 Ryzolt (30 tablets per month)

Sancuso (2 patches per month)*
 Serevent Diskus (60 blisters per month)
 Silenor (30 capsules per month)++
 Sonata (30 capsules per month)++
 Spiriva (30 capsules per month)
 Sporanox (120 capsules per month, 360 capsules per year)
 Sporanox solution (600 ml per month, 1,800 ml per year)
 Stratterra (60 capsules per month)
 Subsys (120 sprays per month)
 Sumavel (1 box per month)*+
 Symbicort (1 inhaler per month)
 Syringes/needles (200 per month)
 Talacen (135 capsules per month)
 Talwin NX (360 tablets per month)
 Tamiflu 30 mg (20 capsules, 3 per year)
 Tamiflu 45 mg (10 capsules, 3 per year)
 Tamiflu 75 mg (10 capsules, 3 per year)
 Tamiflu susp (1 bottle per fill, 3 fills per year)
 Test strips (200 per month)
 Toradol (20 tablets per month)
 Treximet (9 tablets per month)*+
 Ultracet (240 tablets per month)++++
 Ultram (240 tablets per month)++++
 Ultram ER (30 tablets per month)
 Valtrex 1000 mg (31 tablets per month)
 Valtrex 500 mg (62 tablets per month)
 Vancocin (limits vary by strength)
 Ventolin HFA (2 inhalers per month)
 Veramyst (1 inhaler per month)
 Victoza (one box per month)
 Vimovo (60 tablets per month)
 Vyvanse (60 tablets per month)
 Wellbutrin XL 150 mg (30 tablets per month)
 Xopenex HFA (2 inhalers per month)
 Xopenex nebulizer solution (3 boxes per month)
 Zegerid (30 capsules per month)*+++
 Zegerid OTC (120 capsules per month)
 Zofran 24 mg (1 tablet per month)*
 Zofran 4 mg (9 tablets per month)*
 Zofran 8 mg (9 tablets per month)*
 Zofran injection (10 ml per month)*
 Zofran ODT (9 tablets per month)*
 Zofran Solution (100 ml per month)*
 Zolpimist (1 unit per month)++
 Zomig (8 tablets per month)*+
 Zomig Nasal Spray (1 box per month)*+
 Zomig ZMT (8 tablets per month)*+
 Zortress (60 tablets per month)
 Zuplenz 4 mg (9 oral patches per month)*
 Zuplenz 8 mg (6 oral patches per month)*

* The doctor can request a medical necessity override for a larger quantity by calling Caremark at 800-294-5979.

Migraine (+), sleep aid (++) , ulcer (+++) and select pain (++++) medication quantity limits apply to all medications within the drug class. For example, if coverage for a sleep aid is limited to one tablet per day, only one sleep aid tablet per day will be covered. Select (++++) limits apply to all strengths and combinations.

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