

Quantity Management

October 2019

Not all benefit plans include the Quantity Management program. Check your plan materials to see if this information applies to you.

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 we cover. For most medications on the list, your plan will only cover a set amount within a set time frame.

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.

Please note that many opioid pain medications are subject to quantity limits as part of a separate drug management program. For more information, please see the **Opioid Management Program** drug list available on your health plan's website.

What If My Doctor Says I Need More Than The Listed Quantity Limit?

Your plan will cover higher amounts of some medications when medically necessary. If your doctor thinks you need more than the amount allowed by your plan, he or she can request an override. These requests either go to CVS Caremark (page 2) or to your health plan (pages 3-5) for review. Specialty drug quantity overrides (pages 6-8) go to Caremark Specialty for review. CVS Caremark is an independent company that provides pharmacy management services on behalf of your health plan.

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:

- Your pharmacist can reduce your prescription to the quantity your health plan covers.
- You can pay full price for all of your prescription or for the portion that exceeds the limit.
- 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 another option. You and your doctor make the final decision about the medication that is right for you.

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.

Your benefit document defines actual benefits available and can exclude coverage for certain drugs listed here. Check your benefit information to verify coverage or view personal benefit information on our website. This list may contain trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with your health plan. This list can change or expand from time to time without prior notice. When we list brand-name drugs, the Quantity Limit program can also apply to any available generic equivalents

Quantity Management List – Override Requests to CVS Caremark

To request a quantity override for these drugs, please have your doctor call the CVS Caremark Prior Authorization department at 800-294-5979. Your doctor can also fax requests to 888-836-0730.

A	Emend 80 mg 125 mg (2 tabs/month) Emend Pak (1 pack [3 caps]/15 days) Emla 2.5%-2.5% cream (30 gm/25 days) Exalgo 8-16 mg (30 tabs/month) Exalgo 32 mg (Requires PA)	ondansetron ODT (9 tabs/month) ondansetron solution (100 mL/month) oxiconazole topical (90 units/month) Oxycontin 10-30 mg (60 tabs/month) Oxycontin 40-80 mg (Requires PA)
Aclovote (120 grams/month) Adoxa (14-day supply/365 days) Aloxi Solution (5 mL/month) Alsuma injection (2.5 mL/month) amcinonide (120 mL/month) Amerge (8 tabs/month)+ Anzemet 50 mg 100 mg (3 tabs/month) Anzemet Solution (300 mg/month) Apexicon E (120 grams/month) Avinza (30 caps/month) Axert (8 tabs/month)+	F Fluocinolone (120 grams/month) Fluocinonide (120 grams or mL/ month) Flurandrenolide (120 grams/month) Fluticasone (120 grams or mL/month) Frova (8 tabs/month)+	P Pandel (120 grams or mL/month) Pantoprazole (30 tabs/month) Psorcon (120 grams or mL/month)
B	G Granisol Oral Solution (30 mL/month)	Q N/A
Betamethasone dipropionate augmented/unaugmented (120 mL/month) Betamethasone valerate (120 grams or mL/month) butorphanol nasal spray (2 inhalers/month)	H Halog (120 grams/month) hydrocortisone cream, lotion and ointment (120 units/month) Hydrocortisone valerate (120 grams or mL/month)	R Relpax (8 tabs/month)+
C	I Imitrex Injection (2.5 mL/month)+ Imitrex Nasal (1 box/month)+	S Sancuso (2 patches/month) Sorilux (120 grams/month) sumatriptan (8 tabs/month) Sumavel (1 box/month)+ Synalar (120 grams/month) Synera 70-70 mg patch (2 patches/25 days)
Calcipotriene topical (120 grams or mL/month) Calcipotriene/betamethasone topical (120 grams/month) Calcitriol topical (200 grams/month) Celebrex 200 mg (30 caps/month) Cinvanti (2 vials/month) Clobetasol (120 grams/month) Clobex lotion (120 mL/month) Cloderm (120 grams or mL/month) Compounds – all (Limit of one fill of each unique ingredient within the compound/25 days) Cordran (120 grams or mL/month) Cutivate (120 grams or mL/month)	J N/A	T Temovate/E (120 grams or mL/month) Topicort (120 grams or mL/month) Treximet (9 tabs/month)+ triamcinolone cream, lotion and ointment (120 units/month) triamcinolone spray (2 cans/month) Tridesilon (120 grams/month)
D	K Kytril 1 mg (6 tabs/month) Kytril injection (1 mL/month)	U Ultravate (120 grams /month)
Dermatop (120 mL/month) Desonate (120 grams/month) desonide (120 grams or mL/month) DesOwen (120 grams or mL/month) Diprolene/AF (120 grams or mL/month) Dovonex Cream (120 grams/month) doxycycline hyclate/monohydrate (14-day supply/365 days) Duragesic 12 – 37.5 mcg (10 patches/month) Duragesic 50-100 mcg (Requires PA)	L lidocaine 4% solution (50 mL/25 days) lidocaine 5% ointment (50 gm/25 days) lidocaine-prilocaine 2.5-2.5% cream (30 gm/25 days) lidocaine-tetracaine 70-70 mg patch (2 patches/25 days) lidocaine-tetracaine 7-7% cream (30 gm/25 days) Locoid/Lipocream (120 grams or mL/month) LoKara (120 grams or mL/month)	V Vanos (120 grams or mL/month) Vectical topical (200 grams/month)
E	M Maxalt/MLT (8 tabs/month)+	W Westcort (120 grams or mL/month)
Elocon (120 grams or mL/month) Emend 40 mg (4 tabs/month)	N Nolix (120 grams/month)	X N/A
	O Omeprazole (30 caps/month) ondansetron 24 mg (1 tab/month) ondansetron 4 mg 8 mg (9 tabs/ month) ondansetron injection (varies)	Y N/A
		Z Zohydro ER 10-40 mg (60 caps/month) Zohydro ER 50 mg (Requires PA) Zomig/ZMT (8 tabs/month)+ Zomig nasal spray (1 box/month)+ Zuplenz 4 mg 8 mg (10 patches/15 days)

Migraine medication (+) quantity limits apply to all medications within the drug class. For example, if coverage for a migraine medication is limited to one tab a day, only one migraine medication a day will be covered.

Quantity Management List – Override Requests to Your Health Plan

To request a quantity override for these drugs, please have your doctor contact your health plan at the precertification or customer service numbers on the back of your ID card.

A Abstral (120 tabs/month) Accuneb (360 mL/month) Actiq (120 lozenges/month) Actonel 5 mg (31 tabs/month) Actonel 35 mg (4 tabs/month) Actonel 150 mg (1 tab/month) Adderall XR, all strengths (30 caps/month) Advair Diskus (varies by strength) Advair HFA (1 package/month) Aerobid/Aerobid-M (2 inhalers/month) albuterol inhalation solution (375 mL/month) albuterol nebulizer solution (varies by strength) Ambien/Ambien CR (30 tabs/month)++ Anoro Ellipta (1 unit/month) Aptensio XR 10 mg 15 mg 20 mg 30 mg (60 tabs/month) Aptensio XR 40 mg 50 mg 60 mg (30 tabs/month) Aptivus Cap 250 mg (120 caps/30 days) Aptivus Sol 100 mg/mL (285 mL/28 days) Asmanex (varies by strength) Astelin (1 inhaler/month) Astepro (1 inhaler/month) Atelvia (4 caps/month) atomoxetine 10 mg 18 mg 25 mg 40 mg (60 caps/month) atomoxetine 60 mg 80 mg 100 mg (30 caps/month) Atripla Tab (30 tabs/30 days) Atrovent (2 inhalers/month)	Crixivan Cap 200 mg (450 caps/30 days) Crixivan Cap 400 mg (180 caps/30 days) Cromolyn sodium nebulizer (240 mL/month)
B Beconase AQ (2 inhalers/month) Belsomra (30 tabs/month)++ Binosto (4 tabs/month) Boniva 150 mg (1 tab/month) Breo Ellipta (1 unit/month) Brovana Solution (120 mL/month) Bunavail 2.1 mg/0.3 mg 4.2mg/0.7 mg (90 units/25 days) Bunavail 6.3 mg/1 mg (60 units/25 days) Buprenorphine/naloxone 2 mg/0.5 mg 4 mg/1 mg 8 mg/2 mg (90 units/ 25 days) Buprenorphine/naloxone 12 mg/3 mg (60 units/25 days) Bydureon (4 vials/month)	D Dalmane (30 caps/month)++ Daytrana (30 patches/month) DDAVP (2 bottles/month) Delstrigo Tab (30 tabs/30 days) Descovy Tab 200/25 (30 tabs/30 days) Desoxyn (120 tabs/month) Desvenlafaxine (30 tabs/month) Dexedrine CR 15 mg (60 tabs/month) Dexedrine CR 5 mg 10 mg (90 tabs/month) dextroamphetamine tabs 2.5 mg 5 mg 7.5 mg 10 mg 12.5 mg (90/month) dextroamphetamine tabs 15 mg 20 mg 30 mg (60/month) dextroamphetamine/amphetamine 5 mg 7.5 mg 10 mg (90 tabs/month) dextroamphetamine/amphetamine 15 mg 20 mg 30 mg (60 tabs/month) dextroamphetamine/amphetamine XR, all strengths (30 caps/month) Diabetic test strips (200/month) diclofenac sodium cream 1% (two 100 g tubes/month) diclofenac sodium cream 3% (1 tube/month) Doral (30 tabs/month)++ Dulera (1 inhaler/month) Duloxetine 20 mg 60 mg (60 tabs/month) Duloxetine 30 mg 40 mg (30 tabs/month) Duoneb (540 mL/month) Dupixent 200 mg/1.14 mL pre-filled syringe (400 mg (2.28 mL)/28 days) Dymista (1 bottle/month) Dynavel (240 mL/month)
C Celebrex 50 mg 100 mg (60 caps/month) Cialis 2.5 mg 5 mg (30 tabs/month) Cialis 10 mg 20 mg (6 tabs/month)* Colcrys (60 tabs/month) Combivent (2 inhalers/month) Combivir Tab 150-300 (60 tabs/30 days) Complera Tab (30 tabs/30 days) Concerta (30 tabs/month) Copiktra Cap 15 mg (56 caps/28 days) Copiktra Cap 25 mg (56 caps/28 days) Coreg CR (30 tabs/month)	E Edluar (30 tabs/month)++ Edurant Tab 25 mg (60 tabs/30 days) Emtriva Cap 200 mg (30 caps/30 days) Emtriva Sol 10 mg/mL (680 mL/28 days) Epidiolex 100 mg/mL (100 mL) (600 mL/30 days) Epivir Sol 10 mg/mL (900 mL/30 days) Epivir Tab 150 mg (60 tabs/30 days) Epivir Tab 300 mg (30 tabs/30 days) Epzicom Tab 600-300 (30 tabs/30 days) Eszopiclone (30 tabs/month)++ Evekeo (60 tabs/month) Evotaz Tab 300-150 (30 tabs/30 days) F Fentanyl transmucosal (120 tabs/month) Fentora (120 tabs/month) Flonase (1 inhaler/month) Flovent (2 inhalers/month)

Migraine (+) and sleep aid (++) medication quantity limits apply to all medications within the drug class. For example, if coverage for a sleep aid is limited to one tab a day, only one sleep aid tab a day will be covered. *Limit applies to members whose plans cover erectile dysfunction (ED) products. ED drugs are not covered for all other members.

Quantity Management List – Override Requests to Your Health Plan

Flovent Diskus (varies by strength)
 Flovent HFA (2 inhalers/month)
 Focalin, all strengths (60 tabs/month)
 Focalin XR 5 mg | 10 mg | 15 mg | 20 mg (60 caps/month)
 Focalin XR 25 mg | 30 mg | 35 mg | 40 mg (30 caps/month)
 Fortical (2 bottles/month)
 Fosamax 5 mg | 10 mg (31 tabs/month)
 Fosamax 35 mg | 70 mg (4 tabs/month)
 Fosamax D (4 tabs/month)
 Fosamax Solution (75 mL/month)
 Fulphila Inj (2/28 days)

G

Galafold Cap 123 mg (14 caps/28 days)
 Genvoya Tab (30 tabs/30 days)

H

Halcion (30 tabs/month)++
 Humira Pen Kit CD/UC/HS (1 kit/28 days)
 Humira Pen Kit PS/UV (1 kit/28 days)

I

Incruse Ellipta (1 unit/month)
 Insulin syringes (200/month)
 Intal solution for inhalation (120 vials/month)
 Intelence Tab 25 mg | 100 mg (120 tabs/30 days)
 Intelence Tab 200 mg (60 tabs/30 days)
 Intermezzo (30 tabs/month)++
 Invirase Cap 200 mg (300 caps/30 days)
 Invirase Tab 500 mg (120 tabs/30 days)
 ipratropium nebulizer solution (120 vials/month)
 Isentress Chw 25 mg | 100 mg (180/30 days)
 Isentress Pow 100 mg (60/30 days)
 Isentress Tab 400 mg (120 tabs/30 days)

J

N/A

K

Kaletra Sol (390/30 days)
 Kaletra Tab 100-25 mg (240 tabs/30 days)
 Kaletra Tab 200-50 mg (120 tabs/30 days)
 Kapvay (120 tabs/month)
 Kevzara 150 mg/1.14 mL | 200 mg/1.14 mL (2 syringes/pens per 4 weeks)

L

Lancets (200/month)
 Lazanda (8 bottles/month)
 Levitra (6 tabs/month)*
 Lexiva Sus 50 mg/mL (1575 mL/28 days)
 Lexiva Tab 700 mg (120 tabs/30 days)
 Lidocaine patches (90/month)
 Lyrica 225 mg | 300 mg (60 caps/month)
 Lyrica 25 mg–200 mg (90 caps/month)
 Lyrica Solution (30 mL/day)

M

Maxair .2%/Maxair Autoinhaler (1 inhaler/month)
 Metadate CD 10 mg | 30 mg (60 caps/month)

Metadate CD 20 mg (90 caps/month)
 Metadate CD 40 mg | 50 mg | 60 mg (30 caps/month)
 Methylin chew (180 tabs/month)
 Methylin solution (900 mL/month)
 Methyphenidate 5 mg | 10 mg (90 tabs/month)
 Mitigare (60 caps/month)

N

Nasacort AQ (1 inhaler/month)
 Nasarel (1 inhaler/month)
 Norvir Cap 100 mg (360 caps/30 days)
 Norvir Powd Pkt 100 mg (360/30 days)
 Norvir Sol 80 mg/mL (480 mL/30 days)
 Norvir Tab 100 mg (360 tabs/30 days)

O

Omnaris (1 inhaler/month)
 Onmel (180 tabs/year)
 Onpattro Sol 10 mg/5 mL (30mg (or 3 vials)/21 days)
 Onsolis (120 units/month)
 Orkambi Gra 100-125 (56 packets/28 days)
 Orkambi Gra 150-188 (56 packets/28 days)

P

Patanase (1 inhaler/month)
 Perforomist (60 vials/month)
 Pifeltro Tab (60 tabs/30 days)
 Pregabalin 225 mg | 300 mg (60 caps/month)
 Pregabalin 25 mg–200 mg (90 caps/month)
 Pregabalin Solution (30 mL/day)
 Prezcobix Tab 800-150 (30 tabs/30 days)
 ProAir HFA/ProAir Respiclick (2 inhalers/month)
 Procentra (1,200 mL/month)
 ProSom (30 tabs/month)+
 Pulmicort Flexhaler (2 inhalers/month)

Q

Qnasl (1 canister/month)
 Quillichew ER 20 mg | 30 mg (60 tabs/month)
 Quillichew ER 40 mg (30 tabs/month)
 Quillivant XR 60 mg (12 mL/day)
 Qvar (2 inhalers/month)

R

Ramelteon (30 tabs/month)++
 Relenza (20 blisters/fill, 3 fills/year)
 Rescriptor Tab 100 mg (900 tabs/30 days)
 Rescriptor Tab 200 mg (450 tabs/30 days)
 Restoril (30 caps/month)++
 Retrovir Cap 100 mg (180 caps/30 days)
 Retrovir Syp 50 mg/5 mL (1800 mL/30 days)
 Retrovir Tab 300 mg (60 tabs/30 days)
 Reyataz Cap 150 mg | 300 mg (30 caps/30 days)
 Reyataz Cap 200 mg (60 caps/30 days)
 Reyataz Pow 50 mg (180 Packets/30 days)
 Rhinocort Aqua (2 inhalers/month)
 Ritalin 5 mg | 10 mg | 20 mg (90 tabs/month)
 Ritalin LA 10 mg | 20 mg | 30 mg (60 tabs/month)
 Ritalin LA 40 mg | 60 mg (30 tabs/month)

Migraine (+) and sleep aid (++) medication quantity limits apply to all medications within the drug class. For example, if coverage for a sleep aid is limited to one tab a day, only one sleep aid tab a day will be covered.

Quantity Management List – Override Requests to Your Health Plan

Rozerem (30 tabs/month)++

S

Santyl (60 g/month)
Seebri Neohaler (1 unit/month)
Selzentry Sol 20 mg/mL (1840 mL/30 days)
Selzentry Tab 150 mg (60 tabs/30 days)
Selzentry Tab 300 mg (120 tabs/30 days)
Serevent Diskus (60 blisters/month)
Silenor (30 caps/month)++
Sonata (30 caps/month)++
Spiriva (30 caps/month)
Spiriva Respimat (1 unit/month)
Sporanox (120 caps/month, 360 caps/year)
Sporanox solution (600 mL/month, 1,800 mL/year)
Stiolto Respimat (1 unit/month)
Suboxone 2 mg/0.5 mg | 4 mg/1 mg | 8 mg/2 mg (90 units/25 days)
Suboxone 12 mg/3 mg (60 units/25 days)
Subsys (120 sprays/month)
Sustiva Cap 50 mg | 200 mg (90 caps/30 days)
Sustiva Tab 600 mg (30 tabs/30 days)
Symbicort (1 inhaler/month)
Syringes/needles (200/month)

T

Tamiflu 30 mg (20 caps, 3/year)
Tamiflu 45 mg | 75 mg (10 caps, 3/year)
Tamiflu suspension (1 bottle/fill, 3 fills/year)
Tivicay Tab 10 mg | 25 mg | 50 mg (60 tabs/30 days)
Toradol (20 tabs/month)
Triumeq Tab (30 tabs/30 days)
Trizivir Tab (60 tabs/30 days)
Trulicity (4 pens/month)
Truvada Tab 100-150 | 133-200 | 167-250 | 200-300 (30 tabs/30 days)
Tudorza (1 pack/month)
Tudorza Pressair (1 unit/month)
Tybost Tab 150 mg (30 tabs/30 days)

U

N/A

V

Valacyclovir 500 mg (62 tabs/month)
Valacyclovir 1000 mg (31 tabs/month)
Vancocin (limits vary by strength)
venlafaxine (30 caps/strength/month)
Victoza (one box/month)
Videx EC Cap 125 mg | 200 mg | 250 mg | 400 mg (30 caps/30 days)
Videx Sol 2 gm | Sol 4 gm (1200 mL/30 days)
Viracept Tab 250 mg (300 tabs/30 days)
Viracept Tab 625 mg (120 tabs/30 days)
Viramune Sus 50 mg/5 mL (1200 mL/30 days)
Viramune Tab 200 mg (60 tabs/30 days)
Viramune XR Tab 100 mg (90 tabs/30 days)
Viramune XR Tab 400 mg (30 tabs/30 days)
Viread Pow 40 mg/gm (240 Gm/30 days)
Viread Tab 150 mg | 200 mg | 250 mg | 300 mg (30 tabs/30 days)
Vizimpro 15 mg Tab (30 tabs/30 days)
Vizimpro 30 mg Tab (30 tabs/30 days)
Vizimpro 45 mg Tab (30 tabs/30 days)
Vyvanse 10 mg | 20 mg | 30 mg (60 caps/month)
Vyvanse 40 mg | 50 mg | 60 mg | 70 mg (30 caps/month)

W

N/A

X

Xopenex nebulizer solution (3 boxes/month)

Y

N/A

Z

Zerit Cap 15 mg | 20 mg | 30 mg | 40 mg (60 caps/30 days)
Zerit Sol 1 mg/mL (2400 mL/30 days)
Zetonna (2 inhalers/month)
Ziagen Sol 20 mg/mL (900/30 days)
Ziagen Tab 300 mg (60 tabs/30 days)
Zolpimist (1 unit/month)++
Zortress 0.25 mg | 0.75 mg (62 tabs/month)
Zortress 0.50 mg (124 tabs/month)
Zubsolv 0.7 mg/0.18 mg | 1.4 mg/0.36 mg | 2.9 mg/0.71 mg | 5.7 mg/1.4 mg (90 units/25 days)
Zubsolv 11.4 mg | 2.9 mg (30 units/25 days)
Zubsolv 8.6 mg | 2.1 mg (60 units/25 days)

Migraine (+) and sleep aid (++) medication quantity limits apply to all medications within the drug class. For example, if coverage for a sleep aid is limited to one tab a day, only one sleep aid tab a day will be covered.

Quantity Management List – Specialty Drugs

To request a quantity override for these drugs, please have your doctor call CVS Caremark Specialty Guideline Management at 866-814-5506.

A Actemra Inj 80 mg/4 mL (20 mL (5 vials)/28 days) Actemra Inj 162/0.9 (162 mg/week (3.6 mL)/28 days) Actemra Inj 200/10 mL 400/20 mL (40 mL/14 days) Actemra Inj Actpen 162 mg/0.9 mL (4 autoinjectors (3.6 mL)/28 days) Addcirca Tab 20 mg (60 tabs/30 days) Adempas Tab 0.5 mg 1 mg 1.5 mg 2 mg 2.5 mg (90 tabs/30 days) Afinitor Tab 2.5 mg 5 mg 7.5 mg 10 mg (30 tabs/30 days) Alecensa 150 mg (240/30 days) Alunbrig Pak (30/30 days) Alunbrig Tab 30 mg (120 tabs/30 days) Alunbrig Tab 90 mg (53 tabs/30 days) Alunbrig Tab 180 mg (30 tabs/30 days) Ampyra Tab 10 mg (60 tabs/30 days) Arcalyst Inj 220 mg (4/28 days) Aubagio Tab 14 mg 7 mg (30 tabs/30 days) Avonex Kit 30 mcg (4 Inj/28 days) Avonex Pen/Prefl Kit 30 mcg (4 Inj/28 days)	E Elelyso Inj 200 Unit (60 units/Kg (30)/14 days) Enbrel Inj 25/0.5 mL 50 mg/mL (8/28 days) Entyvio Inj 300mg (300 mg every 8 weeks) Epclusa Tab 400-100 (28 tabs/28 days) Erivedge Cap 150 mg (30 caps/30 days) Erleada (120/30 days) Esbriet Cap 267 mg (270 caps/30 days) Extavia Inj 0.3 mg (15/30 days)
B Betaseron Inj 0.3 mg (14/28 days) Bethkis Neb 300/4 mL (224/28 days) Bosulif Tab 100 mg (90 tabs/30 days) Bosulif Tab 400 mg 500 mg (30 tabs/30 days) Braftovi 50 mg Cap (120 caps/30 days) Braftovi 75 mg Cap (180 caps/30 days) Bravelle Inj 75 Unit (72 Vials/30 days)	F Firdapse Tab 10 mg (240 tabs/30 days) Follistim AQ Inj 75 Unit (60 vials/30 days) Follistim AQ Inj 300 Unit (15 cartridges/30 days) Follistim AQ Inj 600 Unit (8 cartridges/30 days) Follistim AQ Inj 900 Unit (5 cartridges/30 days) Forteo Sol 600/2.4 (2.4 mL/28 days) Fuzeon Inj 90 mg (60/30 days)
C Cabometyx Tab 20 mg 40 mg 60 mg (30 tabs/30 days) Caprelsa Tab 100 mg (60 tabs/30 days) Caprelsa Tab 300 mg (30 tabs/30 days) Cayston Inh 75 mg (84/28 days) Cerdelga Cap 84 mg (60 caps/30 days) Cerezyme Inj 400 Unit (60 units/Kg (15)/14 days) Cimzia Prefl Kit 200 mg/mL (2 kits (4 syringes)/28 days) Cimzia Starter Kit (6 Syringes/28 days) Cometriq Kit 60 mg (1 Box (84)/28 days) Cometriq Kit 100 mg (1 Box (56)/28 days) Cometriq Kit 140 mg (1 Box (112)/28 days) Copaxone Inj 20 mg/mL (30/30 days) Copaxone Inj 40 mg/mL (12/28 days) Cosentyx/Pen Inj 150 mg/mL (150 mg (1 mL)/28 days) Cosentyx/Pen Inj 300 Dose (300 mg (2 mL)/28 days) Cotellic Tab 20 mg (63 tabs/21 days) Crysvita 10 mg/mL (10 mg/14 Days) Crysvita 20 mg/mL (80 mg/14 Days) Crysvita 30 mg/mL (90 mg/14 Days)	G Gattex Kit 5 mg (30/30 days) Gilenya Cap 0.5 mg (30 caps/30 days) Gilotrif Tab 20 mg 30 mg 40 mg (30 tabs/30 days) Glatopa (30/30 days) Glatopa/Glatiramer Inj 40 mg/mL (12/28 days) Gleevec Tab 100 mg (90 tabs/30 days) Gleevec Tab 400 mg (60 tabs/30 days) Gonal-F Inj 450 Unit (10 vials/30 days) Gonal-F Inj 1050 Unit (5 vials/30 days) Gonal-F RFF Inj 75 Unit (60 vials/30 days) Gonal-F RFF Inj 300/0.5 (15 cartridges/30 days) Gonal-F RFF Inj 450/0.75 (10 cartridges/30 days) Gonal-F RFF Inj 900/1.5 (5 cartridges/30 days)
D Daurismo Tab 25 mg (60 tabs/30 days) Daurismo Tab 100 mg (30 tabs/30 days) Dupixent Inj 300 mg/2 mL (600 mg (4 mL)/28 days)	H Harvoni Tab 90-400 mg (28 tabs/28 days) Hetlioz Cap 20 mg (30 caps/30 days) HP Acthar Inj 80 Unit (35 mL/21 days) Humira Inj 10/0.1 mL 10 mg/0.2 mL 20/0.2 mL 20 mg/0.4 mL (2/28 days) Humira Inj 40/0.4 mL 40 mg/0.8 (4/28 days) Humira Pediatric Crohns D (6 syringes/28 days) Humira Pen Inj Crohns (6 syringes/28 days) Humira Pen-Psoriasis Star (4 syringes/28 days) Humira Pedia Inj Crohns (2/28 days) Humira Pedia Inj Crohns (3/28 days) Humira Pen Inj 40/0.4 mL (4/28 days) I Ibrance Cap 75 mg 100 mg 125 mg (21 caps/28 days) Iclusig Tab 15 mg (60 tabs/30 days) Iclusig Tab 45 mg (30 tabs/30 days) Ilumya 100 mg/mL (1/12 weeks) Imbruvica Cap 70 mg (30 caps/30 days) Imbruvica Cap 140 mg (90 caps/30 days) Imbruvica Tab 140 mg 280 mg 420 mg 560 mg (30 caps/30 days)

Quantity Management List – Specialty Drugs

Inlyta Tab 1 mg (180 tabs/30 days)
Inlyta Tab 5 mg (120 tabs/30 days)

J

Jakafi Tab 5 mg | 10 mg | 15 mg | 20 mg | 25 mg (60 tabs/30 days)
Juxtapid Cap 5 mg | 10 mg | 20 mg | 30 mg | 40 mg | 60 mg (28 caps/28 days)
Jynarque Pak 45-15 mg (56 tabs/28 days)
Jynarque Pak 60-30 mg (56 tabs/28 days)
Jynarque Pak 90-30 mg (56 tabs/28 days)

K

Kalydeco Pak 50 mg | 75 mg | 150 mg (60/30 days)
Kineret Inj (28 Syringes/28 days)
Kisqali 200 Pak Femara (49/28 days)
Kisqali 400 Pak Femara (70/28 days)
Kisqali 600 Pak Femara (91/28 days)
Kisqali Tab 200 Dose (63 tabs/28 days)
Kitabis Pak Neb 300/5 mL (280/28 days)
Korlym Tab (120 tabs/30 days)
Kynamro Inj 200 mg/mL (4/28 days)

L

Lenvima Cap 8 mg | 14 mg | 20 mg (60 caps/30 days)
Lenvima Cap 10 mg (30 caps/30 days)
Lenvima Cap 18 mg | 24 mg (90 caps/30 days)
Letairis Tab 5 mg | 10 mg (30 tabs/30 days)
Lorbrena Tab 25 mg (90 tabs/30 days)
Lorbrena Tab 100 mg (30 tabs/30 days)

M

Mavyret Tab (84 tabs/28 days)
Mekinist Tab 0.5 mg (90 tabs/30 days)
Mekinist Tab 2 mg (30 tabs/30 days)
Mektovi 15 mg Tab (180 tabs/30 days)

N

Neulasta Inj 6 mg/0.6 M (2/28 days)
Nexavar Tab 200 mg (120 tabs/30 days)
Northera Cap 100 mg (90 caps/30 days)
Northera Cap 200 mg | 300 mg (180 caps/30 days)

O

Ocrevus Inj 300/10 mL (600 mg (20 mL)/24 weeks)
Odomzo Cap 200 mg (30 caps/30 days)
Ofev Cap 100 mg | 150 mg (60 caps/30 days)
Olumiant Tab 2 mg (30 tabs/30 days)
Opsumit Tab 10 mg (30 tabs/30 days)
Orencia Inj 50/0.4 | 87.5/0.7 (4/28 days)
Orencia Inj 125 mg/mL (4/28 days)
Orkambi Tab 100-125 | 200-125 (112 tabs/28 days)
Otezla Tab 30 mg (60 tabs/30 days)
Otrexup Inj 10 mg | 15 mg | 20 mg | 25 mg (4 Inj/28 days)
Otrexup Inj 12.5/0.4 | 17.5/0.4 | 22.5/0.4 (4 Inj/28 days)

P

Palynziq 10 mg/0.5 mL (30/30 days)
Palynziq 2.5 mg/0.5 mL (90/30 days)
Palynziq 20 mg/mL (60/30 days)
Plegridy 125 mcg/0.5 mL (1/28 days)

Pomalyst Cap 1 mg | 2 mg | 3 mg | 4 mg (21 caps/21 days)
Prezista Sus 100 mg/mL (400 mL/30 days)
Prezista Tab 75 mg (300 tabs/30 days)
Prezista Tab 150 mg (180 tabs/30 days)
Prezista Tab 600 mg (60 tabs/30 days)
Prezista Tab 800 mg (30 tabs/30 days)
Prolia Sol 60 mg/mL (60 mg (1 mL)/6 Months)
Promacta Tab 12.5 mg | 25 mg (30 tabs/30 days)
Promacta Tab 50 mg | 75 mg (60 tabs/30 days)
Pulmozyme Sol 1 mg/mL (150 mL/30 days)

Q

N/A

R

Rasuvo Inj 7.5 mg | 10 mg | 12.5 mg | 15 mg | 17.5 mg | 20 mg | 22.5 mg | 25 mg | 27.5 mg | 30 mg (4 Inj/28 days)
Rebif Inj 22/0.5 | 44/0.5 (12 (6 mL)/28 days)
Rebif Titrtm Sol Pack (12 (4.2 mL)/28 days)
Remicade Inj 100 mg (10 vials/28 days)
Repatha Inj 140 mg/mL (2/28 days)
Repatha Push Inj 420/3.5 (1/28 days)
Revatio Sus 10 mg/mL (224 mL/30 days)
Revlimid Cap 2.5 mg | 5 mg | 10 mg (28 caps/28 days)
Revlimid Cap 15 mg (28 caps/28 days)
Revlimid Cap 20 mg | 25 mg (21 caps/28 days)
Rubraca Tab 200 mg | 250 mg | 300 mg (120 tabs/30 days)
Rydapt Cap 25 mg (224 caps/28 days)

S

Sabril Pow 500 mg (180/30 days)
Sabril Tab 500 mg (180 tabs/30 days)
Sandostatin Inj (45,000 units)
Sandostatin Inj 50 mcg/mL (90/30 days)
Sandostatin Inj 100 mcg | 500 mcg (90/30 days)
Sandostatin Kit Lar 10 mg (10 mg (1 kit)/28 days)
Sandostatin Kit Lar 20 mg (40 mg (2 kits)/28 days)
Sandostatin Kit Lar 30 mg (30 mg (1 kit)/28 days)
Sensipar Tab 30 mg (60 tabs/30 days)
Sensipar Tab 60 mg (60 tabs/30 days)
Sensipar Tab 90 mg (120 tabs/30 days)
Signifor 0.3 mg/mL | 0.6 mg/mL | 0.9 mg/mL (60/30 days)
Signifor Lar 20 mg Kit | 40 mg | 60 mg Kit (1 kit/28 days)
Sildenafil Tab 20 mg (90 tabs/30 days)
Simponi Inj 100 mg/mL (1/28 days)
Simponi Inj 50/0.5 mL (1/28 days)
Somatuline Inj 60/0.2 mL (60 mg/28 days)
Somatuline Inj 90/0.3 mL (90 mg/28 days)
Somatuline Inj 120/.5 mL (120 mg/28 days)
Somavert Inj 10 mg | 15 mg | 20 mg | 25 mg | 30 mg (30/30 days)
Spinraza Inj 12 mg/5 mL (5 mL/120 days)
Sprycel Tab 20 mg (90 tabs/30 Days)
Sprycel Tab 20 mg | 50 mg | 80 mg | 100 mg | 140 mg (30 tabs/30 days)
Stelara Inj 5 mg/mL (4 vials X 1 dose)
Stelara Inj 90 mg/mL (1/8 weeks)
Stivarga Tab 40 mg (84 tabs/28 days)
Stribild Tab (30 tabs/30 days)
Sutent Cap 12.5 mg | 25 mg | 37.5 mg | 50 mg (30 caps/30 days)
Sylatron Kit 200 mcg | 300 mcg | 600 mcg (4 kits/28 days)

Quantity Management List – Specialty Drugs

T Tafinlar Cap 50 mg 75 mg (120 caps/30 days) Tagrisso Tab 40 mg 80 mg (30 tabs/30 days) Talzenna Cap 0.25 mg (90 caps/30 days) Talzenna Cap 1 mg (30 caps/30 days) Tarceva Tab 25 mg (60 tabs/30 days) Tarceva Tab 100 mg 150 mg (30 tabs/30 days) Tasigna Cap 50 mg 150 mg 200 mg (120 caps/30 days) Tavalisse 100 mg 150 mg Tab (60 tabs/30 days) Tecfidera Cap 120 mg (14 caps/28 days) Tecfidera Cap 240 mg (60 caps/30 days) Tecfidera Starter Pack (60/6 months) Tegsedi Inj 284 mg/1.5 mL (4 inj/28 days) Thalomid Cap 50 mg 100 mg (28 caps/28 days) Thalomid Cap 150 mg 200 mg (56 ca[s]/28 days) Tracleer Tab 32 mg (112 tabs/28 days) Tracleer Tab 62.5 mg 125 mg (60 tabs/30 days) Tykerb Tab 250 mg (180 tabs/30 days) Tysabri 300 mg/15mL (300 mg/15 mL/28 days) Tyvaso Sol 0.6 mg/mL (28 amps/28 days)	Votrient Tab 200 mg (120 tabs/30 days) Vpriv Inj 400 Unit (60 units/Kg (15))/14 days) W N/A X Xalkori Cap 200 mg 250 mg (60 caps/30 days) Xeljanz Tab 5 mg (30 tabs/30 days) Xeljanz Tab 10 mg (60 tabs/30 days) Xeloda Tab 150 mg (120 tabs/30 days) Xeloda Tab 500 mg (300 tabs/30 days) Xermelo Tab 250 mg (90 per 30 days) Xolair Inj 75 mg/0.5 mL (2 inj/28 days) Xolair Inj 150 mg/mL (4 inj/28 days) Xolair Sol 150 mg (6/28 days) Xospata Tab 40 mg (90 tabs/30 days) Xtandi Cap 40 mg (120 caps/30 days)
U Udenyca Inj (6 mg/0.6 mL) (2 inj (1.2 mL)/28 days) V Ventavis Sol 10 mcg/mL 20 mcg/mL (270/30 days) Vitreliis Cap 200 mg (336 caps/28 days) Vitrakvi Cap 25 mg (180 caps/30 days) Vitrakvi Cap 100 mg (60 caps/30 days) Vitrakvi Sol (20 mg/mL) (300mL (3 bottles)/30 days) Vivitrol Inj 380 mg (380 mg/30 days) Vosevi Tab (28 tabs/28 days)	Y Yonsa Tab 125 mg (120 tabs/30 days) Z Zavesca Cap 100 mg (90 caps/30 days) Zejula Cap 100 mg (90 caps/30 days) Zelboraf Tab 240 mg (240 tabs/30 days) Zolinza Cap 100 mg (120 caps/30 days) Zydelig Tab 100 mg 150 mg (60 tabs/30 days) Zykadia Cap 150 mg (150 caps/30 days) Zytiga Tab 250 mg (120 tabs/30 days) Zytiga Tab 500 mg (60 tabs/30 days)

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오.
귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háida bíká'aná nílwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ida yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzih nínízingo, koji' béésh bee hółne' 1-844-516-6328. (Navajo)