

HIP

Drugs with Quantity Limits (the Quantity Limitation Drug List)

The Clinical Pharmacy Services Department has implemented quantity limits for certain drugs. This program is to ensure compliance with the Federal Drug Administration (FDA) and manufacturer dosing recommendations, to support drug safety and to avoid inappropriate drug use. Reimbursement will be based on the quantity limits listed below. Prescribing doctors may be able to get extra quantities on a case-by-case basis by calling the Clinical Pharmacy Services Department at **1-877-444-3657**. Medical documentation may be needed. Also, certain drug approvals may require the submission of a Certificate of Medical Necessity (CMN) by the doctor. **The CMN can be accessed by double-clicking the Notes Section of the specific drug in the Formulary Search Tool.**

Drugs listed below are not covered by all riders.

Bolded items are available on the HIP Drug Formulary for patients with a two-tier pharmacy benefit.

Maximum Day Supply “90” indicates a maintenance drug category, allowing members to get up to a 90-day supply of their prescription medicine. The following list is of the most commonly prescribed drugs that have quantity limits.

This abbreviated drug list is not all inclusive and is subject to change.

Drug Name	Preferred Yes/No	Dose/ Time frame	Maximum Quantity	Max Day Supply	Notes
Abilify 5-, 10-, 15mg	Yes	2/day	60	30	
Abilify 20-, 30mg	Yes	1/day	30	30	
Accolate	No	2/day	180	90	
Accupril	No	2/day	180	90	
Accuretic	No	2/day	180	90	
Aciphex	Yes	1/day	90	90	CMN; Subject to Step Therapy
Actonel 5 mg & 30 mg	Yes	1/day	90	90	
Actonel 35 mg	Yes	1/week	12	84	
Actonel 75mg	Yes	2/28 days	6	84	
Actonel 150mg	Yes	1/month	3	84	
Actonel w/calcium	Yes	1/day	84	84	
ActoPlus Met	Yes	3/day	270	90	
Actos	Yes	1/day	90	90	

Adalat CC 30mg & 60mg	No	2/day	180	90	
Adalat 20mg & Adalat CC 90mg	No	1/day	90	90	
Advicor	Yes	2/day	180	90	
Afeditab	Yes	2/day	180	90	
Aldara cream	Yes	Up to 5X/week	24	28	
Alendronate 5mg, 10mg, 40mg	Yes	1/day	90	90	
Alendronate 35mg, 70mg	Yes	1/week	12	84	
Alinia 500mg	No	2/day x 3 days	6	30	
Alinia 100mg/5mL	No	10mL/day x 3 days	30	30	
Allegra 30mg	No	2/day	60	30	
Allegra 60mg	No	2/day	60	30	
Allegra 180mg	No	1/day	30	30	
Allegra-D 12 hour	No	2/day	60	30	
Ambien 5 mg	No	1-2/day	60	30	
Ambien 10 mg	No	1/day	30	30	
Ambien CR	Yes	1/day	30	30	Subject to Step Therapy
Amerge 1mg & 2.5mg	No	9/30days	9	30	Subject to Step Therapy
Amlodipine 2.5mg, 10mg	Yes	1/day	90	90	
Amlodipine 5mg	Yes	1.5/day	135	90	
Amlodipine/benazepril	Yes	2/day	180	90	
Arava	No	1/day	30	30	
Aricept	Yes	1/day	30	30	
Arimidex	Yes	1/day	30	30	
Atacand 4mg, 8mg, 16mg	No	2/day	180	90	
Atacand 32mg,	No	1/day	90	90	
Augmentin XR	Yes	4/day	40	10	
Avalide	Yes	1/day	90	90	
Avandia 2mg & 4mg	Yes	1-2/day	180	90	
Avandia 8mg	Yes	1/day	90	90	
Avapro	Yes	1/day	90	90	
Avodart	Yes	1/day	90	90	
Avonex	No	4/28 days	4	28	

Axert 6.25mg & 12.5mg	No	6/30 days	6	30	Subject to Step Therapy
Benicar 5mg, 20mg	No	2/day	180	90	
Benicar 40mg	No	1/day	90	90	
Bisoprolol/HCTZ	Yes	2/day	180	90	
Betaseron	No	15/30 days	15	30	
Boniva 2.5mg	No	1/day	90	90	
Boniva 150mg	No	1/month	3	84	
Budeprion 150 mg XL	Yes	3/day	90	30	
Cabergoline	Yes	4/week	16	28	
Cafergot Tablets	No	max 10/week	40	28	
Cardizem 360mg	No	1/day	90	90	
Cardizem CD 120mg, 180mg, 240mg, 300mg	No	2/day	180	90	
Cardizem CD 360mg	No	1/day	90	90	
Cartia XT	Yes	2/day	180	90	
Ceftin 125	No	2/day x 10 days	20	10	
Ceftin 250	No	2/day x 10 days	20	10	
Ceftin 500	No	2/day x 20 days	40	20	
Cefuroxime 250 mg	Yes	2/day X 10 days	20	10	
Cefuroxime 500 mg	Yes	2/day X 20 days	40	20	
Cefzil	No	2/day x 14 days	28	14	
Celebrex 100-, 200- & 400-mg	No	1-2/day	60	30	Subject to Step Therapy
Cialis	Yes	6/30	6	30	Subject to patient's benefit
Climara	Yes	1/week	4	28	
CombiPatch	Yes	2 patches/week	8	28	
Combunox	No	4/day up to 1 week	28	14	
Concerta (up to 90d w/code)	Yes	1/day	90	90	
Concerta 36mg	Yes	1-2/day	180	90	
Concerta 18-, 27- & 54-mg	Yes	1/day	90	90	

Copaxone	Yes	1/30 days	1	30	
Cozaar 25mg, 50mg	No	2/day	180	90	
Cozaar 100mg	No	1/day	90	90	
Crestor	No	1/day	90	90	Subject to Step Therapy
Cymbalta 20 & 30	Yes	1-2/day	180	90	
Cymbalta 60	Yes	1/day	90	90	
Detrol LA	Yes	1/day	30	30	
Depo-Provera	No	1 every 3 months	1	90	
Diastat	Yes	5/month	5	30	
Diltia XT	Yes	1-2/day	180	90	
Diltiazem XR	Yes	1-2/day	180	90	
Diovan 40mg, 80mg & 160mg	Yes	2/day	180	90	
Diovan 320mg	Yes	1/day	90	90	
Diovan 80mg/12.5 HCTZ	Yes	3/day	270	90	
Diovan 160mg/12.5 HCTZ	Yes	2/day	180	90	
Diovan 160mg/25mg HCTZ, 320mg/12.5 HCTZ, 320mg/25mg HCTZ	Yes	1/day	90	90	
Ditropan XL	No	1-2/day	60	30	
Dostinex	No	16/28 days	16	28	
Edex injection	No	3/week	12	30	
Enbrel 25mg	Yes	8/28 days	8	28	
Enbrel 50mg	Yes	3.92/28 days	3.92	28	
Estraderm	Yes	2 patches/week	8	28	
Estring	Yes	1/90 days	1	90	
Evista	Yes	1/day	90	90	
Fareston	Yes	1/day	30	30	
Felodipine	Yes	1/day	90	90	
Femara	Yes	1/day	30	30	
Finasteride	Yes	1/day	90	90	
Flomax	Yes	1-2/day	180	90	
Forteo injection	Yes	1 prefilled syringe(3ml)/ 28 days	9	84	

Fosamax 5 mg & 40 mg	No	1/day	90	90	
Fosamax 35 mg & 70 mg	No	1/week	12	84	
Fosamax D 70mg	Yes	1/week	12	84	
Fosamax 70 mg/75-mL	No	75 mL/week	900	90	
Fosinopril	Yes	2/day	180	90	
Frova	No	9/30 days	9	30	Subject to Step Therapy
Glucophage XR 750mg	No	2/day	180	90	
Humira 20mg	No	2/28 days	2	28	
Humira 40mg	No	4/28 days	4	28	
Imitrex 25mg, 50mg & 100mg	No	9/30 (or use higher dose)	9	30	Subject to Step Therapy
Imitrex Injection (syringe kit)	No	4/30 days		30	Subject to Step Therapy
Imitrex vials 0.5ml	No	2.5/30 days	2.5	30	Subject to Step Therapy
Imitrex Nasal 5mg	No	12/30 days	12	30	Subject to Step Therapy
Imitrex Nasal 20mg	No	6/30 days	6	30	Subject to Step Therapy
Kaletra capsules	Yes	6-8/day	240	30	
Kapidex 30mg, 60mg	Yes	1/day	90	90	Subject to Step Therapy
Kineret 100mg Injection	No	1/day (0.67mL)	19	28	
Lamisil tabs	No	1/day	30	30	
Lescol 20mg & 40mg	Yes	1/day	90	90	
Lescol XL 80mg	Yes	1/day	90	90	
Levitra	No	6/30	6	30	Subject to patient's benefit
Lidoderm Patch	No	1-3/day	90	30	
Lipitor	No	1/day	90	90	Subject to Step Therapy
Lisinopril	Yes	2/day	180	90	
Lisinopril/HCTZ	Yes	2day	180	90	
Lotrel	Yes	1-2/day	180	90	
Lotronex	Yes	2/day	60	30	
Lovastatin 10- & 20-mg	Yes	1/day	90	90	
Lovastatin 40-mg	Yes	2/day	180	90	
Lovenox	Yes	14 vials for 7 days	14	7	
Lumigan 2.5 cc	Yes	7.5cc/90 days	7.5	90	
Lumigan 5 cc	Yes	5cc/60 days	5	60	

Lumigan 7.5 cc	Yes	7.5cc/90 days	7.5	90	
Lunesta tablets	No	1/day	30	30	
Maxalt/MLT 5mg	No	12/30 days	12	30	Subject to Step Therapy
Maxalt/MLT 10mg	No	12/30 days	12	30	Subject to Step Therapy
Medroxyprogesterone 150mg injectable	Yes	1/90 days	1	90	
Metformin 750mg ER	Yes	2/day	180	90	
Meloxicam	Yes	1/day	30	30	
Micardis 20mg, 40mg	No	2/day	180	90	
Micardis 80mg	No	1/day	90	90	
Minitran patches	No	1/day	90	90	
Mobic	No	1/day	30	30	
Monopril HCT 20/12.5	No	1/day	90	90	
Monopril HCT 10/12.5	No	2/day	180	90	
Monopril	No	2/day	180	90	
Nexium	No	1/day	90	90	CMN; Subject to Step Therapy
Niaspan	No	2/day	180	90	
Nifedipine ER 30mg	Yes	2/day	180	90	
Nifedipine ER 60mg	Yes	2/day	180	90	
Nifedipine ER 90mg	Yes	1/day	90	90	
Nitro-Dur patches	Yes	1 patch/day	90	90	
Norvasc 5mg	No	1-1.5/day	135	90	
Norvasc 2.5mg and 10mg	No	1/day	90	90	
Nuvaring	Yes	1 ring/28 days	3	84	
Omeprazole 10mg & 40mg	Yes	1/day	90	90	
Omeprazole 20mg	Yes	2/day	180	90	
Oral Contraceptives 21 DAY	Selected products	1/day x 3 wks, 1 week off	63	84	
Oral Contraceptives 28 DAY	Selected products	1/day	84	84	
Ortho Evra	Yes	1/week x 3 wks, 1 week off	9	84	

Oxybutynin ER	Yes	2/day	60	30	
Pantoprazole	Yes	1/day	90	90	CMN; Subject to Step Therapy
PEG-Intron	No	4/28 days	4	28	CMN required
Pegasys	Yes	1/week	4	28	CMN required
Pegasys Monthly Convenient Pack	Yes	1/month	1	28	CMN required
Plavix	Yes	1/day	90	90	Subject to Step Therapy
Plendil	No	1/day	90	90	
Pravigard PAC	No	1/day	90	90	
Pravachol	No	1/day	90	90	
Prevacid	No	1/day	90	90	CMN; Subject to Step Therapy
Prilosec	No	1/day	90	90	CMN; Subject to Step Therapy
Prinivil	No	2/day	180	90	
Procardia XL 30mg & 60mg	No	2/day	180	90	
Procardia XL 90mg	No	1/day	90	90	
Proscar	No	1/day	90	90	
Protonix	No	1/day	90	90	CMN; Subject to Step Therapy
Prozac Weekly	No	1/week	4	28	
Pulmicort Flexhaler	Yes	1/month	3	90	
Quinapril/HCTZ	Yes	2/day	180	90	
Rebif	Yes	6/28 days	6	28	
Relenza	Yes	2/day x 10 days max	20	28	
Relpax 20mg & 40mg	No	12/30 days	12	30	Subject to Step Therapy
Seasonale	No	1/day	91	91	
Simcor 500/20, 750/20, 1000/20	Yes	2/day	180	90	
Singulair	Yes	1/day	90	90	CMN; Subject to Step Therapy
Sonata 5mg	No	3/day	90	30	
Sonata 10mg	No	2/day	60	30	
Sumatriptan 25mg, 50mg, 100mg tablets	Yes	9/30 days or use higher dose	9	30	Subject to Step Therapy
Sumatriptan injectable (syringe kit)	Yes	4/30 days	4	30	Subject to Step Therapy
Sumatriptan vials 0.5ml	Yes	2.5/30	2.5	30	Subject to Step Therapy
Sumatriptan Nasal 5mg	Yes	12/30	12	30	Subject to Step Therapy
Sumatriptan Nasal 20mg	Yes	6/30	6	30	Subject to Step Therapy

Tamiflu 30mg, 45mg, 75mg gelcaps	Yes	10/28	10	28	Subject to symptoms evaluation
Tamiflu 12mg/ml susp	Yes	75/28	75	28	Subject to symptoms evaluation
Taztia XT	Yes	2/day	180	90	
Terbinafine	Yes	1/day	30	30	
Teveten 400-mg	No	1-2/day	180	90	
Teveten 600-mg	No	1/day	90	90	
Teveten HCTZ	No	1/day	90	90	
Tiazac	No	1-2/day	180	90	
Tracleer	Yes	1-2/day	60	30	
Treximet	Yes	9/30	9	30	Subject to Step Therapy
Uroxatral	No	1/day	90	90	
Viagra	Yes	6/30	6	30	Subject to patient's benefit
Viread	Yes	1/day	30	30	
Vytorin	Yes	1/day	90	90	
Wellbutrin XL 300mg	No	1/day	30	30	
Wellbutrin XL 150mg	No	1-3/day, max 450mg/day	90	30	
Xifaxan 200mg	No	3/day x 3 days	9	30	
Zaleplon 5mg	Yes	3/day	90	30	
Zaleplon 10mg	Yes	2/day	60	30	
Zegerid	No	1/day	90	90	
Zestril	No	2/day	180	90	
Zetia	Yes	1/day	90	90	
Ziac	No	1-2/day	180	90	
Zolpidem 5mg	Yes	2/day	60	30	
Zolpidem 10mg	Yes	1/dqy	30	30	
Zomig/ZMT 2.5mg	No	12/30 days	12	30	Subject to Step Therapy
Zomig/ZMT 5mg & Nasal Spray 5mg	No	6/30 days	6	30	Subject to Step Therapy
Zyvox	Yes	2/day	28	14	CMN required

HIP_11/09