Capital BlueCross®

Drug Quantity Management Program

Drug quantity limits are designed to encourage the appropriate use of selected prescription medications. Limits are placed on certain drugs due to health care concerns, cost concerns, and/or safety reasons. The quantity limit for each selected drug is supported by FDA guidelines, drug studies, and/or actively practicing doctors.

For medications with quantity limits, you will pay one copayment or coinsurance amount each time you purchase the specified limit. If your prescription is written for more than the allowed quantity, Express Scripts, Inc. will fill only the maximum allowed amount, unless prior authorization has been obtained by your doctor for a higher quantity.

Coverage for the medications listed below is approved for quantities up to those indicated.

DRUG QUANTITY MANAGEMENT PROGRAM MEDICATION LIST

The following list of medications is subject to change. The information contained in this document is current as of July 2006.

CLASSIFICATION*	DRUG NAME	RETAIL MAXIMUM QUANTITY LEVEL
ANTIDEPRESSANT THERAPY	• **Lexapro®** tablets • **Lexapro®** suspension • **Paxil®** tablets • **Paxil CR®** tablets • **Prozac®** capsules • **Prozac Weekly®**	• **30** tablets of 5mg, 10mg, 20mg per Rx • **3** bottles (720ml) per Rx • **30** tablets of 10mg, 40mg per Rx • **30** tablets of 12.5mg per Rx • **30** capsules of 10mg per Rx • **4** capsules of 90mg per Rx
ANTIEMETIC THERAPY (nausea/vomiting)	• **Anzemet®** tablets • **Emend®** capsules • **Kytril®** tablets • **Kytril®** suspension • **Zofran®** tablets • **Zofran®** suspension	• **5** tablets of 50mg, 100mg per Rx • **8** caps of 80mg; **4** caps of 125mg; **4** packs per Rx • **8** tablets of 1mg per Rx • **2** bottles (60ml) per Rx • **24** tablets of 4mg, 8mg; **4** tablets of 24mg per Rx • **5** bottles (250ml) per Rx
ANTI-FLU THERAPY	• **Relenza®** inhalations • **Tamiflu®** capsules • **Tamiflu®** suspension	• **1** kit per Rx; max of 2 Rxs per year • **10** caps of 75mg per Rx; max of 2 Rxs per year • **1** bottle (75 ml) per Rx; max of 2 Rxs per year
ERECTILE DYSFUNCTION THERAPY	• **Caverject®** injection • **Cialis®** tablets • **Edex®** injection • **Muse®** inserts • **Levitra®** tablets • **Viagra®** tablets	• **6** units in any combination of formulation(s) per 30-day period
CHOLESTEROL-LOWERING THERAPY	• **Crestor®** tablets • **Lescol XL®** tablets • **Lipitor®** tablets • **Pravachol®** tablets • **Zocor®** tablets	• **30** tablets of 5mg, 10mg, 20mg, 40mg per Rx • **30** tablets of 80mg per Rx • **30** tablets of 10mg, 20mg, 40mg per Rx • **30** tablets of 10mg, 20mg, 40mg per Rx • **30** tablets of 5mg, 10mg, 40mg per Rx
LOW MOLECULAR WEIGHT HEPARIN THERAPY	• **Arixtra®** injection • **Fragmin®** injection • **Lovenox®** injection	• **10** syringes per 30-day period • **20** syringes per 30-day period • **20** syringes per 30-day period

This list is not intended to be a complete list of drug classifications and is subject to change. Some classifications of drugs may not be covered under your prescription drug program. Please refer to your Certificate of Coverage for the specific terms, conditions, exclusions, and limitations relating to your coverage.* Also, visit ***www.capbluecross.com* *for additional information.*

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CLASSIFICATION*	DRUG NAME	RETAIL MAXIMUM QUANTITY LEVEL
MIGRAINE THERAPY	• **Amerge®** tablets • **Axert®** tablets • **Frova®** tablets • **Imitrex®** tablets • **Imitrex®** nasal spray • **Imitrex®** injection • **Maxalt/-MLT®** tabs • **Migranal NS®** spray • **Relpax®** tablets • **Stadol NS®** spray • **Zomig®** tablets • **Zomig®** nasal spray	• **9** tablets of 2.5mg; **20** tablets of 1mg per 30-day period • **8** tablets of 12.5mg; **18** tablets of 6.25mg per 30-day period • **9** tablets of 2.5mg per 30-day period • **9** tablets of 100mg; **18** tablets of 50mg per 30-day period • **8** nasal sprays of 20mg; **32** of 5mg per 30-day period • **4** kits (8 syringes or vials) per 30-day period • **12** tablets of 10mg; **24** tablets of 5mg per 30-day period • **2** kits (8 ampules) per 30-day period • **6** tablets of 40mg; **12** tablets of 20mg per 30-day period • **4** spray pumps of 2.5ml per 30-day period • **9** tablets of 5mg; **18** tablets of 2.5mg per 30-day period • **8** nasal sprays of 5mg per 30-day period
NARCOTIC PAIN RELIEVER THERAPY	• **Actiq®** lozenges • **Avinza®** capsules • **Duragesic®** patches • **Kadian®** capsules • **MS Contin®** tablets • **Oxycontin®** tablets • **Ultram®/Ultracet®**	• **120** lozenges per Rx • **60** capsules per Rx • **15** patches per Rx • **120** capsules per Rx • **120** tablets per Rx • **90** tablets per Rx • **240** tablets per Rx
NON-STEROIDAL ANTI-INFLAMMATORY THERAPY	• **Mobic®** tablets • **Mobic®** suspension	• **30** tablets of 7.5mg, 15mg per Rx • **3** bottles (300ml) per Rx
PROTON PUMP INHIBITOR THERAPY (stomach acid)	• **Aciphex®** tablets • **Nexium®** capsules • **Prevacid®** • **Prilosec®** capsules • **Protonix®** tablets	• **30** tablets of 20mg per Rx • **30** capsules of 20mg, 40mg per Rx • **30** tablets/capsules of 15mg, 30mg per Rx • **30** capsules of 10mg, 40mg per Rx • **30** capsules of 20mg, 40mg per Rx
SEDATIVE/HYPNOTIC THERAPY (sleep aids)	• **Ambien®** tablets • **Ambien CR®** tablets • **Lunesta®** tablets • **Sonata®** capsules	• **30** tablets of 5mg, 10mg per Rx • **30** tablets of 6.25mg, 12.5mg per Rx • **30** tablets of 1mg, 2mg, 3mg per Rx • **30** capsules of 5mg, 10mg per Rx
MISCELLANEOUS MEDICATIONS	• **Epipen/Epipen Jr.®** • **Estrogel®** • **Flonase®** nasal spray • **Qvar®** inhaler • **Tarka®** • **Twinject™** Auto-Injector • **Zyprexa®** • **Zyprexa Zydis®**	• **1** injectable per Rx • **1** pump (93g) per Rx (at mail, limit is **2** pumps per Rx) • **1** nasal spray per Rx • **1** inhaler per Rx • **30** tablets of 1-240mg, 2-180mg per Rx • **1** injectable per Rx • **30** tablets of all strengths per Rx • **30** tablets of 5mg, 10mg, 15mg, 20mg per Rx

- **Override requests:** Physicians or pharmacists may call the Express Scripts, Inc. Prior Authorization Department at **1-800-417-8164** or fax requests to **1-800-357-9577**.
- DQM override requests are processed as soon as possible once all information/documentation is received by the Express Scripts, Inc. Prior Authorization Department. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the requester via telephone within 24 hours of the decision and to the member in writing. If DQM override request is denied, written notification, including the reason for the denial, will be sent to the member and the prescribing physician. Participating physicians and members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.
- Drug quantity level limits apply to all applicable generic equivalents of the brand-name products listed in this document.
- Applicable mail service quantity levels are two to three times the retail quantity levels depending on the prescription drug benefit design chosen by the member or employer group.