

Optional drug coverage

Quantity Limit Program



Know Your Limit: Check If Your Medication Is In The Quantity Limit Program

Your pharmacy benefit plan is part of the Quantity Limit Program.

Please check the list below to see if your medications are included in the quantity limit program and note the quantity that will be covered by your prescription benefit.

- **If you are taking more than the quantity covered by your benefit:** Ask your doctor if a smaller amount will work for you. Your doctor can write or call in the new prescription to be filled at your current pharmacy.
- **If your current prescription includes an amount less than these limits:** No further action from your doctor is needed.
- **If you need more medicine than the quantity limit allows due to your medical situation:** Ask your doctor to contact our Prior Authorization Department for approval of a larger amount for select drugs on the list.

Drug Class	Drug Label Name	Retail Limits (Mail limit is same as retail unless noted otherwise)
Antiemetics	Akynzeo capsules	2 caps/21 days
	Akynzeo injection	2 vials/21 days
	Aloxi 0.25/5 ml inj.	10 ml/21 days
	Anzemet 100/5 & 12.5/0.625 inj.	15 ml/180 days
	Anzemet 100 mg	6 ea./21 days
	Anzemet 50 mg	6 ea./21 days
	Cesamet 1 mg capsule	18 capsules/21 days
	Cinvanti inj. 130/18 ml	2 vials (36 ml)/21 days
	Emend 125 mg	2 ea./21 days
	Emend 125 mg for Oral Suspension (Single-Dose Kit)	6 kits/21 days
	Emend 150 mg inj.	2 vials/21 days
	Emend 40 mg	3 ea./180 days
	Emend 80 mg	4 ea./21 days
	Emend Therapy Pack (2 x 80 mg and 1 x 125 mg combined)	2 Tri-pack (6 ea. caps)/21 days
	Granisetron 0.1 mg/ml	2 ml/21 days
	Granisetron 1 mg	12 ea./21 days
	Granisetron 1 mg/ml	2 ml/21 days
Granisetron extended release inj. prefilled syr. 10 mg/0.4 ml	0.8 ml/21 days	

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Drug Class	Drug Label Name	Retail Limits (Mail limit is same as retail unless noted otherwise)
Antiemetics (continued)	Granisetron HCL inj. 4 mg/4 ml (1 mg/ml)	2 ml/21 days
	Marinol 2.5 mg, 5 mg, 10 mg	60 ea./25 days Mail limit: 180 ea./75 days
	Ondansetron 24 mg (tablet)	2 ea./21 days
	Palonosetron injection 0.25 mg/2 ml	4 ml/21days
	Sancuso 3.1 mg/24hr patch	2 ea./21 days
	Varubi Injectable Emulsion (each vial delivers 166.5 mg/92.5 ml)	185 ml (2 vials)/21 days
	Varubi single dose package (two 90 mg tabs as one set of twinned blisters)	4 tabs/21 days
	Zofran inj. 40 mg/20 ml (2 mg/ml)	20 ml/21 days
	Zofran 24 mg (tablets)	2 ea./21 days
	Zofran 2 mg/ml inj.	20 ml/21 days
	Zofran 4 mg (tablets)	18 ea/21 days
	Zofran ODT 4 mg & 8 mg	18 ea/21 days
	Zofran 8 mg (tablets)	18 ea/21 days
	Zofran Oral Solution	200 ml/21 days
	Zuplenz 4 mg & 8 mg film	18 ea./21 days
	Antimigraine (Note: new Migraine limits are effective 05/24/2016)	Amerge 1 mg & 2.5 mg
Axert 6.25 mg & 12.5 mg		12 ea/25 days Mail limit: 36 ea/75 days
Frova 2.5 mg		18 ea/25 days Mail limit: 54 ea/75 days
Imitrex 25 mg, 50 mg, 100 mg		12 ea./25 days Mail limit: 36 ea./75 days
Imitrex 4 mg inj.		18 (18x0.5 ml = Total qty. of 9 ml)/25 days Mail limit: 54 (54x0.5 ml = Total qty. of 27 ml)/75 days
Imitrex 4 mg inj.		18 (18x0.5 ml = Total qty. of 9 ml)/25 days Mail limit: 54 (54x0.5 ml = Total qty. of 27 ml)/75 days
Imitrex 6 mg inj. Syringe		12 (12x0.5 ml = Total qty. of 6 ml)/25 days Mail limit: 36 (36x0.5 ml = Total qty. of 18 ml)/75 days
Imitrex 6 mg inj. Syringe (cartridge)		12 (12x0.5 ml = Total qty. of 6 ml)/25 days Mail limit: 36 (36x0.5 ml = Total qty. of 18 ml)/75 days
Imitrex 6 mg inj. Vial		12 (12x0.5 ml = Total qty. of 6 ml)/25 days Mail limit: 40 (40x0.5 ml = Total qty of 20 ml)/75 days
Imitrex NS 20 mg		12 ea./25 days Mail limit: 36 ea./75 days
Imitrex NS 5 mg		24 ea/25 days Mail limit: 72 ea/75 days
Maxalt & Maxalt MLT 5 mg & 10 mg		18 ea/25 days Mail limit: 36 ea./75 days
Migranal NS		8 ml/25 days Mail limit: 24 ml/75 days

Drug Class	Drug Label Name	Retail Limits (Mail limit is same as retail unless noted otherwise)
Antimigraine (Note: new Migraine limits are effective 05/24/2016) (continued)	Onzetra XSAIL	1 kit/25 days (1 kit = 8 pouches & 16 nosepieces). Note: Dispensing qty. at pharmacy level = #16. Mail limit: 4 kits/75 days (4 kits = 32 pouches & 64 nosepieces). Dispensing qty. at pharmacy level = #64.
	Relpax 20 mg, 40 mg	12 ea./25 days Mail limit: 36 ea./75 days
	Sumavel dose inj. 4 mg/0.5	18 ea (9 ml)/25 days Mail limit: 54 ea (27 ml)/75 days
	Sumavel dose inj. 6 mg/0.5	12 ea (6 ml)/25 days Mail limit: 36 ea (18 ml)/75 days
	Treximet tab. 10-60 mg	9 ea./25 days Mail limit: 18 ea/75 days
	Treximet tab. 85-500 mg	9 ea./25 days Mail limit: 36 ea/75 days
	Zembrace Sym. inj. 3/0.5 ml	24 (24x0.5 ml=total qty of 12 ml)/25 days, Mail limit: 72 (72x0.5 ml= total of 36 ml)/75 days
	Zomig 2.5 mg and 5 mg	12 ea./25 days Mail limit: 36 ea./75 days
	Zomig Nasal Spray	12 ea./25 days Mail limit: 36 ea./75 days
	Zomig ZMT 2.5 mg and 5 mg	12 ea./25 days Mail limit: 36 ea./75 days
Insomnia Agents	Ambien	15 ea./25 days Mail limit: 45 ea./75 days
	Ambien CR	15 ea./25 days Mail limit: 45 ea./75 days
	Doral	15 ea./25 days Mail limit: 45 ea./75 days
	Estazolam	15 ea./25 days Mail limit: 45 ea./75 days
	Flurazepam	15 ea./25 days Mail limit: 45 ea./75 days
	Halcion	10 ea/25 days Mail limit: 30 ea./75 days
	Lunesta	15 ea./25 days Mail limit: 45 ea./75 days
	Restoril	15 ea./25 days Mail limit: 45 ea./75 days
	Rozerem	15 ea./25 days Mail limit: 45 ea./75 days
	Sonata	15 ea./25 days Mail limit: 45 ea./75 days
	Strazepam Pak (Temazepam with nutrient supp pak)	15 ea./25 days Mail limit: 45 ea./75 days

Drug Class	Drug Label Name	Retail Limits (Mail limit is same as retail unless noted otherwise)
Influenza Treatment and Prevention	Relenza	40 ea./90 days; 1 fill/90 days
	Tamiflu 30 mg	40 caps/90 days; 1 fill/90 days
	Tamiflu 30 mg/5 ml	300 ml/90 days; 1 fill/90 days
	Tamiflu 45 mg	20 caps/90 days; 1 fill/90 days
	Tamiflu 75 mg	20 caps/90 days; 1 fill/90 days
Proton Pump Inhibitors	Aciphex, Aciphex Sprinkles, Dexilant, Esomeprazole strontium, Nexium, Prevacid, Prilosec, Protonix	Period to Date (qty.): Type-D, 365 days, Max-90
	Zegerid	Period-to-date (qty.): Type-D, 365 days, Max-90
Anti-Infectives / Anthelmintic	Albenza	365 tablets / 365 days
	Bitricide	24 tablets / 365 days
	Egatem	16 tablets / 365 days
	Emvem	12 tablets / 365 days
Anti-Cholinergic / Mast Cell Stabilizer	Atrovent HFA, Combivent, Cromolyn, Itratropium, Tudorza	2 packages / 25 days 6 packages / 75 days
	Itracropium / Albuterol	6 packages / 25 days 18 packages / 75 days
	Lonhala Magnair Starter and refill kit, Seebri, Spiriva, Yupelri	1 package / 25 days 3 packages / 75 days
Short Acting Beta Agonists	Proair, Proventil HFA, Ventolin HFA, Xopenex HFA	2 packages / 25 days 6 packages / 75 days
	Albuterol 0.63mg / 3ml, Albuterol 2.5mg / 3 ml	5 packages / 25 days 15 packages / 75 days
	Xopenex, Xopenex Conentrate	3 package / 25 days 9 packages / 75 days
Long Acting Beta2 Agonists	Arcapta Neohaler, Brovana, Perforomist, Serevent Diskus, Striverdi Repsimat	1 package / 25 days 3 package / 75 days
Long Acting Beta2 Agonists /Anticholinergic	Anoro Ellipta, Bevespi Aerosphere, Duaklir Pressair, Stiolto Repsimat, Utibron Neohaler	1 package / 25 days 3 package / 75 days
Corticosteroid Oral Inhalation	Armonair Digihaler, Arnuity Ellipta, Asmanex HFA, Pulmicort Respules 1mg	1 packages / 25 days 3 packages / 75 days
	Alvesco 160mcg, Flovent HFA, Asmanex Twisthaler, Pulmicort Flexhaler / Repsules 0.5mg 180mcg, QVAR	2 packages / 25 days 6 packages / 75 days
	Alvesco 80mcg, Flovent Diskus, Pulmicort Replsules 0.25mg	3 package / 25 days 9 packages / 75 days

Please remember that this is not a complete list of drugs covered under your plan. Products may be subject to plan-specific copayment or coinsurance, additional charges or other restrictions. Certain drugs, such as those for infertility, erectile dysfunction, weight loss, smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

To check coverage and copay information for a specific drug, please visit **aetna.com** and log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card.

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Aetna may receive rebates from certain drug manufacturers. Generally, such rebates do not directly reduce the amount a member pays the pharmacy for covered prescriptions.

Information is believed to be accurate as of the production date; however, it is subject to change.

