

Quantity limits define the maximum amount of medication covered by your drug benefit for one prescription or copayment. This means your benefit covers a limited number of doses per prescription based on the medication's recommended dosing guidelines. If you or your physician requests an amount greater than the quantity limit of a medication, a prior authorization review may be required. The goal of the Quantity Limit Program is to promote appropriate and cost-effective use of medications based on established guidelines. The presence of a drug on this list does not guarantee coverage and not all drugs included on this list may be covered by your pharmacy benefit plan. Coverage of medications is determined your benefit plan. *

Establishing Guidelines for Use

Your pharmacy benefit plan has a quantity limits program that can help you get the best results from your medication therapy. With safe doses, quantity limits can also keep prescription drug costs lower for you. A group of clinical healthcare professionals routinely meets and reviews existing and new-to-market medications to develop the applicable utilization management criteria and quantity limits to ensure effective and safe use.

Quantity limits have been designed to lower the risk of unnecessary or inappropriate medication overuse and are based on:

- Food and Drug Administration (FDA) labeling for use
- National pharmaceutical compendia
- Scientific literature from peer-viewed medical journals
- Nationally recognized practice guidelines

Please Note:

This list is subject to change throughout the year and does not define coverage. This document is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the medication listed may be covered. Some medications may require prior authorization.

Brand and generic medication names are listed for informational reference with quantity limits that may apply to both product forms. Under some circumstances, medications may be excluded from your plan or require prior authorization for coverage.

This is the most current list at the time of printing and is subject to change, as we periodically review this medication listing. Please consult your plan specific documents or your WithMe Health Guide for any questions about your coverage or for more information.

KEY

CAPITAL LETTERS = BRAND medications

lower case = generic medications

Category	Medication Name	Quantity Limit
AntiDiabetic Agents	BYDUREON (exenatide)	12 ml per 90 days
AntiDiabetic Agents	BYETTA (exenatide)	7.2 ml per 90 days
AntiDiabetic Agents	TANZEUM (albiglutide)	12 ml per 90 days
AntiDiabetic Agents	TRULICITY (dulaglutide)	6 ml per 90 days
AntiDiabetic Agents	VICTOZA (liraglutide)	9 ml per 30 days
Autoimmune Biologics	AVSOLA (infliximab-axxq)	Max dose limit per infusion based on patient weight in kilograms.
Autoimmune Biologics	INFLECTRA (infliximab-dyyb)	Rheumatoid Arthritis, Psoriatic Arthritis, Psoriasis, Crohn's Disease, and Ulcerative Colitis: Up to every 8 week infusions
Autoimmune Biologics	IXIFI (infliximab-qbtx)	Ankylosing spondylitis, hidradenitis suppurativa, and ankylosing spondylitis: Up to every 6 week infusions
Autoimmune Biologics	REFLEXIS (infliximab-abda)	Uveitis: Up to every 2 week doses x 6 doses
Autoimmune Biologics	REMICADE (infliximab)	Additional consideration is given for loading dose requirements.
Autoimmune Biologics	ACTEMRA (tocilizumab) ACTPen	#4 x 162mg (0.9ml) Pens per 28 days
Autoimmune Biologics	ACTEMRA (tocilizumab) Prefilled Syringe	#4 x 162mg (0.9ml) Syringes per 28 days
Autoimmune Biologics	CIMZIA (certolizumab) 200mg Vial Kit CIMZIA (certolizumab) 2 x 200mg/ml Syringe Kit CIMZIA (certolizumab) 6 x 200mg/ml Starter Kit	2 kits (4 x 200mg vials per 28 days 2 kits (4 syringes) per 28 days 1 starter kit per 180 days
Autoimmune Biologics	COSENTYX (secukinumab) 150 mg autoinjector, prefilled syringes	150 mg (1 ml) per 28 days
	COSENTYX (secukinumab) 300mg/2ml (2 x 150mg/ml prefilled syringes)	1 package of 2 syringes/28 days For certain medical needs, exceptions may be considered
Autoimmune Biologics	ENBREL (etanercept) 25mg/0.5ml syringes ENBREL (etanercept) 25mg/vial, kit ENBREL (etanercept) 50mg/1ml syringes	4 syringes per 28 days 8 vials per 28 days 4 syringes per 28 days For certain medical needs, exceptions may be considered

Category	Medication Name	Quantity Limit
Autoimmune Biologics	ENBREL (etanercept) 50mg/ml Mini Injectors ENBREL (etanercept) 50mg/ml SureClick Injectors	4 injectors per 28 days 4 injectors per 28 days For certain medical needs, exceptions may be considered
Autoimmune Biologics	ENTYVIO (vedolizumab) 300mg IV	300mg (1 vial) per 56 days
Autoimmune Biologics	HUMIRA (adalimumab) 40 mg/0.4 ml syringe 80 mg/0.8 mL syringe, Pediatric Crohn's Starter kit	1 kit (2 syringes) per 180 days
Autoimmune Biologics	HUMIRA (adalimumab) 40 mg/0.8 mL pen, Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter kit	1 kit (6 pens) per 180 days
Autoimmune Biologics	HUMIRA (adalimumab) 40 mg/0.8 mL pen, kit	2 pens per 28 days
Autoimmune Biologics	HUMIRA (adalimumab) 40 mg/0.8 mL pen, Psoriasis/Uveitis Starter kit	1 kit (4 pens) per 180 days
Autoimmune Biologics	HUMIRA (adalimumab) 40mg/0.4ml pen	2 pens per 28 days
Autoimmune Biologics	HUMIRA (adalimumab) 40mg/0.8mL syringe, Pediatric Crohn's Starter kit	1 kit per 180 days
Autoimmune Biologics	HUMIRA (adalimumab) 80mg/0.8mL syringe, Pediatric Crohn's Starter kit	1 kit (3 syringes)/180 days
Autoimmune Biologics	HUMIRA 10 mg/0.1 mL syringe, 10mg/0.2 mL syringe, 20 mg/0.2 mL syringe, 20mg/0.4mL syringe, kit, 40 mg/0.8mL syringe, kit, 40 mg/0.4 mL syringe	2 syringes per 28 day
Autoimmune Biologics	ILARIS (canakinumab) 150mg vials	300mg (2 vials) per 28 days
Autoimmune Biologics	ILUMYA (tildrakizumab-asmn) 100mg/ml Prefilled Syringe	100mg (1 ml) syringe per 84 days
Autoimmune Biologics	KEVZARA (sarilumab) 150mg/1.14 ml Prefilled Syringes, Autoinjectors KEVZARA (sarilumab) 200mg/1.14 ml Prefilled Syringes, Autoinjectors	2 Syringes or Autoinjectors per 28 day
Autoimmune Biologics	KINERET 100mg (0.67ml) syringe	28 syringes per 28 days
Autoimmune Biologics	OLUMIANT (baricitinib)	30 tablets per 30 days
Autoimmune Biologics	ORENCIA (abatacept) prefilled syringe and autoinjectors	4 syringes or auto injectors per 28 days
Autoimmune Biologics	ORENCIA (abatacept) 250mg intravenous vial	4 vials per 28 days
Autoimmune Biologics	OTEZLA (apremilast)	60 tablets per 30 days
Autoimmune Biologics	RINVOQ ER (upadacitinib)	30 tablets per 30 days

Category	Medication Name	Quantity Limit
Autoimmune Biologics	RITUXAN (rituxumab) 100mg/10ml or 500mg/50ml	For rheumatoid arthritis: up to 1000mg (100ml) every 16 weeks. Additional considerations provided for loading dose requirements.
Autoimmune Biologics	SILIQ (risankizumab-rzaa) 210mg/1.5 ml Prefilled Syringe	2 Prefilled Syringes per 28 days
Autoimmune Biologics	SIMPONI (golimumab) Prefilled Syringe or Autoinjector	1 syringe every 28 days Additional consideration given for loading dose requirements
Autoimmune Biologics	SIMPONI ARIA (golimumab) 50mg/4ml vial	4 vials (16ml) every 56 days Additional consideration given for loading dose and patient weight
Autoimmune Biologics	SKYRIZI (risankizumab) 150mg (2 x 75mg/0.83ml Syringe) Kit	2 Syringes (150mg) every 28 days Additional consideration given for initial loading dose
Autoimmune Biologics	STELARA (ustekinumab) 130mg/26 ml vial	Loading IV dose up to 520mg (104ml)
Autoimmune Biologics	STELARA (ustekinumab) 45mg/0.5ml syringe STELARA (ustekinumab) 90mg/1 ml syringe	1 syringe) per 84 days 1 syringe) per 56 days Additional consideration given for medical need and dosing requiring dose and based on patient weight.
Autoimmune Biologics	TALTZ (ixekizumab) 80mg/ml syringe, autoinjector	1 syringe every 28 days
Autoimmune Biologics	TREMFYA (guselkumab)	Initial: 2 syringes per 28 days (Weeks 0 & 4) Maintenance: 1 syringe per 56 days
Autoimmune Biologics	TYSABRI (natalizumab) 300mg/15ml	For Crohn's Disease: 1 vial per 28 days
Autoimmune Biologics	XELJANZ (tofacitinib)	60 tablets per 30 days
Autoimmune Biologics	XELJANZ (tofacitinib) XR	30 tablets per 30 days
Central Nervous System Agents	XYREM (sodium oxybate)	540 ml per 30 days
Cholesterol Lowering Agents	PRALUENT (alirocumab)	300 mg (2ml) per 28 days
Cholesterol Lowering Agents	REPATHA (evolocumab) 140mg/ml	280 mg (2ml) per 28 days
Cholesterol Lowering Agents	REPATHA (evolocumab) 420mg/3.5ml PUSHTRONIX	420 mg (3.5ml) per 28 days

Category	Medication Name	Quantity Limit
Cystic Fibrosis	KALYDECO (ivacaftor)	56 tablets or packets per 28 days
Cystic Fibrosis	ORKAMBI (lumacaftor/ivacaftor) TABLETS	112 tablets per 28 days
Cystic Fibrosis	ORKAMBI (lumacaftor/ivacaftor) GRANULES	60 packets per 30 days
Cystic Fibrosis	PULMOZYME (dornase alfa)	60 units of 2.5ml each per 30 days
Cystic Fibrosis	SYMDEKO (tezacaftor/ivacaftor)	56 tablets per 28 days
Cystic Fibrosis	TRIKAFTA (elexacaftor/tezacaftor/ivacaftor + ivacaftor)	84 tablets per 28 days
Hepatitis C	EPCLUSA (sofosbuvir/velpatasvir)	30 tablets per 30 days
Hepatitis C	HARVONI (ledipasvir/sofosbuvir)	30 tablets per 30 days
Hepatitis C	MAVYRET (glecaprevir/pibrentasvir)	90 tablets per 30 days
Hepatitis C	ribavirin (COPEGUS)	168 tablets per 28 days
Hepatitis C	TECHNIVIE (ombitasvir/paritaprevir/ritonavir)	60 tablets per 30 days
Hepatitis C	VIEKIRA PAK (ombitasvir, paritaprevir, and ritonavir tablets; dasabuvir)	120 tablets per 30 days
Hepatitis C	VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)	30 tablets per 30 days
Hepatitis C	ZEPATIER (elbasvir/grazoprevir)	30 tablets per 30 days
Hereditary Angioedema Agents	BERINERT (C1 esterase Inhibitor, Human)	24 vials each per 30 days
Hereditary Angioedema Agents	CINRYZE (C1 esterase inhibitor, human)	16 vials each per 28 days
Hereditary Angioedema Agents	FIRAZYR (icatibant)	6 (3ML) syringes per 30 days
Hereditary Angioedema Agents	HAEGARDA (C1 inhibitor, human) 2000 UNITS	24 vials each per 30 days
Hereditary Angioedema Agents	HAEGARDA (C1 inhibitor, human) 3000 UNITS	16 vials each per 30 days
Hereditary Angioedema Agents	KALBITOR (ecallantide)	18 (1 ml) vials for 30 days
Hereditary Angioedema Agents	RUCONEST (C1 esterase inhibitor, recombinant)	12 vials each per 30 days
Hereditary Angioedema Agents	TAKHYZRO (lanadelumab-flyo)	2 vials each per 28 days
HIV	DESCOVY (emtricitabine/tenofovir alafenamide)	30 tablets per 30 days
HIV	EGRIFTA (tesmorelin) 1mg vial EGRIFTA (tesmorelin) 2mg vial	60 vials per 30 days 30 vials per 30 days
HIV	TRUVADA (emtricitabine/tenofovir disoproxil fumarate)	30 tablets per 30 days

Category	Medication Name	Quantity Limit
Hormonal Agents	GENOTROPIN miniquick (somatropin)	Max dose limit per day based on patient weight in kilograms, and up to FDA approved max dose.
Hormonal Agents	HUMATROPE (somatropin) reconstituted cartridge	Max dose limit per day based on patient weight in kilograms, and up to FDA approved max dose.
Hormonal Agents	INCRELEX (mecasermin) Subcutaneous Solution	Max dose limit per day based on patient weight in kilograms, and up to FDA approved max dose.
Hormonal Agents	NORDITROPIN (somatropin) FlexPro Subcutaneous Sol. Pen-Injector	Max dose limit per day based on patient weight in kilograms, and up to FDA approved max dose.
Hormonal Agents	NUTROPIN AQ (somatropin) NuSpin Subcutaneous Sol	Max dose limit per day based on patient weight in kilograms, and up to FDA approved max dose.
Hormonal Agents	OMNITROPE (somatropin) Subcutaneous Solution Cartridge	Max dose limit per day based on patient weight in kilograms, and up to FDA approved max dose.
Hormonal Agents	SAIZEN (somatropin) Prep Injection, Click Easy, Injection Solution	Max dose limit per day based on patient weight in kilograms, and up to FDA approved max dose.
Hormonal Agents	SEROSTIM (somatropin) Subcutaneous Solution	Up to max dose of 6 mg per day.
Hormonal Agents	ZOMACTON (somatropin) Subcutaneous Solution ZOMACTON (somatropin) for Zoma-Jet 10 Solution	Max dose limit per day based on patient weight in kilograms, and up to FDA approved max dose.
Hormonal Agents	ZORBTIVE (somatropin rDNA origin) Subcutaneous Solution	Up to 8 mg per day for a total therapy duration of 4 weeks.
Migraines	almotriptan (AXERT)	12 tablets per 30 days
Migraines	frovatriptan (FROVA)	9 tablets per 30 days
Migraines	IMITREX (sumatriptan) INJECTION SUMAVEL (sumatriptan) INJECTION ZEMBRACE (sumatriptan) INJECTION	4 Stat Dose Systems or 4 Stat Doses or vials per 30 days
Migraines	MIGRANAL (ergotamine) NASAL SPRAY	1 box (8 units) per 30 days
Migraines	naratriptan (AMERGE)	9 tablets per 30 days
Migraines	NURTEC (rimegepant)	8 tablets per 30 days
Migraines	ONZETRA XSAIL (sumatriptan nasal powder)	1 box (8 dose kits) per 30 days
Migraines	RELPAK (eletriptan)	8 tablets per 30 days
Migraines	REYVOW (lasmiditan)	8 tablets per 30 days
Migraines	rizatriptan (MAXALT) rizatriptan (MAXALT MLT)	18 tabs per 30 days
Migraines	sumatriptan (IMITREX) NASAL SPRAY TOSYMRA (sumatriptan) NASAL SPRAY	1 box (of 6 units) per 30 days
Migraines	sumatriptan (IMITREX) TABLETS	18 tabs per 30 days

Category	Medication Name	Quantity Limit
Migraines	UBRELVY (ubrogepant)	8 tablets per 30 days
Migraines	ZOMIG (zolmitriptan) NASAL SPRAY	1 box (6 bottles) per 30 days
Migraines	ZOMIG, ZOMIT ZMT (zolmitriptan)	8 tablets per 30 days
Pain - Opioids	ARYMO ER (morphine) 15mg, 30mg	> 120mg/day MME ¹ or 90 tablets per 30 days
Pain - Opioids	ARYMO ER (morphine) 60mg	> 120mg/day MME ¹ or 60 tablets per 30 days
Pain - Opioids	BELBUCA (buprenorphine buccal film)	Lesser of >120mg/day MME ¹ or 60 buccal films per 30 days
Pain - Opioids	butorphanol (STADOL) NASAL SPRAY	2 x 2.5ml bottles per 30 days
Pain - Opioids	BUTRANS (buprenorphine)	> 120mg/day MME ¹ or 4 patches per 28 days
Pain - Opioids	Fentanyl (ACTIQ) LOZENGES	120 lozenges per 30 days
Pain - Opioids	fentanyl (DURAGESIC) transdermal patch 72 Hour 12mcg, 25mcg, 37.5mcg	> 120mg/day MME ¹ or 15 Patches per 30 days
Pain - Opioids	fentanyl (DURAGESIC) Transdermal Patch 72 Hour 50mcg, 62.5mcg, 75mcg, 87.5mcg, 100mcg	> 120mg/day MME ¹ or 10 Patches per 30 days
Pain - Opioids	hydromorphone ER 24 hr (EXALGO) 16mg, 32mg	> 120mg/day MME ¹ or 30 tablets per 30 days
Pain - Opioids	hydromorphone ER 24 hr (EXALGO) 8mg, 12mg	> 120mg/day MME ¹ or 60 tablets per 30 days
Pain - Opioids	HYSINGLA ER (hydrocodone)	> 120mg/day MME ¹ or 30 tablet per 30 days
Pain - Opioids	morphine ER (MS CONTIN) 100mg	> 120mg/day MME ¹ or 30 tablet per 30 days
Pain - Opioids	morphine ER (MS CONTIN) 15mg, 30mg	> 120mg/day MME ¹ or 90 tablets per 30 days
Pain - Opioids	morphine ER (MS CONTIN) 60 mg	> 120mg/day MME ¹ or 60 tablets per 30 days
Pain - Opioids	Morphine ER 24hr (KADIAN) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg, 200mg	> 120mg/day MME ¹ or 30 tablet per 30 days
Pain - Opioids	NUCYNTA ER (tapentadol)	> 120mg/day MME ¹ or 60 tablets per 30 days
Pain - Opioids	OXYCONTIN (OxyCodone ER)	Lesser of 30 days supply or 100 units or if > 120mg/day MME ¹
Pain - Opioids	oxymorphone ER (OPANA ER)	> 120mg/day MME ¹ or 30 tablet per 30 days
Pain - Opioids	tramadol ER (ULTRAM, CONZIP)	> 120mg/day MME ¹ or 30 tablet per 30 days

¹ MME = Morphine Milligram Equivalents

Category	Medication Name	Quantity Limit
Pain - Opioids	XTAMPZA ER (oxycodone myristate)	> 120mg/day MME ¹ or 60 tablets per 30 days
Pain - Opioids	ZOHYDRO ER (hydrocodone bitartrate)	> 120mg/day MME ¹ or 60 tablets per 30 days
Pain - Topical Agents	diclofenac sodium (Voltaren) gel	300 units per 90 days
Pituitary Agents	SOMAVERT (pegvisomant)	30 vials each per 30 days