

## Quantity Limits

Quantity limits identify the maximum quantity that can be dispensed over a specific period of time. Limits are in place to encourage appropriate drug utilization and are typically developed based upon FDA drug labeling.

The following drugs, including generic versions if available, have dispensing limits. This is not intended as a complete list of all drugs with dispensing limits. Individual benefits will vary by policy. Please register and log in to Blue Access at [www.bcbsks.com](http://www.bcbsks.com) for the most complete pricing and benefit information. This list is subject to change.

Medication	Formulary	Quantity Limit per 30 days
<b>Migraine Medications</b>		
AIMOVIG 70 mg/mL auto-injector, 1 pack	No	1 auto-injector
AIMOVIG 70 mg/mL auto-injector, 2 pack	No	2 auto-injectors
AJOVY 225 mg/1.5 mL prefilled syringe	No	1 syringe
AMERGE tablets, 1 mg, 2.5 mg ( <b>naratriptan</b> )	Yes, generic; No, brand	18 tablets
AXERT tablets, 6.25 mg, 12.5 mg ( <b>almotriptan</b> )	Yes, generic; No, brand	12 tablets
<b>butorphanol nasal spray</b>	Yes	3 packages (7.5 mL)
CAMBIA packets	No	9 packets
EMGALITY 120 mg/mL auto-injector	No	1 auto-injector
FROVA tabs, 2.5 mg	Yes, generic; No, brand	18 tablets
IMITREX inj, syringes ( <b>sumatriptan</b> )	Yes, generic; No, brand	6 packages (12 syringes)
IMITREX inj, vials ( <b>sumatriptan</b> )	Yes, generic; No, brand	2 vials (5 mL)
IMITREX nasal spray, 20 mg ( <b>sumatriptan</b> )	Yes, generic; No, brand	2 packages (12 units)
IMITREX nasal spray, 5 mg ( <b>sumatriptan</b> )	Yes, generic; No, brand	4 packages (24 units)
IMITREX tabs, 100 mg ( <b>sumatriptan</b> )	Yes, generic; No, brand	9 tablets
IMITREX tabs, 25 mg, 50 mg ( <b>sumatriptan</b> )	Yes, generic; No, brand	18 tablets
MAXALT tabs, 5, 10 mg ( <b>rizatriptan</b> )	Yes, generic; No, brand	24 tablets
MAXALT-MLT tabs, 5, 10 mg ( <b>rizatriptan</b> )	Yes, generic; No, brand	24 tablets
MIGRANAL nasal spray	Yes	3 units (12 mL)
ONZETRA XSAIL 11mg nasal powder	No	32 nosepieces (2 kits of 16)
RELPAK tabs, 20mg, 40 mg ( <b>eletriptan</b> )	Yes, generic; No, brand	12 tablets
SUMAVEL DOSEPRO inj.	No	12 syringes (6 mL)
TREXIMET tabs, 10mg/60mg	No	9 tablets
TREXIMET tabs, 85 mg/500 mg	No	18 tablets
ZEMBRACE SYMTOUCH 3mg/0.5mL pen	No	24 pens (12mL)
ZOMIG nasal spray, 2.5 mg, 5 mg	Yes	2 packages (12 units)
ZOMIG tabs, 2.5 mg, 5 mg ( <b>zolmitriptan</b> )	Yes, generic; No, brand	12 tablets
ZOMIG-ZMT tabs, 2.5 mg, 5 mg ( <b>zolmitriptan</b> )	Yes, generic; No, brand	12 tablets
<b>Erectile Dysfunction Medications</b>		
CIALIS tabs, 10 mg, 20 mg	Yes	6 tablets
CIALIS tabs, 2.5 mg, 5 mg	Yes	30 tablets
LEVITRA tabs, 2.5 mg, 5 mg, 10 mg, 20 mg	No	6 tablets
STAXYN tabs, 10 mg	No	6 tablets
STENDRA	No	6 tablets
VIAGRA tabs, 25 mg, 50 mg, 100mg	No	6 tablets
<b>Narcotic Analgesic Medications</b>		
ARYMO ER	No	90 tablets (for certain medical needs, exceptions will be considered)
AVINZA	No	30 capsules (for certain medical needs, exceptions will be considered)
BELBUCA	No	60 films (for certain medical needs, exceptions will be considered)
BUTRANS	No	4 systems (for certain medical needs, exceptions will be considered)
DURAGESIC	No	15 patches (for certain medical needs, exceptions will be considered)
EMBEDA	No	60 capsules (for certain medical needs, exceptions will be considered)
EXALGO	No	30 tablets (for certain medical needs, exceptions will be considered)
FENTANYL	Yes	15 patches (for certain medical needs, exceptions will be considered)

HYSINGLA ER	No	30 tablets (for certain medical needs, exceptions will be considered)
KADIAN	Yes, generic; No, brand	60 capsules (for certain medical needs, exceptions will be considered)
MORPHABOND ER	No	60 tablets (for certain medical needs, exceptions will be considered)
MS CONTIN	Yes, generic; No, brand	90 tables (for certain medical needs, exceptions will be considered)
OPANA ER	No	60 tablets/capsules (for certain medical needs, exceptions will be considered)
ORAMORPH SR	No	90 tablets (for certain medical needs, exceptions will be considered)
OXYCONTIN tabs, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	Yes	60 tablets (for certain medical needs, exceptions will be considered)
OXYCONTIN tabs, 60 mg, 80 mg	Yes	120 tablets (for certain medical needs, exceptions will be considered)
XARTAMIS XR	No	120 tablets (for certain medical needs, exceptions will be considered)
XTAMPZA ER	No	60 capsules (for certain medical needs, exceptions will be considered)
ZOHYDRO ER	No	60 capsules (for certain medical needs, exceptions will be considered)
NUCYNTA ER	Yes	60 tablets (for certain medical needs, exceptions will be considered)
CONZIP, TRAMADOL SR	No	30 capsules (for certain medical needs, exceptions will be considered)
ULTRAM ER	Yes, generic; No, brand	30 capsules (for certain medical needs, exceptions will be considered)

#### Multiple Sclerosis Medications

AMPYRA	No	60 tablets
AUBAGIO tabs, 7mg, 14 mg	Yes	30 tablets
AVONEX inj, 30 mcg vial	Yes	1 package (4 vials)/28 days
AVONEX inj, 30 mcg/0.5 mL autoinjector pen	Yes	1 package (4 syringes)/28 days
AVONEX inj, 30 mcg/0.5 mL prefilled syringe	Yes	1 package (4 syringes)/28 days
BETASERON inj, 0.3 mg vial + syringe with diluent	Yes	1 box (14 vial/syringe units)/28 days
COPAXONE inj, 20 mg/mL syringe,	Yes	30 syringes
COPAXONE inj, 40mg/mL syringe	Yes	12mLs per 28 days (40mg/mL 3 times per week)
EXTAVIA inj, 0.3 mg vial + syringe with diluent	No	1 box (15 vial/syringe units)
GILENYA tabs 0.25 mg, 0.5 mg	Yes	30 tablets
glatopa inj, 20mg/mL prefilled syringe	Yes	30 syringes
PLEGRIDY starter kit – syringe	Yes	1 kit/180 days
PLEGRIDY starter kit – pen injector	Yes	1 kit/180 days
PLEGRIDY 125 mcg/0.5 mL syringe	Yes	2 syringes/28 days (1 carton of 2 syringes/28 days)
PLEGRIDY 125 mcg/0.5 mL pen injector	Yes	2 pens/28 days (1 carton of 2 pens/28 days)
REBIF, Rebidose 22mcg/0.5mL, 44mcg/0.5mL	Yes	12 syringes/28 days
REBIF inj, Rebidose titration pack	Yes	1 kit/180 days
TECFIDERA 120 mg capsules	Yes	14 capsules/180 days
TECFIDERA 240 mg capsules	Yes	60 capsules
TECFIDERA capsules, starter kit	Yes	1 kit/180 days
ZINBRYTA 150mg/mL syringe	No	1 syringe

#### Miscellaneous Medications

AUSTEDO 6 mg tablets	No	60 tablets
AUSTEDO 9 mg tablets, 12 mg tablets	No	120 tablets
CERDELGA	No	60 capsules
DUPIXENT	No	1 carton (2 syringes)/28 days
EMFLAZA 6 mg tablets	No	60 tablets
EMFLAZA 18 mg tablets	No	30 tablets
ENTRESTO	Yes	60 tablets
ESBRIET 267mg capsules	No	180 capsules
ESBRIET 267mg tablets	No	180 tablets
ESBRIET 801mg tablets	No	90 tablets
FASENRA	No	1 syringe/ 56 days
HETLIOZ	No	30 capsules
INGREZZA	No	30 capsules

KALYDECO	Yes	60 tablets
NATPARA 25mcg, 50mcg, 75mcg, 100mcg	No	1 package of 2 cartridges/28 days
NUCALA	No	1 vial/28 days
NUPLAZID	No	60 tablets
OCALIVA	No	30 tablets
OFEV 100 mg capsules, 150 mg capsules	No	60 capsules
ORKAMBI	No	120 tablets
SYMDEKO	No	60 tablets
XENAZINE 12.5 mg tablets	No	240 tablets
XENAZINE 25 mg tablets	No	120 tablets
XERMELO	No	90 tablets
XYREM	No	540mL
ZAVESCA	No	90 capsules

### Endocrine and Metabolic Preferred Products

ANDROGEL 1.62% gel, 75 gm pump	Yes	10 gm/day (4 pumps)
ANDROGEL 1.62% gel, 20.25 mg/1.25 gm packet	Yes	30 packets
ANDROGEL 1.62% gel, 40.5 mg/2.5 gm packet	Yes	60 packets

### Endocrine and Metabolic Products

ANDRODERM 2mg/day, 4mg/day	No	30 patches
ANDROGEL 1% gel, 25mg/2.5gm, 50mg/5 gm packet	No	60 packets
ANDROGEL 1% gel, 75 gm, 2 x 75 gm pump	No	10gm/day (4 pumps)
AVEED 250mg/mL, 3mL vial	No	1 vial/28 day
AXIRON 30mg/1.5mL, 90mL pump	No	120mg/day (2 pumps)
BIO-T-GEL 1% gel, 25 mg/2.5 gm, 50 mg/5 gm packet	No	60 packets
DELATESTRYL 200 mg/mL, 5 mL multiple dose vial ( <b>testosterone enanthate</b> )	Yes, generic; No, brand	1 vial/28 days
DEPO-TESTOSTERONE 100 mg/mL, 10 mL multiple dose vial ( <b>testosterone cypionate</b> )	Yes, generic; No, brand	1 vial/28 days
DEPO-TESTOSTERONE 200 mg/mL, 1 mL vial ( <b>testosterone cypionate</b> )	Yes, generic; No, brand	10 vials/28 days
DEPO-TESTOSTERONE 200 mg/mL, 10 mL multiple dose vial ( <b>testosterone cypionate</b> )	Yes, generic; No, brand	1 vial/28 days
FIRST-TESTOSTERONE 2% ointment	No	60 gm
FIRST-TESTOSTERONE MC 2% cream	No	60 gm
FORTESTA 2% gel, 60 gm pump	No	80 mg/day (2 pumps)
NATESTO 5.5mg/actuation, 7.32 gm pump	No	0.732 gram/day (3 pumps)
STRIANT 30 mg buccal system	No	60 buccal dose systems
TESTIM 1% gel, 5 gm tube	No	60 tubes
TESTOPEL 75 mg	No	6 pellets/90 days
TESTONE CIK 200mg/mL, 1mL vial	No	4 vials/28 days
VOGELXO 1% gel, 50 mg/5 gm tube	No	2 tubes/day (300 gm/30 days)
VOGELXO 1% gel, 50 mg/5gm packet	No	2 packets/day (300 gm/30 days)
VOGELXO 1% gel, 12.5mg/actuation, 75 gram pump (carton of 2 pumps)	No	4 pumps (300 gm/30 days)

### Biologic Immunomodulators

ACTEMRA 162 mg/0.9mL syringe	No	4 syringes/ 28 days
CIMZIA 2 x 200 mg vial, kit	No	2 kits (4 x 200mg vials)/28 days
CIMZIA 2 x 200 mg/mL syringe, kit	No	2 kits (4 syringes)/28 days
CIMZIA 6 x 200 mg/mL syringe, starter kit	No	1 starter kit/180 days
COSENTYX 150 mg/mL autoinjector	Yes	1 package of 2 injectors/28 days (for certain medical needs, exceptions will be considered)
COSENTYX 150 mg/mL autoinjector	Yes	1 injector/28 days (for certain medical needs, exceptions will be considered)
COSENTYX 150 mg/mL pre-filled syringe	Yes	1 syringe/28 days (for certain medical needs, exceptions will be considered)
COSENTYX 300 mg/2mL (2 x 150 mg/mL pre-filled syringe)	Yes	1 package of 2 syringes/28 days (for certain medical needs, exceptions will be considered)
ENBREL 50 mg/mL syringe	Yes	4 syringes/28 days (for certain medical needs, exceptions will be considered)
ENBREL 50 mg/mL SureClick autoinjector	Yes	4 autoinjectors/28 days (for certain medical needs, exceptions will be considered)
ENBREL 50mg/mL Mini injector	Yes	4 injectors/28 days
ENBREL 25 mg/0.5 mL	Yes	4 syringes/28 days
ENBREL 25 mg/vial, kit	Yes	8 vials/28 days
	Yes	2 syringes/28 day



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	Yes	2 pens/28 days
HUMIRA 40 mg/0.4 mL pen	Yes	2 pens/28 days
HUMIRA 40 mg/0.8 mL pen, kit	Yes	1 kit/180 days
HUMIRA 40mg/0.8mL syringe, Pediatric Crohn's Starter kit	Yes	1 kit (3 syringes)/180 days
HUMIRA 80mg/0.8mL syringe, Pediatric Crohn's Starter kit	Yes	1 kit (4 pens)/180 days
HUMIRA 40 mg/0.8 mL pen, Psoriasis/Uvetitis Starter kit	Yes	1 kit (6 pens)/180 days
HUMIRA 40 mg/0.8 mL pen, Crohn's Disease, Ulcerative Colitis or Hidradentis Starter kit	Yes	1 kit (2 syringes)/180 days
HUMIRA 40 mg/0.4 ml syringe and 80 mg/0.8 mL syringe, Pediatric Crohn's Starter kit	No	2 syringes/28 days
KEVZARA 150 mg/1.14 mL syringe, 200 mg/1.14 mL syringe	No	2 pens/28 days
KEVZARA 150 mg/1.14 mL pen, 200 mg/1.14 mL pen	No	30 syringes/ 28 days
KINERET 100 mg syringe	No	30 tablets
OLUMIANT 2mg tablets	No	4 syringes/28 days
ORENCIA (subcutaneous) 50mg/0.4mL syringes, 87.5mg.0.7mL syringe, 125mg/mL syringe	No	4 autoinjectors/28 days
ORENCIA (subcutaneous) 125mg/mL ClickJect autoinjector	Yes	1 starter kit of 27 tablets/180 days
OTEZLA 10 mg, 20 mg, & 30 mg tablet starter pack (two week)	Yes	1 starter kit of 55 tablets/180 days
OTEZLA 10 mg, 20 mg, & 30 mg tablet starter pack (four week)	Yes	60 tablets
OTEZLA 30 mg tablets	No	2 syringes/28 days
SILIQ	Yes	1 syringe/28 days (for certain medical needs, exceptions will be considered)
SIMPONI 50 mg/0.5 mL syringe, 100 mg/1 mL syringe	Yes	1 syringe/28 days (for certain medical needs, exceptions will be considered)
SIMPONI 50 mg/0.5 mL auto-injector, 100 mg/1 mL auto-injector	Yes	4 vials/180 days
STELARA 130mg/26mL (5mg/mL)	Yes	1 syringe/84 days
STELARA 45mg/0.5mL syringe	Yes	1 syringe/56 days
STELARA 90mg/1mL syringe	No	1 syringe/28 days
TALTZ 80mg/mL syringe, autoinjector	No	1 syringe/56 days
TREMFYA	No	60 tablets
XELJANZ 5mg tablets, 10mg tablets	No	30 tablets
XELJANZ XR	No	

**Oral Immunotherapy Agents**

GRASTEK	No	30 tablets
ODACTRA	No	30 tablets
ORALAIR	No	30 tablets
ORALAIR starter pack	No	1 pack/180 days
RAGWITEK	No	30 tablets

**Proprotein Convertase Subtilisin/Kexin type 9 (PCSK9) Inhibitors**

PRALUENT 75mg/mL prefilled syringe, 150mg/mL syringe	Yes	2 syringes/ 28 days
PRALUENT 75mg/mL pen-injector, 150mg/mL pen-injector	Yes	2 pens/ 28 days
REPATHA 140mg/mL pre-filled syringe	Yes	2 syringes/28 days
REPATHA 140mg/mL pre-filled auto-injector	Yes	2 autoinjectors/28 days
REPATHA 420mg/3.5mL single-use Pushtronex system	Yes	1 Pushtronex system

**Insulin Products**

AFREZZA 4 units/cartridge packs	No	2,520 cartridges
AFREZZA 8 units/cartridge packs	No	1,260 cartridges
AFREZZA 12 units/cartridge packs	No	900 cartridges
AFREZZA 30x4 unit cartridges + 60x8 unit cartridges mix packs	No	1,530 cartridges
AFREZZA 60x4 unit cartridges + 30x8 unit cartridges mix packs	No	1,890 cartridges
AFREZZA 60x8 unit cartridges + 30x12 unit cartridges mix packs	No	1,080 cartridges
AFREZZA 90x4 unit cartridges + 90x8 unit cartridges mix packs	No	1,800 cartridges
AFREZZA 60x4 unit cartridges + 60x8 unit cartridge + 60x12 unit cartridges mix packs	No	1,260 cartridges

**Hereditary Angioedema Agents**

BERINERT	No	10 vials
CINRYZE	No	20 vials
FIRAZYR	Yes	6 syringes
HAEGARDA	Yes	<i>weight based</i>
KALBITOR	No	4 kits
RUCONEST	No	8 vials
TAKHZYRO	No	2 vials/28 days

Blue Cross and Blue Shield of Kansas and BlueCross BlueShield Kansas Solutions are independent licensees of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. AllianceRx Walgreens Prime provides pharmacy benefits and is not affiliated with Blue Cross and Blue Shield of Kansas or BlueCross BlueShield Kansas Solutions.