

MANDATORY DRUG LIMITATIONS PROGRAM

ConnectiCare has a Quality Management Drug Program to limit certain medication quantities to established amounts. The goal of this program is to ensure compliance with U.S. Food and Drug Administration and manufacturer dosing recommendations and/or avoid abuse and misuse. For the following drugs, reimbursement will be limited to the quantities below unless ConnectiCare has received a medical necessity request from the prescribing physician and has authorized the additional quantity.

To submit request for additional quantities, please complete a pre-authorization form. Pre-authorization forms can be obtained from www.connecticare.com or by calling ConnectiCare at 1-800-251-7722.

Providers please note: The quantities below are the limits set up for prescriptions dispensed by pharmacies to members for self administration. **Self-administered medications**, even those not on this list, may not be dispensed for self administration and billed through the medical benefit by a provider, they **must be** dispensed through a participating pharmacy.

To find a drug, click this button and enter the name of the drug in the pop-up task pane.

Effective January 2018

DRUG CLASS	Drug	Quantity Limit	Comments
MISCELLANEOUS ANTI-INFECTIVES	Alinia tablets	6 tabs/month	
	Alinia suspension	60ml	
	Baxdela	28 tablets/Rx	
	Tindazole (Tindamax)	12 tabs	
	Zyvox (linezolid)	28 tabs, or 150 cc (1 bottle) every 60 days	
ADRENAL HORMONES	Acthar Gel	1 vial/fill	
DIABETIC SUPPLIES AND EQUIPMENT	Glucagon vials	4 units/month	
	Gluculet Lancing Devices (Diabetic)	1 unit	
INTERFERONS	Aubagio	30 tabs/month	
	Avonex	8 units	
	Copaxone 20mg/ml syringe	3 syringes	
	Glatopa 20 mg/ml syringe	3 syringes	
NARCOTIC ANALGESICS	Abstral SL	120 tabs/month	
	Belbuca	60 films/month	
	Butorphanol Nasal spray	2 bottles (5ml)	
	Butrans	4 patches/month	
	Fentanyl lozenges (Actiq)	120 lozenges/month	
	Fentora	120 buccal tabs/mon	

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	Hydromorphone ER (Exalgo)	60 caps/month	
	Lazanda	15 bottles/month	
	Oxycodone/Ibuprofen	30 tabs/month	
	Oxycontin	5/day or 150/month	
	Subsys	120 doses	
	Zohydro ER	90 tabs/month	
SYMPATHOMIMETICS	EpiPen/Epinephrine auto injector	2 syringes/month	
MISCELLANEOUS HORMONES	Androderm	60 patches/month	
	Androgel 1.62%	2 bottles/month	
	Androgel 1%	60 packets (4 bottles)/month	
	Android	60 tabs/month	
	Androxy	60 tabs/month	
	Methyltestosterone (Testred)	2 tablets/month	
	Pregnyl	3 vials	
	Striant	60 tabs/month	
	Testim	60 packets/month	
	Vogelxo	300gm/month	
THYROID HORMONES	Fulyzaq	60 tabs/month	
	Mytesi	60 tabs/month	
MISCELLANEOUS GI AGENTS	Alosetron (Lotronex)	60 tabs/month	
	Amitiza	60 tabs/month	
	Anzemet	2 tabs/month	
	Cimzia	400mg/month (1 kit)	1 kit = 2 syringes
	Diclegis	120 tabs/month	Limit of 90 day supply per year
	Emend	2 Tri-packs/ month or 6 tablets of 80mg/month	Note: Tri-pack = 125mg x 1 and 80mg x 2
	Granisetron	6 tabs/month	
	Linzess	30 caps/month	
	Ondansetron 24mg	1 tablet per fill	
	Renagel	270 tabs/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Sancuso	2 patches/month	
	Trulance	30 per month	
	Varubi	4 tabs/28 days	
	Zuplenz	12 strips/month	
ANTIFUNGAL AGENTS	Cresemba	60 tabs/month	
	Oravig	14 tabs per fill	
	V-Fend (voriconazole suspension)	75ml	
	V-Fend (voriconazole tabs)	42 tabs/month	
ANTI-HISTAMINES	Clarinet/D (desloratadine/D)	30 tabs/month	
NON-INSULIN HYPOGLYCEMIC AGENTS	Actoplus Met XR	60 tabs/month	
	Adlyxin	2 pens per month	
	Avandia	60 tabs/month	
	Bydureon	4 pens/month	
	Byetta 5mcg	1.2 ml/month	
	Byetta 10mcg	2.4 ml/month	
	Pioglitazone (Actos)	30 tabs/month	
	Pioglitazone/metformin (Actoplus Met)	90 tabs/month	
	Soliqua	5 pens per 25 days	
	Symlin	4 pens per month	
	Tanzeum	4 pens per moth	
	Trulicity	4 pens per moth	
	Victoza	3 pens (9ml) per month	
	Xultophy	5 pens per month	
LIPID-CHOLESTEROL LOWERING AGENTS	Ezetimibe (Zetia)	30 tabs/month	
	Juxtapid	30 caps/month	
	Livalo	30 tabs/month	
	Praluent	2 pens/month	
	Repatha 140mg	2 pens/month	
	Repatha 420mg	1 pen/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
INTERLEUKINS	Imiquimod 5% (Aldara)	3 boxes/year	
	Kineret	30 syringes/month	
	Zyclara	56 packets/year	
OTHER RHEUMATOLOGICALS	Enbrel 50mg	4 syringes/month	
	Enbrel 25mg	8 syringes/month	
	Humira	2 syringes/mon	
	Simponi	1 syringe/month	
	Xeljanz	60 tabs/month	
	MIGRAINE AND CLUSTER HEADACHE THERAPY	Almotriptan (Axert)	9 tabs/month
	Alsuma	1 package/mon	
	Cambia	9 packets/month	
	Dihydroergotamine nasal spray (Migranal)	1 package (8 doses)/month	
	Eletriptan	9 tabs/month	
	Frovatriptan (Frova)	9 tabs/month	
	Naratriptan (Amerge)	9 tabs/month	
	Onzetra Xsail	16 units/month (8 doses per nostril)	
	Relpax	9 tabs/month	
	Rizatriptan (Maxalt)	9 tabs/month	
	Sumatriptan injectable (Imitrex)	2 kits (4 doses)/month	
	Sumatriptan nasal spray (Imitrex)	1 pkg (6 doses)/mon	
	Sumatriptan tablets (Imitrex)	18 tabs/month	
	Treximet	9 tabs/month	
	Zolmitriptan tablets (Zomig)	9 tabs/month	
	Zolmitriptan Nasal Spray (Zomig)	1 package (6 doses/mon)	
ANTINEOPLASTIC AND IMMUNOSUPPRESSANT AGENTS	Bosulif	30 tabs/month	
	Calquence	60 capsules/month	
	Caprelsa	30 tabs/month	
	Erivedge	30 tabs/month	

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	Gilotrif	30 tabs/month	
	Ibrance	21 caps/month	
	Idhifa	30 tabs/month	
	Imbruvica	120 tabs/month	
	Inlyta	60 tabs/month	
	Jakafi	60 tabs/month	
	Mekinist	30 tabs/month	
	Nerlynx	180 tabs/month	
	Odomzo	30 caps/month	
	Sandostatin LAR	1 kit per month	
	Signifor LAR vials	1 vial per fill	
	Stivarga	84 tabs/month	
	Sutent	28 tablets per fill	
	Tafinlar	120 tabs/month	
	Tarceva 25mg	60 tabs/month	
	Tarceva 100mg/150mg	30 tabs/month	
	Thalomid	30 tabs/month	
	Tykerb	180 tabs/month	
	Xalkori	60 tabs/month	
	Xtandi	120 caps/month	
	Zejula	90 per month	
	Zelboraf	240 tabs/month	
	Zytiga	120 tabs (250mg)/month 60 tabs (500mg)/month	
ANTIPARKINSONISM AGENTS	Apokyn	60 ml/month	4 cartons of 5—3ml syringes
	Ropinirole 5mg (Requip)	120 tabs/month	
	Ropinirole 3mg (Requip)	90 tabs/month	
	Ropinirole 4mg (Requip)	180 tabs/month	
ANTIPSORIATIC/ANTISEBORRHEIC AGENTS	Calcipotriene cream (Dovonex)	120 gm/month	

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	Calcipotriene Foam (Sorilux)	120 gm per fill	
	Enstilar Foam	400 gm per fill	
	Stelara syringes	1 syringe every *3* months	
	Stelara vials	3 vials for loading dose	
	Tremfya	1 injection every other month	
	Vecitcal ointment (calcitriol)	100gm/month	
PSYCHOTHERAPEUTIC AGENTS	Aripiprazole (Abilify)	30 tabs/month	
	Abilify Maintena	1 injection/month	
	Aristada	1 injection/month	
	Armodafanil (Nuvigil)	60 tabs/month	
	Belsomra	30 tabs/month	
	Cotempla XR ODT	30 tabs/month	
	Fanapt	60 tabs/month	
	Invega Sustenna	1 injection/month	
	Latuda	30 tabs/month	
	Modafanil (Provigil)	60 tabs/month	
	Mydais	30 tabs/month	
	Olanzapine (Zyprexa)	30 caps/month	
	Paliperidone (Invega)	30 tabs/month	
	Pristiq	30 tabs/month	
	Quetiapine 25mg/100mg/200mg (Seroquel)	90 tabs/month	
	Quetiapine 300mg (Seroquel)/Seroquel XR	60 tabs/month	
	Risperidone (Risperdal)	60 tabs/month	
	Risperdal Consta	2 injections/month	
	Rozerem	60 tabs/month	
	Saphris	60 tabs/month	
	Vraylar	30 caps/month	
	Xyrem	540ml per month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Ziprasidone (Geodon)	60 tabs/month	
ANTIVIRALS	Harvoni	84 tabs/lifetime	
	Juluca	30 tabs/month	
	Mavyret	84 tabs/28 days	
	Peg-Intron	4 per month	
	Relenza	1 course/6 months	Total 2 cycles(5 days each) of Relenza or Tamiflu/year
	Tamiflu	1 course/6 months	Total 2 cycles(5 days each) of Relenza or Tamiflu/year
	Valganciclovir (Valcyte)	60 tabs/month	
	Viekira Pak	336 tabs/lifetime	
	Vosevi	84 tabs/lifetime	
	Zepatier	84 tabs/lifetime	
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	Dutasteride (Avodart)	30 tabs/month	
	Finasteride (Proscar)	30 tabs/month	
	Tamsulosin (Flomax)	60 tabs/month	
PULMONARY AGENTS	Advair	1 diskus/month	60 blisters/diskus
	Airduo Respclick	1 inhaler/month	
	Asmanex	2 inhalers/month	
	Daliresp	30 tabs/month	
	Firazyr	9ml (3 bottles)	
	Flovent	2 inhalers/month	
	Kalydeco	60/month	
	Letairis	30 tabs/month	
	Budesonide inhalation suspension (Pulmicort Respules)	60 per month	
	Sildenafil 20mg tabs (Revatio)	90 tabs/month	
	Sildenafil vials (Revatio)	90 ml per month	
	Tracleer	60 tabs/month	

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	Trelegy Ellipta	1 inhaler/month	
	Tyvaso	1 starter kit/year	
BLOOD SUGAR DIAGNOSTICS	Test Strips (Diabetic, All)	200 strips/month	
BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.	Alendronate (Fosamax)/Fosamax D 35mg/70mg	4 tabs/month	
	Ibandronate tabs (Boniva)	1 tab/month	
	Prolia	2 syringes per year	
	Risedronate 35mg tabs (Atelvia)	4 tabs/month	
	Xgeva	1 vial per month	
URINARY TRACT AGENTS	Monurol sachet	1 packet, single dose	
CONTRACEPTIVES; INTRAVAGINAL; SYSTEMIC	Nuvaring	1 unit/month	
CONTRACEPTIVES; INJECTABLE	Medroxyprogesterone 150mg/ml IM (Depo-Provera)	1 inj/3 months	
CONTRACEPTIVES; ORAL	All Brands	28 tabs/month	
CONTRACEPTIVES; TRANSDERMAL	Xulane	4 patches/month	
COAGULATION THERAPY	Eliquis	60 tabs/month	
	Pradaxa	60 tabs/month	
BIOTECHNOLOGY DRUGS	Aranesp	4 vials/month	
	Epogen	12 vials/month	Note: QL on Multidose vials is 4/month
	Granix	12 vials/month	
	Neulasta	2 syringes/month	0.6 ml/syringe
	Neupogen	12 vials/month	
	Procrit	12 vials/month	Note: QL on Multidose vials is 4/month
	Zarxio	12 syringes/month	
ESTROGENS AND PROGESTINS	Divigel	30 packets/month	
	Elestrin	52 gm/month	
	Estring	1 per 90 days	
	Femring	1 per 90 days	
STEROIDS	Alrex	2 bottles/month	

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MISCELLANEOUS CARDIOVASCULAR AGENTS	Corlanor	60 tabs/month	
MACROLIDES	Dificid	20 tabs	
MISCELLANEOUS NEUROLOGICAL THERAPY	Ampyra	60 tabs/month	
	Botox	1 vial/6 months	
	Horizant	30 tabs/month	
	Nuedexta	60 tabs/month	
	Xenazine	60 per month	
NON-NARCOTIC ANALGESICS	Bunavail	90 per month	
	Buprenorphine/naloxone (Suboxone) tabs/Suboxone Filmstrips	90 per month	
	Celecoxib (Celebrex)	60 per month	
	Duexis	90 tabs/month	
	Evzio	2 injections/month	
	Ketorolac tabs (Toradol)	20 tabs/month	
	Sprix NS	5 bottles/month	
	Vivitrol	1 injection/month	
MISCELLANEOUS OPHTHALMIC	Restasis	2 per day	
ULCER THERAPY	Esomeprazole Rx strength (Nexium RX)	60 tabs/month	Note: Nexium OTC does not have a QL
	Rabeprazole (Aciphex)	60 tabs/month	
MUSCLE RELAXANTS AND ANTISPASMODIC THERAPY	Cyclobenzaprine ER (Amrix)	30 tabs/month	
TOPICAL ANTIFUNGALS	Ecoza	1 tube/month	
	Luzu	1 tube/month	
	Vusion	1 tube	
TOPICAL CORTICOSTEROIDS	Clobetasol (Olux)/Clobetasol emollient (Olux-E) Foam	100grams max	
	Cordran Tape	3 per month	
	Diclofenac topical solution (Pennsaid)	1 bottle/month	

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MISCELLANEOUS DERMATOLOGICALS	Elidel	100gm/month	
	Picato	1 box of 3 per 90 days	
	Siliq	2 injections per month	
	Tacrolimus ointment (Protopic)	100gm/month	
	Valchlor	1 tube (60gm) per month	
HYALURONIC ACID PREPARATIONS	Euflexxa	3 syringes/6 months	
	Gel-One	1 syringe/6 months	
	Gelsyn-3	3 syringes/6 months	
	Hyalgan	3 syringes/6 months	
	Monovisc	1 syringe/6 months	
	Orthovisc	3 syringes/6 months	
	Synvisc	3 syringes/6 months	
	Synvisc-One	1 syringe/6 months	
	Supartz	5 syringes/6 months	