



Clinical Justification – Quantity Limitation
Fax to INFORMEDRX PA Dept. 1-866-795-8834
INFORMEDRX Phone Number 1-866-795-0049

PRESCRIBER INFORMATION

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_
Office Contact: \_\_\_\_\_ NPI#: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Prescriber Signature: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PHARMACY INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PATIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_
DOB: \_\_\_\_\_ Member BMCHP ID: \_\_\_\_\_
Diagnosis: \_\_\_\_\_ Medication & Dose Requested: \_\_\_\_\_

Medications that are managed as part of the Quantity Limitation Program appear below (on page 2). Please provide clinical justification for therapy exceeding the indicated quantity limitation in the space provided.

Clinical Justification:

Multiple horizontal lines for providing clinical justification.

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Drug and Strength	Quantity Limit	PA,ST	Drug and Strength	Quantity Limit	PA,ST
<b>ADHD Medications (60 day supply covered)</b>			<b>Antiemetics</b>		
Adderall XR 5, 10, 15, 25 mg	1 per day		Anzemet	5 per 30 days	PA
Adderall XR 20, 30 mg	2 per day		Emend 125 mg	4 per 30 days	PA
amphetamine-dextroamphetamine	2 per day		Emend 40 mg	1 per 30 days	PA
Concerta 18, 27, 54 mg	1 per day		Emend 80 mg	8 per 30 days	PA
Concerta 36 mg	2 per day		Emend Pak	4 paks (12) per 30 days	PA
dexamethylphenidate	2 per day		granisetron tablets	10 per 30 days	PA
dextroamphetamine IR 5 mg	3 per day		Granisol oral solution	50 mL per 30 days	ST
dextroamphetamine IR 10 mg	6 per day		dronabinol	1 per day	PA
dextroamphetamine SR 5 mg	1 per day		ondansetron 24 mg	5 per 30 days	
dextroamphetamine SR 10 mg	5 per day		ondansetron oral solution	75 mL per 30 days	
dextroamphetamine SR 15 mg	4 per day		ondansetron/ ODT 4 mg, 8 mg	15 per 30 days	
Focalin XR	1 per day		<b>Antipsychotics</b>		
Methylin 2.5, 5 mg	3 per day		Abilify	1 per day	
Methylin 10 mg	6 per day		Abilify DiscMelt	1 per day	PA
Methylin ER	1 per day		Fanapt	2 per day	PA
methylphenidate ER	1 per day		Geodon	2 per day	
methylphenidate IR	3 per day		Invega	1 per day	ST
Ritalin LA	1 per day		Risperdal Consta	2 inj per 30 days	
Strattera 10, 18, 25, 80, 100 mg	1 per day		Risperdal M-Tab 0.5 mg	4 per day	PA
Strattera 40, 60 mg	2 per day		Risperdal M-Tab 1, 2, 3, 4 mg	2 per day	PA
<b>Anticonvulsants</b>			risperidone 0.25, 1, 2, 3, 4 mg	2 per day	
Lamictal, lamotrigine 100, 200 mg	2 per day		risperidone 0.5 mg	4 per day	
Lamictal, lamotrigine 150 mg	3 per day		Seroquel 25, 50, 200 mg	4 per day	
Lamictal, lamotrigine 25 mg	6 per day		Seroquel 100, 300, 400 mg	3 per day	
Lamictal ODT 100, 200 mg	2 per day	PA	Seroquel XR	1 per day	
Lamictal ODT 50 mg	3 per day	PA	Symbyax	1 per day	
Lamictal ODT 25 mg	6 per day	PA	Zyprexa IM	6 inj per 30 days	
Lamictal XR 25, 50, 100 mg	1 per day	PA	Zyprexa 2.5, 5, 7.5, 10 mg	1 per day	
Lamictal XR 200 mg	3 per day	PA	Zyprexa 15, 20 mg	2 per day	
Lyrica (all strengths)	3 per day	PA	Zyprexa Zydys 5, 10 mg	1 per day	PA
Sabril 500 mg Powder Packets	100 packets per 30 days	PA	Zyprexa Zydys 15, 20 mg	2 per day	PA
Sabril 500 mg tablets	6 per day	PA	<b>Asthma Therapy - Inhalers</b>		
<b>Antidepressants</b>			Alupent, Azmacort, Flovent Diskus/HFA, Pulmicort Turbuhaler/Flexhaler 90 mcg/inh	1 inhaler per 30 days	
Aplenzin	1 per day	PA	Advair HFA, Advair Diskus, Symbicort	1 inhaler per 30 days	ST
budeprion XL 300 mg	1 per day		Aerobid, Aerobid M, albuterol, Atrovent		
bupropion/budeprion SR	2 per day		HFA, Combivent, Maxair Autohaler, ProAir HFA, Proventil HFA, Pulmicort Flexhaler 180mcg/inh, QVAR, Ventolin HFA	2 inhalers per 30 days	
bupropion IR 75, 100 mg	3 per day		Serevent Diskus	1 diskus per 30 days	
bupropion XL 150 mg	1 per day		Xopenex HFA	2 inhalers per 30 days	ST
citalopram 10, 20 mg	1 per day		<b>Asthma Therapy - Capsules and Solutions</b>		
citalopram 40 mg	1.5 per day		Accuneb	120 unit dose vials per 30 days	
Cymbalta 20, 30 mg	2 per day	PA	albuterol nebulizer sol'n	120 unit dose vials per 30 days	
Cymbalta 60 mg	1 per day	PA	albuterol-ipratropium nebulizer sol'n	6 vials per day	
Effexor XR	2 per day	PA	Duoneb	180 unit dose vials per 30 days	
fluoxetine 10 mg tabs/ caps	1.5 / 1 per day		Spiriva	1 handihaler ( w 30 capsules) per 30 days	
fluoxetine 20 mg	3 per day		budesonide respules 0.25, 0.5mg, Pulmicort respules 1mg	60 unit dose vials per 30 days	
fluoxetine 40 mg	2 per day		Foradil	Aerolizer (w 60 capsules) per 30 days	
fluvoxamine 25, 50 mg	2 per day		Xopenex Neb	90 unit dose vials per 30days	
fluvoxamine 100 mg	3 per day		<b>Biological DMARDs</b>		
Lexapro	1 per day	PA	Cimzia (Crohn's)	Initial: 6 syringes for 30 days then 2 syringes per 30 days	PA
Luvox CR 100, 150 mg	1 per day	PA	Enbrel 25 mg	8 syringes per 28 days	PA
mirtazapine/ ODT	1 per day		Enbrel 50 mg	4 syringes per 28 days	PA
paroxetine 10, 20 mg	1 per day		Enbrel (Initial Psoriasis Therapy)	2x QL above for first 12 weeks	PA
paroxetine 30, 40 mg	2 per day		Humira	2 syringes per 28 days	PA
paroxetine CR	1 per day		Humira Starter Kit (Crohn's)	6 syringes for 21 days	PA
Pristiq	1 per day	PA	Kineret	1 per day	PA
Prozac Weekly	4 per 28 days	PA	Simponi	1 per 30 days	PA
Sarafem	1 per day	PA	<b>Bisphosphonates</b>		
sertraline 25, 50 mg	1 per day		Boniva	1 injection per 90 days	PA
sertraline 100 mg	2 per day		Reclast	1 injection per 365 days	PA
venlafaxine 25, 37.5, 75 mg	3 per day				
venlafaxine 50, 100 mg	2 per day				
<b>Antivirals</b>					
Tamiflu 30 mg	20 per 30 days (40 per year)				
Tamiflu 45 mg, 75 mg	10 per 30 days (20 per year)				
Tamiflu Suspension	75 ml per 30 days (150 ml per year)				
Relenza	20 inhalations per 30 days (40 per year)				

Updated: 02.01.10

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Medical Devices & Supplies		
blood glucose meter	1 per 365 days	
diabetic testing strips	5 per day	
humidifiers/vaporizers	1 per 365 days	
insulin pen needles	4 per day	
insulin syringes	4 per day	
lancets	100 per 30 days	
nebulizers	1 per 365 days	
peak flow meters	2 per 365 days	
spacers	2 per 365 days	
Migrane Therapy (dosing to treat 3-4 migranes)		
Amerge	9 per 30 days	
Axert	12 per 30 days	
Frova	9 per 30 days	
sumatriptan injectable	yringes/5 vials per 30 days	
sumatriptan nasal	2 inhalations per 30 days	
sumatriptan tablets	9 per 30 days	
Maxalt, Maxalt-MLT	12 per 30 days	
Migranal Spray	8 ampules per 30 days	
Relpax	6 per 30 days	
Treximet	9 per 30 days	PA
Zomig, Zomig-ZMT	6 per 30 days	
Miscellaneous		
Arcalyst (220 mg vials)	8 vials for 1st 30 days (4 vials per 30 days)	PA
carisoprodol 350mg	120 per 180 days	
carisoprodol/aspirin	240 per 180 days	
Chantix	2 per day (max 24 wk therapy)	
chloroquine	12 per 90 days	
Cinryze (500 unit vials)	16 vials per 30 days	PA
Elidel	30 gm per 30 days	PA
EpiPen	4 inj per 30 days	
Ilaris (180 mg vial)	1 vial per 8 weeks	PA
Nicotrol Inhaler	3 kits per 30 days (max 6 mths/yr)	
Nuvigil 50mg	2 per day	PA
Nuvigil 150, 250mg	1 per day	PA
Protopic	30 gm per 30 days	PA
Provigil	1 per day	PA
Relistor	15 per 30 days	PA
Restasis	60 vials per 30 days	PA
Savella (4 week titration pack)	1 titration pack/lifetime	PA
Savella 12.5, 25, 50, 100 mg	2 per day	PA
Soma 250 mg	120 per 180 days	PA
Zyvox	2 per day	PA
Narcotic Analgesics		
Buccal fentanyl lozenges	15 per 30 days	PA
Fentora	28 per 30 days	PA
butorphanol	2 inhalations per 30 days	
Oxycontin	3 per day	
Opana ER	3 per day	PA
Onsolis (200 mcg)	120 films per 30 days	PA
Onsolis (1000 mcg)	30 films per 30 days	PA
Nucynta	180 per month	PA
Suboxone	3 per day	PA
Subutex	3 per day	PA
Transdermal fentanyl	20 patches per 30 days	
OTCs		
Fleet Prep Kits w/w/o Enema	1 kit per 365 days	
generic nicotine products	90 days per treatment and 2 treatments per 365 days	
OTC Analgesics All Caps/Tabs	200 per 365 days	
OTC Analgesics All Liquid	4 bottles (120 mL each) per 365 days	
Oral Oncology		
Afinitor	2 per day	
Gleevec 100mg	3 per day	
Gleevec 400mg	2 per day	
Iressa	1 per day	
Nexavar	4 per day	
Revlimid 5, 10mg	1 per day	
Revlimid 15, 25mg	21 per 28 days	
Sprycel 20, 50, 70mg	2 per day	
Sprycel 100mg	1 per day	
Sutent	1 per day	
Tarceva 25mg	3 per day	
Tarceva 100, 150mg	1 per day	
Tasigna	4 per day	
Tykerb	5 per day	
Thalomid 50, 100, 150mg	1 per day	
Thalomid 200mg	2 per day	
Zolanza	4 per day	
Proton Pump Inhibitors		
Aciphex	1 per day	ST
Nexium/granules	1 per day	ST
omeprazole capsules	1 per day	ST
pantoprazole	1 per day	PA
Prevacid/ SoluTab/granules	1 per day	ST
Protonix granules	1 per day	ST
Zegerid/packet	1 per day	ST
Kapidex	1 per day	ST
Sedative Hypnotics		
Ambien CR	1 per day	PA
Eduar	1 per day	PA
Lunesta	1 per day	ST
zaleplon	1 per day	
zolpidem	1 per day	
Zolpimist	1 container per 30 days	PA
Viscosupplements		
Euflexxa (preferred)	1 inj per wk per knee (up to 3 inj)	PA
Hyalgan	1 inj per wk per knee (up to 5 inj)	PA
Supartz	1 inj per wk per knee (up to 5 inj)	PA
Orthovisc	1 inj per wk per knee (up to 4 inj)	PA
Synvisc	1 inj per wk per knee (up to 3 inj)	PA
Synvisc-One	1 injection per knee	PA

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