

Your Prescription Benefit Updates

QL Quantity Limits

Quantity Limits define the highest quantity a medication can be covered per copay or in a specific period.

Therapeutic Use	Medication Name	New or Revised Quantity Limit
Central Nervous System: Attention Deficit Disorder	Adderall (amphetamine-dextroamphetamine) 30 mg tablet	2 tablets per day
	butorphanol nasal solution	1 bottle per prescription, 2 prescriptions per 60 days
Musculoskeletal: Pain Relief (Opioids)	levorphanol tablet	Patients new to therapy: Up to 49 morphine milligram equivalents per day, no more than a 7-day supply per prescription, 2 prescriptions per 60 days Patients with prior therapy history: Up to 90 morphine milligram equivalents per day, 2 prescriptions per 60 days
	Ultracet (tramadol-acetaminophen) tablet	Patients new to therapy: 8 tablets per day, no more than a 7-day supply per prescription, 2 prescriptions per 60 days Patients with prior therapy history: 8 tablets per day, 2 prescriptions per 60 days
	Ultram (tramadol) tablet	Patients new to therapy: 8 tablets per day, no more than a 7-day supply per prescription, 2 prescriptions per 60 days Patients with prior therapy history: 8 tablets per day, 2 prescriptions per 60 days

PA**Prior Authorization**

Prior Authorization requires your doctor to provide additional information to determine if you can get coverage for your medication.

Therapeutic Use	Step 1 Medications
Metabolic Agents	Nityr Tablets
	Orfadin Capsules
	Orfadin Suspension

STEP**Step Therapy**

If you have Step Therapy, you must try a lower-cost medication (Step 1) before a higher-cost medication (Step 2 or 3) is covered.

Therapeutic Use	Medication Name	Step 1 Medications
Gastrointestinal: Opioid-Induced Constipation	Movantik* Tablets	Any one of the following generics: lactulose, polyethylene glycol AND Amitiza

* Medication is excluded on the Premium PDL

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