



MASSACHUSETTS

MEDICARE ADVANTAGE PART D NON-FORMULARY QUANTITY LIMIT

For certain drugs that aren't covered on our formulary, our plans may limit the amount of the drug that our plans will cover if a formulary exception request is approved.

Below is a list of medications that are currently part of the Medicare Advantage Part D Non-Formulary Quantity Limit. This list can change from time to time.

2022 Part D Non-Formulary Quantity Limit

Drug Name	Quantity Limit
Aciphex 20 mg tablet	60 per 30 days
Ajovy 225 mg/1.5 mL pen injector, syringe	1.5 per 30 days
Albuterol HFA 90 mcg inhaler (authorized generic for Proair HFA)	25.5 (3 inhalers) per 30 days
Albuterol HFA 90 mcg inhaler (authorized generic for Proventil HFA)	20.1 (3 inhalers) per 30 days
Albuterol HFA 90 mcg inhaler (authorized generic for Ventolin HFA)	54 (3 inhalers) per 30 days
Alvesco 80 mcg inhaler	6.1 per 30 days
Alvesco 160 mcg inhaler	12.2 per 30 days
Almotriptan 6.25 mg tablet	18 per 30 days
Almotriptan 12.5 mg tablet	24 per 30 days
Ambien (IR, CR, SL) tablet	30 per 30 days
Amerge 1, 2.5 mg tablet	18 per 30 days
Asmanex HFA 50, 100, 200 mcg inhaler	13 per 30 days
Axert 6.25 mg tablet	18 per 30 days
Axert 12.5 mg tablet	24 per 30 days
Bafiertam 95 mg DR capsule	120 per 30 days
Belsomra tablet	30 per 30 days

Drug Name	Quantity Limit
Betaseron 0.3 mg kit	14 per 30 days
Breztri Aerosphere inhaler	10.7 per 30 days
Copaxone 20 mg/mL syringe	30 per 30 days
Copaxone 40 mg/mL syringe	12 per 28 days
Dayvigo tablet	30 per 30 days
Dexilant 30 mg capsule	30 per 30 days
Dexilant 60 mg capsule	30 per 30 days
Eletriptan 20 mg, 40 mg tablet	24 per 30 days
Extavia 0.3 mg kit	15 per 28 days
Forteo	2.4 per 28 days
Frova 2.5 mg tablet	27 per 30 days
Frovatriptan 2.5 mg tablet	27 per 30 days
Imitrex 5 mg spray	36 per 30 days
Imitrex 20mg spray	18 per 30 days
Imitrex 25, 50, 100 mg tablet	18 per 30 days
Imitrex 4 mg/0.5 mL cartridge, pen injector	8 per 30 days
Imitrex 6 mg/0.5 mL pen injector, syringe, vial	8 per 30 days
Maxalt 5, 10 mg ODT, tablet	36 per 30 days
Migranal 0.5 mg/spray	8 per 30 days
Nexium 20 mg capsule	30 per 30 days
Nexium 40 mg capsule	60 per 30 days
Omeprazole Sodium Bicarbonate 20mg capsule, packet	30 per 30 days
Omeprazole Sodium Bicarbonate 40mg capsule, packet	60 per 30 days
Prevacid 15 mg capsule, tablet	30 per 30 days
Prevacid 30 mg capsule, tablet	60 per 30 days
Proair HFA 90 mcg inhaler	25.5 per 30 days
Proair Respiclick 90 mcg inhaler	3 per 30 days
Protonix 20 mg tablet	30 per 30 days
Protonix 40 mg granules, tablet	60 per 30 days
Relpax 20, 40 mg tablet	24 per days
Reyvow 50 mg tablet	4 per 30 days
Reyvow 100 mg tablet	8 per 30 days

Drug Name	Quantity Limit
Striverdi Respimat 2.5 mg/ACT	4 per 30 days
Tecfidera 120 mg DR capsule	14 per 30 days
Tecfidera 120-240 mg DR capsule	120 per 180 days
Tecfidera 240 mg DR capsule	60 per 30 days
Treximet 85 mg – 500 mg tablet	18 per 30 days
Tymlos	1.56 per 30 days
Vumerity 231 mg DR capsule	120 per 30 days
Zegerid 20 mg capsule, packet	30 per 30 days
Zegerid 40 mg capsule, packet	60 per 30 days
Zolpidem SL tablet	30 per 30 days
Zomig 2.5, 5 mg ODT, tablet	18 per 30 days

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