



MEDICARE ADVANTAGE PART D NON-FORMULARY QUANTITY LIMIT

For certain drugs that are not 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.

2021 Part D Non-Formulary Quantity Limit	
Drug Name	Quantity Limit
Ambien (IR, CR, SL) tablet	30 per 30 days
Belsomra tablet	30 per 30 days
Dayvigo tablet	30 per 30 days
Zolpidem SL tablet	30 per 30 days
Almotriptan 6.25 mg tablet	18 per 30 days
Almotriptan 12.5 mg tablet	24 per 30 days
Amerge 1, 2.5 mg tablet	18 per 30 days
Axert 6.25 mg tablet	18 per 30 days
Axert 12.5 mg tablet	24 per 30 days
Eletriptan 20 mg, 40 mg tablet	24 per 30 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 20 mg 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
Relpax 20, 40 mg tablet	24 per 30 days
Treximet 85 mg - 500 mg tablet	18 per 30 days
Zomig 2.5, 5 mg ODT, tablet	18 per 30 days
Ajovy 225 mg/1.5 mL pen injector, syringe	1.5 per 30 days
Migranal 0.5 mg/spray	8 per 30 days
Reyvow 50 mg tablet	4 per 30 days

continued

2021 Part D Non-Formulary Quantity Limit

Drug Name	Quantity Limit
Reyvow 100 mg tablet	8 per 30 days
Aciphex 20 mg tablet	60 per 30 days
Dexilant 30 mg capsule	30 per 30 days
Dexilant 60 mg capsule	30 per 30 days
Nexium 20 mg capsule	30 per 30 days
Nexium 40 mg capsule	60 per 30 days
Omeprazole Sodium Bicarbonate 20 mg capsule, packet	30 per 30 days
Omeprazole Sodium Bicarbonate 40 mg capsule, packet	60 per 30 days
Prevacid 15 mg capsule, tablet	30 per 30 days
Prevacid 30 mg capsule, tablet	60 per 30 days
Protonix 20 mg tablet	30 per 30 days
Protonix 40 mg granules, tablet	60 per 30 days
Zegerid 20 mg capsule, packet	30 per 30 days
Zegerid 40 mg capsule, packet	60 per 30 days



MASSACHUSETTS

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Llame al **1-800-200-4255** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Ligue para **1-800-200-4255** (TTY: 711).

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