

Monthly maximums

TELUS Health has summarized some guidelines on maximum quantities for drugs where the directions do not indicate clear dosing schedules (e.g. "PRN" or "Use as directed"). These maximums are limitations in drug plan coverage. The following list comprises the most common requests.

As of November 2012

Allergy Therapy - Injectable	
Epipen®, Twinject® (epinephrine) Injection	4 kits or devices for a 30 day supply with a refill only after a device has been used or expires
Anti-Migraine Therapy	
Amerge® (naratriptan) Tablets Axert® (almotriptan) Tablets Frova® (frovatriptan) Tablets Maxalt® (rizatriptan) Tablets, RPD Relpax® (eletriptan) Tablets Zomig® (zolmitriptan) Tablets	12 tablets every 30 days
Imitrex® (sumatriptan) Tablets	12 tablets every 30 days
Imitrex® (sumatriptan) Injection	8 injections every 30 days
Imitrex® (sumatriptan) Nasal Spray	12 bottles of nasal spray every 30 days
Diabetic Testing Strips	
Any brand of test strip used to test glucose in the blood.	600 strips every 100 days (testing up to 6 times per day)
Narcotic Analgesics	
Stadol® (butorphanol) Nasal Spray	4 bottles of nasal spray every 30 days
Ophthalmic Anti-Allergic Agent/Antihistamine Drops	
Alocril® (nedocromil) Alomide® (lodoxamide) Emadine® (emedastine) Livostin® (levocabastine) Patanol® (olopatadine) Zaditor® (ketotifen)	10 ml per month
Oral Erectile Dysfunction Therapy	
Cialis® (tadalafil) Tablets Levitra® (vardenafil) Tablets Viagra™ (sildenafil) Tablets	Generally covered by exception; 12 tablets every 30 days if applicable
Cialis® (tadalafil) Tablets – 2.5 mg and 5 mg strengths only	Generally covered by exception; 30 tablets every 30 days if applicable
Miscellaneous	
Glucagon Injection Kit	2 vials per month
Pennsaid® (diclofenac)	540 ml per month

Note: The maximums also apply to generic versions of the brand drugs listed above.