

# Quantity Limit Drugs and Diabetic Supplies

Effective 4/1/2013

<b>Class and Name</b>	<b>Effective Date</b>
<b>ANALGESICS/ANESTHETICS, TOPICAL</b>	
<b>90 Patches Per Month Quantity Limit</b>	
lidocaine topical 5% patch	10/1/2010
<b>ANALGESICS, OPIOIDS, LONG-ACTING</b>	
<b>4 Per Month Quantity Limit</b>	
buprenorphine transderm 5 mcg/hr patch	2/1/2011
buprenorphine transderm 10 mcg/hr patch	2/1/2011
buprenorphine transderm 20 mcg/hr patch	2/1/2011
<b>34 Per Month Quantity Limit</b>	
<b>Tramadol Products</b>	
tramadol 100 mg er	10/1/2011
tramadol 200 mg er	10/1/2011
tramadol 200 mg sr	9/1/2010
tramadol 300 mg er	10/1/2011
tramadol 300 mg sr	9/1/2010
<b>68 Per Month Quantity Limit</b>	
<b>Tapentadol Products</b>	
tapentadol 50 mg er	10/1/2011
tapentadol 100 mg er	10/1/2011
tapentadol 150 mg er	10/1/2011
tapentadol 200 mg er	10/1/2011
tapentadol 250 mg er	10/1/2011
<b>Tramadol Products</b>	
tramadol 100 mg sr	9/1/2010
<b>204 Per Month Quantity Limit</b>	
<b>Levorphanol Products</b>	
levorphanol 2 mg	9/1/2010
<b>ANALGESICS, OPIOIDS, SHORT-ACTING</b>	
<b>34 Per Month Quantity Limit</b>	
<b>Meperidine Products</b>	
meperidine 100 mg	7/1/2010
<b>68 Per Month Quantity Limit</b>	
<b>Meperidine Products</b>	
meperidine 50 mg	7/1/2010
<b>204 Per Month Quantity Limit</b>	
<b>Codeine 60 mg Products</b>	
acetaminophen with codeine 300 mg-60 mg	9/1/2010
acetaminophen with codeine 325 mg-60 mg	9/1/2010
acetaminophen with codeine 650 mg-60 mg	10/1/2010
codeine/asa/acetaminophen 60 mg	9/1/2010

<b>Class and Name</b>	<b>Effective Date</b>
<b>ANALGESICS, OPIOIDS, SHORT-ACTING (Continued)</b>	
<b>204 Per Month Quantity Limit (Continued)</b>	
<b>Codeine 60 mg Products (Continued)</b>	
codeine/aspirin/caffeine 60 mg	9/1/2010
<b>Butalbital Combination Products</b>	
codeine 60 mg	9/1/2010
codeine/asa/phenacetin/caffeine 60 mg	9/1/2010
codeine/butalb/acetaminophen 60 mg	9/1/2010
codeine/butalb/acetaminophen 15 mg	9/1/2010
codeine/butalb/acetaminophen 30 mg	9/1/2010
codeine/butalbit/acetamin/caff 30-50-325	9/1/2010
codeine/butalbital/asa/caffeine 7.5 mg	9/1/2010
codeine/butalbital/asa/caffeine 15-50-330	9/1/2010
codeine/butalbital/asa/caffeine 30 mg	9/1/2010
codeine/butalbital/asa/caffeine 30-50-325	9/1/2010
<b>272 Per Month Quantity Limit</b>	
<b>Acetaminophen ≥ 500 mg Combination Products</b>	
acetaminophen with codeine 500 mg-30 mg	9/1/2010
acetaminophen with codeine 650 mg-30 mg	9/1/2010
codeine/asa/acetaminophn/caff 8-500-30	9/1/2010
hydrocodone/acetaminophen 2.5-500 mg	9/1/2010
hydrocodone/acetaminophen 3-500 mg	9/1/2010
hydrocodone/acetaminophen 5 mg-500 mg	9/1/2010
hydrocodone/acetaminophen 7.5-500 mg	9/1/2010
hydrocodone/acetaminophen 7.5-650 mg	9/1/2010
hydrocodone/acetaminophen 7.5-750 mg	9/1/2010
hydrocodone/acetaminophen 10-660 mg	9/1/2010
hydrocodone/acetaminophen 10-750 mg	9/1/2010
hydrocodone/acetaminophen 10 mg-500 mg	9/1/2010
hydrocodone/acetaminophen 10 mg-650 mg	9/1/2010
oxycodone/acetaminophen 5 mg-500 mg	9/1/2010
oxycodone/acetaminophen 7.5-500 mg	9/1/2010
oxycodone/acetaminophen 10 mg-500 mg	9/1/2010
oxycodone/acetaminophen 10 mg-650 mg	9/1/2010
<b>Tramadol Products</b>	
tramadol 50 mg	9/1/2010
tramadol/acetaminophen 37.5-325 mg	9/1/2010
<b>408 Per Month Quantity Limit</b>	
<b>Acetaminophen &lt; 500 mg Combination Products</b>	
acetaminophen with codeine 300 mg-15 mg	9/1/2010
acetaminophen with codeine 300 mg-30 mg	9/1/2010
acetaminophen with codeine 325 mg-15 mg	9/1/2010
acetaminophen with codeine 325 mg-30 mg	9/1/2010

<b>Class and Name</b>	<b>Effective Date</b>
<b>ANALGESICS, OPIOIDS, SHORT-ACTING (Continued)</b>	
<b>408 Per Month Quantity Limit (Continued)</b>	
<b>Acetaminophen &lt; 500 mg Combination Products (Continued)</b>	
hydrocodone/acetaminophen 2.5-325 mg	9/1/2010
hydrocodone/acetaminophen 5 mg-300 mg	9/1/2010
hydrocodone/acetaminophen 5 mg-325 mg	9/1/2010
hydrocodone/acetaminophen 5 mg-400 mg	9/1/2010
hydrocodone/acetaminophen 7.5-300 mg	9/1/2010
hydrocodone/acetaminophen 7.5-325 mg	9/1/2010
hydrocodone/acetaminophen 7.5-400 mg	9/1/2010
hydrocodone/acetaminophen 10-250 mg	9/1/2010
hydrocodone/acetaminophen 10 mg-300 mg	9/1/2010
hydrocodone/acetaminophen 10 mg-325 mg	9/1/2010
hydrocodone/acetaminophen 10 mg-400 mg	9/1/2010
oxycodone/acetaminophen 2.5-300 mg	9/1/2010
oxycodone/acetaminophen 2.5-325 mg	9/1/2010
oxycodone/acetaminophen 2.5-400 mg	9/1/2010
oxycodone/acetaminophen 5 mg-300 mg	9/1/2010
oxycodone/acetaminophen 5 mg-325 mg	9/1/2010
oxycodone/acetaminophen 5 mg-400 mg	9/1/2010
oxycodone/acetaminophen 7.5-300 mg	9/1/2010
oxycodone/acetaminophen 7.5-325 mg	9/1/2010
oxycodone/acetaminophen 7.5-400 mg	9/1/2010
oxycodone/acetaminophen 10 mg-300 mg	9/1/2010
oxycodone/acetaminophen 10 mg-325 mg	9/1/2010
oxycodone/acetaminophen 10 mg-400 mg	9/1/2010
<b>Aspirin Combination Products</b>	
aspirin/codeine 325 mg-15 mg	9/1/2010
aspirin/codeine 325 mg-30 mg	9/1/2010
codeine/aspirin/buffers 30 mg-325 mg	9/1/2010
codeine/aspirin/caffeine 15 mg	9/1/2010
codeine/aspirin/caffeine 30 mg	9/1/2010
codeine/carisoprodol/asa 16-200-325 mg	9/1/2010
codeine/asa/acetam/mg/al hydrx 30 mg	9/1/2010
codeine/asa/phenacetin/caffeine 15 mg	9/1/2010
codeine/asa/phenacetin/caffeine 30 mg	9/1/2010
hydrocodone/aspirin 5 mg-500 mg	9/1/2010
hydrocodone/aspirin 7-325 mg	9/1/2010
oxycodone/aspirin 2.44-325 mg	9/1/2010
oxycodone/aspirin 4.88/325 mg	9/1/2010
<b>Codeine ≤ 30 mg Products</b>	
codeine 15 mg	9/1/2010
codeine 30 mg	9/1/2010

<b>Class and Name</b>	<b>Effective Date</b>
<b>ANALGESICS, OPIOIDS, SHORT-ACTING (Continued)</b>	
<b>544 Per Month Quantity Limit</b>	
<b>Ibuprofen Combination Products</b>	
hydrocodone/ibuprofen 2.5-200 mg	9/1/2010
hydrocodone/ibuprofen 5 mg-200 mg	9/1/2010
hydrocodone/ibuprofen 7.5-200 mg	9/1/2010
hydrocodone/ibuprofen 10 mg-200 mg	9/1/2010
<b>ANGIOTENSIN MODULATORS, ARBS, AND COMBINATIONS</b>	
<b>34 Per Month Quantity Limit</b>	
aliskiren/amlodipine 150-5 mg	11/1/2010
aliskiren/amlodipine 150-10 mg	11/1/2010
aliskiren/amlodipine 300-5 mg	11/1/2010
aliskiren/amlodipine 300-10 mg	11/1/2010
aliskiren/amlodipine/hctz 150-5-12.5	2/1/2011
aliskiren/amlodipine/hctz 300-5-12.5	2/1/2011
aliskiren/amlodipine/hctz 300-5-25	2/1/2011
aliskiren/amlodipine/hctz 300-10-12.5	2/1/2011
aliskiren/amlodipine/hctz 300-10-25	2/1/2011
aliskiren/valsartan 150-160 mg	5/1/2010
aliskiren/valsartan 300-320 mg	5/1/2010
amlodipine/benazepril 2.5 mg-10 mg	5/1/2010
amlodipine/benazepril 5-10 mg	5/1/2010
amlodipine/benazepril 5 mg-20 mg	5/1/2010
amlodipine/benazepril 5 mg-40 mg	5/1/2010
amlodipine/benazepril 10 mg-20 mg	5/1/2010
amlodipine/benazepril 10 mg-40 mg	5/1/2010
amlodipine/olmesartan 5 mg-20 mg	5/1/2010
amlodipine/olmesartan 10 mg-20 mg	5/1/2010
amlodipine/olmesartan 5 mg-40 mg	5/1/2010
amlodipine/olmesartan 10 mg-40 mg	5/1/2010
amlodipine/valsartan 5 mg-160 mg	5/1/2010
amlodipine/valsartan 5 mg-320 mg	5/1/2010
amlodipine/valsartan 10 mg-160 mg	5/1/2010
amlodipine/valsartan 10 mg-320 mg	5/1/2010
amlodipine/valsartan/HCTZ 5-160-12.5	5/1/2010
amlodipine/valsartan/HCTZ 5-160-25 mg	5/1/2010
amlodipine/valsartan/HCTZ 10 mg-160 mg	5/1/2010
amlodipine/valsartan/HCTZ 10-160-25	5/1/2010
amlodipine/valsartan/HCTZ 10-320-25	5/1/2010
azilsartan oral 40 mg	4/1/2011
azilsartan oral 80 mg	4/1/2011
azilsartan/chlorthalidone 40 mg-12.5 mg	2/1/2012
azilsartan/chlorthalidone 40 mg-25 mg	2/1/2012

<b>Class and Name</b>	<b>Effective Date</b>
<b>ANGIOTENSIN MODULATORS, ARBS, AND COMBINATIONS (Continued)</b>	
<b>34 Per Month Quantity Limit (Continued)</b>	
candesartan 4 mg	5/1/2010
candesartan 8 mg	5/1/2010
candesartan 16 mg	5/1/2010
candesartan 32 mg	5/1/2010
candesartan/HCTZ 16-12.5 mg	5/1/2010
candesartan/HCTZ 32-12.5 mg	5/1/2010
candesartan/HCTZ 32 mg-25 mg	5/1/2010
eprosartan 600 mg	5/1/2010
eprosartan/HCTZ 600-12.5 mg	5/1/2010
eprosartan/HCTZ 600-25 mg	5/1/2010
irbesartan 75 mg	5/1/2010
irbesartan 150 mg	5/1/2010
irbesartan 300 mg	5/1/2010
irbesartan/HCTZ 300-12.5 mg	5/1/2010
olmesartan 5 mg	5/1/2010
olmesartan 20 mg	5/1/2010
olmesartan 40 mg	5/1/2010
olmesartan/amlodipine/HCTZ 40-5-12.5 mg	8/1/2010
olmesartan/amlodipine/HCTZ 40-5-25.5 mg	8/1/2010
olmesartan/amlodipine/HCTZ 40-10-12.5 mg	8/1/2010
olmesartan/amlodipine/HCTZ 40-10-25 mg	8/1/2010
olmesartan/HCTZ 20-12.5 mg	5/1/2010
olmesartan/HCTZ 40-12.5 mg	5/1/2010
olmesartan/HCTZ 40 mg-25 mg	5/1/2010
telmisartan 20 mg	5/1/2010
telmisartan 40 mg	5/1/2010
telmisartan 80 mg	5/1/2010
telmisartan/amlodipine 40 mg-5 mg	5/1/2010
telmisartan/amlodipine 40 mg-10 mg	5/1/2010
telmisartan/amlodipine 80 mg-5 mg	5/1/2010
telmisartan/amlodipine 80 mg-10 mg	5/1/2010
telmisartan/HCTZ 40-12.5 mg	5/1/2010
telmisartan/HCTZ 80-12.5 mg	5/1/2010
telmisartan/HCTZ 80 mg-25 mg	5/1/2010
trandolapril/verapamil 4-240 mg	5/1/2010
valsartan 320 mg	5/1/2010
valsartan/HCTZ 80-12.5 mg	5/1/2010
valsartan/HCTZ 160-12.5 mg	5/1/2010
valsartan/HCTZ 160-25 mg	5/1/2010

<b>Class and Name</b>	<b>Effective Date</b>
<b>ANGIOTENSIN MODULATORS, ARBS, AND COMBINATIONS (Continued)</b>	
<b>34 Per Month Quantity Limit (Continued)</b>	
valsartan/HCTZ 320mg-25 mg	5/1/2010
valsartan/HCTZ 320-12.5 mg	5/1/2010
<b>68 Per Month Quantity Limit</b>	
eprosartan 400 mg	5/1/2010
irbesartan/HCTZ 150-12.5 mg	6/1/2012
olmesartan/amlodipine/HCTZ 20-5-12.5 mg	8/1/2010
trandolapril/verapamil 1-240 mg	5/1/2010
trandolapril/verapamil 2-180 mg	5/1/2010
trandolapril/verapamil 2-240 mg	5/1/2010
valsartan 40 mg	5/1/2010
valsartan 80 mg	5/1/2010
valsartan 160 mg	5/1/2010
<b>ANGIOTENSIN MODULATORS, DIRECT RENIN INHIBITORS</b>	
<b>34 Per Month Quantity Limit</b>	
aliskiren 150 mg	11/1/2010
aliskiren 300 mg	11/1/2010
aliskiren/hydrochlorothiazide 150-12.5 mg	11/1/2010
aliskiren/hydrochlorothiazide 150-25 mg	11/1/2010
aliskiren/hydrochlorothiazide 300-12.5 mg	11/1/2010
aliskiren/hydrochlorothiazide 300-25 mg	11/1/2010
<b>ANTICOAGULANTS</b>	
<b>34 Per Month Quantity Limit</b>	
rivaroxaban 20 mg	7/1/2012
<b>35 Per Year Quantity Limit</b>	
rivaroxaban 10 mg	7/1/2012
<b>68 Per Month Quantity Limit</b>	
apixaban 2.5 mg	2/1/2013
apixaban 5 mg	2/1/2013
dabigatran 75 mg	12/1/2010
dabigatran 150 mg	12/1/2010
rivaroxaban 15 mg	7/1/2012
<b>ANTIDEPRESSANTS, OTHER AND FIBROMYALGIA</b>	
<b>68 Per Month Quantity Limit</b>	
duloxetine 20 mg	7/1/2010
duloxetine 30 mg	7/1/2010
duloxetine 60 mg	7/1/2010
<b>ANTI-DIARRHEAL</b>	
<b>68 Per Month Quantity Limit</b>	
crofelemer 125 mg	4/1/2013

<b>Class and Name</b>	<b>Effective Date</b>
<b>ANTIPSYCHOTICS</b>	
<b>34 Per Month Quantity Limit</b>	
lurasidone 20 mg	3/1/2012
lurasidone 40 mg	1/1/2011
lurasidone 120 mg	10/1/2012
<b>68 Per Month Quantity Limit</b>	
lurasidone 80 mg	6/1/2012
<b>BLADDER RELAXANT PREPARATIONS</b>	
<b>8 Per Month Quantity Limit</b>	
oxybutynin 3.9 mg/24 hr patch	10/16/2011
<b>34 Per Month Quantity Limit</b>	
darifenacin 7.5 mg er	7/1/2011
darifenacin 15 mg er	7/1/2011
fesoterodine 4 mg er	7/1/2011
fesoterodine 8 mg er	7/1/2011
mirabegron 25 mg er	8/1/2012
mirabegron 50 mg er	8/1/2012
oxybutynin 5 mg er	7/1/2011
oxybutynin 10 mg er	7/1/2011
oxybutynin 10% gel packet	7/1/2011
solifenacin 5 mg	7/1/2011
solifenacin 10 mg	7/1/2011
tolterodine 2 mg er	7/1/2011
tolterodine 4 mg er	7/1/2011
tropium 60 mg er	7/1/2011
<b>68 Per Month Quantity Limit</b>	
oxybutynin 15 mg er	7/1/2011
tolterodine 1 mg	7/1/2011
tolterodine 2 mg	7/1/2011
tropium 20 mg	7/1/2011
<b>136 Per Month Quantity Limit</b>	
oxybutynin 5 mg	7/1/2011
<b>680 Per Month Quantity Limit</b>	
oxybutynin 5 mg/5 ml syrup	10/16/2011
<b>BRONCHODIALATORS, COPD</b>	
<b>34 Per Month Quantity Limit</b>	
roflumilast 500 mcg	6/1/2011
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>	
<b>68 Per Month Quantity Limit</b>	
dextromethorphan/quinidine 20 mg-10 mg	1/1/2011

<b>Class and Name</b>	<b>Effective Date</b>
<b>CONTRACEPTIVES, INJECTIBLE</b>	
<b>1 Every 90 Days Quantity Limit</b>	
medroxyprogesterone 104 mg/0.65	4/1/2010
medroxyprogesterone 150 mg/ml	4/1/2010
<b>CONTRACEPTIVES, TRANSDERMAL</b>	
<b>9 Every 90 Days Quantity Limit</b>	
norelgestromin/ethin. estradiol transdermal patch	4/1/2010
<b>CYTOKINE AND CELL ADHESION MOLECULE ANTAGONIST DRUGS</b>	
<b>68 Per Month Quantity Limit</b>	
tofacitinib 5 mg	1/1/2013
<b>DECONGESTANTS, ORAL</b>	
<b>136 Per Month Quantity Limit</b>	
pseudoephedrine 30 mg	1/1/2011
pseudoephedrine 60 mg	1/1/2011
<b>DIABETIC SUPPLIES</b>	
<b>1 Per Month Quantity Limit</b>	
Control solution	6/1/2010
<b>200 Per Month Quantity Limit</b>	
Insulin pen needles	6/1/2010
Insulin syringes	6/1/2010
Lancets	6/1/2010
Test strips	6/1/2010
<b>1 Per 6 Months Quantity Limit</b>	
Reusable injection pens	6/1/2010
<b>1 Per 2 Years Quantity Limit</b>	
Lancet devices	6/1/2010
Blood glucose meters	6/1/2010
<b>DPP4-INHIBITORS</b>	
<b>34 Per Month Quantity Limit</b>	
alogliptin 6.25 mg	3/1/2013
alogliptin 12.5 mg	3/1/2013
alogliptin 25 mg	3/1/2013
alogliptin/pioglitzone 12.5-15 mg	3/1/2013
alogliptin/pioglitzone 12.5-30 mg	3/1/2013
alogliptin/pioglitzone 12.5-45 mg	3/1/2013
alogliptin/pioglitzone 25-15 mg	3/1/2013
alogliptin/pioglitzone 25-30 mg	3/1/2013
alogliptin/pioglitzone 25-45 mg	3/1/2013
linagliptin 5 mg	6/1/2011
saxagliptin 2.5 mg	5/1/2010
saxagliptin 5 mg	5/1/2010
sitagliptin 25 mg	5/1/2010
sitagliptin 100 mg	5/1/2010

<b>Class and Name</b>	<b>Effective Date</b>
<b>DPP4-INHIBITORS (Continued)</b>	
<b>34 Per Month Quantity Limit (Continued)</b>	
sitagliptin/metformin 50-500 mg er	3/1/2012
sitagliptin/metformin 50-1000 mg er	3/1/2012
sitagliptin/metformin 100-1000 mg er	3/1/2012
sitagliptin/simvastatin 100 mg-10 mg	11/1/2011
sitagliptin/simvastatin 100 mg-20 mg	11/1/2011
sitagliptin/simvastatin 100 mg-40 mg	11/1/2011
sitagliptin/simvastatin 50 mg-10 mg	11/1/2012
sitagliptin/simvastatin 50 mg-20 mg	11/1/2012
sitagliptin/simvastatin 50 mg-40 mg	11/1/2012
<b>68 Per Month Quantity Limit</b>	
alogliptin/metformin 12.5-500 mg	3/1/2013
alogliptin/metformin 12.5-1000 mg	3/1/2013
linagliptin/metformin 2.5-500 mg	3/1/2012
linagliptin/metformin 2.5-850 mg	3/1/2012
linagliptin/metformin 2.5-1000 mg	3/1/2012
saxagliptin/metformin 2.5 mg-500 mg	2/1/2011
saxagliptin/metformin 5 mg-500 mg	2/1/2011
saxagliptin/metformin 5 mg-1000 mg	2/1/2011
sitagliptin/metformin 50 mg-500 mg	5/1/2010
sitagliptin/metformin 50-1000 mg	5/1/2010
<b>EMERGENCY CONTRACEPTIVES</b>	
<b>2 Per Month Quantity Limit</b>	
ulipristal acetate 30 mg	1/1/2011
<b>EMERGENCY TREATMENT, ALLERGIES</b>	
<b>2 Per Month Quantity Limit</b>	
epinephrine injection 0.3 mg	4/1/2010
epinephrine injection 0.15 mg	4/1/2010
<b>EMERGENCY TREATMENT, DIABETES</b>	
<b>2 Per Month Quantity Limit</b>	
glucagon injection 1 mg kit	4/1/2010
glucagon injection 1 mg vial	4/1/2010
<b>GOUT AGENTS</b>	
<b>68 Per Month Quantity Limit</b>	
colchicine 0.6 mg	10/1/2010
<b>IRRITABLE BOWEL SYNDROME AND CONSTIPATION</b>	
<b>34 Per Month Quantity Limit</b>	
linaclotide 145 mcg	1/1/2013
linaclotide 290 mcg	1/1/2013

<b>Class and Name</b>	<b>Effective Date</b>
<b>MIGRAINE AGENTS, TRIPTANS</b>	
<b>18 Per Month Quantity Limit</b>	
almotriptan 6.25 mg	4/1/2010
almotriptan 12.5 mg	4/1/2010
eletriptan 20 mg	4/1/2010
eletriptan 40 mg	4/1/2010
frovatriptan 2.5 mg	4/1/2010
naratriptan 1 mg	4/1/2010
naratriptan 2.5 mg	4/1/2010
rizatriptan 5 mg	4/1/2010
rizatriptan 10 mg	4/1/2010
sumatriptan 25 mg	4/1/2010
sumatriptan 50 mg	4/1/2010
sumatriptan 100 mg	4/1/2010
sumatriptan/naproxen 85 mg-500 mg	4/1/2010
zolmitriptan 2.5 mg	4/1/2010
zolmitriptan 5 mg	4/1/2010
<b>MIGRAINE AGENTS, TRIPTANS, NASAL &amp; INJECTIBLE</b>	
<b>6 Per Month Quantity Limit</b>	
sumatriptan 4 mg/0.5 ml disp syringe	4/1/2010
sumatriptan 4 mg/0.5 ml kit	4/1/2010
sumatriptan 4 mg/0.5 ml pen	4/1/2010
sumatriptan 4 mg/0.5 ml vial	4/1/2010
sumatriptan 6 mg/0.5 ml disp syringe	4/1/2010
sumatriptan 6 mg/0.5 ml kit	4/1/2010
sumatriptan 6 mg/0.5 ml pen	4/1/2010
sumatriptan 6 mg/0.5 ml vial	4/1/2010
sumatriptan nasal 5 mg spray	4/1/2010
sumatriptan nasal 20 mg spray	4/1/2010
sumavel dosepro 6 mg/0.5 ml	6/1/2011
zolmitriptan nasal 5 mg spray	4/1/2010
<b>OPHTHALMICS, GLAUCOMA — PROSTAGLANDINS</b>	
<b>5 ml Per Month Quantity Limit</b>	
bimatoprost ophthalmic 0.01% drops	12/1/2010
latanoprost ophthalmic 0.005% drops	12/1/2010
travoprost ophthalmic 0.004% drops	12/1/2010
<b>PROTON PUMP INHIBITORS</b>	
<b>34 Per Month Quantity Limit</b>	
dexlansoprazole 30 mg	5/1/2010
esomeprazole 20 mg	5/1/2010
lansoprazole 15 mg	5/1/2010
omeprazole 10 mg	5/1/2010
pantoprazole 20 mg	5/1/2010

<b>Class and Name</b>	<b>Effective Date</b>
<b>PROTON PUMP INHIBITORS (Continued)</b>	
<b>68 Per Month Quantity Limit</b>	
dexlansoprazole 60 mg	5/1/2010
esomeprazole 2.5 mg packet	9/1/2012
esomeprazole 5 mg packet	9/1/2012
esomeprazole 10 mg packet	5/1/2010
esomeprazole 20 mg packet	5/1/2010
esomeprazole 40 mg	5/1/2010
esomeprazole 40 mg packet	5/1/2010
lansoprazole 15 mg suspension	5/1/2010
lansoprazole 30 mg	5/1/2010
lansoprazole 30 mg suspension	5/1/2010
omeprazole 2.5 mg packet	5/1/2010
omeprazole 10 mg packet	5/1/2010
omeprazole 20 mg	5/1/2010
omeprazole 40 mg	5/1/2010
omeprazole/sodium bicarbonate 20-1680 mg packet	5/1/2010
omeprazole/sodium bicarbonate 20 mg-1.1 g	5/1/2010
omeprazole/sodium bicarbonate 40-1680 mg packet	5/1/2010
omeprazole/sodium bicarbonate 40 mg-1.1 g	5/1/2010
pantoprazole 40 mg	5/1/2010
pantoprazole 40 mg packet	5/1/2010
rabeprazole 20 mg	5/1/2010
<b>PULMONARY ARTERIAL HYPERTENSION AGENTS</b>	
<b>68 Per Month Quantity Limit</b>	
tadalafil 20 mg	7/1/2011
<b>SKELETAL MUSCLE RELAXANTS</b>	
<b>84 Per Month Quantity Limit</b>	
carisoprodol 250 mg	4/1/2010
<b>136 Per Month Quantity Limit</b>	
carisoprodol 350 mg	12/1/2010
<b>STATINS</b>	
<b>34 Per Month Quantity Limit</b>	
atorvastatin 10 mg	5/1/2010
atorvastatin 20 mg	5/1/2010
atorvastatin 40 mg	5/1/2010
atorvastatin 80 mg	5/1/2010
fluvastatin 20 mg	5/1/2010
fluvastatin 40 mg	5/1/2010
fluvastatin 80 mg	5/1/2010

<b>Class and Name</b>	<b>Effective Date</b>
<b>STATINS (Continued)</b>	
<b>34 Per Month Quantity Limit (Continued)</b>	
lovastatin 10 mg	5/1/2010
lovastatin 20 mg	5/1/2010
lovastatin 40 mg	5/1/2010
lovastatin 60 mg	5/1/2010
pitavastatin 1 mg	8/1/2010
pitavastatin 2 mg	8/1/2010
pitavastatin 4 mg	8/1/2010
rosuvastatin 5 mg	5/1/2010
rosuvastatin 10 mg	5/1/2010
rosuvastatin 20 mg	5/1/2010
rosuvastatin 40 mg	5/1/2010
<b>SUBLINGUAL SEDATIVE HYPNOTICS</b>	
<b>ZOLPIDEM PRODUCTS</b>	
<b>10 Per Month Quantity Limit</b>	
zolpidem tartrate sublingual 1.75 mg tab subl	5/1/2012
zolpidem tartrate sublingual 3.5 mg tab subl	5/1/2012
<b>TETRACYCLINES</b>	
<b>68 Per Month Quantity Limit</b>	
doxycycline hyclate 20 mg	4/1/2013
<b>TOPICAL, ANTI-INFECTIVES</b>	
<b>10 Units Per Month Quantity Limit</b>	
mupirocin nasal 2% ointment (gm)	4/1/2010
<b>30 Units Per Month Quantity Limit</b>	
retapamulin topical 1% ointment (gm)	3/1/2010
<b>60 Units Per Month Quantity Limit</b>	
mupirocin topical 2% cream (gm)	3/1/2010
<b>66 Units Per Month Quantity Limit</b>	
mupirocin topical 2% ointment (gm)	4/1/2010