

Quantity Limit Drugs and Diabetic Supplies

Effective 9/1/2014

| Class and Name | Effective Date |
|--|-----------------------|
| ALLERGEN EXTRACTS, GRASS POLLEN | |
| 34 Per Month Quantity Limit | |
| Grastek | 7/1/2014 |
| ALLERGEN EXTRACTS, RAGWEED | |
| 34 Per Month Quantity Limit | |
| Ragwitek | 7/1/2014 |
| ALZHEIMER'S AGENTS | |
| 34 Per Month Quantity Limit | |
| memantine 7 mg er | 6/1/2013 |
| memantine 14 mg er | 6/1/2013 |
| memantine 21 mg er | 6/1/2013 |
| memantine 28 mg er | 6/1/2013 |
| memantine er starter pack | 6/1/2013 |
| 68 Per Month Quantity Limit | |
| memantine 5 mg | 6/1/2013 |
| memantine 10 mg | 6/1/2013 |
| memantine starter pack | 6/1/2013 |
| ANALGESICS/ANESTHETICS, TOPICAL | |
| 90 Patches Per Month Quantity Limit | |
| lidocaine topical 5% patch | 10/1/2010 |
| ANALGESICS, OPIOIDS, LONG-ACTING | |
| 4 Per Month Quantity Limit | |
| buprenorphine transderm 5 mcg/hr patch | 2/1/2011 |
| buprenorphine transderm 10 mcg/hr patch | 2/1/2011 |
| buprenorphine transderm 15 mcg/hr patch | 10/1/2013 |
| buprenorphine transderm 20 mcg/hr patch | 2/1/2011 |
| 34 Per Month Quantity Limit | |
| Tramadol Products | |
| 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 |
| 68 Per Month Quantity Limit | |
| Hydrocodone Products | |
| hydrocodone 10 mg er | 3/1/2014 |
| hydrocodone 15 mg er | 3/1/2014 |
| hydrocodone 20 mg er | 3/1/2014 |
| hydrocodone 30 mg er | 3/1/2014 |
| hydrocodone 40 mg er | 3/1/2014 |
| hydrocodone 50 mg er | 3/1/2014 |

| Class and Name | Effective Date |
|---|-----------------------|
| ANALGESICS, OPIOIDS, LONG-ACTING (Continued) | |
| 68 Per Month Quantity Limit (Continued) | |
| Tapentadol Products | |
| 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 |
| Tramadol Products | |
| tramadol 100 mg sr | 9/1/2010 |
| 136 Per Month Quantity Limit | |
| Oxycodone Products | |
| oxycodone/acetaminophen 7.5-325 mg er | 5/1/2014 |
| 204 Per Month Quantity Limit | |
| Levorphanol Products | |
| levorphanol 2 mg | 9/1/2010 |
| ANALGESICS, OPIOIDS, SHORT-ACTING | |
| 34 Per Month Quantity Limit | |
| Meperidine Products | |
| meperidine 100 mg | 7/1/2010 |
| 68 Per Month Quantity Limit | |
| Meperidine Products | |
| meperidine 50 mg | 7/1/2010 |
| 204 Per Month Quantity Limit | |
| Codeine 60 mg Products | |
| 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 |
| codeine/aspirin/caffeine 60 mg | 9/1/2010 |
| Butalbital Combination Products | |
| 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 |

| Class and Name | Effective Date |
|---|-----------------------|
| ANALGESICS, OPIOIDS, SHORT-ACTING (Continued) | |
| 272 Per Month Quantity Limit | |
| Acetaminophen ≥ 500 mg Combination Products | |
| 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 |
| Tramadol Products | |
| tramadol 50 mg | 9/1/2010 |
| tramadol/acetaminophen 37.5-325 mg | 9/1/2010 |
| 408 Per Month Quantity Limit | |
| Acetaminophen < 500 mg Combination Products | |
| 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 |
| 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 |

| Class and Name | Effective Date |
|---|-----------------------|
| ANALGESICS, OPIOIDS, SHORT-ACTING (Continued) | |
| 408 Per Month Quantity Limit (Continued) | |
| Acetaminophen < 500 mg Combination Products (Continued) | |
| 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 |
| Aspirin Combination Products | |
| 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 |
| Codeine ≤ 30 mg Products | |
| codeine 15 mg | 9/1/2010 |
| codeine 30 mg | 9/1/2010 |
| 544 Per Month Quantity Limit | |
| Ibuprofen Combination Products | |
| 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 |
| ANGIOTENSIN MODULATORS, ARBS, AND COMBINATIONS | |
| 34 Per Month Quantity Limit | |
| 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 |

| Class and Name | Effective Date |
|---|-----------------------|
| ANGIOTENSIN MODULATORS, ARBS, AND COMBINATIONS (Continued) | |
| 34 Per Month Quantity Limit (Continued) | |
| 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/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 |
| 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 |

| Class and Name | Effective Date |
|---|-----------------------|
| ANGIOTENSIN MODULATORS, ARBS, AND COMBINATIONS (Continued) | |
| 34 Per Month Quantity Limit (Continued) | |
| 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 |
| valsartan/HCTZ 320 mg-25 mg | 5/1/2010 |
| valsartan/HCTZ 320-12.5 mg | 5/1/2010 |
| 68 Per Month Quantity Limit | |
| 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 |
| ANGIOTENSIN MODULATORS, DIRECT RENIN INHIBITORS | |
| 34 Per Month Quantity Limit | |
| 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 |

| Class and Name | Effective Date |
|-------------------------------------|-----------------------|
| ANTICOAGULANTS | |
| 34 Per Month Quantity Limit | |
| rivaroxaban 20 mg | 7/1/2012 |
| 35 Per Year Quantity Limit | |
| rivaroxaban 10 mg | 7/1/2012 |
| 68 Per Month Quantity Limit | |
| 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 |
| ANTICONVULSANTS | |
| 136 Per Month Quantity Limit | |
| pregabalin 25 mg | 1/1/2014 |
| pregabalin 50 mg | 1/1/2014 |
| pregabalin 75 mg | 1/1/2014 |
| pregabalin 100 mg | 1/1/2014 |
| pregabalin 150 mg | 1/1/2014 |
| pregabalin 200 mg | 1/1/2014 |
| pregabalin 225 mg | 1/1/2014 |
| pregabalin 300 mg | 1/1/2014 |
| ANTIDEPRESSANTS, OTHER | |
| 34 Per Month Quantity Limit | |
| levomilnacipran 20 mg sa | 1/1/2014 |
| levomilnacipran 40 mg sa | 1/1/2014 |
| levomilnacipran 80 mg sa | 1/1/2014 |
| levomilnacipran 120 mg sa | 1/1/2014 |
| levomilnacipran starter pack | 1/1/2014 |
| 68 Per Month Quantity Limit | |
| duloxetine 20 mg | 7/1/2010 |
| duloxetine 30 mg | 7/1/2010 |
| duloxetine 60 mg | 7/1/2010 |
| ANTI-DIARRHEAL | |
| 68 Per Month Quantity Limit | |
| crofelemer 125 mg | 4/1/2013 |
| ANTIEMETICS/ANTIVERTIGO | |
| 136 Per Month Quantity Limit | |
| doxylamine/pyridoxine 10-10 mg | 7/1/2013 |
| ANTIFUNGALS, ORAL | |
| 102 Per Month Quantity Limit | |
| posaconazole 100 mg dr | 1/1/2014 |

| Class and Name | Effective Date |
|--------------------------------------|-----------------------|
| ANTINEOPLASTIC AGENTS | |
| 34 Per Month Quantity Limit | |
| afatinib 20 mg | 10/1/2013 |
| afatinib 30 mg | 10/1/2013 |
| afatinib 40 mg | 10/1/2013 |
| ANTIPSYCHOTICS | |
| 34 Per Month Quantity Limit | |
| lurasidone 20 mg | 3/1/2012 |
| lurasidone 40 mg | 1/1/2011 |
| lurasidone 120 mg | 10/1/2012 |
| 68 Per Month Quantity Limit | |
| lurasidone 60 mg | 10/1/2013 |
| lurasidone 80 | 6/1/2012 |
| ANTIVIRALS, OTHER | |
| 2 Per Month Quantity Limit | |
| acyclovir 50mg buccal | 6/1/2014 |
| BLADDER RELAXANT PREPARATIONS | |
| 8 Per Month Quantity Limit | |
| oxybutynin 3.9 mg/24 hr patch | 10/16/2011 |
| 34 Per Month Quantity Limit | |
| 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 |
| trospium 60 mg er | 7/1/2011 |
| 68 Per Month Quantity Limit | |
| oxybutynin 15 mg er | 7/1/2011 |
| tolterodine 1 mg | 7/1/2011 |
| tolterodine 2 mg | 7/1/2011 |
| trospium 20 mg | 7/1/2011 |
| 136 Per Month Quantity Limit | |
| oxybutynin 5 mg | 7/1/2011 |
| 680 Per Month Quantity Limit | |
| oxybutynin 5 mg/5 ml syrup | 10/16/2011 |

| Class and Name | Effective Date |
|---|-----------------------|
| BRONCHODIALATORS, COPD | |
| 34 Per Month Quantity Limit | |
| roflumilast 500 mcg | 6/1/2011 |
| CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS | |
| 68 Per Month Quantity Limit | |
| dextromethorphan/quinidine 20 mg-10 mg | 1/1/2011 |
| CONTRACEPTIVES, INJECTIBLE | |
| 1 Every 90 Days Quantity Limit | |
| medroxyprogesterone 104 mg/0.65 | 4/1/2010 |
| medroxyprogesterone 150 mg/ml | 4/1/2010 |
| CONTRACEPTIVES, TRANSDERMAL | |
| 9 Every 90 Days Quantity Limit | |
| norelgestromin/ethin. estradiol transdermal patch | 4/1/2010 |
| CYTOKINE AND CELL ADHESION MOLECULE ANTAGONIST DRUGS | |
| 68 Per Month Quantity Limit | |
| tofacitinib 5 mg | 1/1/2013 |
| DECONGESTANTS, ORAL | |
| 136 Per Month Quantity Limit | |
| pseudoephedrine 30 mg | 1/1/2011 |
| pseudoephedrine 60 mg | 1/1/2011 |
| DIABETIC SUPPLIES | |
| 1 Per Month Quantity Limit | |
| Control solution | 6/1/2010 |
| 200 Per Month Quantity Limit | |
| Insulin pen needles | 6/1/2010 |
| Insulin syringes | 6/1/2010 |
| Lancets | 6/1/2010 |
| Test strips | 6/1/2010 |
| 1 Per 6 Months Quantity Limit | |
| Reusable injection pens | 6/1/2010 |
| 1 Per 2 Years Quantity Limit | |
| Lancet devices | 6/1/2010 |
| Blood glucose meters | 6/1/2010 |
| DPP4-INHIBITORS | |
| 34 Per Month Quantity Limit | |
| 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 |

| Class and Name | Effective Date |
|--|-----------------------|
| DPP4-INHIBITORS (Continued) | |
| 34 Per Month Quantity Limit (Continued) | |
| 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 50 mg | 5/1/2010 |
| sitagliptin 100 mg | 5/1/2010 |
| sitagliptin/metformin 50-500 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 |
| 68 Per Month Quantity Limit | |
| 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 er | 9/1/2013 |
| EMERGENCY CONTRACEPTIVES | |
| 2 Per Month Quantity Limit | |
| ulipristal acetate 30 mg | 1/1/2011 |
| EMERGENCY TREATMENT, ALLERGIES | |
| 2 Per Month Quantity Limit | |
| epinephrine injection 0.3 mg | 4/1/2010 |
| epinephrine injection 0.15 mg | 4/1/2010 |
| EMERGENCY TREATMENT, DIABETES | |
| 2 Per Month Quantity Limit | |
| glucagon injection 1 mg kit | 4/1/2010 |
| glucagon injection 1 mg vial | 4/1/2010 |

| Class and Name | Effective Date |
|--|-----------------------|
| FIBROMYALGIA | |
| 68 Per Month Quantity Limit | |
| duloxetine 20 mg | 7/1/2010 |
| duloxetine 30 mg | 7/1/2010 |
| duloxetine 60 mg | 7/1/2010 |
| 136 Per Month Quantity Limit | |
| pregabalin 25 mg | 1/1/2014 |
| pregabalin 50 mg | 1/1/2014 |
| pregabalin 75 mg | 1/1/2014 |
| pregabalin 100 mg | 1/1/2014 |
| pregabalin 150 mg | 1/1/2014 |
| pregabalin 200 mg | 1/1/2014 |
| pregabalin 225 mg | 1/1/2014 |
| pregabalin 300 mg | 1/1/2014 |
| GOUT AGENTS | |
| 68 Per Month Quantity Limit | |
| colchicine 0.6 mg | 10/1/2010 |
| HYPOGLYCEMICS, OTHER | |
| 34 Per Month Quantity Limit | |
| canagliflozin 100 mg | 5/1/2013 |
| canagliflozin 300 mg | 5/1/2013 |
| dapagliflozin 5 mg | 3/1/2014 |
| dapagliflozin 10 mg | 3/1/2014 |
| empagliflozin 10 mg | 9/1/2014 |
| empagliflozin 25 mg | 9/1/2014 |
| 68 Per Month Quantity Limit | |
| canagliflozin/metformin 50-500 mg | 9/1/2014 |
| canagliflozin/metformin 150-500 mg | 9/1/2014 |
| canagliflozin/metformin 50-1000 mg | 9/1/2014 |
| canagliflozin/metformin 150-1000 mg | 9/1/2014 |
| IRRITABLE BOWEL SYNDROME AND CONSTIPATION | |
| 34 Per Month Quantity Limit | |
| linaclotide 145 mcg | 1/1/2013 |
| linaclotide 290 mcg | 1/1/2013 |
| 68 Per Month Quantity Limit | |
| alosetron 1 mg | 1/1/2013 |
| alosetron 0.5mg | 1/1/2013 |
| MIGRAINE AGENTS, TRIPTANS | |
| 18 Per Month Quantity Limit | |
| 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 |

| Class and Name | Effective Date |
|--|-----------------------|
| MIGRAINE AGENTS, TRIPTANS (Continued) | |
| 18 Per Month Quantity Limit (Continued) | |
| 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 |
| MIGRAINE AGENTS, TRIPTANS, NASAL & INJECTIBLE | |
| 6 Per Month Quantity Limit | |
| 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 2.5 mg spray | 1/1/2014 |
| MULTIPLE SCLEROSIS AGENTS, IMMUNOMODULATORS | |
| 1 Per Month Quantity Limit | |
| glatiramer 20 mg/ml syringe kit | 6/1/2013 |
| 68 Per Month Quantity Limit | |
| dimethyl fumarate 120-240 mg (starter pack) | 5/1/2013 |
| dimethyl fumarate 120 mg | 5/1/2013 |
| dimethyl fumarate 240 mg | 5/1/2013 |
| NEUROPATHIC PAIN | |
| 68 Per Month Quantity Limit | |
| duloxetine 20 mg | 7/1/2010 |
| duloxetine 30 mg | 7/1/2010 |
| duloxetine 60 mg | 7/1/2010 |

| Class and Name | Effective Date |
|---|-----------------------|
| NEUROPATHIC PAIN (Continued) | |
| 136 Per Month Quantity Limit | |
| pregabalin 25 mg | 1/1/2014 |
| pregabalin 50 mg | 1/1/2014 |
| pregabalin 75 mg | 1/1/2014 |
| pregabalin 100 mg | 1/1/2014 |
| pregabalin 150 mg | 1/1/2014 |
| pregabalin 200 mg | 1/1/2014 |
| pregabalin 225 mg | 1/1/2014 |
| pregabalin 300 mg | 1/1/2014 |
| OPHTHALMICS, GLAUCOMA — PROSTAGLANDINS | |
| 5 ml Per Month Quantity Limit | |
| bimatoprost ophthalmic 0.01% drops | 12/1/2010 |
| latanoprost ophthalmic 0.005% drops | 12/1/2010 |
| travoprost ophthalmic 0.004% drops | 12/1/2010 |
| PROTON PUMP INHIBITORS | |
| 34 Per Month Quantity Limit | |
| dexlansoprazole 30 mg | 5/1/2010 |
| esomeprazole 20 mg | 5/1/2010 |
| esomeprazole strontium 24.65 mg | 10/1/2013 |
| lansoprazole 15 mg | 5/1/2010 |
| omeprazole 10 mg | 5/1/2010 |
| pantoprazole 20 mg | 5/1/2010 |
| 68 Per Month Quantity Limit | |
| 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 |
| esomeprazole strontium 49.3 mg | 10/1/2013 |
| 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 |

| Class and Name | Effective Date |
|--|-----------------------|
| PROTON PUMP INHIBITORS (Continued) | |
| 68 Per Month Quantity Limit (Continued) | |
| pantoprazole 40 mg | 5/1/2010 |
| pantoprazole 40 mg packet | 5/1/2010 |
| rabeprazole 20 mg | 5/1/2010 |
| PULMONARY ARTERIAL HYPERTENSION AGENTS | |
| 34 Per Month Quantity Limit | |
| macitentan 10 mg | 12/1/2013 |
| 68 Per Month Quantity Limit | |
| ambrisentan 5 mg | 11/1/2013 |
| ambrisentan 10 mg | 11/1/2013 |
| bosentan 62.5 mg | 11/1/2013 |
| bosentan 125 mg | 11/1/2013 |
| tadalafil 20 mg | 7/1/2011 |
| 102 Per Month Quantity Limit | |
| riociguat 0.5 mg | 12/1/2013 |
| riociguat 1 mg | 12/1/2013 |
| riociguat 1.5 mg | 12/1/2013 |
| riociguat 2 mg | 12/1/2013 |
| riociguat 2.5 mg | 12/1/2013 |
| SKELETAL MUSCLE RELAXANTS | |
| 84 Per Month Quantity Limit | |
| carisoprodol 250 mg | 4/1/2010 |
| 136 Per Month Quantity Limit | |
| carisoprodol 350 mg | 12/1/2010 |
| STATINS | |
| 34 Per Month Quantity Limit | |
| atorvastatin/ezetimibe 10-10 mg | 6/1/2013 |
| atorvastatin/ezetimibe 20-10 mg | 6/1/2013 |
| atorvastatin/ezetimibe 40-10 mg | 6/1/2013 |
| atorvastatin/ezetimibe 80-10 mg | 6/1/2013 |
| fluvastatin 20 mg | 5/1/2010 |
| fluvastatin 40 mg | 5/1/2010 |
| fluvastatin 80 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 |

| Class and Name | Effective Date |
|---|-----------------------|
| STIMULANTS AND RELATED AGENTS | |
| 34 Per Month Quantity Limit | |
| armodafinil 150 mg | 1/1/2014 |
| armodafinil 200 mg | 3/1/2014 |
| armodafinil 250 mg | 1/1/2014 |
| modafinil 200 mg | 1/1/2014 |
| 68 Per Month Quantity Limit | |
| armodafinil 50 mg | 1/1/2014 |
| modafinil 100 mg | 1/1/2014 |
| SUBLINGUAL SEDATIVE HYPNOTICS | |
| ZOLPIDEM PRODUCTS | |
| 10 Per Month Quantity Limit | |
| zolpidem tartrate sublingual 1.75 mg tab subl | 5/1/2012 |
| zolpidem tartrate sublingual 3.5 mg tab subl | 5/1/2012 |
| TETRACYCLINES | |
| 68 Per Month Quantity Limit | |
| doxycycline hyclate 20 mg | 4/1/2013 |
| TOPICAL, ANTI-INFECTIVES | |
| 10 Units Per Month Quantity Limit | |
| mupirocin nasal 2% ointment (gm) | 4/1/2010 |
| 30 Units Per Month Quantity Limit | |
| retapamulin topical 1% ointment (gm) | 3/1/2010 |
| 60 Units Per Month Quantity Limit | |
| mupirocin topical 2% cream (gm) | 3/1/2010 |
| 66 Units Per Month Quantity Limit | |
| mupirocin topical 2% ointment (gm) | 4/1/2010 |