

# Quantity Limit Drugs

Published 3/1/2010

Drug Class and Drug Name	Effective Date	End Date	New/Delete
<b>ANGIOTENSIN RECEPTOR BLOCKERS</b>			
<b>30 Per Month Quantity Limit</b>			
aliskiren/valsartan oral 150-160mg	3/1/2010		
aliskiren/valsartan oral 300-320mg	3/1/2010		
amlodipine/benazepril oral 2.5mg-10mg	4/1/2010		
amlodipine/benazepril oral 5-10mg	4/1/2010		
amlodipine/benazepril oral 5mg-20mg	4/1/2010		
amlodipine/benazepril oral 5mg-40mg	4/1/2010		
amlodipine/benazepril oral 10mg-20mg	4/1/2010		
amlodipine/benazepril oral 10mg-40mg	4/1/2010		
amlodipine/olmesartan oral 5mg-20mg	3/1/2010		
amlodipine/olmesartan oral 10mg-20mg	3/1/2010		
amlodipine/olmesartan oral 5mg-40mg	3/1/2010		
amlodipine/olmesartan oral 10mg-40mg	3/1/2010		
amlodipine/valsartan oral 5mg-160mg	3/1/2010		
amlodipine/valsartan oral 5mg-320mg	3/1/2010		
amlodipine/valsartan oral 10mg-160mg	3/1/2010		
amlodipine/valsartan oral 10mg-320mg	3/1/2010		
amlodipine/valsartan/HCTZ oral 5-160-12.5	4/1/2010		
amlodipine/valsartan/HCTZ oral 5-160-25mg	4/1/2010		
amlodipine/valsartan/HCTZ oral 10mg-160mg	4/1/2010		
amlodipine/valsartan/HCTZ oral 10-160-25	4/1/2010		
amlodipine/valsartan/HCTZ oral 10-320-25	4/1/2010		
candesartan oral 4mg	3/1/2010		
candesartan oral 8mg	3/1/2010		
candesartan oral 16mg	3/1/2010		
candesartan oral 32mg	3/1/2010		
candesartan/HCTZ oral 16-12.5mg	3/1/2010		
candesartan/HCTZ oral 32-12.5mg	3/1/2010		
candesartan/HCTZ oral 32mg-25mg	3/1/2010		
eprosartan oral 600mg	3/1/2010		
eprosartan/HCTZ oral 600-12.5mg	3/1/2010		
eprosartan/HCTZ oral 600-25mg	3/1/2010		
irbesartan oral 75mg	3/1/2010		
irbesartan oral 150mg	3/1/2010		
irbesartan oral 300mg	3/1/2010		
irbesartan/HCTZ oral 150-12.5mg	3/1/2010		
irbesartan/HCTZ oral 300-12.5mg	3/1/2010		
irbesartan/HCTZ oral 300mg-25mg	3/1/2010		

<b>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>ANGIOTENSIN RECEPTOR BLOCKERS (Continued)</b>			
<b>30 Per Month Quantity Limit (Continued)</b>			
losartan oral 100mg	3/1/2010		
losartan/HCTZ oral 50-12.5mg	3/1/2010		
losartan/HCTZ oral 100-12.5mg	3/1/2010		
losartan/HCTZ oral 100mg-25mg	3/1/2010		
olmesartan oral 5mg	3/1/2010		
olmesartan oral 20mg	3/1/2010		
olmesartan oral 40mg	3/1/2010		
olmesartan/HCTZ oral 20-12.5mg	3/1/2010		
olmesartan/HCTZ oral 40-12.5mg	3/1/2010		
olmesartan/HCTZ oral 40mg-25mg	3/1/2010		
telmisartan oral 20mg	3/1/2010		
telmisartan oral 40mg	3/1/2010		
telmisartan oral 80mg	3/1/2010		
telmisartan/amlodipine oral 40mg-5mg	4/1/2010		
telmisartan/amlodipine oral 40mg-10mg	4/1/2010		
telmisartan/amlodipine oral 80mg-5mg	4/1/2010		
telmisartan/amlodipine oral 80mg-10mg	4/1/2010		
telmisartan/HCTZ oral 40-12.5mg	3/1/2010		
telmisartan/HCTZ oral 80-12.5mg	3/1/2010		
telmisartan/HCTZ oral 80mg-25mg	3/1/2010		
trandolapril/verapamil oral 4-240mg	4/1/2010		
valsartan oral 320mg	3/1/2010		
valsartan/HCTZ oral 80-12.5mg	3/1/2010		
valsartan/HCTZ oral 160-12.5mg	3/1/2010		
valsartan/HCTZ oral 160-25mg	3/1/2010		
valsartan/HCTZ oral 320-12.5mg	3/1/2010		
valsartan/HCTZ oral 320mg-25mg	3/1/2010		
<b>60 Per Month Quantity Limit</b>			
eprosartan oral 400mg	3/1/2010		
losartan oral 50mg	3/1/2010		
trandolapril/verapamil oral 1-240mg	4/1/2010		
trandolapril/verapamil oral 2-180mg	4/1/2010		
trandolapril/verapamil oral 2-240mg	4/1/2010		
valsartan oral 40mg	3/1/2010		
valsartan oral 80mg	3/1/2010		
valsartan oral 160mg	3/1/2010		

<b>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>ANTIMIGRAINE TRIPTANS, ORAL</b>			
<b>18 Per Month Quantity Limit</b>			
almotriptan oral 6.25mg	4/1/2010		
almotriptan oral 12.5mg	4/1/2010		
eletriptan oral 20mg	4/1/2010		
eletriptan oral 40mg	4/1/2010		
frovatriptan oral 2.5mg	4/1/2010		
naratriptan oral 1mg	4/1/2010		
naratriptan oral 2.5mg	4/1/2010		
rizatriptan oral 5mg	4/1/2010		
rizatriptan oral 10mg	4/1/2010		
sumatriptan oral 25mg	4/1/2010		
sumatriptan oral 50mg	4/1/2010		
sumatriptan oral 100mg	4/1/2010		
sumatriptan/naproxen oral 85mg-500mg	4/1/2010		
zolmitriptan oral 2.5mg	4/1/2010		
zolmitriptan oral 5mg	4/1/2010		
<b>ANTIMIGRAINE TRIPTANS, NASAL &amp; INJECTIBLE</b>			
<b>6 Per Month Quantity Limit</b>			
sumatriptan 4mg/0.5ml kit	4/1/2010		
sumatriptan 4mg/0.5ml pen	4/1/2010		
sumatriptan 4mg/0.5ml vial	4/1/2010		
sumatriptan 6mg/0.5ml kit	4/1/2010		
sumatriptan 6mg/0.5ml pen	4/1/2010		
sumatriptan 6mg/0.5ml vial	4/1/2010		
sumatriptan nasal 5mg spray	4/1/2010		
sumatriptan nasal 20mg spray	4/1/2010		
zolmitriptan nasal 5 mg spray	4/1/2010		
<b>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>CONTRACEPTIVES, INJECTIBLE</b>			
<b>1 Every 90 Days Quantity Limit</b>			
medroxyprogesterone 104mg/0.65	4/1/2010		
medroxyprogesterone 150mg/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>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>DPP4-INHIBITORS</b>			
<b>30 Per Month Quantity Limit</b>			
saxagliptin oral 2.5mg	3/1/2010		
saxagliptin oral 5mg	3/1/2010		
sitagliptin oral 25mg	3/1/2010		
sitagliptin oral 50mg	3/1/2010		
sitagliptin oral 100mg	3/1/2010		
<b>60 Per Month Quantity Limit</b>			
sitagliptin/metformin oral 50mg-500mg	3/1/2010		
sitagliptin/metformin oral 50-1000mg	3/1/2010		
<b>EMERGENCY TREATMENT, ALLERGIES</b>			
<b>2 Per Month Quantity Limit</b>			
epinephrine injection 0.3mg	4/1/2010		
epinephrine intramuscular 0.15	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>PROTON PUMP INHIBITORS</b>			
<b>30 Per Month Quantity Limit</b>			
dexlansoprazole oral 30mg	3/1/2010		
esomeprazole oral 20mg	3/1/2010		
lansoprazole oral 15mg	3/1/2010		
omeprazole oral 10mg	3/1/2010		
pantoprazole oral 20mg	3/1/2010		
<b>60 Per Month Quantity Limit</b>			
dexlansoprazole oral 60mg	3/1/2010		
esomeprazole oral 10mg packet	3/1/2010		
esomeprazole oral 20mg packet	3/1/2010		
esomeprazole oral 40mg	3/1/2010		
esomeprazole oral 40mg packet	3/1/2010		
lansoprazole oral 15mg suspension	3/1/2010		
lansoprazole oral 30mg	3/1/2010		
lansoprazole oral 30mg suspension	3/1/2010		
omeprazole oral 2.5mg packet	3/1/2010		
omeprazole oral 10mg packet	3/1/2010		
omeprazole oral 20mg	3/1/2010		
omeprazole oral 40mg	3/1/2010		

<b>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>PROTON PUMP INHIBITORS (Continued)</b>			
<b>60 Per Month Quantity Limit (Continued)</b>			
omeprazole/sodium bicarbonate oral 20-1680mg packet	3/1/2010		
omeprazole/sodium bicarbonate oral 20mg-1.1g	3/1/2010		
omeprazole/sodium bicarbonate oral 40-1680mg packet	3/1/2010		
omeprazole/sodium bicarbonate oral 40mg-1.1g	3/1/2010		
pantoprazole oral 40mg	3/1/2010		
pantoprazole oral 40mg packet	3/1/2010		
rabeprazole oral 20mg	3/1/2010		
<b>SKELETAL MUSCLE RELAXANTS</b>			
<b>84 Per Month Quantity Limit</b>			
carisoprodol oral 250mg	4/1/2010		
carisoprodol oral 350mg	4/1/2010		
<b>STATINS</b>			
<b>30 Per Month Quantity Limit</b>			
atorvastatin oral 10mg	3/1/2010		
atorvastatin oral 20mg	3/1/2010		
atorvastatin oral 40mg	3/1/2010		
atorvastatin oral 80mg	3/1/2010		
fluvastatin oral 20mg	3/1/2010		
fluvastatin oral 40mg	3/1/2010		
fluvastatin oral 80mg	3/1/2010		
lovastatin oral 10mg	3/1/2010		
lovastatin oral 20mg	3/1/2010		
lovastatin oral 40mg	3/1/2010		
lovastatin oral 60mg	3/1/2010		
pravastatin oral 10mg	3/1/2010		
pravastatin oral 20mg	3/1/2010		
pravastatin oral 40mg	3/1/2010		
pravastatin oral 80mg	3/1/2010		
rosuvastatin oral 5mg	3/1/2010		
rosuvastatin oral 10mg	3/1/2010		
rosuvastatin oral 20mg	3/1/2010		
rosuvastatin oral 40mg	3/1/2010		

<b>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>STATINS (Continued)</b>			
<b>30 Per Month Quantity Limit (Continued)</b>			
simvastatin oral 5mg	3/1/2010		
simvastatin oral 10mg	3/1/2010		
simvastatin oral 20mg	3/1/2010		
simvastatin oral 40mg	3/1/2010		
simvastatin oral 80mg	3/1/2010		
<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		