

# Quantity Limit Drugs and Diabetic Supplies

Effective 1/1/2016

<b>Class and Name</b>	<b>Effective Date</b>
<b>ALLERGEN EXTRACTS, GRASS POLLEN</b>	
<b>34 Per Month Quantity Limit</b>	
Grastek	7/1/2014
Oralair	9/26/2014
<b>ALLERGEN EXTRACTS, RAGWEED</b>	
<b>34 Per Month Quantity Limit</b>	
Ragwitek	7/1/2014
<b>ALZHEIMER'S AGENTS</b>	
<b>34 Per Month Quantity Limit</b>	
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
memantine/donepezil 14mg -10mg	5/1/2015
memantine/donepezil 28mg -10mg	5/1/2015
<b>68 Per Month Quantity Limit</b>	
memantine 5 mg	6/1/2013
memantine 10 mg	6/1/2013
memantine starter pack	6/1/2013
<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 7.5 mcg/hr patch	10/1/2014
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
<b>34 Per Month Quantity Limit</b>	
<b>Hydrocodone Products</b>	
hydrocodone 20 mg er tab	1/1/2015
hydrocodone 30 mg er tab	1/1/2015
hydrocodone 40 mg er tab	1/1/2015
hydrocodone 60 mg er tab	1/1/2015
hydrocodone 80 mg er tab	1/1/2015
hydrocodone 100 mg er tab	1/1/2015
hydrocodone 120 mg er tab	1/1/2015

<b>Class and Name</b>	<b>Effective Date</b>
<b>ANALGESICS, OPIOIDS, LONG-ACTING (Continued)</b>	
<b>34 Per Month Quantity Limit (Continued)</b>	
<b>Tramadol Products</b>	
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>Hydrocodone Products</b>	
hydrocodone 10 mg er cap	3/1/2014
hydrocodone 15 mg er cap	3/1/2014
hydrocodone 20 mg er cap	3/1/2014
hydrocodone 30 mg er cap	3/1/2014
hydrocodone 40 mg er cap	3/1/2014
hydrocodone 50 mg er cap	3/1/2014
<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>136 Per Month Quantity Limit</b>	
<b>Oxycodone Products</b>	
oxycodone/acetaminophen 7.5-325 mg er	5/1/2014
<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>Class and Name</b>	<b>Effective Date</b>
<b>ANALGESICS, OPIOIDS, SHORT-ACTING (Continued)</b>	
<b>272 Per Month Quantity Limit</b>	
<b>Tramadol Products</b>	
tramadol hcl oral 50 mg tab	9/1/2010
tramadol hcl oral 50 mg tab rapid	9/1/2010
tramadol/acetaminophen 37.5-325 mg tab	9/1/2010
<b>360 Per Month Quantity Limit</b>	
acetaminophen/codeine 300 mg-15 mg tab	1/1/2016
acetaminophen/codeine 300 mg-30 mg tab	1/1/2016
acetaminophen/codeine 300 mg-60 mg tab	1/1/2016
acetaminophen/codeine 325 mg-60 mg tab	1/1/2016
aspirin/codeine 325 mg-30 mg tab	1/1/2016
codeine sulfate 15 mg tab	1/1/2016
codeine sulfate 30 mg tab	1/1/2016
codeine sulfate 60 mg tab	1/1/2016
codeine/butalbital/acetamin/caff 30-50-325 mg cap	1/1/2016
codeine/butalbital/asa/caffeine 30-50-325 mg cap	1/1/2016
codeine/carisoprodol/asa 16-200-325 mg tab	1/1/2016
dhcodeine bt/acetaminophen and caffeine 16 mg-320.5 mg cap	1/1/2016
hydrocodone/acetaminophen 2.5 mg-325 mg tab	1/1/2016
hydrocodone/acetaminophen 5 mg-300 mg tab	1/1/2016
hydrocodone/acetaminophen 5 mg-325 mg tab	1/1/2016
hydrocodone/acetaminophen 7.5 mg-300 mg tab	1/1/2016
hydrocodone/acetaminophen 7.5 mg-325 mg tab	1/1/2016
hydrocodone/acetaminophen 10 mg-250 mg tab	1/1/2016
hydrocodone/acetaminophen 10 mg-300 mg tab	1/1/2016
hydrocodone/acetaminophen 10 mg-325 mg tab	1/1/2016
hydrocodone/ibuprofen 2.5 mg-200 mg tab	1/1/2016
hydrocodone/ibuprofen 5 mg-200 mg tab	1/1/2016
hydrocodone/ibuprofen 7.5mg-200 mg tab	1/1/2016
hydrocodone/ibuprofen 10 mg-200 mg tab	1/1/2016
oxycodone/acetaminophen 2.5 mg-300 mg tab	1/1/2016
oxycodone/acetaminophen 2.5 mg-325 mg tab	1/1/2016
oxycodone/acetaminophen 5 mg-300 mg tab	1/1/2016
oxycodone/acetaminophen 5 mg-325 mg tab	1/1/2016
oxycodone/acetaminophen 7.5mg-300 mg tab	1/1/2016
oxycodone/acetaminophen 7.5mg-325 mg tab	1/1/2016
oxycodone/acetaminophen 10 mg-300 mg tab	1/1/2016
oxycodone/acetaminophen 10 mg-325 mg tab	1/1/2016
oxycodone/aspirin 4.8355 mg-325 mg tab	1/1/2016

<b>Class and Name</b>	<b>Effective Date</b>
<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/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

<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>	
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 40-25 mg	5/1/2010
perindopril/amlodipine 3.5-2.5 mg	8/1/2015
perindopril/amlodipine 7-5 mg	8/1/2015
perindopril/amlodipine 14-10 mg	8/1/2015
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
<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
sacubitril/valsartan 24-26 mg	8/1/2015
sacubitril/valsartan 49-51 mg	8/1/2015
sacubitril/valsartan 97-103 mg	8/1/2015
trandolapril/verapamil 1-240 mg	5/1/2010
trandolapril/verapamil 2-180 mg	5/1/2010
trandolapril/verapamil 2-240 mg	5/1/2010

<b>Class and Name</b>	<b>Effective Date</b>
<b>ANGIOTENSIN MODULATORS, ARBS, AND COMBINATIONS (Continued)</b>	
<b>68 Per Month Quantity Limit (Continued)</b>	
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>	
edoxban 15 mg	2/1/2015
edoxban 30 mg	2/1/2015
edoxban 60 mg	2/1/2015
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>ANTICONVULSANTS</b>	
<b>136 Per Month Quantity Limit</b>	
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

<b>Class and Name</b>	<b>Effective Date</b>
<b>ANTIDEPRESSANTS, OTHER</b>	
<b>34 Per Month Quantity Limit</b>	
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
<b>68 Per Month Quantity Limit</b>	
duloxetine 20 mg	7/1/2010
duloxetine 30 mg	7/1/2010
duloxetine 40 mg	7/1/2015
duloxetine 60 mg	7/1/2010
<b>ANTI-DIARRHEAL</b>	
<b>68 Per Month Quantity Limit</b>	
crofelemer 125 mg	4/1/2013
<b>ANTIEMETICS/ANTIVERTIGO</b>	
<b>136 Per Month Quantity Limit</b>	
doxylamine/pyridoxine 10-10 mg	7/1/2013
<b>4 Per Month Quantity Limit</b>	
rolapitant 90 mg	12/1/2015
<b>ANTIFUNGALS, ORAL</b>	
<b>102 Per Month Quantity Limit</b>	
posaconazole 100 mg dr	1/1/2014
<b>ANTINEOPLASTIC AGENTS</b>	
<b>34 Per Month Quantity Limit</b>	
afatinib 20 mg	10/1/2013
afatinib 30 mg	10/1/2013
afatinib 40 mg	10/1/2013
<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 60 mg	10/1/2013
lurasidone 80	6/1/2012
<b>ANTIVIRALS, OTHER</b>	
<b>2 Per Month Quantity Limit</b>	
acyclovir 50mg buccal	6/1/2014
<b>BLADDER RELAXANT PREPARATIONS</b>	
<b>8 Per Month Quantity Limit</b>	
oxybutynin 3.9 mg/24 hr patch	10/16/2011

<b>Class and Name</b>	<b>Effective Date</b>
<b>BLADDER RELAXANT PREPARATIONS (Continued)</b>	
<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% 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 10 mg er	10/1/2014
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>4 Per Month Quantity Limit</b>	
tiotropium br/olodaterol hcl inhalation 2.5-2.5 mcg mist inhal	7/1/2015
<b>34 Per Month Quantity Limit</b>	
roflumilast 500 mcg	6/1/2011
<b>66 Per Month Quantity Limit</b>	
glycopyrrolate inhalation 15.6 mcg cap w/dev	12/1/2015
indacaterol/glycopyrrolate inhalation 27.5-15.6 mcg cap w/dev	12/1/2015
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>	
<b>68 Per Month Quantity Limit</b>	
dextromethorphan/quinidine 20 mg-10 mg	1/1/2011
<b>540 Per Month Quantity Limit</b>	
Sodium oxybate 500 mg/ml solution	1/1/2015
<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>Class and Name</b>	<b>Effective Date</b>
<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 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

<b>Class and Name</b>	<b>Effective Date</b>
<b>DPP4-INHIBITORS (Continued)</b>	
<b>34 Per Month Quantity Limit (Continued)</b>	
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 er	9/1/2013
<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>FIBROMYALGIA</b>	
<b>68 Per Month Quantity Limit</b>	
duloxetine 20 mg	7/1/2010
duloxetine 30 mg	7/1/2010
duloxetine 40 mg	7/1/2015
duloxetine 60 mg	7/1/2010
<b>136 Per Month Quantity Limit</b>	
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

<b>Class and Name</b>	<b>Effective Date</b>
<b>FIBROMYALGIA (Continued)</b>	
<b>136 Per Month Quantity Limit (Continued)</b>	
pregabalin 225 mg	1/1/2014
pregabalin 300 mg	1/1/2014
<b>GOUT AGENTS</b>	
<b>68 Per Month Quantity Limit</b>	
colchicine 0.6 mg	10/1/2010
<b>HYPOGLYCEMICS, OTHER</b>	
<b>34 Per Month Quantity Limit</b>	
canagliflozin 100 mg	5/1/2013
canagliflozin 300 mg	5/1/2013
dapagliflozin 5 mg	3/1/2014
dapagliflozin 10 mg	3/1/2014
dapagliflozin/metformin 5-500 mg	12/1/2014
dapagliflozin/metformin 10-500 mg	12/1/2014
dapagliflozin/metformin 10-1000 mg	12/1/2014
empagliflozin 10 mg	9/1/2014
empagliflozin 25 mg	9/1/2014
<b>68 Per Month Quantity Limit</b>	
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
dapagliflozin/metformin 5-1000 mg	5/1/2015
<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
naloxegol 12.5 mg	4/1/2015
naloxegol 25 mg	4/1/2015
<b>68 Per Month Quantity Limit</b>	
alosetron 1 mg	1/1/2013
alosetron 0.5mg	1/1/2013
<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

<b>Class and Name</b>	<b>Effective Date</b>
<b>MIGRAINE AGENTS, TRIPTANS (Continued)</b>	
<b>18 Per Month Quantity Limit (Continued)</b>	
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>8 Per Month Quantity Limit</b>	
sumatriptan 6.5 mg/4hr transderm patch	10/1/2015
<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
sumatriptan 6 mg/0.5 ml needle free injector	6/1/2011
sumatriptan 4 mg/0.5 ml needle free injector	11/1/2014
zolmitriptan nasal 2.5 mg spray	1/1/2014
<b>MULTIPLE SCLEROSIS AGENTS, IMMUNOMODULATORS</b>	
<b>1 Per Month Quantity Limit</b>	
glatiramer 20 mg/ml syringe kit	6/1/2013
<b>68 Per Month Quantity Limit</b>	
dimethyl fumarate 120-240 mg (starter pack)	5/1/2013
dimethyl fumarate 120 mg	5/1/2013
dimethyl fumarate 240 mg	5/1/2013
<b>NEUROPATHIC PAIN</b>	
<b>68 Per Month Quantity Limit</b>	
duloxetine 20 mg	7/1/2010
duloxetine 30 mg	7/1/2010
duloxetine 40 mg	7/1/2015
duloxetine 60 mg	7/1/2010
<b>136 Per Month Quantity Limit</b>	
pregabalin 25 mg	1/1/2014
pregabalin 50 mg	1/1/2014
pregabalin 75 mg	1/1/2014
pregabalin 100 mg	1/1/2014

<b>Class and Name</b>	<b>Effective Date</b>
<b>NEUROPATHIC PAIN (Continued)</b>	
<b>136 Per Month Quantity Limit (Continued)</b>	
pregabalin 150 mg	1/1/2014
pregabalin 200 mg	1/1/2014
pregabalin 225 mg	1/1/2014
pregabalin 300 mg	1/1/2014
<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
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
<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
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
pantoprazole 40 mg	5/1/2010
pantoprazole 40 mg packet	5/1/2010
rabeprazole 20 mg	5/1/2010

<b>Class and Name</b>	<b>Effective Date</b>
<b>PULMONARY ARTERIAL HYPERTENSION AGENTS</b>	
<b>34 Per Month Quantity Limit</b>	
macitentan 10 mg	12/1/2013
<b>68 Per Month Quantity Limit</b>	
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
<b>102 Per Month Quantity Limit</b>	
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
<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/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
<b>STIMULANTS AND RELATED AGENTS</b>	
<b>34 Per Month Quantity Limit</b>	
armodafinil 150 mg	1/1/2014
armodafinil 200 mg	3/1/2014
armodafinil 250 mg	1/1/2014
modafinil 200 mg	1/1/2014

<b>Class and Name</b>	<b>Effective Date</b>
<b>STIMULANTS AND RELATED AGENTS (Continued)</b>	
<b>68 Per Month Quantity Limit</b>	
armodafinil 50 mg	1/1/2014
modafinil 100 mg	1/1/2014
<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