

**2010 PRIOR AUTHORIZATION**

Prior Authorization Group Description	PA Criteria Change Indicator	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
ACTIMMUNE	0	chronic granulomatous disease and severe malignant osteopetrosis					12 months	
AFINITOR	1	advanced renal cell carcinoma after failure of treatment with sunitinib or sorafenib, all FDA-approved indications not otherwise excluded for Part D					6 months	Pregnancy category D
ALDURAZYME	0	mucopolysaccharidosis I: Hurler, Hurler-Scheie, or Scheie who have moderate to severe symptoms					12 months	Part B versus D determination: resident of a long-term care facility
AMITIZA	1	chronic idiopathic constipation, irritable bowel syndrome, all FDA- approved indications not otherwise excluded for Part D	history of mechanical gastrointestinal obstruction		greater than or equal to 18 years of age		12 months	females who could become pregnant should have a negative urine or serum pregnancy test prior to beginning therapy and should be capable of complying with effective contraceptive measures

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AMPHETAMINE	0	ADHD, narcolepsy	MAOI concurrent use or within the last 14 days, contraindications of advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, glaucoma, agitated states, history of drug abuse	sleep studies for narcolepsy diagnosis, other causes of excessive daytime sleepiness, ADHD symptoms in more than one setting, ADHD symptoms for longer than 6 months, symptoms causing clinically significant impairment in social, academic, or occupational functioning	greater than or equal to 3 years old		12 Months	monitor for weight loss, decreased growth velocity in children, increased heart rate and blood pressure, appearance or worsening of aggressive behavior or hostility, sleep disturbances and long-term usefulness of the drug, added black box warning on misuse of amphetamines may cause sudden death or serious cardiovascular adverse reactions
ARANESP	0	ESRD patients on Dialysis, Chronic kidney disease patients NOT on dialysis, non-myeloid malignancies where anemia is due to the effect of chemotherapy, anemia related to AZT and/or other Nucleoside Reverse Transcriptase Inhibitors (NRTI) therapy for HIV/AIDS, myelodysplastic syndrome, anemia of chronic disease (rheumatoid arthritis, Crohn's disease, ulcerative colitis, and hepatitis C with anemia due to the medication therapy)	Inadequately controlled blood pressure, serum ferritin concentration of the patient less than 100 mg/L and transferrin saturation of the patient less than 20%, continuation of Hgb/Hct of greater than 12 gm/dL and 36%, exclusion of the following causes of anemia= Iron deficiency, underlying infection or inflammatory process, underlying hematological disease, hemolysis, vitamin deficiencies (e.g. folic acid or B12), blood loss, aluminum intoxication	Hb/HCT less than 10 / 30% at initiation of therapy, CKD= SCr equal to or greater than 3, CrCL less than 60 ml/min, or GFR less than 60 mL/min/1.73 m2, chemotherapy induced anemia= when receiving concomitant chemotherapy and 8 weeks following the final dose of myelosuppressive chemotherapy			12 weeks	Part B versus D determination: resident of a long-term care facility, CKD on dialysis

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AREDIA	1	Moderate or severe hypercalcemia associated with malignancy in conjunction with adequate hydration, moderate to severe Paget's disease of bone, osteolytic bone metastases of breast cancer, bone lesions associated with multiple myeloma when used in conjunction with standard antineoplastic therapy, treatment and prevention of postmenopausal osteoporosis, treatment of osteogenesis imperfecta in pediatric members, treatment of low bone mass or osteoporotic fractures following organ transplantation, all FDA- approved indications not otherwise excluded for Part D					1 month to 6 months	Part B versus D determination: resident of a long-term care facility,
AVASTIN	1	metastatic colorectal cancer (when used in combination with intravenous 5-fluorouracil), use in combination with capecitabine for metastatic colorectal cancer, recurrent or metastatic breast cancer, advanced or metastatic non small cell lung cancer, intravitreal injection in the short-term treatment of wet age-related macular degeneration, all FDA- approved indications not otherwise excluded for Part D	Should not be initiated until at least 28 days following major surgery and surgical incision should be fully healed prior to initiation				6 months	Part B versus D determination: resident of a long-term care facility

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CEREDASE	0	Type I Gaucher's disease with moderate to severe anemia, thrombocytopenia with bleeding tendency, bone disease, and/or significant hepatomegaly or splenomegaly	Type II or Type III Gaucher's disease, asymptomatic or mild cases of Type I Gaucher's disease, carriers of Gaucher's disease, prophylactic use in asymptomatic or mild cases	Highest risk for irreversible complications as defined by having one or more of the following: symptomatic skeletal disease, moderate to severe osteopeniam, chronic bone pain, bone crises, avascular necrosis, pathological fractures, joint replacement(s), cardio-pulmonary disease, including pulmonary hypertension, platelet count less than 60,000/mm <sup>3</sup> or documented abnormal bleeding episodes, symptomatic anemia or hemoglobin less than 8.0 g/dl, transfusion dependency, significant liver disease, severe hepatomegaly (greater than 2.5 x normal), infarcts, varices, portal hypertension, hepatitis, significant splenic disease, severe splenomegaly (greater than 15 x normal), significant renal disease, any concomitant medical condition that further complicates or exacerbates Gaucher disease or that is further complicated or exacerbated by the Gaucher disease. Lower risk for irreversible complications as defined by having one or more of the following: normal liver, cardiac, lung, and renal function, minimal impairment of quality of life, no obvious and recently rapid progression of disease manifestations, skeletal disease limited			12 months	QL = 30U/kg every 2 weeks for low risk patients and than 60 U/kg every 2 weeks initially for high risk patients, Part B versus D determination: resident of a long-term care facility
CEREZYME	0	Type I Gaucher's disease with moderate to severe anemia, thrombocytopenia with bleeding tendency, bone disease, and/or significant hepatomegaly or splenomegaly	Type II or Type III Gaucher's disease, asymptomatic or mild cases of Type I Gaucher's disease, carriers of Gaucher's disease, prophylactic use in asymptomatic or mild cases	Highest risk for irreversible complications as defined by having one or more of the following: symptomatic skeletal disease, moderate to severe osteopeniam, chronic bone pain, bone crises, avascular necrosis, pathological fractures, joint replacement(s), cardio-pulmonary disease, including pulmonary hypertension, platelet count less than 60,000/mm <sup>3</sup> or documented abnormal bleeding episodes, symptomatic anemia or hemoglobin less than 8.0 g/dl, transfusion dependency, significant liver disease, severe hepatomegaly (greater than 2.5 x normal), infarcts, varices, portal hypertension, hepatitis, significant splenic disease, severe splenomegaly (greater than 15 x normal), significant renal disease, any concomitant medical condition that further complicates or exacerbates Gaucher disease or that is further complicated or exacerbated by the Gaucher disease. Lower risk for irreversible complications as defined by having one or more of the following: normal liver, cardiac, lung, and renal function, minimal impairment of quality of life, no obvious and recently rapid progression of disease manifestations, skeletal disease limited			12 months	QL = 30U/kg every 2 weeks for low risk patients and than 60 U/kg every 2 weeks initially for high risk patients, Part B versus D determination: resident of a long-term care facility

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DIFFERIN	0	acne vulgaris					12 months	
ELAPRASE	0	Mucopolysaccharidosis II					12 months	QL of 0.5mg/kg weekly infusions Part B versus D determination: resident of a long-term care facility
ELIDEL	0	atopic dermatitis					12 months	
ENBREL	0	adult rheumatoid arthritis, active psoriatic arthritis, active polyarticular-course Juvenile Idiopathic Arthritis, active ankylosing spondylitis, moderate- to- severe chronic adult plaque psoriasis, reactive arthritis, inflammatory bowel disease arthritis, Wegener's granulomatosis that is refractory to standard therapy (i.e., prednisone, cyclophosphamide, methotrexate, azathioprine, cyclosporine)	Risk of infections:serious infections and tuberculosis		JRA - 2 years and older		Initial - 6 months Renewal - 12 months	not in combination with biologic response modifier - tumor necrosis factor blocking agent or interleukin-1 receptor antagonist.
EPOETIN ALFA	0	ESRD patients on dialysis, Chronic kidney disease patients NOT on dialysis, non-myeloid malignancies where anemia is due to the effect of chemotherapy, anemia related to AZT and/or other Nucleoside Reverse Transcriptase Inhibitors (NRTI) therapy for HIV/AIDS, myelodysplastic syndrome, anemia of chronic disease (rheumatoid arthritis, inflammatory bowel diseases, systemic lupus erythematosus, and hepatitis C with anemia due to the medication therapy), perisurgical adjuvant therapy for the reduction of allogeneic blood transfusion in surgery patients.	Inadequately controlled blood pressure, serum ferritin concentration of the patient less than 100 mg/L and transferrin saturation of the patient less than 20%, continuation of Hgb/Hct of greater than 12 gm/dL and 36%, exclusion of the following causes of anemia= iron deficiency, underlying infection or inflammatory process, underlying hematological disease, hemolysis, vitamin deficiencies (e.g. folic acid or B12), blood loss, aluminum intoxication	Hb/HCT less than 10 / 30% at initiation of therapy, CKD= SCr equal to or greater than 3, CrCL less than 60 ml/min, or GFR less than 60 mL/min/1.73 m2, chemotherapy induced anemia= when receiving concomitant chemotherapy and 8 weeks following the final dose of myelosuppressive chemotherapy, perisurgical adjuvant therapy = Hb between 10 and 13 gm/dL, not a candidate for autologous blood transfusion, expected to lose more than two units of blood, have been evaluated to ensure that their anemia is due to chronic disease, MDS - low risk myelodysplasia with less than 5% blast, pretreatment erythropoietin levels of 100 or less			12 weeks	Part B versus D determination: resident of a long term care facility, CKD on dialysis

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FABRAZYME	0	Fabry disease					12 months	QL of 1.0 mg/kg body weight every 2 weeks. Part B versus D determination: resident of a long-term care facility
GROWTH HORMONE	0	growth hormone deficiency in children, growth retardation chronic renal insufficiency, growth retardation Turner's Syndrome, growth retardation Prader-Willi Syndrome, growth retardation short stature homeobox-containing gene (SHOX) deficiency, growth retardation Noonan syndrome, growth hormone deficiency in adults with post-surgical/post-radiotherapy/trauma panhypopituitarism, growth hormone deficiency in adults with childhood-onset growth hormone deficiency, promotion of wound healing in members with life-threatening third (3rd) degree burns, small for gestational age (SGA)	Contraindications to GH: acute critical illness due to complications following open heart surgery, abdominal surgery, multiple accidental trauma, or acute respiratory failure, Closed epiphyses or epiphyseal fusion in pediatric members, Active neoplasia or tumor activity, Prader-Willi syndrome who are severely obese or have severe respiratory impairment, or Proliferative or preproliferative diabetic retinopathy.	For GHD in children: 2 growth hormone stimulation tests below 10 ng/ml (e.g., insulin-induced hypoglycemia L-dopa, clonidine, glucagon, or arginine) OR at least ONE growth hormone stimulation test level less than 15 ng/ml (e.g., insulin-induced hypoglycemia L-dopa, clonidine, glucagon, or arginine) AND IGF-I and IGFBP3 levels below normal for bone age and sex, poor growth velocity defined as less than 7 cm/year before 3 years of age, less than 5 cm/year from age 3 years to onset of puberty, delayed bone age of greater or equal to 2 standard deviations below the mean for age and sex, and height greater than or equal to 2 standard deviations below the mean for the child's age and sex, if the child shows evidence of another pituitary hormone deficiency or has received a treatment known to cause GH deficiency (i.e cranial irradiation), the criteria pertaining to the bone age delay and absolute height requirements should not be applied. For CRI - height is less than the 3rd percentile for age and sex. For Turner syndrome - appropriate genetic testing, and height is either less than the 5th percentile for age and sex, or the			12 months	

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HERCEPTIN	1	single agent is indicated for the treatment of patients with metastatic breast cancer whose tumors overexpress the HER2 protein and who have received one or more chemotherapy regimens for their metastatic disease, in combination with paclitaxel is indicated for treatment of patients with metastatic breast cancer whose tumors overexpress the HER2 protein and who have not received chemotherapy for their metastatic disease, in combination with doxorubicin, cyclophosphamide, and paclitaxel is indicated for the adjuvant treatment of patients with HER2 protein overexpression, node-positive breast cancer		Black box warnings:cardiomyopathy and hypersensitivity reactions including anaphylaxis infusion reactions and pulmonary events			12 months	Part B versus D determination: resident of a long-term care facility
HUMIRA	1	moderately to severely active rheumatoid arthritis, active psoriatic arthritis, active ankylosing spondylitis, moderately to severely active Crohn disease, moderate to severe chronic plaque psoriasis, moderately to severely active polyarticular juvenile idiopathic arthritis (JIA), all FDA- approved indications not otherwise excluded for Part D	Risk of infections:serious infections and tuberculosis		Greater than or equal to 18 years of age for all indications except JIA, JIA - greater than or equal to 4 years of age		Initial - 6 months Renewal - 12 months	not in combination with biologic response modifier - tumor necrosis factor blocking agent or interleukin-1 receptor antagonist.
INCRELEX	0	growth failure in children with severe primary IGF-1 deficiency (Primary IGFD) or with growth hormone (GH) gene deletion who have developed neutralizing antibodies to GH,	Closed epiphyses. Other secondary causes of growth failure, pre-existing thyroid, nutritional deficits, chronic treatment with anti-inflammatory steroids. Presence of active or suspected neoplasia	Normal or elevated growth hormone stimulation test. Genetic testing for growth hormone gene deletion. Lab testing for neutralizing antibodies to growth hormone, height of the patient greater than or equal to 3 standard deviations below the norm for children of the same age and gender prior to beginning Increlex therapy. Basal IGF-1 level greater than or equal to 3 standard deviations below the norm for children of the same age and gender prior to beginning Increlex therapy.	Greater than or equal to 2 years old but less than 18 years of age		12 months	

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INTERFERON	1	Roferon A: hairy cell leukemia, CML, hepatitis C. Intron A: hairy cell leukemia, condylomata acuminata, AIDS-related Kaposi's sarcoma, malignant melanoma, follicular lymphoma, Hepatitis C and B. Infergen and Peg Intron: hepatitis C. Pegasys: hepatitis C and B. Off label Roferon and Intron A: first-line treatment to induce remission in members with multiple myeloma, maintenance therapy to prolong response and survival in members with multiple myeloma who have responded to first-line therapy or to conventional induction chemotherapy, combination with cytotoxic agents as first-line therapy of aggressive low-grade or intermediate-grade non-Hodgkin's lymphoma, mycosis fungoides, polycythemia vera, cutaneous T cell lymphoma, malignant melanoma, renal cell carcinoma, carcinoid syndrome, bladder cancer, basal cell carcinoma, ovarian cancer, respiratory papillomatosis including laryngeal papillomatosis, essential thrombocytosis, cervical cancer, Hep B, Hep D, human papillomavirus infections, chronic myelocytic leukemia, Hemangiomas, AIDS-related Kaposi's sarcoma, all FDA- approved indications	Autoimmune hepatitis	Hepatitis C: if cirrhosis, compensated cirrhosis, genotype (GT) should be done prior to therapy, HCVRNA levels should be done prior to therapy and 2 log decrease in HCVRNA for genotype 1 or 4, HIV comorbidity, liver transplant, concomitant use with ribavirin. Hepatitis B: HBsAg positive, HBeAg positive greater than 6 months, and (ALT levels greater than 2 X ULN or moderate/severe hepatitis on biopsy) and HBsAg positive, HBeAg negative, and (HBVDNA greater than 105 copies/mL, ALT levels greater than 2 X ULN, or moderate/severe hepatitis on biopsy).	Peg Intron - greater or equal to 3 years of age, Pegasys - greater or equal to 18 years of age		hep C: 16 wks to 48 wks hep B: 16 wks to 48 wks, all other indications 48 wks	
IRESSA	1	monotherapy for the continued treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after failure of both platinum-based and docetaxel chemotherapies who are benefiting or have benefited from Iressa, all FDA- approved indications not otherwise excluded for Part D					6 months	Pregnancy category D

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ISOTRETINOIN	0	severe (recalcitrant) nodular acne, mild to moderate acne vulgaris, cystic acne, carcinoma (e.g., basal cell carcinoma, squamous cell carcinoma), malignant neoplasm (e.g., cutaneous T-cell lymphoma, neuroblastoma), psoriasis, severe refractory rosacea, gram-negative folliculitis, severe Keratinization Disorders		Tried one three month course of systemic antibiotics and one three month course of any one of the following: topical retinoids, topical antibiotics, or benzoyl peroxide products, iPLEDGE program, bolded warnings- no symptoms of depression, psychosis, or suicide. Isotretinoin should not be taken in combination with tetracycline.			5 months (20 weeks)	Maximum duration of 2 courses (up to a total of 40 weeks)
KUVAN	0	Phenylketonuria (PKU), all FDA- approved indications not otherwise excluded for Part D		In conjunction with a phenylalanine -restricted diet, blood phenylalanine levels be monitored regularly during treatment	greater and equal to 4 years old		1 month initiate approval, 12 months for continuation	
LHRH	1	endometriosis, uterine leiomyomas, prostate cancer, pre-menopausal or perimenopausal breast cancer, precocious puberty, and all other FDA labeled indications		For endometriosis and uterine leiomyomas, concomitantly with iron therapy for the preoperative hematologic improvement of patients with anemia caused by uterine leiomyomata.			3-6 months for endometriosis and uterine leiomyomas, 12 months for prostate cancer and breast cancer	Part B versus D determination: resident of a long-term care facility, periodically monitoring for serum prostate specific antigen and/or testosterone.

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LOTRONEX	0	diarrhea-prominent chronic irritable bowel syndrome	history of severe constipation or with a history of sequelae from constipation, history of intestinal obstruction, stricture, toxic megacolon, gastrointestinal perforation, and/or adhesions, history of ischemic colitis, impaired intestinal circulation, thrombophlebitis, or hypercoagulable state, currently have, or has had a history of Crohn's disease or ulcerative colitis, have active diverticulitis or a history of diverticulitis, inability to understand or comply with the Patient-Physician Agreement, have severe hepatic impairment	Chronic IBS symptoms (generally lasting 6 months or longer), anatomic or biochemical abnormalities of the gastrointestinal tract excluded, and failed to respond to conventional therapy Diarrhea-predominant IBS is severe if it includes diarrhea and one or more of the following: frequent and severe abdominal pain/discomfort, frequent bowel urgency or fecal incontinence, disability of restriction of daily activities due to IBS	greater than or equal to 18 years old		12 months	
LYRICA	0	fibromyalgia, neuropathic pain associated with diabetic peripheral neuropathy, partial-onset seizures, postherpetic neuralgia					lifetime	
METHYLPHENIDATE	0	Attention-Deficit/Hyperactivity Disorder, narcolepsy	MAOI concurrent use or within the last 14 days, contraindications such as marked anxiety, tension, or agitation, glaucoma, motor tics, family history or diagnosis of Tourette's syndrome, cardiac abnormalities, and black box warnings - chronic, abusive use of methylphenidates can lead to marked tolerance and psychological dependence with varying degrees of abnormal behavior	sleep studies for narcolepsy diagnosis, diagnosis, other causes of excessive daytime sleepiness, ADHD symptoms in more than one setting, ADHD symptoms for longer than 6 months, symptoms causing clinically significant impairment in social, academic, or occupational functioning	greater or equal to 6 years old		12 months	monitor for weight loss, decreased growth velocity in children, increased heart rate and blood pressure, appearance or worsening of aggressive behavior or hostility, sleep disturbances and long-term usefulness of the drug

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NAGLAZYME	0	Mucopolysaccharidosis VI					12 months	QL of 1mg/kg weekly, Part B versus D determination: resident of a long-term care facility
NEULASTA	0	to decrease the incidence of infection, as manifested by febrile neutropenia in patients with non-myeloid malignancies receiving myelosuppressive cancer drugs					2 months	
NEUPOGEN	0	All FDA-approved indications not otherwise excluded from Part D					2 months	
NEXAVAR	1	advanced renal cell carcinoma, unresectable hepatocellular carcinoma, all FDA- approved indications not otherwise excluded for Part D					6 months	Pregnancy category D
ORAL BISPHTHOPHOSPHONATES	1	All FDA-approved indications not otherwise excluded from Part D					lifetime	
ORENCIA	0	moderately to severely active rheumatoid arthritis, active juvenile idiopathic arthritis		For JIA patients who have had an inadequate response to one or more DMARDs, such as methotrexate or TNF antagonists. Can be used as monotherapy or concomitantly with DMARDs other than TNF antagonists or interleukin-1 receptor antagonist	Greater than or equal to 6 years of age for JIA		6 months initially, 12 months renewal	Part B versus D determination: resident of a long-term care facility
PROLASTIN	1	lpha 1-antitrypsin deficiency and emphysema, all FDA- approved indications not otherwise excluded for Part D	selective immunoglobulin A (IgA) deficiency (less than 15 mg/dL) due to antibodies against IgA				12 months	
PROMACTA	1	thrombocytopenia with chronic immune (idiopathic) thrombocytopenic purpura who have had insufficient response to corticosteroids, immunoglobulins, or splenectomy, all FDA- approved indications not otherwise excluded for Part D	Risk of hepatotoxicity defined as ALT levels greater than or equal to 3 times upper limit of normal and are progressive, persistent for greater than or equal to 4 weeks, accompanied by increased direct bilirubin, OR accompanied by symptom of liver injury or evidence of hepatic decompensation				Initial - 4 weeks Renewal - 12 weeks	

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PROTON PUMP INHIBITORS	1	All FDA-approved indications not otherwise excluded from Part D					lifetime	
PROTOPIC	0	atopic dermatitis					12 months	
PROVIGIL	1	narcolepsy, Shift Work Sleep Disorder, fatigue associated with multiple sclerosis, obstructive sleep apnea/hypopnea syndrome, all FDA- approved indications not otherwise excluded for Part D		obstructive sleep apnea and narcolepsy- polysomnography, ICSD and DSM criteria, and respiratory monitoring. Shift work sleep disorder - work night shift permanently or frequently on rotating basis and has excessive sleepiness while working that causes clinically significant distress or occupational impairment.			12 months	
REGRANEX	1	neuropathic diabetic ulcers of the lower extremity, all FDA- approved indications not otherwise excluded for Part D	neoplasm at the site of application	Neuropathic DM ulcers: adequate tissue oxygenation or blood supply on the foot dorsum or at the margin of the ulcer, full thickness ulcer (i.e., Stage III or IV), extending through the dermis into subcutaneous tissues, participation in a comprehensive wound management program.	Greater than or equal to 16 years of age		3 months	
REMICADE	0	moderately to severely active rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, moderately to severely active ulcerative colitis, severe plaque psoriasis, moderately to severely active Crohn's disease, fistulizing Crohn's disease, pyoderma gangrenosum with coexisting inflammatory bowel disease, Still's Disease, sarcoid refractory to treatment with steroids and other standard regimens		moderately to severely active CD who have had an inadequate response to conventional therapy (e.g., corticosteroids, aminosalicylates, immuno-modulators), fistulizing CD for the reduction in the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure, RA- in combination with methotrexate is who have had an inadequate response to methotrexate (minimum of 3 months) and without concurrent administration of methotrexate may be covered only for those cases where the patient is intolerant or MTX is contraindicated, PsA or AS - failed more than 2 NSAIDs as well as a three-month trial of both MTX 20 mg per week and sulfasalazine 3 grams daily given singly or in combination, UC - inadequate response to conventional therapy, psoriasis -who are candidates for systemic therapy and who have failed to respond to other systemic therapies, or who have a contraindication to, or are intolerant of, other systemic therapy including cyclosporine, MTX or psoralen—ultraviolet- light (PUVA) therapy			Initial - 6 months Renewal - 12 months	Part B versus D determination: resident of a long-term care facility

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REVATIO	0	pulmonary hypertension with New York Heart Association (NYHA) functional class I-IV symptoms	nitrate therapy on a regular or on an intermittent basis				12 months	
REVLIMID	0	treatment of patients with transfusion-dependent anemia due to Low- or Intermediate-1-risk myelodysplastic syndromes associated with a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities, combination with dexamethasone is indicated for the treatment of multiple myeloma patients		physician must register in the RevAssist program, women with childbearing potential must have pregnancy excluded as confirmed by a negative urine or serum pregnancy test, black box warnings - monitor complete blood count for neutropenia and thrombocytopenia, and signs and symptoms of thromboembolism.			6 months	
RIBAVIRIN	0	Hepatitis C in combination with pegylated interferon or interferon	monotherapy is not effective, primary toxicity of ribavirin is hemolytic anemia, pregnancy category X	if cirrhosis, compensated cirrhosis, genotype (GT) should be done prior to therapy, HCVRNA levels should be done prior to therapy and 2 log decrease in HCVRNA for genotype 1 or 4, no history of unstable heart disease, hemoglobin greater than 8.5 g/dL, CrCL greater than 50ml/min, no history of hemoglobinopathy such as thalassemia major or sickle-cell anemia			GT 1 or 4-16 wks initial, 32 wks renewal, GT 2 or 3-24 wks, HIV/HepC-48 wks, liver tx w/ HepC-48 wks	

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RITUXAN	0	refractory, low-grade or follicular, CD20-positive, non-Hodgkin's lymphoma, or first-line treatment of diffuse large B-cell, CD20-positive, non-Hodgkin's lymphoma in combination with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) or other anthracycline-based chemotherapy regimens, first-line treatment of follicular, CD20-positive, B-cell non-Hodgkin's lymphoma in combination with CVP (cyclophosphamide, vincristine, and prednisolone) chemotherapy, treatment of low-grade, CD20-positive, B-cell non-Hodgkin's lymphoma in patients with stable disease or who achieve a partial or complete response following first-line treatment with CVP chemotherapy, moderately- to severely-active rheumatoid arthritis used in combination with methotrexate who have had an inadequate response to one or more TNF antagonist therapies, used in combination with Ibritumomab tiuxetan for both the diagnostic (treatment planning) and therapeutic administrations, immune or idiopathic thrombocytopenic purpura who have failed steroid treatment and splenectomy	Fatal infusion reactions, tumor lysis syndrome (TLS), severe mucocutaneous reactions				12 months	Part B versus D determination: resident of a long-term care facility, injected in the office setting more than 50% of the time
SPRYCEL	1	adults with chronic, accelerated, or myeloid or lymphoid blast phase chronic myeloid leukemia with resistance or intolerance to prior therapy including imatinib, adults with Philadelphia chromosome-positive acute lymphoblastic leukemia with resistance or intolerance to prior therapy, all FDA-approved indications not otherwise excluded for Part D					6 months	Pregnancy category D, not on St John's wort

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STRATTERA	0	ADHD	MAOI concurrent use or within the last 14 days	ADHD symptoms in more than one setting, ADHD symptoms for longer than 6 months, symptoms causing clinically significant impairment in social, academic, or occupational functioning	greater or equal to 6 years of age		12 months	monitor for suicidality, clinical worsening, changes in behavior, blood pressure changes, heart rate changes, weight loss, decreased growth velocity in children, sleep disturbances, liver injury
SUBOXONE-SUBUTEX	1	All FDA-approved indications not otherwise excluded from Part D		prescribed in conjunction with psychosocial counseling as part of a comprehensive addiction treatment program	16 years and above	Physician must be qualified to conduct detoxification under the Drug Abuse Treatment Act (DATA) of 2000 and must have submitted a Notification of Intent to Treat Opioid Addiction form and notify Center for Substance Abuse Treatment (CSAT).	12 months	

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SUTENT	0	treatment of gastrointestinal stromal tumor (GIST) after disease progression on or intolerance to imatinib mesylate, treatment of advanced renal cell carcinoma (RCC)					6 months	Pregnancy category D, monitor for hypertension, myelosuppression, drug interactions, evaluate for history of cardiovascular events
TARCEVA	1	locally advanced or metastatic non-small cell lung cancer after failure of at least one prior chemotherapy regimen, in combination with gemcitabine is indicated for the first-line treatment of patients with locally advanced, unresectable or metastatic pancreatic cancer, all FDA- approved indications not otherwise excluded for Part D					6 months	Pregnancy category D
TASIGNA	1	chronic phase and accelerated phase Philadelphia chromosome positive (Ph+) chronic myelogenous leukemia (CML) in adult patients resistant or intolerant to prior therapy that included imatinib, all FDA- approved indications not otherwise excluded for Part D		Safety black box warnings: prolong QT syndrome, electrocardiogram monitoring, electrolyte disorder monitoring, liver function test monitoring, Pregnancy category D			6 months	
TESTOSTERONES	1	primary hypogonadism in men (e.g. testicular failure due to cryptorchidism, bilateral torsion, or chemotherapy), and hypogonadotropic hypogonadism in men (e.g. idiopathic gonatropin or LHRH deficiency), all FDA- approved indications not otherwise excluded for Part D	Breast cancer and prostate cancer	deficiency (less than 300ng/dL) or absence of endogenous testosterone, blood samples for endogenous testosterone levels drawn in the morning, monitored for potential adverse events associated with testosterone replacement therapy			12 months	

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Prior Authorization Group Description	PA Criteria Change Indicator	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
THALOMID	1	treatment of erythema nodosum leprosum, suppression of recurrent erythema nodosum leprosum, mucocutaneous lesions associated with Behcet's syndrome, human immunodeficiency virus-associated wasting syndrome, refractory Aphthous stomatitis or refractory Immunodeficiency-associated Aphthous stomatitis, newly diagnosed multiple myeloma with dexamethasone, advanced, refractory multiple myeloma, treatment of Chronic Graft Versus Host Disease (CGVHD) following allogeneic bone marrow transplant where conventional therapy (e.g. cyclosporine, azathioprine, and high-dose corticosteroids) is refractory or contraindicated, human immunodeficiency virus (HIV)-associated esophageal aphthous ulcer, refractory Crohn's disease, cachexia, Kaposi's sarcoma, HIV associated diarrhea, all FDA- approved indications not otherwise excluded for Part D		physician must register in the S.T.E.P.S.® program, women with childbearing potential must have pregnancy excluded as confirmed by a negative urine or serum pregnancy test, black box warnings including signs and symptoms for thromboembolism			6 months	
TOPICAL TRETINOIN	0	acne vulgaris, Keratosis Follicularis or Darier's/Darier-White disease, Verruca Plana, Verrucae Plantaris, Actinic Keratosis					12 months	
TYKERB	1	in combination with capecitabine for treatment of patients with advanced or metastatic breast cancer whose tumors overexpress HER2 and who have received prior therapy including an anthracycline, a taxane, and trastuzumab, all FDA- approved indications not otherwise excluded for Part D					6 months	Pregnancy category D, LFT is monitored based on black box warnings
ULORIC	0	chronic management of hyperuricemia in patients with gout					lifetime	

**2010 PRIOR AUTHORIZATION**

Prior Authorization Group Description	PA Criteria Change Indicator	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
VELCADE	0	mantle cell lymphoma, multiple myeloma, and all FDA labeled indications					6 months	Part B versus D determination: resident of a long-term care facility
VIDAZA	0	diagnosis of any of the following myelodysplastic syndrome subtypes: refractory anemia, refractory anemia with ringed sideroblasts (if accompanied by neutropenia or thrombocytopenia and requiring transfusions), refractory anemia with excess blasts, refractory anemia with excess blasts in transformation, chronic myelomonocyte leukemia					12 months	Part B versus D determination: resident of a long-term care facility
VIVAGLOBIN	1	primary immune deficiency (PID), all FDA-approved indications not otherwise excluded for Part D	anaphylactic or severe systemic response to immune globulin preparations and selective immunoglobulin A (IgA) deficiency (serum IgA less than 0.05 g/L)	IgG level of the patient be regularly monitored while on therapy	greater than 2 years of age		12 months	
XENAZINE	1	treatment of chorea associated with Huntington's disease, all FDA- approved indications not otherwise excluded for Part D	actively suicidal, untreated or inadequately treated for depression, impaired hepatic function, currently taking MAOIs, currently taking reserpin within preceding 20 days				12 months	
XOLAIR	0	moderate to severe persistent asthma who have had a positive skin test or in-vitro reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids			greater than or equal to 12 years of age		Initial = 6 months Renewal = 12 months	Part B versus D determination: resident of a long-term care facility
ZAVESCA	1	Type 1 Gaucher disease for whom enzyme replacement therapy is not a therapeutic option due to hypersensitivity, allergy, or poor venous access, all FDA- approved indications not otherwise excluded for Part D	Patients with severe renal impairment (creatinine clearance less than 30 mL/min/1.73 m <sup>2</sup> ) and patients who are pregnant because this drug is classified as pregnancy category X	not indicated for use in combination therapy with alglucerase or imiglucerase	greater than or equal to 18 years of age		12 months	

**2010 PRIOR AUTHORIZATION**

Prior Authorization Group Description	PA Criteria Change Indicator	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
ZOLINZA	1	cutaneous T-cell lymphoma who have progressive, persistent or recurrent disease on or following two systemic therapies, all FDA- approved indications not otherwise excluded for Part D			greater than or equal to 18 years of age		6 months	Pregnancy category D, monitor for blood glucose, serum electrolytes, serum creatinine, complete blood count, electrocardiogram, signs and symptoms of deep vein thrombosis/pulmonary embolism and thrombocytopenia and gastrointestinal bleeding, concomitant use with coumarin derivative medication and histone deacetylase inhibitor medications.
ZOMETA	0	hypercalcemia of malignancy, documented bone metastases from solid tumors, multiple myeloma with at least one osteolytic lesion, prostate cancer only after treatment failure with at least one hormonal therapy, to manage osteoporosis secondary to the endocrine management of malignancy (breast cancer and prostate cancer)	Contraindicated in pregnant or breast feeding patients or those who may become pregnant.	hypercalcemia of malignancy, albumin-corrected serum calcium level must be $\geq$ 12 mg/dl,			12 months	Part B versus D determination: resident of a long-term care facility

## 2010 STEP THERAPY

Step Therapy Group Description	Step Therapy Criteria
ELIDEL	History of any two corticosteroids of medium or higher potency filled for at least a 14-day within six months. Approved for atopic dermatitis (eczema) in members 2 years and above. If meet criteria, approved for 12 months.
LYRICA	History of 30 day fill of gabapentin or 14 day fill of Lyrica. Trial of generic or brand gabapentin before Lyrica use. For specific FDA approved indications for Lyrica of fibromyalgia and neuropathic pain associated with diabetic peripheral neuropathy Lyrica can be used first line without prior gabapentin use. If meet criteria, approved for lifetime.
ORAL BISPHOSPHONATES	History of 30 day fill of alendronate or 14 day fill of Actonel or etidronate. Trial of generic alendronate before Actonel or etidronate use. Approved for all FDA approved indications. If meet the criteria, approved for lifetime.
PROTON PUMP INHIBITORS	History of 30 day fill of omeprazole or 14 day fill of Prevacid. Trial of generic omeprazole before Prevacid use. Approved for all FDA approved indications. If meet the criteria, approved for lifetime.
PROTOPIC	History of any two corticosteroids of medium or higher potency filled for at least a 14-day within six months. Approved for atopic dermatitis (eczema) in members 2 years and above for 0.03% formulation and members 16 years and above for 0.1% formulation. If meet criteria, approved for 12 months.
ULORIC	History of 30 day fill of allopurinol within 120 days. Trial of generic allopurinol before Uloric use. Approved for all FDA approved indications. If meet the criteria, approved for lifetime.

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
12 HR DICLOFENAC 15 MG/HR TRANSDERMAL PATCH [FLECTOR]	180	90	ANALGESICS	NON OPIOD ANALGESICS
ACETAMINOPHEN 325 MG / BUTALBITAL 50 MG / CAFFEINE 40 MG / CODEINE 30 MG ORAL CAPSULE	540	90	ANALGESICS	NON OPIOD ANALGESICS
CELECOXIB 100 MG ORAL CAPSULE [CELEBREX]	180	90	ANALGESICS	NON OPIOD ANALGESICS
CELECOXIB 200 MG ORAL CAPSULE [CELEBREX]	180	90	ANALGESICS	NON OPIOD ANALGESICS
CELECOXIB 400 MG ORAL CAPSULE [CELEBREX]	180	90	ANALGESICS	NON OPIOD ANALGESICS
CELECOXIB 50 MG ORAL CAPSULE [CELEBREX]	180	90	ANALGESICS	NON OPIOD ANALGESICS
KETOROLAC 10 MG ORAL TABLET	20	30	ANALGESICS	NON OPIOD ANALGESICS
MELOXICAM 1.5 MG/ML ORAL SUSPENSION	900	90	ANALGESICS	NON OPIOD ANALGESICS
MELOXICAM 15 MG ORAL TABLET	90	90	ANALGESICS	NON OPIOD ANALGESICS
MELOXICAM 7.5 MG ORAL TABLET	90	90	ANALGESICS	NON OPIOD ANALGESICS
12 HR OXYCODONE 15 MG EXTENDED RELEASE TABLET [OXYCONTIN]	180	30	ANALGESICS	OPIOID ANALGESICS
12 HR OXYCODONE 30 MG EXTENDED RELEASE TABLET [OXYCONTIN]	180	30	ANALGESICS	OPIOID ANALGESICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
12 HR OXYCODONE 60 MG EXTENDED RELEASE TABLET [OXYCONTIN]	180	30	ANALGESICS	OPIOID ANALGESICS
12 HR OXYMORPHONE 10 MG EXTENDED RELEASE TABLET [OPANA]	120	30	ANALGESICS	OPIOID ANALGESICS
12 HR OXYMORPHONE 15 MG EXTENDED RELEASE TABLET [OPANA]	120	30	ANALGESICS	OPIOID ANALGESICS
12 HR OXYMORPHONE 20 MG EXTENDED RELEASE TABLET [OPANA]	120	30	ANALGESICS	OPIOID ANALGESICS
12 HR OXYMORPHONE 30 MG EXTENDED RELEASE TABLET [OPANA]	120	30	ANALGESICS	OPIOID ANALGESICS
12 HR OXYMORPHONE 40 MG EXTENDED RELEASE TABLET [OPANA]	120	30	ANALGESICS	OPIOID ANALGESICS
12 HR OXYMORPHONE 5 MG EXTENDED RELEASE TABLET [OPANA]	120	30	ANALGESICS	OPIOID ANALGESICS
12 HR OXYMORPHONE 7.5 MG EXTENDED RELEASE TABLET [OPANA]	120	30	ANALGESICS	OPIOID ANALGESICS
24 HR MORPHINE 120 MG EXTENDED RELEASE CAPSULE [AVINZA]	120	30	ANALGESICS	OPIOID ANALGESICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
24 HR MORPHINE 30 MG EXTENDED RELEASE CAPSULE [AVINZA]	120	30	ANALGESICS	OPIOID ANALGESICS
24 HR MORPHINE 60 MG EXTENDED RELEASE CAPSULE [AVINZA]	120	30	ANALGESICS	OPIOID ANALGESICS
24 HR MORPHINE 90 MG EXTENDED RELEASE CAPSULE [AVINZA]	120	30	ANALGESICS	OPIOID ANALGESICS
72 HR FENTANYL 0.012 MG/HR TRANSDERMAL PATCH	15	30	ANALGESICS	OPIOID ANALGESICS
72 HR FENTANYL 0.025 MG/HR TRANSDERMAL PATCH	15	30	ANALGESICS	OPIOID ANALGESICS
72 HR FENTANYL 0.05 MG/HR TRANSDERMAL PATCH	15	30	ANALGESICS	OPIOID ANALGESICS
72 HR FENTANYL 0.075 MG/HR TRANSDERMAL PATCH	15	30	ANALGESICS	OPIOID ANALGESICS
72 HR FENTANYL 0.1 MG/HR TRANSDERMAL PATCH	15	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 24 MG/ML / CODEINE 2.4 MG/ML ORAL SOLUTION	2700	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 300 MG / CODEINE 15 MG ORAL TABLET	390	30	ANALGESICS	OPIOID ANALGESICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ACETAMINOPHEN 300 MG / CODEINE 30 MG ORAL TABLET	390	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 300 MG / CODEINE 60 MG ORAL TABLET	390	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 325 MG / HYDROCODONE 10 MG ORAL TABLET	540	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 325 MG / HYDROCODONE 5 MG ORAL TABLET	450	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 325 MG / HYDROCODONE 7.5 MG ORAL TABLET	450	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 325 MG / OXYCODONE 10 MG ORAL TABLET	240	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 325 MG / OXYCODONE 10 MG ORAL TABLET [ENDOCET 10/325]	240	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 325 MG / OXYCODONE 5 MG ORAL TABLET	240	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 325 MG / OXYCODONE 5 MG ORAL TABLET [ENDOCET 5/325]	240	30	ANALGESICS	OPIOID ANALGESICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ACETAMINOPHEN 325 MG / OXYCODONE 5 MG ORAL TABLET [ROXICET 5/325]	240	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 325 MG / OXYCODONE 7.5 MG ORAL TABLET	240	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 325 MG / OXYCODONE 7.5 MG ORAL TABLET [ENDOCET]	240	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 325 MG / TRAMADOL 37.5 MG ORAL TABLET	720	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 33.3 MG/ML / HYDROCODONE 0.5 MG/ML ORAL SOLUTION	900	10	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 500 MG / HYDROCODONE 10 MG ORAL TABLET	540	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 500 MG / HYDROCODONE 2.5 MG ORAL TABLET	720	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 500 MG / HYDROCODONE 5 MG ORAL CAPSULE [MARGESIC-H]	720	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 500 MG / HYDROCODONE 5 MG ORAL CAPSULE [STAGESIC]	720	90	ANALGESICS	OPIOID ANALGESICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ACETAMINOPHEN 500 MG / HYDROCODONE 5 MG ORAL TABLET	450	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 500 MG / HYDROCODONE 5 MG ORAL TABLET [CO-GESIC]	720	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 500 MG / HYDROCODONE 5 MG ORAL TABLET [VANACET]	720	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 500 MG / HYDROCODONE 7.5 MG ORAL TABLET	450	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 500 MG / OXYCODONE 5 MG ORAL CAPSULE	240	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 500 MG / OXYCODONE 7.5 MG ORAL TABLET	240	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 500 MG / OXYCODONE 7.5 MG ORAL TABLET [ENDOCET 7.5/500]	240	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 65 MG/ML / OXYCODONE 1 MG/ML ORAL SOLUTION [ROXICET]	1800	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 650 MG / HYDROCODONE 10 MG ORAL TABLET	450	90	ANALGESICS	OPIOID ANALGESICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ACETAMINOPHEN 650 MG / HYDROCODONE 7.5 MG ORAL TABLET	450	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 650 MG / OXYCODONE 10 MG ORAL TABLET [ENDOCET 10/650]	240	30	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 660 MG / HYDROCODONE 10 MG ORAL TABLET	450	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 750 MG / HYDROCODONE 10 MG ORAL TABLET	450	90	ANALGESICS	OPIOID ANALGESICS
ACETAMINOPHEN 750 MG / HYDROCODONE 7.5 MG ORAL TABLET	450	90	ANALGESICS	OPIOID ANALGESICS
ASPIRIN 325 MG / BUTALBITAL 50 MG / CAFFEINE 40 MG / CODEINE 30 MG ORAL CAPSULE	540	90	ANALGESICS	OPIOID ANALGESICS
ASPIRIN 325 MG / OXYCODONE HYDROCHLORIDE 4.5 MG / OXYCODONE TEREPTHALATE 0.38 MG ORAL TABLET	240	30	ANALGESICS	OPIOID ANALGESICS
BUPRENORPHINE 2 MG / NALOXONE 0.5 MG SUBLINGUAL TABLET [SUBOXONE]	360	90	ANALGESICS	OPIOID ANALGESICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
BUPRENORPHINE 2 MG SUBLINGUAL TABLET [SUBUTEX]	360	90	ANALGESICS	OPIOID ANALGESICS
BUPRENORPHINE 8 MG / NALOXONE 2 MG SUBLINGUAL TABLET [SUBOXONE]	360	90	ANALGESICS	OPIOID ANALGESICS
BUPRENORPHINE 8 MG SUBLINGUAL TABLET [SUBUTEX]	360	90	ANALGESICS	OPIOID ANALGESICS
BUTORPHANOL 10 MG/ML NASAL SPRAY	36	90	ANALGESICS	OPIOID ANALGESICS
HYDROCODONE 7.5 MG / IBUPROFEN 200 MG ORAL TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
HYDROMORPHONE 2 MG ORAL TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
HYDROMORPHONE 4 MG ORAL TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
HYDROMORPHONE 8 MG ORAL TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
MORPHINE 100 MG EXTENDED RELEASE TABLET	120	30	ANALGESICS	OPIOID ANALGESICS
MORPHINE 15 MG EXTENDED RELEASE TABLET	120	30	ANALGESICS	OPIOID ANALGESICS
MORPHINE 15 MG ORAL TABLET	180	30	ANALGESICS	OPIOID ANALGESICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
MORPHINE 2 MG/ML ORAL SOLUTION	1200	30	ANALGESICS	OPIOID ANALGESICS
MORPHINE 200 MG EXTENDED RELEASE TABLET	120	30	ANALGESICS	OPIOID ANALGESICS
MORPHINE 30 MG EXTENDED RELEASE TABLET	120	30	ANALGESICS	OPIOID ANALGESICS
MORPHINE 30 MG ORAL TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
MORPHINE 4 MG/ML ORAL SOLUTION	1200	30	ANALGESICS	OPIOID ANALGESICS
MORPHINE 60 MG EXTENDED RELEASE TABLET	120	30	ANALGESICS	OPIOID ANALGESICS
MORPHINE SULFATE 45 MG EXTENDED RELEASE CAPSULE [AVINZA]	120	30	ANALGESICS	OPIOID ANALGESICS
MORPHINE SULFATE 75 MG EXTENDED RELEASE CAPSULE [AVINZA]	120	30	ANALGESICS	OPIOID ANALGESICS
OXYCODONE 10 MG EXTENDED RELEASE TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
OXYCODONE 15 MG ORAL TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
OXYCODONE 20 MG EXTENDED RELEASE TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
OXYCODONE 30 MG ORAL TABLET	180	30	ANALGESICS	OPIOID ANALGESICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
OXYCODONE 40 MG EXTENDED RELEASE TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
OXYCODONE 5 MG ORAL TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
OXYCODONE 80 MG EXTENDED RELEASE TABLET	180	30	ANALGESICS	OPIOID ANALGESICS
TRAMADOL 50 MG ORAL TABLET	720	90	ANALGESICS	OPIOID ANALGESICS
CITALOPRAM 10 MG ORAL TABLET	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
CITALOPRAM 2 MG/ML ORAL SOLUTION	1800	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
CITALOPRAM 20 MG ORAL TABLET	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
CITALOPRAM 40 MG ORAL TABLET	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
ESCITALOPRAM 1 MG/ML ORAL SOLUTION [LEXAPRO]	1800	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
ESCITALOPRAM 10 MG ORAL TABLET [LEXAPRO]	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ESCITALOPRAM 20 MG ORAL TABLET [LEXAPRO]	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
ESCITALOPRAM 5 MG ORAL TABLET [LEXAPRO]	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
FLUOXETINE 10 MG ORAL CAPSULE	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
FLUOXETINE 10 MG ORAL TABLET	720	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
FLUOXETINE 20 MG ORAL CAPSULE	360	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
FLUOXETINE 20 MG ORAL TABLET	360	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
FLUOXETINE 4 MG/ML ORAL SOLUTION	1800	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
FLUOXETINE 40 MG ORAL CAPSULE	180	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
FLUOXETINE 90 MG ENTERIC COATED CAPSULE [PROZAC]	13	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
FLUVOXAMINE 100 MG ORAL TABLET	270	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
FLUVOXAMINE 25 MG ORAL TABLET	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
FLUVOXAMINE 50 MG ORAL TABLET	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
PAROXETINE 10 MG ORAL TABLET	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
PAROXETINE 12.5 MG EXTENDED RELEASE TABLET	180	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
PAROXETINE 2 MG/ML ORAL SUSPENSION	2700	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
PAROXETINE 20 MG ORAL TABLET	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
PAROXETINE 25 MG EXTENDED RELEASE TABLET	270	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
PAROXETINE 30 MG ORAL TABLET	180	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
PAROXETINE 40 MG ORAL TABLET	180	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
SERTRALINE 0.2 MG/ML ORAL SOLUTION	900	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
SERTRALINE 100 MG ORAL TABLET	180	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
SERTRALINE 25 MG ORAL TABLET	90	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
SERTRALINE 50 MG ORAL TABLET	180	90	ANTIDEPRESSANTS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)
24 HR DESVENLAFAXINE 100 MG EXTENDED RELEASE TABLET [PRISTIQ]	90	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
24 HR DESVENLAFAXINE 50 MG EXTENDED RELEASE TABLET [PRISTIQ]	90	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
24 HR VENLAFAXINE 150 MG EXTENDED RELEASE CAPSULE [EFFEXOR]	180	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
24 HR VENLAFAXINE 37.5 MG EXTENDED RELEASE CAPSULE [EFFEXOR]	90	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
24 HR VENLAFAXINE 75 MG EXTENDED RELEASE CAPSULE [EFFEXOR]	90	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
DULOXETINE 20 MG ENTERIC COATED CAPSULE [CYMBALTA]	180	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
DULOXETINE 30 MG ENTERIC COATED CAPSULE [CYMBALTA]	180	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
DULOXETINE 60 MG ENTERIC COATED CAPSULE [CYMBALTA]	90	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
VENLAFAXINE 100 MG ORAL TABLET	270	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
VENLAFAXINE 150 MG EXTENDED RELEASE TABLET	90	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
VENLAFAXINE 225 MG EXTENDED RELEASE TABLET	90	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
VENLAFAXINE 25 MG ORAL TABLET	270	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
VENLAFAXINE 37.5 MG EXTENDED RELEASE TABLET	90	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
VENLAFAXINE 37.5 MG ORAL TABLET	360	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
VENLAFAXINE 50 MG ORAL TABLET	540	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
VENLAFAXINE 75 MG EXTENDED RELEASE TABLET	90	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)
VENLAFAXINE 75 MG ORAL TABLET	450	90	ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
{11 (VARENICLINE 0.5 MG ORAL TABLET [CHANTIX]) / 42 (VARENICLINE 1 MG ORAL TABLET [CHANTIX]) } PACK [CHANTIX FIRST MONTH OF THERAPY]	53	28	ANTIDOTES	SMOKING CESSATION AGENTS
VARENICLINE 0.5 MG ORAL TABLET [CHANTIX]	56	28	ANTIDOTES	SMOKING CESSATION AGENTS
VARENICLINE 1 MG ORAL TABLET [CHANTIX]	56	28	ANTIDOTES	SMOKING CESSATION AGENTS
FLUCONAZOLE 150 MG ORAL TABLET	6	90	ANTIFUNGALS	ANTIFUNGALS
POSACONAZOLE 40 MG/ML ORAL SUSPENSION [NOXAFIL]	1800	90	ANTIFUNGALS	ANTIFUNGALS
TERBINAFINE 250 MG ORAL TABLET	84	365	ANTIFUNGALS	ANTIFUNGALS
ATOVAQUONE 150 MG/ML ORAL SUSPENSION [MEPRON]	900	90	ANTI-INFECTIVES	ANTIMALARIALS
MEFLOQUINE 250 MG ORAL TABLET	15	90	ANTI-INFECTIVES	ANTIMALARIALS
NITAZOXANIDE 20 MG/ML ORAL SUSPENSION [ALINIA]	180	30	ANTI-INFECTIVES	ANTIPARASITICS
ENFUVRTIDE 90 MG/ML INJECTABLE SOLUTION [FUZEON]	180	90	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS
MARAVIROC 150 MG ORAL TABLET [SELZENTRY]	180	90	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
MARAVIROC 300 MG ORAL TABLET [SELZENTRY]	360	90	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS
RALTEGRAVIR 400 MG ORAL TABLET [ISENTRESS]	180	90	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS
{14 (RIBAVIRIN 400 MG ORAL TABLET) } PACK [RIBAPAK 800MG/DAY]	252	84	ANTI-INFECTIVES	ANTIVIRALS
{14 (RIBAVIRIN 600 MG ORAL TABLET) } PACK [RIBAPAK 1200MG/DAY]	168	84	ANTI-INFECTIVES	ANTIVIRALS
{7 (RIBAVIRIN 400 MG ORAL TABLET) / 7 (RIBAVIRIN 600 MG ORAL TABLET) } PACK [RIBAPAK 1000MG/DAY ]	168	84	ANTI-INFECTIVES	ANTIVIRALS
OSELTAMIVIR 12 MG/ML ORAL SUSPENSION [TAMIFLU]	550	365	ANTI-INFECTIVES	ANTIVIRALS
OSELTAMIVIR 30 MG ORAL CAPSULE [TAMIFLU]	40	365	ANTI-INFECTIVES	ANTIVIRALS
OSELTAMIVIR 45 MG ORAL CAPSULE [TAMIFLU]	20	365	ANTI-INFECTIVES	ANTIVIRALS
OSELTAMIVIR 75 MG ORAL CAPSULE [TAMIFLU]	84	365	ANTI-INFECTIVES	ANTIVIRALS
RIBAVIRIN 200 MG ORAL CAPSULE	588	84	ANTI-INFECTIVES	ANTIVIRALS
RIBAVIRIN 200 MG ORAL CAPSULE [RIBASPHERE]	588	84	ANTI-INFECTIVES	ANTIVIRALS
RIBAVIRIN 200 MG ORAL TABLET	588	84	ANTI-INFECTIVES	ANTIVIRALS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
RIBAVIRIN 200 MG ORAL TABLET [RIBASPHERE]	588	84	ANTI-INFECTIVES	ANTIVIRALS
RIBAVIRIN 400 MG ORAL TABLET [RIBASPHERE]	252	84	ANTI-INFECTIVES	ANTIVIRALS
RIBAVIRIN 600 MG ORAL TABLET [RIBASPHERE]	168	84	ANTI-INFECTIVES	ANTIVIRALS
TELBIVUDINE 600 MG ORAL TABLET [TYZEKA]	90	90	ANTI-INFECTIVES	ANTIVIRALS
{5 (MOXIFLOXACIN 400 MG ORAL TABLET [AVELOX]) } PACK [AVELOX ABC]	21	30	ANTI-INFECTIVES	FLUOROQUINOLONES
24 HR CIPROFLOXACIN 1000 MG EXTENDED RELEASE TABLET	15	30	ANTI-INFECTIVES	FLUOROQUINOLONES
LEVOFLOXACIN 250 MG ORAL TABLET [LEVAQUIN]	15	30	ANTI-INFECTIVES	FLUOROQUINOLONES
LEVOFLOXACIN 500 MG ORAL TABLET [LEVAQUIN]	15	30	ANTI-INFECTIVES	FLUOROQUINOLONES
LEVOFLOXACIN 750 MG ORAL TABLET [LEVAQUIN]	15	30	ANTI-INFECTIVES	FLUOROQUINOLONES
MOXIFLOXACIN 400 MG ORAL TABLET [AVELOX]	21	30	ANTI-INFECTIVES	FLUOROQUINOLONES
AZITHROMYCIN 20 MG/ML ORAL SUSPENSION	2	30	ANTI-INFECTIVES	MACROLIDES
AZITHROMYCIN 250 MG ORAL TABLET	12	30	ANTI-INFECTIVES	MACROLIDES
AZITHROMYCIN 500 MG ORAL TABLET	6	30	ANTI-INFECTIVES	MACROLIDES

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
AZITHROMYCIN 600 MG ORAL TABLET	24	84	ANTI-INFECTIVES	MACROLIDES
CLARITHROMYCIN 250 MG ORAL TABLET	56	28	ANTI-INFECTIVES	MACROLIDES
CLARITHROMYCIN 500 MG EXTENDED RELEASE TABLET	56	28	ANTI-INFECTIVES	MACROLIDES
CLARITHROMYCIN 500 MG ORAL TABLET	60	30	ANTI-INFECTIVES	MACROLIDES
LINEZOLID 20 MG/ML ORAL SUSPENSION [ZYVOX]	1680	28	ANTI-INFECTIVES	MISCELLANEOUS
LINEZOLID 600 MG ORAL TABLET [ZYVOX]	56	28	ANTI-INFECTIVES	MISCELLANEOUS
NITAZOXANIDE 500 MG ORAL TABLET	6	30	ANTI-INFECTIVES	MISCELLANEOUS
LEUPROLIDE 5 MG/ML INJECTABLE SOLUTION [LUPRON]	18	90	ANTINEOPLASTIC AGENTS	HORMONAL ANTINEOPLASTIC AGENTS
TRIPTORELIN 1.88 MG/ML INJECTABLE SUSPENSION [TRELSTAR DEPOT]	12	365	ANTINEOPLASTIC AGENTS	HORMONAL ANTINEOPLASTIC AGENTS
TRIPTORELIN 5.62 MG/ML INJECTABLE SUSPENSION [TRELSTAR LA]	4	365	ANTINEOPLASTIC AGENTS	HORMONAL ANTINEOPLASTIC AGENTS
{28 (EVEROLIMUS 10 MG ORAL TABLET [AFINITOR]) } PACK [AFINITOR 10]	90	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
{28 (EVEROLIMUS 5 MG ORAL TABLET [AFINITOR]) } PACK [AFINITOR 5]	90	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
DASATINIB 100 MG ORAL TABLET [SPRYCEL]	180	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
DASATINIB 20 MG ORAL TABLET [SPRYCEL]	180	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
DASATINIB 50 MG ORAL TABLET [SPRYCEL]	180	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
DASATINIB 70 MG ORAL TABLET [SPRYCEL]	180	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
ERLOTINIB HYDROCHLORIDE 100 MG ORAL TABLET [TARCEVA]	90	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
ERLOTINIB HYDROCHLORIDE 150 MG ORAL TABLET [TARCEVA]	90	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
ERLOTINIB HYDROCHLORIDE 25 MG ORAL TABLET [TARCEVA]	270	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
GEFITINIB 250 MG ORAL TABLET [IRESSA]	90	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
IMATINIB 100 MG ORAL TABLET [GLEEVEC]	270	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
IMATINIB 400 MG ORAL TABLET [GLEEVEC]	180	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
NILOTINIB 200 MG ORAL CAPSULE [TASIGNA]	360	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
SORAFENIB 200 MG ORAL TABLET [NEXAVAR]	360	90	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
SUNITINIB 12.5 MG ORAL CAPSULE [SUTENT]	112	28	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
SUNITINIB 25 MG ORAL CAPSULE [SUTENT]	56	28	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
SUNITINIB 50 MG ORAL CAPSULE [SUTENT]	28	28	ANTINEOPLASTIC AGENTS	MOLECULAR TARGET INHIBITORS
LENALIDOMIDE 10 MG ORAL CAPSULE [REVLIMID]	90	90	ANTINEOPLASTIC AGENTS	ORAL AGENTS
LENALIDOMIDE 15 MG ORAL CAPSULE [REVLIMID]	90	90	ANTINEOPLASTIC AGENTS	ORAL AGENTS
LENALIDOMIDE 25 MG ORAL CAPSULE [REVLIMID]	90	90	ANTINEOPLASTIC AGENTS	ORAL AGENTS
LENALIDOMIDE 5 MG ORAL CAPSULE [REVLIMID]	90	90	ANTINEOPLASTIC AGENTS	ORAL AGENTS
VORINOSTAT 100 MG ORAL CAPSULE [ZOLINZA]	360	90	ANTINEOPLASTIC AGENTS	ORAL AGENTS
24 HR SELEGILINE 0.25 MG/HR TRANSDERMAL PATCH [EMSAM]	90	90	ANTIPARKINSON AGENTS	ANTIPARKINSONIAN AGENTS, OTHER
24 HR SELEGILINE 0.375 MG/HR TRANSDERMAL PATCH [EMSAM]	90	90	ANTIPARKINSON AGENTS	ANTIPARKINSONIAN AGENTS, OTHER
24 HR SELEGILINE 0.5 MG/HR TRANSDERMAL PATCH [EMSAM]	90	90	ANTIPARKINSON AGENTS	ANTIPARKINSONIAN AGENTS, OTHER

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
APOMORPHINE 10 MG/ML INJECTABLE SOLUTION [APOKYN]	180	90	ANTIPARKINSON AGENTS	ANTIPARKINSONIAN AGENTS, OTHER
RASAGILINE 0.5 MG ORAL TABLET [AZILECT]	90	90	ANTIPARKINSON AGENTS	ANTIPARKINSONIAN AGENTS, OTHER
RASAGILINE 1 MG ORAL TABLET [AZILECT]	90	90	ANTIPARKINSON AGENTS	ANTIPARKINSONIAN AGENTS, OTHER
24 HR PALIPERIDONE 3 MG EXTENDED RELEASE TABLET [INVEGA]	90	90	ANTIPSYCHOTICS	ATYPICALS
24 HR PALIPERIDONE 6 MG EXTENDED RELEASE TABLET [INVEGA]	180	90	ANTIPSYCHOTICS	ATYPICALS
24 HR PALIPERIDONE 9 MG EXTENDED RELEASE TABLET [INVEGA]	90	90	ANTIPSYCHOTICS	ATYPICALS
24 HR QUETIAPINE 200 MG EXTENDED RELEASE TABLET [SEROQUEL]	90	90	ANTIPSYCHOTICS	ATYPICALS
24 HR QUETIAPINE 300 MG EXTENDED RELEASE TABLET [SEROQUEL]	180	90	ANTIPSYCHOTICS	ATYPICALS
24 HR QUETIAPINE 400 MG EXTENDED RELEASE TABLET [SEROQUEL]	180	90	ANTIPSYCHOTICS	ATYPICALS
ARIPIPIRAZOLE 1 MG/ML ORAL SOLUTION [ABILIFY]	2700	90	ANTIPSYCHOTICS	ATYPICALS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ARIPIPIRAZOLE 10 MG DISINTEGRATING TABLET [ABILIFY]	180	90	ANTIPSYCHOTICS	ATYPICALS
ARIPIPIRAZOLE 10 MG ORAL TABLET [ABILIFY]	90	90	ANTIPSYCHOTICS	ATYPICALS
ARIPIPIRAZOLE 15 MG DISINTEGRATING TABLET [ABILIFY]	180	90	ANTIPSYCHOTICS	ATYPICALS
ARIPIPIRAZOLE 15 MG ORAL TABLET [ABILIFY]	90	90	ANTIPSYCHOTICS	ATYPICALS
ARIPIPIRAZOLE 2 MG ORAL TABLET [ABILIFY]	90	90	ANTIPSYCHOTICS	ATYPICALS
ARIPIPIRAZOLE 20 MG ORAL TABLET [ABILIFY]	90	90	ANTIPSYCHOTICS	ATYPICALS
ARIPIPIRAZOLE 30 MG ORAL TABLET [ABILIFY]	90	90	ANTIPSYCHOTICS	ATYPICALS
ARIPIPIRAZOLE 5 MG ORAL TABLET [ABILIFY]	90	90	ANTIPSYCHOTICS	ATYPICALS
ARIPIPIRAZOLE 7.5 MG/ML INJECTABLE SOLUTION [ABILIFY]	2250	90	ANTIPSYCHOTICS	ATYPICALS
AZENAPINE 10 MG SUBLINGUAL TABLET [SAPHRIS]	180	90	ANTIPSYCHOTICS	ATYPICALS
AZENAPINE 5 MG SUBLINGUAL TABLET [SAPHRIS]	180	90	ANTIPSYCHOTICS	ATYPICALS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
OLANZAPINE 10 MG DISINTEGRATING TABLET [ZYPREXA]	90	90	ANTIPSYCHOTICS	ATYPICALS
OLANZAPINE 10 MG ORAL TABLET [ZYPREXA]	90	90	ANTIPSYCHOTICS	ATYPICALS
OLANZAPINE 15 MG DISINTEGRATING TABLET [ZYPREXA]	90	90	ANTIPSYCHOTICS	ATYPICALS
OLANZAPINE 15 MG ORAL TABLET [ZYPREXA]	90	90	ANTIPSYCHOTICS	ATYPICALS
OLANZAPINE 2.5 MG ORAL TABLET [ZYPREXA]	90	90	ANTIPSYCHOTICS	ATYPICALS
OLANZAPINE 20 MG DISINTEGRATING TABLET [ZYPREXA]	90	90	ANTIPSYCHOTICS	ATYPICALS
OLANZAPINE 20 MG ORAL TABLET [ZYPREXA]	90	90	ANTIPSYCHOTICS	ATYPICALS
OLANZAPINE 5 MG DISINTEGRATING TABLET [ZYPREXA]	90	90	ANTIPSYCHOTICS	ATYPICALS
OLANZAPINE 5 MG ORAL TABLET [ZYPREXA]	90	90	ANTIPSYCHOTICS	ATYPICALS
OLANZAPINE 5 MG/ML INJECTABLE SOLUTION [ZYPREXA]	3	1	ANTIPSYCHOTICS	ATYPICALS
OLANZAPINE 7.5 MG ORAL TABLET [ZYPREXA]	90	90	ANTIPSYCHOTICS	ATYPICALS
QUETIAPINE 100 MG ORAL TABLET [SEROQUEL]	270	90	ANTIPSYCHOTICS	ATYPICALS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
QUETIAPINE 150 MG EXTENDED RELEASE TABLET [SEROQUEL]	90	90	ANTIPSYCHOTICS	ATYPICALS
QUETIAPINE 200 MG ORAL TABLET [SEROQUEL]	360	90	ANTIPSYCHOTICS	ATYPICALS
QUETIAPINE 25 MG ORAL TABLET [SEROQUEL]	270	90	ANTIPSYCHOTICS	ATYPICALS
QUETIAPINE 300 MG ORAL TABLET [SEROQUEL]	180	90	ANTIPSYCHOTICS	ATYPICALS
QUETIAPINE 400 MG ORAL TABLET [SEROQUEL]	180	90	ANTIPSYCHOTICS	ATYPICALS
QUETIAPINE 50 MG EXTENDED RELEASE TABLET [SEROQUEL]	180	90	ANTIPSYCHOTICS	ATYPICALS
QUETIAPINE 50 MG ORAL TABLET [SEROQUEL]	270	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 0.25 MG DISINTEGRATING TABLET	180	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 0.25 MG ORAL TABLET	180	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 0.5 MG DISINTEGRATING TABLET	180	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 0.5 MG ORAL TABLET	180	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 1 MG DISINTEGRATING TABLET [RISPERDAL]	180	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 1 MG ORAL TABLET	180	90	ANTIPSYCHOTICS	ATYPICALS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
RISPERIDONE 1 MG/ML ORAL SOLUTION	1440	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 12.5 MG/ML INJECTABLE SUSPENSION [RISPERDAL]	6	84	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 18.8 MG/ML INJECTABLE SUSPENSION [RISPERDAL]	6	84	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 2 MG DISINTEGRATING TABLET	180	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 2 MG ORAL TABLET	180	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 25 MG/ML INJECTABLE SUSPENSION [RISPERDAL]	6	84	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 3 MG ORAL TABLET	270	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 3 MG ORAL TABLET, ORALLY DISINTEGRATING	180	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 4 MG ORAL TABLET	360	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 4 MG ORAL TABLET, ORALLY DISINTEGRATING	180	90	ANTIPSYCHOTICS	ATYPICALS
RISPERIDONE 6.25 MG/ML INJECTABLE SUSPENSION [RISPERDAL]	6	84	ANTIPSYCHOTICS	ATYPICALS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ZIPRASIDONE 20 MG ORAL CAPSULE [GEODON]	180	90	ANTIPSYCHOTICS	ATYPICALS
ZIPRASIDONE 20 MG/ML INJECTABLE SOLUTION [GEODON]	2	1	ANTIPSYCHOTICS	ATYPICALS
ZIPRASIDONE 40 MG ORAL CAPSULE [GEODON]	180	90	ANTIPSYCHOTICS	ATYPICALS
ZIPRASIDONE 60 MG ORAL CAPSULE [GEODON]	180	90	ANTIPSYCHOTICS	ATYPICALS
ZIPRASIDONE 80 MG ORAL CAPSULE [GEODON]	180	90	ANTIPSYCHOTICS	ATYPICALS
AMLODIPINE 10 MG / BENAZEPRIL 20 MG ORAL CAPSULE	90	90	CARDIOVASCULAR	ACE INHIBITOR/ CALCIUM CHANNEL BLOCKER COMBINATIONS
AMLODIPINE 2.5 MG / BENAZEPRIL 10 MG ORAL CAPSULE	90	90	CARDIOVASCULAR	ACE INHIBITOR/ CALCIUM CHANNEL BLOCKER COMBINATIONS
AMLODIPINE 5 MG / BENAZEPRIL 10 MG ORAL CAPSULE	90	90	CARDIOVASCULAR	ACE INHIBITOR/ CALCIUM CHANNEL BLOCKER COMBINATIONS
AMLODIPINE 5 MG / BENAZEPRIL 20 MG ORAL CAPSULE	90	90	CARDIOVASCULAR	ACE INHIBITOR/ CALCIUM CHANNEL BLOCKER COMBINATIONS
TRANDOLAPRIL 1 MG / VERAPAMIL 240 MG EXTENDED RELEASE TABLET [TARKA]	90	90	CARDIOVASCULAR	ACE INHIBITOR/ CALCIUM CHANNEL BLOCKER COMBINATIONS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
TRANDOLAPRIL 2 MG / VERAPAMIL 180 MG EXTENDED RELEASE TABLET [TARKA]	90	90	CARDIOVASCULAR	ACE INHIBITOR/ CALCIUM CHANNEL BLOCKER COMBINATIONS
TRANDOLAPRIL 2 MG / VERAPAMIL 240 MG EXTENDED RELEASE TABLET [TARKA]	90	90	CARDIOVASCULAR	ACE INHIBITOR/ CALCIUM CHANNEL BLOCKER COMBINATIONS
TRANDOLAPRIL 4 MG / VERAPAMIL 240 MG EXTENDED RELEASE TABLET [TARKA]	90	90	CARDIOVASCULAR	ACE INHIBITOR/ CALCIUM CHANNEL BLOCKER COMBINATIONS
BENAZEPRIL 10 MG / HYDROCHLOROTHIAZIDE 12.5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
BENAZEPRIL 20 MG / HYDROCHLOROTHIAZIDE 12.5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
BENAZEPRIL 20 MG / HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
BENAZEPRIL 5 MG / HYDROCHLOROTHIAZIDE 6.25 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
CAPTOPRIL 25 MG / HYDROCHLOROTHIAZIDE 15 MG ORAL TABLET	270	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
CAPTOPRIL 25 MG / HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
CAPTOPRIL 50 MG / HYDROCHLOROTHIAZIDE 15 MG ORAL TABLET	270	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
CAPTOPRIL 50 MG / HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
ENALAPRIL 10 MG / HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
ENALAPRIL 5 MG / HYDROCHLOROTHIAZIDE 12.5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
FOSINOPRIL 10 MG / HYDROCHLOROTHIAZIDE 12.5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
FOSINOPRIL 20 MG / HYDROCHLOROTHIAZIDE 12.5 MG ORAL TABLET	360	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
HYDROCHLOROTHIAZIDE 12.5 MG / LISINOPRIL 10 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
HYDROCHLOROTHIAZIDE 12.5 MG / LISINOPRIL 20 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
HYDROCHLOROTHIAZIDE 12.5 MG / MOEXIPRIL 15 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
HYDROCHLOROTHIAZIDE 12.5 MG / MOEXIPRIL 7.5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
HYDROCHLOROTHIAZIDE 12.5 MG / QUINAPRIL 10 MG ORAL TABLET [QUINARETIC 12.5/10]	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
HYDROCHLOROTHIAZIDE 12.5 MG / QUINAPRIL 20 MG ORAL TABLET [QUINARETIC 12.5/20]	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
HYDROCHLOROTHIAZIDE 25 MG / LISINOPRIL 20 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
HYDROCHLOROTHIAZIDE 25 MG / MOEXIPRIL 15 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
HYDROCHLOROTHIAZIDE 25 MG / QUINAPRIL 20 MG ORAL TABLET [QUINARETIC 25/20]	180	90	CARDIOVASCULAR	ACE INHIBITOR/ DIURETIC COMBINATIONS
BENAZEPRIL 10 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
BENAZEPRIL 20 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
BENAZEPRIL 40 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
BENAZEPRIL 5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ENALAPRIL 10 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
ENALAPRIL 2.5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
ENALAPRIL 20 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
ENALAPRIL 5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
FOSINOPRIL 10 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
FOSINOPRIL 20 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
FOSINOPRIL 40 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
LISINOPRIL 10 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
LISINOPRIL 2.5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
LISINOPRIL 20 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
LISINOPRIL 30 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
LISINOPRIL 40 MG ORAL TABLET	90	90	CARDIOVASCULAR	ACE INHIBITORS
LISINOPRIL 5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
QUINAPRIL 10 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
QUINAPRIL 20 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
QUINAPRIL 40 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
QUINAPRIL 5 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
RAMIPRIL 1.25 MG EXTENDED RELEASE CAPSULE	180	90	CARDIOVASCULAR	ACE INHIBITORS
RAMIPRIL 10 MG ORAL CAPSULE	180	90	CARDIOVASCULAR	ACE INHIBITORS
RAMIPRIL 2.5 MG ORAL CAPSULE	180	90	CARDIOVASCULAR	ACE INHIBITORS
RAMIPRIL 5 MG ORAL CAPSULE	180	90	CARDIOVASCULAR	ACE INHIBITORS
TRANDOLAPRIL 1 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
TRANDOLAPRIL 2 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
TRANDOLAPRIL 4 MG ORAL TABLET	180	90	CARDIOVASCULAR	ACE INHIBITORS
HYDROCHLOROTHIAZIDE 12.5 MG / IRBESARTAN 150 MG ORAL TABLET [AVALIDE 150/12.5]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS
HYDROCHLOROTHIAZIDE 12.5 MG / IRBESARTAN 300 MG ORAL TABLET [AVALIDE 300/12.5]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
HYDROCHLOROTHIAZIDE 12.5 MG / OLMESARTAN MEDOXOMIL 20 MG ORAL TABLET [BENICAR HCT]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS
HYDROCHLOROTHIAZIDE 12.5 MG / OLMESARTAN MEDOXOMIL 40 MG ORAL TABLET [BENICAR HCT]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS
HYDROCHLOROTHIAZIDE 12.5 MG / VALSARTAN 160 MG ORAL TABLET [DIOVAN HCT 160/12.5]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS
HYDROCHLOROTHIAZIDE 12.5 MG / VALSARTAN 320 MG ORAL TABLET [DIOVAN HCT 320/12.5]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS
HYDROCHLOROTHIAZIDE 12.5 MG / VALSARTAN 80 MG ORAL TABLET [DIOVAN HCT 80/12.5]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS
HYDROCHLOROTHIAZIDE 25 MG / IRBESARTAN 300 MG ORAL TABLET [AVALIDE 300/25]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS
HYDROCHLOROTHIAZIDE 25 MG / OLMESARTAN MEDOXOMIL 40 MG ORAL TABLET [BENICAR HCT]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
HYDROCHLOROTHIAZIDE 25 MG / VALSARTAN 160 MG ORAL TABLET [DIOVAN HCT 160/25]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS
HYDROCHLOROTHIAZIDE 25 MG / VALSARTAN 320 MG ORAL TABLET [DIOVAN HCT 320/25]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS
IRBESARTAN 150 MG ORAL TABLET [AVAPRO]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONISTS
IRBESARTAN 300 MG ORAL TABLET [AVAPRO]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONISTS
IRBESARTAN 75 MG ORAL TABLET [AVAPRO]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONISTS
OLMESARTAN MEDOXOMIL 20 MG ORAL TABLET [BENICAR]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONISTS
OLMESARTAN MEDOXOMIL 40 MG ORAL TABLET [BENICAR]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONISTS
OLMESARTAN MEDOXOMIL 5 MG ORAL TABLET [BENICAR]	180	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONISTS
VALSARTAN 160 MG ORAL TABLET [DIOVAN]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONISTS
VALSARTAN 320 MG ORAL TABLET [DIOVAN]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONISTS
VALSARTAN 40 MG ORAL TABLET [DIOVAN]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONISTS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
VALSARTAN 80 MG ORAL TABLET [DIOVAN]	90	90	CARDIOVASCULAR	ANGIOTENSIN II RECEPTOR ANTAGONISTS
168 HR CLONIDINE 0.00417 MG/HR TRANSDERMAL PATCH [CATAPRES-TTS-1]	13	90	CARDIOVASCULAR	ANTIADRENERGICS - CENTRALLY ACTING
168 HR CLONIDINE 0.00833 MG/HR TRANSDERMAL PATCH [CATAPRES-TTS-2]	13	90	CARDIOVASCULAR	ANTIADRENERGICS - CENTRALLY ACTING
168 HR CLONIDINE 0.0125 MG/HR TRANSDERMAL PATCH [CATAPRES-TTS-3]	13	90	CARDIOVASCULAR	ANTIADRENERGICS - CENTRALLY ACTING
AMLODIPINE 10 MG / HYDROCHLOROTHIAZIDE 12.5 MG / VALSARTAN 160 MG ORAL TABLET [EXFORGE HCT 10/160/12.5]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 10 MG / HYDROCHLOROTHIAZIDE 25 MG / VALSARTAN 160 MG ORAL TABLET [EXFORGE HCT 10/160/25]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 10 MG / HYDROCHLOROTHIAZIDE 25 MG / VALSARTAN 320 MG ORAL TABLET [EXFORGE HCT 10/320/25]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
AMLODIPINE 10 MG / OLMESARTAN MEDOXOMIL 20 MG ORAL TABLET [AZOR 10/20]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 10 MG / OLMESARTAN MEDOXOMIL 40 MG ORAL TABLET [AZOR 10/40]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 10 MG / VALSARTAN 160 MG ORAL TABLET [EXFORGE 10/160]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 10 MG / VALSARTAN 320 MG ORAL TABLET [EXFORGE 10/320]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 5 MG / HYDROCHLOROTHIAZIDE 12.5 MG / VALSARTAN 160 MG ORAL TABLET [EXFORGE HCT 5/160/12.5]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 5 MG / HYDROCHLOROTHIAZIDE 25 MG / VALSARTAN 160 MG ORAL TABLET [EXFORGE HCT 5/160/25]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 5 MG / OLMESARTAN MEDOXOMIL 20 MG ORAL TABLET [AZOR 5/20]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
AMLODIPINE 5 MG / OLMESARTAN MEDOXOMIL 40 MG ORAL TABLET [AZOR 5/40]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 5 MG / VALSARTAN 160 MG ORAL TABLET [EXFORGE 5/160]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 5 MG / VALSARTAN 320 MG ORAL TABLET [EXFORGE 5/320]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ ANGIOTENSIN II RECEPTOR ANTAGON COMB
AMLODIPINE 10 MG / ATORVASTATIN 10 MG ORAL TABLET [CADUET 10/10]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB
AMLODIPINE 10 MG / ATORVASTATIN 20 MG ORAL TABLET [CADUET 10/20]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB
AMLODIPINE 10 MG / ATORVASTATIN 40 MG ORAL TABLET [CADUET 10/40]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB
AMLODIPINE 10 MG / ATORVASTATIN 80 MG ORAL TABLET [CADUET 10/80]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB
AMLODIPINE 2.5 MG / ATORVASTATIN 10 MG ORAL TABLET [CADUET 2.5/10]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB
AMLODIPINE 2.5 MG / ATORVASTATIN 20 MG ORAL TABLET [CADUET 2.5/20]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
AMLODIPINE 2.5 MG / ATORVASTATIN 40 MG ORAL TABLET [CADUET 2.5/40]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB
AMLODIPINE 5 MG / ATORVASTATIN 10 MG ORAL TABLET [CADUET 5/10]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB
AMLODIPINE 5 MG / ATORVASTATIN 20 MG ORAL TABLET [CADUET 5/20]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB
AMLODIPINE 5 MG / ATORVASTATIN 40 MG ORAL TABLET [CADUET 5/40]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB
AMLODIPINE 5 MG / ATORVASTATIN 80 MG ORAL TABLET [CADUET 5/80]	90	90	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKER/ HMG COA REDUCTASE INHIBIT COMB
EZETIMIBE 10 MG ORAL TABLET [ZETIA]	90	90	CARDIOVASCULAR	DYSLIPIDEMICS
AMBRISENTAN 10 MG ORAL TABLET [LETAIRIS]	90	90	CARDIOVASCULAR	ENDOTHELIN RECEPTOR ANTAGONISTS
AMBRISENTAN 5 MG ORAL TABLET [LETAIRIS]	90	90	CARDIOVASCULAR	ENDOTHELIN RECEPTOR ANTAGONISTS
BOSENTAN 125 MG ORAL TABLET [TRACLEER]	180	90	CARDIOVASCULAR	ENDOTHELIN RECEPTOR ANTAGONISTS
BOSENTAN 62.5 MG ORAL TABLET [TRACLEER]	180	90	CARDIOVASCULAR	ENDOTHELIN RECEPTOR ANTAGONISTS
24 HR LOVASTATIN 20 MG / NIACIN 1000 MG EXTENDED RELEASE TABLET [ADVICOR 1000/20]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
24 HR LOVASTATIN 20 MG / NIACIN 500 MG EXTENDED RELEASE TABLET [ADVICOR 500/20]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB
24 HR LOVASTATIN 20 MG / NIACIN 750 MG EXTENDED RELEASE TABLET [ADVICOR 750/20]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB
24 HR LOVASTATIN 40 MG / NIACIN 1000 MG EXTENDED RELEASE TABLET [ADVICOR 1000/40]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB
24 HR NIACIN 1000 MG / SIMVASTATIN 20 MG EXTENDED RELEASE TABLET [SIMCOR 1000/20]	180	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB
24 HR NIACIN 500 MG / SIMVASTATIN 20 MG EXTENDED RELEASE TABLET [SIMCOR 500/20]	180	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB
24 HR NIACIN 750 MG / SIMVASTATIN 20 MG EXTENDED RELEASE TABLET [SIMCOR 750/20]	180	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB
EZETIMIBE 10 MG / SIMVASTATIN 10 MG ORAL TABLET [VYTORIN]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
EZETIMIBE 10 MG / SIMVASTATIN 20 MG ORAL TABLET [VYTORIN]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB
EZETIMIBE 10 MG / SIMVASTATIN 40 MG ORAL TABLET [VYTORIN]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB
EZETIMIBE 10 MG / SIMVASTATIN 80 MG ORAL TABLET [VYTORIN]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITOR COMB
ATORVASTATIN 10 MG ORAL TABLET [LIPITOR]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
ATORVASTATIN 20 MG ORAL TABLET [LIPITOR]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
ATORVASTATIN 40 MG ORAL TABLET [LIPITOR]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
ATORVASTATIN 80 MG ORAL TABLET [LIPITOR]	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
LOVASTATIN 10 MG ORAL TABLET	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
LOVASTATIN 20 MG ORAL TABLET	180	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
LOVASTATIN 40 MG ORAL TABLET	180	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
PRAVASTATIN 10 MG ORAL TABLET	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
PRAVASTATIN 20 MG ORAL TABLET	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
PRAVASTATIN 40 MG ORAL TABLET	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
PRAVASTATIN 80 MG ORAL TABLET	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
SIMVASTATIN 10 MG ORAL TABLET	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
SIMVASTATIN 20 MG ORAL TABLET	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
SIMVASTATIN 40 MG ORAL TABLET	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
SIMVASTATIN 5 MG ORAL TABLET	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
SIMVASTATIN 80 MG ORAL TABLET	90	90	CARDIOVASCULAR	HMG COA REDUCTASE INHIBITORS
RANOLAZINE 1000 MG EXTENDED RELEASE TABLET [RANEXA]	180	90	CARDIOVASCULAR	MISCELLANEOUS
RANOLAZINE 500 MG EXTENDED RELEASE TABLET [RANEXA]	180	90	CARDIOVASCULAR	MISCELLANEOUS
ALISKIREN 150 MG ORAL TABLET [TEKTURNA]	90	90	CARDIOVASCULAR	RENIN INHIBITOR
ALISKIREN 300 MG ORAL TABLET [TEKTURNA]	90	90	CARDIOVASCULAR	RENIN INHIBITOR
ALISKIREN 150 MG / HYDROCHLOROTHIAZIDE 12.5 MG ORAL TABLET [TEKTURNA HCT 150/12.5]	90	90	CARDIOVASCULAR	RENIN INHIBITOR COMBINATIONS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ALISKIREN 150 MG / HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET [TEKTURNA HCT 150/25]	90	90	CARDIOVASCULAR	RENIN INHIBITOR COMBINATIONS
ALISKIREN 300 MG / HYDROCHLOROTHIAZIDE 12.5 MG ORAL TABLET [TEKTURNA HCT 300/12.5]	90	90	CARDIOVASCULAR	RENIN INHIBITOR COMBINATIONS
ALISKIREN 300 MG / HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET [TEKTURNA HCT 300/25]	90	90	CARDIOVASCULAR	RENIN INHIBITOR COMBINATIONS
SILDENAFIL 20 MG ORAL TABLET [REVATIO]	270	90	CARDIOVASCULAR	VASODILATORS
AMPHETAMINE ASPARTATE 1.25 MG / AMPHETAMINE SULFATE 1.25 MG / DEXTROAMPHETAMINE SACCHARATE 1.25 MG / DEXTROAMPHETAMINE SULFATE 1.25 MG ORAL TABLET	30	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
AMPHETAMINE ASPARTATE 1.88 MG / AMPHETAMINE SACCHARATE 1.88 MG / DEXTROAMPHETAMINE SACCHARATE 1.88 MG / DEXTROAMPHETAMINE SULFATE 1.88 MG ORAL TABLET	30	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD
AMPHETAMINE ASPARTATE 2.5 MG / AMPHETAMINE SULFATE 2.5 MG / DEXTROAMPHETAMINE SACCHARATE 2.5 MG / DEXTROAMPHETAMINE SULFATE 2.5 MG ORAL TABLET	30	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD
AMPHETAMINE ASPARTATE 3.13 MG / AMPHETAMINE SULFATE 3.13 MG / DEXTROAMPHETAMINE SACCHARATE 3.13 MG / DEXTROAMPHETAMINE SULFATE 3.13 MG ORAL TABLET	60	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
AMPHETAMINE ASPARTATE 3.75 MG / AMPHETAMINE SULFATE 3.75 MG / DEXTROAMPHETAMINE SACCHARATE 3.75 MG / DEXTROAMPHETAMINE SULFATE 3.75 MG ORAL TABLET	30	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD
AMPHETAMINE ASPARTATE 5 MG / AMPHETAMINE SULFATE 5 MG / DEXTROAMPHETAMINE SACCHARATE 5 MG / DEXTROAMPHETAMINE SULFATE 5 MG ORAL TABLET	60	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD
AMPHETAMINE ASPARTATE 7.5 MG / AMPHETAMINE SULFATE 7.5 MG / DEXTROAMPHETAMINE SACCHARATE 7.5 MG / DEXTROAMPHETAMINE SULFATE 7.5 MG ORAL TABLET	60	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD
LISDEXAMFETAMINE 20 MG ORAL CAPSULE [VYVANSE]	30	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD
LISDEXAMFETAMINE 30 MG ORAL CAPSULE [VYVANSE]	30	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
LISDEXAMFETAMINE 40 MG ORAL CAPSULE [VYVANSE]	30	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD
LISDEXAMFETAMINE 50 MG ORAL CAPSULE [VYVANSE]	30	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD
LISDEXAMFETAMINE 60 MG ORAL CAPSULE [VYVANSE]	30	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD
LISDEXAMFETAMINE 70 MG ORAL CAPSULE [VYVANSE]	30	30	CENTRAL NERVOUS SYSTEM	AMPHETAMINES-ADHD
{21 (MEMANTINE 10 MG ORAL TABLET [NAMENDA]) / 28 (MEMANTINE 5 MG ORAL TABLET [NAMENDA]) } PACK [NAMENDA TRITRATION PAK]	1	365	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
24 HR GALANTAMINE 16 MG EXTENDED RELEASE CAPSULE	90	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
24 HR GALANTAMINE 24 MG EXTENDED RELEASE CAPSULE	90	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
24 HR GALANTAMINE 8 MG EXTENDED RELEASE CAPSULE	90	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
24 HR RIVASTIGMINE 0.192 MG/HR TRANSDERMAL PATCH [EXELON]	90	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
24 HR RIVASTIGMINE 0.396 MG/HR TRANSDERMAL PATCH [EXELON]	90	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
DONEPEZIL 10 MG DISINTEGRATING TABLET [ARICEPT]	90	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
DONEPEZIL 10 MG ORAL TABLET [ARICEPT]	90	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
DONEPEZIL 5 MG DISINTEGRATING TABLET [ARICEPT]	90	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
DONEPEZIL 5 MG ORAL TABLET [ARICEPT]	90	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
GALANTAMINE 12 MG ORAL TABLET	180	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
GALANTAMINE 4 MG ORAL TABLET	180	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
GALANTAMINE 4 MG/ML ORAL SOLUTION [RAZADYNE]	540	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
GALANTAMINE 8 MG ORAL TABLET	180	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
MEMANTINE 10 MG ORAL TABLET [NAMENDA]	180	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
MEMANTINE 2 MG/ML ORAL SOLUTION [NAMENDA]	900	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
MEMANTINE 5 MG ORAL TABLET [NAMENDA]	180	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
RIVASTIGMINE 1.5 MG ORAL CAPSULE [EXELON]	180	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
RIVASTIGMINE 2 MG/ML ORAL SOLUTION [EXELON]	540	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
RIVASTIGMINE 3 MG ORAL CAPSULE [EXELON]	180	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
RIVASTIGMINE 4.5 MG ORAL CAPSULE [EXELON]	180	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
RIVASTIGMINE 6 MG ORAL CAPSULE [EXELON]	180	90	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA
ZALEPLON 10 MG ORAL CAPSULE	90	90	CENTRAL NERVOUS SYSTEM	HYPNOTICS
ZALEPLON 5 MG ORAL CAPSULE	90	90	CENTRAL NERVOUS SYSTEM	HYPNOTICS
ZOLPIDEM 10 MG ORAL TABLET	90	90	CENTRAL NERVOUS SYSTEM	HYPNOTICS
ZOLPIDEM 5 MG ORAL TABLET	90	90	CENTRAL NERVOUS SYSTEM	HYPNOTICS
0.5 ML SUMATRIPTAN 8 MG/ML PREFILLED SYRINGE	24	90	CENTRAL NERVOUS SYSTEM	MIGRAINE
DIHYDROERGOTAMINE 4 MG/ML NASAL SPRAY [MIGRANAL]	24	90	CENTRAL NERVOUS SYSTEM	MIGRAINE
ELETRIPTAN 20 MG ORAL TABLET [RELPAX]	54	90	CENTRAL NERVOUS SYSTEM	MIGRAINE
ELETRIPTAN 40 MG ORAL TABLET [RELPAX]	54	90	CENTRAL NERVOUS SYSTEM	MIGRAINE
RIZATRIPTAN 10 MG DISINTEGRATING TABLET [MAXALT]	54	90	CENTRAL NERVOUS SYSTEM	MIGRAINE
RIZATRIPTAN 5 MG DISINTEGRATING TABLET [MAXALT]	54	90	CENTRAL NERVOUS SYSTEM	MIGRAINE

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
SUMATRIPTAN 100 MG ORAL TABLET	54	90	CENTRAL NERVOUS SYSTEM	MIGRAINE
SUMATRIPTAN 12 MG/ML INJECTABLE SOLUTION	24	90	CENTRAL NERVOUS SYSTEM	MIGRAINE
SUMATRIPTAN 25 MG ORAL TABLET	54	90	CENTRAL NERVOUS SYSTEM	MIGRAINE
SUMATRIPTAN 50 MG ORAL TABLET	54	90	CENTRAL NERVOUS SYSTEM	MIGRAINE
{6 (0.2 ML INTERFERON BETA- 1A 0.044 MG/ML PREFILLED SYRINGE [REBIF]) / 6 (0.5 ML INTERFERON BETA-1A 0.044 MG/ML PREFILLED SYRINGE [REBIF]) } PACK [REBIF TITRATION]	1	365	CENTRAL NERVOUS SYSTEM	MULTIPLE SCLEROSIS AGENTS
0.5 ML INTERFERON BETA-1A 0.044 MG/ML PREFILLED SYRINGE [REBIF]	18	84	CENTRAL NERVOUS SYSTEM	MULTIPLE SCLEROSIS AGENTS
0.5 ML INTERFERON BETA-1A 0.06 MG/ML PREFILLED SYRINGE [AVONEX]	12	84	CENTRAL NERVOUS SYSTEM	MULTIPLE SCLEROSIS AGENTS
0.5 ML INTERFERON BETA-1A 0.088 MG/ML PREFILLED SYRINGE [REBIF]	18	84	CENTRAL NERVOUS SYSTEM	MULTIPLE SCLEROSIS AGENTS
1 ML GLATIRAMER 20 MG/ML PREFILLED SYRINGE [COPAXONE]	90	90	CENTRAL NERVOUS SYSTEM	MULTIPLE SCLEROSIS AGENTS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
INTERFERON BETA-1A 0.03 MG/ML INJECTABLE SOLUTION [AVONEX]	12	84	CENTRAL NERVOUS SYSTEM	MULTIPLE SCLEROSIS AGENTS
INTERFERON BETA-1B 0.25 MG/ML INJECTABLE SOLUTION [BETASERON]	45	90	CENTRAL NERVOUS SYSTEM	MULTIPLE SCLEROSIS AGENTS
METAXALONE 800 MG ORAL TABLET [SKELAXIN]	360	90	CENTRAL NERVOUS SYSTEM	MUSCULOSKELETAL THERAPY AGENTS
ATOMOXETINE 10 MG ORAL CAPSULE [STRATTERA]	180	90	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINE,S ADHD
ATOMOXETINE 100 MG ORAL CAPSULE [STRATTERA]	90	90	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, ADHD
ATOMOXETINE 18 MG ORAL CAPSULE [STRATTERA]	180	90	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, ADHD
ATOMOXETINE 25 MG ORAL CAPSULE [STRATTERA]	180	90	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, ADHD
ATOMOXETINE 40 MG ORAL CAPSULE [STRATTERA]	90	90	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, ADHD
ATOMOXETINE 60 MG ORAL CAPSULE [STRATTERA]	90	90	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, ADHD
ATOMOXETINE 80 MG ORAL CAPSULE [STRATTERA]	90	90	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, ADHD
METHYLPHENIDATE 10 MG EXTENDED RELEASE TABLET [METHYLIN ER]	90	30	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, ADHD
METHYLPHENIDATE 20 MG EXTENDED RELEASE TABLET	90	30	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, ADHD

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
METHYLPHENIDATE 20 MG EXTENDED RELEASE TABLET [METHYLIN ER]	90	30	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, ADHD
MODAFINIL 100 MG ORAL TABLET [PROVIGIL]	180	90	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, OTHER
MODAFINIL 200 MG ORAL TABLET [PROVIGIL]	180	90	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, OTHER
SODIUM OXYBATE 500 MG/ML ORAL SOLUTION [XYREM]	1620	90	CENTRAL NERVOUS SYSTEM	NON-AMPHETAMINES, OTHER
TETRABENAZINE 12.5 MG ORAL TABLET [XENAZINE]	360	90	CENTRAL NERVOUS SYSTEM	OTHER
TETRABENAZINE 25 MG ORAL TABLET [XENAZINE]	360	90	CENTRAL NERVOUS SYSTEM	OTHER
BECAPLERMIN 0.0001 MG/MG TOPICAL GEL [REGRANEX]	45	90	DERMATOLOGICAL AGENTS	DERMATOLOGY, WOUND CARE AGENTS
PRAMLINTIDE 0.6 MG/ML INJECTABLE SOLUTION [SYMLIN]	60	90	DIABETIC THERAPY	AMYLIN ANALOGS
PRAMLINTIDE 1 MG/ML INJECTABLE SOLUTION [SYMLIN]	36	90	DIABETIC THERAPY	AMYLIN ANALOGS
SITAGLIPTIN 100 MG ORAL TABLET [JANUVIA]	90	90	DIABETIC THERAPY	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
SITAGLIPTIN 25 MG ORAL TABLET [JANUVIA]	90	90	DIABETIC THERAPY	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
SITAGLIPTIN 50 MG ORAL TABLET [JANUVIA]	90	90	DIABETIC THERAPY	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
EXENATIDE 0.25 MG/ML INJECTABLE SOLUTION [BYETTA]	9	90	DIABETIC THERAPY	INCRETIN MIMETICS
24 HR TESTOSTERONE 0.104 MG/HR TRANSDERMAL PATCH [ANDRODERM]	90	90	ENDOCRINE AND METABOLIC	ANDROGENS
24 HR TESTOSTERONE 0.208 MG/HR TRANSDERMAL PATCH [ANDRODERM]	90	90	ENDOCRINE AND METABOLIC	ANDROGENS
TESTOSTERONE 0.01 MG/MG TOPICAL GEL [TESTIM]	900	90	ENDOCRINE AND METABOLIC	ANDROGENS
TESTOSTERONE 100 MG/ML INJECTABLE SOLUTION	60	90	ENDOCRINE AND METABOLIC	ANDROGENS
TESTOSTERONE 200 MG/ML INJECTABLE SOLUTION	30	90	ENDOCRINE AND METABOLIC	ANDROGENS
{2 (RISEDRONATE 75 MG ORAL TABLET [ACTONEL]) } PACK [ACTONEL 75]	6	84	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
{24 (CALCIUM CARBONATE 1250 MG ORAL TABLET) / 4 (RISEDRONATE 35 MG ORAL TABLET [ACTONEL]) } PACK [ACTONEL WITH CALCIUM]	84	84	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
{4 (RISEDRONATE 35 MG ORAL TABLET [ACTONEL]) } PACK [ACTONEL 35]	13	90	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
ALENDRONATE 10 MG ORAL TABLET	90	90	ENDOCRINE AND METABOLIC	BISPHOSPHONATES

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ALENDRONATE 35 MG ORAL TABLET	13	90	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
ALENDRONATE 40 MG ORAL TABLET	90	90	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
ALENDRONATE 5 MG ORAL TABLET	90	90	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
ALENDRONATE 70 MG ORAL TABLET	13	90	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
IBANDRONATE 150 MG ORAL TABLET [BONIVA]	3	84	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
RISEDRONATE 150 MG ORAL TABLET [ACTONEL]	3	84	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
RISEDRONATE 30 MG ORAL TABLET [ACTONEL]	60	365	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
RISEDRONATE 5 MG ORAL TABLET [ACTONEL]	90	90	ENDOCRINE AND METABOLIC	BISPHOSPHONATES
168 HR ETHINYL ESTRADIOL 0.000833 MG/HR / NORELGESTROMIN 0.00625 MG/HR TRANSDERMAL PATCH [ORTHO EVRA]	10	90	ENDOCRINE AND METABOLIC	CONTRACEPTIVES
21 DAY ESTRADIOL 0.000625 MG/HR / ETONOGESTREL 0.005 MG/HR VAGINAL SUPPOSITORY [NUVARING]	3	84	ENDOCRINE AND METABOLIC	CONTRACEPTIVES
MIGLUSTAT 100 MG ORAL CAPSULE [ZAVESCA]	270	90	ENDOCRINE AND METABOLIC	ENZYME REPLACEMENTS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
168 HR ESTRADIOL 0.00188 MG/HR / LEVONORGESTREL 0.000625 MG/HR TRANSDERMAL PATCH [CLIMARA PRO]	13	90	ENDOCRINE AND METABOLIC	ESTROGEN/PROGESTINS
84 HR ESTRADIOL 0.00208 MG/HR / NORETHINDRONE 0.00583 MG/HR TRANSDERMAL PATCH [COMBIPATCH]	26	90	ENDOCRINE AND METABOLIC	ESTROGEN/PROGESTINS
84 HR ESTRADIOL 0.00208 MG/HR / NORETHINDRONE 0.0104 MG/HR TRANSDERMAL PATCH [COMBIPATCH]	26	90	ENDOCRINE AND METABOLIC	ESTROGEN/PROGESTINS
168 HR ESTRADIOL 0.00104 MG/HR TRANSDERMAL PATCH	13	90	ENDOCRINE AND METABOLIC	ESTROGENS
168 HR ESTRADIOL 0.00156 MG/HR TRANSDERMAL PATCH	13	90	ENDOCRINE AND METABOLIC	ESTROGENS
168 HR ESTRADIOL 0.00208 MG/HR TRANSDERMAL PATCH	13	90	ENDOCRINE AND METABOLIC	ESTROGENS
168 HR ESTRADIOL 0.0025 MG/HR TRANSDERMAL PATCH	13	90	ENDOCRINE AND METABOLIC	ESTROGENS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
168 HR ESTRADIOL 0.00312 MG/HR TRANSDERMAL PATCH	13	90	ENDOCRINE AND METABOLIC	ESTROGENS
168 HR ESTRADIOL 0.00417 MG/HR TRANSDERMAL PATCH	13	90	ENDOCRINE AND METABOLIC	ESTROGENS
84 HR ESTRADIOL 0.00104 MG/HR TRANSDERMAL PATCH [ALORA]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS
84 HR ESTRADIOL 0.00104 MG/HR TRANSDERMAL PATCH [VIVELLE-DOT]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS
84 HR ESTRADIOL 0.00156 MG/HR TRANSDERMAL PATCH [VIVELLE-DOT]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS
84 HR ESTRADIOL 0.00208 MG/HR TRANSDERMAL PATCH [ALORA]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS
84 HR ESTRADIOL 0.00208 MG/HR TRANSDERMAL PATCH [ESTRADERM]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS
84 HR ESTRADIOL 0.00208 MG/HR TRANSDERMAL PATCH [VIVELLE-DOT]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS
84 HR ESTRADIOL 0.00312 MG/HR TRANSDERMAL PATCH [ALORA]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
84 HR ESTRADIOL 0.00312 MG/HR TRANSDERMAL PATCH [VIVELLE-DOT]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS
84 HR ESTRADIOL 0.00417 MG/HR TRANSDERMAL PATCH [ALORA]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS
84 HR ESTRADIOL 0.00417 MG/HR TRANSDERMAL PATCH [ESTRADERM]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS
84 HR ESTRADIOL 0.00417 MG/HR TRANSDERMAL PATCH [VIVELLE-DOT]	26	90	ENDOCRINE AND METABOLIC	ESTROGENS
90 DAY ESTRADIOL 0.000313 MG/HR VAGINAL SUPPOSITORY [ESTRING]	1	90	ENDOCRINE AND METABOLIC	ESTROGENS
90 DAY ESTRADIOL 0.00208 MG/HR VAGINAL SUPPOSITORY [FEMRING]	1	90	ENDOCRINE AND METABOLIC	ESTROGENS
90 DAY ESTRADIOL 0.00417 MG/HR VAGINAL SUPPOSITORY [FEMRING]	1	90	ENDOCRINE AND METABOLIC	ESTROGENS
ESTRADIOL 0.0006 MG/MG TOPICAL GEL [ELESTRIN]	288	90	ENDOCRINE AND METABOLIC	ESTROGENS
0.3 ML LANREOTIDE 300 MG/ML PREFILLED SYRINGE [SOMATULINE]	3	84	ENDOCRINE AND METABOLIC	MISCELLANEOUS
0.5 ML LANREOTIDE 240 MG/ML PREFILLED SYRINGE [SOMATULINE]	3	84	ENDOCRINE AND METABOLIC	MISCELLANEOUS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
CABERGOLINE 0.5 MG ORAL TABLET	52	90	ENDOCRINE AND METABOLIC	MISCELLANEOUS
OCTREOTIDE 0.05 MG/ML INJECTABLE SOLUTION	2700	90	ENDOCRINE AND METABOLIC	MISCELLANEOUS
OCTREOTIDE 0.1 MG/ML INJECTABLE SOLUTION	1350	90	ENDOCRINE AND METABOLIC	MISCELLANEOUS
OCTREOTIDE 0.2 MG/ML INJECTABLE SOLUTION	720	90	ENDOCRINE AND METABOLIC	MISCELLANEOUS
OCTREOTIDE 0.5 MG/ML INJECTABLE SOLUTION	270	90	ENDOCRINE AND METABOLIC	MISCELLANEOUS
OCTREOTIDE 1 MG/ML INJECTABLE SOLUTION	180	90	ENDOCRINE AND METABOLIC	MISCELLANEOUS
OCTREOTIDE 10 MG/ML INJECTABLE SUSPENSION [SANDOSTATIN LAR DEPOT]	3	84	ENDOCRINE AND METABOLIC	MISCELLANEOUS
OCTREOTIDE 15 MG/ML INJECTABLE SUSPENSION [SANDOSTATIN LAR DEPOT]	3	84	ENDOCRINE AND METABOLIC	MISCELLANEOUS
OCTREOTIDE 5 MG/ML INJECTABLE SUSPENSION [SANDOSTATIN LAR DEPOT]	3	84	ENDOCRINE AND METABOLIC	MISCELLANEOUS
PEGVISOMANT 10 MG/ML INJECTABLE SOLUTION [SOMAVERT]	90	90	ENDOCRINE AND METABOLIC	MISCELLANEOUS
PEGVISOMANT 15 MG/ML INJECTABLE SOLUTION [SOMAVERT]	90	90	ENDOCRINE AND METABOLIC	MISCELLANEOUS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
PEGVISOMANT 20 MG/ML INJECTABLE SOLUTION [SOMAVERT]	90	90	ENDOCRINE AND METABOLIC	MISCELLANEOUS
TERIPARATIDE 0.25 MG/ML INJECTABLE SOLUTION [FORTEO]	9	84	ENDOCRINE AND METABOLIC	PARATHYROID HORMONES
0.65 ML MEDROXYPROGESTERONE 160 MG/ML PREFILLED SYRINGE [DEPO-SUBQ PROVERA]	1	84	ENDOCRINE AND METABOLIC	PROGESTINS
MEDROXYPROGESTERONE 150 MG/ML INJECTABLE SUSPENSION	1	90	ENDOCRINE AND METABOLIC	PROGESTINS
{1 (APREPITANT 125 MG ORAL CAPSULE [EMEND]) / 2 (APREPITANT 80 MG ORAL CAPSULE [EMEND]) } PACK [EMEND TRI-FOLD PACK ]	6	1	GASTROINTESTINAL	ANTIEMETICS
168 HR GRANISETRON 0.129 MG/HR TRANSDERMAL PATCH [SANCUSO]	6	1	GASTROINTESTINAL	ANTIEMETICS
APREPITANT 125 MG ORAL CAPSULE [EMEND]	2	1	GASTROINTESTINAL	ANTIEMETICS
APREPITANT 40 MG ORAL CAPSULE [EMEND]	4	1	GASTROINTESTINAL	ANTIEMETICS
APREPITANT 80 MG ORAL CAPSULE [EMEND]	4	1	GASTROINTESTINAL	ANTIEMETICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
GRANISETRON 0.1 MG/ML INJECTABLE SOLUTION	3	1	GASTROINTESTINAL	ANTIEMETICS
GRANISETRON 0.2 MG/ML ORAL SOLUTION [GRANISOL]	30	1	GASTROINTESTINAL	ANTIEMETICS
GRANISETRON 1 MG ORAL TABLET	20	1	GASTROINTESTINAL	ANTIEMETICS
GRANISETRON 1 MG/ML INJECTABLE SOLUTION	3	1	GASTROINTESTINAL	ANTIEMETICS
ONDANSETRON 0.8 MG/ML ORAL SOLUTION	210	1	GASTROINTESTINAL	ANTIEMETICS
ONDANSETRON 2 MG/ML INJECTABLE SOLUTION	20	1	GASTROINTESTINAL	ANTIEMETICS
ONDANSETRON 24 MG ORAL TABLET	10	1	GASTROINTESTINAL	ANTIEMETICS
ONDANSETRON 4 MG DISINTEGRATING TABLET	42	1	GASTROINTESTINAL	ANTIEMETICS
ONDANSETRON 4 MG ORAL TABLET	42	1	GASTROINTESTINAL	ANTIEMETICS
ONDANSETRON 8 MG DISINTEGRATING TABLET	30	1	GASTROINTESTINAL	ANTIEMETICS
ONDANSETRON 8 MG ORAL TABLET	30	1	GASTROINTESTINAL	ANTIEMETICS
TETRAHYDROCANNABINOL 10 MG ORAL CAPSULE	180	90	GASTROINTESTINAL	ANTIEMETICS
TETRAHYDROCANNABINOL 2.5 MG ORAL CAPSULE	180	90	GASTROINTESTINAL	ANTIEMETICS
TETRAHYDROCANNABINOL 5 MG ORAL CAPSULE	180	90	GASTROINTESTINAL	ANTIEMETICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
LUBIPROSTONE 0.008 MG ORAL CAPSULE [AMITIZA]	180	90	GASTROINTESTINAL	MISCELLANEOUS
LUBIPROSTONE 0.024 MG ORAL CAPSULE [AMITIZA]	180	90	GASTROINTESTINAL	MISCELLANEOUS
{4 (AMOXICILLIN 500 MG ORAL CAPSULE [TRIMOX]) / 2 (CLARITHROMYCIN 500 MG ORAL TABLET [BIAXIN]) / 2 (LANSOPRAZOLE 30 MG ENTERIC COATED CAPSULE [PREVACID]) } PACK [PREVPAC]	14	30	GASTROINTESTINAL	PROTON PUMP INHIBITOR/ANTI- INFECTIVE COMBINATIONS
BISMUTH SUBCITRATE 140 MG / METRONIDAZOLE 125 MG / TETRACYCLINE 125 MG ORAL CAPSULE [PYLERA]	120	30	GASTROINTESTINAL	PROTON PUMP INHIBITOR/ANTI- INFECTIVE COMBINATIONS
ESOMEPRAZOLE 0.667 MG/ML EXTENDED RELEASE SUSPENSION [NEXIUM]	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
ESOMEPRAZOLE 1.33 MG/ML EXTENDED RELEASE SUSPENSION [NEXIUM]	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
ESOMEPRAZOLE 2.67 MG/ML EXTENDED RELEASE SUSPENSION [NEXIUM]	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
ESOMEPRAZOLE 20 MG ENTERIC COATED CAPSULE [NEXIUM]	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ESOMEPRAZOLE 40 MG ENTERIC COATED CAPSULE [NEXIUM]	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
LANSOPRAZOLE 15 MG DISINTEGRATING TABLET [PREVACID SOLUTAB]	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
LANSOPRAZOLE 15 MG ENTERIC COATED CAPSULE [PREVACID]	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
LANSOPRAZOLE 30 MG DISINTEGRATING TABLET [PREVACID SOLUTAB]	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
LANSOPRAZOLE 30 MG ENTERIC COATED CAPSULE [PREVACID]	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
OMEPRAZOLE 10 MG ENTERIC COATED CAPSULE	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
OMEPRAZOLE 20 MG ENTERIC COATED CAPSULE	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
OMEPRAZOLE 40 MG ENTERIC COATED CAPSULE	90	90	GASTROINTESTINAL	PROTON PUMP INHIBITORS
SILODOSIN 4 MG ORAL CAPSULE [RAPAFLO]	90	90	GENITOURINARY	BENIGN PROSTATIC HYPERPLASIA
SILODOSIN 8 MG ORAL CAPSULE [RAPAFLO]	90	90	GENITOURINARY	BENIGN PROSTATIC HYPERPLASIA
24 HR DARIFENACIN 15 MG EXTENDED RELEASE TABLET [ENABLEX]	90	90	GENITOURINARY	URINARY ANTISPASMODICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
24 HR DARIFENACIN 7.5 MG EXTENDED RELEASE TABLET [ENABLEX]	90	90	GENITOURINARY	URINARY ANTISPASMODICS
24 HR TOLTERODINE 2 MG EXTENDED RELEASE CAPSULE [DETROL]	90	90	GENITOURINARY	URINARY ANTISPASMODICS
24 HR TOLTERODINE 4 MG EXTENDED RELEASE CAPSULE [DETROL LA]	90	90	GENITOURINARY	URINARY ANTISPASMODICS
84 HR OXYBUTYNIN 0.162 MG/HR TRANSDERMAL PATCH [OXYTROL]	26	90	GENITOURINARY	URINARY ANTISPASMODICS
OXYBUTYNIN 1 MG/ML ORAL SOLUTION	2700	90	GENITOURINARY	URINARY ANTISPASMODICS
OXYBUTYNIN 10 MG EXTENDED RELEASE TABLET	180	90	GENITOURINARY	URINARY ANTISPASMODICS
OXYBUTYNIN 15 MG EXTENDED RELEASE TABLET	180	90	GENITOURINARY	URINARY ANTISPASMODICS
OXYBUTYNIN 5 MG EXTENDED RELEASE TABLET	90	90	GENITOURINARY	URINARY ANTISPASMODICS
OXYBUTYNIN 5 MG ORAL TABLET	540	90	GENITOURINARY	URINARY ANTISPASMODICS
SOLIFENACIN SUCCINATE 10 MG ORAL TABLET [VESICARE]	90	90	GENITOURINARY	URINARY ANTISPASMODICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
SOLIFENACIN SUCCINATE 5 MG ORAL TABLET [VESICARE]	90	90	GENITOURINARY	URINARY ANTISPASMODICS
TOLTERODINE 1 MG ORAL TABLET [DETROL]	180	90	GENITOURINARY	URINARY ANTISPASMODICS
TOLTERODINE 2 MG ORAL TABLET [DETROL]	180	90	GENITOURINARY	URINARY ANTISPASMODICS
TROSPIUM 60 MG EXTENDED RELEASE CAPSULE [SANCTURA]	90	90	GENITOURINARY	URINARY ANTISPASMODICS
0.3 ML ENOXAPARIN 100 MG/ML PREFILLED SYRINGE [LOVENOX]	27	90	HEMATOLOGIC	ANTICOAGULANTS
0.4 ML ENOXAPARIN 100 MG/ML PREFILLED SYRINGE [LOVENOX]	36	90	HEMATOLOGIC	ANTICOAGULANTS
0.4 ML FONDAPARINUX 12.5 MG/ML PREFILLED SYRINGE [ARIXTRA]	36	90	HEMATOLOGIC	ANTICOAGULANTS
0.5 ML FONDAPARINUX 5 MG/ML PREFILLED SYRINGE [ARIXTRA]	45	90	HEMATOLOGIC	ANTICOAGULANTS
0.6 ML ENOXAPARIN 100 MG/ML PREFILLED SYRINGE [LOVENOX]	54	90	HEMATOLOGIC	ANTICOAGULANTS
0.6 ML FONDAPARINUX 12.5 MG/ML PREFILLED SYRINGE [ARIXTRA]	54	90	HEMATOLOGIC	ANTICOAGULANTS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
0.8 ML ENOXAPARIN 100 MG/ML PREFILLED SYRINGE [LOVENOX]	72	90	HEMATOLOGIC	ANTICOAGULANTS
0.8 ML ENOXAPARIN 150 MG/ML PREFILLED SYRINGE [LOVENOX]	72	90	HEMATOLOGIC	ANTICOAGULANTS
0.8 ML FONDAPARINUX 12.5 MG/ML PREFILLED SYRINGE [ARIXTRA]	72	90	HEMATOLOGIC	ANTICOAGULANTS
1 ML ENOXAPARIN 100 MG/ML PREFILLED SYRINGE [LOVENOX]	90	90	HEMATOLOGIC	ANTICOAGULANTS
1 ML ENOXAPARIN 150 MG/ML PREFILLED SYRINGE [LOVENOX]	90	90	HEMATOLOGIC	ANTICOAGULANTS
ENOXAPARIN 100 MG/ML INJECTABLE SOLUTION [LOVENOX]	9	30	HEMATOLOGIC	ANTICOAGULANTS
0.3 ML DARBEPOETIN ALFA 0.2 MG/ML PREFILLED SYRINGE [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
0.3 ML DARBEPOETIN ALFA 0.5 MG/ML PREFILLED SYRINGE [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
0.4 ML DARBEPOETIN ALFA 0.1 MG/ML PREFILLED SYRINGE [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
0.4 ML DARBEPOETIN ALFA 0.5 MG/ML PREFILLED SYRINGE [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
0.42 ML DARBEPOETIN ALFA 0.06 MG/ML PREFILLED SYRINGE [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
0.5 ML DARBEPOETIN ALFA 0.2 MG/ML PREFILLED SYRINGE [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
0.5 ML FILGRASTIM 0.6 MG/ML PREFILLED SYRINGE [NEUPOGEN]	42	90	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
0.6 ML DARBEPOETIN ALFA 0.5 MG/ML PREFILLED SYRINGE [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
0.6 ML PEGFILGRASTIM 10 MG/ML PREFILLED SYRINGE [NEULASTA]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
0.8 ML FILGRASTIM 0.6 MG/ML PREFILLED SYRINGE [NEUPOGEN]	84	90	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
1 ML DARBEPOETIN ALFA 0.5 MG/ML PREFILLED SYRINGE [ARANESP]	4	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
DARBEPOETIN ALFA 0.025 MG/ML INJECTABLE SOLUTION [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
DARBEOETIN ALFA 0.04 MG/ML INJECTABLE SOLUTION [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
DARBEOETIN ALFA 0.06 MG/ML INJECTABLE SOLUTION [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
DARBEOETIN ALFA 0.1 MG/ML INJECTABLE SOLUTION [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
DARBEOETIN ALFA 0.2 MG/ML INJECTABLE SOLUTION [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
DARBEOETIN ALFA 0.3 MG/ML INJECTABLE SOLUTION [ARANESP]	6	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 10000 UNT/ML INJECTABLE SOLUTION [EPOGEN]	36	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 10000 UNT/ML INJECTABLE SOLUTION [PROCRIT]	36	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 2000 UNT/ML INJECTABLE SOLUTION [EPOGEN]	36	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 2000 UNT/ML INJECTABLE SOLUTION [PROCRIT]	36	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
EPOETIN ALFA 20000 UNT/ML INJECTABLE SOLUTION [EPOGEN]	36	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 20000 UNT/ML INJECTABLE SOLUTION [PROCRIT]	36	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 3000 UNT/ML INJECTABLE SOLUTION [EPOGEN]	36	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 3000 UNT/ML INJECTABLE SOLUTION [PROCRIT]	36	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 4000 UNT/ML INJECTABLE SOLUTION [EPOGEN]	36	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 4000 UNT/ML INJECTABLE SOLUTION [PROCRIT]	36	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 40000 UNT/ML INJECTABLE SOLUTION [EPOGEN]	18	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
EPOETIN ALFA 40000 UNT/ML INJECTABLE SOLUTION [PROCRIT]	18	84	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
FILGRASTIM 0.3 MG/ML INJECTABLE SOLUTION [NEUPOGEN]	84	90	HEMATOLOGIC	HEMATOPOIETIC GROWTH FACTORS
ELTROMBOPAG 25 MG ORAL TABLET [PROMACTA]	30	30	HEMATOLOGIC	OTHER

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
ELTROMBOPAG 50 MG ORAL TABLET [PROMACTA]	30	30	HEMATOLOGIC	OTHER
{6 (0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]) } PACK [HUMIRA PEN CROHN'S DISEASE STARTER PACK]	6	365	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS
0.5 ML PEGINTERFERON ALFA- 2A 0.36 MG/ML PREFILLED SYRINGE [PEGASYS]	12	84	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS
0.67 ML ANAKINRA 149 MG/ML PREFILLED SYRINGE [KINERET]	84	84	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS
0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]	12	84	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS
0.98 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE [ENBREL]	24	84	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS
ETANERCEPT 25 MG/ML INJECTABLE SOLUTION [ENBREL]	48	84	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS
INTERFERON ALFACON-1 0.03 MG/ML INJECTABLE SOLUTION [INFERGEN]	11	84	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS
THALIDOMIDE 100 MG ORAL CAPSULE [THALOMID]	252	84	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
THALIDOMIDE 150 MG ORAL CAPSULE [THALOMID]	336	84	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS
THALIDOMIDE 200 MG ORAL CAPSULE [THALOMID]	336	84	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS
THALIDOMIDE 50 MG ORAL CAPSULE [THALOMID]	84	84	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS
L1 PROTEIN, HUMAN PAPILLOMAVIRUS TYPE 11 VACCINE 0.08 MG/ML / L1 PROTEIN, HUMAN PAPILLOMAVIRUS TYPE 16 VACCINE 0.08 MG/ML / L1 PROTEIN, HUMAN PAPILLOMAVIRUS TYPE 18 VACCINE 0.04 MG/ML / L1 PROTEIN, HUMAN PAPILLOMAVIRUS TYPE 6 VACCINE 0.04 MG/ML INJECTABLE	3	365	IMMUNOLOGIC AGENTS	VACCINES
ZOSTER VACCINE LIVE (OKA- MERCK) 29800 UNT/ML INJECTABLE SUSPENSION [ZOSTAVAX]	1	365	IMMUNOLOGIC AGENTS	VACCINES
PARICALCITOL 0.001 MG ORAL CAPSULE [ZEMPLAR]	180	90	METABOLIC BONE DISEASE AGENTS	HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS
PARICALCITOL 0.002 MG ORAL CAPSULE [ZEMPLAR]	180	90	METABOLIC BONE DISEASE AGENTS	HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
PARICALCITOL 0.004 MG ORAL CAPSULE [ZEMPLAR]	90	90	METABOLIC BONE DISEASE AGENTS	HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS
BIMATOPROST 0.3 MG/ML OPHTHALMIC SOLUTION [LUMIGAN]	15	90	OPHTHALMIC	PROSTAGLANDINS - OPHTHALMIC
LATANOPROST 0.05 MG/ML OPHTHALMIC SOLUTION [XALATAN]	10	90	OPHTHALMIC	PROSTAGLANDINS - OPHTHALMIC
TRAVOPROST 0.04 MG/ML OPHTHALMIC SOLUTION [TRAVATAN]	15	90	OPHTHALMIC	PROSTAGLANDINS - OPHTHALMIC
200 ACTUAT ALBUTEROL 0.09 MG/ACTUAT / IPRATROPIUM 0.018 MG/ACTUAT METERED DOSE INHALER [COMBIVENT]	90	90	RESPIRATORY	ANTICHOLINERGIC/BETA AGONIST COMBINATIONS
ALBUTEROL 1 MG/ML / IPRATROPIUM 0.167 MG/ML INHALANT SOLUTION	1620	90	RESPIRATORY	ANTICHOLINERGIC/BETA AGONIST COMBINATIONS
200 ACTUAT IPRATROPIUM 0.017 MG/ACTUAT METERED DOSE INHALER [ATROVENT]	90	90	RESPIRATORY	ANTICHOLINERGICS
IPRATROPIUM 0.2 MG/ML INHALANT SOLUTION	900	90	RESPIRATORY	ANTICHOLINERGICS
TIOTROPIUM 0.018 MG/ACTUAT INHALANT POWDER [SPIRIVA]	90	90	RESPIRATORY	ANTICHOLINERGICS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
200 ACTUAT AZELASTINE 0.137 MG/ACTUAT NASAL INHALER [ASTELIN]	120	90	RESPIRATORY	ANTI HISTAMINES
CETIRIZINE 1 MG/ML ORAL SOLUTION	900	90	RESPIRATORY	ANTI HISTAMINES
FEXOFENADINE 180 MG ORAL TABLET	90	90	RESPIRATORY	ANTI HISTAMINES
FEXOFENADINE 30 MG ORAL TABLET	180	90	RESPIRATORY	ANTI HISTAMINES
FEXOFENADINE 60 MG ORAL TABLET	180	90	RESPIRATORY	ANTI HISTAMINES
ARFORMOTEROL 0.0075 MG/ML INHALANT SOLUTION [BROVANA]	360	90	RESPIRATORY	BETA AGONISTS
FORMOTEROL 0.012 MG/ACTUAT INHALANT POWDER [FORADIL]	180	90	RESPIRATORY	BETA AGONISTS
SALMETEROL 0.05 MG/ACTUAT INHALANT POWDER [SEREVENT DISKUS]	180	90	RESPIRATORY	BETA AGONISTS
MONTELUKAST 10 MG ORAL TABLET [SINGULAIR]	90	90	RESPIRATORY	LEUKOTRIENE RECEPTOR ANTAGONISTS
MONTELUKAST 4 MG CHEWABLE TABLET [SINGULAIR]	90	90	RESPIRATORY	LEUKOTRIENE RECEPTOR ANTAGONISTS
MONTELUKAST 4 MG GRANULES [SINGULAIR]	90	90	RESPIRATORY	LEUKOTRIENE RECEPTOR ANTAGONISTS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
MONTELUKAST 5 MG CHEWABLE TABLET [SINGULAIR]	90	90	RESPIRATORY	LEUKOTRIENE RECEPTOR ANTAGONISTS
ZAFIRLUKAST 10 MG ORAL TABLET [ACCOLATE]	180	90	RESPIRATORY	LEUKOTRIENE RECEPTOR ANTAGONISTS
ZAFIRLUKAST 20 MG ORAL TABLET [ACCOLATE]	180	90	RESPIRATORY	LEUKOTRIENE RECEPTOR ANTAGONISTS
ZILEUTON 600 MG EXTENDED RELEASE TABLET [ZYFLO]	360	90	RESPIRATORY	LEUKOTRIENE SYNTHESIS INHIBITORS
CROMOLYN SODIUM 10 MG/ML INHALANT SOLUTION	720	90	RESPIRATORY	MAST CELL STABILIZERS
0.3 ML EPINEPHRINE 0.5 MG/ML PREFILLED SYRINGE [EPIPEN]	2	1	RESPIRATORY	MISCELLANEOUS
0.3 ML EPINEPHRINE 1 MG/ML PREFILLED SYRINGE [EPIPEN]	2	1	RESPIRATORY	MISCELLANEOUS
DORNASE ALFA 1 MG/ML INHALANT SOLUTION [PULMOZYME]	450	90	RESPIRATORY	MISCELLANEOUS
TOBRAMYCIN 60 MG/ML INHALANT SOLUTION [TOBI]	280	50	RESPIRATORY	MISCELLANEOUS
120 ACTUAT MOMETASONE FUROATE 0.05 MG/ACTUAT NASAL INHALER [NASONEX]	102	90	RESPIRATORY	NASAL STEROIDS
200 ACTUAT FLUNISOLIDE 0.029 MG/ACTUAT NASAL INHALER	200	90	RESPIRATORY	NASAL STEROIDS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
FLUTICASONE 0.05 MG/ACTUAT NASAL SPRAY	48	90	RESPIRATORY	NASAL STEROIDS
100 ACTUAT BECLOMETHASONE 0.04 MG/ACTUAT METERED DOSE INHALER [QVAR]	64	90	RESPIRATORY	STEROID INHALANTS
100 ACTUAT BECLOMETHASONE 0.08 MG/ACTUAT METERED DOSE INHALER [QVAR]	64	90	RESPIRATORY	STEROID INHALANTS
120 ACTUAT BUDESONIDE 0.18 MG/ACTUAT DRY POWDER INHALER [PULMICORT]	6	90	RESPIRATORY	STEROID INHALANTS
120 ACTUAT FLUTICASONE 0.0275 MG/ACTUAT NASAL INHALER [VERAMYST]	30	90	RESPIRATORY	STEROID INHALANTS
120 ACTUAT FLUTICASONE 0.044 MG/ACTUAT METERED DOSE INHALER [FLOVENT]	78	90	RESPIRATORY	STEROID INHALANTS
120 ACTUAT FLUTICASONE 0.11 MG/ACTUAT METERED DOSE INHALER [FLOVENT]	78	90	RESPIRATORY	STEROID INHALANTS
120 ACTUAT FLUTICASONE 0.22 MG/ACTUAT METERED DOSE INHALER [FLOVENT]	78	90	RESPIRATORY	STEROID INHALANTS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
120 ACTUAT MOMETASONE FUROATE 0.2 MG/ACTUAT DRY POWDER INHALER [ASMANEX]	3	90	RESPIRATORY	STEROID INHALANTS
240 ACTUAT TRIAMCINOLONE 0.075 MG/ACTUAT METERED DOSE INHALER [AZMACORT]	120	90	RESPIRATORY	STEROID INHALANTS
30 ACTUAT MOMETASONE FUROATE 0.2 MG/ACTUAT DRY POWDER INHALER [ASMANEX]	3	90	RESPIRATORY	STEROID INHALANTS
60 ACTUAT BUDESONIDE 0.09 MG/ACTUAT DRY POWDER INHALER [PULMICORT]	6	90	RESPIRATORY	STEROID INHALANTS
60 ACTUAT FLUTICASONE 0.05 MG/ACTUAT DRY POWDER INHALER [FLOVENT]	720	90	RESPIRATORY	STEROID INHALANTS
60 ACTUAT FLUTICASONE 0.1 MG/ACTUAT DRY POWDER INHALER [FLOVENT]	720	90	RESPIRATORY	STEROID INHALANTS
60 ACTUAT FLUTICASONE 0.25 MG/ACTUAT DRY POWDER INHALER [FLOVENT]	720	90	RESPIRATORY	STEROID INHALANTS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
60 ACTUAT MOMETASONE FUROATE 0.2 MG/ACTUAT DRY POWDER INHALER [ASMANEX]	3	90	RESPIRATORY	STEROID INHALANTS
BUDESONIDE 0.125 MG/ML INHALANT SOLUTION [PULMICORT]	360	90	RESPIRATORY	STEROID INHALANTS
BUDESONIDE 0.25 MG/ML INHALANT SOLUTION [PULMICORT]	360	90	RESPIRATORY	STEROID INHALANTS
BUDESONIDE 0.5 MG/ML INHALANT SOLUTION [PULMICORT]	180	90	RESPIRATORY	STEROID INHALANTS
120 ACTUAT BUDESONIDE 0.16 MG/ACTUAT / FORMOTEROL 0.0045 MG/ACTUAT METERED DOSE INHALER [SYMBICORT 160/4.5]	33	90	RESPIRATORY	STEROID/BETA-AGONIST COMBINATIONS
120 ACTUAT FLUTICASONE 0.045 MG/ACTUAT / SALMETEROL 0.021 MG/ACTUAT METERED DOSE INHALER [ADVAIR HFA]	36	90	RESPIRATORY	STEROID/BETA-AGONIST COMBINATIONS
120 ACTUAT FLUTICASONE 0.115 MG/ACTUAT / SALMETEROL 0.021 MG/ACTUAT METERED DOSE INHALER [ADVAIR HFA]	36	90	RESPIRATORY	STEROID/BETA-AGONIST COMBINATIONS

## 2010 QUANTITY LIMIT

DRUG DESCRIPTION	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT DAYS	THERAPEUTIC CATEGORY NAME	THERAPEUTIC CLASS NAME
120 ACTUAT FLUTICASONE 0.23 MG/ACTUAT / SALMETEROL 0.021 MG/ACTUAT METERED DOSE INHALER [ADVAIR HFA]	36	90	RESPIRATORY	STEROID/BETA-AGONIST COMBINATIONS
60 ACTUAT BUDESONIDE 0.08 MG/ACTUAT / FORMOTEROL 0.0045 MG/ACTUAT METERED DOSE INHALER [SYMBICORT 80/4.5]	33	90	RESPIRATORY	STEROID/BETA-AGONIST COMBINATIONS
60 ACTUAT FLUTICASONE 0.1 MG/ACTUAT / SALMETEROL 0.05 MG/ACTUAT DRY POWDER INHALER [ADVAIR DISKUS 100/50]	180	90	RESPIRATORY	STEROID/BETA-AGONIST COMBINATIONS
60 ACTUAT FLUTICASONE 0.25 MG/ACTUAT / SALMETEROL 0.05 MG/ACTUAT DRY POWDER INHALER [ADVAIR DISKUS 250/50]	180	90	RESPIRATORY	STEROID/BETA-AGONIST COMBINATIONS
60 ACTUAT FLUTICASONE 0.5 MG/ACTUAT / SALMETEROL 0.05 MG/ACTUAT DRY POWDER INHALER [ADVAIR DISKUS 500/50]	180	90	RESPIRATORY	STEROID/BETA-AGONIST COMBINATIONS