



You know us by .

**Mandatory Drug Limitations Program**

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March 2012

Drug	Quantity Limit	Comments
Abilify tablets	1/day or 30/month	
Abstral SL tabs	120 per month	
Aciphex	2 tabs/ day	
Acular	2 bottles /month	
Acthar Gel	1 vial/ fill	
Actiq (fentanyl)	120 lozenges/ month	PA required
Actonel 35mg	4 tablets / month	
Actonel 150mg	1 tablet / month	
Actos	1/day	
Actoplus Met	3/day	
Actoplus Met XR	2/day	
Advair	1 diskus/ month	60 blisters/ diskus, maximum dose is twice daily
Aldara	3 boxes per year	12 packets per box
Alinia	6 tablets per fill	
Alocril	2 bottles/ month	
Aloxi Capsules	2 capsules/month	
Alrex	2 bottles/ month	
Ambien CR	30 tabs/ month	
Amevive	4 vials/ 30 days	1 injection per week x 12 weeks
Amerge tablets	9 tablets/ month	
Amitiza	60 tablets/month	
Amrix	30 tablets per fill	
Androderm	60 patches per month	
Androgel	60 packets per month	
Antibiotics	>90 days of use	Antibiotics are monitored to avoid unnecessary long term use.
Antihistamines & Antihistamines + decongestant	1 / day 2/ day	Allegra/fexofenadine 180mg, Clarinex, Allegra D 12hr, Clarinex D-12 hr Allegra/fexofenadine 30mg & 60mg, Allegra D 12hr, Clarinex D 12hr
Anzemet tablets	2 tablets/ month	For Chemotherapy use, other uses should be PA'd
Apokyn	60ml/ month	4 cartons of 5 - 3ml syringes Max 30 day supply per fill
Aranesp	4 vials/ month	Max 30 day supply per fill
Arixtra	10 syringes	Greater than 10 syringes requires prior authorization
Asmanex	2 inhalers /month	Pkg size 14 = 1 / month



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Avandia / Avandamet	2/day	
Avodart	30 tablets per month	
Avonex	4/month	Max 30 day supply per fill
Axert	9 tablets/ month	
Betaseron		Max 30 day supply per fill
Boniva	1 tablet / month	
Botox	1 vial per 3 months	
Butrans	4 patches per month	
Byetta	1.2/month 5mcg 2.4/month 10mcg	
Cambia	9 packets per month	
Caprelsa	30 tabs per month	Max 30 day supply per fill
Celebrex	2 / day	
Cialis 2.5mg and 5mg	30/month	For diagnosis of BPH only
Cimzia	400mg per month (1 kit)	1 kit contains 2 syringes
Chantix	2/ day	
Cholesterol / Statins	1 tab/ day	Crestor, Lescol, Lipitor, Iova/prava/simvastatin, Vytorin
Combunox	30/prescription	Use generic oxycodone (5mg) + ibuprofen (400mg)
Copaxone	30/month	Max 30 day supply per fill
Crestor	30 tablets/month	
Crolom	2 bottles/ month	Max 30 day supply per fill
Cymbalta	30/month	
Daliresp	30/month	
Dexilant	30/month	
Dificid	20/month	
Dovonex	120g/month	
Duexis	90 tabs per month	
Elestat	1 bottle/month	8ml / 15ml
Elidel	100g/ month	
Emend	2 Tri-packs/ month <b>or</b> 6 tablets of 80mg/month	Note: Tri-pack = 125mg x 1 and 80mg x 2
Enbrel	50mg = 4 syringes 25mg =8 syringes/mo	50mg , 8 syringes/month x 3 months psoriasis, if approved Max 30 day supply per fill
Enoxaparin	28 syringes	Greater than 28 syringes requires prior authorization
Epogen / Procrit	12 vials/ month	Note: Multidose vials are 4/month (10K, 20k, 40K units) Max 30 day supply per fill



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Epipen	2 syringes / month	The boxes of 2 are limited to 1 box ( 2 syringes)
Exalgo	60 caps per month	
Fanapt	60 tabs per month	
Fentora	120 buccal tabs per month	
Firazyr	9ml (3 bottles)	
Fosamax/D 35mg/70mg	4 tablets per month	
Fragmin	14 syringes	Greater than 14 syringes requires prior authorization
Flovent	2 units / month	
Frova	9 tablets / month	
Geodon	2/day or 60/month	
Gilenya	30 tabs per month	
Gleevec		Max 30 day supply per fill
Horizant	30 tabs per month	
Humira	2 syringes/ month	Max 30 day supply per fill
Imitrex injectable	2 kits (4 doses)/ month	
Imitrex nasal spray	1 package(6 doses)/ mo	
Imitrex tablets	18 tablets/ month	
Incivek	180 tabs per month	Max 3 fills in total
Innohep	4 vials/ month	
Invega	30 tablets/month	
Jakafi	60 per month	
Kineret	30 syringes/ month	Max 30 day supply per fill
Kytril (granisetron)	6 tablets/ month	For Chemotherapy use, other uses prior authorization
Latuda	30 per month	
Lazanda	15 bottles per month	
Letaris	30 tablets/month	Max 30 day supply per fill
Lexapro	30 tablets/month	
Lipitor	30 tablets/month	
Livalo	30 tablets/month	
Lovenox	28 syringes	Greater than 28 syringes requires prior authorization
Lunesta	30 tablets/month	
Maxalt, Maxalt-MLT	9 tablets / month	
Migranal nasal spray	1 package (8 doses)	
Narcotics (i.e. Oxycontin)		Max 30 day supply per fill
Naratriptan tabs	9 tablets/ month	
Nexium	1/day 20mg, 2/day 40mg	Comes in 20mg and 40mg, 40mg dose use 40mg cap



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Neupogen	12 vials/month	Max 30 day supply per fill
Neulasta	2 syringes/ month	0.6ml/ syringe Max 30 day supply per fill
Nuedexta	60 per month	
NuvaRing	1/month	
Nuvigil	60 tablets/month	
Onsolis	120 strips per month	
Olux/Olux E	100grams max	
Optivar	1 bottle/month	Two 3ml bottles, use one 6ml bottle
OxyContin	5/day or 150/month	Max 30 day supply per fill
Patanol	1 bottle/ month	
Pegasys or Peg Intron	4 / month	Max 30 day supply per fill
Pennsaid	1 bottle per month	
Pradaxa	60 per month	
Prevacid	1/day 15mg, 2/day 30mg	Available in 15mg and 30mg capsules.
Pristiq	30 tablets per month	
Prolia	2 syringes per year	
Protonix	1/day (20mg)	Comes in 20mg and 40mg, 40mg dose use 40mg tab
Protopic	100gm / month	
Provigil	60 tablets/month	
Prozac Weekly	4 / month	
Pulmicort Respules	2/day or 60/month	
Qutenza	4 patches/90 days	
Rebif		Max 30 day supply per fill
Relenza	1 course/6 months	Total 2 courses( 5 days each) of Relenza or Tamiflu/year
Relpax	9 tabs / month	
Renagel	9 tablets/day	
Renvela	9 tablets/day	
Revatio	3/day	
Risperdal-M	2/day or 60/month	
Risperdal Consta	2 /month	
Requip	3, 4 or 6 per day	Dependant on dosage
Restasis	2/day	
Rozerem	60 per month	
Sancuso	2/month	
Sandostatin LAR	1 kit per month	Max 30 day supply per fill
Saphris	60 tabs per month	



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Seroquel	3/day or 90/month	300mg=60/month (max dose)
Seroquel XR	2/day or 60/month	
Simponi	1 syringe per month	
Spiriva	30 capsules/month	
Sprix NS	5 bottles per 30 days	
Stadol NS	2 bottles (5 mL)	
Stelara	1 vial every *3* months	
Sumatriptan	18 tablets/month	
Sutent	28 tablets per fill	Max 28 day supply per fill
Sumavel DosePro	6 doses per month	
Taclonex	400g /6 months	
Tarceva	25mg=2 per day 100mg=1 per day 150mg=1 per day	Max 30 day supply per fill
Tamiflu	1 course/ 6 months	Total 2 cycles( 5 days each) of Relenza or Tamiflu/year
Temodar		Max 30 day supply per fill
Test Strips (i.e. diabetic)	200/month	
Testim	60 pkts/month	
Thalomid	1/day	Max 30 day supply per fill
Tindamax	12/month	
Toradol (ketorolac) tablets	20 tablets/ month	
Tracleer	60 tablets/month	Max 30 day supply per fill
Treximet	9 tablets/month	
Tykerb	6 tablets per day	Max 30 day supply per fill
Tyvaso	1 starter kit per year	
Uroxatral (alfuzosin)	30 tabs per month	
Valcyte	2 per day	
Vectical Ointment	100g/month	
Vitreolis	360 tabs per month	
Vopac	30/prescription	Use acetaminophen 625mg/codeine 30mg generic
Vfend	42 tabs/ month	200mg or 50mg
Victoza	3 pens (9ml) per month	
Vusion	50gm tube/ month	
Xalkori	60 tabs/month	
Xarelto	35 tabs	QL is on 10mg strength only
Xeloda		Max 30 days supply per fill



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Xopenex	1 box (24 nebs)	1 box can process to avoid night and weekend issues
Zelboraf	240 tabs per month	
Zetia	1 /day or 30 / month	
Zomig tablets	9 tablets / month	
Zomig nasal spray	1 package(6 doses /month	
Zuplenz	12 strips/month	
Zyclara	56 packets per year	
Zyprexa (olanzapine)	1/day or 30/month	
Zytiga	120 tabs per month	
Zyvox	28 tablets, or 150cc (1 bottle) every 60 days	To receive additional supply PA needs to be granted. Limited quantity fill available to allow hospital discharges on nights and on weekends.
<b>Sexual Dysfunction Meds:</b>		
<i>(Only if covered by plan- Check your benefit)</i>		Note: For Males Only, products not indicated for use in Females
Caverject injection	12 units/month	(Only if covered by plan)
Edex injection	12 units/ month	(Only if covered by plan)
Muse suppositories	12 units/month	(Only if covered by plan)
Viagra / Levitra / Cialis / Staxyn	4, 6 or 8 tablets/month <i>Check your benefit!</i>	(Only if covered by plan)
Yohimbine	90 tabs/month	(Only if covered by plan)
<i>Testosterone</i>		Only if covered by plan for sexual dysfunction
<i>Topical, Patches, or Tabs</i>	60/month	(i.e. Androgel or Androderm or oral tablets)
<i>Injectable</i>	2/month	Please see PA guidelines for use outside sexual dysfunction