ND Dept of Human Services
Medical Services Division

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
ABILIFY	10MG	1.00	34	34		1
ABILIFY	15MG	1.00	34	34		1
ABILIFY	20MG	1.00	34	34		1
ABILIFY	30MG	1.00	34	34		1
ABILIFY	5MG	1.00	34	34		1
ABILIFY	1MG/ML	5.00	170	34		10
ABILIFY	2MG	1.00	34	34		1
ABSTRAL	100MCG	1.00	32	32		32
ACANYA	1.5%-2.5%	1.67	50	30		50
ACANYA	1.2%-2.5%	1.67	50	30		50
ACCUCHECK KIT	50924030202	0.03	1	30		1
ACCUPRIL	10MG	2.00	68	34		1
ACCUPRIL	20MG	2.00	68	34		1
ACCUPRIL	5MG	2.00	68	34		1
ACCUPRIL	40 MG	2.00	68	34		1
ACCURETIC	10-12.5 MG	2.00	68	34		1
ACCURETIC	20-12.5 MG	2.00	68	34		1
ACCURETIC	20-25 MG	2.00	68	34		1
ACEON	2MG	1.00	34	34		1
ACEON	4MG	1.00	34	34		1
ACEON	8 MG	2.00	68	34		1
ACIPHEX	20MG	2.00	68	34		1
ACTIMMUNE	2MM	0.21	6	28		0.5
ACTIQ	600MCG	1.00	30	30		1
ACTIQ	800MCG	1.00	30	30		1
ACTIQ	1200MCG	1.00	30	30		1
ACTIQ	1600MCG	1.00	30	30		1
ACTIQ	200MCG	1.00	30	30		1
ACTIQ	400MCG	1.00	30	30		1
ACTONEL	35MG	0.14	4	28		1
ACTONEL	75MG	0.07	2	28		1
ACTONEL	30MG	1.00	34	34		1
ACTONEL	5MG	1.00	34	34		1
ACTONEL WITH CALCIUM	35MG/500MG	1.00	4	4		1
ACTOPLUS MET	15-500MG	1.00	34	34		1
ACTOPLUS MET	15-850MG	1.00	34	34		1
ACTOPLUS MET XR	15-1000	1.00	34	34		1
ACTOPLUS MET XR	30-1000	1.00	34	34		1
ACTOS	15MG	1.00	34	34		1
ACTOS	30MG	1.00	34	34		1
ACTOS	45MG	1.00	34	34		1
ACZONE	5%	0.88	30	34	30GM	30
ACZONE	5%	1.76	60	34	60GM	60
ADALAT CC	30MG	1.00	34	34		1
ADALAT CC	60MG	1.00	34	34		1
ADALAT CC	90MG	1.00	34	34		1
ADDERALL XR	10MG	1.00	34	34		1
ADDERALL XR	20MG	2.00	68	34		1
ADDERALL XR	30MG	2.00	68	34		1
ADDERALL XR	5MG	1.00	34	34		1
ADDERALL XR	15MG	1.00	34	34		1
ADDERALL XR	25MG	1.00	34	34		1
ADOXA	100MG	2.00	68	34		1
ADOXA	150MG	1.00	34	34		1
ADOXA	50MG	1.00	34	34		1
ADOXA	75MG	1.00	34	34		1
ADOXA CK	150MG	0.03	1	30		1
ADVAIR DISKUS	100-50MCG	2.00	60	30		60
ADVAIR DISKUS	250-50MCG	2.00	60	30		60
ADVAIR DISKUS	500-50MCG	2.00	60	30		60
ADVAIR HFA	45-21MCG	0.40	12	30		12
ADVAIR HFA	115-21MCG	0.40	12	30		12
ADVAIR HFA	230-21MCG	0.40	12	30		12

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Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
ADVAIR HFA	45-21MCG	0.40	12	30		12
ADVAIR HFA	115-21MCG	0.40	12	30		12
ADVAIR HFA	230-21MCG	0.40	12	30		12
ADVICOR	20 - 500MG	1.00	34	34		1
ADVICOR	20 - 750MG	2.00	68	34		1
ADVICOR	20 - 1000MG	2.00	68	34		1
ADVICOR	40 - 1000MG	2.00	68	34		1
AEROBID	250MCG	0.41	14	34		7
AEROBID-M	250MCG	0.41	14	34		7
AFINITOR	5MG	1.00	28	28		1
AFINITOR	10MG	1.00	28	28		1
ALDARA	5%	0.4	12	30		1
ALESSE		1.33	40	30		28
ALINIA SUSP	100/5	20.00	60	3		1
ALINIA TABLETS	500MG	2.00	6	3		1
ALLEGRA	30MG	2.00	68	34		1
ALLEGRA	180MG	1.00	34	34		1
ALLEGRA - D	60-120MG	2.00	68	34		1
ALLEGRA Cap	60MG	2.00	68	34		1
ALLEGRA ODT	30MG	2.00	68	34		1
ALLEGRA SUSP	30MG/5ml	10.00	340	34		1
ALLEGRA Tab	60MG	2.00	68	34		1
ALPRAZOLAM ODT	0.25 MG	1.00	34	34		1
ALPRAZOLAM ODT	0.5 MG	1.00	34	34		1
ALPRAZOLAM ODT	1 MG	1.00	34	34		1
ALPRAZOLAM ODT	2 MG	1.00	34	34		1
ALTABAX	1%	0.33	5	15	5GM	5
ALTABAX	1%	0.33	10	30	10GM	10
ALTABAX	1%	0.50	15	30	15GM	15
ALTACE	1.25MG	1.00	34	34		1
ALTACE	2.5MG	1.00	34	34		1
ALTACE	5MG	1.00	34	34		1
ALTACE	10 MG	2.00	68	34		1
ALTACE TABLET	1.25MG	1.00	34	34		1
ALTACE TABLET	2.5MG	1.00	34	34		1
ALTACE TABLET	5MG	1.00	34	34		1
ALTACE TABLET	10MG	2.00	68	34		1
ALUMINUM CHLORIDE	59366271004	1.25	37.5	30		1
ALVESCO	80MCG	0.20	6.1	30		6.1
ALVESCO	160MCG	0.41	12.2	30		6.1
AMARYL	1MG	1.50	51	34		1
AMARYL	2MG	1.50	51	34		1
AMARYL	4 MG	2.00	68	34		1
AMBIEN	5MG	1.50	51	34		1
AMBIEN	10MG	1.50	51	34		1
AMBIEN CR	6.25MG	1.00	34	34		1
AMBIEN CR	12.5MG	1.00	34	34		1
AMERGE	2.5MG	0.60	18	30		1
AMERGE	1MG	0.60	18	30		1
AMITIZA	24MCG	2.00	68	34		1
AMOXICILLIN SUSP	125MG/5ML	30.00	900	30		10
AMOXICILLIN SUSP	250MG/5ML	30.00	900	30		10
AMOXICILLIN SUSP	400MG/5ML	30.00	900	30		10
AMOXICILLIN SUSP	200MG/5ML	30.00	900	30		10
AMPYRA	10	2.00	68	34		1
AMRIX	15MG	1.00	34	34		1
AMRIX	30MG	1.00	34	34		1
AMTURNIDE	150-5-12.5MG	1.00	34	34		1
AMTURNIDE	300-5-12.5MG	1.00	34	34		1
AMTURNIDE	300-5-25MG	1.00	34	34		1
AMTURNIDE	300-10-25MG	1.00	34	34		1
AMTURNIDE	300MG-10MG	1.00	34	34		1
ANDROGEL	1.25G (1%)	5.00	150	30	150	150

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
ANDROGEL	1.25G	2.50	75	30	75	75
ANTARA	43MG	2.00	68	34		1
ANTARA	130MG	1.00	34	34		1
APLENZIN	174MG	1.00	34	34		1
APRISO	0.375G	4.00	136	34		1
ARANESP	25MCG/ML	0.143	4	28		0.3
ARANESP	40MCG/ML	0.143	4	28		0.3
ARANESP	60MCG/ML	0.143	4	28		0.3
ARANESP	100MCG/ML	0.143	4	28		0.3
ARANESP	200MCG/ML	0.143	4	28		0.3
ARANESP	40MCG/0.4	0.057	1.6	28		0.3
ARANESP	60MCG/0.3	0.043	1.2	28		0.3
ARANESP	100MCG/0.5	0.071	2	28		0.3
ARANESP	150MCG/0.3	0.043	1.2	28		0.3
ARANESP	60MCG/0.3	0.043	1.2	28		0.3
ARANESP	200MCG/0.4	0.057	1.6	28		0.3
ARANESP	25MCG/0.42	0.060	1.68	28		0.3
ARANESP	300MCG/0.6	0.086	2.4	28		0.3
ARANESP	300MCG/ML	0.143	4	28		0.3
ARANESP	150MCG/0.75	0.107	3	28		0.3
ARANESP	500MCG/ML	0.143	4	28		0.3
ARANESP PEN INJCTR	100MCG/0.5	0.071	2	28		0.3
ARANESP PEN INJCTR	150MCG/0.3	0.043	1.2	28		0.3
ARANESP PEN INJCTR	40MCG/0.4	0.057	1.6	28		0.3
ARANESP PEN INJCTR	25MCG/0.42	0.060	1.68	28		0.3
ARANESP PEN INJCTR	200MCG/0.4	0.057	1.6	28		0.3
ARANESP PEN INJCTR	300MCG/0.6	0.086	2.4	28		0.3
ARANESP PEN INJCTR	500MCG/ML	0.143	4	28		0.3
ARAVA	10MG	1.00	34	34		1
ARAVA	20 MG	1.00	34	34		1
ARICEPT	10MG	1.00	34	34		1
ARICEPT	5MG	1.50	51	34		1
ARICEPT	23 MG	1.00	34	34		1
ARICEPT ODT	5MG	1.00	34	34		1
ARICEPT ODT	10MG	1.00	34	34		1
ARIXTRA	2.5MG/0.5ML	0.50	17	34		0.5
ARIXTRA	5MG/0.4ML	0.31	10.40	34		0.4
ARIXTRA	7.5MG/0.6ML	0.46	15.60	34		0.6
ARIXTRA	10MG/.8ML	0.61	20.80	34		0.8
ASACOL HD	800MG	6.00	204	34		1
ASMANEX	220MCG(120)	0.01	.24	34		0.2
ASMANEX	220MCG(30)	0.01	.24	34		0.2
ASMANEX	220MCG(60)	0.01	.24	34		0.2
ASMANEX	110mcg	0.004	0.135	34		0.1
ASTELIN	137MCG	1.00	30	30		30
ATACAND	4MG	1.50	51	34		1
ATACAND	8MG	1.50	51	34		1
ATACAND	16MG	1.50	51	34		1
ATACAND	32 MG	1.00	34	34		1
ATACAND HCT	32MG/25MG	1.00	34	34		1
ATACAND HCT	16-12.5 MG	1.50	51	34		1
ATACAND HCT	32-12.5 MG	1.00	34	34		1
ATELVIA	35MG	0.14	4	28		1
ATRALIN	0.05%	1.50	45	30		45
ATROVENT	18MCG	0.98	29.4	30		14.7
ATROVENT .03%	21MCG	1.00	30	30		30
ATROVENT .06%	42MCG	0.50	15	30		15
ATROVENT HFA	17MCG	0.76	25.8	34		12.9
AUGMENTIN SUSP	125	30.00	900	30		10
AUGMENTIN SUSP	600	30.00	900	30		10
AUGMENTIN SUSP	250	30.00	900	30		10
AUGMENTIN SUSP	400	30.00	900	30		10
AUGMENTIN SUSP	200	30.00	900	30		10

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Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
AURALGAN	5.4%-1.4%	0.50	15	30	15	15
AURALGAN	5.4%-1.4%	0.33	10	30	10	10
AVALIDE	150-12.5 MG	1.00	34	34		1
AVALIDE	300-12.5 MG	1.00	34	34		1
AVANDAMET	1-500 MG	2.00	68	34		1
AVANDAMET	2-500 MG	2.00	68	34		1
AVANDAMET	4-500 MG	2.00	68	34		1
AVANDARYL	4MG/1MG	1.00	34	34		1
AVANDARYL	4MG/2MG	1.00	34	34		1
AVANDARYL	4MG/4MG	1.00	34	34		1
AVANDIA	2MG	2.00	68	34		1
AVANDIA	4MG	2.00	68	34		1
AVANDIA	8 MG	2.00	68	34		1
AVAPRO	150MG	1.00	34	34		1
AVAPRO	300 MG	1.00	34	34		1
AVAPRO	75MG	1.50	51	34		1
AVINZA	120MG	1.00	34	34		1
AVINZA	90MG	1.00	34	34		1
AVINZA	60MG	1.00	34	34		1
AVINZA	30MG	1.00	34	34		1
AVONEX	30MCG	0.14	4	28		1
AVONEX	30MCG	0.14	4	28		1
AXERT	12.5MG	0.40	12	30		1
AXERT	6.25MG	0.40	12	30		1
AXID	150MG	2.00	68	34		1
AXID	300MG	2.00	68	34		1
AXID	75 MG	2.00	68	34		1
AXIRON	30	3.00	90	30		90
AZASITE	1%	0.15	5	34		2.5
AZITHROMYCIN	250MG	1.20	36	30		1
AZITHROMYCIN	500MG	1.00	34	34		1
AZMACORT	75MCG	1.18	40	34		20
AZMACORT	100MCG	1.33	40	30		20
BACLOFEN	10MG	4.00	136	34		1
BACLOFEN	20MG	4.00	136	34		1
BACTRIM SUSP	200-40MG/5ML	58.82	2000	34		10
BACTROBAN CRM	2%	0.50	15	30	15	15
BACTROBAN CRM	2%	1.00	30	30	30	30
BACTROBAN OINT	2%	0.73	22	30	22	22
BANZEL	200MG	2.00	68	34		1
BANZEL	400MG	4.00	136	34		1
BARACLUDE	0.5MG	1.00	34	34		1
BARACLUDE	1MG	1.00	34	34		1
BECONASE	.042%	0.56	16.8	30		16.8
BECONASE AQ	.042%	0.83	25	30		25
BENICAR	20MG	1.00	34	34		1
BENZACLIN	1%-5%	0.89	25	28	25	25
BENZACLIN	1%-5%	1.79	50	28	50	50
BENZACLIN	1%-5%	1.25	35	28	35	35
BENZACLIN	1%-5%	1.79	50	28	50	50
BENZAMYCIN	66051023	0.78	23.3	30		23.3
BENZAMYCIN	66051046	1.55	46.6	30		46.6
BENZAMYCIN PAK	3-5%	2.00	60	30		60
BENZOYL PEROXIDE	59366273608	7.57	227	30		227
BENZOYL PEROXIDE	59366273904	3.77	113	30		113
BENZOYL PEROXIDE	59366273908	7.57	227	30		227
BENZOYL PEROXIDE	59366274108	7.57	227	30		227
BENZOYL PEROXIDE	59366274601	2.00	60	30		60
BEPREVE	1.50%	0.17	5	30	5 ML	5
BEPREVE	1.50%	0.33	10	30	10 ML	10
BEPREVE	1.5%	0.33	10	30		5
BERINERT / CINRYZE	500	0.03	1	30		1
BESIVANCE	0.60%	0.15	5	34		5

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
BETASERON	0.3MG	0.50	15	30		1
BETASERON	0.3MG	0.50	15	30		15
BEXTRA	10MG	1.00	34	34		1
BEXTRA	20MG	2.00	68	34		1
BONIVA	3MG/ML	0.011	1	90		1
BONIVA	2.5MG	1.00	34	34		1
BONIVA	150MG	0.04	1	28		1
BREVOXYL 4	4-5%	7.07	212.1	30		212.1
BREVOXYL 4	4%	1.42	42.5	30		42.5
BREVOXYL-4	4	0.03	1	30		1
BROVANA	15MCG/2ML	4.00	120	30		2
BUTRANS	5MCG/HR	0.14285714	4.00	28		1
BUTRANS	10MCG/HR	0.14285714	4.00	28		1
BUTRANS	20MCG/HR	0.14285714	4.00	28		1
BYDUREON	2 MG	0.14	4	28		4
BYETTA	5MCG/0.02	0.04	1.2	30		1.2
BYETTA	10MCG/0.04	0.08	2.4	30		2.4
BYSTOLIC	20MG	2.00	68	34		1
CABERGOLINE	0.5MG	0.57142857	16.00	28		1
CADUET	5-10MG	1.00	34	34		1
CADUET	5-20MG	1.00	34	34		1
CADUET	5-40MG	1.00	34	34		1
CADUET	5-80MG	1.00	34	34		1
CADUET	10-10MG	1.00	34	34		1
CADUET	10-20MG	1.00	34	34		1
CADUET	10-40MG	1.00	34	34		1
CADUET	10-80MG	1.00	34	34		1
CADUET	2.5-10MG	1.00	34	34		1
CADUET	2.5-20MG	1.00	34	34		1
CADUET	2.5-40MG	1.00	34	34		1
CALAN SR	180MG	2.00	68	34		1
CALCIPOTRIENE	0.005%	2.00	60	30		60
CAMBIA	50MG	0.26	9	34		1
CAMPRAL	333MG	6.00	180	30		1
CARDIZEM CD	180MG	2.00	68	34		1
CARDIZEM CD	240MG	1.00	34	34		1
CARDIZEM CD	300MG	1.00	34	34		1
CARDIZEM CD	120MG	1.00	34	34		1
CARDIZEM CD	360MG	1.00	34	34		1
CARDIZEM LA	120MG	1.00	34	34		1
CARDIZEM LA	180MG	1.00	34	34		1
CARDIZEM LA	240MG	1.00	34	34		1
CARDIZEM LA	300MG	1.00	34	34		1
CARDIZEM LA	360MG	1.00	34	34		1
CARDIZEM LA	420MG	1.00	34	34		1
CARDURA	1MG	1.50	51	34		1
CARDURA	2MG	1.50	51	34		1
CARDURA	4MG	1.50	51	34		1
CARDURA	8MG	2.00	68	34		1
CARDURA XL	8mg	0.50	17	34		1
CARDURA XL	4mg	0.50	17	34		1
CARISOPRODOL	350MG	4.00	136	34		1
CATAPRESS PATCH	0.1	0.14	4	28		1
CATAPRESS PATCH	0.2	0.14	4	28		1
CATAPRESS PATCH	0.3	0.14	4	28		1
CEFPROZIL	250MG/5ML	20	600	30		50
CELEBREX	400MG	2.00	68	34		1
CELEBREX	100MG	2.00	68	34		1
CELEBREX	200MG	2.00	68	34		1
CELEBREX	50MG	1.00	34	34		1
CELEXA	20MG	1.50	51	34		1
CELEXA	40MG	1.00	34	34		1
CELEXA	10MG	1.00	34	34		1

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Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
CEPHALEXIN SUSP	125MG/5ML	40.00	1200	30		10
CEPHALEXIN SUSP	250MG/5ML	40.00	1200	30		10
CESAMET	1MG	6.00	204	34		1
CHLORZOXAZONE	250MG	4.00	136	34		1
CHLORZOXAZONE	500MG	4.00	136	34		1
CIALIS	10MG	0.20	6	30		1
CIALIS	20MG	0.20	6	30		1
CIALIS	5MG	0.20	6	30		1
CIMZIA	400MG/2ML	0.09	3	34		1
CIPRO	400	400.00	12000	30		200
CIPRO IV	200MG	100.00	3000	30		100
CLARINEX	5MG	1.00	34	34		1
CLARINEX	2.5MG/5ML	10.00	340	34		10
CLARINEX	2.5MG	1.00	34	34		1
CLARINEX TAB	5MG	1.00	34	34		1
CLARITIN	10MG	1.00	34	34		1
CLARITIN	REDI TAB	1.00	34	34		1
CLARITIN - D 12 HR	5-120MG	2.00	68	34		1
CLARITIN - D 24 HR	10-240MG	1.00	34	34		1
CLINDAMYCIN PHOS	59366285206	2.00	60	30		60
CLOBEX	0.05%	3.93	118	30		118
CLOBEX	0.05%	1.97	59	30	59	59
CLOBEX	0.05%	4.17	125	30	125	125
CLOBEX	0.05%	1.97	59	30	59	59
CLOBEX	0.05%	3.93	118	30	118	118
CLOLAR	20MG/20ML	5.88	200	34		20
COLCRYS	0.6MG	2	68.00	34		1
COMBIVENT	103-18MCG	0.98	29.4	30		14.7
COMBUNOX	400MG/5MG	4.00	28	7		1
COMTAN	200MG	8.00	240	30		1
CONCERTA	54MG	1.00	34	34		1
CONCERTA	18MG	1.00	34	34		1
CONCERTA	36MG	2.00	68	34		1
CONCERTA	27MG	1.00	34	34		1
COPAXONE	KIT	0.04	1	28		1
COREG CR	10MG	1.00	34	34		1
COREG CR	20MG	1.00	34	34		1
COREG CR	40MG	1.00	34	34		1
COREG CR	80MG	1.00	34	34		1
COVERA -HS	180MG	1.00	34	34		1
COVERA -HS	240MG	1.00	34	34		1
COZAAR	25MG	1.50	51	34		1
COZAAR	50MG	1.50	51	34		1
COZAAR	100MG	1.00	34	34		1
CRESTOR	10MG	1.00	34	34		1
CRESTOR	20MG	1.00	34	34		1
CRESTOR	40MG	1.00	34	34		1
CRESTOR	5MG	1.00	34	34		1
CUBICIN	500MG	2.00	68	34		1
CYCLESSA		1.33	40	30		28
CYCLOBENZAPRINE	10MG	3.00	102	34		1
CYMBALTA	20MG	2.00	68	34		1
CYMBALTA	60MG	2.00	68	34		1
CYMBALTA	30 MG	1.00	34	34		1
DALIRESP	500	1.00	30	30		30
DALIRESP	500 MCG	1.00	34	34		1
DARVOCET N-100	100-650MG	1.00	34	34		1
DAYPRO	600MG	2.00	68	34		1
DAYTRANA	10MG/9HR	1.00	30	30		1
DAYTRANA	15MG/9HR	1.00	30	30		1
DAYTRANA	20MG/9HR	1.00	30	30		1
DAYTRANA	30MG/9HR	1.00	30	30		1
DDAVP SPRAY	10/SPRAY	0.17	5	25		5

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
DEMULEN 1/35		1.33	40	30		28
DEMULEN 1/50		1.33	40	30		28
DENAVIR	1%	0.05	1.5	30	1.5	1.5
DENAVIR	1%	0.17	5	30	5	5
DEPO PROVERA	150mg/ml	0.01	1	84		1
DEPO-PROVERA	400MG/ML	0.25	7.5	30		2.5
DEPO-PROVERA	150MG/ML	0.01	1	84		1
DESOGEN		1.33	40	30		28
DESONATE	0.05%	2.00	60	30		60
DESONIDE	59366285502	1.97	59	30		59
DESOXYN	5mg	5.00	170	34		1
DETROL	1MG	2.00	68	34		1
DETROL	2MG	2.00	68	34		1
DETROL LA	4MG	1.00	34	34		1
DETROL LA	2MG	1.00	34	34		1
DEXEDRINE SA	10MG	2.00	68	34		1
DEXEDRINE SA	15MG	2.00	68	34		1
DEXEDRINE SA	5MG	1.00	34	34		1
DIASTAT	2.5MG	0.04	1	28		1
DIASTAT	5MG	0.04	1	28		1
DIASTAT	10MG	0.04	1	28		1
DIASTAT	15MG	0.04	1	28		1
DIASTAT	20MG	0.04	1	28		1
DIASTAT ACCUDIAL	5MG/ML(10)	0.04	1	28		1
DIASTAT ACCUDIAL	5MG/ML(20)	0.04	1	28		1
DIFFERIN CREAM	.1%	0.5	15	30	15	15
DIFFERIN CREAM	.1%	1.5	45	30	45	45
DIFFERIN GEL	.1%	0.5	15	30	15	15
DIFFERIN GEL	.1%	1.5	45	30	45	45
DIFICID	200	2.00	20	10		1
DILTIAZEM ER	180MG	2.00	68	34		1
DILTIAZEM ER	240MG	1.00	34	34		1
DILTIAZEM ER	120MG	1.00	34	34		1
DIOVAN	160MG	1.00	34	34		1
DIOVAN	80MG	1.00	34	34		1
DIOVAN	40MG	1.00	34	34		1
DIOVAN - HCT	80-12.5MG	1.00	34	34		1
DIOVAN - HCT	160-12.5 MG	2.00	68	34		1
DITROPAN XL	5MG	1.00	34	34		1
DITROPAN XL	10MG	2.00	68	34		1
DITROPAN XL	15MG	2.00	68	34		1
DORYX	75MG	2.00	68	34		1
DORYX	100MG	2.00	68	34		1
DOSTINEX	0.5MG	0.29	8	28		1
DOVONEX	0.005%	2.00	60	30	60	60
DOVONEX	0.005%	4.00	120	30	120	120
DUETACT	30-4MG	1.00	34	34		1
DUETACT	30-2MG	1.00	34	34		1
DUEXIS	800-26.6MG	3.00	102	34		1
DULERA	100-5 MCG	0.43	13	30		13
DULERA	200-5 MCG	0.43	13	30		13
DURAGESIC	25MCG/HR	0.33	10	30		1
DURAGESIC	50MCG/HR	0.33	10	30		1
DURAGESIC	75MCG/HR	0.33	10	30		1
DURAGESIC	100MCG/HR	0.33	10	30		1
DURAGESIC	12MCG/HR	0.33	10	30		1
DUREZOL	0.05%	0.17	5	30		5
DUTOPROL	50-12.5 MG	1.00	34	34		1
DUTOPROL	25-12.5 MG	1.00	34	34		1
DUTOPROL	100-12.5 MG	1.00	34	34		1
DYSPORT	500UNITS	1.00	1	1		1
EDARBI	40 MG	1.00	34	34		1
EDARBI	80 MG	1.00	34	34		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
EDLUAR	10MG	1.00	34	34		1
EDLUAR	5MG	1.00	34	34		1
EFFEXOR	75MG	3.00	102	34		1
EFFEXOR	100MG	2.00	68	34		1
EFFEXOR	25MG	3.00	102	34		1
EFFEXOR	37.5MG	1.00	102	34		1
EFFEXOR	50MG	3.00	102	34		1
EFFEXOR XR	37.5MG	1.00	34	34		1
EFFEXOR XR	75MG	1.00	34	34		1
EFFEXOR XR	150MG	2.00	68	34		1
ELIDEL	1%	0.54	15	28	15	15
ELIDEL	1%	1.07	30	28	30	30
ELIDEL	1%	2.14	60	28	60	60
ELIDEL	1%	3.57	100	28	100	100
ELLA	30MG	1.00	1	1		1
ELMIRON	100MG	3.00	102	34		1
EMEND	80MG	1.00	2	2		1
EMEND	125MG	1.00	1	1		1
EMEND	125-80MG	1.00	3	3		1
EMEND	40mg	1.00	2	2		1
EMEND INJ	115MG	1.00	1	1		1
EMSAM	6MG/24HR	1.00	34	34		1
EMSAM	9MG/24HR	1.00	34	34		1
EMSAM	12MG/24HR	1.00	34	34		1
ENABLEX	7.5MG	1.00	34	34		1
ENABLEX	15MG	1.00	34	34		1
ENBREL	50MG	0.14	3.92	28		0.9
ENBREL	25MG	0.29	8	28		1
ENBREL	25/0.5ML	0.073	2.04	28		0.5
ENBREL PEN INJCTR	50/ML	0.140	3.92	28		0.9
ENJUVIA	0.625MG	1.00	34	34		1
ENJUVIA	0.45MG	1.00	34	34		1
ENJUVIA	0.3MG	1.00	34	34		1
ENJUVIA	1.25MG	1.00	34	34		1
EPI PEN	0.3MG	1.00	1	1	1	1
EPI PEN	0.3MG	1.00	2	2	2	2
EPI PEN JR	0.15MG	1.00	1	1	1	1
EPI PEN JR	0.15MG	1.00	2	2	2	2
ERIVEDGE	150 MG	1.00	34	34		
ESTRASORB	2.5/G-1.74	0.12	3.48	30		1.74
ESTRING MIS	2MG	0.03	1	30		1
ESTROSTEP FE-28		1.33	40	30		28
EURAX	10%	15.13	454	30	454	454
EURAX	10%	2.00	60	30	60	60
EURAX	10%	2.00	60	30		60
EURAX	10%	15.13	454	30	454	454
EURAX	10%	2.00	60	30	60	60
EVAMIST	1.53/SPRAY	0.29	8.1	28		8.1
EVOCLIN	1%	2.94	100	34	50 AND 100	
EVOCLIN	1%	3.33	100	30		100
EVOCLIN	1%	3.33	50	15		50
EXACTACAIN	2-14-2	2.00	60	30		60
EXALGO	8 MG	2.00	68	34		1
EXALGO	16 MG	2.00	68	34		1
EXALGO	12 MG	2.00	68	34		1
EXELON PATCH	4.6MG/24HR	1.00	34	34		1
EXFORGE	5-160MG	1.00	34	34		1
EXFORGE	10-160MG	1.00	34	34		1
EXFORGE	5-320MG	1.00	34	34		1
EXFORGE	10-320MG	1.00	34	34		1
EXFORGE HCT	5-160-12.5MG	1.00	34	34		1
EXFORGE HCT	10MG-160MG	1.00	34	34		1
EXFORGE HCT	5-160-25MG	1.00	34	34		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
EXFORGE HCT	10-160-25MG	1.00	34	34		1
EXFORGE HCT	10-320-25MG	1.00	34	34		1
EXUBERA CHAMBER		0.03	1	34		1
EXUBERA COMBO PACK 12	1-3MG(90)	5.29	180	34		1
EXUBERA COMBO PACK 15	1(180)-3MG	7.94	270	34		1
EXUBERA KIT		7.94	270	34		1
EXUBERA RELEASE UNIT		0.06	2	34		1
FACTOR 8	Varies	1400.00	42000	30		1000
FACTOR 8	Varies	1400.00	42000	30		1000
FACTOR 8	Varies	1400.00	42000	30		1000
FACTOR 8	Varies	1400.00	42000	30		1000
FACTOR 8	Varies	1400.00	42000	30		1000
FACTOR 8	Varies	1400.00	42000	30		1000
FACTOR 8	Varies	1400.00	42000	30		1000
FACTOR 8	Varies	1400.00	42000	30		1000
FACTOR 8	Varies	1400.00	42000	30		1000
FACTOR 8	Varies	1400.00	42000	30		1000
FENTORA	100MCG	1.00	34	34		1
FENTORA	200MCG	1.00	34	34		1
FENTORA	100	1.00	30	30		1
FENTORA	200	1.00	30	30		1
FENTORA	400MCG	1.00	34	34		1
FENTORA	600MCG	1.00	34	34		1
FENTORA	800MCG	1.00	34	34		1
FIRAZYR	30	9.00	9	1		3
FLECTOR	1.30%	2.00	68	34		1
FLEXERIL	5MG	3.00	63	21		1
FLOLAN	0.5	2.00	56	28		1
FLOLAN	1.5	2.00	56	28		1
FLOMAX	0.4MG	2.00	68	34		1
FLONASE	0.05	1.07	32	30		16
FLOVENT	110MCG	0.80	24	30		12
FLOVENT	220MCG	0.80	24	30		12
FLOVENT HFA	44MCG	0.62	21.2	34		10.6
FLOVENT ROTADISC	100MCG	4.00	120	30		60
FLOVENT ROTADISC	250MCG	4.00	120	30		60
FLOVENT ROTADISC	50MCG	4.00	120	30		60
FOCALIN XR	5MG	1.00	34	34		1
FOCALIN XR	10MG	1.00	34	34		1
FOCALIN XR	20MG	1.00	34	34		1
FOCALIN XR	25MG	1.00	34	34		1
FOCALIN XR	35MG	1.00	34	34		1
FOCALIN XR	15MG	1.00	34	34		1
FOCALIN XR	40MG	1.00	34	34		1
FORADIL	12MCG	2.00	60	30		1
FORTEO	20MCG	0.086	2.4	28		2.4
FORTEO	20MCG	0.107	3	28		3
FORTESTA	10MG	4.00	120	30		60
FORTICAL	200U	0.132	3.7	28		3.7
FOSAMAX	35MG	0.14	4	28		1
FOSAMAX	10MG	1.00	34	34		1
FOSAMAX	40MG	1.00	34	34		1
FOSAMAX	5MG	1.00	34	34		1
FOSAMAX	70MG	0.14	4	28		1
FOSAMAX PLUS D	70/2800	0.14	4	28		1
FOSAMAX PLUS D	70/5600	0.07	2	28		1
FRAGMIN	5000/0.2ML	0.40	13.6	34		0.2
FRAGMIN	2500/0.2ML	0.40	13.6	34		0.2
FRAGMIN	12500/0.5ML	1.00	34	34		0.5
FRAGMIN	15000/0.6ML	1.20	40.8	34		0.6
FRAGMIN	18000/0.72ML	1.44	48.96	34		0.72
FRAGMIN	7500/0.3ML	0.60	20.4	34		0.3

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
FRAGMIN	10000/ML	1.00	34	34		1
FRAGMIN	25000/ML	1.00	34	34		3.8
FROVA TAB	2.5MG	0.60	18	30		1
FUZEON	90MG	0.04	1	28		1
GABLOFEN	50 MCG/ML	0.06	2	34		1
GABLOFEN	10000/20ML	2.35	80	34		20
GABLOFEN	40000/20ML	2.35	80	34		20
GALZIN	50MG	3.00	102	34		1
GALZIN	25MG	3.00	102	34		1
GEODON	20MG	2.00	68	34		1
GEODON	40MG	2.00	68	34		1
GEODON	60MG	2.00	68	34		1
GEODON	80MG	2.00	68	34		1
GILENYA	0.5 MG	1.00	28	28		28
GLUCAGON KIT	1MG	0.17	5	30		1
GLUCAGON KIT	1MG	0.17	5	30		1
GLUMETZA	500MG	4.00	136	34		1
GLUMETZA ER	1000MG	2.00	68	34		1
GOLYTELY		4000.00	4000	1		4000
GRALISE	300MG	2.29	78	34		1
GRALISE	600MG	1.00	34	34		1
GRALISE	300-600MG	1.00	34	34		1
GYNAZOLE	2%	0.18	5	28		5.8
HORIZANT	600	1.00	34	34		1
HORIZANT	600 MG	1.00	34	34		1
HUMALOG	VIAL	1.67	50	30		2
HUMALOG	75/25	1.47	50	34		2
HUMALOG	50/50 PEN	2.35	80	34		2
HUMALOG	75/25 PEN	2.35	80	34		2
HUMALOG	PEN	1.32	45	34		2
HUMALOG CARTRIDGE	100U/ML	1.50	45	30		2
HUMIRA	40MG	0.07	2	28		2
HUMIRA	40MG	0.07	2	28		2
HUMIRA	20MG/0.4	0.071	2	28		2
HUMIRA	40MG	0.21	6	28		6
HUMULIN	50/50 VIAL	2.35	80	34		2
HUMULIN	70/30 PEN	1.32	45	34		2
HUMULIN CARTRIDGE	70/30	1.50	45	30		2
HUMULIN N	VIAL	1.47	50	34		2
HUMULIN N	PEN	1.32	45	34		2
HUMULIN N CARTRIDGE	100U/ML	1.50	45	30		2
HUMULIN R	500U/ML	0.67	20	30		2
HUMULIN R	VIAL	2.35	80	34		2
HYDROCOD/APAP	7.5/500MG	8.00	272	34		1
HYDROCODONE BT-HOMATROPINE MBR	5-1.5MG	6.00	204	34		1
HYDROCODONE/APAP	7.5-500MG/15ML	120.00	4080	34		
HYDROCODONE/APAP	5/500MG	4.00	136	34		1
HYDROCODONE/APAP	10/650MG	3.00	102	34		1
HYDROCODONE/APAP	10/500MG	4.00	136	34		1
HYDROCONE-ACET	10-300MG	10.00	340	34		1
HYDROCONE-ACET	5-300MG	10.00	340	34		1
HYDROCONE-ACET	7.5-300MG	10.00	340	34		1
HYDROCORTISONE	59366270802	1.97	59	30		59
HYDROMET	5-1.5MG/5ML	30.00	1020	34		5
HYDROQUINONE	59366278703	0.95	28.35	30		28.3
HYTRIN	1MG	1.00	34	34		1
HYTRIN	2MG	2.00	68	34		1
HYTRIN	5MG	1.00	34	34		1
HYTRIN	10MG	2.00	68	34		1
HYZAAR	50-12.5MG	1.00	34	34		1
HYZAAR	100-25MG	1.00	34	34		1
IMDUR	60MG	1.50	51	34		1
IMDUR	120MG	3.00	102	34		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
IMDUR	30MG	1.50	51	34		1
IMITREX	50MG	0.60	18	30		1
IMITREX	100MG	0.60	18	30		1
IMITREX	25MG	0.60	18	30		1
IMITREX INJ	6MG/.5ML	0.10	3	30		1
IMITREX KIT	6MG/.5ML	0.10	3	30		1
IMITREX SPR	5MG	0.40	12	30		6
IMITREX SPR	20MG	0.40	12	30		6
IMPLANON	68MG	0.03	1	34		1
INCIVEK	375	6.00	168	28		168
INCIVEK	375 MG	6.00	168	28		1
INFANT PAIN RELIEF	100MG/ML	6.00	180	30		30
INLYTA	1 MG	4.00	136	34		1
INLYTA	5 MG	2.00	60	30		1
INNOHEP	20000/ML	0.35	12	34		2
INTAL 14.2	800MCG	0.95	28.4	30	14.2	14.2
INTAL 8.1	800MCG	0.54	16.2	30	8.1	8.1
INTERMEZZO	1.75MG	0.50	15	30		1
INTERMEZZO	3.5MG	0.50	15	30		1
INVEGA	3MG	1.00	34	34		1
INVEGA	1.5MG	1.00	34	34		1
INVEGA	6MG	1.00	34	34		1
INVEGA	9MG	1.00	34	34		1
IPLEX	36mg/0.6ml	0.62	21	34		0.6
ISOPTIN SR	240MG	2.00	68	34		1
ISOPTIN SR	120MG	2.00	68	34		1
JANUMET	50/500	2.00	68	34		1
JANUMET	50/1000	2.00	68	34		1
JANUMET XR	50MG-500MG	2.00	68	34		1
JANUMET XR	50-1000 MG	2.00	68	34		1
JANUMET XR	100-1000MG	1.00	34	34		1
JANUVIA	100MG	1.00	34	34		1
JANUVIA	25MG	1.00	34	34		1
JANUVIA	50MG	1.00	34	34		1
JENEST		1.33	40	30		28
JENTADUETO	2.5-500 MG	2.00	68	34		1
JENTADUETO	2.5-850 MG	2.00	68	34		1
JENTADUETO	2.5-1000MG	2.00	68	34		1
KADIAN	20MG	2.00	68	34		1
KADIAN	50MG	2.00	68	34		1
KADIAN	100MG	2.00	68	34		1
KADIAN	30MG	2.00	68	34		1
KADIAN	60MG	2.00	68	34		1
KADIAN	80MG	2.00	68	34		1
KADIAN SR	10MG	1.00	34	34		1
KADIAN SR	200MG	2.00	68	34		1
KALBITOR	10MG/ML	0.11	3	28		1
KALYDECO	150 MG	2.00	60	30		60
KAPIDEX	30MG	1.00	34	34		1
KAPIDEX	60MG	1.00	34	34		1
KAPVAY	0.1 MG	2.00	68	34		1
KEFLEX	750	0.50	17	34		1
KEPPRA XR	500MG	2.00	68	34		1
KEPPRA XR	750MG	4.00	136	34		1
KERAFOAM	42%	2.00	60	30		60
KERAFOAM	30%	2.00	60	30		60
KEROL	42%	1.00	30	30		1
KEROL AD	45%	8.00	240	30		240
KEROL EMUL	50%	8.34	283.5	34		283.5
KEROL SUSP	50%	8.35	284	34		284
KEROL ZX	50%	0.35	12	34		12
KETOROLAC	10MG	4.00	20	5		1
KINERET INJ	100MG	0.67	18.8	28		0.6

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
KLARON	66750002	1.97	59	30		59
KLARON	66750004	3.93	118	30		118
KOMBIGLYZE	5-500MG	1.00	34	34		1
KOMBIGLYZE	5-1000MG	1.00	34	34		1
KOMBIGLYZE	2.5-1000MG	2.00	68	34		1
LAMICTAL ODT	50MG	2.00	68	34		1
LAMICTAL ODT	25MG	2.00	68	34		1
LAMICTAL ODT	100MG	1.12	38	34		1
LAMICTAL ODT	200MG	2.00	68	34		1
LAMICTAL ODT	DOSE PACK	1.25	35	28		35
LAMICTAL ODT	DOSE PACK	1.00	28	28		28
LAMICTAL ODT	DOSE PACK	2.00	56	28		56
LAMICTAL ODT	50MG	1.00	34	34		1
LAMICTAL ODT	25MG	1.00	34	34		1
LAMICTAL ODT	100MG	1.00	68	68		1
LAMICTAL ODT	200MG	1.00	68	68		1
LAMICTAL ODT (BLUE)	25(21)-50MG	1.00	28	28		1
LAMICTAL ODT (GREEN)	50(42)-100MG	2.00	56	28		1
LAMICTAL ODT (ORANGE)	25-50-100MG	1.03	35	34		1
LAMICTAL XR	25MG	1.00	34	34		1
LAMICTAL XR	50MG	1.00	34	34		1
LAMICTAL XR	100MG	1.00	34	34		1
LAMICTAL XR	200MG	2.00	68	34		1
LAMICTAL XR	300MG	2.00	68	34		1
LAMICTAL XR (BLUE)	25(21)-50MG	1.00	28	28		28
LAMICTAL XR (GREEN)	50-100-200MG	1.00	35	35		35
LAMICTAL XR (ORANGE)	25-50-100MG	1.00	35	35		35
LANTUS	VIAL	1.47	50	34		2
LANTUS	CARTRIDGE	2.35	80	34		2
LANTUS SOLOSTAR	100U/ML	1.33	40	30		2
LASTACAFT	0.25%	0.09	3	34		3
LASTACAFT	0.25%	0.09	3	34		3
LATUDA	20 MG	1.00	34	34		1
LATUDA	40 MG	1.00	34	34		1
LATUDA	40MG	1.00	34	34		1
LATUDA	80 MG	1.00	34	34		1
LATUDA	80MG	1.00	34	34		1
LESCOL	20MG	1.00	34	34		1
LESCOL	40MG	2.00	68	34		1
LESCOL XL	80MG	2.00	68	34		1
LETAIRIS	5MG	1.00	34	34		1
LETAIRIS	10MG	1.00	34	34		1
LEVAQUIN	250MG/50ML	50.00	1500	30		50
LEVAQUIN	250MG	1.00	34	34		1
LEVAQUIN	500MG	1.50	51	34		1
LEVAQUIN	500MG/100ML	100.00	3000	30		100
LEVAQUIN	750MG/150ML	150.00	4500	30		150
LEVAQUIN	750MG	1.00	34	34		1
LEVITRA	5MG	0.20	6	30		1
LEVITRA	10MG	0.20	6	30		1
LEVITRA	20MG	0.20	6	30		1
LEVITRA	2.5MG	0.20	6	30		1
LEXAPRO	20MG	1.50	51	34		1
LEXAPRO	5MG	0.50	17	34		1
LEXAPRO	5MG/5ML	20.00	680	34		1
LEXAPRO	10MG	0.50	17	34		1
LIALDA	1.2G	4.00	136	34		1
LIDODERM	5%	2.00	68	34		1
LIPITOR	80MG	1.00	34	34		1
LIPITOR	10MG	0.50	17	34		1
LIPITOR	20MG	0.50	17	34		1
LIPITOR	40MG	0.50	17	34		1
LIPOFEN	50MG	2.00	68	34		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
LIPOFEN	150MG	1.00	34	34		1
LIQUADD	5mg/5ml	40.00	1360	34		10
LIQUICET	10/500	120.00	4080	34		10
LIVALO	1MG	1.00	34	34		1
LIVALO	2MG	1.00	34	34		1
LIVALO	4MG	1.00	34	34		1
LO/OVRAL		1.33	40	30		28
LOESTRIN 21 1.5/30		1.33	40	30		21
LOESTRIN 21 1/20		1.33	40	30		21
LOESTRIN 24 FE		1.33	40	30		28
LOESTRIN FE 1.5/30		1.33	40	30		28
LOESTRIN FE 1/20		1.33	40	30		28
LOSEASONIQUE	100-20	1.00	91	91		91
LOTENSIN	5MG	2.00	68	34		1
LOTENSIN	10MG	2.00	68	34		1
LOTENSIN	20MG	2.00	68	34		1
LOTENSIN	40MG	2.00	68	34		1
LOTENSIN - HCT	5-6.25MG	2.00	68	34		1
LOTENSIN - HCT	10-12.5MG	2.00	68	34		1
LOTENSIN - HCT	20-12.5MG	2.00	68	34		1
LOTENSIN - HCT	20-25MG	2.00	68	34		1
LOTRONEX	1MG	2.00	68	34		1
LOVENOX	30MG/0.3ML	0.60	20.40	34		0.3
LOVENOX	150 MG/ML	2.00	60	30		1
LOVENOX	120MG/0.8ML	1.60	48.00	30		0.8
LOVENOX	60MG/0.6ML	1.20	40.80	34		0.6
LOVENOX	80MG/0.8ML	1.60	54.40	34		0.8
LOVENOX	100MG/ML	2.00	60.00	30		1
LOVENOX	40MG/0.4ML	0.80	27.20	34		0.4
LOVENOX	300MG/3ML	2.00	60	30		3
LUNESTA	3MG	1.00	34	34		1
LUNESTA	2MG	1.00	34	34		1
LUNESTA	1MG	1.00	34	34		1
LUVOX	25MG	2.00	68	34		1
LUVOX	50MG	2.00	68	34		1
LUVOX	100MG	3.00	102	34		1
LUVOX CR	100MG	1.00	34	34		1
LUVOX CR	150MG	1.00	34	34		1
LUXIQ (MIN)	0.12%	1.47	50	34	50GM	50
LUXIQ (MIN)	0.12%	2.94	100	34	100GM	100
LYRICA	25MG	3.00	102	34		1
LYRICA	50MG	3.00	102	34		1
LYRICA	75MG	3.00	102	34		1
LYRICA	100MG	3.00	102	34		1
LYRICA	150MG	3.00	102	34		1
LYRICA	200MG	3.00	102	34		1
LYRICA	300MG	2.00	68	34		1
LYRICA	225MG	2.00	68	34		1
LYSTEDA	650MG	6.00	30	5		1
MACUGEN	0.3mg/90ul	0.03	0.9	34		
MAGNACET	2.5/400	10.00	340	34		1
MAGNACET	5/400	10.00	340	34		1
MAGNACET	7.5/400	10.00	340	34		1
MAGNACET	10/400	10.00	340	34		1
MARPLAN	10mg	6.00	204	34		1
MAVIK	1MG	1.00	34	34		1
MAVIK	2MG	1.00	34	34		1
MAVIK	4MG	2.00	68	34		1
MAXAIR	200MCG	1.71	51.2	30		25.6
MAXAIR AUTO	200MCG	0.93	28	30		14
MAXALT	5MG	0.60	18	30		1
MAXALT	10MG	0.60	18	30		1
MAXALT MLT	5MG	0.60	18	30		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
MAXALT MLT	10MG	0.60	18	30		1
METADATE CD	10MG	1.00	34	34		1
METADATE CD	20MG	1.00	34	34		1
METADATE CD	30MG	1.00	34	34		1
METADATE CD	40MG	1.00	34	34		1
METADATE CD	50MG	1.00	34	34		1
METADATE CD	60MG	1.00	34	34		1
METADATE ER	20MG	3.00	102	34		1
METADATE ER	10MG	2.00	68	34		1
METHOCARBAMOL	500MG	4.00	136	34		1
METHOCARBAMOL	750MG	4.00	136	34		1
METHOCARBAMOL	750MG	8.00	272	34		1
METROGEL	0.75	1.01	28.4	28		28.4
METVIXIA	168 MG	0.14	2	14		2
MEVACOR	20MG	1.00	34	34		1
MEVACOR	40MG	2.00	68	34		1
MEVACOR	10MG	1.00	34	34		1
MIACALCIN	200U/DOSE	0.13	3.7	28		3.7
MICARDIS	40MG	1.50	51	34		1
MICARDIS	80MG	1.00	34	34		1
MICARDIS	20MG	1.00	34	34		1
MICARDIS HCT	40-12.5MG	1.50	51	34		1
MICARDIS HCT	80-12.5MG	1.00	34	34		1
MIGRANAL	0.5MG/SPRAY	0.27	8	30		8
MINOCIN COMBO	50MG	0.02	1	60		1
MINOCIN COMBO	100MG	0.02	1	60		1
MIRALAX 255 GM		8.50	255	30	255	255
MIRALAX 527 GM		17.57	527	30	527	527
MIRAPEX ER	0.75 MG	1.00	34	34		1
MIRAPEX ER	0.375 MG	1.00	34	34		1
MIRAPEX ER	1.5 MG	1.00	34	34		1
MIRAPEX ER	3 MG	1.00	34	34		1
MIRAPEX ER	4.5 MG	1.00	34	34		1
MIRCETTE		1.33	40	30		28
MOBIC	7.5 MG	1.00	34	34		1
MOBIC	15MG	2.00	68	34		1
MOMEXIN	.1%-12%	4.66	158.4	34		158.4
MONOPRIL	40MG	2.00	68	34		1
MONOPRIL	10MG	2.00	68	34		1
MONOPRIL	20MG	2.00	68	34		1
MOVIPREP	7.5-2.691G	0.03	1	30		1
MOXATAG	775MG	1.00	10	10		1
MOZOBIL 1.2	24MG	1.20	1.2	1		1.2
MULTAQ	400MG	2.00	60	30		1
MYOXIN	1-15-10/ML	0.50	15	30		15
NAMENDA	5MG	2.00	68	34		1
NAMENDA	10MG	2.00	68	34		1
NAPRELAN	750(6)-500	2.00	20	10		1
NAPRELAN	375	2.00	68	34		1
NAPRELAN	500	2.00	68	34		1
NARDIL	15MG	4.00	136	34		1
NASACORT	55MCG	0.67	20	30		10
NASACORT AQ	55MCG	0.55	16.5	30		16.5
NASAREL	0.03%	0.83	25	30		25
NASONEX	50MCG	0.57	17	30		17
NATAZIA	3-2-1	1.33	28	21		28
NECON 0.5/35		1.33	40	30		28
NEOBENZ MICRO SD	5.5%	1.00	30	30		30
NEOSPORIN GU IRR		0.33	10	30		2
NEULASTA	6MG/0.6ML	0.09	2.4	28		0.6
NEUPOGEN	480MCG/0.8ML	0.80	27.2	34		0.8
NEUPRO	2MG	1.00	34	34		1
NEUPRO	4MG	1.00	34	34		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
NEUPRO	6MG	1.00	34	34		1
NEVANAC	0.1%	0.10	3	30		3
NEXAVAR	200mg	4.00	136	34		1
NEXICLON XR	0.09MG/ML	1.00	34	34		10
NEXICLON XR	0.17 MG	1.00	34	34		1
NEXIUM	20MG	1.00	34	34		1
NEXIUM	40MG	1.00	34	34		1
NEXIUM	10MG	1.00	30	30		1
NEXIUM SUSP	20MG	1.00	30	30		1
NEXIUM SUSP	40MG	1.00	30	30		1
NORDETTE		1.33	40	30		28
NORFLEX	100MG	2.00	68	34		1
NORINYL 1+50		1.33	40	30		28
NORVASC	2.5MG	1.00	34	34		1
NORVASC	5MG	1.50	51	34		1
NOVOLIN R	CARTRIDGE	2.35	80	34		2
NOVOLIN VIAL	70/30	1.67	50	30		2
NOVOLOG	VIAL	1.47	50	34		2
NOVOLOG	PEN	2.35	80	34		2
NOVOLOG	CARTRIDGE	1.32	45	34		2
NOVOLOG MIX	CARTRIDGE	1.32	45	34		2
NOVOLOG MIX	VIAL	1.32	45	34		2
NOVOLOG MIX	70/30 VIAL	1.47	50	34		2
NOVOSEVEN RT	1MG	2.94	100	34		1
NOVOSEVEN RT	2MG	1.47	50	34		1
NOVOSEVEN RT	5MG	0.59	20	34		1
NOXAFIL	40MG/ML	2.68	37.5	14		10
NPLATE	500MCG	0.29	8	28		1
NPLATE	250MCG	0.29	8	28		1
NUCYNTA	50MG	6.00	180	30		1
NUCYNTA	75MG	6.00	180	30		1
NUCYNTA	100MG	6.00	180	30		1
NUEDEXTA	20 MG-10MG	2.00	68	34		1
NUVARING		0.04	1	28		1
NYAMYC	100000/G	2.00	60	30	60	60
NYAMYC	100000/G	1.00	30	30	30	30
NYAMYC	100000/G	1.00	15	15	15	15
OLEPTRO	150MG	1.00	34	34		1
OLEPTRO	300MG	1.00	34	34		1
OLUX E	0.05%	5.88	200	34		50
OMACOR	1G	4.00	136	34		1
OMEPRAZOLE	20MG	4.00	136	34		1
OMNARIS	50MCG	0.37	12.5	34		12.5
OMNICEF SUSP	250MG/5ML	20.00	600	30		10
OMNICEF SUSP	125MG/5ML	20.00	600	30		10
OPANA ER	5MG	2.00	68	34		1
OPANA ER	10MG	2.00	68	34		1
OPANA ER	20MG	2.00	68	34		1
OPANA ER	40MG	2.00	68	34		1
OPANA ER	7.5MG	2.00	68	34		1
OPANA ER	15MG	2.00	68	34		1
OPANA ER	30MG	2.00	68	34		1
ORAVIG	50	0.41	14	34		1
ORBIVAN	50-300-40	6.00	204	34		1
ORTHO EVRA	150-20/24HR	0.14	1	7	1	1
ORTHO EVRA	150-20/24HR	0.14	3	21	3	3
ORTHO MICRONOR		1.33	40	30		28
ORTHO TRI-CYCLEN		1.33	40	30		28
ORTHO TRI-CYCLEN LO		1.33	40	30		28
ORTHO-CYCLEN		1.33	40	30		28
ORTHO-NOVUM 1/35		1.33	40	30		28
ORTHO-NOVUM 10/11		1.33	40	30		28
ORTHO-NOVUM 7/7/7		1.33	40	30		28

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
OTOZIN	5.4-1-2-1%	0.29	10	34		10
OVCON-35		1.33	40	30		28
OVCON-35		1.33	40	30		28
OVCON-50		1.33	40	30		28
OVRAL		1.33	40	30		28
OVRETTE		1.33	40	30		28
OXECTA	5 MG	6.00	204	34		1
OXECTA	7.5 MG	6.00	204	34		1
OXISTAT	1% LOTION	1.00	30	30		30
OXISTAT	1% CREAM	0.50	15	30	15	15
OXISTAT	1% CREAM	1.00	30	30	30	30
OXISTAT	1% CREAM	1.00	60	60	60	60
OXYCODONE/APAP	7.5/500MG	8.00	272	34		1
OXYCODONE/APAP	10/650MG	3	102	34		1
OXYCODONE/APAP	5/500MG	4	136	34		1
OXYCODONE-ACETAMINOPHEN	5-325	12.00	408	34		1
OXYCONTIN	10MG	3.00	102	34		1
OXYCONTIN	20MG	3.00	102	34		1
OXYCONTIN	40MG	3.00	102	34		1
OXYCONTIN	80MG	6.00	204	34		1
OXYCONTIN	160MG	6.00	204	34		1
OXYCONTIN	15MG	2.00	68	34		1
OXYCONTIN	30MG	2.00	68	34		1
OXYCONTIN	60MG	2.00	68	34		1
OXYTROL	3.9MG/24HR	0.29	8	28		1
PACNEX	7%	14.12	480	34		480
PALLADONE	12MG	1.00	34	34		1
PALLADONE	16MG	1.00	34	34		1
PALLADONE	24MG	1.00	34	34		1
PALLADONE	32MG	1.00	34	34		1
PARNATE	10MG	3.00	102	34		1
PATADAY	0.20%	0.07	2.5	34		2.5
PAXIL	10MG	1.00	34	34		1
PAXIL	20MG	1.00	34	34		1
PAXIL	30MG	1.00	34	34		1
PAXIL	40MG	2.00	68	34		1
PAXIL CR	25MG	2.00	68	34		1
PAXIL CR	12.5MG	1.00	34	34		1
PAXIL CR	37.5MG	1.00	34	34		1
PAXIL SUSP	10mg/5ml	40.00	1200	30		10
PEG 3350	240-22.72G					4000
PEG INTRON REDIPEN	120MCG/0.5	0.14	4	28	1	1
PEG INTRON REDIPEN	120MCG/0.5	0.04	1	28	4	4
PEG INTRON REDIPEN	80MCG/0.5	0.14	4	28	1	1
PEG INTRON REDIPEN	80MCG/0.5	0.04	1	28	4	4
PEG INTRON REDIPEN	50MCG/0.5	0.14	4	28	1	1
PEG INTRON REDIPEN	50MCG/0.5	0.04	1	28	4	4
PEG INTRON REDIPEN	150MCG/0.5	0.14	4	28	1	1
PEG INTRON REDIPEN	150MCG/0.5	0.04	1	28	4	4
PEGASYS	180MCG	0.14	4	28		1
PEGASYS	180MCG KIT	0.04	1	28		1
PEGASYS	180MCG KIT	0.04	1	28		1
PENLAC	8%	0.24	6.6	28		6.6
PENNSAID	1.50%	8.82	300	34		150
PEPCID	20MG	2.00	68	34		1
PEPCID	40MG	2.00	68	34		1
PEPCID	10MG	2.00	68	34		1
PERANEX	KIT	0.01	0.5	34		0.5
PERCOCET	10/325	12.00	408	34		1
PEXEVA	10MG	0.50	17	34		1
PEXEVA	20MG	0.50	17	34		1
PEXEVA	30MG	0.50	17	34		1
PEXEVA	40MG	0.50	17	34		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
PICATO	.015%	0.09	3	34		3
PICATO	.05%	0.06	2	34		2
PLAN B 0.75 MG	0.75MG	2.00	2	1		2
PLAVIX	300MG	1.00	1	1		1
PLENDIL	2.5MG	2.00	68	34		1
PLENDIL	5MG	2.00	68	34		1
PLENDIL	10MG	2.00	68	34		1
Polyvitamins / Fluoride	0.25MG/ML	1.67	50	30		50
PONSTEL	250MG	4.14	29	7		1
PRADAXA	150	2.00	60	30		60
PRADAXA	75	2.00	60	30		60
PRADAXA	150MG	2.00	60	30		60
PRADAXA	75MG	2.00	60	30		60
PRAMCORT	1 %-1 %	1.00	30	30		30
PRAMOX	1%	3.32	113	34		113
PRAVACHOL	80MG	1.00	34	34		1
PRAVACHOL	10MG	1.00	34	34		1
PRAVACHOL	20MG	1.00	34	34		1
PRAVACHOL	40MG	1.00	34	34		1
PRECISION XTRA	57599074501	1.00	10	10		10
PREFEST	1-1-0.09MG	1.00	34	34		30
PREMARIN CREAM	0.625MG/G	1.42	42.5	30		42.5
PREVACID	15MG	2.00	68	34		1
PREVACID	15MG	2.00	68	34		1
PREVACID	30MG	2.00	68	34		1
PREVACID	30MG	2.00	68	34		1
PREVACID	15MG	2.00	68	34		1
PREVACID	30MG	2.00	68	34		1
PREVEN	0.25-0.05	1.00	1	1		1
PREVPAC	500MG-30MG	1.00	14	14		1
PREZISTA	400MG	2.00	68	34		1
PREZISTA	75MG	3.00	102	34		1
PREZISTA	150MG	1.00	34	34		1
PREZISTA	300MG	2.00	68	34		1
PREZISTA	600MG	2.00	68	34		1
PRILOSEC	10MG	2.00	68	34		1
PRILOSEC	40MG	2.00	68	34		1
PRILOSEC OTC	20MG	2.00	68	34		1
PRILOSEC SUSP	2.5MG	2.00	60	30		1
PRILOSEC SUSP	10MG	2.00	60	30		1
PRIMALEV	2.5/300	13.00	442	34		1
PRIMALEV	5/300	13.00	442	34		1
PRIMALEV	7.5/300	13.00	442	34		1
PRIMALEV	10/300	13.00	442	34		1
PRINIVIL	5MG	2.00	68	34		1
PRINIVIL	10MG	2.00	68	34		1
PRINIVIL	20MG	2.00	68	34		1
PRINIVIL	40MG	2.00	68	34		1
PRINIVIL	2.5MG	2.00	68	34		1
PRINZIDE	10-12.5	1.00	34	34		1
PRISTIQ	50MG	1.00	34	34		1
PRISTIQ	100MG	1.00	34	34		1
PROAIR	90MCG	0.50	17	34	8.5	8.5
PROCARDIA XL	30MG	1.00	34	34		1
PROCARDIA XL	60MG	2.00	68	34		1
PROCARDIA XL	90MG	1.00	34	34		1
PROCORT	1.85-1.15%	2.00	60	30		60
PROLIA	60	0.01	1.00	180		1
PROMACTA	25MG	1.00	34	34		1
PROMACTA	50MG	1.00	34	34		1
PROMACTA	12.5 MG	1.00	34	34		1
PROMACTA	75	1.00	34	34		1
PROMETH VC/CODEINE	5-10-6.25	30.00	1020	34		5

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
PROMETHAZINE	POWDER	0.17	5.00	30		
PROMETHAZINE/CODEINE	10-6.25	30.00	1020	34		5
PROPOXYPHENE	65MG	1.00	34	34		1
PROTONIX	40MG	2.00	68	34		1
PROTONIX	20MG	1.00	34	34		1
PROTONIX IV	40MG	2.00	68	34		1
PROTOPIC	0.03%	1.07	30	28	30	30
PROTOPIC	0.03%	2.14	60	28	60	60
PROTOPIC	0.03%	3.57	100	28	100	100
PROTOPIC	0.10%	1.07	30	28	30	30
PROTOPIC	0.10%	2.14	60	28	60	60
PROTOPIC	0.10%	3.57	100	28	100	100
PROTOPIC	.1%	1.07	30	28	30	30
PROTOPIC	.1%	2.14	60	28	60	60
PROTOPIC	.1%	3.57	100	28	100	100
PROTOPIC	.03%	1.07	30	28	30	30
PROTOPIC	.03%	2.14	60	28	60	60
PROTOPIC	.03%	3.57	100	28	100	100
PROVENTIL	90MCG	1.00	34	34		17
PROVENTIL HFA	90MCG	0.39	13.4	34	6.7	6.7
PROVIGIL	100MG	1.00	34	34		1
PROVIGIL	200MG	1.00	34	34		1
PROZAC	10MG	1.00	34	34		1
PROZAC	20MG	8.00	272	34		1
PROZAC	40MG	0.50	17	34		1
PROZAC	10MG (TAB)	1.50	51	34		1
PROZAC	20MG (TAB)	8.00	272	34		1
PROZAC WEEKLY	90MG	0.14	4	28		1
PULMICORT	0.25MG/2ML	4.00	120	30		2
PULMICORT	0.5MG/2ML	4.00	120	30		2
PULMICORT	200MCG	0.06	2	34		1
PULMICORT FLEXHALER	90	0.03	1	30		1
PULMICORT FLEXHALER	180	0.03	1	30		1
PULMOZYME	1MG/ML	5.00	150	30		75
PYLERA	125-125MG	12.00	120	10		120
QUTENZA	8%	0.03	1	34		1
RANEXA	500MG	1.00	34	34		1
RANEXA	1000MG	2.00	68	34		1
RANEXA	500MG	4.00	136	34		1
RAPAFLO	4MG	1.00	34	34		1
RAPAFLO	8MG	1.00	34	34		1
RAPTIVA	125MG/1.25	0.14	4	28		1
REBIF	22MCG	0.21	6	28		1
REBIF	44MCG	0.21	6	28		1
REGRANEX	0.01%	1.07	30	28		15
RELISTOR	8MG/0.4ML	0.40	13.6	34		0.4
RELISTOR	12mg/0.6ml	0.600	20.4	34		0.6
RELISTOR KIT	12mg/0.6ml	0.600	16.8	28		7
RELPAX	20MG	0.60	18	30		1
RELPAX	40MG	0.60	18	30		1
REMERON	15MG	1.00	34	34		1
REMERON	30MG	1.00	34	34		1
REMERON	45MG	1.00	34	34		1
REMERON SOL TAB	15MG	1.00	34	34		1
REMERON SOL TAB	30MG	1.00	34	34		1
REMERON SOL TAB	45MG	1.00	34	34		1
REMEVEN	50%	4.18	142	34	142	142
REMEVEN	50%	7.50	255	34	255	255
REMICADE	100MG	0.18	5	28		1
REMINYL	4MG/ML	6.00	180	30		10
REMINYL	12MG	2.00	68	34		1
REMINYL	4MG	2.00	68	34		1
REMINYL	8MG	2.00	68	34		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
REMODULIN	1	0.67	20	30		1
REMODULIN	2.5	0.67	20	30		1
REMODULIN	5	0.67	20	30		1
REMODULIN	10	0.67	20	30		1
REPREXAIN	2.5/200MG	5.00	170	34		1
REPREXAIN	5/200MG	5.00	170	34		1
REPREXAIN	7.5/200MG	5.00	170	34		1
REPREXAIN	10/200MG	5.00	170	34		1
REQUIP XL	12MG	2.00	68	34		1
REQUIP XL	2mg	1.00	30	30		1
REQUIP XL	4mg	1.00	30	30		1
REQUIP XL	8mg	3.00	90	30		1
RESTASIS	0.05%	2.00	60	30		1
REVATIO	20MG	3.00	102	34		1
REVIA	50MG	1.00	34	34		1
REVLIMID	5MG	1.00	34	34		1
REVLIMID	10MG	1.00	34	34		1
REVLIMID	15MG	1.00	34	34		1
REVLIMID	25MG	1.00	34	34		1
RHINOCORT	32MCG	0.47	14	30		7
RHINOCORT AQ	32MCG	0.51	17.2	34		8.6
RIBAPAK	600-400	2.00	56	28		1
RIBAPAK	400-400	2.00	56	28		1
RIBAPAK	600-600	2.00	56	28		1
RILUTEK	50MG	2.00	68	34		1
RISPERDAL	1MG	2.00	68	34		1
RISPERDAL	2MG	2.00	68	34		1
RISPERDAL	3MG	2.00	68	34		1
RISPERDAL	4MG	2.00	68	34		1
RISPERDAL	1MG	2.00	68	34		1
RISPERDAL	2MG	2.00	68	34		1
RISPERDAL	0.5MG	2.00	68	34		1
RISPERDAL	0.25MG	2.00	68	34		1
RISPERDAL	0.5MG	2.00	68	34		1
RISPERDAL CONSTA	12.5MG	0.07	2	28		1
RISPERDAL CONSTA	25MG	0.07	2	28		1
RISPERDAL CONSTA	37.5MG	0.07	2	28		1
RISPERDAL CONSTA	50MG	0.07	2	28		1
RISPERDAL M	3MG	2.00	68	34		1
RISPERDAL M	4MG	2.00	68	34		1
RISPERIDONE ODT	0.25MG	2.00	68	34		1
RITALIN LA	20MG	1.00	34	34		1
RITALIN LA	30MG	1.00	34	34		1
RITALIN LA	40MG	1.00	34	34		1
ROCEPHIN	250MG	8.00	272	34		1
ROCEPHIN	500MG	8.00	272	34		1
ROCEPHIN	1GM	4.00	136	34		1
ROCEPHIN	2GM	2.00	68	34		1
ROCEPHIN	10GM	0.41	14	34		1
ROZEREM	8MG	1.00	34	34		1
RYBIX	50mg	0.88	30	34		1
RYZOLT	100MG	1.00	34	34		1
RYZOLT	200MG	1.00	34	34		1
RYZOLT	300MG	1.00	34	34		1
SALEX CREAM	400GM	13.33	400	30		400
SALEX LOTION	414ML	13.80	414	30		414
SALKERA	6%	2.00	60	30	60	60
SALKERA	6%	3.33	100	30	100	100
SAMSCA	15MG	0.50	0.5	1		0.5
SAMSCA	30MG	0.50	0.5	1		0.5
SANCTURA	20MG	2.00	60	30		1
SANCTURA XR	60MG	1.00	34	34		1
SARAFEM	15MG	1.00	28	28		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
SAVELLA STARTER	12.5-25-50	1.83	55	30	55	55
SEASONALE	0.15-0.03	1.00	91	91		91
SEASONIQUE	150-30	1.00	91	91		91
SEREVENT	21MCG	0.87	26	30		13
SEREVENT DISKUS	50MCG	2.00	60	30		60
SEROQUEL	50MG	3.00	102	34		1
SEROQUEL	400MG	3.00	102	34		1
SEROQUEL	25MG	3.00	102	34		1
SEROQUEL	100MG	3.00	102	34		1
SEROQUEL	200MG	4.00	136	34		1
SEROQUEL	300MG	5.00	170	34		1
SEROQUEL	300 MG	4.00	136	34		1
SEROQUEL XR	150MG	1.00	34	34		1
SEROQUEL XR	200MG	1.00	34	34		1
SEROQUEL XR	300MG	2.00	68	34		1
SEROQUEL XR	400MG	2.00	68	34		1
SEROQUEL XR	50MG	2.00	68	34		1
SEROQUEL XR	50MG	1.00	34	34		1
SERZONE	50MG	2.00	68	34		1
SERZONE	100MG	2.00	68	34		1
SERZONE	150MG	2.00	68	34		1
SERZONE	200MG	3.00	102	34		1
SERZONE	250MG	2.00	68	34		1
SILENOR	3	1.00	34	34		1
SILENOR	6	1.00	34	34		1
SILENOR	3MG	1.00	34	34		1
SILENOR	6MG	1.00	34	34		1
SIMCOR	20 - 500MG	2.00	68	34		1
SIMCOR	20 - 750MG	2.00	68	34		1
SIMCOR	20 - 1000MG	2.00	68	34		1
SIMCOR	1000-40 MG	1.00	34	34		1
SIMCOR	500MG-40MG	1.00	34	34		1
SIMPONI PEN	50MG/.5ML	0.02	0.5	28		0.5
SIMPONI SYRINGE	50MG/.5ML	0.02	0.5	28		0.5
SIMVASTATIN	80MG	0.50	17	34		1
SINGULAIR	4MG	1.00	34	34		1
SINGULAIR	5MG	1.00	34	34		1
SINGULAIR	10MG	1.00	34	34		1
SKELAXIN	800MG	3.00	102	34		1
SOLARAZE GEL	3%	3.57	100	28	100	100
SOLARAZE GEL	3%	1.79	50	28	50	50
SOLTAMOX	10MG/5ML	10.00	340	34		10
SOMATULINE	90MG/0.3ML	0.01	0.3	30		0.3
SOMATULINE	120MG/0.5ML	0.02	0.5	30		0.5
SOMATULINE	60MG/0.2ML	0.01	0.2	30		0.2
SONATA	5MG	1.00	34	34		1
SONATA	10MG	2.00	68	34		1
SORIATANE	10MG	1.00	30	30		1
SORIATANE	25MG	2.00	60	30		1
SORIATANE CK	10MG	0.03	1	30		1
SORIATANE CK	25MG	0.03	1	30		1
SPIRIVA	18MCG	1.00	5	5	5	5
SPIRIVA	18MCG	1.00	30	30	30	30
SPIRIVA	18MCG	1.00	90	90	90	90
SPRIX	15.75 MG	0.20	1	5	1	1
SPRIX	15.75 MG	1.00	5	5	5	5
STADOL NS	10MG/ML	0.17	5	30		2.5
STALEVO	75	8.00	240	30		1
STALEVO	125	8.00	240	30		1
STALEVO	150	8.00	240	30		1
STALEVO	100	8.00	240	30		1
STALEVO	50	8.00	240	30		1
STALEVO	200	6.00	180	30		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
STRATTERA	10MG	2.00	68	34		1
STRATTERA	18MG	2.00	68	34		1
STRATTERA	25MG	2.00	68	34		1
STRATTERA	40MG	1.00	34	34		1
STRATTERA	60MG	1.00	34	34		1
STRATTERA	80MG	1.00	34	34		1
STRATTERA	100MG	1.00	34	34		1
SUBOXONE	2-0.5MG	3.00	102	34		1
SUBOXONE	8-2MG	3.00	102	34		1
SUBOXONE	2-0.5MG	3.00	102	34		1
SUBOXONE	8-2MG	3.00	102	34		1
SULAR	10MG	1.00	34	34		1
SULAR	20MG	1.00	34	34		1
SULAR	30MG	2.00	68	34		1
SULAR	40MG	1.00	34	34		1
SULAR	8.5MG	1.00	34	34		1
SULAR	17MG	1.00	34	34		1
SULAR	25.5MG	1.00	34	34		1
SULAR	34MG	1.00	34	34		1
SUMAXIN	10%/4%	2.00	60	30		60
SURMONTIL	100MG	2.00	68	34		1
SURMONTIL	25MG	3.00	102	34		1
SURMONTIL	50MG	3.00	102	34		1
SUTENT	12.5MG	1.00	34	34		1
SUTENT	25MG	1.00	34	34		1
SUTENT	50MG	1.00	34	34		1
SYMBICORT	80-4.5	0.34	10.2	30		10.2
SYMBICORT	160-4.5	0.34	10.2	30		10.2
SYMBYAX	6/25MG	1.00	34	34		1
SYMBYAX	6/50MG	1.00	34	34		1
SYMBYAX	12/25MG	1.00	34	34		1
SYMBYAX	12/50MG	1.00	34	34		1
SYMBYAX	3/25MG	1.00	34	34		1
SYMLIN	600MCG/ML	0.20	5	25		5
SYMLINPEN 120	2700/2.7ML	0.36	10.8	30		2.7
SYMPLINPEN 60	1500/1.5	0.10	3	30		1.5
SYNAGIS INJ	50MG	0.02	0.5	30		0.5
SYNAGIS INJ	100MG	0.07	2	30		1
SYNAGIS INJ	50MG	0.03	1	30		1
SYNAGIS INJ	100MG	0.07	2	30		1
SYNERA	70 MG-70MG	1.00	1	1		1
TACLONEX	0.05-0.005	1.76	60	34	60GM	60
TACLONEX	0.05-0.005	2.94	100	34	100GM	100
TAGAMET	300MG	2.00	68	34		1
TAGAMET	400MG	2.00	68	34		1
TAGAMET	800MG	2.00	68	34		1
TAMIFLU	75MG	2.00	10	5		1
TAMIFLU	30MG	2.00	10	5		1
TAMIFLU	45MG	2.00	10	5		1
TEKAMLO	150MG-5MG	1.00	34	34		1
TEKAMLO	150MG-10MG	1.00	34	34		1
TEKAMLO	300MG-5MG	1.00	34	34		1
TEKAMLO	300MG-10MG	1.00	34	34		1
TEKTURNA	300MG	1.00	34	34		1
TEKTURNA	150MG	1.00	34	34		1
TEKTURNA HCT	150-12.5 MG	1.00	34	34		1
TEKTURNA HCT	150-25 MG	1.00	34	34		1
TEKTURNA HCT	300-12.5 MG	1.00	34	34		1
TEKTURNA HCT	300-25 MG	1.00	34	34		1
TEKTURNA HCT	150-12.5MG	1.00	34	34		1
TEQUIN	200MG	1.00	34	34		1
TEST STRIPS	Blood Glucose	6.67	200	30		1
TESTIM	1%	5.00	150	30		5

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
TIAZAC	420MG	1.00	34	34		1
TIAZAC	360MG	1.00	34	34		1
TIAZAC	180MG	1.00	34	34		1
TIAZAC	120MG	1.00	34	34		1
TIAZAC	240MG	1.00	34	34		1
TIAZAC	300MG	1.00	34	34		1
TILADE	1.75/ACT	0.54	16.2	30		16.2
TOBRADEX	0.3-.01%	#DIV/0!	2.5		2.5	2.5
TOBRADEX	0.3-.01%	#DIV/0!	3.5			3.5
TOBRADEX	0.3-.01%	#DIV/0!	5		5	5
TOBRADEX	0.3-.01%	#DIV/0!	10		10	10
TOBRADEX ST	.3%-.05%	0.17	5	30		5
TOPROL XL	25MG	1.50	51	34		1
TOPROL XL	50MG	1.50	51	34		1
TOPROL XL	100MG	1.50	51	34		1
TOVIAZ	4MG	1.00	34	34		1
TOVIAZ	8MG	1.00	34	34		1
TRACLEER	125MG	2.00	68	34		1
TRACLEER	62.5MG	2.00	68	34		1
TRADJENTA	5 MG	1.00	34	34		1
TRAVATAN Z	0.00%	1.00	5	34	5 ML	5
TRAVATAN Z	0.00%	0.15	2.5	34	2.5 ML	2.5
TRIANEX	0.05 %	0.61	17	28	17	17
TRIANEX	0.05 %	3.04	85	28	85	85
TRIBENZOR	20-5-12.5	1.00	34	34		1
TRIBENZOR	40-5-12.5	1.00	34	34		1
TRIBENZOR	40-5-25 MG	1.00	34	34		1
TRIBENZOR	40-10-12.5	1.00	34	34		1
TRIBENZOR	40-10-25MG	1.00	34	34		1
TRIBENZOR	20-5-12.5	1.00	34	34		1
TRIBENZOR	40-5-12.5	1.00	34	34		1
TRIBENZOR	40-5-25 MG	1.00	34	34		1
TRIBENZOR	40-10-12.5	1.00	34	34		1
TRIBENZOR	40-10-25MG	1.00	34	34		1
TRICOR	48MG	2.00	68	34		1
TRICOR	145MG	1.00	34	34		1
TRILIPIX	45MG	2.00	68	34		1
TRILIPIX	135MG	1.00	34	34		1
TRI-NORINYL		1.33	40	30		28
TRIPHASIL		1.33	40	30		28
TRYCET	100/325	1.00	34	34		1
TUSSIONEX	10-8MG/5ML	10.00	300	30		10
TWYNSTA	40 MG-5 MG	1.00	34	34		1
TWYNSTA	40MG-10MG	1.00	34	34		1
TWYNSTA	80 MG-5 MG	1.00	34	34		1
TWYNSTA	80MG-10MG	1.00	34	34		1
TYLENOL ARTHRITIS	650MG	6.00	204	34		1
TYZEKA	600	1.00	34	34		1
ULESFIA	5%	6.68	227	34		227
ULORIC	40MG	1.00	34	34		1
ULORIC	80MG	1.00	34	34		1
ULTRACET	37.5-325MG	10.00	340	34		1
ULTRAM	50MG	8.00	272	34		1
ULTRAM ER	100MG	1.00	34	34		1
ULTRAM ER	200MG	1.00	34	34		1
ULTRAM ER	300MG	1.00	34	34		1
ULTRAVATE PAC	PAC	0.03	1	34		1
UNIVASC	7.5MG	1.50	51	34		1
URAMAXIN CREAM	45%	1.50	45	30		45
URAMAXIN GEL	20%	1.00	20	20		20
UROXATRAL	10MG	1.00	34	34		1
VAGIFEM	25MCG	0.24	8	34	8	2
VAGIFEM	25MCG	0.53	18	34	18	2

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
VALCYTE SOLUTION	50MG/ML	18.00	612	34		1
VANCENASE AQ	.042%	1.27	38	30		19
VANCERIL	42MCG	1.12	33.6	30		16.8
VANCERIL DS 12.2	84MCG	0.81	24.4	30		12.2
VANCERIL DS 5.4	84MCG	0.36	10.8	30		5.4
VANDAZOLE	0.75%	14.00	70	5		70
VANDAZOLE	.75%	28.00	140	5		70
VECTICAL	3MCG/G	28.57	800	28		100
VELTIN	1.2-0.025%	0.88	30	34	30	30
VELTIN	1.2-0.025%	1.76	60	34	60	60
VENLAFAXINE	37.5MG	1.00	34	34		1
VENLAFAXINE	75MG	1.00	34	34		1
VENLAFAXINE	150MG	2.00	68	34		1
VENLAFAXINE	225MG	1.00	34	34		1
VENTAVIS	20	6.00	204	34		1
VENTAVIS	10	6.00	204	34		1
VENTOLIN HFA	90MCG	0.47	16	34	8	8
VENTOLIN HFA	90MCG	1.06	36	34	18g	18
VENTOLIN HFA	90MCG	0.47	16	34	8g	8
VERAMYST	27.5MCG	0.33	10	30		10
VERDESO	0.05%	2.94	100	34	100	100
VERDESO	0.05%	1.47	50	34	50	50
VEREGEN	15%	0.50	15	30		15
VERELAN	180MG	2.00	68	34		1
VERELAN	240MG	2.00	68	34		1
VERELAN	120MG	2.00	68	34		1
VERELAN	360MG	2.00	68	34		1
VERELAN PM	100MG	2.00	68	34		1
VERELAN PM	200MG	2.00	68	34		1
VERELAN PM	300MG	2.00	68	34		1
VESICARE	5MG	1.00	34	34		1
VESICARE	10MG	1.00	34	34		1
VIAGRA	25MG	0.20	6	30		1
VIAGRA	50MG	0.20	6	30		1
VIAGRA	100MG	0.20	6	30		1
VIBATIV	250MG	1.00	34	34		1
VIBATIV	750MG	2.00	68	34		1
VICODIN ES	7.5/750MG	5.00	170	34		1
VICODIN HP	10/660MG	6.00	204	34		1
VICTOZA	0.6MG/0.1	0.20	6	30	6	6
VICTOZA	0.6MG/0.1	0.30	9	30	9	9
VICTRELIS	200MG	12.00	336	28		336
VIGAMOX	0.5%	0.42857143	3	7		3
VIIBRYD	10 MG	1.00	34	34		1
VIIBRYD	20 MG	1.00	34	34		1
VIIBRYD	40 MG	1.00	34	34		1
VIMOVO	500-20MG	1.00	34	34		1
VIMOVO	375-20MG	1.00	34	34		1
VIMPAT	50MG	2.00	68	34		1
VIMPAT	100MG	2.00	68	34		1
VIMPAT	150MG	2.00	68	34		1
VIMPAT	200MG	2.00	68	34		1
VIOXX	50MG	1.00	34	34		1
VIOXX	25MG	1.00	34	34		1
VIOXX	12.5MG	1.00	34	34		1
VISUDYNE	15MG	1.00	1	1		1
VIVITROL	380MG	1.00	1.00	1		1
VOLTAREN DROPS	0.10%	0.08	2.5	30		2.5
VOLTAREN DROPS	0.10%	0.17	5	30		5
VOLTAREN GEL	1%	2.94	100	34		100
VPRIV	400UNIT	0.03	1	30		1
VUSION	0.25%	1.00	30	30		30
VYTORIN	10-10MG	1.00	34	34		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
VYTORIN	10-20MG	1.00	34	34		1
VYTORIN	10-80MG	1.00	34	34		1
VYTORIN	10-40MG	1.00	34	34		1
VYVANSE	30MG	1.00	34	34		1
VYVANSE	20MG	1.00	34	34		1
VYVANSE	40MG	1.00	34	34		1
VYVANSE	60MG	1.00	34	34		1
VYVANSE	50MG	1.00	34	34		1
VYVANSE	70MG	1.00	34	34		1
WELLBUTRIN XL	150MG	1.00	34	34		1
WELLBUTRIN XL	300MG	1.00	34	34		1
WILATE	450-450	7142.86	50000	7		30
WILATE	900-900	7142.86	50000	7		30
XALATAN	0.005%	0.09	2.5	28		2.5
XANAX XR	0.5MG	1.00	34	34		1
XANAX XR	1MG	1.00	34	34		1
XANAX XR	2MG	1.00	34	34		1
XANAX XR	3MG	1.00	34	34		1
XARELTO	10MG	1.00	34	34		1
XARELTO	15MG	1.00	34	34		1
XARELTO	20MG	1.00	34	34		1
XEOMIN	100	0.03	1	34		1
XERESE	5%/1%	0.15	5	34		5
XERESE	5%-1%	0.15	5	34		5
XIAFLEX	0.9MG	1.00	1	1		1
XIFAXAN	550	2.00	68	34		1
XIFAXAN	200MG	3.00	9	3		1
XOLAIR	150	0.07	2	28		1
XOLEGEL	2%	0.50	15	30		15
XOLEGEL DUO	2%-1%	0.03	1	34		1
XOLOX	10-500 MG	6.00	180	30		1
XOPENEX	0.31MG/3ML	3.00	102	34		3
XOPENEX	1.25MG/0.5ML	3.00	102	34		1
XOPENEX	0.63MG/3ML	3.00	102	34		3
XOPENEX	1.25MG/3ML	3.00	102	34		3
XOPENEX HFA	45MCG	1.00	30	30		15
XYRALID LP	3%-0.5%	0.03	1	34		1
XYRALID RC	3%-1%	0.03	1	34		1
XYREM	500MG/ML	18.00	540	30		10
XYZAL	5MG	1.00	34	34		1
XYZAL SOLUTION	2.5MG/5ML	10.00	300	30		10
YASMIN		1.33	40	30		28
YAZ		1.33	40	30		28
ZANAFLEX	2MG	2.50	85	34		1
ZANAFLEX	4MG	9.00	306	34		1
ZANAFLEX CAPSULES	2MG	1.00	34	34		1
ZANAFLEX CAPSULES	4MG	2.00	68	34		1
ZANAFLEX CAPSULES	6MG	6.00	204	34		1
ZANTAC	150MG	2.00	68	34		1
ZANTAC	300MG	2.00	68	34		1
ZANTAC	75MG	2.00	68	34		1
ZAVESCA	100mg	3.00	102	34		1
ZELAPAR	1.25	2	68	34		1
ZELNORM	6MG	2.00	68	34		1
ZELNORM	2MG	2.00	68	34		1
ZETIA	10MG	1.00	34	34		1
ZINOTIC	0.1%-1%	0.50	15	30		15
ZINOTIC	0.1%-0.5%	0.50	15	30		15
ZIRGAN	5	0.15	5	34		5
ZITHROMAX SUSP	100MG/5ML	6.00	180	30		15
ZITHROMAX SUSP	200MG/5ML	6.00	180	30		15
ZMAX	2GM/60ML	1.00	1	1		1
ZOCOR	5MG	1.00	34	34		1

Medicaid Pharmacy Quanity Limits

Drug Name	Strength	Limit/Day	MAX SUPPLY	MAX DAYS	Package Size	MIN SUPPLY
ZOCOR	10MG	1.50	51	34		1
ZOCOR	20MG	1.00	34	34		1
ZOCOR	40MG	1.00	34	34		1
ZOCOR	80MG	1.00	34	34		1
ZOLINZA	400MG	1.00	34	34		1
ZOLOFT	25MG	1.00	34	34		1
ZOLOFT	50MG	1.50	51	34		1
ZOLPIMIST	5MG	0.23	7.7	34		7.7
ZOLVIT	10-300/15	18.00	180	10		10
ZOMETA	4MG/5ML	0.07	10	28		5
ZOMETA	4MG	0.07	2	28		1
ZOMIG	2.5MG	0.40	12	30		1
ZOMIG	5MG	0.40	12	30		1
ZOMIG ZMT	5MG	0.20	6	30		1
ZOMIG ZMT	2.5MG	0.40	12	30		1
ZUPLENZ	4 MG	0.03	1	34		1
ZUPLENZ	8 MG	0.03	1	34		1
ZYCLARA	3.75	0.41	14	34		14
ZYCLARA	3.75%	0.22	7.5	34		7.5
ZYFLO	600MG	4.00	136	34		1
ZYFLO CR	600MG	4.00	136	34		1
ZYMAR	0.3%	0.71428571	5	7		5
ZYMAXID	0.5%	0.36	2.5	7		2.5
ZYPREXA	7.5MG	1.00	34	34		1
ZYPREXA	10MG	2.00	68	34		1
ZYPREXA	5MG	2.00	68	34		1
ZYPREXA	2.5MG	2.00	68	34		1
ZYPREXA	15MG	2.00	68	34		1
ZYPREXA	20MG	2.00	68	34		1
ZYPREXA RELPREVV	405	0.04	1	28		1
ZYPREXA RELPREVV	300	0.07	2	28		1
ZYPREXA RELPREVV	210	0.07	2	28		1
ZYPREXA ZYDIS	15MG	2.00	68	34		1
ZYPREXA ZYDIS	20MG	2.00	68	34		1
ZYPREXA ZYDIS	5MG	2.00	68	34		1
ZYPREXA ZYDIS	10MG	2.00	68	34		1
ZYRTEC	5MG	1.00	34	34		1
ZYRTEC	10MG	1.00	34	34		1
ZYRTEC	1MG/ML	10.00	340	34		10
ZYRTEC	10MG	1.00	34	34		1
ZYRTEC	5MG	1.00	34	34		1
ZYRTEC	1MG/ML	10.00	340	34		10
ZYRTEC - D Tab	5-120MG	2.00	68	34		1
ZYVOX	600MG	2.00	28	14		1