

DOSAGE LIMITATION LIST

(*) Indicates BRAND is Preferred

If the Brand name is underlined a generic is currently not available

Last Updated 12/10

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
<u>ABILIFY (<13 YEARS OF AGE)</u>	ARIPIPIRAZOLE (<13 YEARS OF AGE)		23 MG	
<u>ABILIFY (>=13 YEARS OF AGE)</u>	ARIPIPIRAZOLE (>=13 YEARS OF AGE)		45 MG	
<u>ADDERALL</u>	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS</u>		90 MG	
<u>ADDERALL XR *</u>	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS</u>		45 MG	
<u>ADVAIR (7 & 14 DAY PACKS)</u>	FLUTICASONE/SALMETEROL			1/365
<u>AMBIEN (IR)</u>	<u>ZOLPIDEM (IR)</u>		15 MG	
<u>AMBIEN CR</u>	<u>ZOLPIDEM CR</u>		18.75 MG	
<u>AMERGE</u>	<u>NARATRIPTAN</u>	1 MG		25/34
<u>AMERGE</u>	<u>NARATRIPTAN</u>	2.5 MG		10/34
<u>AXERT</u>	<u>ALMOTRIPTAN</u>	6.25 MG		27/34
<u>AXERT</u>	<u>ALMOTRIPTAN</u>	12.5 MG		27/34
<u>CATHETERS</u>			10 CATHETERS	
<u>CHANTIX</u>	VARENICLINE			168 tabs &/or 84 days/365
<u>CLOZARIL</u>	<u>CLOZAPINE</u>		1350 MG	
<u>CONCERTA</u>	METHYLPHENIDATE		135 MG	
<u>CYMBALTA</u>	DULOXETINE		120 MG	
<u>DARVON</u>	<u>PROPOXYPHENE</u>		6 TABS	
<u>DAYTRANA</u>	METHYLPHENIDATE		45MG/9HR PATCH	
<u>DEXEDRINE/DEXTROSTAT</u>	<u>D-AMPHETAMINE</u>		90 MG	
<u>DIABETIC MONITOR</u>				1/365
<u>DIABETIC LANCET DEVICE</u>				1/365
<u>DURAGESIC PATCH</u>	<u>FENTANYL PATCH</u>			1 PATCH/72 HOURS
<u>FANAPT</u>	ILOPERIDONE		36 MG	
<u>FAZACLO</u>	CLOZAPINE		1350MG	
<u>FOCALIN *</u>	<u>DEXMETHYLPHENIDATE</u>		30 MG	
<u>FOCALIN XR (<=13 YEARS OF AGE)</u>	<u>DEXMETHYLPHENIDATE</u>		45 MG	
<u>FOCALIN XR (>13 YEARS OF AGE)</u>	<u>DEXMETHYLPHENIDATE</u>		60 MG	
<u>FROVA</u>	FROVATRIPTAN	2.5 MG		20/34
<u>GEODON (<=17 YEARS OF AGE)</u>	ZIPRASIDONE (<=17 YEARS OF AGE)		180 MG	
<u>GEODON (>17 YEARS OF AGE)</u>	ZIPRASIDONE (>17 YEARS OF AGE)		300 MG	
<u>IMITREX KIT</u>	<u>SUMATRIPTAN KIT</u>	6 MG/0.5 ML		3 KITS/34
<u>IMITREX VIAL</u>	<u>SUMATRIPTAN VIAL</u>	6 MG/0.5 ML		2 VIALS/34
<u>IMITREX NASAL SPRAY</u>	<u>SUMATRIPTAN NASAL SPRAY</u>	20 MG		6 BOTTLES/34
<u>IMITREX TAB</u>	<u>SUMATRIPTAN TAB</u>	25 MG		41/34
<u>IMITREX TAB</u>	<u>SUMATRIPTAN TAB</u>	50 MG		20/34
<u>IMITREX TAB</u>	<u>SUMATRIPTAN TAB</u>	100 MG		10/34
<u>INCONTINENCE PRODUCTS</u>	<u>BRIEFS</u>		13 BRIEFS	
	<u>DIAPERS</u>		13 DIAPERS	
	<u>LINERS</u>		13 LINERS	
	<u>PADS</u>		13 PADS	
<u>INVEGA</u>	PALIPERIDONE		18 MG	
<u>IV EQUIPMENT</u>				1/365
<u>LUNESTA</u>	EZOPICLONE		4.5 MG	
<u>MARINOL</u>	<u>DRONABINOL</u>		20 MG	

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<u>MAXALT</u>	RIZATRIPTAN	5 MG		27/34
MAXALT	RIZATRIPTAN	10 MG		14/34
<u>MAXALT MLT</u>	RIZATRIPTAN MLT	5 MG		27/34
<u>MAXALT MLT</u>	RIZATRIPTAN MLT	10 MG		14/34
<u>METADATE CD/ER</u>	METHYLPHENIDATE		90 MG	
METHYLIN/ER		135MG		
METHYLPHENIDATE/ER		135MG		
NEBULIZER				1/365
NICOTINE GUM				735 pcs &/or 84 days/365
NICOTINE LOZENGES				735 pcs &/or 84 days/365
NICOTINE PATCH		5 MG		14 PATCH &/or 14 DAYS/365
NICOTINE PATCH		7 MG		14 PATCH &/or 14 DAYS/365
NICOTINE PATCH		10 MG		14 PATCH &/or 14 DAYS/365
NICOTINE PATCH		14 MG		14 PATCH &/or 14 DAYS/365
NICOTINE PATCH		15 MG		84 PATCH &/or 84 DAYS/365
NICOTINE PATCH		21 MG		42 PATCH &/or 42 DAYS/365
NICOTINE TRANSDERMAL SYSTEM				56 PATCH &/or 56 DAYS/365
OXANDRIN	<u>OXANDROLONE</u>	2.5 MG	8 TABS	272/34
OXANDRIN	<u>OXANDROLONE</u>	10 MG	2 TABS	68/34
OXYCONTIN CR (Limit 2 strengths per client)	<u>OXYCODONE ER</u> (Limit 2 strengths per client)	ALL STRENGTHS	3 TABS/strength	102/34/strength (Limit 2 strengths per client)
PROSOM	<u>ESTAZOLAM</u>		3 MG	
<u>RELPA</u> X	ELETRIPTAN	20 MG		20/34
<u>RELPA</u> X	ELETRIPTAN	40 MG		14/34
RISPERDAL (<=17 YEARS OF AGE)	RISPERIDONE (<=17 YEARS OF AGE)		5 MG	
RISPERDAL (>17 YEARS OF AGE)	RISPERIDONE (>17 YEARS OF AGE)		24 MG	
RITALIN	<u>METHYLPHENIDATE</u>		135 MG	
<u>RITALIN LA</u>	METHYLPHENIDATE		90 MG	
RITALIN SR	<u>METHYLPHENIDATE ER/METHYLIN ER</u>		135 MG	
<u>ROZAREM</u>	RAMELTEON		12 MG	
<u>RYZOLT</u>	TRAMADOL		300 MG	
<u>SAPHRIS</u>	ASENAPINE		30 MG	
<u>SEREVENT (14 DAY PACK)</u>	SALMETEROL			1/365
<u>SEROQUEL (<13 YEARS OF AGE)</u>	QUETIAPINE FUMARATE (<13 YEARS OF AGE)		600 MG	
<u>SEROQUEL (13-17 YEARS OF AGE)</u>	QUETIAPINE FUMARATE (13-17 YEARS OF AGE)		900 MG	
<u>SEROQUEL (>17 YEARS OF AGE)</u>	QUETIAPINE FUMARATE (>17 YEARS OF AGE)		1200 MG	
SHARPS CONTAINER				1/365
SOMA	<u>CARISOPRODOL</u>			84/365
SONATA	<u>ZALEPLON</u>		30 MG	
SPACER				1/365
<u>SPIRIVA (5 DAY PACK)</u>	TIOTROPIUM BROMIDE			1/365
SPIROMETER				1/365
STADOL NASAL SPRAY	<u>BUTORPHANOL</u>	10 MG/ML		1 BOTTLE/34

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<u>STRATTERA</u>	ATOMOXETINE		150 MG	1 tab/day *Exception applies if unable to achieve prescribed dose with 1 tablet.
<u>SUBOXONE</u>	BUPRENORPHONE/NALOXONE		32 MG	
<u>SUBUTEX</u>	<u>BUPRENORPHONE</u>		32 MG	
<u>TALWIN NX</u>	<u>PENTAZOCINE/NALOXONE</u>		2 TABS	60/30
<u>TORADOL SYRINGE</u>	<u>KETOROLAC SYRINGE</u>	30 MG		5-DAY DURATION/34 DAYS
<u>TORADOL SYRINGE</u>	<u>KETOROLAC SYRINGE</u>	15 MG		5-DAY DURATION/34 DAYS
<u>TORADOL TAB</u>	<u>KETOROLAC TAB</u>	10 MG		5-DAY DURATION/34 DAYS
<u>TREXIMET</u>	SUMATRIPTAN/NAPROXEN			10/34
<u>ULTRAM</u>	<u>TRAMADOL</u>		8 TABS	
<u>ULTRAM ER</u>	<u>TRAMADOL ER</u>	100 MG	300 MG	
<u>ULTRAM ER</u>	<u>TRAMADOL ER</u>	200 MG	300 MG	
<u>ULTRAM ER</u>	TRAMADOL ER	300 MG	300 MG	
<u>ULTRACET</u>	<u>TRAMADOL/APAP</u>		8 TABS	5-DAY DURATION/34 DAYS
<u>VYVANSE</u>	LISDEXAMFETAMINE		105 MG	
<u>ZOMIG</u>	ZOLMITRIPTAN	2.5 MG		20/34
<u>ZOMIG</u>	ZOLMITRIPTAN	5 MG		10/34
<u>ZOMIG ZMT</u>	ZOLMITRIPTAN ZMT	2.5 MG		20/34
<u>ZYBAN</u>	<u>BUPROPION</u>			168 tabs &/or 84 days/365
<u>ZYPREXA (<13 YEARS OF AGE)</u>	OLANZAPINE (<13 YEARS OF AGE)		15 MG	
<u>ZYPREXA (>=13 YEARS OF AGE)</u>	OLANZAPINE (>=13 YEARS OF AGE)		30 MG	