

**South Carolina Medicaid
PRODUCTS WITH QUANTITY LIMITS
Updated March 2006**

(Listed alphabetically by most commonly known brand name)

In addition to quantity limits, some products may have prior authorization requirements.

Brand Name	Maximum Quantity Limitation Per Prescription (a month's supply is the maximum South Carolina Medicaid-covered days' supply per prescription)		Generic Drug Name
Actiq®	136	lozenges per month	Fentanyl Citrate
Actonel® 35mg	5	tablets per month	Risendronate
Amerge®	8	tablets per month	Naratriptan HCl
Anzemet®	10	tablets per month	Dolasetron Mesylate
Axert®	8	tablets per month	Almotriptan Malate
Catapres TTS®	5	patches per month	Clonidine
Combunox®	28	tablets per month	Ibuprofen/Oxycodone
Commit®	1512	lozenges per 90-day period	Nicotine Polacrilex
Diflucan® 50 mg	144	tablets per month	Fluconazole
Diflucan® 100 mg	72	tablets per month	
Diflucan® Caplet 150 mg	2	caplets per month	
Diflucan® 200 mg	36	tablets per month	
Duragesic®	16	patches per month	Fentanyl
Forteo®	3	ml per month	Teriparatide
Fosamax® 70mg	5	tablets per month	Alendronate
Fosamax® 70mg/75ml	75	ml of solution per month	Alendronate
Frova®	12	tablets per month	Frovatriptan Succinate
Fuzeon®	1	box per month	Enfivurtide
Golytely® packets	1	packet per month	Polyethylene glycol plus electrolytes
Halflytely® packets	1	packet per month	Polyethylene glycol, sodium chloride, sodium bicarbonate
Imitrex® Injection	4	cartridges, vials, or syringes per month	Sumatriptan Succinate
Imitrex® Nasal Spray 5 mg	16	single use units per month	
Imitrex® Nasal Spray 20 mg	8	single use units per month	
Imitrex® 25 mg	18	tablets per month	
Imitrex® 50 mg	18	tablets per month	
Imitrex® 100 mg	9	tablets per month	
Insulin	40	ml per month	Insulin
Kytril® 1 mg	15	tablets per month	Granisetron HCl
Kytril® Oral Solution	150	ml per month	
Lamisil® 250 mg	90	tablets per 180-day period	Terbinafine HCl
Maxalt®, Maxalt-MLT®	12	tablets per month	Rizatriptan Benzoate
Nicoderm®	90	patches per 90-day period	Nicotine
Nicorette®	1512	pieces per 90-day period	Nicotine Polacrilex
Nicotrol®	90	patches per 90-day period	Nicotine
Nicotrol®	168	Cartridges per 90-day period	Nicotine
Nicotrol NS®	40	ml per 90-day period	Nicotine

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Nuvaring®	1	medicated ring per month	Etonogestrel/Ethinyl Estradiol
Ortho Evra®	4	patches per month	Ethinyl Estradiol/Norelgestromin
OxyContin® (all strengths)	180	tablets per month	Oxycodone
Prev Pac®	14	packages per month	Lansoprazole/Amoxicillin/Clarithromycin
Pulmicort Turbuhaler®	2	inhalers per month	Budesonide Oral Inhalation
Regranex® Gel	45	grams per month	Becaplermin
Relenza®	20	units per 180-day period	Zanamivir
Relpax®	6	tablets per month	Eletriptan Hydrobromide
Risperdal Consta®	2	syringes per month	Risperidone Microspheres
Spiriva®	36	capsules per month	Tiotropium
Sporanox® 100 mg	180	capsules per 180-day period	Itraconazole
Sporanox® Oral Solution	1,800	ml per 180-day period	
Stadol® Nasal Spray (2.5 ml per bottle)	5	ml per month	Butorphanol Tartrate
Tamiflu® 75 mg	10	capsules per 180-day period	Oseltamivir Phosphate
Tamiflu® Suspension	100	ml per 180-day period	
Toradol®	30	tablets per prescription (<i>refills are NOT Medicaid-covered; a new prescription is required</i>)	Ketorolac Tromethamine
Zofran® Oral Solution	75	ml per month	Ondansetron HCl
Zofran® 4 mg	15	tablets per month	
Zofran ODT® 4 mg		tablets per month	
Zofran® 8 mg	10	tablets per month	
Zofran ODT® 8 mg		tablets per month	
Zofran® 24 mg	8	tablets per month	Zolmitriptan
Zomig®	8	tablets per month	
Zomig-ZMT®	8	single use units per month	Bupropion Extended Release
Zomig® Nasal Spray	180	tablets per 90-day period	
Zyban®			