

**South Carolina Medicaid  
PRODUCTS WITH QUANTITY LIMITS**

Updated March 2007

(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
Copaxone®	1	box per month	Glatiramer Acetate
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
Fentora®	136	tablets per month	Fentanyl
Forteo®	3	ml per month	Teriparatide
Fosamax® 35mg and 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	Enfivuridine
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

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Nicotrol NS®	40	ml per 90-day period	Nicotine
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
Prozac Weekly® 90mg	5	capsules per month	Fluoxetine HCl
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 Zofran ODT® 4 mg	15	tablets per month	
Zofran® 8 mg Zofran ODT® 8 mg	15	tablets per month	
Zofran® 24 mg	10	tablets per month	
Zomig® Zomig-ZMT®	8	tablets per month	Zolmitriptan
Zomig® Nasal Spray	8	single use units per month	Bupropion Extended Release
Zyban®	180	tablets per 90-day period	