

**State of New Hampshire  
Quantity Limits Program List As Of November 1, 2011\***

Therapeutic Category	Medication Name	Retail Pharmacy Plan Limit	Mail Service Plan Limit
<b>Nausea and Vomiting Prevention</b>	Aloxi 0.25/5 & 0.075mg/1.5ml inj	5ml every 15 Days	5ml every 15 Days
	Anzemet 50mg	3 every 15 Days	3 every 15 Days
	Anzemet 100mg	3 every 15 Days	3 every 15 Days
	Anzemet 100/5 & 12.5/0.625 inj	5ml every 30 Days	5ml every 30 Days
	Kytril ( <i>granisetron</i> ) 1mg	6 every 15 Days	6 every 15 Days
	Kytril ( <i>granisetron</i> ) 0.1mg/ml	1ml every 15 Days	1ml every 15 Days
	Kytril ( <i>granisetron</i> ) 1mg/ml	1ml every 15 Days	1ml every 15 Days
	<i>Granisetron 2mg/10ml</i>	30ml every 15 Days	30ml every 15 Days
	Sancuso 3.1mg/24hr patch	2 every 15 Days	2 every 15 Days
	<i>Ondansetron 24 mg (tablet)</i>	1 every 15 Days	1 every 15 Days
	Zofran ( <i>ondansetron</i> ) 4 mg (tablets)	12 every 15 Days	12 every 15 Days
	Zofran ( <i>ondansetron</i> ) 8 mg (tablets)	12 every 15 Days	12 every 15 Days
	Zofran ( <i>ondansetron</i> ) 4 mg & 8 mg ODT	12 every 15 Days	12 every 15 Days
	Zofran ( <i>ondansetron</i> ) Oral Solution	100ml every 15 days	100ml every 15 days
	Zofran ( <i>ondansetron</i> ) 2mg/ml inj	10ml every 15 days	10ml every 15 days
	<i>Ondansetron 32mg/50ml IV inj - NaCl</i>	50ml every 15 Days	50ml every 15 Days
	<i>Ondansetron 32mg/50ml IV inj - Dextrose</i>	50ml every 15 Days	50ml every 15 Days
	Zuplenz 4mg & 8mg film	12 every 15 Days	12 every 15 Days
	Emend 40mg	3 every 180 Days	3 every 180 Days
	Emend 80mg	2 every 15 Days	2 every 15 Days
	Emend 125mg	1 every 15 Days	1 every 15 Days
	Emend Therapy Pack (2 x 80mg and 1 x 125mg combined)	3 every 15 Days	3 every 15 Days
	Emend 115mg Inj	1 vial every 15 Days	1 vial every 15 Days
Cesamet	20 every 30 Days	60 every 90 Days	
Marinol ( <i>dronabinol</i> ) 2.5mg, 5mg, 10mg	60 every 30 Days	180 every 90 Days	
<b>Anti-Migraine</b>	Amerge ( <i>naratriptan</i> ) 1mg & 2.5mg	9 every 30 Days	27 every 90 Days
	Axert 6.25mg & 12.5mg	12 every 30 Days	36 every 90 Days
	Frova 2.5mg	9 every 30 Days	27 every 90 Days
	Imitrex ( <i>sumatriptan</i> ) Inj Vials	4ml every 30 Days	12ml every 90 Days
	Imitrex Inj ( <i>sumatriptan</i> ) Kits 4mg & 6mg, Alsuma Inj Kits 6mg	5ml every 30 Days	15ml every 90 Days
	Imitrex NS ( <i>sumatriptan</i> ) 5mg and 20mg	12 every 30 Days	36 every 90 Days
	Imitrex ( <i>sumatriptan</i> ) 25mg, 50mg, 100mg	9 every 30 Days	27 every 90 Days
	Maxalt & Maxalt MLT 5mg & 10mg	12 every 30 Days	36 every 90 Days
	Relpax 20mg, 40mg	12 every 30 Days	36 every 90 Days
	Sumavel Dosepro	6ml every 30 Days	18ml every 90 Days
	Treximet	9 every 30 Days	27 every 90 Days
	Zomig 2.5mg and 5mg	12 every 30 Days	36 every 90 Days
	Zomig ZMT 2.5mg and 5mg	12 every 30 Days	36 every 90 Days
	Zomig Nasal Spray	12 every 30 Days	36 every 90 Days
	Migranal NS	8ml every 30 Days	24ml every 90 Days

Therapeutic Category	Medication Name	Retail Pharmacy Plan Limit	Mail Service Plan Limit
Influenza	Tamiflu 75	10 every 180 Days	10 every 180 Days
	Tamiflu 45	10 every 180 Days	10 every 180 Days
	Tamiflu 30	20 every 180 Days	20 every 180 Days
	Tamiflu 60mg/5ml	180ml every 180 Days	180ml every 180 Days
	Tamiflu 30mg/5ml		
	Relenza	20 every 180 Days	20 every 180 Days
Pain Management	Stadol ( <i>butorphanol</i> ) NS	6ml every 30 Days	18ml every 90 Days
Stomach Acid Relief	Aciphex, Dexilant, Nexium, Prevacid ( <i>lansoprazole</i> ), Prilosec ( <i>omeprazole</i> ), Protonix ( <i>pantoprazole</i> )	30 every 30 Days up to a maximum of 90 per 365 Days	90 per 365 days
	Zegerid ( <i>omeprazole/ sodium bicarb</i> )	30 every 30 Days up to a maximum of 90 per 365 Days	90 per 365 days
Insomnia	Halcion ( <i>triazolam</i> )	10 every 30 Days	30 every 90 Days
	Ambien ( <i>zolpidem</i> )	15 every 30 Days	45 every 90 Days
	AmbienCR ( <i>zolpidem</i> )	15 every 30 Days	45 every 90 Days
	<i>Flurazepam</i>	15 every 30 Days	45 every 90 Days
	Doral	15 every 30 Days	45 every 90 Days
	Lunesta	15 every 30 Days	45 every 90 Days
	<i>Estazolam</i>	15 every 30 Days	45 every 90 Days
	Restoril ( <i>temazepam</i> )	15 every 30 Days	45 every 90 Days
	STRAZEPAM PAK ( <i>temazepam with nutrient supp pak</i> )	15 every 30 Days	45 every 90 Days
	Rozerem	15 every 30 Days	45 every 90 Days
	Sonata ( <i>zaleplon</i> )	15 every 30 Days	45 every 90 Days

**Generic medications are indicated in italics; those listed in parenthesis are direct equivalents to the brand name.**

**\*Important Notes:** This list is intended for summary purposes only and is subject to change based on new medications, product approvals or withdrawals, and other market changes. Details of coverage are set forth in separate documents, which govern the pharmacy benefit plan. If your prescription exceeds the plan limit indicated above, your doctor must complete a Prior Authorization (PA) by calling CVS Caremark at 1-800-626-3046. Some Insomnia medications may be for short term treatment only and thus are not eligible for approval through the PA process for amounts beyond those listed. Please contact CVS Caremark at 1-888-726-1630 for further coverage information.