

WV HealthPAS-Rx Limitation Configuration as of 11/17/2009				
Limitations Configured by NDC Grouping:				
Description	Example	Limitation	Value	EffectiveDate
Acetaminophen with Codeine 120-12mg/5ml	Tylenol with Codeine Elixer	MAXDAYDOSE	166	11/12/2007
Acylovir 5% Cream	Zovirax 5% Cream	MAXUNITS	1 UNIT, AT NDC LEVEL BASED ON SIZE	3/20/2009
Acylovir 5% Ointment	Zovirax 5% Ointment	MAXUNITS	1 UNIT, AT NDC LEVEL BASED ON SIZE	3/20/2009
ADHD Drugs	Adderal, Ritalin	MAX AGE	18	8/12/2004
Albuterol Sulfate Inhalation (0.63 and 1.25mg)	Accuneb	MAXAGE	5	1/23/2008
Albuterol Sulfate Inhalation (0.63 and 1.25mg)	Accuneb	TILLREFILL	23	5/13/2009
Albuterol Sulfate Inhalation (0.63 and 1.25mg)	Accuneb	MAXUNITS	375	5/13/2009
Albuterol Sulfate HFA Inhaler	Proair	MAXUNITS	17	7/23/2008
Albuterol Sulfate HFA Inhaler	Proair	TILLREFILL	30	7/23/2008
Alendronate Sodium Tab (35 and 70 mg)	Fosamax	TILLREFILL	21	5/13/2009
Alendronate Sodium Tab (35 and 70 mg)	Fosamax	MAXUNITS	4	5/13/2009
Alendronate Sodium/Vitamin D3 70mg-2800/5600	Fosamax+D	TILLREFILL	21	5/13/2009
Alendronate Sodium/Vitamin D3 70mg-2800/5600	Fosamax+D	MAXUNITS	4	5/13/2009
Almotriptan Malate 12.5mg Oral	Axert	MAXUNITS	12	6/12/2004
Almotriptan Malate 6.25mg Oral	Axert	MAXUNITS	9	6/12/2004
Antipyrine/Benzocaine/Zinc Ac	Neotic Ear Drops	MAXUNITS	20	3/9/2009
Anti Migraine "Triptan"	Imitrex (e.g.)	TILLREFILL	25	6/12/2004
Aprepitant	Emend	TILLREFILL	28	10/3/2005
Aprepitant	Emend	MAXUNITS	12	10/3/2005
Atomoxetine 10mg to 40mg	Strattera	MAXDAYDOSE	2	6/12/2004
Atomoxetine over 40mg	Strattera	MAXDAYDOSE	1	6/12/2004
Azelaic Acid/Ceramide 1,3, 6-11	Finacea Plus Kit	MAXUNITS	1	5/20/2009
Azelaic Acid/Ceramide 1,3, 6-11	Finacea Plus Kit	TILLREFILL	23	5/20/2009
Azithromycin	Zithromax	TILLREFILL	9	6/12/2004
Azithromycin Susp	Zithromax	MAXUNITS	30	6/12/2004
Azithromycin Tablets 250 MG	Zithromax	MAXUNITS	6	6/12/2004
Azithromycin Tablets 500 MG	Zithromax	MAXUNITS	3	9/30/2008
Benzoyl Peroxide Washes	Pacnex 7% wash	MAX UNITS	Limited to one package	3/9/2009
Bismuth/Metronid/Tetracyc	Helidac	MAXUNITS	57	12/16/2008
BISAC/NACL/NAHCO3/KCl/PEG's Packets	Halflytely Packets	MAXUNITS	1	6/12/2004
Budesonide	Pulmicort	MAXAGE	8	8/12/2004
Budesonide	Pulmicort	TILLREFILL	23	5/13/2009
Budesonide	Pulmicort	MAXUNITS	120	5/11/2009
Buprenorphine HCl/Naloxone HCL 2mg	Suboxone 2mg	MAXDAYDOSE	16	7/15/2008
Buprenorphine HCl/Naloxone HCL 8mg	Suboxone 8mg	MAXDAYDOSE	4	7/15/2008
Butorphanol Tartrate (Nasal)	Stadol	MAXUNITS	2.5	6/12/2004
Butorphanol Tartrate (Nasal)	Stadol	TILLREFILL	28	6/12/2004
Calcitriol 3mcg/gm Ointment	Vectical	MAXUNITS	100 (depends on package size)	5/11/2009
Ciclesonide	Alvesco 80, 160 mg Inhaler	MAXUNITS	12.2	3/9/2009
Cinacalcet HCL 30mg	Sensipar	MAXDAYDOSE	12	5/17/2006
Cinacalcet HCL 60mg	Sensipar	MAXDAYDOSE	6	5/17/2006
Cinacalcet HCL 90mg	Sensipar	MAXDAYDOSE	4	5/17/2006
Ciprofloxacin HCl/Dexamethasone Otic Susp	Ciprodex Otic Suspension	MAXUNITS	7.5	11/3/2008
Ciprofloxacin HCl/Dexamethasone Otic Susp	Ciprodex Otic Suspension	TILLREFILL	28	11/3/2008
Clopidogrel 75mg and 300mg	Plavix	MAXDAYDOSE	1	6/12/2004
COX-2 Inhibitors	Celebrex	MINAGE	70	1/23/2008
Desvenlafaxine Succinate Tablets (50 and 100mg)	Pristiq	MAXDAYDOSE	1	1/9/2009

Dexamethasone 1.5 mg Taper Pak	Dexpak	MAXUNITS	21	5/11/2009
Dexlansoprazole DR 30 mg	Kapidex	MAXDAYDOSE	1	8/21/2009
Dexlansoprazole DR 60 mg	Kapidex	MAXDAYDOSE	1	8/21/2009
Diazepam	Diastat	MAXUNITS	2	11/3/2008
Diazoxide 50mg/ml	Proglyem	MAXDAYDOSE	20	5/17/2006
Donezepiril HCl 5 mg Tablet	Aricept	MINAGE	45	9/8/2009
Donezepiril HCL 10 mg Tablet	Aricept	MINAGE	45	9/8/2009
Donezepiril HCl 5 mg ODT Tablet	Aricept	MINAGE	45	9/8/2009
Donezepiril HCL 10 mg ODT Tablet	Aricept	MINAGE	45	9/8/2009
Doxycycline/Omega-3 #1/Eye Mask	Nutridox 75 mg Convenience Kit	MAXUNITS	131	3/9/2009
Duloxetine HCL Capsules (20, 30, 60mg)	Cymbalta	MAXDAYDOSE	1	12/23/2008
Eletriptan Hydrobromide	Relpax	MAXUNITS	12	5/31/2007
Epinephrine	Twinject	MAXUNITS	1 or 2 (depends on pack size)	4/13/2009
Ergocalciferol	Calciferol	MAXAGE	6	6/14/2005
Escitalopram Tablets (5, 10, 20mg)	Lexapro	MAXDAYDOSE	1	12/16/2008
Escitalopram Suspension (5mg/5ml)	Lexapro	MAXDAYDOSE	20	12/19/2008
Esomeprazole 10 Pack, 20 Pack and 20mg Cap	Nexium 10 Pack, 20 Pack and 20mg Cap	MAXDAYDOSE	1	7/15/2008
Esomeprazole 40mg	Nexium 40mg	MAXDAYDOSE	2	7/15/2008
Estradiol Transderm	Evamist Spray	MAXDAYS	56	2/29/2008
Estrogens, Conjugated (Cream)	Premarin Vaginal Cream	MINAGE	12	8/3/2009
Exenatide 10mcg/0.04	Byetta	MAXDAYDOSE	0.08	5/31/2006
Exenatide 5mcg/.02	Byetta	MAXDAYDOSE	0.04	5/31/2006
Fluconazole	Diflucan	TILLREFILL	25	6/12/2004
Fluconazole	Diflucan	MAXUNITS	2	6/12/2004
Flurandrenolide	Cordran	TILLREFILL	10	1/26/2007
Flurandrenolide	Cordran	MAXUNITS	1	1/26/2007
Fluticasone Propionate	Flovent Diskus	MAXUNITS	60	3/9/2009
Frovatriptan Succinate	Frova	MAXUNITS	9	5/31/2007
Glatiramir Acetate	Copaxone 20 mg Injection Kit	MAXUNITS	1	11/3/2008
Glatiramir Acetate	Copaxone 20 mg Injection Kit	TILLREFILL	23	8/7/2009
Glucagon, Human Recombinant	Glucagon	MAXUNITS	2	11/3/2008
Glucagon, Human Recombinant	Glucagon	TILLREFILL	26	11/25/2008
Griseofulvin Suspension	Grifulvin Suspension	MAXAGE	6	5/18/2005
Guaifenesin with Codeine	Cheratussin AC	MAXAGE	12	7/1/2009
Hydrocodone Bit/Acetaminophen 7.5-500/15ml	Lortab Elixer	MAXDAYDOSE	120	11/12/2007
Hydrocortisone Acetate/Aloe Vera	Nucort Lotion	MAXUNITS	60	3/9/2009
Ibandronate Sodium	Boniva 150 mg tab & 3mg/3ml Syringe	MAXUNITS	1	5/21/2009
Ibandronate Sodium	Boniva 150 mg tab & 3mg/3ml Syringe	TILLREFILL	23	5/21/2009
Ibandronate Sodium	Boniva 150 mg tab & 3mg/3ml Syringe	MAXDAYDOSE	0.034	5/21/2009
Ipratropium/Albuterol Inhaler	Combivent	MAXUNITS	29.4	9/18/2009
Ipratropium/Albuterol Inhaler	Combivent	TILLREFILL	26	9/18/2009
Insulin (vials)	Humulin, Novolin (vials)	MAXUNITS	90	5/17/2006
Insulin, Regular, Human (vials)	Humulin R 500Units/ml (vials)	MAXUNITS	180	5/17/2006
Iprat-Albuterol 2.5-0.5/3ml Inhalation	Duoneb	TILLREFILL	23	5/13/2009
Iprat-Albuterol 2.5-0.5/3ml Inhalation	Duoneb	MAXUNITS	360	5/11/2009
Ketorolac Tromethamine	Toradol	MAXUNITS	20	6/12/2004
Ketorolac Tromethamine	Toradol	TILLREFILL	28	6/12/2004
Lansoprazole Solutabs	Prevacid Solutabs	MAXAGE	8	1/23/2008
Lansoprazole 15mg	Prevacid 15mg	MAXDAYDOSE	1	7/15/2008
Lansoprazole 30mg	Prevacid 30mg	MAXDAYDOSE	2	7/15/2008
Lansoprazole/Amox Tr/Clarith	Prevpac	MAXUNITS	14	6/12/2004

Lansoprazole/Amox Tr/Clarith	Prevpac	TILLREFILL	25	6/12/2004
Levonorgestrel-Eth Estra	Seasonale, Jolessa	MAXDAYS	91	2/11/2005
Levonorgestrel-Eth Estra	Seasonale, Jolessa	MAXUNITS	91	6/12/2004
Lidocaine HCl	Lidocaine HCL 2% Jelly	MAXUNITS	5, 10, or 20 (depends on pack size)	4/13/2009
Lisdexamfetamine Dimesylate	Vyvanse	MAXDAYDOSE	1	4/3/2008
L-Norgest-Eth Estra/Ethin Estra	Seasonique	MAXDAYS	91	10/3/2006
L-Norgest-Eth Estra/Ethin Estra	Seasonique	MAXUNITS	91	10/3/2006
L-Norgest-Eth Estra/Ethin Estra	Loseasonique	MAXDAYS	91	4/2/2009
L-Norgest-Eth Estra/Ethin Estra	Loseasonique	MAXUNITS	182	4/2/2009
Medroxyprogesterone Acetate 150mg/ml	Depo Provera 150 mg/ml	MAXDAYS	90	1/19/2005
Medroxyprogesterone Acetate 150mg/ml	Depo Provera 150 mg/ml	MAXUNITS	1	1/19/2005
Memantine Titration Pack	Namenda Titration Pak	REFILLS	0	11/15/2007
Memantine Titration Pack	Namenda Titration Pak	MAXDAYS	28	9/28/2007
Memantine Titration Pack	Namenda Titration Pak	MAXUNITS	49	9/28/2007
Memantine 5mg Tablet	Namenda	MINAGE	45	9/8/2009
Memantine 10mg Tablet	Namenda	MINAGE	45	9/8/2009
Memantine HCl 5-10 Titration Pack	Namenda	MINAGE	45	9/8/2009
Memantine HCl 10mg/5ml Solution	Namenda	MINAGE	45	9/8/2009
Miconazole Nitrate	Miconazole 3	MAXUNITS	1	12/16/2008
Miconazole Nitrate/Zinc Oxide Ointment	Vusion	MAXUNITS	30 or 50 (depends on pack size)	5/11/2009
Minocycline HCl Combo Pack	Minocin 50 mg & 100 mg Combo Pack	MAXUNITS	1	5/20/2009
Minocycline HCl Combo Pack	Minocin 50 mg & 100 mg Combo Pack	TILLREFILL	23	5/20/2009
Mometasone Furoate 220 MCG	Asmanex	MAXUNITS	0.24	10/27/2006
Mometasone Furoate 110 MCG	Asmanex	MAXUNITS	0.135	9/30/2008
Mometasone Furoate	Asmanex	TILLREFILL	25	10/27/2006
Naratriptan HCL	Amerge	MAXUNITS	9	5/31/2007
Neomy sulf/Plymyxin b sulfate	Neosporin Irrigant	MAXDAYDOSE	2	5/17/2006
Niacin/Lovastatin (except for 1000mg/40mg)	Advicor	MAXDAYDOSE	2	7/24/2006
Niacin/Lovastatin 1000mg/40mg	Advicor	MAXDAYDOSE	1	7/24/2006
Norelgestromin/Ethin.Estradiol	Ortho Evra Patch	MAXUNITS	3	6/12/2004
Norelgestromin/Ethin.estradiol	Ortho Evra Patch	TILLREFILL	25	6/12/2004
Ondansetron	Zofran	TILLREFILL	21	10/3/2005
Ondansetron 4mg and 8mg	Zofran	MAXUNITS	14	6/12/2004
Ondasetron HCL 24mg	Zofran	MAXUNITS	6	1/22/2007
Ondasetron HCL 4mg/5ml	Zofran	MAXUNITS	70	10/3/2005
Oral Antibiotics	Amoxil, Keflex, Levaquin etc....	REFILLS	1	6/22/2005
Oral Antibiotics	Amoxil, Keflex, Levaquin etc....	MAXDAYS	14	6/22/2005
Oral Narcotic/Acetaminophen 300, 325, 356, 400mg	Vicodin, Lortab, Panlor DC, Xodol, Zydone	MAXDAYDOSE	8	5/30/2006
Oral Narcotic/Acetaminophen 500mg	Vicodin, Lortab	MAXDAYDOSE	8	5/30/2006
Oral Narcotic/Acetaminophen 650mg, 660 mg	Lorcet Plus, Vidodin HP	MAXDAYDOSE	6	5/30/2006
Oral Narcotic/Acetaminophen 750mg, 713mg	Vicodin ES, Panlor SS	MAXDAYDOSE	5	5/30/2006
Oseltamivir 75mg	Tamiflu 75mg Gelcap	MAXUNITS	10	9/21/2009
Oseltamivir 30 mg	Tamiflu 30 mg Gelcap	MAXUNITS	10	9/21/2009
Oseltamivir 45 mg	Tamiflu 45mg Gelcap	MAXUNITS	10	9/21/2009
Oseltamivir 12 mg/ml suspension	Tamiflu 12 mg/ml suspension	MAXUNITS	50	10/2/2009
Oseltamivir 75mg	Tamiflu 75mg Gelcap	TILLREFILL	180	10/10/2009
Oseltamivir 30 mg	Tamiflu 30 mg Gelcap	TILLREFILL	180	10/10/2009
Oseltamivir 45 mg	Tamiflu 45mg Gelcap	TILLREFILL	180	10/10/2009
Oseltamivir 12 mg/ml suspension	Tamiflu 12 mg/ml suspension	TILLREFILL	180	10/10/2009
Oseltamivir 75mg	Tamiflu 75mg Gelcap	REFILLS	0	10/8/2009
Oseltamivir 30 mg	Tamiflu 30 mg Gelcap	REFILLS	0	10/8/2009

Oseltamivir 45 mg	Tamiflu 45mg Gelcap	REFILLS	0	10/8/2009
Oseltamivir 12 mg/ml suspension	Tamiflu 12 mg/ml suspension	REFILLS	0	10/8/2009
Oxycodone HCL	Oxycodone Powder	MAXDAYDOSE	0.5	12/28/2007
Oxycodone HCL SA tablets	Oxycontin (all strengths)	MAXDAYDOSE	2	1/5/2009
Peg-Interferon Alfa-2A	Pegasys 180 mcg/ml Convenience Pack	MAXUNITS	1	11/21/2008
Peg-Interferon Alfa-2A	Pegasys 180 mcg/ml Convenience Pack	TILLREFILL	21	11/21/2008
Peg-Interferon Alfa-2A	Pegasys 180 mcg/0.5ml Convenience Pack	MAXUNITS	1	11/21/2008
Peg-Interferon Alfa-2A	Pegasys 180 mcg/0.5ml Convenience Pack	TILLREFILL	21	11/21/2008
Peg-Interferon Alfa-2A	Pegasys 180 mcg/ml Vial	MAXUNITS	4	11/21/2008
Peg-Interferon Alfa-2A	Pegasys 180 mcg/ml Vial	TILLREFILL	21	11/21/2008
Pimecrolimus 1% Cream	Elidel 1% Cream	MINAGE	2	8/3/2009
PNV/22/Iron CBN&Gluc/FA/DSS/DHA	Foltabs Prenatal Plus DHA	MAXDAYDOSE	2	3/9/2009
PNV/38/Iron CBN&Gluc/FA/DSS/DH	Citranatal Assure Combo Pack	MAXDAYDOSE	2	3/9/2009
Polyethylene Glycol 3350 packet	Miralax packet	MAXDAYDOSE	1	5/17/2006
Polyethylene Glycol 3350 bottle	Miralax bottle	MAXDAYDOSE	18	6/26/2006
Pramlintide Acetate	Symlin 0.6 mg/ml vial	MAXUNITS	20	9/18/2009
Pramlintide Acetate	Symlin 60 Pen Injector	MAXUNITS	12	9/18/2009
Pramlintide Acetate	Symlin 120 Pen Injector	MAXUNITS	13.5	9/18/2009
Pramlintide Acetate	Symlin 0.6 mg/ml vial	TILLREFILL	26	1/13/2009
Pramlintide Acetate	Symlin 60 Pen Injector	TILLREFILL	26	1/13/2009
Pramlintide Acetate	Symlin 120 Pen Injector	TILLREFILL	26	1/13/2009
Pramlintide Acetate	Symlin 0.6 mg/ml vial	MAXDAYDOSE	0.67	9/18/2009
Pramlintide Acetate	Symlin 60 Pen Injector	MAXDAYDOSE	0.4	9/18/2009
Pramlintide Acetate	Symlin 120 Pen Injector	MAXDAYDOSE	0.45	9/18/2009
Pregabalin 25mg	Lyrica	MAXDAYDOSE	24	6/16/2007
Pregabalin 50mg	Lyrica	MAXDAYDOSE	12	6/16/2007
Pregabalin 75mg	Lyrica	MAXDAYDOSE	8	6/16/2007
Pregabalin 100mg	Lyrica	MAXDAYDOSE	6	6/16/2007
Pregabalin 150mg	Lyrica	MAXDAYDOSE	4	6/16/2007
Pregabalin 200mg	Lyrica	MAXDAYDOSE	3	6/16/2007
Pregabalin 225, 300mg	Lyrica	MAXDAYDOSE	2	6/16/2007
Promethazine with codeine	Phenergan with codeine	MAXUNITS	240	7/15/2008
Promethazine with codeine	Phenergan with codeine	TILLREFILL	30	7/15/2008
Promethazine with codeine VC	Phenergan with codeine VC	MAXUNITS	240	7/15/2008
Promethazine with codeine VC	Phenergan with codeine VC	TILLREFILL	30	7/15/2008
Rifaximin	Xifaxan	MAXDAYS	3	5/5/2008
Rifaximin	Xifaxan	MAXUNITS	9	5/5/2008
Rifaximin	Xifaxan	TILLREFILL	30	6/19/2008
Rizatriptan	Maxalt	MAXUNITS	12	8/1/2005
Sitagliptin Phosphate	Januvia	MAXDAYDOSE	1	10/2/2007
Salicylic Acid	Salycin	MAXUNITS	400 or 414 (depends on pack size)	5/11/2009
Sod Chloride/NaHCO3/KCl/PEG's	Nulytely	MAXUNITS	4000	5/17/2006
Sod Chloride/NaHCO3/KCl/PEG's	OCL Solution	MAXUNITS	4050	5/17/2006
Sod Chloride/NaHCO3/KCl/PEG's	Colyte	MAXUNITS	4000	5/17/2006
Sodium Phenybutyrate	Buphenyl Powder	MAXDAYDOSE	20	5/17/2006
Statin Drugs	Lipitor, Zocor	MAXDAYDOSE	1	5/17/2006
Sulfacetamide Sodium/Sulfur	Sumaxin Cleansing Pads	MAXUNITS	60	3/9/2009
Sumatriptan Succinate 25mg Oral	Imitrex	MAXUNITS	9	6/12/2004
Sumatriptan Succinate 4mg and 6mg Sub Q	Imitrex	MAXUNITS	6	6/12/2004
Sumatriptan Succinate 50 and 100mg	Imitrex	MAXUNITS	12	6/12/2004
Sumatriptan Succinate 5mg NS and 20mg NS	Imitrex	MAXUNITS	6	11/6/2008

Sumatriptan Succinate/Naproxen Sodium	Treximet	MAXUNITS	12	7/1/2008
Sumatriptan Succinate/Naproxen Sodium	Treximet	TILLREFILL	25	7/1/2008
Tacrolimus 0.1% Ointment	Protopic	MINAGE	15	8/3/2009
Tacrolimus 0.03% Ointment	Protopic	MINAGE	2	8/3/2009
Thalidomide 100mg	Thalomid	MAXDAYDOSE	4	5/17/2006
Thalidomide 150mg	Thalomid	MAXDAYDOSE	2	11/6/2008
Thalidomide 200mg	Thalomid	MAXDAYDOSE	2	5/17/2006
Thalidomide 50mg	Thalomid	MAXDAYDOSE	8	5/17/2006
Tiotropium Bomide 18 mcg cp Handihaler	Spiriva Handihaler	MAXDAYDOSE	1	7/14/2009
Tramadol	Ultram	MAXDAYDOSE	8	6/12/2004
Tramadol	Ultram	MAXUNITS	240	6/12/2004
Tramadol/Acetaminophen	Ultracet	MAXDAYDOSE	8	5/30/2006
Tramadol/Acetaminophen	Ultracet	TILLREFILL	28	6/12/2004
Tramadol/Acetaminophen	Ultracet	MAXUNITS	40	6/12/2004
Triamcinolone Acetonide Spray	Azmacort	MAXUNITS	20	11/6/2008
Urea	Uramaxin 45% Urea Cream	MAXUNITS	255	5/11/2009
Urea/Lactic Acid/Zn Undecylenate	Kerol ZX 50% Prefilled App	MAXUNITS	12	3/9/2009
Urea/Lactic Acid/Zn Undecylenate	Kerol 50% Emulsion	MAXUNITS	300	3/9/2009
Zanamivir 5 mg Diskhaler	Relenza 5 mg Diskhaler	MAXUNITS	20	9/21/2009
Zanamivir 5 mg Diskhaler	Relenza 5 mg Diskhaler	TILLREFILL	180	10/10/2009
Zanamivir 5 mg Diskhaler	Relenza 5 mg Diskhaler	REFILLS	0	10/8/2009
Zolmitriptan 5mg Nasal Spray	Zomig	MAXUNITS	6	11/6/2008
Zolmitriptan	Zomig	MAXUNITS	12	8/1/2005
Zolpidem Tartrate	Ambien	MAXDAYDOSE	1	3/10/2006
<b>Limitation by Therapeutic Class</b>				
<b>Description</b>	<b>Example</b>	<b>Limitation</b>	<b>Value</b>	<b>Effective Date</b>
Contraceptives, Implantable (G8B)	Implanon	GENDER	F	1/19/2005
Contraceptives, Intravaginal (G9A)	Ortho Gynol, KY+.	GENDER	F	1/19/2005
Contraceptives, Intravaginal (G9B)	Nuvaring	GENDER	F	1/19/2005
Contraceptives, Oral (G8A)	Ortho Novum, Lo Ovral	GENDER	F	1/19/2005
Contraceptives, Transdermal (G8F)	Ortho Evra Patch	GENDER	F	1/19/2005
Diaphragms/Cervical Caps	Ortho Diaphragm	MAXUNITS	1	12/16/2008
Estrogen/Androgen Comb. (G1B)	Estratest, Syntest,	GENDER	F	8/12/2004
Estrogenic Agents (G1A)	Estraderm, Premarin, FEMHRT	GENDER	F	8/12/2004
GeriatricVitamin Preparations (C6G)	Centrum Silver, One a Day 50+	MAXAGE	21	7/3/2006
Multivitamin Preparations (C6Z)	theragram, One a Day, Centrum	MAXAGE	21	8/12/2004
Pediatric Vitamin Preparations (C6H)	Centrum Jr., Scooby Doo,	MAXAGE	21	8/12/2004
Prenatal Vitamin Preparations (C6F)	Prenate, Prenatal Plus, Natalcare	GENDER	F	8/12/2004
Prenatal Vitamin Preparations (C6F)	Prenate, Prenatal Plus, Natalcare	MAXAGE	46	8/12/2004
Progestational Agents (G2A)	Provera, Depo Provera, Aygstin	GENDER	F	8/12/2004
Sedative-Hyponotics, Non Barbituates (H2E)	Restoril, Dalmane, Prosom, Ativan	MAXAGE	65	8/12/2004
Skeletal Muscle Relaxants (H6H)	Soma, Zanaflex, Norflex	MAXAGE	65	8/12/2004
Vaginal Estrogen Prep (Q4K)	Estrace, Premarin, Vagifem	GENDER	F	8/12/2004
Vitamin A Derivatives (L9B)	Retin A, Avita	MAXAGE	18	8/12/2004
<b>Limitations for Kits (by NDC Grouping)</b>				
<b>Description</b>	<b>Example</b>	<b>Limitation</b>	<b>Value</b>	<b>EffectiveDate</b>
Acne Kits	Duac Convenience Kit	MAXUNITS	1 KIT	9/9/2008
Rectal Analgesic Prep Kits	Anamantle HC Cream Kit/Rectagel HC Gel	MAXUNITS	1 KIT	12/16/2008

Sulfacetamide Sodium/Urea	Carmol Scalp Treatment Kit	MAXUNITS	1 KIT	12/16/2008	
<b>Limitations Configured by NDC Grouping for Non-Insulin Dependent Members:</b>					
<b>Description</b>	<b>Example</b>	<b>Limitation</b>	<b>Value</b>	<b>EffectiveDate</b>	
Blood Sugar Diagnostics	One Touch, Accu-Check	MAXUNITS	102	9/26/2005	
Lancets	Lancets	MAXUNITS	100	10/31/2005	
Glucose Urine Testing Supplies	Glucostix	MAXUNITS	100	9/26/2005	
<b>Special Limitations for Insulin Dependent Members:</b>					
<b>Description</b>	<b>Example</b>	<b>Limitation</b>	<b>Value</b>	<b>Effective Date</b>	
Blood Sugar Diagnostics	One Touch, Accu-Check	MAXUNITS	153	8/12/2004	
Blood Sugar Diagnostics	One Touch, Accu-Check	TILLREFILL	24	8/12/2004	
Lancets	Monolet, Relion Lancets	MAXUNITS	204	8/12/2004	
Lancets	Monolet, Relion Lancets	TILLREFILL	24	8/12/2004	
Needles/Needleless Devices (X2A)	Unifine Pen Needles	MAXUNITS	100	8/12/2004	
Needles/Needleless Devices (X2A)	Unifine Pen Needles	TILLREFILL	24	8/12/2004	
Syringes and Accessories (X2B)	BD-U-100, Sure Comfort	MAXUNITS	100	8/12/2004	
Syringes and Accessories (X2B)	BD-U-100, Sure Comfort	TILLREFILL	24	8/12/2004	
Urine Acetone Test Strips	Glucostix	MAXUNITS	153	8/12/2004	
Urine Acetone Test Strips	Glucostix	TILLREFILL	24	8/12/2004	
Urine Acetone Test Tablets	Acetest	MAXUNITS	153	8/12/2004	
Urine Acetone Test Tablets	Acetest	TILLREFILL	24	8/12/2004	
Urine Multiple Test	Chemstrip, Diascreen	MAXUNITS	153	8/12/2004	
Urine Multiple Test	Chemstrip, Diascreen	TILLREFILL	24	8/12/2004	
<b>KEY</b>					
MAXDAYDOSE: The maximum number of doses (units) allowed per day of therapy.					
MAXDAYS: The maximum number of days allowed per claim.					
MAXUNITS: The maximum number of units that may be dispensed per claim.					
TILLREFILL: The number of days that must pass before refilling a prescription.					
MAXAGE: The maximum age allowed for a member for a claim.					
MINAGE: The minimum age allowed for a member for a claim.					
REFILLS: The maximum amount of refills allowed.					
GENDER: "M" = Male, "F" = Female					
Note: Oral Antibiotics are limited to a 14 day supply with one refill. Tetracyclines, sulfa drugs, antituberculosis and anti-malarial agents, amebicides and urinary tract anti-infectives are excluded from this limitation.					
Note: All limitations are subject to clinical review. For clinical review of a limitation, please call the WV Medicaid RDTP at 1-800-847-3859, option 1, then option 2.					