

Mississippi Medicaid			
PRODUCTS WITH QUANTITY LIMITS			
(Listed alphabetically by most commonly known brand name)			
Brand Name	Maximum Quantity Limitation Per 31 Days ¹	Generic Drug Name	Comments
Actiq Lozenge	62	Fentanyl Citrate 200,400,600,800,1200,1600mcg	
Alcet	62	Oxycodone/Acet 10/500	
Ambien 10 mg	31	Zolpidem	
Ambien 5 mg	31	Zolpidem	
Ambien CR 12.5 mg	31	Zolpidem	
Ambien CR 6.25 mg	31	Zolpidem	
Amerge 1 mg Tablet	9	Naratriptan	
Amerge 2.5 mg Tablet	9	Naratriptan	
Anexsia	62	Hydrocodone/Acet 5/325,5/500, 7.5/325,7.5/650	
Avinza Cap	31	Morphine Sulfate 30, 60, 90 120 mg	
Axert 12.5 Tablet	6	Almotriptan	
Axert 6.25 Tablet	6	Almotriptan	
Axocet-Bupap	145	Butalbital/Acet 50/650	
Chantix	2 kits/yr, 336 tabs/yr	Varenicline 0.5, 1 mg Tabs, Starter Kits	
Chloral Hydrate 500 mg	31	Chloral Hydrate	
Codeine Phospate	62	Codeine Phosphate 15, 30 & 60 mg Tabs	
Combunox	28	Oxycodone/Ibuprofen 5/400	
Dalmane 15 mg	31	Flurazepam	
Dalmane 30 mg	31	Flurazepam	
Darvocet A500	62	PropoxypheneNap/Acet 100/500	
Darvocet N	62	PropoxypheneNap/Acet 50/325, 100/650	
Darvon Compound-32 & 65	62	PropoxypheneHCl/ASA/Caff 32 & 65/389/32.4	
Demerol	62	Meperidine HCl 50, 100 mg Tabs	
Diastat Rectal Gel Twin Pack	3 Boxes	Diazepam Rectal Gel 2.5,5,10,15,20mg	
Dilaudid	62	Hydromorphone HCl 2, 4, 8 mg Tabs	
Dolgic Plus	124	Butalbital/Acet/Caf 50/750/40	
Dolophine	62	Methadone HCl 5, 10, 40 mg Tabs	
Doral 15 mg	31	Quazepam	
Doral 7.5 mg	31	Quazepam	

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Duragesic Patches	10	Fentanyl Transdermal Patches, 12, 25, 50, 75,100 mcg/hr	
Empirin No.3 & No.4	62	Codeine/Aspirin 30/325, 60/325	
Esgic Plus	186	Butalbital/Acet/Caf 50/500/40	
Fioricet w/Codeine	62	Butalbital/Acet/Codeine/Caf 50/325/30/40	
Fioricet-Esgic	186	Butalbital/Acet/Caff 50/325/40	
Fiorinal	186	Butalbital/ASA/Caf 50/325/40	
Fiorinal w/Codeine	62	Butalbital/ASA/Codeine/Caf 50/325/30/40	
Flextra 650	145	Phenyltoloxamine/Acet 60/650	
Flextra DS	186	Phenyltoloxamine/Acet 50/500	
Frova 2.5 mg Tablet	9	Frovatriptan	
Halcion 0.125 mg	31	Triazolam	
Halcion 0.25 mg	31	Triazolam	
Imitrex 100 mg Tablet	9	Sumatriptan	
Imitrex 25 mg Tablet	9	Sumatriptan	
Imitrex 50 mg Tablet	9	Sumatriptan	
Imitrex 6 mg/0.5ml Vial	4 vials (2 ml)	Sumatriptan	<i>Imitrex Injections limited to a Cumulative Total of 4 Injections per month</i>
Imitrex Nasal Spray 20 mg	6 (1 Box)	Sumatriptan	
Imitrex Nasal Spray 5 mg	6 (1 Box)	Sumatriptan	
Imitrex Stat Kit 2X6 mg	4 Inject.(2 Kits)	Sumatriptan	
Imitrex Stat Refill Kit 2X6 mg	4 Inject.(2 Kits)	Sumatriptan	
Kadian Cap	62	Morphine Sulfate 20, 30, 50, 60, 100 mg	
Levorphanol 2 mg	62	Levorphanol 2 mg Tabs	
Lorcet (plain, HD & Plus)	62	Hydrocodone/Acet 5/500, 7.5/650, 10/650	
Lortab	62	Hydrocodone/Acet 2.5/500,5/500,7.5/500,10/500	
Lunesta 1 mg	31	Eszopiclone	

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Lunesta 2 mg	31	Eszopiclone	
Lunesta 3 mg	31	Eszopiclone	
Maxalt 10 mg Tablet	12	Rizatriptan	
Maxalt 5 mg Tablet	12	Rizatriptan	
Maxalt MLT 10 mg Tablet	12	Rizatriptan	
Maxalt MLT 5 mg Tablet	12	Rizatriptan	
Maxidone	62	Hydrocodone/Acet 10/750	
Morphine SO4 Soluble Tab for Injection	62	Morphine Sulfate 10, 15, 30 mg	
MS Contin	62	Morphine Sulfate 15, 30, 60, 100, 200 mg Tabs	
MSIR	62	Morphine Sulfate 15, 30 mg Tabs	
Norco	62	Hydrocodone/Acet 5/325,7.5/325,10/325	
Opana	62	Oxymorphone HCl- 5, 10 mg & ER-5, 10, 20, 40 mg	
OxyContin	62	Oxycodone HCl 10, 20, 40, 80 mg Tabs	
OxyIR Cap	62	Oxycodone HCl 5 mg	
Panlor DC	62	Dihydrocodeine/Acet/Caff 16/356.4/30	
Panlor SS	62	Dihydrocodeine/Acet/Caff 32/712.8/60	
Percocet	62	Oxycodone/Acet 2.5,5,7.5,10mg / 325 mg- 7.5/500mg, 10/650mg Tabs	
Percodan	62	Oxycodone/ASA 4.8355 mg/325mg	
Phrenilin	186	Butalbital/Acet 50/325	
Phrenilin Forte	145	Butalbital/Acet 50/650	
Prosom 1 mg	31	Estazolam	
Prosom 2 mg	31	Estazolam	
Provigil 100 mg	46.5	Modafanil	Min.Age=16
Provigil 200 mg	31	Modafanil	Min.Age=16
Relpax 20 mg Tablet	6	Eletriptan	
Relpax 40 mg Tablet	6	Eletriptan	
Restasis 0.05% Eye Emulsion	60	Cyclosporine	Min.Age=16
Restoril 15 mg	31	Temazepam	
Restoril 30 mg	31	Temazepam	

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Restoril 7.5 mg	31	Temazepam	
Roxicodone	62	Oxycodone HCL 5, 15, 30 mg Tab	
Rozerem 8 mg	31	Ramelteon	
Soma & Soma Combinations	one time fill up to 84 every 6 months	Carisoprodol	Requires PA 7/1/08
Sonata 10 mg	31	Zaleplon	
Sonata 5 mg	31	Zaleplon	
Suboxone	62	Buprenorphine/Naloxone- 2-0.5 & 8-2 mg	
Subutex	62	Buprenorphine HCl 2, 8 mg Tabs	
Synalgos-DC	62	Dihydrocodeine/ASA/Caf 16/356.4/30	
Talacen	62	Pentazocine/Acet 25/650mg	
Talwin NX	62	Pentazocine/Naloxone	
Tylenol w/Codeine No.2,3 & 4	62	Codeine /Acet 15/300,30/300,60/300	
Tylox	62	Oxycodone/Acet 5/500 mg	
Ultracet	62	Tramadol/Acetaminophen 37.5mg/325mg	
Ultram 50 mg	62	Tramadol	
Vicodin (plain,ES & HP)	62	Hydrocodone/Acet 5/500, 7.5/750, 10/660	
Vicoprofen (7.5/200mg)	62	Hydrocodone/Ibuprofen	
Wygesic	62	PropoxypheneHCl/Acet 65/650	
Xodol	62	Hydrocodone/Acet 5/300, 7.5/300, 10/300	
Zofran 24 mg Tabs	5	Ondansetron	
Zofran 4 mg ODT	12	Ondansetron	
Zofran 4 mg Tabs	12	Ondansetron	
Zofran 4 mg/5ml Soln	100ml	Ondansetron	
Zofran 8 mg ODT	12	Ondansetron	
Zofran 8 mg Tabs	12	Ondansetron	
Zomig 2.5 mg Tablet	6	Zolmitriptan	
Zomig 5 mg Nasal Spray	6 (1 Box)	Zolmitriptan	
Zomig 5 mg Tablet	6	Zolmitriptan	

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Zomig ZMT 2.5 mg Tablet	6	Zolmitriptan	
Zomig ZMT 5 mg Tablet	6	Zolmitriptan	
Zydone	62	Hydrocodone/Acet 5/400,7.5/400,10/400	
THE MAJORITY OF QUANTITY LIMITS ARE SET PER DUR BOARD RECOMMENDATIONS			
¹ Total maximum quantities are calculated based on 31 rolling days NOT calendar days.			
For greater quantities per month, submit 'Maximum Unit Override Request' form to HID;			
see www.hidms.medicaid.com for form			
Age Restrictions- Submit 'Medicial Necessity Prior Auth. for Children < 21' form to HID;			
see www.hidms.medicaid.com for form			
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