



ODS Rx^{2.0} 2010 MEDICATIONS REQUIRING AUTHORIZATION

Medications subject to: prior authorizations,
step therapy and quantity restrictions

EFFECTIVE July 1, 2010

This list of medications requiring authorizations may change periodically. For prior effective dates, to submit a request for authorization, or to determine if your medication currently requires authorization, please contact ODS Pharmacy Customer Service.

SPECIALTY MEDICATIONS

All specialty medications require prior authorization before they can be dispensed. The list below does not include applicable specialty medications. To determine if the medication you are taking is a specialty medication, please refer to the ODS Specialty Listing available through your myODS account at www.odskompanies.com/members, or by calling ODS Pharmacy Customer Service.

IMMUNIZATIONS AND VACCINES

Your pharmacy benefit includes coverage of select immunization and vaccine products. These products are not listed in this document and some restrictions may apply. To determine if the immunization or vaccine you will be receiving is covered under your pharmacy benefit or if there are any limitations, please refer to the ODS Rx Customary Vaccine Listing available under your myODS account or by calling ODS Pharmacy Customer Service.

ODS PHARMACY CUSTOMER SERVICE

503-243-3960 or 888-361-1610

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
ABILIFY	ARIPIRAZOLE	ANTIPSYCHOTIC AGENT	Step therapy	Prior prescription for at least a 30 day supply of risperidone
ACIPHEX	RABEPRAZOLE SODIUM	STOMACH ULCER	Step therapy and Quantity limit	Prior prescription for generic proton pump inhibitor. Max quantity is 60 per 30 days or 180 per 90 days
ACTIQ	FENTANYL CITRATE	PAIN MANAGEMENT - ANALGESIC	Prior authorization and Quantity limit	Clinical criteria Max quantity is 90 per 30 days or 270 per 90 days

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
ACTONEL	RISEDRONATE SODIUM	OSTEOPOROSIS	Quantity limit	Max quantity is 5mg & 30mg - 30 per 30 days or 90 per 90 days; 35mg -4 per 28 days or 12 per 84 days; 75mg -2 per 30 days or 6 per 90 days
ACTOPLUS MET	PIOGLITAZONE / METFORMIN HCL	DIABETES	Step therapy and Quantity limit	Prior prescription for metformin or a sulfonylurea Max quantity is 90 per 30 days or 270 per 90 days
ACTOS	PIOGLITAZONE	DIABETES	Step therapy and Quantity limit	Prior prescription for metformin or a sulfonylurea Max quantity is 30 per 30 days or 90 per 90 days
ADDERALL XR	DEXTROAMPHETAMINE / AMPHETAMINE	ATTENTION DEFICIT DISORDER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISORDER (ADHD)	Quantity limit	Max quantity is 5mg, 10mg, 15mg - 60 per 30 days or 180 per 90 days; 20mg, 25mg, 30mg - 30 per 30 days or 90 per 90 days
ADVAIR DISKUS	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA	Quantity limit	Max quantity is 60 diskus blisters per 30 days or 180 diskus blisters per 90 days
ADVAIR HFA	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA	Quantity limit	Max quantity is 1 inhaler per 30 days or 3 inhalers per 90 days
ALLEGRA	FEXOFENADINE HCL	ALLERGY	Quantity limit	Max quantity is 30mg & 60mg -60 per 30 days or 180 per 90 days 180mg; 30 per 30 days or 90 per 90 days
ALLEGRA-D	FEXOFENADINE HCL/ PSEUDOEPHEDRINE	ALLERGY	Quantity limit	Max quantity is 120mg/60mg -60 per 30 days or 180 per 90 days; 240mg/180mg 30 per 30 days or 90 per 90 days
ALOXI	PALONOSETRON	ANTIEMETIC/ ANTIVERTIGO	Prior authorization	Clinical criteria
ALTINAC	TRETINOIN	DERMATOLOGY	Age restriction	Member age > 26 requires prior authorization
AMBIEN	ZOLPIDEM TARTRATE	INSOMNIA	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
AMERGE	NARATRIPTAN HCL	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 9 per 30 days or 27 per 90 days
AMLODIPINE-BENAZEPRIL	AMLODIPINE BESYLATE-BENAZEPRIL HCL	CARDIOVASCULAR DISEASE-HYPERTENSION	Step therapy	Prior prescription for at least a 30 day supply of HCTZ, metoprolol, atenolol, amlodipine, benazepril, enalapril, and/or lisinopril.
AMNESTEEM	ISOTRETINOIN	DERMATOLOGICAL AGENT	Step therapy	Prior prescription for at least a 30 day supply of tretinoin.
ANDRODERM	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
ANDROGEL	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
ANZEMET	DOLASETRON MESYLATE	ANTIEMETIC/ ANTIVERTIGO	Prior authorization	Clinical criteria
ATACAND / HCT	CANDESARTAN CILEXETIL	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
ATRALIN	TRETINOIN	DERMATOLOGY	Age restriction	Member age > 26 requires prior authorization
AVALIDE	IRBESARTAN/HYDROCHLOROTHIAZIDE	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor

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AVANDAMET	ROSIGLITAZONE / METFORMIN HCL	DIABETES	Step therapy and Quantity limit	Prior prescription for metformin or a sulfonylurea Max quantity is 60 per 30 days or 180 per 90 days
AVANDARYL	ROSIGLITAZONE MALEATE / GLIMEPIRIDE	DIABETES	Step therapy and Quantity limit	Prior prescription for metformin or a sulfonylurea Max quantity is 4mg/1mg & 4mg/2mg -60 per 30 days or 180 per 90 days; 4mg/4mg, 8mg/2mg & 8mg/4mg -30 per 30 days or 90 per 90 days
AVANDIA	ROSIGLITAZONE	DIABETES	Step therapy and Quantity limit	Prior prescription for metformin or a sulfonylurea Max quantity is 2mg & 4mg - 60 per 30 days or 180 per 90 days; 8mg -30 per 30 days or 90 per 90 days
AVAPRO	IRBESARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
AVINZA	MORPHINE SULFATE	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 30mg, 45mg, 60mg, 75mg - 30 per 30 days or 90 per 90 days; 90mg, 120mg - 60 per 30 days or 180 per 90 days
AVITA	TRETINOIN	DERMATOLOGY	Age restriction	Member age > 26 requires prior authorization
AXERT	AMLOTRIPTAN	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 6 per 30 days or 18 per 90 days
BECONASE AQ	BECLOMETHASONE DIPROPIONATE	ALLERGY	Quantity limit	Max quantity is 2 inhalers per 30 days or 6 per 90 days
BENICAR / HCT	OLMESARTAN MEDOXOMIL	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
BONIVA	IBANDRONATE SODIUM	OSTEOPOROSIS	Quantity limit	Max quantity is 2.5mg -30 per 30 days or 90 per 90 days; 150mg -1 per 30 days or 3 per 90 days
BUDEPRION XL	BUPROPION HCL	ANTIDEPRESSANT	Step therapy	Prior prescription for at least a 30 day supply of citalopram, fluoxetine, paroxetine, and/or sertraline.
BYETTA	EXENATIDE	DIABETES	Step therapy and Quantity limit	Prior prescription for metformin, a sulfonylurea or a thiazolidinedione. Max quantity is 1 pen per 30 day supply or 3 pens per 90 day supply.
BYSTOLIC	NEBIVOLOL	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy and Quantity limit	Prior prescription for generic beta blocker. Max quantity is 30 per 30 days or 90 per 90 days
CABERGOLINE	CABERGOLINE	ENDOCRINE DISORDER	Quantity limit	Max quantity is 8 within at least a 30 day period
CADUET	AMLODIPINE/ ATORVAST CAL	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
CAMPRAL	ACAMPROSATE CALCIUM	ALCOHOL DEPENDENCE	Prior authorization	Clinical criteria
CATAPRES-TTS	CLONIDINE HCL	BLOOD PRESSURE	Quantity limit	Max quantity is 4 per 28 days or 12 per 84 days
CESAMET	NABILONE	ANTIEMETIC/ ANTIVERTIGO	Prior authorization	Clinical criteria

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
CELEBREX	CELECOXIB	INFLAMMATORY DISEASE	Step therapy and Quantity limit	Prior prescription of 2 Non-Steroidal Anti-Inflammatory Agents for patients under 60 years of age. Max quantity is 60 per 30 days or 180 per 90 days.
CLARAVIS	ISOTRETINOIN	DERMATOLOGICAL AGENT	Step therapy	Prior prescription for at least a 30 day supply of tretinoin.
CLARINEX	DES Loratadine	ANTIHISTIMINE	Step therapy	Prior prescription for Allegra or Allegra D.
CLARINEX-D	DES Loratadine/Pseudoephedrine	ALLERGY	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
CLOZARIL	CLOZAPINE	ANTIPSYCHOTIC AGENT	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
COGNEX	TACRINE HCL	DEMENTIA	Step therapy	Prior prescription for Galantamin HBR, Exelon, or Aricept
COMBIVENT	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	Quantity limit	Max quantity is 2 inhalers per 30 days or 6 per 90 days
CONCERTA	METHYLPHENIDATE HCL	ATTENTION DEFICIT DISORDERS (ADD), ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
COZAAR	LOSARTAN POTASSIUM	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
CRESTOR	ROSUVASTATIN CALCIUM	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
CYCLOSPORINE	CYCLOSPORINE, MODIFIED	IMMUNOSUPPRESSIVES	Prior authorization	Clinical criteria
CYMBALTA	DULOXETINE	ANTIDEPRESSANT	Step therapy	Prior prescription for at least a 30 day supply of venlafaxine, citalopram, fluoxetine, paroxetine, and/or sertraline
DEPO-PROVERA	MEDROXYPROGESTERONE CONTRACEPTIVE INJECTION	CONTRACEPTIVE	Quantity limit	Max quantity is 150mg -1 per 84 days; 400mg -1 per 30 days or 3 per 90 days.
DEPO-SUBQ PROVERA 104	MEDROXYPROGESTERONE CONTRACEPTIVE INJECTION	CONTRACEPTIVE	Quantity limit	Max quantity is 1 per 84 days
DERMA-SMOOTH-FS	FLUOCINOLONE ACETONIDE	DERMATOLOGY	Quantity limit	Max quantity is 1 per 30 days or 3 per 90 days
DEXILANT	DEXLANSOPRAZOLE	ULCER DISEASE	Step Therapy and Quantity limit	Prior prescription for omeprazole. Max quantity is 30 per 30 days or 90 per 90 days
DIFFERIN	ADAPALENE	DERMATOLOGY	Age restriction	Member age >26 requires prior authorization
DORAL	QUAZEPAM	INSOMNIA	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
DIOVAN / HCT	VALSARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
DUETACT	PIOGLITAZONE / GLIMEPIRIDE	DIABETES	Step therapy	Prior prescription for metformin or a sulfonyleurea
DURAGESIC	FENTANYL	PAIN MANAGEMENT - ANALGESIC	Prior authorization and Quantity limit	Clinical criteria Max quantity is 10 per 30 days or 30 per 90 days

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EFFEXOR XR	VENLAFAXINE XR	ANTIDEPRESSANT	Step therapy	Prior prescription for at least a 30 day supply of venlafaxine, citalopram, fluoxetine, paroxetine, and/or sertraline
ELIDEL	PIMECROLIMUS	DERMATOLOGICAL AGENT	Step therapy and Age restriction	Prior prescription for topical anti-inflammatory Member age < 2 requires prior authorization
ENTOCORT EC	BUDESONIDE	ADRENOCORTICAL STEROIDS	Step therapy	Prior prescription for a glucocorticoid
EXFORGE / HCT	AMLODIPINE / VALSARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
EPIPEN	EPINEPHRINE (ADRENALINE)	ALLERGIC REACTION	Quantity limit	Max quantity is 2 per 30 days or 6 per 90 days
EPIPEN JR	EPINEPHRINE (ADRENALINE)	ALLERGIC REACTION	Quantity limit	Max quantity is 2 per 30 days or 6 per 90 days
ESTRASORB	ESTROGEN, TOPICAL	ESTROGEN REPLACEMENT	Quantity limit	Max quantity is 1 per 28 days or 3 per 84 days
ESTROGEL	ESTROGEN, TOPICAL	ESTROGEN REPLACEMENT	Quantity limit	Max quantity is 1 per 30 days or 3 per 90 days
FACTIVE	GEMIFLOXACIN	ANTI-INFECTIVE	Quantity limit	Max quantity is 7 per fill
FAMVIR	FAMCICLOVIR	ANTIVIRAL	Quantity limit	Max quantity is 125mg & 250mg -60 per 30 days or 180 per 90 days; 500mg -21 per 30 days or 63 per 90 days
FAZACLO	CLOZAPINE	ANTIPSYCHOTIC AGENT	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
FENTORA	FENTANYL	PAIN MANAGEMENT - ANALGESIC	Prior authorization and Quantity limit	Clinical criteria Max quantity is 90 per 30 days or 270 per 90 days
FLECTOR	DICLOFENAC	ANTI-INFLAMMATORY AGENT	Step Therapy	Prior prescription for at least a 30 day supply of a generic non-steroidal anti-inflammatory drug (NSAID).
FOCALIN	DEXMETHYLPHENIDATE HCL	ATTENTION DEFICIT DISORDER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISORDER (ADHD)	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
FOCALIN XR	DEXMETHYLPHENIDATE HCL XR	ATTENTION DEFICIT DISORDER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISORDER (ADHD)	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
FORADIL	FORMOTEROL FUMARATE	ASTHMA	Step therapy	Prior prescription for at least a 30 day supply of any albuterol HFA inhaler
FORTEO	TERIPARATIDE	OSTEOPOROSIS	Step therapy and Quantity limit	Prior prescription for alendronate, Boniva, and/or Actonel. Max quantity is 1 pen per 30 day supply or 3 pens per 90 day supply
FOSAMAX	ALENDRONATE SODIUM	OSTEOPOROSIS	Quantity limit	Max quantity is 5mg, 10mg & 40mg -30 per 30 days or 90 per 90 days; 35mg & 70mg -4 per 28 days or 12 per 84 days
FOSAMAX PLUS D	ALENDRONATE SODIUM/VITAMIN D	OSTEOPOROSIS	Quantity limit	Max quantity is 4 per 28 days or 12 per 84 days
FROVA	FROVATRIPTAN SUCCINATE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 10 per 30 days or 30 per 90 days

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FUZEON	ENFUVRTIDE	ANTI-INFECTIVE	Quantity limit	Max quantity is 1 kit per 30 days or 3 kits per 90 days
GEODON	ZIPRASIDONE	ANTIPSYCHOTIC AGENT	Step therapy and Quantity limit	Prior prescription for at least a 30 day supply of risperidone. Max quantity is 60 per 30 days or 180 per 90 days
GLYSET	MIGLITOL	DIABETES	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
HYZAAR	LOSARTAN POSTASSIUM / HCL	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
IMITREX	SUMATRIPTAN SUCCINATE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 9 tablets per 30 days or 27 per 90 days; nasal spray - 6ml (1 box) per 30 days or 18ml (3 boxes) per 90 days; injections - 4 packages per 30 day supply or 12 packages per 90 days
INSPRA	EPLERENONE	CONGESTIVE HEART FAILURE	Prior authorization	Clinical criteria
INTAL	CROMOLYN SODIUM	ASTHMA	Quantity limit	Max quantity is 2 inhalers per 30 days or 6 per 90 days
INVEGA	PALIPERIDONE	ANTIPSYCHOTIC AGENT	Step Therapy and Quantity limit	Prior prescription for clozapine, risperidone, Seroquel, or Seroquel XR. Max quantity is 3mg & 9mg - 30 per 30 days or 90 per 90 days; 6mg 60 per 30 days or 180 per 90 days
JANUMET	SITAGLIPTIN / METFORMIN HCL	DIABETES	Step therapy	Prior prescription for metformin or a sulfonylurea
JANUVIA	SITAGLIPTIN PHOSPHATE	DIABETES	Step therapy	Prior prescription for metformin
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	ANTI-INFLAMMATORY	Quantity limit	Max quantity is 20 per 30 days or 60 per 90 days
KYTRIL	GRANISETRON	ANTIEMETIC/ ANTIVERTIGO	Quantity limit	Max quantity is 2 per 30 days or 6 per 90 days
LAMISIL	TERBINAFINE	ANTI-INFECTIVE	Quantity limit	Max quantity 30 per 30 days or 90 per 90 days
LANTUS / SOLOSTAR	INSULIN GLARGINE	DIABETES	Step therapy	Prior prescription for NPH insulin
LESCOL / XL	FLUVASTATIN	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 20mg & 40mg - 60 per 30 days or 180 per 90 days; 80mg - 30 per 30 days or 90 per 90 days
LEVEMIR	INSULIN DETEMIR	DIABETES	Step therapy	Prior prescription for NPH insulin
LEXAPRO	ESCITALOPRAM	ANTIDEPRESSANT	Step therapy	Prior prescription for at least a 30 day supply of citalopram, fluoxetine, paroxetine and/or sertraline
LIPITOR	ATORVASTATIN CALCIUM	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
LOVAZA		CHOLESTEROL	Prior authorization	Clinical criteria
LOTREL	AMLODIPINE BESYLATE-BENAZEPRIL HCL	CARDIOVASCULAR DISEASE-HYPERTENSION	Step therapy	Prior prescription for at least a 30 day supply of HCTZ, metoprolol, atenolol, amlodipine, benazepril, enalapril, and/or lisinopril.

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LUNESTA	ESZOPICLONE	INSOMNIA	Step therapy and Quantity limit	Prior prescription for zolpidem Max quantity is 30 per 30 days or 90 per 90 days
LYRICA	PREGABALIN	ANTICONVULSANT	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
MAXAIR AUTOHALER	PIRBUTEROL ACETATE	ASTHMA	Quantity limit	Max quantity is 2 inhalers per 30 days or 6 per 90 days
MAXALT / MLT	RIZATRIPTAN BENZOATE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 12 per 30 days or 36 per 90 days
MICARDIS / HCT	TELMISARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
MIGRANAL	DIHYDROERGOTAMINE MESYLATE	MIGRAINE	Quantity limit	Max quantity is 3 bottles (12ml) per 30 days or 9 per 90 days
MOBIC	MELOXICAM	ANTI-INFAMMATORY	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
NAPRELAN	NAPROXEN	ANTI-INFLAMMATORY	Prior authorization	Clinical criteria
NASACORT AQ	TRIAMCINOLONE ACETONIDE	ALLERGY	Quantity limit	Max quantity is 2 inhalers per 30 days or 6 per 90 days
NASAREL	FLUNISOLIDE	ALLERGY	Quantity limit	Max quantity is 3 inhalers per 30 days or 9 per 90 days
NASONEX	MOMETASONE FUROATE MONOHYDRATE	ALLERGY	Quantity limit	Max quantity is 2 inhalers per 30 days or 6 per 90 days
NEBUPENT	PETNAMIDINE ISETHIONATE	ANTI-INFECTIVES	Quantity Limit	Max quantity is 1 vial per 30 days or 3 vials per 90 days
NEORAL	CYCLOSPORINE, MODIFIED	IMMUNOSUPPRESSIVES	Prior authorization	Clinical criteria
NEXIUM	ESOMEPRAZOLE	ULCER DISEASE	Step therapy and Quantity limit	Prior prescription for omeprazole. Max quantity is 30 per 30 days or 90 per 90 days.
NUVIGIL	ARMODAFINIL	ANALEPTIC	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
OXANDRIN	OXANDROLONE	ANABOLIC STEROIDS	Prior authorization	Clinical criteria
OXYCONTIN	OXYCODONE CR	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
OXYTROL	OXYBUTYNIN CHLORIDE	BLADDER INSTABILITY	Quantity limit	Max quantity is 10 per 30 days or 30 per 90 days
PANTOPRAZOLE	PANTOPRAZOLE NA	ULCER DISEASE	Step therapy	Prior prescription for at least a 30 day supply of omeprazole.
PENNSAID	DICLOFENAC	ANTI-INFLAMMATORY AGENT	Step therapy	Prior prescription for at least a 30 day supply of a generic non-steroidal anti-inflammatory drug (NSAID).
PERFOROMIST	FORMOTEROL FUMARATE	ASTHMA	Quantity limit	Max quantity is 60 vials per 30 days or 180 vials per 90 days.
PRECOSE	ACARBOSE	DIABETES	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
PREVACID	LANSOPRAZOLE	ULCER DISEASE	Step therapy and Quantity limit	Prior prescription for omeprazole. Max quantity is 60 per 30 days or 180 per 90 days.

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PREVACID NAPRAPAC	LANSOPRAZOLE/ NAPROXEN	INFLAMMATORY DISEASE	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
PRILOSEC	OMEPRAZOLE	STOMACH ULCER	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
PRISTIQ	DESVENLAFAXINE	ANTIDEPRESSANT	Step therapy	Prior prescription for at least a 30 day supply of venlafaxine, citalopram, fluoxetine, paroxetine, and/or sertraline
PROGRAF	TACROLIMUS ANHYDROUS	IMMUNOSUPPRESSIVES	Prior authorization	Clinical criteria
PROTONIX	PANTOPRAZOLE	STOMACH ULCER	Step therapy and Quantity limit	Prior prescription for at least a 30 day supply of omeprazole. Max quantity is 60 per 30 days or 180 per 90 days.
PROVIGIL	MODAFINIL	ANALEPTIC	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
PULMICORT	BUDESONIDE	ASTHMA	Quantity limit	Max quantity is 60ml per 30 days or 180ml per 90 days
PULMICORT FLEXHALER	BUDESONIDE	ASTHMA	Quantity limit	Max quantity is 2 per 30 days or 6 per 90 days
RAPAMUNE	SIROLIMUS	IMMUNOSUPPRESSIVES	Prior authorization	Clinical criteria
RAZADYNE / ER	GALANTAMINE	DEMENCIA	Quantity limit	Max quantity is 4mg, 8mg, 12mg - 60 per 30 days or 180 per 90 days; 8mg (ER), 16mg, 24mg - 30 per 30 days or 90 per 90 days
RELENZA	ZANAMIVIR	ANTIVIRALS, GENERAL	Quantity Limit	Max quantity is 1 package per fill
RELPAK	ELETRIPTAN HYDROBROMIDE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 6 per 30 days or 18 per 90 days
RESTASIS	CYCLOSPORINE	OPHTHALMIC IMMUNOLOGIC AGENT	Quantity limit	Max quantity is 60 vials per 30 days or 180 per 90 days
RESTORIL	TEMAZEPAM	INSOMNIA	Prior authorization	Clinical criteria
RETIN-A	TRETINOIN	DERMATOLOGY	Age restriction	Member age > 26 requires prior authorization
RETIN-A MICRO	TRETINOIN	DERMATOLOGY	Age restriction	Member age > 26 requires prior authorization
REVATIO	SILDENAFIL CITRATE	CARDIOVASCULAR DISEASE – HYPERTENSION	Prior authorization	Clinical criteria
RHINOCORT AQUA	BUDESONIDE	ALLERGY	Quantity limit	Max quantity is 1 package per 30 days or 3 per 90 days
RISPERDAL / M-TAB	RISPERIDONE	ANTIPSYCHOTIC AGENT	Quantity limit	Max quantity is 60 tablets per 30 days or 180 tablets per 90 days; 8 bottles (240ml) every 6 months
ROZEREM	RAMELTEON	SEDATIVE & HYPNOTIC	Step therapy	Prior prescription for zolpidem
SANDIMMUNE	CYCLOSPORINE	IMMUNOSUPPRESSIVES	Prior authorization	Clinical criteria
SEREVENT DISKUS	SALMETEROL XINAFOATE	ASTHMA	Step therapy	Prior prescription for at least a 30 day supply of any albuterol HFA inhaler

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SEROQUEL	QUETIAPINE	ANTIPSYCHOTIC AGENT	Step therapy and Quantity limit	Prior prescription for at least a 30 day supply of risperidone. Max quantity is 90 per 30 days or 270 per 90 days
SEROQUEL XR	QUETIAPINE	ANTIPSYCHOTIC AGENT	Step therapy and Quantity limit	Prior prescription for at least a 30 day supply of risperidone. Max quantity is 30 per 30 days or 90 per 90 days
SOLARAZE	DICLOFENAC	ANTI-INFLAMMATORY AGENT	Step therapy	Prior prescription for at least a 30 day supply of a generic non-steroidal anti-inflammatory drug (NSAID).
SONATA	ZALEPLON	INSOMNIA	Quantity limit	Max quantity is 5mg -30 per 30 days or 90 per 90 days; 10mg -60 per 30 days or 180 per 90 days
SOTRET	ISOTRETINOIN	DERMATOLOGICAL AGENT	Step therapy	Prior prescription for at least a 30 day supply of tretinoin.
STADOL	BUTORPHANOL TARTRATE	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 2 boxes per 30 days or 6 boxes per 90 days
SPIRIVA	TIOTROPIUM BROMIDE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	Quantity limit	Max quantity is 1 inhaler per 30 days or 3 per 90 days
SPORANOX	ITRACONAZOLE	ANTIFUNGAL	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
STADOL	BUTORPHANOL TARTRATE	PAIN MANAGEMENT	Quantity limit	Max quantity is 2 packages per 30 days or 6 per 90 days
STRATTERA	ATOMOXETINE	ATTENTION DEFICIT DISORDER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISORDER (ADHD)	Quantity limit	Max quantity is 10mg, 18mg, 25mg - 60 per 30 days or 180 per 90 days; 40mg, 60mg, 80mg, 100mg 30 per 30 days or 90 per 90 days
STRIANT	TESTOSTERONE	ANDROGEN	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
SUBOXONE	BUPRENORPHINE HCL ./ NALOXONE HCL	OPIOD DEPENDENCE	Quantity limit	Max quantity is 90 tablets per 30 days or 270 per 90 days
SYMLIN	PRAMLINTIDE ACETATE	DIABETES	Prior authorization	Clinical criteria
SYMLINPEN 60	PRAMLINTIDE ACETATE	DIABETES	Prior authorization	Clinical criteria
TAMIFLU	OSELTAMIVIR PHOSPHATE	ANTIVIRALS, GENERAL	Quantity limit	Max quantity is 10 per fill
TEKTRUNA / HCT	ALISKIREN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
TERAZOL 3	TERCONAZOLE	ANTIFUNGAL	Quantity limit	Max quantity is 3 suppositories per fill or 20gm per fill
TERAZOL 7	TERCONAZOLE	ANTIFUNGAL	Quantity limit	Max quantity is 45gm per fill
TESTIM	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
TESTOPEL	TESTOSTERONE	ANDROGEN	Quantity limit	Max quantity is 2 per 30 days or 6 per 90 days
TEVETEN / HCT	EPROSARTAN MESYLATE	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
TILADE	NEDOCROMIL SODIUM	ALLERGIC CONJUNCTIVITIS	Quantity limit	Max quantity is 3 inhalers per 30 days or 9 per 90 days

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
TOBI	TOBRAMYCIN	ANTI-INFECTIVE	Quantity limit	Max quantity is 280ml per fill
TREXIMET	SUMATRIPTAN SUCCINATE / NAPROXEN SODIUM	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 9 tablets per 30 days or 27 per 90 days
ULTRACET	TRAMADOL HCL / ACETAMINOPHEN	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 186 per 30 days or 540 per 90 days
VALTURNA	ALISKIREN/VALSARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step Therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
VENLAFAXINE ER	VENLAFAXINE HCL	ANTIDEPRESSANT	Step Therapy	Prior prescription for at least a 30 day supply of citalopram, fluoxetine, paroxetine, and/or sertraline
VEREGEN	SINECATECHINS	DERMATOLOGY	Quantity limit	Max quantity is 1 tube per 30 days or 3 per 90 days
VESANOID	TRETINOIN	DERMATOLOGY	Age restriction	Member age >26 requires prior authorization
VFEND	VORICONAZOLE	ANTIFUNGAL AGENTS	Prior authorization	Clinical criteria
VOLTAREN GEL	DICLOFENAC	ANTI-INFLAMMATORY AGENTS	Step therapy	Prior prescription for at least a 30 day supply of a generic non-steroidal anti-inflammatory drug (NSAID).
VYTORIN	EZETIMIBE/ SIMVASTATIN	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	ATTENTION DEFICIT DISORDER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISORDER (ADHD)	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
WELLBUTRIN / SR / XL	BUPROPION / BUDEPRION / SR / XL	ANTIDEPRESSANT	Step therapy	Prior prescription for at least a 30 day supply of citalopram, fluoxetine, paroxetine and/or sertraline. Step therapy applicable to both brand and generic budeprion XL
XOLAIR	OMALIZUMAB	ASTHMA	Age restriction	Member age >12 requires prior authorization
XOPENEX	LEVALBUTEROL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	Quantity limit	Max quantity is 96 vials (288ml) per 30 days or 288 vials (864ml) per 90 days
XOPENEX HFA	LEVALBUTEROL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	Quantity limit	Max quantity is 3 inhalers per 30 days or 9 per 90 days
XYZAL	LEVOXETIRIZINE DIHYDROCHLORIDE	ALLERGY	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days.
ZAZOLE	TERCONAZOLE	ANTIFUNGAL	Quantity limit	Max quantity is 0.4% -45gm perfill; 0.8% -20gm per fill
ZEGERID	OMEPRAZOLE/SODIUM BICARBONATE	STOMACH ULCER	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
ZMAX	AZITHROMYCIN	ANTI-INFECTIVE	Quantity limit	Max quantity is 1 package (60ml) per fill
ZOMIG	ZOLMITRIPTAN	ANTIMIGRAINE PREPARATIONS	Quantity limit	Max quantity is 2.5 mg and 5 mg tablets – 6 per 30 days or 18 per 90 days; 5mg spray – 5 packages (30 ml) per fill
ZOMIG / ZMT	ZOLMITRIPTAN	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 6 per 30 days or 18 per 90 days

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
ZYPREXA / ZYDIS	OLANZAPINE	ANTIPSYCHOTIC AGENT	Step therapy and Quantity limit	Prior prescription for at least a 30 day supply of risperidone. Max quantity is 30 per 30 days or 90 per 90 days
ZYRTEC-D	CETIRIZINE HCL/ PSEUDOEPHENDRINE HCL	ALLERGY	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days