



OEGB PRESCRIPTION MEDICATIONS REQUIRING AUTHORIZATION

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

EFFECTIVE OCTOBER 1, 2009

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

503-265-2911 or 866-923-0411

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
ABILIFY	ARIPIPIRAZOLE	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 62 per 31 days or 180 per 90 days
ACTIQ	FENTANYL CITRATE	PAIN MANAGEMENT - ANALGESIC	Prior authorization	Clinical criteria

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
ACTOPLUS MET	PIOGLITAZONE / METFORMIN HCL	DIABETES	Step therapy	Prior prescription for metformin or a sulfonylurea
ACTOS	PIOGLITAZONE	DIABETES	Step therapy	Prior prescription for metformin or a sulfonylurea
ADDERALL XR	DEXTROAMPHETAMINE / AMPHETAMINE	ATTENTION DEFICIT DISRODER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISRODER (ADHD)	Quantity limit	Max quantity is 5mg, 10mg, 15mg - 62 per 31 days or 180 per 90 days; 20mg, 25mg, 30mg - 31 per 31 days or 90 per 90 days
AMERGE	NARATRIPTAN HCL	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 10 per 31 days or 30 per 90 days
ANDRODERM	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
ANDROGEL	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
ATACAND / HCT	CANDESARTAN CILEXETIL	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
AVALIDE	IRBESARTAN/HYDROCHLOROTHIAZIDE	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
AVANDAMET	ROSIGLITAZONE / METFORMIN HCL	DIABETES	Step therapy	Prior prescription for metformin or a sulfonylurea
AVANDARYL	ROSIGLITAZONE MALEATE / GLIMEPIRIDE	DIABETES	Step therapy	Prior prescription for metformin or a sulfonylurea
AVANDIA	ROSIGLITAZONE	DIABETES	Step therapy	Prior prescription for metformin or a sulfonylurea
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 - 31 per 31 days or 90 per 90 days; 90mg, 120mg - 62 per 31 days or 180 per 90 days
AXERT	AMLOTRIPTAN	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 6 per 31 days or 18 per 90 days
BENICAR / HCT	OLMESARTAN MEDOXOMIL	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
BYETTA	EXENATIDE	DIABETES	Step therapy and Quantity limit	Prior prescription for metformin, a sulfonylurea or a thiazolidinedione. Max quantity is 1 pen per 31 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 31 per 31 days or 90 per 90 days
CADUET	AMLODIPINE/ATORVAST CAL	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 31 per 31 days or 90 per 90 days
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 62 per 31 days or 180 per 90 days.
CLARINEX	DESLORATADINE	ANTIHISTIMINE	Step therapy	Prior prescription for Allegra or Allegra D.
CLOZARIL	CLOZAPINE	ANTIPSYCHOTIC AGENT	Quantity limit	Max quantity is 93 per 31 days or 270 per 90 days
COGNEX	TACRINE HCL	DEMENCIA	Step therapy	Prior prescript for Galantamin HBR, Exelon, or Aricept
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 31 per 31 days or 90 per 90 days

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
CYMBALTA	DULOXETINE	ANTIDEPRESSANT	Step therapy	Prior prescription for at least a 30 day supply of venlafaxine, citalopram, fluoxetine, paroxetine, and/or sertraline
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 sulfonylurea
DURAGESIC	FENTANYL	PAIN MANAGEMENT - ANALGESIC	Prior authorization	Clinical criteria
EFFEXOR XR	VENLAFAXINE XR	ANTIDEPRESSANT	Step therapy	Applicable to brand name Effexor XR only. Prior prescription for at least a 30 day supply of venlafaxine, citalopram, fluoxetine, paroxetine, and/or sertraline
ELIDEL	PIMECROLIMUS	DERMATOLOGICAL AGENT	Step therapy	Prior prescription for topical anti-inflammatory
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
FAZACLO	CLOZAPINE	ANTIPSYCHOTIC AGENT	Quantity limit	Max quantity is 93 per 31 days or 270 per 90 days
FENTORA	FENTANYL	PAIN MANAGEMENT - ANALGESIC	Prior authorization	Clinical criteria
FOCALIN	DEXMETHYLPHENIDATE HCL	ATTENTION DEFICIT DISRODER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISRODER (ADHD)	Quantity limit	Max quantity is 62 per 31 days or 180 per 90 days
FOCALIN XR	DEXMETHYLPHENIDATE HCL XR	ATTENTION DEFICIT DISRODER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISRODER (ADHD)	Quantity limit	Max quantity is 31 per 31 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 31 day supply or 3 pens per 90 day supply
FROVA	FROVATRIPTAN SUCCINATE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 10 per 31 days or 30 per 90 days
FUZEON	ENFUVIRTIDE	ANTI-INFECTIVE	Quantity limit	Max quantity is 1 kit per 31 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 62 per 31 days or 180 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 31 days or 27 per 90 days; nasal spray - 6ml (1 box) per 31 days or 18ml (3 boxes) per 90 days; injections - 4 packages per 31 day supply or 12 packages 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 - 31 per 31 days or 90 per 90 days; 6mg 62 per 31 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

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
KAPIDEX	DEXLANSOPRAZOLE	ULCER DISEASE	Step Therapy and Quantity limit	Prior prescription for omeprazole. Max quantity is 31 per 31 days or 90 per 90 days
LAMISIL	TERBINAFINE	ANTI-INFECTIVE	Quantity limit	Max quantity 31 per 31 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 - 62 per 31 days or 180 per 90 days; 80mg - 31 per 31 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 31 per 31 days or 90 per 90 days
LUNESTA	ESZOPICLONE	INSOMNIA	Step therapy	Prior prescription for zolpidem
LYRICA	PREGABALIN	ANTICONVULSANT	Quantity limit	Max quantity is 62 per 31 days or 180 per 90 days
MAXALT / MLT	RIZATRIPTAN BENZOATE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 10 per 31 days or 30 per 90 days
MICARDIS / HCT	TELMISARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
NEXIUM	ESOMEPRAZOLE	ULCER DISEASE	Step therapy and Quantity limit	Prior prescription for omeprazole. Max quantity is 31 per 31 days or 90 per 90 days.
NUVIGIL	ARMODAFINIL	ANALEPTIC	Quantity limit	Max quantity is 31 per 31 days or 90 per 90 days
OXYCONTIN	OXYCODONE CR	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 124 per 31 days or 360 per 90 days
PERFOROMIST	FORMOTEROL FUMARATE	ASTHMA	Quantity limit	Max quantity is 60 vials per 31 days or 180 vials per 90 days.
PREVACID	LANSOPRAZOLE	ULCER DISEASE	Step therapy and Quantity limit	Prior prescription for omeprazole. Max quantity is 15mg - 31 per 31 days or 90 per 90 days; 30mg - 62 per 31 days or 180 per 90 days
PRILOSEC	OMEPRAZOLE	STOMACH ULCER	Quantity limit	Max quantity is 10mg - 31 per 31 days or 90 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
PROTONIX	PANTOPRAZOLE	STOMACH ULCER	Quantity limit	Max quantity is 31 per 31 days or 90 per 90 days.
PROVIGIL	MODAFINIL	ANALEPTIC	Quantity limit	Max quantity is 62 per 31 days or 180 per 90 days
RAZADYNE / ER	GALANTAMINE	DEMENTIA	Quantity limit	Max quantity is 4mg, 8mg, 12mg - 62 per 31 days or 180 per 90 days; 8mg (ER), 16mg, 24mg - 31 per 31 days or 90 per 90 days
RELPAK	ELETRIPTAN HYDROBROMIDE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 6 per 31 days or 18 per 90 days
RISPERDAL / M-TAB	RISPERIDONE	ANTIPSYCHOTIC AGENT	Quantity limit	Max quantity is 62 tablets per 31 days or 180 tablets per 90 days; 8 bottles (240ml) every 6 months
ROZEREM	RAMELTEON	SEDATIVE & HYPNOTIC	Step therapy	Prior prescription for zolpidem

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SEREVENT DISKUS	SALMETEROL XINAFOATE	ASTHMA	Step therapy	Prior prescription for at least a 30 day supply of any albuterol HFA inhaler
SEROQUEL	QUETIAPINE	ANTIPSYCHOTIC AGENT	Step therapy and Quantity limit	Prior prescription for at least a 30 day supply of respidone. Max quantity is 93 per 31 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 respidone. Max quantity is 31 per 31 days or 90 per 90 days
STADOL	BUTORPHANOL TARTRATE	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 2 boxes per 31 days or 6 boxes per 90 days
STRATTERA	ATOMOXETINE	ATTENTION DEFICIT DISRODER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISRODER (ADHD)	Quantity limit	Max quantity is 10mg, 18mg, 25mg - 62 per 31 days or 180 per 90 days; 40mg, 60mg, 80mg, 100mg 31 per 31 days or 90 per 90 days
STRIANT	TESTOSTERONE	ANDROGEN	Quantity limit	Max quantity is 62 per 31 days or 180 per 90 days
SUBOXONE	BUPRENORPHINE HCL ./ NALOXONE HCL	OPIOD DEPENDENCE	Quantity limit	Max quantity is 93 tablets per 31 days or 270 per 90 days
TEKTURNA / HCT	ALISKIREN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
TESTIM	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
TESTOPEL	TESTOSTERONE	ANDROGEN	Quantity limit	Max quantity is 2 per 31 days or 6 per 90 days
TEVETEN / HCT	EPROSARTAN MESYLATE	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
TREXIMET	SUMATRIPTAN SUCCINATE / NAPROXEN SODIUM	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 9 tablets per 31 days or 27 per 90 days
ULTRACET	TRAMADOL HCL / ACETAMINOPHEN	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 186 per 31 days or 540 per 90 days
VALTURNA	ALISKIREN/VALSARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step Therapy	Prior prescription for angiotensin converting enzyme (ACE) inhibitor
VIMPAT	LACOSAMIDE	ANTICONVULSANT	Quantity limit	Max quantity is 62 per 31 days or 180 per 90 days
VOLTAREN GEL	DICLOFENAC	PAIN MANAGEMENT - ANALGESIC	Step therapy	Prior prescription for oral generic NSAID within the last 120 days
VYTORIN	EZETIMIBE/ SIMVASTATIN	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 31 per 31 days or 90 per 90 days
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	ATTENTION DEFICIT DISRODER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISRODER (ADHD)	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
WELLBUTRIN / SR / XL	BUPROPION / SR / XL	ANTIDEPRESSANT	Step therapy	Prior prescription for at least a 30 day supply of citalopram, fluoxetine, paroxetine and/or sertraline
XYZAL	LEVOXETIRIZINE DIHYDROCHLORIDE	ALLERGY	Quantity limit	Max quantity is 31 per 31 days or 90 per 90 days.
ZEGERID	OMEPRAZOLE/SODIUM BICARBONATE	STOMACH ULCER	Quantity limit	Max quantity is 62 per 31 days or 180 per 90 days
ZOMIG / ZMT	ZOLMITRIPTAN	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 6 per 31 days or 18 per 90 days
ZYPREXA / ZYDIS	OLANZAPINE	ANTIPSYCHOTIC AGENT	Step therapy and Quantity limit	Prior prescription for at least a 30 day supply of respidone. Max quantity is 31 per 31 days or 90 per 90 days