



# 2012 PRESCRIPTION MEDICATIONS REQUIRING AUTHORIZATION

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

## EFFECTIVE JANUARY 1, 2012

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.odscompanies.com/members](http://www.odscompanies.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	ARIPIRAZOLE	ANTIPSYCHOTIC AGENT	Step therapy	Prior prescription for at least a 30 day supply of generic risperidone, venlafaxine, citalopram, fluoxetine, paroxetine, and/or sertraline
ABILIFY DISCMELT	ARIPIRAZOLE	ANTIPSYCHOTIC AGENT	Step therapy	Prior prescription for at least a 30 day supply of generic risperidone, venlafaxine, citalopram, fluoxetine, paroxetine, and/or sertraline
ABSTRAL	FENTANYL CITRATE	PAIN MANAGEMENT - ANALGESIC	Prior authorization and quantity limit	Max quantity is 90 per 30 days or 270 per 90 days

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
ACIPHEX	RABEPRAZOLE SODIUM	STOMACH ULCER	Step therapy and quantity limit	Prior prescription for generic omeprazole or lansoprazole. 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
ACTONEL	RISEDRONATE SODIUM	OSTEOPOROSIS	Step therapy	Prior prescription for generic alendronate sodium
ACTONEL WITH CALCIUM	RISEDRONATE SODIUM/ CALCIUM CARBONATE	OSTEOPOROSIS	Step therapy	Prior prescription for generic alendronate sodium
ACTOPLUS MET	PIOGLITAZONE / METFORMIN HCL	DIABETES	Step therapy and quantity limit	Prior prescription for generic metformin and a sulfonylurea. Max quantity is 90 per 30 days or 270 per 90 days
ACTOPLUS MET XR	PIOGLITAZONE / METFORMIN HCL	DIABETES	Step therapy and quantity limit	Prior prescription for generic metformin and a sulfonylurea. Max quantity is 30 per 30 days or 90 per 90 days
ACTOS	PIOGLITAZONE	DIABETES	Step therapy and quantity limit	Prior prescription for generic metformin and a sulfonylurea. Max quantity is 30 per 30 days or 90 per 90 days
ADCIRCA	TADALAFIL	PULMONARY ARTERIAL HYPERTENSION	Prior authorization	Clinical criteria
ADDERALL XR	DEXTROAMPHETAMINE / AMPHETAMINE	ATTENTION DEFICIT DISORDER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISORDER (ADHD)	Quantity limit	Max quantity for 5mg, 10mg, 15mg is - 60 per 30 days or 180 per 90 days; 20mg, 25mg, 30mg - 30 per 30 days or 90 per 90 days
ADRENACLICK	EPINEPHRINE	ALLERGY	Quantity limit	Max quantity is 2 per 30 days or 6 per 90 days
ADVAIR DISKUS	FLUTICASONE / SALMETEROL	ASTHMA	Quantity limit	Max quantity is 1 diskus (60 inhalations) per 30 days or 3 diskus (180 inhalations) per 90 days
ADVAIR HFA	FLUTICASONE / SALMETEROL	ASTHMA	Quantity limit	Max quantity is 1 inhaler (12g) per 30 days or 3 inhalers (36g) per 90 days
AMBIEN	ZOLPIDEM TARTRATE	INSOMNIA	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
AMBIEN CR	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
AMRIX	CYCLOBENZAPRINE HCL	MUSCLE RELAXANT	Step therapy and quantity limit	Prior prescription for generic cyclobenzaprine. Max quantity is 30 per 30 days or 90 per 90 days.
AMTURNIDE	ALISKIREN / AMLODIPINE / HCTZ	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
ANDRODERM	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
ANDROGEL	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
ANZEMET	DOLASETRON MESYLATE	ANTIEMETIC AGENT	Step therapy and quantity limit	Prior prescription for generic ondansetron. Max quantity is 1 per 30 days or 3 per 90 days
APIDRA	INSULIN GLULISINE	DIABETES	Quantity limit	Max quantity is 200 units daily
APLENZIN	BUPROPION HBR	ANTIDEPRESSANT	Prior authorization	Clinical criteria
AROMASIN	EXEMESTANE	ANTINEOPLASTIC AGENTS	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days

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ASACOL HD	MESALAMINE	GASTROINTESTINAL AGENT - ULCERATIVE COLITIS	Step therapy	Prior prescription for Asacol
ATACAND / HCT	CANDESARTAN CILEXETIL	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
ATELVIA	RISEDRONATE SODIUM	OSTEOPOROSIS	Step therapy and quantity limit	Prior prescription for generic alendronate sodium Max quantity is 4 per 28 days
ATRALIN	TRETINOIN	DERMATOLOGIC AGENT	Age restriction	Limited to members 24 years of age and younger
AVALIDE	IRBESARTAN / HYDRO- CHLOROTHIAZIDE	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
AVANDAMET	ROSIGLITAZONE / METFORMIN HCL	DIABETES	Prior authorization	Clinical criteria
AVANDARYL	ROSIGLITAZONE MALEATE / GLIMEPIRIDE	DIABETES	Prior authorization	Clinical criteria
AVANDIA	ROSIGLITAZONE	DIABETES	Prior authorization	Clinical criteria
AVAPRO	IRBESARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
AVINZA	MORPHINE SULFATE	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity for 30mg, 45mg, 60mg, 75mg is - 30 per 30 days or 90 per 90 days; 90mg, 120mg - 60 per 30 days or 180 per 90 days
AVITA	TRETINOIN	DERMATOLOGIC AGENT	Age restriction	Limited to members 24 years of age and younger
AVONEX	INTERFERON BETA-1A	MULTIPLE SCLEROSIS	Specialty and step therapy	Prior prescription for Extavia or Copaxone
AXERT	AMLOTRIPTAN	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 6 per 30 days or 18 per 90 days
AXIRON	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
AZOR	AMLODIPINE / OLMESARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
BANZEL	RUFINAMIDE	ANTICONVULSANT	Prior authorization	Clinical criteria
BENICAR / HCT	OLMESARTAN MEDOXOMIL	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
BETASERON	INTERFERON BETA-1B	MULTIPLE SCLEROSIS	Specialty and step therapy	Prior prescription for Extavia or Copaxone
BONIVA	IBANDRONATE SODIUM	OSTEOPOROSIS	Step therapy	Prior prescription for generic alendronate sodium
BUPRENORPHINE HCL	BUPRENORPHINE HCL	OPIOID DEPENDENCE	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
BUTRANS	BUPRENORPHINE	PAIN MANAGEMENT	Prior authorization and quantity limit	Clinical criteria Max quantity is 4 per 28 days
BYETTA	EXENATIDE	DIABETES	Prior authorization	Clinical criteria
BYSTOLIC	NEBIVOLOL	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
CADUET	AMLODIPINE / ATORVASTATIN CALCIUM	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
CAMPRAL	ACAMPROSATE CALCIUM	ANTIALCOHOLIC AGENT	Prior authorization	Clinical criteria
CATAPRES-TTS	CLONIDINE HCL	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 4 per 28 days or 12 per 84 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 60 per 30 days or 180 per 90 days
CESAMET	NABILONE	ANTIEMETIC AGENT	Step therapy and quantity limit	Prior prescription for generic ondansetron. Max quantity is 30 per 30 days or 90 per 90 days
CLARINEX	DESLOMATADINE	ANTIHISTIMINE	Step therapy and quantity limit	Prior prescription for Allegra or Allegra D Max quantity is 30 per 30 days
CLOBETA+PLUS	CLOBETASOL / COAL TAR	DERMATOLOGIC AGENT – PSORIASISx	Step therapy	Prior prescription for generic topical clobetasol
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 generic galantamin HBr, Exelon, and/or Aricept
COLCRYS	COLCHICINE	GOUT	Step therapy	Prior prescription for probenecid and colchicine combination
COMBIVENT	IPRATROPIUM BROMIDE / ALBUTEROL SULFATE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	Quantity limit	Max quantity is 1 inhaler (14.7g) per 30 days or 3 inhalers (44.1g) per 90 days
COMPLERA	EMTRICITAB/RILPIVIRINE/TENOFOV	ANTIRETROVIRAL AGENTS	Quantity limit	Max quantity is 30 per 30 or 90 per 90
CONCERTA	METHYLPHENIDATE HCL	ATTENTION DEFICIT DISORDER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISORDER (ADHD)	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
CONZIP	TRAMADOL HCL	PAIN MANAGEMENT - ANALGESIC	Step therapy and quantity limit	Prior prescription for generic tramadol ER Max quantity is 30 per 30 days or 90 per 30 days
CRESTOR	ROSUVASTATIN CALCIUM	CARDIOVASCULAR DISEASE – HYPERLIPIDEMIA	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
CYMBALTA	DULOXETINE	ANTIDEPRESSANT	Step therapy and quantity limit	Prior prescription for at least a 30 day supply of generic venlafaxine, citalopram, fluoxetine, paroxetine, and/or sertraline Max quantity is 90 per 30 days for the 30mg tab and 60 per 30 days for all other strengths
DAYTRANA	METHYLPHENIDATE HCL	ATTENTION DEFICIT DISORDER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISORDER (ADHD)	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
DELATESTRYL	TESTOSTERONE ENANTHATE	ANDROGEN	Prior authorization	Clinical criteria
DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	ANDROGEN	Prior authorization	Clinical criteria
DEPRIZINE	RANITIDINE HCL	GASTROINTESTINAL AGENT	Step therapy	Prior prescription for generic ranitidine
DESONIL+PLUS	DESONIDE / EMOLLIENT COMBO NO. 3	DERMATOLOGIC AGENT	Step therapy	Prior prescription for generic desonide
DEXILANT	DEXLANSOPRAZOLE	ULCER DISEASE	Step therapy and quantity limit	Prior prescription for generic omeprazole or lansoprazole. Max quantity is 30 per 30 days or 90 per 90 days
DIABETIC TEST STRIPS	DIABETIC TEST STRIPS	DIABETES	Quantity limit	Max quantity is 200 test strips per 30 days or 600 per 90 days

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DIFFERIN	ADAPALENE	DERMATOLOGIC AGENT	Age restriction	Limited to members 24 years of age and younger
DIFICID	FIDAXOMICIN	ANTI-INFECTIVE AGENTS	Quantity limit	Max quantity is 20 per 10 days
DIOVAN / HCT	VALSARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
DORYX	DOXYCYCLINE HYCLATE	DERMATOLOGIC AGENT	Step therapy	Prior prescription for generic doxycycline
DUETACT	PIOGLITAZONE / GLIMEPIRIDE	DIABETES	Step therapy and quantity limit	Prior prescription for generic metformin and a sulfonyleurea. Max quantity is 45 per 30 days or 135 per 90 days
DURAGESIC	FENTANYL	PAIN MANAGEMENT - ANALGESIC	Prior authorization and quantity limit	Clinical criteria Max quantity is 10 per 30 days or 30 per 90 days
EDLUAR	ZOLPIDEM TARTRATE	INSOMNIA	Step therapy and quantity limit	Prior prescription for generic zolpidem tartrate. Max quantity is 30 per 30 days or 90 per 90 days
EFFIENT	PRASUGREL	ANTIPLATELET	Prior authorization	Clinical criteria
ELIDEL	PIMECROLIMUS	DERMATOLOGICAL AGENT	Step therapy and age restriction	Prior prescription for topical anti-inflammatory. Limited to members two years of age and older
EMBEDA	MORPHINE SULFATE / NALTREXONE HCL	PAIN MANAGEMENT – ANALGESIC	Prior authorization	Clinical criteria
EMEND	APREPITANT	ANTIEMETIC AGENT	Step therapy and quantity limit	Prior prescription for generic ondansetron. Max quantity for 40mg and 80mg is 2 per 30 days or 6 per 90 days; 125mg – 1 per 30 days or 3 per 90 days; 125-80mg Tri-fold – 1 Tri-fold pack per 30 days or 3 Tri-fold packs per 90 days
ENTOCORT EC	BUDESONIDE	ADRENOCORTICAL STEROIDS	Step therapy	Prior prescription for a glucocorticoid
EPIDUO	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGIC AGENT	Age restriction	Coverage allowed for ages 24 and younger
EPINEPHRINE	EPINEPHRINE	ALLERGY	Quantity limit	Max quantity is 2 per 30 days or 6 per 90 days
EPIPEN / EPIPEN JR	EPINEPHRINE	ALLERGY	Quantity limit	Max quantity is 2 per 30 days or 6 per 90 days
EXALGO	HYDROMORPHONE HCL	PAIN MANAGEMENT – ANALGESIC	Prior authorization	Clinical criteria
EXFORGE / HCT	AMLODIPINE / VALSARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
FACTIVE	GEMIFLOXACIN MESYLATE	ANTI-INFECTIVE AGENT	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
FANAPT	ILOPERIDONE	ANTIPSYCHOTIC AGENT	Step therapy	Prior prescription for at least a 30 day supply of generic risperidone
FANATREX	GABAPENTIN	ANTICONVULSANT AGENT	Step therapy	Prior prescription for generic gabapentin
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 120 per 30 days or 360 per 90 days

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FLECTOR	DICLOFENAC EPOLAMINE	PAIN MANAGEMENT - ANALGESIC	Step therapy	Prior prescription for at least a 30 day supply of a generic Non-Steroidal Anti-Inflammatory agent
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 60 per 30 days or 180 per 90 days
FORADIL	FORMOTEROL FUMARATE	ASTHMA	Step therapy	Prior prescription for at least a 30 day supply of any albuterol HFA inhaler
FROVA	FROVATRIPTAN SUCCINATE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 9 per 30 days or 27 per 90 days
FUZEON	ENFUVRTIDE	ANTI-INFECTIVE AGENT	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 generic 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
GRALISE	GABAPENTIN	ANTICONVULSANT	Step therapy and quantity limit	Prior prescription for generic gabapentin Max quantity is 90 per 30 days or 270 per 90 days
GRANISOL	GRANISETRON HCL	ANTIEMETIC AGENT	Step therapy and quantity limit	Prior prescription for generic ondansetron. Max quantity is 10mL per 30 days or 30mL per 90 days
HALAVEN	ERIBULIN MESYLATE	ANTINEOPLASTIC AGENT	Prior authorization	Clinical criteria
HUMALOG / MIX 50-50 / MIX 75-25	INSULIN LISPRO	DIABETES	Quantity limit	Max quantity is 200 units daily
HUMULIN N / R / 70-30 / 50-50	INSULIN ISOPHANE AND REGULAR	DIABETES	Quantity limit	Max quantity is 200 units daily
IMITREX	SUMATRIPTAN SUCCINATE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 9 tablets per 30 days or 27 per 90 days; nasal spray - 6 devices (1 box) per 30 days or 18 devices (3 boxes) per 90 days; injections - 4 packages per 30 days or 12 packages per 90 days
INSPIRA	EPLERENONE	CARDIOVASCULAR DISEASE	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
INVEGA	PALIPERIDONE	ANTIPSYCHOTIC AGENT	Step therapy and quantity limit	Prior prescription for risperidone. Max quantity is 1.5mg, 3mg, & 9mg - 30 per 30 days or 90 per 90 days; 6mg - 60 per 30 days or 180 per 90 days
JALYN	DUTASTERIDE / TAMSULOSIN HCL	BENIGN PROSTATIC HYPERPLASIA	Step therapy	Prior prescription for generic tamsulosin
JANUMET	SITAGLIPTIN / METFORMIN HCL	DIABETES	Step therapy and quantity limit	Prior prescription for generic metformin and a sulfonylurea. Max quantity is 60 per 30 days or 180 per 90 days
JANUVIA	SITAGLIPTIN PHOSPHATE	DIABETES	Step therapy and quantity limit	Prior prescription for generic metformin and a sulfonylurea. Max quantity is 30 per 30 days or 90 per 90 days
JUVISYNC	SITAGLIPTIN/SIMVAS TATIN	DIABETES	Step therapy and quantity limit	Prior prescription for generic metformin and a sulfonylurea. Max quantity is 30 per 30 days or 90 per 90 days.
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	NON-STEROIDAL ANTI-INFLAMMATORY AGENT	Quantity limit	Max quantity is 20 per 5 days

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KOMBIGLYZE XR	SAXAGLIPTIN / METFORMIN HCL	DIABETES	Step therapy and quantity limit	Prior prescription for generic metformin and a sulfonyleurea. Max quantity for 5/500mg and 5/1000mg is – 30 per 30 days or 90 per 90 days; 2.5/1000mg – 60 per 30 days or 180 per 90 days
KYTRIL	GRANISETRON HCL	ANTIEMETIC AGENT	Step therapy and quantity limit	Prior prescription for generic ondansetron. Max quantity is 2 per 30 days or 6 per 90 days
LAMISIL	TERBINAFINE	ANTI-INFECTIVE AGENT	Quantity limit	Max quantity 30 per 30 days or 90 per 90 days
LANTUS	INSULIN GLARGINE	DIABETES	Quantity limit	Max quantity is 200 units daily
LANTUS SOLOSTAR	INSULIN GLARGINE	DIABETES	Quantity limit	Max quantity is 200 units daily
LATUDA	LURASIDONE HCL	ANTIPSYCHOTIC AGENT	Step therapy and quantity limit	Prior prescription for generic risperidone. Max quantity is 30 per 30 days
LAZANDA	FENTANYL CITRATE	PAIN MANAGEMENT - ANALGESIC	Prior authorization and quantity limit	Clinical criteria Max quantity is 150ML per 30 days
LESCOL	FLUVASTATIN	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
LESCOL XL	FLUVASTATIN	CARDIOVASCULAR DISEASE - HYPERTENSION	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
LEVEMIR	INSULIN DETEMIR	DIABETES	Quantity limit	Max quantity is 200 units daily
LEXAPRO	ESCITALOPRAM	ANTIDEPRESSANT	Step therapy	Prior prescription for at least a 30 day supply of generic citalopram, fluoxetine, paroxetine and/or sertraline
LIPITOR	ATORVASTATIN CALCIUM	CARDIOVASCULAR DISEASE – HYPERLIPIDEMIA	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
LIVALO	PITAVASTATIN CALCIUM	CARDIOVASCULAR DISEASE – HYPERLIPIDEMIA	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
LOCOID LOTION	HYDROCORTISONE BUTYRATE	CORTICOSTEROID	Step therapy	Prior prescription for generic hydrocortisone butyrate
LOCOID LIPOCREAM	HYDROCORTISONE BUTYRATE	CORTICOSTEROID	Step therapy	Prior prescription for generic hydrocortisone butyrate
LUNESTA	ESZOPICLONE	INSOMNIA	Step therapy and quantity limit	Prior prescription for generic zolpidem tartrate. Max quantity is 30 per 30 days or 90 per 90 days
LYRICA	PREGABALIN	ANTICONVULSANT AGENT	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
MAKENA	HYDROXYPROGESTRONE CAPOATE	PROGESTINS	Prior authorization	Clinical criteria
MAXALT	RIZATRIPTAN BENZOATE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 9 per 30 days or 27 per 90 days
MAXALT MLT	RIZATRIPTAN BENZOATE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 9 per 30 days or 27 per 90 days
METZOZOLV ODT	METOCLOPRAMIDE HCL	GASTROINTESTINAL AGENT	Step therapy	Prior prescription for generic metoclopramide

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MICARDIS / HCT	TELMISARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
NAPRELAN	NAPROXEN SODIUM	INFLAMMATORY DISEASE	Prior authorization and quantity limit	Clinical criteria. Max quantity is 30 per 30 days or 90 per 90 days
NASACORT AQ	TRIAMCINOLONE ACET	ALLERGY	Step therapy and quantity limit	Prior prescription for generic fluticasone propionate nasal spray. Max quantity is 1 inhaler (16.5g) per 30 days or 3 inhalers (49.5) per 90 days
NASONEX	MOMETASONE FUROATE	ALLERGY	Step therapy and quantity limit	Prior prescription for generic fluticasone propionate nasal spray. Max quantity is 1 inhaler (17g) per 30 days or 3 inhalers (51) per 90 days
NEXIUM	ESOMEPRAZOLE	ULCER DISEASE	Step therapy and quantity limit	Prior prescription for generic omeprazole or lansoprazole. Max quantity is 30 per 30 days or 90 per 90 days
NOVOLIN N / R / 70-30	INSULIN ISOPHANE AND REGULAR	DIABETES	Quantity limit	Max quantity is 200 units daily
NOVOLOG / MIX 70-30	INSULIN ASPART	DIABETES	Quantity limit	Max quantity is 200 units daily
NUCYNTA ER	TAPENTADOL HCL	PAIN MANAGEMENT – ANALGESIC	Quantity limit	Max quantity is 60 per 30 or 180 per 90 days
NUDEXTA	DEXTROMETHORPHAN HBR/QUINIDINE	PSYCHOTHERAPEUTIC AGENT	Quantity limit	Max quantity is 60 per 30 days
NUVIGIL	ARMODAFINIL	ANALEPTIC	Prior authorization and Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
OLEPTRO	TRAZODONE HCL	ANTIDEPRESSANT	Step therapy	Prior prescription for generic trazodone
ONGLYZA	SAXAGLIPTIN HCL	DIABETES	Step therapy and quantity limit	Prior prescription for generic metformin and a sulfonyleurea. Max quantity is 30 per 30 days or 90 per 90 days
ONSOLIS	FENTANYL CITRATE	PAIN MANAGEMENT – ANALGESIC	Prior authorization	Clinical criteria
OPANA ER	OXYMORPHONE HCL	PAIN MANAGEMENT – ANALGESIC	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
ORACEA	DOXYCYCLINE MONOHYDRATE	DERMATOLOGIC AGENT	Prior authorization	Clinical criteria
OXYCONTIN	OXYCODONE CR	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
PENNSAID	DICLOFENAC SODIUM	PAIN MANAGEMENT - ANALGESIC	Step therapy	Prior prescription for at least a 30 day supply of a generic Non-Steroidal Anti-Inflammatory agent
PERFOROMIST	FORMOTEROL FUMARATE	ASTHMA	Quantity limit	Max quantity is 60 vials per 30 days or 180 vials per 90 days
PRADAXA	DABIGATRAN ETEXILATE MESYLATE	ANTICOAGULANT	Prior authorization	Clinical criteria
PRECOSE	ACARBOSE	DIABETES	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
PREVACID	LANSOPRAZOLE	ULCER DISEASE	Quantity limit	Max quantity for 15mg is - 30 per 30 days or 90 per 90 days; 30mg - 60 per 30 days or 180 per 90 days
PRISTIQ	DESVENLAFAXINE	ANTIDEPRESSANT	Step therapy	Prior prescription for at least a 30 day supply of generic venlafaxine, citalopram, fluoxetine, paroxetine, and/or sertraline

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PROAIR HFA	ALBUTEROL SULFATE	ASTHMA	Quantity limit	Max quantity is 17GM per 30 days
PROTONIX	PANTOPRAZOLE	STOMACH ULCER	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
PROTOPIC	TACROLIMUS	DERMATOLOGIC AGENT - TOPICAL	Step therapy and age restriction	Prior prescription for topical anti-inflammatory. Limited to members 15 years of age and older
PROVENTIL HFA	ALBUTEROL SULFATE	ASTHMA	Quantity limit	Max quantity is 13.4GM per 30 days
PROVIGIL	MODAFINIL	ANALEPTIC	Prior authorization and quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
PULMICORT	BUDESONIDE	ASTHMA	Quantity limit	Max quantity is 120mL per 30 days or 360mL per 90 days
RAZADYNE	GALANTAMINE	DEMENTIA	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
RAZADYNE ER	GALANTAMINE	DEMENTIA	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
REBIF	INTERFERON BETA-1A	MULTIPLE SCLEROSIS	Specialty and step therapy	Prior prescription for Extavia or Copaxone
RELPAX	ELETRIPTAN HYDROBROMIDE	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 6 per 30 days or 18 per 90 days
RESTASIS	CYCLOSPORINE	OPHTHALMIC AGENGT	Quantity limit	Max quantity is 60 single use vials per 30 days or 180 vials per 90 days
RETIN-A	TRETINOIN	DERMATOLOGIC AGENT	Age restriction	Limited to members 24 years of age and younger
RETIN-A MICRO	TRETINOIN	DERMATOLOGIC AGENT	Age restriction	Limited to members 24 years of age and younger
RHINOCORT AQUA	BUDESONIDE	ALLERGY	Step therapy and quantity limit	Prior prescription for generic fluticasone propionate nasal spray. Max quantity is 1 inhaler (8.6g) per 30 days or 3 inhalers (25.8) per 90 days
RISPERDAL	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
RISPERDAL M-TAB	RISPERIDONE	ANTIPSYCHOTIC AGENT	Quantity limit	Max quantity is 60 tablets per 30 days or 180 tablets per 90 days
ROZEREM	RAMELTEON	INSOMNIA	Step therapy and quantity limit	Prior prescription for generic zolpidem tartrate. Max quantity is 30 per 30 days or 90 per 90 days
SANCUSO	GRANISETRON	ANTIEMETIC AGENT	Step therapy and quantity limit	Prior prescription for generic granisetron. Max quantity of 4 per 28 days or 12 per 84 days
SAPHRIS	ASENAPINE MALEATE	ANTIPSYCHOTIC AGENT	Step therapy and quantity limit	Prior prescription for at least a 30 day supply of generic risperidone. Max quantity is 60 per 30 days or 180 per 90 days
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 generic 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 generic risperidone. Max quantity is 30 per 30 days or 90 per 90 days
SILENOR	DOXEPIN HCL	INSOMNIA	Step therapy and quantity	Prior prescription for generic zolpidem tartrate. Max quantity is 30 per 30 days or 90

BRAND NAME	CHEMICAL NAME	MEDICATION CLASS	EDIT TYPE	DETAILS
			limit	per 90 days
SOLODYN	MINOCYCLINE	DERMATOLOGIC AGENT	Prior authorization	Clinical criteria
SOLARAZE	DICLOFENAC SODIUM	PAIN MANAGEMENT - ANALGESIC	Step therapy	Prior prescription for at least a 30 day supply of a generic Non-Steroidal Anti-Inflammatory agent
SONATA	ZALEPLON	INSOMNIA	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
STADOL	BUTORPHANOL TARTRATE	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 2 boxes per 30 days or 6 boxes per 90 days
STRATTERA	ATOMOXETINE	ATTENTION DEFICIT DISORDER (ADD), ATTENTION DEFECIT HYPERACTIVITY DISORDER	Quantity limit	Max quantity for 10mg, 18mg, 25mg is - 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	Prior authorization and quantity limit	Clinical criteria Max quantity is 60 per 30 days or 180 per 90 days
SUBOXONE	BUPRENORPHINE HCL / NALOXONE HCL	OPIOID DEPENDENCE	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
SUBUTEX	BUPRENORPHINE HCL	OPIOID DEPENDENCE	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
SYMLIN / SYMLINPEN	PRAMLINTIDE ACETATE	DIABETES	Prior authorization	Clinical criteria
SYNAPRYN	TRAMADOL HCL	PAIN MANAGEMENT - ANALGESIC	Step therapy	Prior prescription for generic tramadol HCl
TABRADOL	CYCLOBENZAPRINE HCL	MUSCLE RELAXANT	Step therapy and quantity limit	Prior prescription for generic cyclobenzaprine HCl. Max quantity is 30 per 30 days or 90 per 30 days
TAZORAC	TAZAROTENE	DERMATOLOGIC AGENT	Step therapy	Prior prescription for generic topical anti-inflammatory steroid
TEKAMLO	ALISKIREN / AMLODIPINE	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
TEKTURNA / HCT	ALISKIREN / HCTZ	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
TERBINEX	TERBINAFINE / HYDROXYPROPYL CHITOSAN	ANTI-INFECTIVE AGENT	Step therapy	Prior prescription for generic terbinafine
TESTIM	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
TESTOPEL	TESTOSTERONE	ANDROGEN	Prior authorization	Clinical criteria
TESTOSTERONE CYPIONATE	TESTOSTERONE CYPIONATE	ANDROGEN	Prior authorization	Clinical criteria
TEVETEN / HCT	EPROSARTAN MESYLATE	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
TRETIN-X	TRETINOIN	DERMATOLOGIC AGENT	Step therapy and age restriction	Prior prescription for generic tretinoin cream Limited to members 24 years of age or younger
TREXIMET	SUMATRIPTAN SUCCINATE / NAPROXEN SODIUM	ANTIMIGRAINE PREPARATION	Quantity limit	Max quantity is 9 tablets per 30 days or 27 per 90 days
TRIBENZOR	AMLODIPINE / OLMESARTAN / HCTZ	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium

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TWINJECT	EPINEPHRINE	ALLERGY	Quantity limit	Max quantity is 2 per 30 days or 6 per 90 days
TWYNSTA	TELMISARTAN / AMLODIPINE	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
TYSABRI	NATALIZUMAB	MULTIPLE SCLEROSIS, CHROHN'S DISEASE	Specialty and step therapy	Prior prescription for Extavia or Copaxone
ULORIC	FEBUXOSTAT	HYPERURICEMIA	Prior authorization	Clinical criteria
ULTRACET	TRAMADOL HCL / ACETAMINOPHEN	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 180 per 30 days or 540 per 90 days
ULTRAM ER	TRAMADOL HCL	PAIN MANAGEMENT - ANALGESIC	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
VALTURNA	ALISKIREN/VALSARTAN	CARDIOVASCULAR DISEASE - HYPERTENSION	Step therapy	Prior prescription for generic losartan potassium
VELTIN	CLINDAMYCIN/TRETINOIN	DERMATOLOGIC AGENT	Step therapy	Prior prescription for generic tretinoin and generic topical clindamycin phosphate
VENTOLIN HFA	ALBUTEROL SULFATE	ASTHMA	Quantity limit	Max quantity for 8GM inhaler is 2 canisters per 30 days Max quantity for 18GM inhaler is 1 canister per 30 days
VFEND	VORICONAZOLE	ANTIFUNGAL	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
VICTOZA	LIRAGLUTIDE	DIABETES	Prior authorization	Clinical criteria
VIMPAT	LACOSAMIDE	ANTICONVULSANT AGENT	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
VIRAMUNE XR	NEVIRAPINE	ANTIRETROVIRAL AGENTS	Quantity limit	Max quantity is 30 per 30 days or 90 per 30 days
VOLTAREN GEL	DICLOFENAC	PAIN MANAGEMENT - ANALGESIC	Step therapy	Prior prescription for at least a 30 day supply of a generic Non-Steroidal Anti-Inflammatory agent
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 generic citalopram, fluoxetine, paroxetine and/or sertraline. Step therapy applicable to both brand and generic buprepron XL
XARELTO	RIVAROXABAN	ANTICOAGULANT	Prior authorization and quantity limit	Clinical criteria Max quantity is 30 per 30 days or 90 per 30 days
XIFAXAN	RIFAXIMIN	ANTI-INFECTIVE AGENT	Quantity limit	Max quantity for 200mg is – 9 per 3 days for one-time fill; 550mg – 60 per 30 days or 180 per 90 days
XOPENEX	LEVALBUTEROL HCL/TARTRATE	ASTHMA	Quantity limit	Max quantity for levalbuterol HCL is 288 per 30 days Max quantity for levalbuterol tartrate is 45 per 30 days
XYZAL	LEVOXETIRIZINE DIHYDROCHLORIDE	ALLERGY	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days. Generic max quantity is 150 per 30 days for the 2.5MG/5ML dose
ZANAFLEX	TIZANIDINE	MUSCLE RELAXANT	Step therapy	Prior prescription for generic tizanidine

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ZEGERID	OMEPRAZOLE / SODIUM BICARBONATE	STOMACH ULCER	Step therapy and quantity limit	Prior prescription for generic omeprazole or lansoprazole. Max quantity is 60 per 30 days or 180 per 90 days
ZELAPAR	SELEGILINE	ANTI-PARKINSON'S DISEASE	Prior authorization	Clinical criteria
ZIANA	CLINDAMYCIN/TRETINOIN	DERMATOLOGIC AGENT	Step therapy	Prior prescription for generic tretinoin and generic topical clindamycin phosphate
ZOFRAN	ONDANSETRON	ANTIEMETIC AGENT	Quantity limit	Max quantity is 180 per 30 days or 540 per 90 days
ZOMIG	ZOLMITRIPTAN	MIGRANE	Quantity limit	Max quantity is 6 per 30 days or 18 per 90 days