



# **ODS Rx<sup>1.0</sup> 2010 MEDICATIONS REQUIRING AUTHORIZATION**

Medications subject to: prior authorizations,  
quantity restrictions and age limitations

## **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](http://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
ACIPHEX	RABEPRAZOLE	ULCER DISEASE	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
ACTIQ	FENTANYL CITRATE	PAIN MANAGEMENT – ANALGESICS	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
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 HCL/METFORMIN HCL	DIABETES	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
ACTOS	PIOGLITAZONE HCL	DIABETES	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
ADVAIR DISKUS	FLUTICASONE PROPIONATE/SALMETE ROL	ASTHMA	Quantity limit	Max quantity is 60 diskus blisters per 30 days or 180 diskus blisters per 90 days
ADVAIR HFA	FLUTICASONE PROPIONATE/SALMETE ROL	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	ANTIMIGRAINE PREPARATIONS	Quantity limit	Max quantity is 9 per 30 days or 27 per 90 days
ANZEMET	DOLASETRON MESYLATE	ANTIEMETIC/ ANTIVERTIGO	Prior authorization	Clinical criteria
ATRALIN	TRETINOIN	DERMATOLOGY	Age restriction	Member age > 26 requires prior authorization
AVANDAMET	ROSIGLITAZONE/ METFORMIN HCL	DIABETES	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
AVANDARYL	ROSIGLITAZONE MALEATE/ GLIMEPIRIDE	DIABETES	Quantity limit	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	Quantity limit	Max quantity is 2mg & 4mg -60 per 30 days or 180 per 90 days; 8mg -30 per 30 days or 90 per 90 days
AVITA	TRETINOIN	DERMATOLOGY	Age restriction	Member age > 26 requires prior authorization
AXERT	ALMOTRIPTAN MALATE	ANTIMIGRAINE PREPARATIONS	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
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
BYETTA	EXENATIDE	DIABETES	Prior authorization	Clinical criteria

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CABERGOLINE	CABERGOLINE	ENDOCRINE DISORDER	Quantity limit	Max quantity is 8 within at least a 30 day period
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
CELEBREX	CELECOXIB	INFLAMMATORY DISEASE	Prior authorization	Clinical criteria
CESAMET	NABILONE	ANTIEMETIC/ ANTIVERTIGO	Prior authorization	Clinical criteria
CLARINEX	DESLORATADINE	ALLERGY	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
CLARINEX-D	DESLORATADINE/PSEUDOEPHEDRINE	ALLERGY	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
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
CRESTOR	ROSUVASTATIN CALCIUM	CHOLESTEROL	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
CYCLOSPORINE	CYCLOSPORINE, MODIFIED	IMMUNOSUPPRESSIVES	Prior authorization	Clinical criteria
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-SMOOTHIE-FS	FLUOCINOLONE ACETONIDE	DERMATOLOGY	Quantity limit	Max quantity is 1 per 30 days or 3 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
DURAGESIC	FENTANYL	PAIN MANAGEMENT – ANALGESICS	Quantity limit	Max quantity is 10 per 30 days or 30 per 90 days
ELIDEL	PIMECROLIMUS	DERMATOLOGY	Age restriction	Member age < 2 requires prior authorization
EMEND	APREPITANT	ANTI-NAUSEA	Prior authorization	Clinical criteria
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

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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
FENTORA	FENTANYL CITRATE	PAIN MANAGEMENT – ANALGESICS	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
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	ANTIMIGRAINE PREPARATIONS	Quantity limit	Max quantity is 9 per 30 days or 27 per 90 days
GLYSET	MIGLITOL	DIABETES	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
IMITREX KIT, CARTRIDGE, VIAL	SUMATRIPTAN SUCCINATE	ANTIMIGRAINE PREPARATIONS	Quantity limit	Max quantity is 4 packages per 30 days or 12 per 90 days
IMITREX SPRAY	SUMATRIPTAN	ANTIMIGRAINE PREPARATIONS	Quantity limit	Max quantity is 6ml (1 box) per 30 days or 18ml (3 boxes) per 90 days
IMITREX TABLET	SUMATRIPTAN SUCCINATE	ANTIMIGRAINE PREPARATIONS	Quantity limit	Max quantity is 9 per 30 days or 27 per 90 days
INSPIRA	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
JANUMET	SITAGLIPTIN PHOS/METFORMIN HCL	DIABETES	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
JANUVIA	SITAGLIPTIN PHOSPHATE	DIABETES	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
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
LOVAZA		CHOLESTEROL	Prior authorization	Clinical criteria
LUNESTA	ESZOPICLONE	INSOMNIA	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
LYRICA	PREGABALIN	ANTICONVULSANTS	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	RIZATRIPTAN	ANTIMIGRAINE PREPARATIONS	Quantity limit	Max quantity is 12 per 30 days or 36 per 90 days
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

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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	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
NUVIGIL	ARMODAFINIL	ANALEPTICS	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
OXANDRIN	OXANDROLONE	ANABOLIC STEROIDS	Prior authorization	Clinical criteria
OXYCONTIN	OXYCODONE HCL	PAIN MANAGEMENT – ANALGESICS	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
PRECOSE	ACARBOSE	DIABETES	Quantity limit	Max quantity is 90 per 30 days or 270 per 90 days
PRILOSEC	OMEPRAZOLE	STOMACH ULCER	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
PREVACID	LANSOPRAZOLE	ULCER DISEASE	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
PREVACID NAPRAPAC	LANSOPRAZOLE/ NAPROXEN	INFLAMMATORY DISEASE	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
PROGRAF	TACROLIMUS ANHYDROUS	IMMUNOSUPPRESSIVES	Prior authorization	Clinical criteria
PROTONIX	PANTOPRAZOLE	STOMACH ULCER	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days
PROVIGIL	MODAFINIL	ANALEPTICS	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
RELENZA	ZANAMIVIR	ANTIVIRALS, GENERAL	Quantity Limit	Max quantity is 1 package per fill
RELPAX	ELETRIPTAN HYDROBROMIDE	ANTIMIGRAINE PREPARATIONS	Quantity limit	Max quantity is 12 per 30 days or 36 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

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RHINOCORT AQUA	BUDESONIDE	ALLERGY	Quantity limit	Max quantity is 1 package per 30 days or 3 per 90 days
ROZEREM	RAMELTEON	INSOMNIA	Quantity limit	Max quantity is 30 per 30 days or 90 per 90 days
SANDIMMUNE	CYCLOSPORINE	IMMUNOSUPPRESSIVES	Prior authorization	Clinical criteria
SEREVENT DISKUS	SALMETEROL XINAFOATE	ASTHMA	Quantity limit	Max quantity is 120 inhalations per 30 days or 360 per 90 days
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
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
SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL	OPIOD DEPENDENCE	Quantity limit	Max quantity is 90 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
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
TILADE	NEDOCROMIL SODIUM	ALLERGIC CONJUNCTIVITIS	Quantity limit	Max quantity is 3 inhalers per 30 days or 9 per 90 days
TOBI	TOBRAMYCIN	ANTI-INFECTIVE	Quantity limit	Max quantity is 280ml per fill
TREXIMET	SUMATRIPTAN SUCC/NAPROXEN SOD	ANTIMIGRAINE PREPARATIONS	Quantity limit	Max quantity is 9 per 30 days or 27 per 90 days
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
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
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

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ZMAX	AZITHROMYCIN	ANTI-INFECTIVE	Quantity limit	Max quantity is 1 package (60ml) per fill
ZOFRAN	ONDANSETRON	ANTIEMETIC/ ANTIVERTIGO	Prior authorization	Clinical criteria
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 PREPARATIONS	Quantity limit	Max quantity is 6 per 30 days or 18 per 90 days
ZYRTEC-D	CETIRIZINE HCL/ PSEUDOEPHENDRINE HCL	ALLERGY	Quantity limit	Max quantity is 60 per 30 days or 180 per 90 days