

***MetroPlus Gold Plan with Rider
Drug Coverage Rules
As of July 2010***

All Rx Products are covered without restriction unless otherwise defined below.

Exclusions

Fertility Agents
Erectile Dysfunction Meds
Rx Omeprazole 20 & 40mg (OTC Prilosec Covered)
Immunizations
OTCs (except Acne products containing Benzoyl Peroxide, Benzoyl Peroxide with Urea, Salicylic Acid & Sulfur; OTC Prilosec, Lactic Acid products, Respiratory Therapy Supplies, GI/GU Ostomy & Irrigation Supplies, Diabetic Supplies, Bandages/Dressings, Elastic Bandages/Supports, Eye Patches, Thermometer Sheaths, Alcohol Swabs, Rubber Goods)
Planaxis
Nutritional Substitutes
Yohimbine
Cosmetic Alteration Drugs
Multivitamins with Fluoride or Iron
Multivitamines
Weight Loss

Prior Authorizations:

Retinoids (cover through age 26, then PA req.)
Synagis
Lupron
Growth Hormones
Pexeva
Glucose Polymer Powder
Med Chain Triglyceride Oil
Gamma-Aminobutyric Acid
Nutritional Supplements
Coenzyme Q
Botox

Quantity Limits:

Migraine Agents	
Amerge (naratriptan)	9/30 days
Axert (almotriptan)	12/30 days
Frova (frovatriptan)	9/30 days
Imitrex (sumatriptan) injection	5ml/10 syringes/ 30 days
Imitrex (sumatriptan) injection kit	4 boxes/8 syringes/ 30 days
Imitrex (sumatriptan) nasal spray	12 sprays/30 days
Imitrex (sumatriptan) tablets	9/30 days
Maxalt (rizatriptan)	9/30 days
Migranal (dihydroergotamine mesylate)	8/30 days
Relpax (eletriptan)	6/30 days
Zomig (zolmitriptan) nasal spray	6/30 days

Antiulcer Medications	
Blood Glucose Meters	2 Year
Smoking Cessation	3 fills per year
Sedative Hypnotics	15 per 30

Step Therapy:

Step Therapy for Non Sedating Antihistamine (Clarinet, Allegra, Zyrtec and all D formularions)	Must try and fail loratadine in the past 180 days prior to filling Clarinet & (D), Allegra/fexofenadine & (D), Zyrtec/Cetirizine & (D)
Step Therapy for Spiriva	Must try/fail generic Ipratropium Bromide