

## 2010 GROUP HEALTH CLEAR CARE Medicare Part D Formulary Utilization Management Criteria

### Quantity Limit Restrictions for 2010 Clear Care Formulary

| Brand Name    | Generic Name                      | Route Description | Quantity Limit Amount   | Quantity Limit Days Supply |
|---------------|-----------------------------------|-------------------|-------------------------|----------------------------|
| AMERGE        | Naratriptan hcl                   | ORAL              | 9 TABLETS               | 30 DAYS                    |
| AVONEX        | Interferon beta – 1A              | INTRAMUSC.        | 1 KIT                   | 30 DAYS                    |
| AXERT         | Almotriptan                       | ORAL              | 9 TABLETS               | 30 DAYS                    |
| BETASERON     | Interferon beta – 1B              | SUBCUTANE.        | 1 KIT                   | 30 DAYS                    |
| COPAXONE      | Glatiramer                        | SUBCUTANE.        | 1 KIT                   | 30 DAYS                    |
| EXTAVIA       | Interferon beta – 1B              | SUBCUTANE.        | 1 KIT                   | 30 DAYS                    |
| FROVA         | Frovatriptan                      | ORAL              | 12 TABLETS              | 30 DAYS                    |
| IMITREX       | Sumatriptan                       | NASAL             | 8 NASAL SPRAY DEVICE    | 30 DAYS                    |
| IMITREX       | Sumatriptan                       | SUBCUTANE.        | 8 PREFILLED SYRINGES    | 30 DAYS                    |
| IMITREX       | Sumatriptan                       | ORAL              | 9 TABLETS               | 30 DAYS                    |
| IMITREX       | Sumatriptan                       | SUBCUTANE.        | 8 VIALS                 | 30 DAYS                    |
| MAXAIR        | Pirbuterol metered dose inhaler   | INHALATION        | 2 METERED DOSE INHALERS | 30 DAYS                    |
| MAXALT        | Rizatriptan                       | ORAL              | 12 TABLETS              | 30 DAYS                    |
| MAXALT MLT    | Rizatriptan Disintegrating        | ORAL              | 12 TABLETS              | 30 DAYS                    |
| PROAIR HFA    | Albuterol metered dose Inhaler    | INHALATION        | 2 METERED DOSE INHALERS | 30 DAYS                    |
| PROVENTIL HFA | Albuterol metered dose inhaler    | INHALATION        | 2 METERED DOSE INHALERS | 30 DAYS                    |
| REBIF         | Interferon beta – 1A              | SUBCUTANE.        | 12 PREFILLED SYRINGES   | 30 DAYS                    |
| RELPAX        | Eletriptan                        | ORAL              | 9 TABLETS               | 30 DAYS                    |
| SUMATRIPTAN   | Sumatriptan                       | SUBCUTANE.        | 8 PREFILLED SYRINGES    | 30 DAYS                    |
| SUMATRIPTAN   | Sumatriptan                       | ORAL              | 9 TABLETS               | 30 DAYS                    |
| SUMATRIPTAN   | Sumatriptan                       | SUBCUTANE.        | 8 VIALS                 | 30 DAYS                    |
| SUMAVEL       | Sumatriptan                       | SUBCUTANE.        | 8 PREFILLED SYRINGES    | 30 DAYS                    |
| TREXIMET      | Naproxen/sumatriptan              | ORAL              | 10 TABLETS              | 30 DAYS                    |
| VENTOLIN HFA  | Albuterol Metered Dose Inhaler    | INHALATION        | 2 METERED DOSE INHALERS | 30 DAYS                    |
| XOPENEX HFA   | Levalbuterol Metered Dose Inhaler | INHALATION        | 2 METERED DOSE INHALERS | 30 DAYS                    |
| ZOMIG         | Zolmitriptan                      | NASAL             | 6 NASAL SPRAY DEVICE    | 30 DAYS                    |
| ZOMIG         | Zomitriptan                       | ORAL              | 9 TABLETS               | 30 DAYS                    |
| ZOMIG ZMT     | Zolmitriptan Disintegrating       | ORAL              | 9 TABLETS               | 30 DAYS                    |