

Northern New England Benefit Trust

Prescription Limitations and Restrictions

Teamsters Rx has a mandatory generic policy		
Drug Class & Drugs	Retail 30 days supply or 100 units which ever is less	Mail Order 90 days supply (some state limits apply)
Anticonvulsants		
Neurontin (Gabapentin)	3600mg per day	3600mg per day
Antihistamines non-sedating		
Allegra (fexofenadine) & Allegra-D	Prior Auth required	Prior Auth required
Clarinex* & Clarinex-D	Not covered	Not covered
Claritin (Loraditine available OTC)	Not covered	Not covered
XYZal	Not covered	Not covered
Zyrtec & Zyrtec-D	Prior Auth required	Prior Auth required
Anti-depressants		
Pexeva	Not covered	Not covered
Prozac Weekly (fluoxetine)	Not covered	Not covered
Sarafem (fluoxetine)	Not covered	Not covered
Zoloft	max dose 200mg per day	max dose 200mg per day
Anti-emetics		
Aloxi 0.25mg/5ml injection	5ml per rx	Same as retail
Anzemet 50mg tab	10 tablets per 25 days	Same as retail
Anzemet 100mg tab	5 tablets per 25 days	Same as retail
Anzemet Injection 20mg/ml	5ml/Rx	Same as retail
Kytril 1mg tablets	6 tablets per 25 days	Same as retail
Kytril 1mg/ml injection	1ml per rx	Same as retail
Kytril Oral soln	30ml per 25 days	Same as retail
Marinol capsules	60 per 25 days (2.5mg, 5mg, 10mg)	Same as retail
Zofran 24mg tablets	1 tablet per rx	Same as retail
Zofran 4mg & 8mg tab/ODT	9 tablets per rx	Same as retail
Zofran oral solution	90ml per rx	Same as retail
Zofran 2mg/ml injection	20ml per rx	Same as retail
Zofran 32mg/50ml IV premix	50ml per rx (1 dose)	Same as retail
Anti-infectives		
Diflucan 150 mg tablets (fluconazole)	2 tablets/25 days	Same as retail
Anti-obesity, Anorexic		
Meridia, Xenical	Not covered	Not covered
Phentermine, Tenuate	Not covered	Not covered
Anti-Virals		
Relenza	Not covered	Not covered
Tamiflu	Not covered	Not covered
Attention Deficient Disorder & ADHD		
Adderall, Ritalin (Methylphenidate), Concerta	Covered	Legal limit of 60 days supply; Dr must write diagnosis on face of Rx
Daytrana (Methylphenidate Patch)	Not covered	Not covered
Vyvanse	Not covered	Not covered

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Beta-2 Agonists		
Albuterol Solution 0.083%	120 units (2x60 boxes)	360 units
Albuterol Solution 0.5%	1x20ml bottle	3x20ml bottle
Albuterol, Ventolin, Proventil,	1 inhaler per 25 days	4 inhalers (generic only)
Alupent MDI	2 inhalers	4 inhalers
Foradil	60 units (1 box)	180 units (3 boxes)
Maxair Autohaler	2 inhalers	4 inhalers
Metaproterenol (Alupent) 0.4% & 0.6%	100 units (4x25 boxes)	300 units
Serevent diskus	60 doses (1 unit)	180 doses (3 units)
Birth control		
Birth Control Pills	Not covered	Covered
Nuvaring	Not covered	Covered
Ortho Evra patch	Not covered	Not covered
Plan B (emergency)	Covered for <18 yrs old Not covered for >18 yrs old OTC	Not covered
Seasonale -* (only avail as 3 month pkg)	Not covered	Covered
Seasonique -* (only avail as 3 month pkg)	Not covered	Covered
Corticosteroid & Beta-2 Agonist Combination		
Advair Diskus	1x60 unit	3 units
Duoneb	120 units (2x60 boxes)	360 units
Combivent	1 inhaler	3 inhalers
Cosmetic agents		
Accutane-Isotretinoin	Covered (I-pledge program)	Not covered
Botox (possible cosmetic use)	Prior Auth required	Prior Auth required
Lustra, Propecia, Renova, Vaniqua	Not covered	Not covered
Erectile Dysfunction		
	Per Class	Per Class
Caverject, Edex, Muse	1 box per 25 days	Not covered
Cialis, Levitra, Viagra	4 tabs per 25 days	Not covered
Fertility		
	Not Covered	Not Covered
Hypercholesterolemia		
Advicor	Not covered	Not covered
Niaspan (niacin is available OTC)	Not covered	Not covered
Omacor-Omega 3, Lovaza	Prior Auth required	Prior Auth required
Inhaled Corticosteroids		
Aerobid, Aerobid-M	3 inhalers	8 inhalers
Azmacort	2 inhalers	4 inhalers
Flovent	2 inhalers	4 inhalers
Flovent Diskus	2 units	4 units
Pulmicort Turbuhaler	1 inhaler	3 inhalers
Pulmicort Respules	2x30 boxes	180 units (6 boxes)
Qvar	2 inhalers	same dosage
Injectables-allow one fill per co-pay, no day supply limitation		
Epi-Pen	1kit / per co-pay	3 pen kits / per co-pay
Glucagon Kit	1 kit / per co-pay	3 kits / per co-pay

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Mast Cell Stabilizers & Anticholinergics		
Atrovent	1 inhaler	4 inhalers -- allow 100ds
Atrovent solution	4x 25 units	12 x 25 units
Intal inhaler	1 inhaler	3 inhalers
Intal solution	120 units (2x60 boxes)	360 units
Tilade	2 inhalers	4 inhalers
Spiriva	1 unit (30 doses)	3 units (90 doses)
Migraine		
Amerge 1mg & 2.5mg tablet	9 tablets per 25 days	27 tablets
Axert 6.25mg & 12.5mg tablet	6 tablets per 25 days	18 tablets
Frova 2.5 mg tablets	9 tablets per 25 days	27 tablets
Imitrex injection kits	2 kits (4 inj) per 25 days	6 kits (12 injections)
Imitrex injection vials	4 vials (4 inj) per 25 days	12 vials
Imitrex NS 5mg	12 units (2 pkgs) per 25 days	36 units
Imitrex NS 20mg	6 units (1 pkg) per 25 days	18 units
Imitrex tablets	9 tablets per 25 days (25mg, 50mg,	27 tablets
Maxalt & Maxalt MLT 5mg & 10mg tablet	6 tablets per 25 days	18 tablets
Migranal NS	1 unit (4ml) per 25 days	3 units
Relpax 20mg & 40mg tablets	6 tablets per 25 days	18 tablets
Zomig & Zomig ZMT 2.5mg & 5mg tablet	6 tablets per 25 days	18 tablets
Zomig Nasal Spray	1 unit (6 doses)	3 units (18 doses)
Miscellaneous		
Diabetic Testing Strips & Lancets	Not covered	Covered
Growth Hormone	Prior Auth required	Prior Auth required
Lovenox	1 box = 10 syringes	1 box = 10 syringes
Ranitidine 150mg -OTC	Not covered	Not covered
Fluoride	Covered	Covered
Nasal Inhalers		
Astelin	1 unit	3 units
Beconase AQ, Vancenase AQ	1 unit	3 units
Flonase	1 unit	3 units
Nasacort AQ	1 unit	3 units
Nasarel / flunisolide	1 unit	3 units
Nasonex	1 unit	3 units
Rhinocort Aqua	1 unit	3 units
Tri-Nasal	1 unit	3 units
Pain-Analgesics		
Duragesic	10 patches	Same as retail
Stadol NS	1 bottle	Same as retail
Ultracet tablets	5 days supply	Same as retail
Proton Pump Inhibitors		
Aciphex, Protonix, Prevacid	30 days with 1 refill, (Prior Auth required for additional refills)	Not covered
Nexium	Prior Auth required	Not covered
Omeprazole 20mg (generic Prilosec)	Not covered (available OTC)	Prior Auth Required
Prilosec (brand name)	Not covered	Not covered
ZEGRID (omeprazole+sod.bicarb)	Not covered	Not covered

