

EnvisionRx Plus Gold (PDP)

2012 Formulary
Quantity Limits



A Medicare Approved Prescription Drug Plan



Drug Name ¹	Dose Form	Quantity Limit Amount	Quantity Limit Days
CHANTIX 0.5 MG	ORAL TABLET	11	30
CHANTIX 1 MG	ORAL TABLET	180	90
CHANTIX PAK 0.5 MG / 1 MG	PACK	53	30
EMEND 125 MG	ORAL CAPSULE	30	30
EMEND 40 MG	ORAL CAPSULE	30	30
<i>fentanyl patch 0.012 MG/HR</i>	TRANSDERMAL PATCH	10	30
<i>fentanyl patch 0.05 MG/HR</i>	TRANSDERMAL PATCH	10	30
<i>fentanyl patch 0.075 MG/HR</i>	TRANSDERMAL PATCH	10	30
<i>fentanyl patch 0.1 MG/HR</i>	TRANSDERMAL PATCH	10	30
<i>fluticasone prop nasal spray</i>	NASAL SPRAY	32	30
FOSAMAX PLUS D	EXTENDED RELEASE TABLET	4	30
<i>ondansetron 4 MG</i>	ORAL TABLET	60	30
<i>ondansetron 8 MG</i>	ORAL TABLET	60	30
<i>ondansetron 24 MG</i>	ORAL TABLET	30	30
<i>ondansetron ODT 4 MG</i>	DISINTEGRATING TABLET	60	30
<i>ondansetron ODT 8MG</i>	DISINTEGRATING TABLET	60	30
PROAIR HFA	METERED DOSE INHALER	27	30
PROCRIT 2000 UNT/ML	INJECTABLE SOLUTION	23	30
PROCRIT 3000 UNT/ML	INJECTABLE SOLUTION	16	30
PROCRIT 4000 UNT/ML	INJECTABLE SOLUTION	12	30
RELPAK 20 MG	ORAL TABLET	9	30
RELPAK 40 MG	ORAL TABLET	9	30
<i>sumatriptan 100 MG</i>	ORAL TABLET	9	30
<i>sumatriptan 12 MG/ML</i>	INJECTABLE SOLUTION	4	30
<i>sumatriptan 25 MG</i>	ORAL TABLET	9	30
<i>sumatriptan 50 MG</i>	ORAL TABLET	9	30
<i>tramadol 37.5 MG/ acetaminophen 325 MG</i>	ORAL TABLET	240	30
<i>tramadol HCL</i>	ORAL TABLET	240	30

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¹Brand name drugs are capitalized, generic drugs are lower-case and italicized.