



A Medicare Approved Prescription Drug Plan



Envision Rx Plus Gold Plan 2010 Quantity Limit List

Drug Name			Tier	Quantity Limit	Day Supply
CHANTIX	0.5 MG	TABS	4	11 per	30
CHANTIX	0.5MG/1MG	TABS	4	53 per	30
CHANTIX	1 MG	TABS	4	180 per	90
EMEND	40 MG	CAPS	4	30 per	30
EMEND	125 MG	CAPS	4	30 per	30
FLUTICASONE PROPIONATE	50 MCG/ACT	SUSP	1	2 inhalers (32 g) per	30
FOSAMAX PLUS D	70 MG/2800 UNIT	TABS	3	4 per	30
NICOTROL	10MG/ML	SPRAY	4	504 per	30
ONDANSETRON HCL	24 MG	TABS	2	30 per	30
ONDANSETRON HCL	8 MG	TABS	2	60 per	30
ONDANSETRON HCL	4 MG	TABS	2	60 per	30
ONDANSETRON ODT	8 MG	TBDP	2	60 per	30
ONDANSETRON ODT	4 MG	TBDP	2	60 per	30
PROAIR HFA	108 MCG/ACT	AERS	1	3 inhalers (27 g) per	30
PROCRIT	4000 UNIT/ML	SOLN	3	12 per	30
PROCRIT	3000 UNIT/ML	SOLN	3	16 per	30
PROCRIT	2000 UNIT/ML	SOLN	3	23 per	30
PROVENTIL HFA	108 MCG/ACT	AERS	4	3 inhalers (21 g) per	30
RELPAK	40 MG	TABS	3	9 per	30
RELPAK	20 MG	TABS	3	9 per	30
RHINOCORT AQUA	32 MCG/ACT	SUSP	3	3 inhalers (18 g) per	30

Tier Definitions:

Tier 1 Preferred Generic, Tier 2 Non-Preferred Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, Tier 5 Specialty

EnvisionRxplusSM

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MedicareRxSM
Prescription Drug Coverage

Drug Name			Tier	Quantity Limit	Day Supply
SUMATRIPTIN	12 MG/ML	SOLN	1	4 per	30
SUMATRIPTIN	25 MG	TABS	1	9 per	30
SUMATRIPTIN	50 MG	TABS	1	9 per	30
SUMATRIPTIN	100 MG	TABS	1	9 per	30
TRAMADOL HCL	50 MG	TABS	1	240 per	30
TRAMADOL /APAP	325 MG/37.5 MG	TABS	1	240 per	30

Tier Definitions:

Tier 1 Preferred Generic, Tier 2 Non-Preferred Generic, Tier 3 Preferred Brand,
Tier 4 Non-Preferred Brand, Tier 5 Specialty