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2013 Aetna Preferred Drug Guide

4-Tier/Open Formulary Plan

www.aetna.com

.....
**Includes generic and brand-name
drugs on Aetna's Preferred Drug List**



Do you have questions?

Call the toll-free number on your member ID card.

Or visit www.aetna.com/formulary for the most up-to-date information.

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Dear Member:

To help you know how drugs are covered by your plan, we are pleased to provide you with a copy of our **2013 Preferred Drug Guide**.

This guide provides helpful information on the Aetna Preferred Drug List and your pharmacy benefit plan. You may want to take this guide with you when you see your doctor to talk about what is covered under your plan.

Many commonly prescribed drugs are listed in this guide. Please remember this is not a complete list of drugs covered under your plan. Because thousands of drugs are included in your pharmacy benefits plan, we only list the most commonly prescribed ones.

Want to learn more about the drug coverage for your plan? It's easy to find out. Just visit www.aetna.com and log in to Aetna Navigator®, your secure member website. Then take these steps:

1. Select "Aetna Pharmacy" from the top of the page.
2. In the "Your Drug Coverage" section, select "Plan Summary". Then, "Medication Search" and enter your pharmacy benefits plan type.

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What pharmacy benefits plan do I have?

You are enrolled in a four-tier/open formulary plan.

Here's what those terms mean:

Think of **tier** as a level. **Four-tier** means you could pay four different amounts, depending on the drug you take.

A **formulary** is a list of generic and brand-name drugs that your health plan covers. An **open formulary** means your plan covers most prescription drugs. But it may not cover some others.

What you pay

The amount you pay (your copay) depends on the drug your doctor prescribes. Your copay is either a flat fee or a percent of the prescription's price.

Tier 1

You pay the **lowest copay** for drugs in this level.

Tier 2

You pay a **higher copay** for drugs in this level.

Tier 3

You pay the **highest copay** for drugs in this level.

Tier 4

You pay a **specific amount** for specialty drugs in this level. Specialty drugs may be injected, infused or taken by mouth.

To find your copay and what your plan covers

Check your Plan Design and Benefits summary. This should be in your enrollment kit. Ask your employer if you don't have one.

Your pharmacy benefits plan may include a program that encourages you to choose a generic drug over a brand-name drug, in order to help reduce what you pay. This means that if you fill a brand-name drug when a generic is available, that in addition to your standard copay or coinsurance, you must also pay the difference in cost between the brand-name and generic drug.

For a summary of your pharmacy benefits plan, including out-of-pocket costs, visit www.aetna.com and log in to Aetna Navigator. Or call the toll-free number on your member ID card.



What is the Aetna Preferred Drug List?

You might also see this referred to as our formulary. It's not a guarantee of coverage. But you can refer to it to see a list of generic and brand-name, and preferred and non-preferred drugs that your health plan mostly covers. You may pay less for drugs on this list. Keep in mind that it is up to you and your doctor to decide what drug(s) are right for you.

Where can I find more Preferred Drug List information?

You and your doctor can search for a drug, find out if it's covered and see what tier it falls under. You can also see if there are alternatives that cost less. **Make sure your doctor knows that you pay more for tier 4 drugs.** He or she can consider this before writing a prescription.

How to search:

- Go to **www.aetna.com/formulary**
- Pull down **Four Tier Open Formulary** in the drop-down box
- Click on **Medication Search**
- Type in the **drug's name** and click **Submit Search**

How is the Preferred Drug List developed?

Aetna's Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs and new information about drugs that are already on the market. It reviews available information concerning safety, effectiveness and current use in therapy. The P&T Committee reviews scientific evidence, including relevant findings of federal government agencies, pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals.

Our P&T Committee includes licensed pharmacists and doctors, including those who are currently in practice and others who are Aetna employees. All committee members must tell us if they are in a situation that can create a conflict of interest or if they have a financial stake that might affect their decisions.

Once the P&T Committee completes its clinical review, we also consider overall value (including cost and manufacturer rebate arrangements) and other factors before adding or removing a drug from the Preferred Drug List. This committee can make recommendations to change the tier level of a drug or to place it on our Formulary Exclusions List, designating it as a drug that is no longer covered.

Why is the Preferred Drug List subject to change?

We may add or remove drugs from the Preferred Drug List for certain reasons. We might also move a drug from one coverage tier to another.

Here are some reasons why we may make changes to the Preferred Drug List.

- As brand-name drugs lose their patents and generic versions become available, the brand-name may be covered at a higher out-of-pocket cost while the generic may be covered at a lower out-of-pocket cost.
- The Food and Drug Administration (FDA) approves many new drugs throughout the year.
- Drugs can be withdrawn from the market or may become available without a prescription. Over-the-counter (OTC) drugs are not generally covered under a prescription plan, unless required by law.

Our website, www.aetna.com/formulary, reflects the most up-to-date Preferred Drug List – so please visit it often.

Why do some drugs require prior authorization or precertification?

This drug coverage review encourages appropriate and cost-effective use of prescription drugs by allowing coverage only when certain conditions are met.

Reasons for precertification include:

- Compliance with dosing guidelines
- Avoiding duplicate therapies
- Helping health care providers check that a drug is being used based on generally accepted medical criteria

The precertification program is based upon current medical findings, FDA-approved manufacturer labeling information, and cost and manufacturer rebate arrangements.

If your plan requires precertification, you will find a list of drugs that are subject to precertification with this guide. Please keep the following in mind:

- Your doctor must contact Aetna to request approval of coverage for these drugs.
- If we approve the request, we will notify your doctor. The drug will then be covered at the applicable out-of-pocket cost under your plan. You will also be notified of approvals where the state requires notification to members.

If the request is denied, you and your doctor will be notified. You can still purchase the drug, but for the full price.

Why do some drugs have quantity limits?

This drug coverage review limits coverage of quantities for certain drugs. These limits help your doctor and pharmacist check that your prescribed drug is used correctly and safely.

We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose Efficiency Edits** – Limit coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.
- **Maximum Daily Dose** – A message is sent to the pharmacy if a prescription is less than the minimum or higher than the maximum allowed dose.
- **Quantity Limits Over Time** – Limit coverage of prescriptions to a specific number of units in a defined amount of time.

What is step-therapy?

This drug coverage review promotes the appropriate use of equally effective but lower-cost drugs first. Prerequisite drugs are FDA-approved and treat the same condition as the corresponding step-therapy drugs.

What is therapeutic duplication?

Therapeutic duplication means that two or more drugs of the same type are prescribed at the same time. This can occur when two doctors prescribe similar drugs or when your doctor switches from one drug to another drug in the same class without cancelling the first prescription.

It is rare that you should ever need two drugs from the same class to treat a medical condition. Since serious side effects may occur, we help bring such duplications to your pharmacist's and doctor's attention.

Learn more about drug coverage reviews

If you have a medical need for a drug that requires precertification, quantity limits or step therapy, your doctor can ask for a medical exception. The list of drugs requiring precertification, quantity limits or step-therapy is subject to change. Find the most up-to-date information at www.aetna.com/formulary.

You may be able to save with generic drugs

Generic drugs are approved by the U.S. Food and Drug Administration (FDA) and proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name products. The difference is that generics may be a different color, shape or size.

When appropriate, your doctor may decide to prescribe, or allow substitution with, a generic drug. Please talk to your doctor to find out if a generic is right for you.

Saving on prescriptions

Here are some other tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Preferred Drug List.
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Check to see if your plan includes our mail-order pharmacy service. Depending upon your plan, mail order may save you money. See Aetna Rx Home Delivery in this guide for details.
- Remind your doctor to check your plan to make sure you get maximum coverage.

What is Aetna Rx Home Delivery?

Check your plan documents to see if your plan includes our Aetna Rx Home Delivery mail-order pharmacy. It fills prescriptions for maintenance medicine. This type of medicine is used regularly, to treat conditions like arthritis, asthma, diabetes or high cholesterol. If you need this type of drug, you can get up to a 90-day supply, or the maximum supply allowed by your plan, and free delivery right to your mailbox.

You also get:

- Quick, confidential service
- Free standard shipping
- Pharmacists who check all prescriptions for accuracy and can answer questions any time

It's easy and fast to order – choose one of these ways:

- 1. Mail** – Get a new prescription from your doctor. Mail your new prescription to Aetna Rx Home Delivery with a completed order form. You can access the form online. Visit www.aetna.com and log in to Aetna Navigator, your secure member website. Or you can go right to www.aetnavigators.com. Once logged in, click the link to “Aetna Pharmacy”.
- 2. Fax** – Give your doctor the Aetna Rx Home Delivery fax number: 1-877-270-3317. Your doctor can fax in the prescription. Make sure your doctor includes your member ID number, your date of birth and your mailing address on the fax cover sheet. Only a doctor may fax a prescription.
- 3. Phone** – Call the appropriate toll-free number on your member ID card. With our Aetna Rx Courtesy StartSM program, we will contact your doctor to attempt to get a new prescription. Your doctor may require you to schedule a visit before he or she will write you a new prescription. After we reach out to your doctor, please allow adequate time (up to 7 days) for us to receive a reply. To help this process move quickly, we highly recommend you alert your doctor to expect our outreach.

If your prescription is for a controlled medicine, a written prescription from your doctor may be needed.

Generally, if your order is complete, you will receive your medicine within 10-14 days from when Aetna Rx Home Delivery receives your order. You can request expedited delivery for an additional charge.

What is Aetna Specialty Pharmacy?

Aetna Specialty Pharmacy is Aetna’s in-house specialty pharmacy. It can fill your prescription specialty medicine. These types of drugs may be injected, infused or taken by mouth. Specialty medicine often needs special storage and handling. It must be delivered quickly. And a nurse or pharmacist should monitor you during your treatment. Use Aetna Specialty Pharmacy to get this medicine sent right to your mailbox. You also get:

- Free delivery that is reliable, secure and sent anywhere you choose
- Extra help when you need it – like injection training and side effect monitoring
- Proactive outreach to confirm your refills
- Free standard supplies
- Nurses and pharmacists who can help you 24 hours a day, every day

It’s easy and fast to order – choose one of these ways:

- **Fax** – Your doctor may fax your prescription to **1-866-FAX-ASRX (1-866-329-2779)**.
- **Mail** – You or your doctor may mail your prescription order to: Aetna Specialty Pharmacy, 503 Sunport Lane, Orlando, FL 32809. If you mail in your own prescription, please send it along with a completed Patient Profile Form. To access this form, visit **www.AetnaSpecialtyRx.com** and click “Enroll.”
- **Phone** – Your doctor may also call and speak to one of our registered pharmacists at **1-866-782-ASRX (1-866-782-2779)** during normal business hours of 8 a.m. until 7 p.m. ET.

To transfer an existing prescription order to be filled by Aetna Specialty Pharmacy, call toll-free at **1-866-353-1892**.

Therapeutic Class List key

- UPPERCASE** – Brand-name medication
- lower case italics** – Generic medication
- FE** – Formulary excluded medication
- NC** – Not covered
- PR** – Precertification required under most plans
- ST** – Step-therapy applies under most plans
- QL** – Quantity limit applies under most plans
- PMED** – Preferred injectable medication that may be covered under the medical benefit
- MED** – Injectable medication that may be covered under the medical benefit
- #** – Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
- **** – May be obtained through Aetna Specialty Pharmacy or a retail pharmacy
- ***** – May not be available through Aetna Specialty Pharmacy
- 1, 2, 3, 4** – The numbers found in the drug lists represent copay tiers.

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Antineoplastic Agents

Alkylating Agents

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
ALKERAN	2			
CEENU	2			
<i>cyclophosphamide</i>	1			
HEXALEN	2			
LEUKERAN	2			
MYLERAN	2			
TEMODAR caps #	4		✓	
TEMODAR inj	MED			

Antimetabolites

<i>mercaptopurine</i>	1			
<i>methotrexate</i>	1			
PURINETHOL	3			
TABLOID	2			
TREXALL	3			
XELODA	4		✓	

Antineoplastic – Antibodies

ERBITUX	MED	✓		
RITUXAN	MED	✓		
VECTIBIX	MED	✓		
YERVOY	MED	✓		

Antineoplastic – Cellular Immunotherapy

PROVENGE	MED	✓		
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Antineoplastic – Enzyme Inhibitors

AFINITOR	4	✓	✓	
CAPRELSA	4	✓	✓	
GLEEVEC	4	✓	✓	
INLYTA	4	✓	✓	
IRESSA ^{***}	4			
JAKAFI	4	✓	✓	
NEXAVAR	4	✓	✓	
SPRYCEL	4	✓	✓	
SUTENT	4	✓	✓	
TARCEVA	4	✓	✓	
TASIGNA	4	✓	✓	
TYKERB	4	✓	✓	
VOTRIENT	4	✓	✓	
XALKORI	4	✓	✓	
ZELBORAF	4	✓	✓	
ZOLINZA	4	✓	✓	

Antineoplastic – Hormonal Agents

<i>anastrozole</i>	1	✓		
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Pharmacy Benefit Plans

Medication Name

Antineoplastic – Hormonal Agents (continued)

ARIMIDEX	3	✓		✓
AROMASIN	3	✓		
<i>bicalutamide</i>	1	✓		
CASODEX	3	✓		
DEPO-PROVERA	3			
ELIGARD	4			
EMCYT	2			
<i>exemestane</i>	1	✓		
FARESTON	3			
FASLODEX	4			
FEMARA	3	✓		✓
FIRMAGON	4	✓		
<i>flutamide</i>	1			
<i>letrozole</i>	1	✓		
<i>leuprolide</i>	4			
LUPRON	4			
LUPRON DEPOT	4			
LYSODREN	3			
MEGACE	3			
MEGACE ES	3			
<i>megestrol</i>	1			
NILANDRON	2			
<i>tamoxifen</i>	1			
TRELSTAR DEPOT	4			
TRELSTAR LA	4			
VANTAS	4			
ZOLADEX	4			
ZYTIGA	4	✓	✓	

Antineoplastics – Miscellaneous

ACTIMMUNE	4			
ALFERON N	4			
ERIVEDGE	4	✓	✓	
HYDREA	3			
<i>hydroxyurea</i>	1			
INTRON-A	4			
MATULANE	2			
SYLATRON	4	✓	✓	
TARGETIN	2			
<i>tretinoin 10 mg</i>	4		✓	

Chemotherapy Rescue/Antidote Agents

<i>leucovorin calcium</i>	1			
MESNEX	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Immunomodulators				
REVLIMID	4	✓		
THALOMID	4			
Mitotic Inhibitors				
<i>etoposide</i>	1			
JEVANA	MED	✓		
Topoisomerase I Inhibitors				
HYCAMTIN	4		✓	
<i>topotecan</i>	MED			
Blood Products – Modifiers – Volume Expanders				
Anticoagulants – Coumarin				
COUMADIN	3			
<i>janoven</i>	1			
<i>warfarin</i>	1			
Anticoagulants – Direct Thrombin Inhibitors/Factor Xa Inhibitor				
IPRIVASK **	4			
PRADAXA	2	✓	✓	
XARELTO	2	✓	✓	
Anticoagulants – Heparins				
ARIXTRA **	4			
<i>fondaparinux</i>	4			
FRAGMIN **	4			
<i>heparin sodium</i>	PMED			
LOVENOX **	4			✓
<i>enoxaparin</i>	4			
Antiinhibitor Coagulant Complex				
FEIBA VH IMMUNO	4	✓		
Blood Clotting Factor VIIa				
NOVOSEVEN	4	✓		
NOVOSEVEN RT	4	✓		
Blood Clotting Factor VIII Human				
ALPHANATE	4	✓		
CORIFACT	4	✓		
HEMOFIL M	4	✓		
HUMATE-P	4	✓		
KOATE-DVI	4	✓		
MONOCLATE-P	4	✓		
WILATE	4	✓		
Blood Clotting Factor VIII Recombinant				
ADVATE	4	✓		
HELIXATE FS	4	✓		
KOGENATE FS	4	✓		

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Blood Clotting Factor VIII Recombinant (continued)				
RECOMBINATE	4	✓		
REFACTO	4	✓		
XYNTHA	4	✓		
Blood Clotting Factor IX Complex				
BEBULIN VH	4	✓		
PROFILNINE	4	✓		
Blood Clotting Factor IX Recombinant				
ALPHANINE SD	4	✓		
BENEFIX	4	✓		
MONONINE	4	✓		
Fibrinogen concentrate (human)				
RIASTAP	4			
Hematopoietic Growth Factors				
ARANESP	4	✓		
EPOGEN	4	✓		
LEUKINE	4			
NEULASTA	4			
NEUMEGA	4			
NEUPOGEN	4			
NPLATE	4			
OMONTYS	4	✓		
PROCRT	4	✓		
PROMACTA	4			
Hemostatics – Systemic				
AMICAR	3			
<i>aminocaproic acid</i>	1			
LYSTEDA	2		✓	
Hereditary Angioedema				
BERINERT	4	✓		
CINRYZE ***	4	✓		
FIRAZYR	4	✓		
KALBITOR	4	✓		
Paroxysmal Nocturnal Hemoglobinuria (PNH)				
SOLIRIS	4	✓		
Platelet Aggregation Inhibitors				
AGGRENEX	2			
AGRYLIN	3			
<i>anagrelide</i>	1			
BRILINTA	3	✓	✓	
<i>cilostazol</i>	1			
<i>clopidogrel</i>	1			

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Platelet Aggregation Inhibitors (continued)				
dipyridamole	1			
EFFIENT	2	✓	✓	
PERSANTINE	3			
PLAVIX	3			✓
PLETAL	3			
ticlopidine	1			

Cardiovascular System

Alpha-Beta Blockers

carvedilol	1			
COREG	3			
COREG CR #	2			
labetalol	1			
TRANDATE	3			

Anaphylaxis Therapy Agents

ADRENALICK	3			
epinephrine	1			
EPIPEN	2			
EPIPEN-JR	2			
TWINJECT	3			

Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations

ACCUPRIL	3			
ACCURETIC	3			
ACEON	3			
ALTACE	3			
benazepril	1			
benazepril/hydrochlorothiazide	1			
captopril	1			
captopril/hydrochlorothiazide	1			
enalapril	1			
enalapril/hydrochlorothiazide	1			
fosinopril	1			
fosinopril/hydrochlorothiazide	1			
lisinopril	1			
lisinopril/hydrochlorothiazide	1			
moexipril	1			
moexipril/hydrochlorothiazide	1			
LOTENSIN	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations (continued)				
LOTENSIN HCT	3			
MAVIK	3			
perindopril	1			
PRINIVIL	3			
PRINZIDE	3			
quinapril	1			
quinapril/hydrochlorothiazide	1			
ramipril	1			
trandolapril	1			
UNIRETIC	3			
UNIVASC	3			
VASERETIC	3			
VASOTEC	3			
ZESTORETIC	3			
ZESTRIL	3			
Angiotensin II Receptor Antagonists and Combinations				
ATACAND #	3		✓	✓
ATACAND HCT #	3		✓	✓
AVALIDE	3		✓	✓
AVAPRO	3		✓	✓
AZOR	3		✓	
BENICAR	3		✓	✓
BENICAR HCT	3		✓	✓
COZAAR	3		✓	✓
DIOVAN #	3		✓	✓
DIOVAN HCT #	3		✓	✓
EDARBI	3		✓	✓
EDARBYCLOR	3		✓	✓
eprosartan	1		✓	
EXFORGE #	2		✓	
EXFORGE HCT #	2		✓	
HYZAAR	3		✓	✓
irbesartan	1		✓	
irbesartan-hydrochlorothiazide	1		✓	
losartan	1		✓	
losartan/hydrochlorothiazide	1		✓	
MICARDIS	2		✓	
MICARDIS HCT	2		✓	

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Angiotensin II Receptor Antagonists and Combinations (continued)				
TEVETEN	3		✓	✓
TEVETEN HCT	3			✓
TIBENZOR	3		✓	✓
TWYNSTA	3		✓	✓
VALTURNA	3		✓	
Antiadrenergic Antihypertensives				
CARDURA	3			
CATAPRES	3			
CATAPRES-TTS	3			
<i>clonidine</i>	1			
<i>doxazosin</i>	1			
<i>guanabenz</i>	1			
<i>guanfacine</i>	1			
<i>methyl dopa</i>	1			
MINIPRESS	3			
NEXICLON	3			✓
<i>prazosin</i>	1			
<i>reserpine</i>	1			
TENEX	3			
<i>terazosin</i>	1			
Antianginals – Nitrates				
<i>amyl nitrite</i>	1			
DILATRATE SR	3			
IMDUR	3			
ISORDIL	3			
<i>isosorbide dinitrate</i>	1			
<i>isosorbide mononitrate</i>	1			
MONOKET	3			
NITRO-BID	3			
NITRO-DUR	3			
<i>nitroglycerin</i>	1			
<i>nitroglycerin CR</i>	1			
<i>nitroglycerin SL</i>	1			
NITROLINGUAL	3			
NITROMIST	3			
NITROSTAT	2			
Antianginals – Other				
RANEXA	2		✓	✓
Antiarrhythmics Type I-A				
<i>disopyramide</i>	1			
NORPACE	3			
<i>procainamide</i>	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Antiarrhythmics Type I-A (continued)				
<i>quinidine gluconate</i>	1			
<i>quinidine sulfate</i>	1			
Antiarrhythmics Type I-B				
<i>mexiletine</i>	1			
Antiarrhythmics Type I-C				
<i>flecainide</i>	1			
<i>propafenone</i>	1			
RYTHMOL	3			
RYTHMOL SR	3			
TAMBOCOR	3			
Antiarrhythmics Type III				
<i>amiodarone</i>	1			
CORDARONE	3			
MULTAQ	2			
PACERONE	3			
TIKOSYN	3			
Antihyperlipidemics – Bile Sequestrants				
<i>cholestyramine</i>	1			
<i>cholestyramine light</i>	1			
COLESTID	3			
<i>colestipol</i>	1			
<i>prevalite</i>	1			
QUESTRAN	3			
QUESTRAN LITE	3			
WELCHOL	2			
Antihyperlipidemics – Fibric Acid Derivatives				
ANTARA	2			
<i>fenofibrate</i>	1			
<i>fenofibrate micronized</i>	1			
<i>fenofibric acid</i>	1			
FENOGLIDE	3			✓
FIBRICOR	3			✓
<i>gemfibrozil</i>	1			
LOFIBRA	3			✓
LOPID	3			✓
LIPOFEN	3			✓
TRICOR #	3			
TRIGLIDE	3			✓
TRILIPIX #	2			
Antihyperlipidemics – HMG CoA Reductase Inhibitors				
ADVICOR #	3		✓	

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Antihyperlipidemics – HMG CoA Reductase Inhibitors (continued)

Medication Name	4-Tier Open	Pre-ertification	Quantity Limits	Step-Therapy
ALTOPREV	3		✓	✓
amlodipine/atorvastatin	1		✓	
atorvastatin	1		✓	
CADUET	3		✓	✓
CRESTOR	2		✓	
fluvastatin	1		✓	
LESCOL	3		✓	
LESCOL XL	2		✓	
LIPITOR	3		✓	✓
LIVALO	3		✓	
lovastatin	1		✓	
MEVACOR	3		✓	
PRAVACHOL	3		✓	
pravastatin	1		✓	
SIMCOR	2		✓	
simvastatin	1		✓	
VYTORIN	2		✓	
ZOCOR	3		✓	

Antihyperlipidemics – Intestinal Cholesterol Absorption Inhibitors

ZETIA	2	✓	✓	
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Antihyperlipidemics – Miscellaneous

LOVAZA	2			
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Antihyperlipidemics – Nicotinic Acid Derivatives

NIASPAN #	2			
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Beta Blockers Cardioselective and Combinations

acebutolol	1			
atenolol	1			
atenolol/chlorthalidone	1			
betaxolol	1			
bisoprolol	1			
bisoprolol/hydrochlorothiazide	1			
BYSTOLIC	2			
DUTOPROL	2			
KERLONE	3			
LOPRESS HCT	3			
LOPRESSOR	3			
metoprolol	1			
metoprolol ER	3			

Pharmacy Benefit Plans

Medication Name

Beta Blockers Cardioselective and Combinations (continued)

metoprolol/hydrochlorothiazide	1			
SECTRAL	3			
TENORETIC	3			
TENORMIN	3			
TOPROL XL	3			
ZEBETA	3			
ZIAC	3			

Beta Blockers Non-Selective and Combinations

BETAPACE	3			
BETAPACE AF	3			
CORGARD	3			
CORZIDE	3			
INDERAL LA	3			
INNOPRAN XL	3			
LEVATOL	3			
nadolol	1			
nadolol/bendroflumethiazide	1			
pindolol	1			
propranolol	1			
propranolol SR	1			
propranolol/hydrochlorothiazide	1			
sorine	1			
sotalol	1			
sotalol AF	1			
timolol	1			

Calcium Blockers

ADALAT CC	3			
afeditab	1			
amlodipine	1			
CALAN	3			
CALAN SR	3			
CARDENE SR	3			
CARDIZEM	3			
CARDIZEM CD	3			
CARDIZEM LA	3			
cartia XT	1			
COVERA-HS	3			
DILACOR XR	3			
dilt-CD	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Calcium Blockers (continued)				
<i>dilt-XR</i>	1			
<i>diltiazem</i>	1			
<i>diltiazem CD/ER/CR/XT</i>	1			
<i>diltiazem SR extended release beads</i>	1			
DYNACIRC CR	3			
<i>felodipine</i>	1			
ISOPTIN SR	3			
<i>isradipine</i>	1			
<i>matzim LA</i>	1			
<i>nitcardipine</i>	1			
<i>nifediac CC</i>	1			
<i>nifedical XL</i>	1			
<i>nifedipine</i>	1			
<i>nifedipine CR/ER/SR</i>	1			
<i>nimodipine</i>	1			
<i>nisoldipine</i>	1			
NIMOTOP	3			
NORVASC	3			✓
PROCARDIA	3			
PROCARDIA XL	3			
SULAR	3			
<i>taztia XT</i>	1			
TIAZAC	3			
<i>verapamil</i>	1			
<i>verapamil CR/ER/SR</i>	1			
VERELAN	3			
VERELAN PM	3			
VERELAN SR	3			
Cardiac Glycosides				
<i>digoxin</i>	1			
LANOXIN	3			
Cardiovascular Combinations – Miscellaneous				
<i>amlodipine/benzazepril</i>	1			
BIDIL	3			
CLORPRES	3			
<i>hydralazine/hydrochlorothiazide</i>	1			
LOTREL	3			✓
<i>methylodopa/hydrochlorothiazide</i>	1			
<i>rauwolfia/bendroflumethiazide</i>	1			
TARKA	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Direct Renin Inhibitor and Combinations				
AMTURNIDE	3		✓	
TEKAMLO	3		✓	
TEKTURNA	3		✓	
TEKTURNA HCT	3		✓	
Diuretics – Carbonic Anhydrase Inhibitors				
<i>acetazolamide</i>	1			
DIAMOX	3			
<i>methazolamide</i>	1			
Diuretics – Loop				
<i>bumetanide</i>	1			
DEMADEX	3			
EDECIN	3			
<i>furosemide</i>	1			
LASIX	3			
<i>torsemide</i>	1			
Diuretics – Potassium Sparing and Combinations				
ALDACTAZIDE	3			
ALDACTONE	3			
<i>amiloride</i>	1			
<i>amiloride/hydrochlorothiazide</i>	1			
DYAZIDE	3			
DYRENIUM	3			
MAXZIDE	3			
MIDAMOR	3			
<i>spironolactone</i>	1			
<i>spironolactone/hydrochlorothiazide</i>	1			
<i>triamterene/hydrochlorothiazide</i>	1			
Diuretics – Selective Aldosterone Receptor Antagonists (SARAs)				
<i>eplerenone</i>	1			
INSPIRA	3			
Diuretics – Thiazide and Thiazide-Like				
<i>chlorothiazide</i>	1			
<i>chlorthalidone</i>	1			
DIURIL	3			
<i>hydrochlorothiazide</i>	1			
<i>indapamide</i>	1			
<i>methylclothiazide</i>	1			
<i>metolazone</i>	1			
MICROZIDE	3			

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Diuretics – Thiazide and Thiazide-Like (continued)				
THALITONE	3			
ZAROXOLYN	3			
Pheochromocytoma Agents				
DEMSEER	3			
DIBENZYLINE	2			
Pulmonary Hypertension Agents				
ADCIRCA	4	✓		
epoprostenol	4	✓		
FLOLAN ***	4	✓		
LETAIRIS	4	✓		
REMODULIN ***	4	✓		
REVATIO	4	✓		
sildenafil	1	✓		
TRACLEER	4	✓		
TYVASO ***	4	✓		
VELETRI	4	✓		
VENTAVIS	4	✓		
Vasodilators				
hydralazine	1			
isoxsuprine	1			
minoxidil	1			
papaverine ER	1			

Central Nervous System

ALS Agents

RILUTEK #	2	✓		
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Analgesic – Non-Narcotic

PRIALT	4			
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Alzheimer's Disease – Antidementia

ARICEPT 5 and 10 mg	3			✓
ARICEPT 23 mg	3			✓
ARICEPT ODT	3			✓
donepezil	1			
donepezil ODT	1			
EXELON capsules	3			
EXELON patch, soln	2			
galantamine	1			
galantamine SR	1			
NAMENDA	2			
RAZADYNE	3			
RAZADYNE ER	3			
rivastigmine	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Antianxiety – Benzodiazepines				
alprazolam	1			
alprazolam ER	1			
alprazolam ODT	1			
chlordiazepoxide	1			
clorazepate	1			
diazepam	1			
lorazepam	1			
NIRAVAM	3			
oxazepam	1			
XANAX XR	3			
Antianxiety – Miscellaneous				
buspirone	1			
hydroxyzine hcl	1			
hydroxyzine pamoate	1			
meprobamate	1			
Anticonvulsants – Benzodiazepines				
clonazepam	1			
clonazepam orally disintegrating tab	1			
DIASTAT	3			
diazepam rectal gel	1			
KLONOPIN	3			
ONFI	3	✓		
Anticonvulsants – Carbamates				
felbamate	1			
FELBATOL	3			
Anticonvulsants – GABA Modulators				
GABITRIL	3	✓		
SABRIL powder ***	4			
SABRIL tablets ***	4	✓		
Anticonvulsants – Hydantoins				
DILANTIN	3			
phenytoin extended	1			
phenytoin sodium	1			
Anticonvulsants – Miscellaneous				
BANZEL	3	✓		
carbamazepine	1			
carbamazepine SR	1			
carbamazepine XR	1			
CARBATROL	3			
gabapentin	1			✓
KEPPRA	3			✓

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Anticonvulsants – Miscellaneous (continued)				
KEPPRA XR	3			✓
LAMICTAL	3			
LAMICTAL ODT	3			
LAMICTAL XR #	3			✓
<i>lamotrigine</i>	1			
<i>levetiracetam</i>	1			
<i>levetiracetam ER</i>	1			
LYRICA	2		✓	
NEURONTIN	3		✓	
<i>oxcarbazepine</i>	1			
POTIGA	3	✓	✓	
<i>primidone</i>	1			
TEGRETOL	3			
TEGRETOL XR	3			
TOPAMAX	3			✓
<i>topiramate</i>	1			
TRILEPTAL	3			
VIMPAT	3	✓	✓	
ZONEGRAN	3			
<i>zonisamide</i>	1			
Anticonvulsants – Succinimides				
CELONTIN	3			
<i>ethosuximide</i>	1			
ZARONTIN	3			
Anticonvulsants – Valproic Acid				
DEPAKENE	3			
DEPAKOTE	3			✓
DEPAKOTE ER	3			✓
DEPAKOTE SPRINKLE	3			✓
<i>divalproex sodium delayed release</i>	1			
<i>divalproex sodium sprinkle</i>	1			
<i>divalproex sodium SR</i>	1			
STAVZOR	3			
<i>valproic acid</i>	1			
Antidepressants – Alpha-2 Receptor Antagonists				
<i>mirtazapine</i>	1		✓	
<i>mirtazapine ODT</i>	1		✓	
REMERON	3		✓	✓
REMERON SOLUTAB	3		✓	✓

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Antidepressants – MAO Inhibitors				
EMSAM	3		✓	
MARPLAN	3			
NARDIL	3			
PARNATE	3			
<i>phenelzine</i>	1			
<i>tranylcypromine sulfate</i>	1			
Antidepressants – Miscellaneous				
ALENZIN	3		✓	✓
<i>budeprion</i>	1		✓	
<i>budeprion XL</i>	1		✓	
<i>bupropion</i>	1		✓	
<i>bupropion SR</i>	1		✓	
<i>maprotiline</i>	1		✓	
WELLBUTRIN	3		✓	✓
WELLBUTRIN SR	3		✓	✓
WELLBUTRIN XL	2		✓	✓
Antidepressants – Modified Cyclics				
<i>nefazodone</i>	3			✓
OLEPTRO	3		✓	✓
<i>trazodone</i>	1			
VIIBRYD	2		✓	✓
VIIBRYD KIT	2		✓	✓
Antidepressants – Serotonin-Norepinephrine Reuptake Inhibitors				
CYMBALTA #	2		✓	✓
EFFEXOR XR	3		✓	✓
PRISTIQ	2		✓	✓
<i>venlafaxine</i>	1		✓	
<i>venlafaxine ER (cap)</i>	1		✓	
VENLAFAXINE ER (tab)	3		✓	✓
<i>venlafaxine SR (tab)</i>	1		✓	
Antidepressants – Selective Serotonin Reuptake Inhibitors				
CELEXA	3		✓	✓
<i>citalopram</i>	1		✓	
<i>escitalopram</i>	1		✓	
<i>fluoxetine</i>	1		✓	
FLUOXETINE 60 MG	3		✓	✓
<i>fluoxetine delayed release</i>	1		✓	
<i>fluvoxamine</i>	1		✓	

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Pre-ertification	Quantity Limits	Step-Therapy
Antidepressants – Selective Serotonin Reuptake Inhibitors (continued)				
LEXAPRO	3		✓	✓
LUVOX CR	3		✓	✓
<i>paroxetine</i>	1		✓	
<i>paroxetine ER</i>	1		✓	
PAXIL	3		✓	✓
PAXIL CR	3		✓	✓
PEXEVA	3		✓	✓
PROZAC	3		✓	✓
PROZAC WEEKLY	3		✓	✓
<i>sertraline</i>	1		✓	
ZOLOFT	3		✓	✓

Antidepressants – Tricyclic Agents

ANAFRANIL	3			
<i>amitriptyline</i>	1			
<i>amoxapine</i>	1			
<i>clomipramine</i>	1			
<i>desipramine</i>	1			
<i>doxepin</i>	1			
<i>imipramine</i>	1			
NORPRAMIN	3			
<i>nortriptyline</i>	1			
PAMELOR	3			
<i>protriptyline</i>	1			
SURMONTIL	3			
TOFRANIL	3			
TOFRANIL-PM	3			
<i>trimipramine</i>	1			
VIVACTIL	3			

Antiparkinsonian Adjuvants

LODOSYN	3			
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Antiparkinsonian Anticholinergic

<i>benztropine</i>	1			
<i>trihexphenidyl</i>	1			

Antiparkinsonian COMT Inhibitors

COMTAN	3			
<i>entacapone</i>	1			
TASMAR	3			

Antiparkinsonian Dopaminergic

<i>amantadine</i>	1			
<i>bromocriptine</i>	1			
<i>carbidopa/levodopa</i>	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Pre-ertification	Quantity Limits	Step-Therapy
Antiparkinsonian Dopaminergic (continued)				
<i>carbidopa/levodopa ODT</i>	1			
<i>carbidopa/levodopa SR</i>	1			
<i>carbidopa/levodopa/entacapone</i>	1			
MIRAPEX	3			✓
MIRAPEX ER	2			✓
NEUPRO	3			
PARCOPA	3			
PARLODEL	3			
<i>pramipexole</i>	1			
REQUIP	3			
REQUIP XL	3			✓
<i>ropinirole</i>	1			
<i>ropinirole er</i>	1			
SINEMET	3			
SINEMET CR	3			
STALEVO	3			
Antiparkinsonian Monoamine Oxidase Inhibitor				
AZILECT	2			
ELDEPRYL	3			
<i>selegiline</i>	1			
Antipsychotics – Atypical				
ABILIFY	3		✓	
ABILIFY DISC	3		✓	
<i>clozapine</i>	1		✓	
CLOZARIL	3		✓	
FANAPT	3		✓	✓
FAZACLO	3		✓	
GEODON	3		✓	✓
INVEGA	3		✓	✓
LATUDA	3		✓	✓
<i>olanzapine</i>	1		✓	
<i>olanzapine ODT</i>	1		✓	
<i>quetiapine</i>	1		✓	
RISPERDAL	3		✓	✓
RISPERDAL M	3		✓	✓
<i>risperidone</i>	1		✓	
<i>risperidone ODT</i>	1		✓	
SAPHRIS	3		✓	✓
SEROQUEL	3		✓	✓
SEROQUEL XR	2		✓	

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Antipsychotics – Atypical (continued)				
ZYPREXA	3		✓	✓
ZYPREXA ZYDIS	3		✓	✓
ziprasidone	1		✓	
Antipsychotics – Combinations				
chlordiazepoxide/ amitriptyline	1			
olanzapine/fluoxetine	1		✓	
perphenazine/ amitriptyline	1			
SYMBYAX	3		✓	
Antipsychotics – First Generation				
chlorpromazine	1			
compro	1			
fluphenazine	1			
haloperidol	1			
loxapine	1			
perphenazine	1			
prochlorperazine	1			
thioridazine	1			
thiothixene	1			
trifluoperazine	1			
Antipsychotics – Miscellaneous				
EQUETRO	3			
Attention Deficit Disorder				
ADDERALL	3	✓	✓	
ADDERALL XR	3	✓	✓	
amphetamine/dextro- amphetamine	1	✓	✓	
amphetamine/dextro- amphetamine SR	1	✓	✓	
CONCERTA	3	✓	✓	
DAYTRANA	2	✓	✓	
DESOXYN	3	✓	✓	
DEXEDRINE	3	✓	✓	
dexamethylphenidate	1	✓	✓	
dextroamphetamine	1	✓	✓	
dextroampheta- mine CR	1	✓	✓	
FOCALIN	3	✓	✓	
FOCALIN XR	3	✓	✓	
INTUNIV	3		✓	
KAPVAY	3		✓	
METADATE CD	3	✓	✓	

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Attention Deficit Disorder (continued)				
metadate ER	1	✓	✓	
methamphetamine	1	✓	✓	
methylin	1	✓	✓	
METHYLIN chew/soln	3	✓	✓	
methylin ER	1	✓	✓	
methylphenidate	1	✓	✓	
methylphenidate SR	1	✓	✓	
PROCENTRA	3	✓	✓	
RITALIN	3	✓	✓	
RITALIN LA	3	✓	✓	
RITALIN SR	3	✓	✓	
STRATTERA	2		✓	
VYVANSE	2	✓	✓	
Chemical Dependency				
ANTABUSE	3			
CAMPRAL	3			
naltrexone	1			
Fibromyalgia				
CYMBALTA #	2		✓	
LYRICA	2		✓	
SAVELLA	2		✓	
Huntington's Disease – Chorea				
XENAZINE ***	4	✓	✓	
Lithium				
lithium carbonate	1			
lithium carbonate CR	1			
lithium citrate	1			
LITHOBID	3			
Migraine Products				
ALSUMA	3		✓	✓
AMERGE	3		✓	✓
AXERT	3		✓	✓
CAMBIA	3		✓	
FROVA	3		✓	✓
IMITREX	3		✓	✓
MAXALT #	3		✓	✓
MAXALT MLT #	3		✓	✓
MIGRANAL	3		✓	✓
naratriptan	1		✓	
RELPAX	3		✓	✓
sumatriptan	1		✓	

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Migraine Products (continued)				
SUMAVEL	3		✓	✓
TREXIMET	3		✓	✓
ZOMIG #	3		✓	✓
ZOMIG ZMT #	3		✓	✓
Multiple Sclerosis Agents				
AMPYRA	4	✓	✓	
AVONEX	4	✓		
BETASERON	4	✓		
COPAXONE	4	✓		
EXTAVIA	4	✓		
GILENYA	4	✓	✓	
REBIF	4	✓		
TYSABRI	4	✓		
Narcotic Agonists				
ABSTRAL	3	✓	✓	✓
ACTIQ	3	✓	✓	
AVINZA	3		✓	✓
codeine phosphate	1			
codeine sulfate	1			
CONZIP	3		✓	✓
DEMEROL	3			
DILAUDID	3			
DURAGESIC	3		✓	✓
EXALGO #	3		✓	✓
fentanyl lozenge	1	✓	✓	
fentanyl patch	1		✓	
FENTORA	3	✓	✓	
hydromorphone	1			
KADIAN	3		✓	✓
LAZANDA	3	✓	✓	✓
levorphanol	1			
mepredine	1			
methadone	1		✓	
methadose	1		✓	
morphine sulfate	1			
morphine sulfate CR	1		✓	
MS CONTIN	3		✓	
NUCYNTA	2		✓	✓
NUCYNTA ER	2		✓	
ONSOLIS	3	✓	✓	
OPANA	3			✓

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Narcotic Agonists (continued)				
OPANA ER #	2		✓	
ORAMORPH SR	3		✓	
OXECTA	3			
oxycodone	1			
OXYCONTIN CR #	2		✓	
oxymorphone ER	1		✓	
RYBIX ODT	3			
SUBSYS SPRAY	3	✓	✓	✓
tramadol	1			
tramadol ER	1		✓	
ULTRAM	3			
ULTRAM ER	3		✓	
XOLOX	3			
Narcotic Combinations				
acetaminophen/ codeine	1			
butalbital/ acetaminophen/ caffeine/codeine	1			
butalbital/aspirin/ caffeine/codeine	1			
CAPITAL/CODEINE	3			
COCET	3			
COCET PLUS	3			
FIORICET/CODEINE	3			
FIORINAL/CODEINE	3			
hydrocodone/ acetaminophen	1			
hydrocodone/ ibuprofen	1			
IBUDONE	3			
LIQUICET	3			
LORCET	3			
LORCET PLUS	3			
LORTAB	3			
MAGNACET	3			
MAXIDONE	3			
NORCO	3			
oxycodone/ acetaminophen	1			
oxycodone/aspirin	1			
oxycodone/ibuprofen	1		✓	
ORBIVAN	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Narcotic Combinations (continued)				
ORBIVAN CF	3			
<i>pentazocine/acetaminophen</i>	1			
PERCOCET	3			
PERCODAN	3			
PHRENILIN	3			
REPREXAIN	3			
ROXICET	3			
STAGESIC	1			
STAFLEX	3			
SYNALGOS DC	3			
TYLENOL/CODEINE	3			
TYLOX	3			
ULTRACET	3			
VICODIN	3			
VICODIN ES	3			
<i>vicodin HP</i>	1			
VICOPROFEN	3			
XODOL	3			
ZOLVIT	3			
ZYDONE	3			
Narcotic Partial Agonists				
<i>buprenorphine</i>	1	✓	✓	
<i>butorphanol</i>	1		✓	
BUTRANS	2	✓	✓	
<i>pentazocine/naloxone</i>	1		✓	
SUBOXONE film	2	✓	✓	
SUBOXONE sublingual tablet	3	✓	✓	
SUBUTEX	3	✓	✓	✓
Postherpetic Neuralgia (PHN) Agents				
GRALISE	3	✓	✓	✓
Premenstrual Dysphoric Disorder				
SARAFEM	3		✓	
Psychotherapeutic and Neurological Agents				
<i>ergoloid mesylate</i>	1			
ORAP	3			
<i>modafinil</i>	1	✓	✓	
NUVIGIL	3	✓	✓	
PROVIGIL	3	✓	✓	
XYREM	3	✓	✓	
Restless Leg Syndrome				
HORIZANT	3	✓	✓	

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Sedative/Hypnotics – Barbiturate				
BUTISOL SODIUM	3			
MEBARAL	3			
<i>phenobarbital</i>	1			
SECONAL	3			
Sedative/Hypnotics – Nonbarbiturates				
AMBIEN	3		✓	✓
AMBIEN CR	3		✓	✓
<i>chloral hydrate</i>	1			
DORAL	3			
EDLUAR	3		✓	✓
<i>estazolam</i>	1			
<i>flurazepam</i>	1			
HALCION	3			
INTERMEZZO	3	✓	✓	✓
LUNESTA	3		✓	
<i>midazolam</i>	1			
ROZEREM	3		✓	✓
SILENOR	3		✓	✓
SONATA	3		✓	✓
<i>temazepam</i>	1			
<i>triazolam</i>	1			
<i>zaleplon</i>	1		✓	
<i>zolpidem</i>	1		✓	
<i>zolpidem ER</i>	1		✓	
ZOLPIMIST	3		✓	✓
Miscellaneous				
CUVPOSA	3			
NUEDEXTA	3	✓	✓	
Dermatological Agents				
Acne Products				
ACANYA	3			✓
ACZONE	3			
<i>adapalene</i>	1	✓		
AKNE-MYCIN	3			
<i>amnestem</i>	1	✓		
ATRALIN	3	✓		✓
<i>avita</i>	1	✓		
AZELEX	3			
BENZACLIN	3			✓
BENZAMYCIN	3			✓
BENZEFOAM	3			
BENZEFOAM ULTRA	3			✓

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece- r-tification	Quantity Limits	Step- Therapy
Acne Products (continued)				
BENZIQ	3			
BENZIQ LS	3			
BENZIQ wash	3			
<i>benzoyl peroxide</i>	1			
<i>claravis</i>	1	✓		
CLARIFOAM EF	3			
<i>clindamax</i>	1			
<i>clindamycin</i>	1			
<i>clindamycin/ benzoyl peroxide</i>	1			
DIFFERIN 0.1% cream/gel/lotion	3	✓		✓
DIFFERIN 0.3% gel	2	✓		
DUAC	3			✓
<i>clindamycin/ benzoyl peroxide 1.2-5% gel</i>	1			
EPIDUO	2	✓		
<i>erythromycin</i>	1			
<i>erythromycin/ benzoyl peroxide</i>	1			
EVOCLIN	3			
<i>isotretinoin</i>	1	✓		
KLARON	3			
<i>lavoclen</i>	1			
METROCREAM	3			
METROGEL 1% only	3			
METROLOTION	3			
<i>metronidazole</i>	1			
<i>myorisan</i>	1	✓		
NEOBENZ	3			
NORITATE	3			
NUOX	3			
<i>pacnex wash</i>	1			
PACNEX HP	3			
PACNEX LP	3			
PACNEX MX	3			
PLEXION cloth	3			
PLEXION emulsion	3			
PLEXION SCT	3			
RETIN-A	3	✓		✓
RETIN-A MICRO	2	✓		
<i>sodium sulfacet- amide/sulfur</i>	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece- r-tification	Quantity Limits	Step- Therapy
Acne Products (continued)				
<i>sotret</i>	1	✓		
SSS 10-4	3			
SUMADAN WASH	3			
SUMAXIN	3			
SUMAXIN TS	3			
<i>tretinoin</i>	1	✓		
TRETIN-X	3	✓		✓
TRIAZ	3			
VANOXIDE	3			
VELTIN	3	✓		✓
ZACARE	3			
Z-CLINZ	3			
ZIANA	2	✓		
Antibiotics – Topical				
ALTABAX	3			
BACTROBAN	3			
<i>centany</i>	3			
<i>gentamicin</i>	1			
<i>mupirocin</i>	1			
Antifungals – Topical				
ALOQUIN	3			
<i>ciclopirox</i>	1	✓		
<i>clotrimazole/ betamethasone</i>	1			
<i>econazole</i>	1			
ERTACZO	3			
EXELDERM	3			
HALOTIN	3			
<i>hydrocortisone/ iodoquinol</i>	1			
<i>ketoconazole</i>	1			
LOPROX	3			
LOTRISONE	3			
NAFTIN	3			
<i>nystatin</i>	1			
<i>nystatin/ triamcinolone</i>	1			
OXISTAT	3			
PENLAC	3	✓		
VUSION	3			
XOLEGEL	3			
Antineoplastics and Keratolytics – Topical				
CARAC	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Antineoplastics and Keratolytics – Topical (continued)				
EFUDEX	3			
FLUOROPLEX	3			
<i>fluorouracil</i>	1			
LEVULAN KERA	3			
METVIXIA	3			
PANRETIN	2			
PICATO	3	✓	✓	
SOLARAZE	3			
TARGETIN	2			

Antipruritics and Topical Anesthetics

<i>cocaine hcl</i>	1			
<i>lidocaine</i>	1			
<i>lidocaine/prilocaine</i>	1			
LIDODERM #	2			✓
<i>pradoxin</i>	1			
QUTENZA	3			
SYNERA	3			
ZONALON	3			

Antipsoriatics

8-MOP	3			
AMEVIVE	4	✓		
<i>calcipotriene</i>	1			
CALCITRENE	3			✓
<i>calcitriol</i>	1			
DOVONEX	3			
DRITHO-SCALP	3			
ENBREL	4	✓		
HUMIRA	4	✓		
KINERET	4	✓		
OXSORALEN-UL	3			
REMICADE	4	✓		
SORIATANE	2			
SORILUX	3			✓
STELARA	4	✓		
TACLONEX	3			
TAZORAC #	2	✓		
SIMPONI	4	✓		
VECTICAL	3			

Antiseborrheic Products

EXTINA	3			
<i>ketoconazole foam</i>	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Antiseborrheic Products (continued)				
SCALACORT DK	3			
<i>selenium sulfide</i>	1			
<i>sulfacetamide sodium</i>	1			
Antiviral – Topical				
<i>acyclovir</i>	1			
DENAVIR	3			
XERESE	3			
ZOVRAX	3			
Corticosteroids – Topical				
<i>alclometasone</i>	1			
<i>amcinonide</i>	1			
<i>augmented betamethasone dipropionate</i>	1			
<i>betamethasone valerate</i>	1			
<i>clobetasol</i>	1			
LOBEX spray	2			
LOBEX lotion/ shampoo	3			✓
CLODERM	3			✓
CORDRAN	3			
CUTIVATE	3			✓
DERMATOP	3			
DESONATE	3			✓
<i>desonide</i>	1			
<i>desoximetasone</i>	1			
<i>diflorasone</i>	1			
DIPROLENE AF	3			
ELOCON	3			
<i>fluocinolone acetonide</i>	1			
<i>fluocinonide</i>	1			
<i>fluticasone</i>	1			
HALOG	3			
<i>hydrocortisone</i>	1			
<i>hydrocortisone butyrate</i>	1			
<i>hydrocortisone valerate</i>	1			
<i>hydrocortisone/pramoxine</i>	1			
<i>lidocaine/hydrocortisone</i>	1			
LOCOID	3			✓

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Pre-ertification	Quantity Limits	Step-Therapy
Corticosteroids – Topical (continued)				
LOCOID	3			✓
LIPOCREAM #				
LUXIQ #	3			✓
<i>mometasone</i>	1			
NUZON	3			
OLUX	3			✓
OLUX-E #	3			✓
<i>prednicarbate</i>	1			
TACLONEX	3			
<i>triamcinolone</i>	1			
ULTRAVATE	3			
VANOS #	3			✓
VERDESO	3			✓

Keratolytic/Antimitotic Agents

CONDYLOX	3			
<i>podoflox</i>	1			

Immunomodulating Agents – Topical

ALDARA	3	✓	✓	
ELIDEL	2	✓		
<i>imiquimod</i>	1	✓	✓	
PROTOPIC	2	✓		
ZYCLARA	3	✓	✓	

Rosacea Agents

FINACEA	3			
<i>metronidazole</i>	1			
ORACEA	2	✓	✓	

Scabicides & Pediculicides

EURAX	3			
<i>lindane</i>	1			
NATROBA	3			
<i>permethrin</i>	1			
SKLICE	3			
<i>spinosad</i>	1			
ULESFIA	3			

Sinecatechins

VEREGEN	3			
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Endocrine System

Acromegaly

<i>octreotide</i>	4			
SANDOSTATIN	4			
SANDOSTATIN LAR	4			
SOMATULINE	4			
SOMAVERT	4			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Pre-ertification	Quantity Limits	Step-Therapy
Antidiuretic Agents				
DDAVP	3	✓		✓
PR ≤ 17 yr old				
<i>desmopressin</i>	1	✓		
PR ≤ 17 yr old				
<i>minirin</i>	1	✓		
PR ≤ 17 yr old				
STIMATE	3	✓		
PR ≤ 17 yr old				

Contraceptives – Emergency

ELLA	3			
<i>next choice</i>	1			
PLAN B	3			
<i>levonorgesterol tab</i> 0.75 mg	1			

Contraceptives – Injectable Progestins

<i>medroxyprogesterone</i>	1			
DEPO-PROVERA	3			

Contraceptives – Oral

<i>altavera</i>	1			
<i>amethia lo</i>	1			
<i>amethyst</i>	1			
<i>apri</i>	1			
<i>aranelle</i>	1			
<i>aviane</i>	1			
BEYAZ	3			
BREVICON	3			
<i>briellyn</i>	1			
<i>camrese</i>	1			
<i>camrese lo</i>	1			
<i>cesia</i>	1			
<i>cryselle</i>	1			
CYCLESSA	3			
DESOGEN	3			
ELLA	3			
<i>emoquette</i>	1			
<i>enpresse</i>	1			
ESTROSTEP FE	3			
FEMCON	3			
GENERESS FE	3			
<i>gianvi</i>	1			
<i>gildess FE</i>	1			
<i>jolessa</i>	1			
<i>junel 1.5/30</i>	1			
<i>junel 1/20</i>	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Contraceptives – Oral (continued)				
<i>junel FE 1.5/30</i>	1			
<i>junel FE 1/20</i>	1			
<i>kariva</i>	1			
<i>kelnor</i>	1			
<i>leena</i>	1			
<i>lessina</i>	1			
<i>levora</i>	1			
LO LOESTRIN FE	3			
LO/OVRAL	3			
LOESTRIN 1.5/30	3			
LOESTRIN 1/20	3			
LOESTRIN FE	3			
LOESTRIN FE 1.5/30	3			
LOESTRIN-24	3			
<i>loryna</i>	1			
LOSEASONIQUE	2			
<i>low-ogestrel</i>	1			
<i>lutera</i>	1			
LYBREL	3			
<i>microgestin 1.5/30</i>	1			
<i>microgestin 1/20</i>	1			
<i>microgestin FE 1.5/30</i>	1			
<i>microgestin FE 1/20</i>	1			
MIRCETTE	3			
MODICON 0.5/35	3			
<i>mononessa</i>	1			
NATAZIA	3			
<i>necon 0.5/35</i>	1			
<i>necon 1/35</i>	1			
<i>necon 1/50</i>	1			
<i>necon 10/11</i>	1			
<i>necon 7/7/7</i>	1			
NORDETTE	3			
NORINYL 1+35	3			
NORINYL 1+50	3			
<i>nortrel 0.5/35</i>	1			
<i>nortrel 1/35</i>	1			
<i>nortrel 7/7/7</i>	1			
<i>ocella</i>	3			
<i>ogestrel</i>	1			
ORTHO TRI-CYCLEN	3			
ORTHO TRI-CYCLEN LO	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Contraceptives – Oral (continued)				
ORTHO-CEPT	3			
ORTHO-CYCLEN	3			
ORTHO-NOVUM 1/35	3			
ORTHO-NOVUM 7/7/7	3			
OVCON 35	3			
OVCON 50	3			
<i>portia</i>	1			
<i>previfem</i>	1			
<i>quasense</i>	1			
<i>reclipsen</i>	1			
SEASONALE	3			
SEASONIQUE	2			
<i>amethia</i>	1			
<i>solia</i>	1			
<i>sprintec</i>	1			
<i>sronyx</i>	1			
<i>syedah</i>	1			
<i>trinessa</i>	1			
TRI-NORINYL	3			
<i>tri-previfem</i>	1			
<i>tri-sprintec</i>	1			
<i>trivora</i>	1			
<i>velivet</i>	1			
YASMIN	3			
YAZ	3			
<i>zarah</i>	1			
<i>zenchent FE</i>	1			
<i>zeosa</i>	1			
<i>zovia 1/35E</i>	1			
<i>zovia 1/50E</i>	1			
Contraceptives – Oral Progestins				
<i>camila</i>	1			
<i>errin</i>	1			
<i>jolivette</i>	1			
<i>nora-be</i>	1			
NOR-QD	3			
ORTHO MICRONOR	3			
Contraceptives – Transdermal				
ORTHO EVRA	3			
Contraceptives – Vaginal				
NUVARING	3			

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Corticotropin				
ACTHAR HP	4	✓		
Diabetes – Alpha-Glucosidase Inhibitors				
<i>acarbose</i>	1			
GLYSET #	3			
PRECOSE	3			
Diabetes – Amylin Analogs				
SYMLIN	2	✓		
SYMLINPEN	2	✓		
Diabetes – Biguanides and Combinations				
FORTAMET	3			
<i>glipizide/metformin</i>	1			
GLUCOPHAGE	3			
GLUCOPHAGE XR	3			
GLUCOVANCE	3			
GLUMETZA	3			
<i>glyburide/metformin</i>	1			
METAGLIP	3			
<i>metformin</i>	1			
<i>metformin ER</i>	1			
RIOMET	3			
Diabetes – Dopamine Receptor Agonists				
CYCLOSET	2			
Diabetes – DPP-IV Inhibitors and Combinations				
JANUMET	2			
JANUMET XR	2			
JANUVIA	2			
JENTADUETO	2			
KOMBIGLYZE	2			
ONGLYZA	2			
TRADJENTA	2			
Diabetes – Glucocorticoid Receptor Antagonist				
KORLYM	4	✓	✓	
Diabetes – Incretin Mimetic Agents				
BYDUREON	2		✓	
BYETTA	3		✓	
VICTOZA	2		✓	
Diabetes – Insulin				
APIDRA	3			
HUMALOG products	2			
HUMULIN products	2			
LANTUS	2			
LANTUS SOLOSTAR	2			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Diabetes – Insulin (continued)				
LEVEMIR	2			
LEVEMIR FLEXPEN	2			
NOVOLIN products	3			✓
NOVOLOG products	2			
RELION products	3			✓
Diabetes – Meglitinides and Combinations				
<i>nateglinide</i>	1			
PRANDIMET	3			
PRANDIN #	2			
STARLIX	3			
Diabetes – Sulfonylureas				
AMARYL	3			
<i>chlorpropamide</i>	1			
DIABETA	3			
<i>glimepiride</i>	1			
<i>glipizide</i>	1			
<i>glipizide ER</i>	1			
<i>glipizide XL</i>	1			
GLUCOTROL	3			
GLUCOTROL XL	3			
<i>glyburide</i>	1			
<i>glyburide micronized</i>	1			
GLYNASE	3			
<i>tolazamide</i>	1			
<i>tolbutamide</i>	1			
Diabetic Supplies				
BD insulin syringes	2			
BD lancets	2			
BD pen needles	2			
FREESTYLE glucose test strips	2			✓
FREESTYLE LITE glucose test strips	2			✓
FREESTYLE INSULINX glucose test strips (any other brand name)	2		✓	
glucose test strips (any other brand name)	3		✓	✓
insulin syringes (any brand name other than BD)	3			
insulin syringes (any generic)	1			
lancets (any brand name other than BD)	3			
Diabetic Supplies (continued)				

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
lancets (any generic)	1			
ONE TOUCH FAST TAKE glucose test strips	2		✓	
ONE TOUCH ULTRA glucose test strips	2		✓	
ONE TOUCH VERIO IQ glucose test strips	2		✓	
pen needles (any brand name other than BD)	3			
pen needles (any generic)	1			
PRECISION QID glucose test strips	2		✓	
PRECISION SOF-TACT glucose test strips	2		✓	
PRECISION XTRA glucose test strips	2		✓	
PRECISION XTRA ketone test strips	2			
Diabetes – Thiazolidinediones (TZDs) and Combinations				
ACTOPLUS MET	3			✓
pioglitazone/metformin	1			
ACTOPLUS MET XR	3			✓
ACTOS	3			✓
pioglitazone	1			
AVANDAMET #	3	✓		
AVANDARYL #	3	✓		
AVANDIA #	3	✓		
DUETACT #	3			✓
JUVISYNC	2			
Diagnostic Drug				
THYROGEN	4			
Fabry Disease				
FABRAZYME	4	✓		
Fertility Agents				
BRAVELLE	4	✓		
CETROTIDE	4	✓		
chorionic gonadotropin	4	✓		
FOLLISTIM AQ	4	✓		
GANIRELIX	4	✓		
Fertility Agents (continued)				

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
GONAL-F	4	✓		
GONAL-F RFF	4	✓		
leuprolide	4			
MENOPUR	4	✓		
novarel	4	✓		
OVIDREL	4	✓		
pregnyl	4	✓		
REPRONEX	4	✓		
Gaucher Disease				
CEREDASE ***	4	✓		
CEREZYME	4	✓		
ELELYSO	4	✓		
VPRIV	4	✓		
ZAVESCA ***	4	✓		
Glucose Elevating Agents				
GLUCAGON	3			
PROGLYCEM	2			
Gout Agents				
allopurinol	1			
COLCRYL	2			
KRYSTEXXA	4	✓		
probenecid	1			
probenecid/colchicine	1			
ULORIC	3			✓
ZYLOPRIM	3			
Growth Factors, Insulin-like				
INCRELEX	4	✓		
Growth Hormone Agents				
GENOTROPIN	4	✓		
HUMATROPE	4	✓		
NORDITROPIN	4	✓		
NUTROPIN	4	✓		
NUTROPIN AQ	4	✓		
NUTROPIN NUSPIN	4	✓		
OMNITROPE	4	✓		
SAIZEN	4	✓		
SEROSTIM	4	✓		
SOMAVERT	4	✓		
TEV-TROPIN	4	✓		
ZORBIV	4	✓		
Hereditary Tyrosinemia				
ORFADIN ***	4			
Homocystinuria				

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Pre-certification	Quantity Limits	Step-Therapy
CYSTADANE	4			
Hormone Replacement – Androgens				
ANDRODERM	2			
ANDROGEL	2			
AXIRON	3			✓
<i>danazol</i>	1			
FORTESTA	3			
STRIANT	3			✓
TESTIM	3			✓
<i>testosterone inj.</i>	PMED			
Hormone Replacement – Estrogens				
ALORA	3		✓	
CENESTIN #	2			
CLIMARA	3		✓	
DIVIGEL	2			
ELESTRIN	3			
ENJUVIA	2			
ESTRACE	3			
ESTRADERM	3		✓	
<i>estradiol patch</i>	1		✓	
<i>estradiol tab</i>	1			
ESTRASORB	3			
ESTROGEL	3			
<i>estropipate</i>	1			
EVAMIST	2			
MENEST	2			
MENOSTAR	3		✓	
<i>ortho-est</i>	1			
PREMARIN	3			
VIVELLE-DOT #	3		✓	
Hormone Replacement – Estrogen Combinations				
ACTIVELLA	3			
ANGELIQ	3			
CLIMARA PRO	3		✓	
COMBIPATCH	3		✓	
<i>estradiol/norethin-drone acetate</i>	1			
FEMHRT	3			
FEMHRT LOW DOSE	3			
FEMTRACE	3			
<i>jinteli</i>	1			
PREFEST	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Pre-certification	Quantity Limits	Step-Therapy
Hormone Replacement – Estrogen Combinations (continued)				
PREMPHASE	3			
PREMPRO	3			
Hormone Replacement – Progestins				
<i>medroxyprogesterone acetate</i>	1			
<i>norethindrone acetate</i>	1			
MAKENA	4	✓	✓	
<i>progesterone micronized cap</i>	1			
PROMETRIUM	4			
Hunter Syndrome				
ELAPRASE #**	4	✓		
Hyperammonemia				
AMMONUL	4			
BUPHENYL	4			
Hyperparathyroidism				
HECTOROL	4			
SENSIPAR	4			
ZEMPLAR	4			
LHRH/GnRH Agonist Analog Pituitary Suppressants				
SUPPRELIN LA	4			
SYNAREL	4			
Metabolic Modifiers				
CARNITOR	3			
SUCRAID	3			
Mucopolysaccharidosis I				
ALDURAZYME	4	✓		
Mucopolysaccharidosis VI				
NAGLAZYME	4	✓		
Phenylketonuria				
KUVAN	4			
Pompe Disease				
LUMIZYME	4	✓		
MYOZYME	4	✓		
Steroids – Glucocorticosteroids				
<i>budesonide SR</i>	1		✓	
<i>cortisone AC</i>	1			
<i>dexamethasone</i>	1			
ENTOCORT EC	3		✓	✓
FLO-PRED	3			
<i>hydrocortisone</i>	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Steroids – Glucocorticosteroids (continued)				
<i>methylprednisolone</i>	1			
MILLIPRED	3			
ORAPRED	3			
<i>prednisolone</i>	1			
<i>prednisone</i>	1			
VERIPRED	3			

Steroids – Mineralocorticoids

<i>fludrocort</i>	1			
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Thyroid Hormones

ARMOUR THYROID	3			
CYTOMEL	3			
<i>levothroid</i>	1			
<i>levothyroxine</i>	1			
<i>levoxyl</i>	1			
<i>liothyronine sodium</i>	1			
SYNTHROID	3			
THYROLAR	3			
TIROSINT	3			
<i>unithroid</i>	1			

Thyroid – Antithyroid Agents

<i>methimazole</i>	1			
<i>propylthiouracil</i>	1			
TAPAZOLE	3			

Vasopressin Receptor Antagonists

SAMSCA	4	✓		
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Gastrointestinal System

Acid Suppressants – H-2 Antagonists

AXID	3			
<i>cimetidine</i>	1			
<i>famotidine</i>	1			
<i>nizatidine</i>	1			
PEPCID	3			
<i>ranitidine</i>	1			
ZANTAC	3			

Acid Suppressants – Proton Pump Inhibitors

ACIPHEX #	3	✓	✓	✓
DEXILANT	2	✓	✓	
<i>lansoprazole</i>	1	✓	✓	
<i>lansoprazole / ODT</i>	1	✓	✓	
NEXIUM	2	✓	✓	
<i>omeprazole</i>	1	✓	✓	
<i>omeprazole/ bicarbonate</i>	1	✓	✓	

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Acid Suppressants – Proton Pump Inhibitors (continued)				
<i>pantoprazole</i>	3	✓	✓	
PREVACID	3	✓	✓	✓
PREVACID SOLUTAB	3	✓	✓	✓
PRIOLOSEC	3	✓	✓	✓
PROTONIX	3	✓	✓	✓
ZEGERID	3	✓	✓	✓

Anal Fissures

RECTIVE	3	✓		
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Antiemetics – 5-HT3 Receptor Antagonists

ALOXI	MED	✓		
ANZEMET injectable	MED	✓		
ANZEMET tablets	3		✓	
<i>granisetron</i>	1		✓	
GRANISOL	3		✓	
<i>ondansetron</i>	1		✓	
<i>ondansetron ODT</i>	1		✓	
SANCUSO PAD	3		✓	
ZOFRAN	3		✓	
ZOFRAN ODT	3		✓	
ZUPLENZ	3		✓	

Antiemetics – Anticholinergic

TRANSDERM-SCOP	3			
<i>trimethobenzamide</i>	1			

Antiemetics – Miscellaneous

CESAMET	3		✓	
<i>dronabinol</i>	1	✓		
EMEND capsules	3		✓	
EMEND injectable	MED	✓		
MARINOL	3	✓		

Anti-Ulcer Drugs

<i>misoprostol</i>	1			
<i>sucralfate</i>	1			

Bowel Evacuants

COLYTE	3			
<i>gavilyte-g</i>	1			
GOLYTELY	3			
HALFLYTELY	3			
MOVIPREP	2			
NULYTELY	3			
OSMOPREP	2			
<i>peg 3350</i>	1			

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Bowel Evacuants (continued)				
<i>polyethylene glycol</i>	1			
<i>trilyte</i>	1			
SUPREP	3			
VISICOL	3			
Crohn's Disease				
CIMZIA	4	✓		
HUMIRA	4	✓		
REMICADE	4	✓		
Chronic Constipation Agent				
AMITIZA	3	✓		
Gallstone Solubilizing Agents				
CHENODAL	3			
URSO 250	3			
URSO FORTE	3			
<i>ursodiol</i>	1			
GI Antiallergy Agents				
<i>cromolyn sodium concentrate</i>	1			
GASTROCROM	3			
GI Stimulants				
<i>metoclopramide</i>	1			
METOZOLV ODT	3			
H. pylori Agents				
HELIDAC	3			
OMECLAMOX	3		✓	
PREVPAC	3		✓	
PYLERA	2			
Inflammatory Bowel Agents				
APRISO	2		✓	
ASACOL	2		✓	
ASACOL HD	2		✓	
AZULFIDINE	3		✓	
AZULFIDINE ENTABS	3		✓	
<i>balsalazide</i>	1		✓	
CANASA	2		✓	
COLAZAL	3		✓	
DIPENTUM	3		✓	
LIALDA	2		✓	
<i>mesalamine</i>	1			
PENTASA	3		✓	
<i>sulfasalazine</i>	1		✓	
<i>sulfasalazine ER</i>	1		✓	

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Inflammatory Bowel Agents (continued)				
<i>sulfazine</i>	1		✓	
<i>sulfazine EC</i>	1		✓	
Irritable Bowel Syndrome (IBS) Agents				
LOTRONEX	3	✓		
Laxatives				
KRISTALOSE	3			
<i>lactulose</i>	1			
Opioid Induced Constipation				
RELISTOR	2	✓	✓	
Pancreatic Enzymes				
CREON	2			
DIGEX	3			
PANCRELIPASE	3			
PANCREAZE	3			
PERTZYE	3			✓
VIOKACE	3			✓
ZENPEP	2			
Rectal Steroids				
<i>colocort</i>	1			
CORTIFOAM	3			
Genitourinary System				
Cystinosis Agents				
CYSTAGON	3			
Erectile Dysfunction (applies only to plans with ED coverage)				
CAVERJECT	3		✓	
CIALIS	2		✓	
EDEX	3		✓	
LEVITRA	3		✓	✓
MUSE	3		✓	
STAXYN	3		✓	✓
VIAGRA #	3		✓	✓
Interstitial Cystitis Agents				
ELMIRON	2	✓	✓	
RIMSO	MED			
Phosphate Binders				
<i>calcium acetate</i>	1			
ELIPHOS	3			
FOSRENOL #	2			
PHOSLO	3			✓
PHOSLYRA	2			
RENAGEL	3			✓
RENVELA	2			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Prostatic Hypertrophy Agents				
<i>alfuzosin</i>	1	✓		
AVODART	2	✓		
CARDURA XL	3			
CIALIS 2.5 mg, 5 mg	2	✓	✓	
<i>finasteride</i>	1	✓		
FLOMAX	3	✓		✓
JALYN	2	✓		
PROSCAR	3	✓		
RAPAFLO	2	✓		
<i>tamsulosin</i>	1	✓		
UROXATRAL	3	✓		✓
Urinary Antispasmodics				
<i>bethanechol</i>	1			
DETROL	3			✓
DETROL LA	3			✓
DITROPAN XL	3			✓
ENABLEX	2			
<i>flavoxate</i>	1			
<i>hyoscyamine</i>	1			
<i>oxybutynin</i>	1			
<i>oxybutynin ER</i>	1			
GELNIQUE	2			
OXYTROL	3			✓
SANCTURA	3			✓
SANCTURA XR	3			✓
<i>tolterodine</i>	1			
TOVIAZ	3			✓
<i>tropium</i>	1			
URECHOLINE	3			
VESICARE	2			
Urinary Anti-infectives and Combinations				
MACROBID	3			
<i>methenamine hippurate</i>	1			
<i>methenamine mandelate</i>	1			
MONUROL	3			
<i>nitrofurantoin</i>	1			
<i>nitrofurantoin monohydrate macrocrystal</i>	1			
UREX	3			
URIBEL	3			
UTA	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Vaginal Anti-infectives				
CLEOCIN VAGINAL	3			
<i>clindamax</i>	1			
METROGEL VAGINAL	3			
<i>nystatin vaginal</i>	1			
TERAZOL	3			
<i>terconazole</i>	1			
<i>tioconazole</i>	1			
<i>vandazole</i>	1			
<i>zazole</i>	1			
Vaginal Estrogens				
ESTRACE VAGINAL	3			
ESTRING	3			
FEMRING	2			
PREMARIN VAGINAL	3			
VAGIFEM	3			
Vaginal Progestins				
CRINONE	2			
ENDOMETRIN	2			
PROGESTERONE VAGINAL	3			
Infections and Infestations				
Antibacterials – Aminoglycosides				
<i>neomycin</i>	1			
<i>paromomycin</i>	1			
Antibacterials – Ampicillins and Combinations				
<i>amoxicillin</i>	1			
<i>amoxicillin/K clavulanate</i>	1			
<i>amoxicillin/K clavulanate SR</i>	1			
<i>ampicillin</i>	1			
AUGMENTIN	3			
AUGMENTIN ES	3			
AUGMENTIN XR	3			
MOXATAG	3			
Antibacterials – Cephalosporins, 1st Generation				
<i>cefadroxil</i>	1			
<i>cephalexin</i>	1			
Antibacterials – Cephalosporins, 2nd Generation				
<i>cefaclor</i>	1			
<i>cefaclor ER</i>	1			
<i>cefprozil</i>	1			
CEFTIN	3			
<i>cefuroxime</i>	1			

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Pre-confirmation	Quantity Limits	Step-Therapy
Antibacterials – Cephalosporins, 3rd Generation				
CEDAX	3			
cefdinir	1			
cefditoren	1			
cefprozime	1			
SPECTRACEF	3			
SUPRAX	3			
Antibacterials – Fluoroquinolones				
AVELOX	2	✓		
AVELOX ABC	2	✓		
CIPRO	3	✓		
ciprofloxacin	1	✓		
ciprofloxacin ER	1	✓		
FACTIVE	3	✓		
LEVAQUIN	3	✓		
levofloxacin	1	✓		
NOROXIN	3	✓		
ofloxacin	1	✓		
Antibacterials – Ketolides				
KETEK	3			
Antibacterials – Macrolides				
azithromycin	1			
BIAXIN	3			
BIAXIN XL	3			
clarithromycin	1			
clarithromycin SR	1			
DIFICID	3	✓	✓	
e.e.s.	1			
erythrocin	1			
erythromycin	1			
erythromycin delayed release particles	1			
erythromycin ethylsuccinate	1			
PCE	3			
ZITHROMAX	3			
ZMAX	3			
Antibacterials – Miscellaneous				
clindamycin	1			
metronidazole	1			
NEBUPENT	2			
tinidazole	1			
TINDAMAX	3			
trimethoprim	1			
XIFAXAN	3	✓	✓	
ZVOX	2	✓		

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Pre-confirmation	Quantity Limits	Step-Therapy
Antibacterials – Penicillins				
dicloxacillin sodium	1			
penicillin VK	1			
Antibacterials – Sulfonamides				
sulfadiazine	1			
Antibacterials – Tetracyclines				
ADOXA	3	✓		
avidoxy	1	✓		
demeclocycline	1	✓		
DORYX	3	✓		
doxycycline hyclate	1	✓		
doxycycline monohydrate	1	✓		
DYNACIN	3	✓		
MINOCIN	3	✓		
minocycline	1	✓		
MONODOX	3	✓		
NUTRIDOX	3	✓		
ORAXYL	3	✓		
SOLODYN	3	✓		
tetracycline	1	✓		
VIBRAMYCIN	3	✓		
Antifungals				
ANCOBON	3			
BIO-STATIN	3			
clotrimazole troche	1			
DIFLUCAN (all other strengths)	3	✓		
DIFLUCAN 150 mg	3		✓	
fluconazole (all other strengths)	1	✓		
fluconazole 150 mg	1		✓	
flucytosine	1			
GRIFULVIN V	3			
GRIS-PEG	3			
itraconazole	1	✓		
ketoconazole	1			
LAMISIL	3	✓		
NOXAFIL	3			
nystatin	1			
ORAVIG	3		✓	
SPORANOX	3	✓		
terbinafine	1	✓		
VFEND	3			
voriconazole	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Antifungal Agents – Miscellaneous				
<i>colistimethate sodium</i>	4			
COLY-MYCIN M	4			
Antimalarials and Combinations				
ARALEN	3	✓		
<i>atovaquone/proguanil</i>	1	✓		
<i>chloroquine</i>	1	✓		
COARTEM	3	✓		
DARAPRIM	3	✓		
<i>hydroxychloroquine</i>	1	✓		
MALARONE	3	✓		
<i>mefloquine</i>	1	✓		
PLAQUENIL	3	✓		
<i>primaquine</i>	1			
QUALAQUIN	3	✓	✓	
<i>quinine sulfate</i>	1	✓	✓	
Antimycobacterial Agents				
<i>dapsone</i>	1			
<i>ethambutol</i>	1			
<i>isoniazid</i>	1			
MYAMBUTOL	2			
<i>pyrazinamide</i>	1			
RIFAMATE	3			
<i>rifampin</i>	1			
RIFATER	3			
Antiprotozoal Agents				
ALINIA	3			
MEPRON	2			
Antiretrovirals – Chemokine Receptor Antagonist				
SELZENTRY	3			
Antiretrovirals – Fusion Inhibitors				
FUZEON	4			
Antiretrovirals – Integrase Inhibitors				
ISENTRESS	3			
Antiretrovirals – NRTI/NNRTI Combination				
ATRIPLA	3			
Antiretrovirals – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)				
EDURANT	3			
INTELENCE	3			
<i>nevirapine</i>	1			
RESCRIPTOR	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Antiretrovirals – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)				
SUSTIVA	2			
VIRAMUNE	3			✓
VIRAMUNE XR	3			
Antiretrovirals – Nucleoside (NRTI) and Nucleotide (NtRTI) Analogs				
<i>abacavir</i>	1			
COMBIVIR	3			
COMPLERA	3			
<i>didanosine delayed release</i>	1			
EMTRIVA	2			
EPIVIR	2			
EPZICOM	3			
<i>lamivudine</i>	1			
<i>lamivudine/zidovudine</i>	1			
RETROVIR	3			
<i>stavudine</i>	1			
TRIZIVIR	3			
TRUVADA	2			
VIDEX	2			
VIDEX EC	3			
VIREAD	2			
ZERIT	3			
ZIAGEN	3			✓
<i>zidovudine</i>	1			
Antiretrovirals – Protease Inhibitors				
APTIVUS	2			
CRIVAN	3			
INVIRASE #	3			
KALETRA	2			
LEXIVA	2			
NORVIR	2			
PREZISTA	2			
REYATAZ	2			
VIRACEPT	3			
Antivirals – CMV Agents				
CYTOGAM	4			
CYTOVENE	4			
<i>foscarnet</i>	4			
<i>ganciclovir</i>	4			
VALCYTE	4			✓
VISTIDE	4			

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Antivirals – Hepatitis Agents				
BARACLUDE	4			
COPEGUS	4			
EPIVIR HBV	4			
HEPSERA	3			
INCIVEK	4	✓	✓	
INFERGEN	4	✓		
PEGASYS	4	✓		
PEG-INTRON	4	✓		
REBETOL	4			
<i>ribapak</i>	4			
<i>ribasphere</i>	4			
<i>ribavirin</i>	4			
TYZKA	3			
VICTRELIS	4	✓	✓	
Antivirals – Herpes Agents				
<i>acyclovir</i>	1			
FAMVIR	3		✓	
<i>famciclovir</i>	1		✓	
<i>valacyclovir</i>	1			
VALTREX	3			✓
ZOVIRAX	3			
Antivirals – Influenza Agents				
FLUMADINE	3			
RELENZA	3		✓	
<i>rimantadine</i>	1			
TAMIFLU	3		✓	
Antivirals – Respiratory Syncytial Virus (RSV) Agents				
VIRAZOLE	3			
Musculoskeletal System				
Antimyasthenic Agents				
MESTINON	2			
MESTINON TIMESPAN	2			
<i>pyridostigmine</i>	1			
Antirheumatic Agents				
ARAVA	3	✓		
<i>leflunomide</i>	1	✓		
RHEUMATREX	3			
RIDAURA	3			
Enzymes				
XIAFLEX	4			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Interleukin – 1 Beta Blockers				
ILARIS	4	✓		
Interleukin – 1 Blockers				
ARCALYST	4	✓		
Muscle Relaxants and Combinations				
AMRIX	3			✓
<i>baclofen</i>	1			
<i>carisoprodol</i>	1			
<i>carisoprodol/aspirin</i>	1			
<i>carisoprodol/ aspirin/codeine</i>	1			
<i>chlorzoxazone</i>	1			
<i>cyclobenzaprine</i>	1			
<i>cyclobenzaprine ER</i>	1			
DANTRIUM	3			
<i>dantrolene</i>	1			
FEXMID	3			✓
LORZONE	3			
<i>metaxalone</i>	1			
<i>methocarbamol</i>	1			
<i>orphenadrine ER</i>	1			
<i>orphenadrine/ aspirin/caffeine</i>	1			
SKELAXIN	3			
<i>tizanidine</i>	1			
ZANAFLEX	3			
Neuromuscular Blocking Agent – Neurotoxins				
BOTOX	4	✓		
DYSPORT	4	✓		
MYOBLOC	4	✓		
XEOMIN	4	✓		
NSAIDs				
ARTHROTEC	3			
CELEBREX	3	✓	✓	
DAYPRO	3			
DUEXIS	3		✓	✓
<i>diclofenac</i>	1			
<i>diclofenac potassium</i>	1			
<i>diclofenac sodium XR</i>	3			
<i>etodolac</i>	1			
<i>etodolac ER</i>	3			
<i>fenoprofen</i>	1			
FLECTOR patch	3	✓	✓	
<i>flurbiprofen</i>	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
NSAIDs (continued)				
<i>ibuprofen</i>	1			
<i>indomethacin</i>	1			
<i>indomethacin ER</i>	1			
<i>ketoprofen</i>	1			
<i>ketoprofen ER</i>	3			
<i>ketorolac</i>	1		✓	
<i>meclofenamate sodium</i>	1			
<i>mefenamic acid</i>	1		✓	
<i>meloxicam</i>	1			
MOBIC	3			
<i>nabumetone</i>	3			
NAPRELAN	3			
<i>naproxen</i>	1			
<i>oxaprozin</i>	3			
<i>piroxicam</i>	1			
PENNSAID	3		✓	✓
PONSTEL	3		✓	
SPRIX	3		✓	
<i>sulindac</i>	1			
<i>tolmetin sodium</i>	3			
VIMOVO	2		✓	✓
VOLTAREN	3			
VOLTAREN GEL	2		✓	✓
VOLTAREN XR	3			
ZIPSOR	3			

Osteoarthritis

EUFLEXXA	4	✓		
HYALGAN	4	✓		
ORTHOVISC	4	✓		
SUPARTZ	4	✓		
SYNVISC	4	✓		
SYNVISC ONE	4	✓		

Osteoporosis/Bone Modifying Agents

ACTONEL	2		✓	
<i>alendronate</i>	1		✓	
ARELIA	4	✓		
ATELVIA	2		✓	
BONIVA (inj only)	4	✓		
BONIVA (tab only)	3		✓	✓
<i>calcitonin salmon nasal</i>	1			
DIDRONEL	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Osteoporosis/Bone Modifying Agents (continued)				
<i>etidronate</i>	1			
FORTEO	4	✓		
<i>fortical</i>	1			
FOSAMAX	3		✓	
FOSAMAX PLUS D	3		✓	✓
GANITE	4			
<i>ibandronate (tab only)</i>	1		✓	
MIACALCIN (inj only)	3	✓		
MIACALCIN NASAL	3			
<i>pamidronate</i>	4	✓		
PROLIA	4	✓		
RECLAST #	4	✓		
SKELID	3			
XGEVA	4	✓		
ZOMETA #	4	✓		
Rheumatoid Arthritis				
ACTEMRA	4	✓		
CIMZIA	4	✓		
ENBREL	4	✓		
HUMIRA	4	✓		
KINERET	4	✓		
ORENCIA	4	✓		
REMICADE	4	✓		
SIMPONI	4	✓		
Selective Estrogen Receptor Modulator (SERM)				
EVISTA	2			

Ophthalmic Agents

Glaucoma – Adrenergic Agents

ALPHAGAN P	2			
<i>apraclonidine</i>	1			
<i>brimonidine</i>	1			
COMBIGAN	3			
IOPIDINE	3			

Glaucoma – Beta-blockers

<i>betaxolol</i>	1			
BETIMOL	3			
BETOPTIC-S	3			
<i>carteolol</i>	1			
ISTALOL	3			
<i>levobunolol</i>	1			
<i>metipranolol</i>	3			

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Pre-ertification	Quantity Limits	Step-Therapy
Glaucoma – Beta-blockers (continued)				
OPTIPRANOLOL	3			
<i>timolol</i>	1			
<i>timolol maleate ophth</i>	1			

Glaucoma – Carbonic Anhydrase Inhibitors

AZOPT	2			
<i>dorzolamide</i>	1			
<i>dorzolamide/timolol</i>	1			
COSOPT	3			
COSOPT PF	3			
TRUSOPT	3			

Glaucoma – Miotics

ISO CARBACHOL	3			
ISOPTO CARPINE	3			
PHOSPHOLINE	3			
<i>pilocarpine</i>	1			
PILOPINE HS	3			

Glaucoma – Prostaglandins

<i>latanoprost</i>	1			
LUMIGAN	2			
TRAVATAN Z	2			
XALATAN	3			✓
ZIOPTAN	3			✓

Macular Degeneration

EYLEA	4			
LUCENTIS	4			
MACUGEN	4			
VISUDYNE ***	4			

Macular Edema

OZURDEX	4			
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Ophthalmic Antihistamines and NSAIDs

ACULAR	3			
ACULAR LS	3			
ACUVAIL	3			
ALAMAST	3			
ALOCRIAL	3			
ALOMIDE	3			
<i>azelastine ophth</i>	1			
BEPREVE	3			
BROMDAY #	3			
<i>bromfenac</i>	1			
<i>cromolyn sodium ophth</i>	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Pre-ertification	Quantity Limits	Step-Therapy
Ophthalmic Antihistamines and NSAIDs (continued)				
<i>diclofenac ophth</i>	1			
ELESTAT	3			
EMADINE	3			
<i>epinastine</i>	1			
<i>flurbiprofen ophth</i>	1			
<i>ketorolac tromethamine ophth</i>	1			
LASTACAPT	3			
NEVANAC	3			
OPTIVAR	3			
PATADAY	2			
PATANOL	3			✓
VOLTAREN	3			

Ophthalmic Anti-infectives

AZASITE	2			
<i>bacitracin</i>	1			
<i>bacitracin/neomycin/polymyxin</i>	1			
<i>bacitracin/polymyxin</i>	1			
BESIVANCE	3			
<i>ciprofloxacin</i>	1			
<i>erythromycin</i>	1			
<i>gentamicin</i>	1			
IQUIX	3			
<i>levofloxacin</i>	1			
<i>neomycin/polymyxin/gramicidin</i>	1			
<i>ofloxacin</i>	1			
<i>polymyxin B/trimethoprim</i>	1			
QUIXIN	3			
<i>sulfacetamide sodium</i>	1			
<i>tobramycin</i>	1			
<i>trifluridine</i>	1			
<i>triple antibiotic</i>	1			
VIGAMOX	3			
ZIRGAN	3			
ZYMAXID	3			
Ophthalmic Immunomodulators				
RESTASIS	2			
Ophthalmic Steroidal Anti-inflammatory Drugs				
ALREX	2			
<i>bacitracin/polymyxin/neomycin/hydrocortisone</i>	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Ophthalmic Steroidal Anti-inflammatory Drugs (continued)				
BLEPHAMIDE S.O.P.	3			
dexamethasone phosphate	1			
dexamethasone/ neomycin/polymyxin	1			
DUREZOL	3			
fluorometholone	1			
fluor-op	1			
FML FORTE	3			
FML LIQUIFILM	3			
FML S.O.P.	3			
LOTEMAX OINT	3			
LOTEMAX SUS	3			
neomycin/polymyxin/ hydrocortisone	1			
poly-dex	1			
PRED-G	3			
PRED-G S.O.P.	3			
prednisolone	1			
sulfacetamide sodium/prednisolone	1			
tobramycin/ dexamethasone	1			
TOBRADEX	3			
TOBRADEX ST	3			
VEXOL	3			
ZYLET	3			

Otic Agents

Otic Analgesics

PINNACAINA	3			
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Otic Anti-infectives

ciprofloxacin otic	1			
ofloxacin otic	1			

Otic Combinations

acetic acid/antipyrine/ benzocaine/ polycolosanol	1			
antipyrine/benzocaine	1			
CETRAXAL	3			
CIPRO HC	3			
CIPRODEX	2			
COLY-MYCIN S	3			
cortomycin	1			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Otic Combinations (continued)				
myoxin	1			
neomycin/polymyxin/ hydrocortisone	1			
NEOTIC	3			
otozin	1			
TREAGAN	3			
TRIOXIN	3			
ZINOTIC	3			
ZINOTIC ES	3			

Respiratory Tract Agents

Alpha-Proteinase Inhibitors

ARALAST	4	✓		
ARALAST NP	4	✓		
GLASSIA ***	4	✓		
PROLASTIN ***	4	✓		
PROLASTIN-C ***	4	✓		
ZEMAIRA ***	4	✓		

Antihistamatics – Anticholinergics

ATROVENT HFA	3			
ipratropium inhaler	1			
SPIRIVA	2			

Antihistamatic – Monoclonal Antibodies

XOLAIR	4	✓		
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Anti-Inflammatory Agents (nebulizer)

cromolyn sodium nebulizer	1			
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Bronchodilators – Sympathomimetics

ACCUNEB	3			
ADVAIR DISKUS	2			
ADVAIR HFA	2			
albuterol	1			
ARCAPTA	3	✓		
BROVANA	3	✓		
COMBIVENT RESPIMAT	2			
COMBIVENT	3	✓		
DULERA	2			
DUONEB	3			
FORADIL	2	✓		
ipratropium/albuterol	1			
levsalbuterol	1			
MAXAIR AUTOHALER	3			✓

4-Tier Member Guide

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Bronchodilators – Sympathomimetics (continued)				
<i>metaproterenol</i>	3			
PERFOROMIST	2	✓		
PROAIR HFA	2			
PROVENTIL HFA	2			
SEREVENT DISKUS	2	✓		
SYMBICORT	2			
<i>terbutaline</i>	1			
VENTOLIN HFA	3			
VOSPIRE ER	3			
XOPENEX	3			✓
XOPENEX HFA	3			
Bronchodilators – Xanthines				
<i>aminophylline</i>	1			
THEO-24	3			
<i>theochron</i>	1			
<i>theophylline ER</i>	1			
Cystic Fibrosis Agents				
CAYSTON ***	4			
<i>colistimethate sodium</i>	4			
COLY-MYCIN M	4			
KALYDECO	4	✓	✓	
PULMOZYME	4	✓		
TOBI	4			
Inhaled Corticosteroids				
ALVESCO	3			
ASMANEX	2			
<i>budesonide inhalation susp</i>	1			
FLOVENT DISKUS	2			
FLOVENT HFA	2			
PULMICORT FLEXHALER	3			
PULMICORT RESPULES	3			
QVAR	2			
Leukotriene Modulators				
ACCOLATE	3		✓	
<i>zafirlukast</i>	1		✓	
SINGULAIR	3		✓	✓
<i>montelukast</i>	1		✓	
ZYFLO	3		✓	
ZYFLO CR	3		✓	
Mouth and Throat Products				
<i>cevimeline</i>	1			
EVOXAC	3			

Pharmacy Benefit Plans

Medication Name

Medication Name	4-Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
Mouth and Throat Products (continued)				
<i>pilocarpine</i>	1			
SALAGEN	3			
Nasal Antiallergy				
ASTELIN NASAL	3			
ASTEPRO	2			
<i>azelastine nasal</i>	1			
DYMISTA	3			
PATANASE #	3			
Nasal Anti-infectives				
BACTROBAN NASAL	3			
Nasal Anticholinergics				
ATROVENT NASAL	3			
<i>ipratropium nasal</i>	1			
Nasal Steroids				
BECONASE AQ	3			
FLONASE	3			
<i>flunisolide</i>	1			
<i>fluticasone nasal</i>	1			
NASACORT AQ	3			✓
NASONEX	2			
QNASL	3			✓
OMNARIS	3			
RHINOCORT AQ	3			✓
<i>triamcinolone nasal</i>	1			
VERAMYST	2			
ZETONNA	3			✓
Non-Sedating Antihistamines and Combinations				
CLARINEX	3	✓	✓	
CLARINEX-D #	3	✓	✓	
CLARINEX REDITAB	3	✓	✓	
<i>desloratidine</i>	1	✓	✓	
<i>levocetirizine</i>	1	✓	✓	
XYZAL	3	✓	✓	
Respiratory Syncytial Virus – Monoclonal Antibodies				
SYNAGIS	4	✓		
Selective Phosphodiesterase 4 (PDE4) Inhibitors				
DALIRESP	2	✓		
Upper Respiratory – Cough/Cold/Allergy Combinations				
<i>hydrocodone/polistirex/ chlorpheniramine polistirex</i>	1			

Pharmacy Benefit Plans

Medication Name

4-Tier Open	Prece- r-tification	Quantity Limits	Step- Therapy
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Upper Respiratory – Cough/Cold/Allergy

Combinations (continued)

SEMPREX-D	3	✓	✓
TUSSICAPS	3		
TUSSIONEX	3		

Therapeutic Nutrients-Minerals-Electrolytes

FERRLECIT	4		
<i>nulecit</i>	4		
VENOFER	4		

Toxicologic Agents

Alcohol Dependence

VIVITROL	4		
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Antidotes

<i>deferoxamine mesylate</i>	1		
DEFERAL	4		
EXJADE	4		
FERRIPROX	4		

Vaccines, Toxoids and Biologics

Immune Globulin – Cytomegalovirus (CMV)

CYTOGAM	4		
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Immune Globulin – Immune Disorders

ADAGEN	4	✓	
CARIMUNE NANOFILTERED	4	✓	
FLEBOGAMMA	4	✓	
GAMASTAN S/D	4	✓	
GAMMAGARD	4	✓	
GAMMAGARD S/D	4	✓	
GAMMAKED	4	✓	
GAMMAPLEX	4	✓	
GAMUNEX	4	✓	
GAMUNEX-C	4	✓	
HIZENTRA	4	✓	
OCTAGAM	4	✓	
PRIVIGEN	4	✓	
VIVAGLOBIN	4	✓	

Immune Globulin – Hepatitis B

HEPAGAM B	4		
HYPERHEP B	4		
NABI-HB	4		

Immune Globulin – Rabies

HYPERRAB S/D	4		
IMOGAM RABIE	4		

Pharmacy Benefit Plans

Medication Name

4-Tier Open	Prece- r-tification	Quantity Limits	Step- Therapy
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Immune Globulin – Rh isoimmunization

HYPERRHO S/D	4		
MICRHOGAM ULTRA-FILTERED	4		
RHOGAM ULTRA-FILTERED PLUS	4		
RHOPHYLAC	4		
WINRHO SDF	4		

Immune Globulin – Tetanus

HYPERTET S/D	4		
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Wilson's Disease

DEPEN TITRATABS	2		
SYPRINE	3		
CUPRIMINE	3		

Miscellaneous

Immunosuppressive Agents

ATGAM	4		
AZASAN	3		
<i>azathioprine</i>	1		
SANDIMMUNE	4		
CELLCEPT	3		
<i>cyclosporine</i>	1		
<i>cyclosporine (inj only)</i>	4		
<i>cyclosporine modified</i>	1		
<i>gengraf</i>	1		
IMURAN	3		
MYFORTIC	4		
<i>mycophenolate</i>	1		
NEORAL	4		
NULOJIX	4		
ORTHOCLONE OKT3	4		
PROGRAF	4		
RAPAMUNE	4		
SANDIMMUNE	4		
SIMULECT	4		
<i>tacrolimus</i>	4		
THYMOGLOBULIN	4		
ZORTRESS	4		

Systemic Lupus Erythematosus Agents

BENLYSTA	4	✓	
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Precertification List

Most of Aetna's pharmacy benefits plans include our precertification program. Precertification encourages appropriate and cost-effective use of drugs by allowing coverage only when certain conditions are met.

Therapeutic Class	Drug(s)	Therapeutic Class	Drug(s)	
Acne	<i>adapalene</i> PR ≥ 36 yr old	Antirheumatic Agents	ARAVA	
	<i>amnesteem</i>		<i>leflunomide</i>	
	ATRALIN PR ≥ 36 yr old		Bacterial Infections	ADOXA
	<i>avita</i> PR ≥ 36 yr old			DIFICID
	<i>claravis</i>			DORYX
	DIFFERIN PR ≥ 36 yr old			DYNACIN
	EPIDUO PR ≥ 36 yr old			MINOCIN
	<i>isotretinoin</i>			MONODOX
	<i>myorisan</i>			ORACEA
	RETIN-A PR ≥ 36 yr old			ZYVOX
	RETIN-A MICRO PR ≥ 36 yr old			
	<i>sotret</i>			Fluoroquinolone –
	TRETIN-X PR ≥ 36 yr old			age edit PR < 10 yr old
	<i>tretinoin</i> PR ≥ 36 yr old			AVELOX
VELTIN PR ≥ 36 yr old	CIPRO			
ZIANA PR ≥ 36 yr old	CIPRO XR			
Actinic Keratosis	PICATO	<i>ciprofloxacin</i>		
Alpha-Proteinase Inhibitors	ARALAST	FACTIVE		
	ARALAST NP	LEVAQUIN		
	GLASSIA	<i>levofloxacin</i>		
	PROLASTIN	NOROXIN		
	PROLASTIN-C	<i>ofloxacin</i>		
	ZEMAIRA	Tetracycline –		
ALS Agents	RILUTEK	age edit PR ≤ 8 yr old		
Antiasthmatic – Monoclonal Antibodies	XOLAIR	ADOXA		
		<i>avidoxy</i>		
Anticoagulants	PRADAXA	<i>demeclocycline</i>		
	XARELTO	DORYX		
Anticonvulsants	BANZEL	<i>doxycycline</i>		
	GABITRIL	DYNACIN		
	ONFI	MINOCIN		
	POTIGA	<i>minocycline</i>		
	SABRIL tablets only	MONODOX		
	VIMPAT	ORACEA		
Antiemetics – 5-HT3 Receptor Antagonists	ALOXI	ORAXYL		
	ANZEMET injectable	SOLODYN		
Antiemetics – Miscellaneous	EMEND injectable	<i>tetracycline</i>		
		<i>vibramycin</i>		
Antihyperlipidemics – Intestinal Cholesterol Absorption Inhibitors	<i>dronabinol</i>	Benign Prostatic Hyperplasia *PR for females only		
	MARINOL			
Antihyperlipidemics – Intestinal Cholesterol Absorption Inhibitors	ZETIA		<i>alfuzosin</i> *	
Antipsoriatics	TAZORAC PR ≥ 36 yr old		AVODART *	
	<i>bicalutamide</i> *			
	CASODEX *			
	CIALIS 2.5 mg; 5 mg			
	<i>finasteride</i> PR ≤ 50 yr old			
	FLOMAX *			
	JALYN *			
	PROSCAR PR ≤ 50 yr old			
	RAPAFLO *			
	<i>tamsulosin</i> *			
	UROXATRAL *			

Therapeutic Class	Drug(s)
Biologics	ACTEMRA AMEVIVE CIMZIA ENBREL HUMIRA KINERET ORENCIA REMICADE SIMPONI STELARA
Blood Clotting Factors	Antiinhibitor Coagulant Complex FEIBA VH IMMUNO Blood Clotting Factor VIIa NOVOSEVEN Blood Clotting Factor VIII Human ALPHANATE HEMOFIL M HUMATE-P KOATE-DVI MONARC-M MONOCLATE-P WILATE Blood Clotting Factor VIII Recombinant ADVATE CORIFACT HELIXATE FS KOGENATE FS RECOMBINATE REFACTO XYNTHA Blood Clotting Factor IX Complex BEBULIN VH PROFILNINE Blood Clotting Factor IX Recombinant ALPHANINE SD BENEFIX MONONINE
Bronchodilators – Sympathomimetics	ARCAPTA BROVANA COMBIVENT FORADIL PERFOROMIST SEREVENT DISKUS
Cataplexy	XYREM
Corticotropin	ACTHAR HP
Cough/Cold/Allergy/Combinations	CLARINEX CLARINEX-D <i>desloratidine</i> <i>levocetirizine</i> SEMPREX-D XYZAL

Therapeutic Class	Drug(s)
Cough/Cold/Allergy/Combinations (continued)	All <i>promethazine/codeine</i> and <i>phenylephrine/promethazine/codeine</i> containing products PR <6 yr old All other <i>promethazine</i> containing products PR < 2 yr old
Cystic Fibrosis Agents	KALYDECO PULMOZYME
Diabetes – Amylin Analogs	SYMLIN SYMLINPEN
Diabetes – Thiazolidinediones (TZDs) and Combinations	AVANDAMET AVANDARYL AVANDIA
Diabetes – Glucocorticoid Receptor Antagonist	KORLYM
Fabry Disease	FABRAZYME
Fertility Agents	BRAVELLE CETROTIDE <i>chorionic gonadotropin</i> FOLLISTIM AQ GANIRELIX GONAL-F GONAL-F RFF LUVERIS MENOPUR <i>novarel</i> OVIDREL <i>pregnyl</i> REPRONEX
Fungal Infections	<i>ciclopirox nail lacquer</i> DIFLUCAN <i>fluconazole</i> <i>itraconazole</i> LAMISIL PENLAC SPORANOX <i>terbinafine</i>
Gaucher Disease	CEREDASE CEREZYME ELELYSO VPRIV ZAVESCA
Gout	KRYSTEXXA
Growth Hormone	GENOTROPIN HUMATROPE INCRELEX NORDITROPIN NUTROPIN NUTROPIN AQ OMNITROPE SAIZEN SEROSTIM TEV-TROPIN ZORBIVE

Precertification List

Therapeutic Class	Drug(s)	Therapeutic Class	Drug(s)
Hematopoietic Growth Factor	ARANESP EPOGEN OMONTYS PROCRIT	Miscellaneous Endocrine <i>PR ≤ 17 yr old</i>	DDAVP (all forms) <i>desmopressin</i> <i>minirin</i> STIMATE
Hereditary Angioedema	BERINERT CINRYZE FIRAZYR KALBITOR	Mucopoly-saccharidosis I	ALDURAZYME
Hormone Replacement – Progestins	MAKENA	Mucopoly-saccharidosis VI	NAGLAZYME
Hunter Syndrome	ELAPRASE	Multiple Sclerosis	AMPYRA AVONEX BETASERON COPAXONE EXTAVIA GILENYA REBIF TYSABRI
Huntington's Disease – Chorea	XENAZINE	Neuromuscular Blocking Agent - Neurotoxins	BOTOX DYSPORE MYOBLOC XEOMIN
Immune Globulin – Immune Disorders	ADAGEN CARIMUNE NANOFILTERED FLEBOGAMMA GAMASTAN S/D GAMMAGARD GAMMAGARD S/D GAMMAKED GAMMAPLEX GAMUNEX GAMUNEX-C HIZENTRA OCTAGAM PRIVIGEN VIVAGLOBIN	Oncology	AFINITOR <i>anastrozole</i> ARIMIDEX AROMASIN CAPRELSA ERBITUX ERIVEDGE <i>exemestane</i> FEMARA FIRMAGON GLEEVEC INLYTA JAKAFI JEVTANA <i>letrozole</i> NEXAVAR OFORTA PROVENGE REVLIMID RITUXAN SPRYCEL SUTENT SYLATRON TARCEVA TASIGNA TYKERB VECTIBIX VOTRIENT XALKORI YERVOY ZELBORAF ZOLINZA ZYTIGA
Immunomodulating Agents – Topical	ALDARA ELIDEL <i>imiquimod</i> PROTOPIC ZYCLARA		
Interleukin-1 Blockers	ARCALYST ILARIS		
Interstitial Cystitis Agents	ELMIRON		
Irritable Bowel	LOTRONEX		
Laxatives	AMITIZA		
Malaria (covered for active treatment only – not covered for prophylactic treatment)	ARALEN <i>atovaquone/proguanil</i> <i>chloroquine</i> COARTEM DARAPRIM <i>hydroxychloroquine</i> MALARONE <i>mefloquine</i> PLAQUENIL QUALAQUIN <i>quinine sulfate</i>		
Miscellaneous Anti-Infectives	XIFAXAN	Opioid Dependence	<i>buprenorphine</i> SUBOXONE SUBUTEX

Therapeutic Class	Drug(s)
Opioid Induced Constipation	RELISTOR
Osteoporosis/Bone Modifying Agents	ARELIA BONIVA (inj only) FORTEO MIACALCIN (inj only) <i>pamidronate</i> PROLIA RECLAST XGEVA ZOMETA
Pain (Analgesics) and Inflammation	ABSTRAL ACTIQ BUTRANS CELEBREX PR < 60 <i>fentanyl lozenge</i> FENTORA FLECTOR patch LAZANDA ONSOLIS SUBSYS SPRAY
Paroxysmal Nocturnal Hemoglobinuria (PNH)	SOLIRIS
Pompe Disease	LUMIZYME MYOZYME
Postherpetic Neuralgia (PHN) Agents	GRALISE
Platelet Aggregation Inhibitors	BRILINTA EFFIENT
Pseudobulbar Affect	NUDEXTA
Pulmonary Hypertension Agents	ADCIRCA <i>epoprostenol</i> FLOLAN LETAIRIS REMODULIN REVATIO <i>sildenafil</i> TRACLEER TYVASO VELETRI VENTAVIS
Respiratory Syncytial Virus	SYNAGIS
Restless Leg Syndrome	HORIZANT
Sedative/Hypnotics	INTERMEZZO
Selective Phosphodiesterase 4 (PDE4) Inhibitors	DALIRESP

Therapeutic Class	Drug(s)
Stimulant/ Attention Deficit	ADDERALL ADDERALL XR <i>amphetamine/ dextroamphetamine</i> <i>amphetamine/ dextroamphetamine SR</i> CONCERTA DAYTRANA DESOXYN DEXEDRINE <i>dexmethylphenidate</i> <i>dextroamphetamine</i> <i>dextroamphetamine CR</i> FOCALIN FOCALIN XR METADATE CD <i>metadate ER</i> <i>methamphetamine</i> <i>methylin</i> METHYLIN chew/soln <i>methylin ER</i> <i>methylphenidate</i> <i>methylphenidate SR</i> <i>modafinil</i> NUVIGIL PROCENTRA PROVIGIL RITALIN RITALIN LA RITALIN SR VYVANSE
Systemic Lupus Erythematosus Agents	BENLYSTA
Typhoid	VIVOTIF BERNA EC
Ulcer/Heartburn/ Reflux	ACIPHEX DEXILANT <i>lansoprazole</i> NEXIUM <i>omeprazole</i> <i>omeprazole/bicarbonate</i> <i>pantoprazole</i> PREVACID PREVACID SOLUTAB PRILOSEC PROTONIX ZEGERID
Vasopressin Receptor Antagonists	SAMSCA
Viral Infections/ Immune System Enhancers	INCIVEK INFERGEN INTRON-A PEGASYS PEG-INTRON VICTRELIS

Quantity Limit List

The precertification program limits coverage of quantities for certain drugs. These limits are designed to help promote appropriate and efficient drug use and enhance patient safety.

Therapeutic Class	Drug(s)	Limit(s)
Actinic Keratosis	PICATO	0.015% gel = 18 tubes (6 boxes) per year 0.05% gel = 12 tubes (6 boxes) per year
	Antianginal	RANEXA
Antibacterials – Macrolides	DIFICID	20 tablets/ 30 day supply
Anticoagulants	PRADAXA	2 capsules/day
	XARELTO	10 mg = up to 35 tablets/year 15 mg; 20 mg = up to 30 tablets/30 day supply
Anticonvulsants	LYRICA	25, 50, 75, 100, 150 and 200 mg = 3 caps/day 225 and 300 mg = 2 capsules/day
	NEURONTIN <i>gabapentin</i>	All strengths = 180 tablets/30 day supply
	POTIGA	200, 300, 400 mg = 3 tablets/day
	VIMPAT	50 mg = 6 tablets/day 100 mg, 150 mg and 200 mg = 2 tablets/day 10 mg/ml = 40 ml per day
Antifungal	ORAVIG	50 mg = 14 tablets per 30 day supply
Antihistamines and Decongestants	CLARINEX <i>desloratidine</i>	2.5 mg and 5 mg = 1 tablet or reditab/day Syrup = 10 ml/day
	CLARINEX-D	2.5 mg/120 mg = 2 tablets/day 5 mg/240 mg = 1 tablet/day
	<i>levocetirizine</i>	Limit = 1 tablet/day
	XYZAL	2.5 mg/5 ml solution = 10 ml/day
	SEMPREX-D	4 capsules/day
Antivirals	FAMVIR	125 mg, 250 mg = 2 tablets/day
	<i>famciclovir</i>	500 mg = 21 tablets/30 day supply
	VALCYTE	450 mg tablet = 102 tablets/30 day supply 50 mg/ml solution = 1000 ml/30 day supply
Asthma	ACCOLATE <i>zafirlukast</i>	10 mg and 20 mg = 2 tablets/day
	SINGULAIR <i>montelukast</i>	4 mg granules = 1 packet/day 10 mg = 1 tablet/day 4 mg and 5 mg chewable = 1 tablet/day
	ZYFLO ZYFLO CR	Limit = 4 tablets/day
	BPH	CIALIS 2.5 mg, 5 mg
Blood Pressure and Heart Failure	AMTURNIDE	All strengths = 1 tablet/day
	ATACAND	4 mg, 8 mg and 16 mg = 2 tablets/day
	ATACAND HCT	16 - 12.5 mg = 2 tablets/day
	AVALIDE <i>irbesartan-hydrochlorothiazide</i>	150 - 12.5 mg = 1 tablet/day
	AVAPRO <i>irbesartan</i>	75 mg and 150 mg = 2 tablets/day
	AZOR	All strengths = 1 tablet/day
	BENICAR	5 mg and 20 mg = 1 tablet/day
	BENICAR HCT	20 - 12.5 mg = 1 tablet/day
	COZAAR <i>losartan</i>	25 mg and 50 mg = 2 tablets/day

Therapeutic Class	Drug(s)	Limit(s)	
Blood Pressure and Heart Failure (continued)	DIOVAN	40 mg, 80 mg and 160 mg = 2 tablets/day	
	DIOVAN HCT	80 - 12.5 mg, 160 - 12.5 mg, and 160 - 25 mg = 1 tablet/day	
	EDARBI	All strengths = 2 tablets/day	
	EDARBYCLOR	All strengths = 1 tablet /day	
	<i>eprosartan</i>	400 mg = 2 tablets/day	
	TEVETEN		
	EXFORGE	All strengths = 1 tablet/day	
	EXFORGE HCT	All strengths = 1 tablet/day	
	HYZAAR	50 - 12.5 mg = 1 tablet/day	
	<i>losartan/hydrochlorothiazide</i>		
	MICARDIS	20 mg and 40 mg = 1 tablet/day	
	MICARDIS HCT	40 - 12.5 mg = 1 tablet/day	
	TEKAMLO	Limit = 1 tablet/day	
	TEKTURNA	150 mg and 300 mg = 1 tablet/day	
	TEKTURNA HCT	150/12.5 mg and 150/25 mg = 1 tablet/day	
	TRIBENZOR	All strengths = 1 tablet/day	
	TWYNSTA	Limit = 1 tablet/day	
	VALTURNA	Limit = 1 tablet/day	
	Cataplexy	XYREM	Limit = 9 gm/day (540ml/30 day supply)
	Cholesterol Lowering	ADVICOR	All strengths = 2 tablets/day
ALTOPREV		10 mg, 20 mg, and 60 mg = 1 tablet/day 40 mg = 2 tablets/day	
<i>amlodipine/atorvastatin</i>		All strengths = 1 tablet/day	
CADUET			
<i>atorvastatin</i>		All strengths= 1 tablet/day	
LIPITOR			
CRESTOR		All strengths = 1 tablet/day	
LESCOL		All strengths = 2 tablets/day	
<i>fluvastatin</i>			
LESCOL XL		80 mg = 1 tablet /day	
LIVALO		All strengths= 1 tablet/day	
<i>lovastatin</i>		All strengths = 2 tablets/day	
MEVACOR			
PRAVACHOL		All strengths = 1 tablet/day	
<i>pravastatin</i>			
SIMCOR		1000 - 40 mg = 1 tablet /day 500 - 40 mg = 1 tablet/day 1000 - 20 mg = 2 tablets/day 750 - 20 mg = 2 tablets/day 500 - 20 mg = 2 tablets/day	
VYTORIN		All strengths = 1 tablet/day	
ZETIA	10 mg = 1 tablet/day		
ZOCOR	All strengths = 1 tablet/day		
<i>simvastatin</i>			
Colon/Rectal	APRISO	0.375 gm = 4 capsules/day	
	ASACOL	400 mg = 12 tablets/day	
	ASACOL HD	6 tablets/day	
	AZULFIDINE	500 mg = 8 tablets/day	
	AZULFIDINE ENTABS		
	<i>sulfasalazine</i>		
	<i>sulfasalazine EC</i>		
	<i>sulfazine</i>		
<i>sulfazine EC</i>			

Quantity Limit List

Therapeutic Class	Drug(s)	Limit(s)
Colon/Rectal (continued)	CANASA	1000 mg = 1 suppository/day
	COLAZAL <i>balsalazide</i>	750 mg = 9 capsules/day
	DIPENTUM	250 mg = 4 capsules/day
	LIALDA	4 tablets/day
	PENTASA	250 mg = 16 capsules/day 500 mg = 8 capsules/day
Cystic Fibrosis	KALYDECO	150 mg = 2 tablets/day
Depression	APLENZIN	All strengths = 1 tablet/day
	<i>budeprion</i>	75 mg = 6 tablets/day
	<i>bupropion</i>	100 mg = 6 tablets/day
	WELLBUTRIN	
	<i>budeprion SR</i>	100 mg, 150 mg and 200 mg = 2 tablets/day
	<i>bupropion SR</i>	
	WELLBUTRIN SR	
	<i>budeprion XL</i>	All strengths = 1 tablet/day
	WELLBUTRIN XL	
	CELEXA <i>citalopram</i>	10 mg, 20 mg and 40 mg = 1 tablet/day
	CYMBALTA	20 mg and 30 mg = 2 capsules/day 60 mg = 1 capsule/day
	EFFEXOR XR <i>venlafaxine ER (cap)</i>	37.5 mg and 75 mg = 1/day
	<i>venlafaxine SR (tab)</i>	150 mg = 2/day
	VENLAFAXINE ER (tab)	225 mg = 1/day
	EMSAM	All strengths = 1 patch/day
	<i>escitalopram</i>	5 mg, 10 mg and 20 mg = 1 tablet/day
	LEXAPRO	5 mg/5 ml solution = 20 ml/day
	<i>fluoxetine</i>	10 mg = 1 tablet or capsule/day
	PROZAC	20 mg = 4 tablets or capsules/day 40 mg = 2 tablets or capsules/day Liquid 20 mg/5 ml = 10 ml/day Weekly = 4 tablets/28 day supply
	<i>fluoxetine (PMDD) 10 mg</i>	14 capsules/30 days
	FLUOXETINE 60 mg	60 mg = 1 capsule/day
	<i>fluvoxamine</i>	25 mg and 50 mg = 1 tablet/day 100 mg = 3 tablets/day
	LUVOX CR	100 mg and 150 mg = 2 capsules/day
<i>maprotiline</i>	25 mg = 1 tablet/day 50 mg = 2 tablets/day 75 mg = 3 tablets/day	
OLEPTRO	150 mg = 1 ½ tablets/day 300 mg = 1 tablet/day	
PAXIL	10 mg and 20 mg = 1 tablet/day	
PEXEVA <i>paroxetine</i>	30 mg and 40 mg = 2 tablets/day Suspension 10 mg/5 ml = 30 ml/day	
PAXIL CR <i>paroxetine ER</i>	All strengths = 2 tablets/day	
PRISTIQ	50 mg and 100 mg = 1 tablet/day	

Therapeutic Class	Drug(s)	Limit(s)
Depression (continued)	<i>mirtazapine</i> <i>mirtazapine ODT</i> REMERON REMERON SOLUTAB	All strengths = 1 tablet/day
	SARAFEM	All strengths = 14 tablets/30 days
	<i>sertraline</i> ZOLOFT	25 mg = 1 tablet/day 50 mg = 1 ½ tablets/day 100 mg = 2 tablets/day Liquid = 10 ml/day
	VIIBRYD	All strengths = 1 tablet/day
	VIIBRYD KIT	1 Kit/30 days
	<i>venlafaxine</i>	25 mg and 100 mg = 3 tablets/day 37.5 mg = 4 tablets/day 50 mg = 6 tablets/day 75 mg = 5 tablets/day
Diabetes – Incretin Mimetic Agents	BYDUREON	Limit = 4 trays/30 day supply
	BYETTA	Limit = 1 pen/30 day supply
	VICTOZA	1.2 mg/day = 2 pens/30 day supply 1.8 mg/day = 3 pens/30 day supply
Diabetes – Glucocorticoid Receptor Antagonist	KORLYM	300 mg = 4 tablets/day
Erectile Dysfunction	CAVERJECT CIALIS EDEX LEVITRA MUSE STAXYN VIAGRA	Refer to plan documents. If a covered benefit, quantities may vary depending on your specific plan. Most plans that cover will limit to 6/month.
Estrogen/Combinations	ALORA COMBIPATCH ESTRADERM VIVELLE-DOT	All strengths = 8 patches/28 day supply
	CLIMARA CLIMARA PRO <i>estradiol patch</i> MENOSTAR	All strengths = 4 patches/28 day supply
	SAVELLA	12.5 mg, 25 mg, 50 mg, and 100 mg = 2 tabs/day Titration pack = 1 kit/30 day
	RELENZA	2 treatments (units)/year
	TAMIFLU	All strengths = 2 treatments (20 capsules)/year 6 mg/ml suspension = 8 bottles (480 ml)/year 12 mg/ml suspension = 6 bottles (150 ml)/year
Hemostatics – Systemic	LYSTEDA	30 tablets/30 day supply
Hormone Replacement – Progestins	MAKENA	Up to 5 vials per year
Huntington's Disease – Chorea	XENAZINE	12.5 mg = 4 tablets/day 25 mg = 2 tablets/day
Immunomodulating Agents – Topical	ALDARA <i>imiquimod</i>	16 weeks treatment/year
	ZYCLARA	56 packets/year

Quantity Limit List

Therapeutic Class	Drug(s)	Limit(s)	
Interstitial Cystitis Agents	ELMIRON	3 capsules/day	
	<hr/>		
Malaria	QUALAQUIN <i>quinine sulfate</i>	42 capsules/year	
	ARALEN <i>chloroquine hydroxychloroquine</i> PLAQUENIL	All strengths = 1 tablet/day	
Mania and Psychosis	ABILIFY ABILIFY DISC	All strengths = 1 tablet/day Solution = 30 ml/day	
	CLOZARIL <i>clozapine</i> FAZACLO	12.5 mg = 1 tablet/day 25 mg and 50 mg = 3 tablets/day 100 mg = 9 tablets/day 150 mg = 6 tablets/day 200 mg = 4 tablets/day	
	FANAPT	All strengths = 2 tablets/day Titration pak = 1 pak/30 day supply	
	GEODON <i>ziprasidone</i>	All strengths = 2 capsules/day	
	INVEGA	1.5 mg, 3 mg and 6 mg = 2 tablets/day 9 mg = 1 tablet/day	
	LATUDA	20 mg; 40 mg = 1 tablet/day 80 mg = 2 tablet/day	
	<i>olanzapine</i> olanzapine ODT ZYPREXA ZYPREXA ZYDIS	2.5 mg = 2 tablets/day All other strengths = 1 tablet/day	
	RISPERDAL RISPERDAL M <i>risperidone</i> <i>risperidone ODT</i>	4 mg = 4 tablets/day All other strengths = 2 tablets/day	
	SAPHRIS	All strengths = 2 tablets/day	
	SEROQUEL <i>quetiapine</i>	25 mg = 6 tablets/day 50 mg and 100 mg = 3 tablets/day 200 mg = 4 tablets/day 300 mg and 400 mg = 2 tablets/day	
	SEROQUEL XR	50 mg = 6 tablets/day 150 mg and 200 mg = 1 tablet/day 300 mg and 400 mg = 2 tablets/day	
	SYMBYAX <i>olanzapine/fluoxetine</i>	All strengths = 1 tablet/day	
	Migraine	ALSUMA	Injection = 4 kits/30 day supply
		AMERGE <i>naratriptan</i>	Total quantity any strength = 9 tablets/30 day supply
		AXERT	All strengths = 6 tablets/30 day supply
		CAMBIA	9 powder packets/month
		FROVA	2.5 mg = 9 tablets/30 day supply
IMITREX <i>sumatriptan</i>		Nasal = 6 sprays/30 day supply Injection = 4 kits/30 days or 10 vials/30 day supply Total quantity any strength = 9 tablets/30 day supply	
MAXALT MAXALT MLT		Total quantity any strength = 12 tabs/30 day supply	
MIGRANAL		1 box/30 day supply	
RELPAK		Total quantity any strength = 6 tablets/30 day supply	
SUMAVEL		6 pre-filled syringes/30 day supply	

Therapeutic Class	Drug(s)	Limit(s)	
Migraine (continued)	TREXIMET	Total quantity any strength = 9 tablets/30 day supply	
	ZOMIG	Total quantity any strength = 6 tablets/30 day supply	
	ZOMIG ZMT	Nasal = 6 sprays/30 day supply	
Misc.	XIFAXAN	200 mg = 9 tablets/30 day supply 550 mg = 2 tablets/day	
Anti-Infectives			
Multiple Sclerosis	AMPYRA	2 tablets/day	
	GILENYA	1 capsule/day	
Nausea/Vomiting	ANZEMET	Total quantity any strength = 5 tablets/30 day supply	
	CESAMET	1 mg = 20 capsules/30 day supply	
	EMEND	40, 80 mg, 125 mg = 5 tablets/30 day supply 125 mg/80 mg combo pack = 2 packages (6 tablets)/ 30 day supply	
	GRANISOL	1 mg = 10 tablets/30 day supply	
	granisetron	Liquid = 5 (10ml) doses/30 day supply	
	KYTRIL		
	SANCUSO PAD	1 patch/21 day supply	
	ondansetron	4 mg and 8 mg = 12 tablets/30 day supply	
	ondansetron ODT	24 mg = 5 tablets/30 day supply	
	ZOFRAN	Liquid = 1 bottle (50 ml)/30 day supply	
	ZOFRAN ODT		
	ZUPLENZ	12 films per month	
Oncology	AFINITOR	All strengths = 30 day supply	
	CAPRELSA		
	GLEEVEC		
	HYCAMTIN		
	INLYTA		
	NEXAVAR		
	OFORTA		
	SPRYCEL		
	SUTENT		
	SYLATRON		
	TARCEVA		
	TASIGNA		
	TEMODAR		
	tretinoin capsules		
	TYKERB		
	VOTRIENT		
	XELODA		
	ZOLINZA		
		ERIVEDGE	All strengths = 30 day supply (up to 60 tablets)
		XALKORI	All strengths = 30 day supply (up to 60 tablets)
	ZELBORAF	All strengths = 30 day supply (up to 240 tablets)	
	ZYTIGA	All strengths = 30 day supply (up to 120 tablets)	
Opioid Induced Constipation	RELISTOR	Inj = 10 syringes per month Kit = 1 kit (7 syringes) per month	
Osteoporosis/ Paget Disease	ACTONEL	35 mg = 4 tablets/28 day supply 75 mg = 2 tablets/month 150 mg = 3 tablets/90 day supply	
	ATELVIA	4 tablets/28 day supply	
	BONIVA	2.5 mg = 1 tablet/day	
	ibandronate	150 mg = 3 tablets/90 day supply	
	FOSAMAX	35 mg = 4 tablets/28 day supply	
	alendronate	70 mg = 4 tablets/28 day supply 70 mg/75ml solution = 4 doses (75ml each)/ 28 day supply	
	FOSAMAX PLUS D	4 tablets/28 day supply	

Quantity Limit List

Therapeutic Class	Drug(s)	Limit(s)
Pain (Analgesics) & Inflammation	ABSTRAL	All strengths = 15 tablets/30 day supply
	ACTIQ <i>fentanyl lozenges</i>	All strengths = 15 lollipops/30 day supply
	AVINZA	All strengths = 2 capsules/day
	<i>butorphanol nasal</i>	2 vials/30 day supply
	<i>buprenorphine</i>	2 mg = 24 tablets/30 day supply
	SUBUTEX	8 mg = 8 tablets/30 day supply
	BUTRANS	Limit = 4 patches/30 day supply
	CELEBREX	50 mg and 100 mg = 60 capsules/30 day supply 200 mg = 30 capsules/30 day supply 400 mg = 60 capsules/30 day supply
	CONZIP	All strengths = 2 capsules/day
	DUEXIS	800 mg - 26.6 mg = 3 tablets/day
	DURAGESIC <i>fentanyl patch</i>	20 patches/30 day supply
	EXALGO	All strengths = 2 tablets/day
	FENTORA	All strengths = 15 buccal tablets/30 day supply
	FLECTOR patch	Limit = 2 patches/day
	KADIAN	All strengths = 2 capsules/day
	<i>ketorolac</i> TORADOL	20 tablets/30 day supply
	LAZANDA	100 mcg, 400 mcg = 4 bottles per 30 day supply
	<i>mefenamic acid</i> PONSTEL	30 capsules/30 day supply
	<i>methadone</i>	All strengths = 4 tablets/day
	<i>methadose</i>	All strengths = 4 tablets/day
	<i>morphine sulfate</i>	All strengths = 4 tablets/day
	<i>morphine sulfate CR</i>	All strengths = 2 tablets/day
	MS CONTIN	All strengths = 4 tablets/day
	NUCYNTA	All strengths = 6 tablets/day
	NUCYNTA ER	All strengths = 4 tablets/day
	ONSOLIS	Quantities up to 15 tabs/30 day supply
	OPANA ER	All strengths = 4 tablets/day
	ORAMORPH SR	All strengths = 4 tablets/day
	<i>oxycodone/ibuprofen</i>	28 tablets/30 day supply
	<i>oxycodone SR</i> OXYCONTIN CR	All strengths = 4 tablets/day
	<i>oxymorphone ER</i>	All strengths = 4 tablets/day
	PENNSAID	2 bottles/30 day supply
	RYZOLT	All strengths = 2 tablets/day
	SPRIX	5 dose units/30 day supply
	SUBUTEX	8 mg = 8 tablets/30 day supply
	SUBOXONE	3 films or tablets/day
	SUBSYS SPRAY	Up to 15 units/30 day supply
	<i>tramadol ER</i> ULTRAM ER	All strengths = 2 tablets/day
	VIMOVO	All strengths = 2 tablets/day
	VOLTAREN GEL	500 gm (5 tubes)/30 day supply

Therapeutic Class	Drug(s)	Limit(s)
Platelet Aggregation Inhibitors	BRILINTA	2 tablets/day
	EFFIENT	1 tablet/day
Postherpetic Neuralgia (PHN) Agents	GRALISE	300 mg = 150 tablets/30 day supply 600 mg = 90 tablets/30 day supply Starter pack = 1 pack per 365 days
Pseudobulbar Affect	NUEDEXTA	2 capsules/day
Restless Leg Syndrome	HORIZANT	1 tablet/day
Rosacea Agents	ORACEA	1 capsule/day
Sedatives and Hypnotics	AMBIEN	5 mg = 2 tablets/day
	<i>zolpidem</i>	10 mg = 1 tablet/day
	AMBIEN CR <i>zolpidem ER</i>	6.25 mg and 12.5 mg = 1 tablet/day
	EDLUAR INTERMEZZO	All strengths = 1 tablet/day
	LUNESTA	All strengths = 1 tablet/day
	ROZEREM	8 mg = 1 tablet/day
	SILENOR	All strengths = 1 tablet/day
	SONATA <i>zaleplon</i>	5 mg = 4 capsules/day 10 mg = 2 capsules/day
	ZOLPIMIST	1 bottle/30 day supply
Steroids – Glucocorticosteroids	ENTOCORT EC <i>budesonide SR</i>	3 capsules/day
Stimulant/ Attention Deficit	ADDERALL <i>amphetamine/dextroamphetamine</i>	5, 7.5, 10, 12.5, 15 and 30 mg = 2 tablets/day 20 mg = 3 tablets/day
	ADDERALL XR <i>amphetamine/dextroamphetamine SR</i>	All strengths = 1 capsule/day
	CONCERTA <i>methylphenidate ER</i>	18 mg, 27 mg and 54 mg = 1 tablet/day 36 mg = 2 tablets/day
	DAYTRANA	1 patch/day
	DESOXYN DEXEDRINE <i>dextroamphetamine methamphetamine</i>	All strengths = 4 tablets/day
	DEXEDRINE CR <i>dextroamphetamine CR</i>	All strengths = 3 capsules/day
	FOCALIN <i>dexmethylphenidate</i>	2.5 mg, 5 mg and 10 mg = 2 tablets/day
	FOCALIN XR METADATE CD	All strengths = 1 capsule/day
	INTUNIV	All strengths = 1 tablet/day
	KAPVAY	4 tablets/day
	METHYLIN chew/soln <i>methylphenidate</i>	2.5 mg, 5 mg and 10 mg = 6 tablets/day 5 mg/5 ml solution = 60 ml/day 10 mg/5 ml solution = 30 ml/day
	NUVIGIL	50 mg = 2 tablets/day 150 mg, 250 mg = 1 tablet/day
	PROCENTRA	40 ml/day
	PROVIGIL <i>modafanil</i>	100 mg and 200 mg = 2 tablets/day

Quantity Limit List

Therapeutic Class	Drug(s)	Limit(s)	
Stimulant/ Attention Deficit (continued)	<i>metadate ER</i>	5 mg, 10 mg and 20 mg = 3 tablets/day	
	<i>methylin</i>		
	<i>methylin ER</i>		
	<i>methylphenidate</i>		
	<i>methylphenidate SR</i>		
	RITALIN		
	RITALIN SR		
	RITALIN LA	10 mg, 20 mg, 40 mg = 1 capsule/day	
	<i>methylphenidate ER</i>	30 mg = 2 capsules/day	
	STRATTERA	10 mg, 18 mg, 25 mg, 40 mg and 60 mg = 2 capsules/day 80 mg and 100 mg = 1 capsule/day	
VYVANSE	All strengths = 1 capsule/day		
Test Strips	FREESTYLE glucose test strips	300 strips for 30 days; 900 strips for 90 days	
	FREESTYLE LITE glucose test strips		
	FREESTYLE INSULINX glucose test strips (any other brand name)		
	ONE TOUCH FAST TAKE glucose test strips		
	ONE TOUCH ULTRA glucose test strips		
	ONE TOUCH VERIO IQ glucose test strips		
	PRECISION QID glucose test strips		
	PRECISION SOF-TACT glucose test strips		
	PRECISION XTRA glucose test strips		
	Ulcer/Heartburn/ Reflux	ACIPHEX	All strengths = 1 tablet, capsule or packet/day
		DEXILANT	
		<i>lansoprazole</i>	
		<i>lansoprazole / ODT</i>	
		NEXIUM	
		<i>omeprazole</i>	
<i>pantoprazole</i>			
PREVACID			
PREVACID SOLUTAB			
PRILOSEC			
PROTONIX			
OMECLAMOX PAK		1 pack/day for 10 days	
PREVPAC		1 pack/day for 14 days	
PRILOSEC powder		All strengths = 2 packets/day	
ZEGERID <i>omeprazole/bicarbonate</i>		20 mg/1680 mg and 40 mg/1680 mg packets = 1 packet/day 20 mg/1100 mg and 40 mg/1100 mg = 1 capsule/day	
Vaginal Anti-Infectives	DIFLUCAN	150 mg only = 1 dose/30 day supply	
	<i>fluconazole</i>		
Viral Infections/ Immune System Enhancers	INCIVEK	6 tablets/day	
	VICTRELIS	12 capsules/day	

Step-Therapy List

Many of Aetna's pharmacy benefits plans include our step-therapy program. With this program, members are required to try one or more prerequisite drugs before a step-therapy drug will be covered under a member's pharmacy benefit.

Therapeutic Class	Drug(s)	Required Prerequisite Drug(s)	
Acne	ACANYA BENZACLIN BENZAMYCIN DUAC	<i>benzoyl peroxide/clindamycin or benzoyl peroxide/erythromycin</i>	
	DIFFERIN 0.1% cream/gel/lotion	<i>adalapene cream or gel 1%</i>	
	ATRALIN RETIN-A TRETIN-X VELTIN	Try tretinoin and Try one of: <i>adalapene, benzoyl peroxide, topical clindamycin, topical erythromycin, sulfacetamide w/sulfur, DIFFERIN 0.3% GEL or EPIDUO or RETIN-A MICRO or ZIANA</i>	
	BENZEFOAM ULTRA	<i>benzoyl peroxide foam</i>	
	Alzheimer's Disease – Antidementia	ARICEPT 5 mg, 10 mg and 23 mg	<i>donepezil</i>
		ARICEPT ODT	<i>donepezil ODT</i>
Antianginal	RANEXA	<i>Nitrates or amlodipine or Beta Blockers (except sotalol)</i>	
Anticoagulants – Heparins	LOVENOX	<i>enoxaparin</i>	
Anticonvulsant	DEPAKOTE	<i>divalproex sodium delayed release</i>	
	DEPAKOTE ER	<i>divalproex sodium SR</i>	
	DEPAKOTE SPRINKLE	<i>divalproex sodium sprinkle</i>	
	KEPPRA	<i>levetiracetam</i>	
	KEPPRA XR	<i>levetiracetam xr</i>	
	LAMICTAL XR	<i>lamotrigine</i>	
	TOPAMAX	<i>topiramate</i>	
Antineoplastic – Hormonal Agents	ARIMIDEX	<i>anastrozole</i>	
	FEMARA	<i>letrozole</i>	
Antiparkinson	MIRAPEX MIRAPEX ER	<i>pramipexole</i>	
	REQUIP XL	<i>ropinirole er</i>	
	Antiretrovirals – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)	VIRAMUNE	<i>nevirapine</i>
ZIAGEN		<i>abacavir</i>	
Antipsoriatics	CALCITRENE SORILUX	<i>calcipotriene</i>	
Antiviral	VALTrex	<i>valacyclovir</i>	
Blood Pressure and Heart Failure	ATACAND AVAPRO BENICAR COZAAR DIOVAN EDARBI TEVETEN	Any two from the following: <i>eprosartan, irbesartan or irbesartan-hydrochlorothiazide or losartan, losartan/hydrochlorothiazide or EXFORGE or EXFORGE HCT or MICARDIS or MICARDIS HCT</i>	

Step-Therapy List

Therapeutic Class	Drug(s)	Required Prerequisite Drug(s)
Blood Pressure and Heart Failure (continued)	ATACAND HCT	<i>Any two from the following:</i> <i>eprosartan, irbesartan or irbesartan-hydrochlorothiazide or losartan, losartan/hydrochlorothiazide or EXFORGE or EXFORGE HCT or MICARDIS or MICARDIS HCT</i>
	AVALIDE	
	BENICAR HCT	
	DIOVAN HCT	
	EDARBYCLOR	
	HYZAAR	
	TEVETEN HCT	
	NEXICLON	<i>clonidine</i>
	LOTREL	<i>amlodipine/benazepril</i>
	TRIBENZOR	<i>Any two from the following:</i> <i>amlodipine, eprosartan, irbesartan or irbesartan-hydrochlorothiazide or losartan, losartan/hydrochlorothiazide or EXFORGE or EXFORGE HCT or MICARDIS or MICARDIS HCT</i>
	TWYNSTA	<i>EXFORGE or EXFORGE HCT</i>
Bronchodilators - Sympathomimetics	MAXAIR	<i>PROAIR HFA or PROVENTIL HFA</i>
	AUTOHALER	
	XOPENEX soln/conc.	<i>albuterol or levalbuterol</i>
Calcium Blockers	NORVASC	<i>amlodipine</i>
Cholesterol Lowering	ALTOPREV	<i>lovastatin</i>
	CADUET	<i>atorvastatin/amlodipine</i>
	FENOGLIDE	<i>gemfibrozil, fenofibrate, ANTARA, TRILIPIX</i>
	FIBRICOR	
	LOFIBRA	
	LOPID	
	LIPOFEN	<i>atorvastatin and CRESTOR or VYTORIN</i>
TRIGLIDE		
	LIPITOR	
Corticosteroids – Topical	CLOBEX lotion/shampoo	<i>clobetasol lotion/shampoo</i>
	CLODERM	<i>Any 1 of the following:</i> <i>hydrocortisone valerate, mometasone or triamcinolone</i>
	CUTIVATE	<i>Any 1 of the following:</i> <i>betamethasone, desonide, desoximetasone, fluticasone, fluocinonide, hydrocortisone, mometasone, prednicarbate or triamcinolone</i>
	LOCOID	
	LOCOID LIPOCREAM	
	DESONATE	<i>desonide</i>
	VERDES0	<i>beclomethasone valerate</i>
LUXIQ		
OLUX		
	OLUX-E	<i>clobetasol</i>
	VANOS	
Depression	APLENZIN	<i>Any one from the following:</i> <i>budeprion, budeprion XL, bupropion, bupropion SR, bupropion XL, citalopram, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER (cap) or venlafaxine SR (tab) first</i>
	CYMBALTA	
	FLUOXETINE 60 MG	
	LEXAPRO	
	LUVOX CR	
	nefazodone	
	PRISTIQ	
	VENLAFAXINE ER (tab)	
	VIIBRYD	
	VIIBRYD KIT	
	WELLBUTRIN XL	
PEXEVA		

Therapeutic Class	Drug(s)	Required Prerequisite Drug(s)	
Depression (continued)	CELEXA	<i>citalopram</i>	
	EFFEXOR XR	<i>venlafaxine ER (cap) or venlafaxine SR (tab)</i>	
	LEXAPRO solution	<i>citalopram solution, escitalopram sol, fluoxetine liquid, paroxetine liquid or sertraline concentrate</i>	
	OLEPTRO	<i>trazodone</i>	
	PAXIL	<i>paroxetine</i>	
	PAXIL CR	<i>paroxetine ER</i>	
	PROZAC	<i>fluoxetine</i>	
	PROZAC WEEKLY		
	REMERON	<i>mirtazapine</i>	
	REMERON SOLUTAB	<i>mirtazapine ODT</i>	
	WELLBUTRIN	<i>bupropion</i>	
	WELLBUTRIN SR	<i>bupropion SR</i>	
ZOLOFT	<i>sertraline</i>		
Diabetes – Insulin	NOVOLIN 70/30 RELION 70/30	HUMULIN 70/30	
	NOVOLIN N RELION N	HUMULIN N	
	NOVOLIN R RELION R	HUMULIN R	
	Diabetic Supplies	Diabetic test strips (all but those made by Abbott Diabetes Care or Lifescan)	Any two preferred blood glucose test strips: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE, ONE TOUCH FAST TAKE, ONE TOUCH ULTRA, ONE TOUCH VERIO IQ, PRECISION QID, PRECISION SOF-TACT or PRECISION XTRA
		Diabetes – Thiazolidinediones (TZDs) and Combinations	ACTOS
	ACTOPLUS MET	<i>pioglitazone/metformin</i>	
	ACTOPLUS MET XR	<i>pioglitazone/metformin</i>	
	DUETACT	<i>pioglitazone/glimepiride</i>	
Erectile Dysfunction (applies only to plans with ED coverage)	LEVITRA	CIALIS	
	STAXYN		
	VIAGRA		
Glaucoma	XALATAN	<i>latanoprost</i>	
	ZIOPTAN		
Gout	ULORIC	<i>allopurinol</i>	
Leukotriene Modulators	SINGULAIR	<i>montelukast</i>	
Mania and Psychosis	FANAPT	Any one of:	
	GEODON	<i>olanzapine, olanzapine ODT, quetiapine, risperidone, risperidone ODT,</i>	
	LATUDA	<i>ziprasidone</i>	
	SAPHRIS		
	SEROQUEL		
	INVEGA	<i>risperidone or risperidone ODT</i>	
	RISPERDAL		
	RISPERDAL M		
	ZYPREXA	<i>olanzapine</i>	
ZYPREXA ZYDIS	<i>olanzapine ODT</i>		

Step-Therapy List

Therapeutic Class	Drug(s)	Required Prerequisite Drug(s)
Migraine	ALSUMA AXERT FROVA IMITREX MIGRANAL RELPAK SUMAVEL ZOMIG ZOMIG ZMT	<i>sumatriptan</i>
	AMERGE	<i>naratriptan or sumatriptan</i>
	MAXALT MAXALT MLT	<i>rizatriptan benzoate rizatriptan benzoate mlt</i>
	TREXIMET	<i>naproxen and sumatriptan</i>
	Misc. Endocrine	DDAVP (all forms)
Muscle Relaxants	AMRIX FEXMID	<i>cyclobenzaprine or cyclobenzaprine ER and any one of: baclofen, carisoprodol, carisoprodol w/ASA, carisoprodol w/codeine, chlorzoxazone, methocarbamol, orphenadrine ER, orphenadrine cpd, tizanidine</i>
	Narcotic Partial Agonists	SUBUTEX
Nasal Steroids	NASACORT AQ QNASL RHINOCORT AQ ZETONNA	<i>Any two of: flunisolide, fluticasone, triamcinolone, NASONEX or VERAMYST</i>
Non-Barbiturate Hypnotics	AMBIEN AMBIEN CR EDLUAR INTERMEZZO ROZEREM SONATA ZOLPIMIST	<i>zolpidem or zolpidem ER</i>
	SILENOR	<i>doxepin and zolpidem or zolpidem ER</i>
Ophthalmic Antihistamines and NSAIDs	PATANOL	PATADAY
Osteoporosis/Paget's Disease	BONIVA FOSAMAX PLUS D	<i>alendronate and ACTONEL or ACTONEL with calcium or ATELVIA</i>
Pain (Analgesics) and Inflammation	ABSTRAL	<i>fentanyl lozenge</i>
	AVINZA	<i>morphine sulfate CR</i>
	DUEXIS	Use of one (1) preferred <i>generic NSAID</i>
	DURAGESIC	<i>fentanyl patch</i>
	EXALGO	<i>morphine sulfate CR</i>
	KADIAN	<i>morphine sulfate CR</i>
	LAZANDA	<i>fentanyl transmucosal lozenge</i>
	NUCYNTA OPANA	Any preferred <i>generic morphine or oxycodone immediate release</i>
	PENNSAID VIMOVO VOLTAREN GEL	Use of one (1) preferred <i>generic NSAID</i>
	SUBSYS SPRAY	<i>fentanyl transmucosal lozenge</i>

Therapeutic Class	Drug(s)	Required Prerequisite Drug(s)
Pancreatic Enzymes	VIOKACE	Any 1 of the following: CREON or ZENPEP
	PERTZYE	
Platelet Aggregation Inhibitors	PLAVIX	clopidogrel
Phosphate Binders	PHOSLO	calcium acetate
	RENAGEL	RENVELA
Prostatic Hypertrophy Agents	FLOMAX	tamsulosin
	UROXATRAL	alfuzosin
Steroids - Glucocorticosteroids	ENTOCORT EC	budesonide SR
Stimulant/ Attention Deficit	INTUNIV	Any one of: clonidine, guanfacine, amphetamine/dextroamphetamine, amphetamine/dextroamphetamine SR, dexamethylphenidate, metadate ER, methamphetamine, methylin tab, methylin ER, methylphenidate, methylphenidate SR
	KAPVAY	
Testosterone Replacement	AXIRON	ANDROGEL or ANDRODERM
	STRIANT	
	TESTIM	
Topical Anesthetics	LIDODERM	gabapentin
Ulcer/Heartburn/Reflux	ACIPHEX	Any two of: lansoprazole, lansoprazole / ODT, DEXILANT, NEXIUM
	PREVACID	
	PRILOSEC	
	PROTONIX	
	PREVACID SOLUTAB ZEGERID	
Urinary Pain/Spasm	DETROL	Any one of: oxybutynin, oxybutynin XL, tolterodine, ENABLEX, VESICARE, GELNIQUE
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	DITROPAN XL	
	SANCTURA	
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A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Preferred Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

Please be aware of how current health care reform guidelines may impact you. Certain religious organizations or religious employers may be exempt from offering contraceptive services. Nongrandfathered plans effective or renewing after August 1, 2012 and subject to the Affordable Care Act, also known as the health care reform law, will comply with requirements for Women's Preventive Health Services. If these requirements apply to your plan, consult your plan documents for more information.

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about Aetna plans, refer to www.aetna.com.

The drugs on the Preferred Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step-therapy Lists are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully-insured members in Indiana. Step-therapy does not apply to fully-insured members in New Jersey. However, these programs are available to self-funded plans.

Please be aware that there are edits to ensure safety and to comply with exclusions of coverage that are required for all commercial books of business in all states. Safety edits are a type of drug coverage review that applies to a limited list of drugs with the highest potential for abuse and harm to the member. Safety edits make sure that the prescribed medicine will be used within the guidelines set by the Food and Drug Administration and current medical findings. They are part of a commitment to quality pharmaceutical care. Safety edits are required, even when the plan sponsor elects an option to waive precertification.

To learn more, please refer to your plan documents or call the Member Services number on your ID card.

In accordance with state law, full-risk members in Texas who are receiving coverage for medications that are removed from the Preferred Drug List during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date.

In accordance with state law, California HMO member who are receiving coverage for medications that are added to the Step-therapy list will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

Not all health services are covered. This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.

Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. For more information about Aetna plans, refer to www.aetna.com.



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