

## Acamprosate Calcium

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### Products Affected

- *acamprosate calcium*

<b>QL Criteria</b>	6 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Acitretin

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## Products Affected

- *acitretin oral capsule 10 mg, 25 mg*

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Addyi

## Products Affected

- ADDYI

PA Criteria	Criteria Details
<b>Covered Uses</b>	Treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD) as characterized by low sexual desire that causes marked distress or interpersonal difficulty and is not due to a co-existing medical or psychiatric condition, problems within the relationship, or the effects of a medication or other drug substance
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	<p>The patient is a premenopausal female 18 years of age or older with a documented diagnosis of acquired, generalized hypoactive sexual desire disorder (HSDD) that is appropriately documented (i.e., evaluated by a complete clinical assessment, using DSM-4, interviews/questionnaires), and hypoactive sexual desire disorder (HSDD) is not caused by a co-existing medical or psychiatric condition, problems within the relationship, or the effects of a medication or other drug substance, and the patient does not have any of the following: alcohol use, concomitant use of Addyi with moderate or strong CYP3A4 inhibitors, or hepatic impairment.</p> <p>For renewals only: The patient is a premenopausal female 18 years of age or older with a documented diagnosis of acquired, generalized hypoactive sexual desire disorder (HSDD) that is appropriately documented (i.e., evaluated by a complete clinical assessment, using DSM-4, interviews/questionnaires), and the patient has been receiving the requested drug for at least 8 weeks and has reported symptom improvement.</p>
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Initial: 12 weeks - Renewal: 1 year
<b>Other Criteria</b>	
<b>Notes/References</b>	

<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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# Adefovir Dipivoxil

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## Products Affected

- *adefovir dipivoxil*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Advair Diskus

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## Products Affected

- ADVAIR DISKUS

<b>QL Criteria</b>	1 diskus Per 1 month
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Advair HFA

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## Products Affected

- ADVAIR HFA

<b>QL Criteria</b>	1 inhaler Per 1 month
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Afeditab CR

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## Products Affected

- AFEDITAB CR ORAL TABLET EXTENDED  
RELEASE 24 HR\* 30 MG

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Afeditab CR

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## Products Affected

- AFEDITAB CR ORAL TABLET EXTENDED  
RELEASE 24 HR\* 60 MG

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Alendronate Sodium

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## Products Affected

- *alendronate sodium oral tablet 35 mg, 70 mg*

<b>QL Criteria</b>	4 tabs Per 1 month
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Alendronate Sodium

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## Products Affected

- *alendronate sodium oral tablet 10 mg*

<b>QL Criteria</b>	1 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Alendronate Sodium

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## Products Affected

- *alendronate sodium oral tablet 40 mg, 5 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Alfuzosin HCl ER

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## Products Affected

- *alfuzosin hcl er*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Almotriptan Malate

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## Products Affected

- *almotriptan malate*

<b>QL Criteria</b>	6 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Alosetron HCl

## Products Affected

- *aloseptron hcl*

PA Criteria	Criteria Details
<b>Covered Uses</b>	severe diarrhea-predominant irritable bowel syndrome (IBS)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	Patient is female, and has a documented diagnosis of severe diarrhea-predominant irritable bowel syndrome (IBS) including one or more of the following: frequent and severe abdominal pain/discomfort, frequent urgency or fecal incontinence or disability or restriction of daily activities due to IBS, AND patient has chronic IBS symptoms generally lasting 6 months or longer, AND anatomic or biochemical abnormalities of the gastrointestinal tract have been excluded
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ALPRAZolam ER

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## Products Affected

- *alprazolam er*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# ALPRAZolam XR

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## Products Affected

- *alprazolam xr*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Amlodipine Besylate-Valsartan

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## Products Affected

- *amlodipine besylate-valsartan*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Amnesteem

## Products Affected

- AMNESTEEM

PA Criteria	Criteria Details
Covered Uses	severe recalcitrant nodular or cystic acne
Exclusion Criteria	
Required Medical Information	Member already has evidence of scarring and member is enrolled in the FDA iPLEDGE program (females of childbearing potential ONLY)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	5 months
Other Criteria	For coverage of additional quantities (up to 4 capsules per day) member must meet the following criteria: Patient requires more than 2 capsules per day to reach the appropriate dose for weight, and this is the members FIRST course of therapy or member now requires a second course of therapy and it has been at least 8 weeks after the first course was initiated (2 month holiday), and member has recieved a cumulative dose of less than 120 mg/kg during a course of therapy lasting 20 weeks or less.
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Amphetamine Salt Combo

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## Products Affected

- *amphetamine salt combo*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Amphetamine-Dextroamphet ER

## Products Affected

- *amphetamine-dextroamphet er*

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD)
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD)
Age Restrictions	Prior Authorization applies to members 19 and over.
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Amphetamine-Dextroamphetamine

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## Products Affected

- *amphetamine-dextroamphetamine oral tablet*  
10 mg, 30 mg, 12.5 mg, 5 mg, 7.5 mg, 15 mg

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Amphetamine-Dextroamphetamine

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## Products Affected

- *amphetamine-dextroamphetamine oral tablet*  
20 mg

<b>QL Criteria</b>	3 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# AndroGel

## Products Affected

- ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)

PA Criteria	Criteria Details
<b>Covered Uses</b>	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
<b>Exclusion Criteria</b>	Not covered for patients with carcinoma of the breast or suspected carcinoma of the prostate, or for patients who will be using therapy for muscle building purposes
<b>Required Medical Information</b>	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratorys reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratorys reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	5 grams Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# AndroGel

## Products Affected

- ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%)

PA Criteria	Criteria Details
<b>Covered Uses</b>	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
<b>Exclusion Criteria</b>	Not covered for patients with carcinoma of the breast or suspected carcinoma of the prostate, or for patients who will be using therapy for muscle building purposes
<b>Required Medical Information</b>	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratorys reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratorys reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	1.25 grams Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# AndroGel Pump

## Products Affected

- ANDROGEL PUMP TRANSDERMAL GEL  
20.25 MG/ACT (1.62%)

PA Criteria	Criteria Details
<b>Covered Uses</b>	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
<b>Exclusion Criteria</b>	Not covered for patients with carcinoma of the breast or suspected carcinoma of the prostate, or for patients who will be using therapy for muscle building purposes
<b>Required Medical Information</b>	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	5 grams Per 1 fill
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Anoro Ellipta

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## Products Affected

- ANORO ELLIPTA

<b>QL Criteria</b>	1 kit Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Aranesp (Albumin Free)

## Products Affected

- ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML
- ARANESP (ALBUMIN FREE) INJECTION

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/Erythropoiesis_Stimulating_Agents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/Erythropoiesis_Stimulating_Agents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Aranesp (Albumin Free)

## Products Affected

- ARANESP (ALBUMIN FREE) INJECTION  
SOLUTION 25 MCG/ML, 40 MCG/ML, 150  
MCG/0.75ML, 100 MCG/ML, 200 MCG/ML,  
300 MCG/ML, 60 MCG/ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/ivig.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: September 28, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ARIPiprazole

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## Products Affected

- *aripiprazole oral tablet*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ARIPiprazole

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## Products Affected

- *aripiprazole oral solution*

<b>QL Criteria</b>	30 ml Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Armodafinil

## Products Affected

- *armodafinil oral tablet 200 mg, 150 mg, 250 mg*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Excessive daytime sleepiness associated with narcolepsy, Excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea syndrome (OSAHS), Shift Work Sleep Disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	FOR NARCOLEPSY: Documentation of diagnostic testing and clinical notations supporting diagnosis of Narcolepsy, such as MSLT, clinical progress notes, etc. (Failure to adequately support the diagnosis of narcolepsy may result in denial of coverage). FOR OSAHS: The prescribing physician is a sleep specialist, ear, nose and throat, neurologist or pulmonologist or has obtained a consult from a sleep specialist, and a Standard Diagnostic Nocturnal Polysomnography (NPSG) has confirmed the diagnosis of OSAHS, and the patient has received nasal continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) for at least 1 month, and CPAP or BIPAP therapy must be continued on a routine basis in combination with armodafinil therapy, and the daytime fatigue is significantly impacting, impairing, or compromising the patients ability to function normally, and the prescribing physician has established a patient care plan to treat the cause of OSAHS in conjunction with treating the daily fatigue, and patient must be compliant with recommendations for OSAHS treatment.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Armodafinil

## Products Affected

- *armodafinil oral tablet 50 mg*

PA Criteria	Criteria Details
Covered Uses	Excessive daytime sleepiness associated with narcolepsy, Excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea syndrome (OSAHS), Shift Work Sleep Disorder
Exclusion Criteria	
Required Medical Information	FOR NARCOLEPSY: Documentation of diagnostic testing and clinical notations supporting diagnosis of Narcolepsy, such as MSLT, clinical progress notes, etc. (Failure to adequately support the diagnosis of narcolepsy may result in denial of coverage). FOR OSAHS: The prescribing physician is a sleep specialist, ear, nose and throat, neurologist or pulmonologist or has obtained a consult from a sleep specialist, and a Standard Diagnostic Nocturnal Polysomnography (NPSG) has confirmed the diagnosis of OSAHS, and the patient has received nasal continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) for at least 1 month, and CPAP or BIPAP therapy must be continued on a routine basis in combination with armodafinil therapy, and the daytime fatigue is significantly impacting, impairing, or compromising the patients ability to function normally, and the prescribing physician has established a patient care plan to treat the cause of OSAHS in conjunction with treating the daily fatigue, and patient must be compliant with recommendations for OSAHS treatment.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Asacol HD

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## Products Affected

- ASACOL HD

<b>QL Criteria</b>	6 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Atorvastatin Calcium

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## Products Affected

- *atorvastatin calcium oral*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Atripla

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## Products Affected

- ATRIPLA

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Avita

## Products Affected

- AVITA

PA Criteria	Criteria Details
<b>Covered Uses</b>	Acne Vulgaris (including comedonal, cystic, nodular and papular acne), actinic keratoses with lesions, hypertrophic scars or keloids, keratosis follicularis (e.g., Dariers disease, Darier-White disease), facial flat warts, multiple flat warts (e.g., common warts, plantar warts)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	For members greater than 36 years old, the following criteria must be met: Documented diagnosis of acne vulgaris (includes comedonal, cystic, nodular & papular acne), or documented diagnosis of actinic keratoses and lesions are on the face, or lesions are not on the face and therapy includes the use of 5-fluorouracil in conjunction with tretinoin, or a documented diagnosis of hypertrophic scars or keloids and intralesional injection of corticosteroids was ineffective or not tolerated, or Documented diagnosis of keratosis follicularis (Dariers disease, Darier-White disease), or documented diagnosis of facial flat warts, or documented diagnosis of multiple flat warts (includes common warts and plantar warts)
<b>Age Restrictions</b>	Prior authorization only applies for members greater than 36 years of age
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Azilect

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## Products Affected

- AZILECT

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Balsalazide Disodium

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## Products Affected

- *balsalazide disodium*

<b>QL Criteria</b>	9 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Bicalutamide

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## Products Affected

- *bicalutamide*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Bimatoprost

## Products Affected

- *bimatoprost ophthalmic*

PA Criteria	Criteria Details
Covered Uses	glaucoma or ocular hypertension
Exclusion Criteria	
Required Medical Information	A Documented diagnosis of glaucoma or ocular hypertension
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Bravelle

## Products Affected

- BRAVELLE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
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# Breo Ellipta

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## Products Affected

- BREO ELLIPTA

<b>QL Criteria</b>	2 blisters Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Brilinta

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## Products Affected

- BRILINTA ORAL TABLET 90 MG

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Brisdelle

## Products Affected

- BRISDELLE

PA Criteria	Criteria Details
Covered Uses	Vasomotor symptoms associated with menopause
Exclusion Criteria	
Required Medical Information	Documented diagnosis of moderate to severe vasomotor symptoms associated with menopause
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Budeprion XL

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## Products Affected

- BUDEPRION XL ORAL TABLET  
EXTENDED RELEASE 24 HR\* 300 MG

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Budesonide

## Products Affected

- budesonide inhalation*

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	For ages 5-8, a diagnosis of asthma and a documented inability to use metered dose inhalers. No prior authorization required for children 1-4 years of age. Medical Exception can be granted for Pulmicort Respules is being used as a topical steroid treatment of eosinophilic esophagitis for which other treatments have been unsatisfactory
Age Restrictions	Prior authorization applies to members 5 and over.
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Buprenorphine HCl

## Products Affected

- *buprenorphine hcl sublingual tablet sublingual*  
2 mg

PA Criteria	Criteria Details
Covered Uses	Opioid Dependence
Exclusion Criteria	Medical literature does not support the concurrent use of opioids/Tramadol as part of opioid drug dependence treatment. Abstinence of opioids/Tramadol is required both during and following therapy with Suboxone/Subutex/Zubsolv/Bunavail/buprenorphine, and will only be covered when determined to be medically necessary (defined as short-term use during and following opioid dependence treatment for the treatment of acute pain related to surgery, dental procedure, or an emergency situation or for long-term use following opioid dependence treatment for the treatment of chronic pain. For long term use, the member must be treated by a single provider of their choice, opioids will only be covered when prescribed by this single provider, and this single provider is aware of past buprenorphine use for opioid dependence treatment in which an opioid dependence diagnosis). Physicians can contact (855) 746-0013 with any information related to the medical necessity for opioid/Tramadol therapy.
Required Medical Information	Prescriber provides verbal verification of patients current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling. If the member is currently enrolled, the approval will be 6 months. If the member is NOT enrolled (answer=no) and prescriber provides verbal verification of patient's agreed commitment to become enrolled in an acceptable drug addiction treatment program counseling, the approval will be for 2 months (Note: 1 time approval ONLY). If after 2 months member does not enroll in a program, then all future requests will be denied until member enrolls in a program.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months = current enrollment

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PA Criteria	Criteria Details
Other Criteria	<p>For coverage of additional quantities, the following conditions must be met: FOR BUPRENORPHONE SL: Member is pregnant or breastfeeding (Up to 120 tablets in 30 days) or member has a documented contraindication, intolerance, or allergy to buprenorphine-naloxone sublingual tablet or Suboxone (will allow up to 90 tablets per month for max length of approval of 6 months). FOR SUBOXONE OR BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET 2mg/0.5mg: Members dose is being titrated by physician for 7 day induction therapy (max dose 12 mg/daily for total of 42 tablets/films in 7 days). FOR ZUBSOLBV 1.4mg/0.36mg: Members dose is being titrated by physician for 7 day induction therapy (max dose 8.4 mg/daily for total of 42 tablets/films in 7 days). Note: Aetna considers the following as acceptable programs: Outpatient drug addiction treatment programs and/or counseling, 12- step programs focused on "drug" addiction such as Narcotics Anonymous (N.A.), Other accepted programs can be found at <a href="http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx">http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx</a>. Aetna considers the following as non-acceptable programs: On-line programs such as Here to Help, 12-step programs that are not focused on "drug" addiction (ex: Alcoholics Anonymous).</p>
QL Criteria	24 tabs Per 1 month
Notes/ References	
Revision Date	<p>Prior Authorization: August 25, 2015  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

# Buprenorphine HCl

## Products Affected

- *buprenorphine hcl sublingual tablet sublingual 8 mg*

PA Criteria	Criteria Details
Covered Uses	Opioid Dependence
Exclusion Criteria	Medical literature does not support the concurrent use of opioids/Tramadol as part of opioid drug dependence treatment. Abstinence of opioids/Tramadol is required both during and following therapy with Suboxone/Subutex/Zubsolv/Bunavail/buprenorphine, and will only be covered when determined to be medically necessary (defined as short-term use during and following opioid dependence treatment for the treatment of acute pain related to surgery, dental procedure, or an emergency situation or for long-term use following opioid dependence treatment for the treatment of chronic pain. For long term use, the member must be treated by a single provider of their choice, opioids will only be covered when prescribed by this single provider, and this single provider is aware of past buprenorphine use for opioid dependence treatment in which an opioid dependence diagnosis). Physicians can contact (855) 746-0013 with any information related to the medical necessity for opioid/Tramadol therapy.
Required Medical Information	Prescriber provides verbal verification of patients current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling. If the member is currently enrolled, the approval will be 6 months. If the member is NOT enrolled (answer=no) and prescriber provides verbal verification of patient's agreed commitment to become enrolled in an acceptable drug addiction treatment program counseling, the approval will be for 2 months (Note: 1 time approval ONLY). If after 2 months member does not enroll in a program, then all future requests will be denied until member enrolls in a program.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months = current enrollment

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PA Criteria	Criteria Details
Other Criteria	<p>For coverage of additional quantities, the following conditions must be met: FOR BUPRENORPHONE SL: Member is pregnant or breastfeeding (Up to 120 tablets in 30 days) or member has a documented contraindication, intolerance, or allergy to buprenorphine-naloxone sublingual tablet or Suboxone (will allow up to 90 tablets per month for max length of approval of 6 months). FOR SUBOXONE OR BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET 2mg/0.5mg: Members dose is being titrated by physician for 7 day induction therapy (max dose 12 mg/daily for total of 42 tablets/films in 7 days). FOR ZUBSOLBV 1.4mg/0.36mg: Members dose is being titrated by physician for 7 day induction therapy (max dose 8.4 mg/daily for total of 42 tablets/films in 7 days). Note: Aetna considers the following as acceptable programs: Outpatient drug addiction treatment programs and/or counseling, 12- step programs focused on "drug" addiction such as Narcotics Anonymous (N.A.), Other accepted programs can be found at <a href="http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx">http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx</a>. Aetna considers the following as non-acceptable programs: On-line programs such as Here to Help, 12-step programs that are not focused on "drug" addiction (ex: Alcoholics Anonymous).</p>
QL Criteria	8 tabs Per 1 month
Notes/ References	
Revision Date	<p>Prior Authorization: August 25, 2015  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

# Buprenorphine HCl-Naloxone HCl

## Products Affected

- *buprenorphine hcl-naloxone hcl*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Opioid Dependence
<b>Exclusion Criteria</b>	Medical literature does not support the concurrent use of opioids/Tramadol as part of opioid drug dependence treatment. Abstinence of opioids/Tramadol is required both during and following therapy with Suboxone/Subutex/Zubsolv/Bunavail/buprenorphine, and will only be covered when determined to be medically necessary (defined as short-term use during and following opioid dependence treatment for the treatment of acute pain related to surgery, dental procedure, or an emergency situation or for long-term use following opioid dependence treatment for the treatment of chronic pain. For long term use, the member must be treated by a single provider of their choice, opioids will only be covered when prescribed by this single provider, and this single provider is aware of past buprenorphine use for opioid dependence treatment in which an opioid dependence diagnosis). Physicians can contact (855) 746-0013 with any information related to the medical necessity for opioid/Tramadol therapy.
<b>Required Medical Information</b>	Prescriber provides verbal verification of patients current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling. If the member is currently enrolled, the approval will be 6 months. If the member is NOT enrolled (answer=no) and prescriber provides verbal verification of patient's agreed commitment to become enrolled in an acceptable drug addiction treatment program counseling, the approval will be for 2 months (Note: 1 time approval ONLY). If after 2 months member does not enroll in a program, then all future requests will be denied until member enrolls in a program.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	6 months = current enrollement

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PA Criteria	Criteria Details
Other Criteria	<p>For coverage of additional quantities, the following conditions must be met: FOR BUPRENORPHONE SL: Member is pregnant or breastfeeding (Up to 120 tablets in 30 days) or member has a documented contraindication, intolerance, or allergy to buprenorphine-naloxone sublingual tablet or Suboxone (will allow up to 90 tablets per month for max length of approval of 6 months). FOR SUBOXONE OR BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET 2mg/0.5mg: Members dose is being titrated by physician for 7 day induction therapy (max dose 12 mg/daily for total of 42 tablets/films in 7 days). FOR ZUBSOLBV 1.4mg/0.36mg: Members dose is being titrated by physician for 7 day induction therapy (max dose 8.4 mg/daily for total of 42 tablets/films in 7 days). Note: Aetna considers the following as acceptable programs: Outpatient drug addiction treatment programs and/or counseling, 12- step programs focused on "drug" addiction such as Narcotics Anonymous (N.A.), Other accepted programs can be found at <a href="http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx">http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx</a>. Aetna considers the following as non-acceptable programs: On-line programs such as Here to Help, 12-step programs that are not focused on "drug" addiction (ex: Alcoholics Anonymous).</p>
QL Criteria	3 tabs Per 1 Day
Notes/ References	
Revision Date	<p>Prior Authorization: August 25, 2015  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

# Buproban

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## Products Affected

- BUPROBAN

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# BuPROPion HCl

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## Products Affected

- *bupropion hcl oral*

<b>QL Criteria</b>	6 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## BuPROPion HCl ER (Smoking Det)

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### Products Affected

- *bupropion hcl er (smoking det)*

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



## BuPROPion HCl ER (SR)

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### Products Affected

- *bupropion hcl er (sr)*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## BuPROPion HCl ER (XL)

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### Products Affected

- *bupropion hcl er (xl)*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Butorphanol Tartrate

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## Products Affected

- *butorphanol tartrate nasal*

<b>QL Criteria</b>	2 bottles Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Butrans

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## Products Affected

- BUTRANS

<b>QL Criteria</b>	4 patches Per 28 months
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Bystolic

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## Products Affected

- BYSTOLIC ORAL TABLET 10 MG, 5 MG, 2.5 MG

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Bystolic

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## Products Affected

- BYSTOLIC ORAL TABLET 20 MG

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Byvalson

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## Products Affected

- BYVALSON

<b>QL Criteria</b>	30 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: September 19, 2016

## Calcitonin (Salmon)

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### Products Affected

- *calcitonin (salmon)*

<b>QL Criteria</b>	1 bottle Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Candesartan Cilexetil

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## Products Affected

- *candesartan cilexetil*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Candesartan Cilexetil-HCTZ

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## Products Affected

- *candesartan cilexetil-hctz*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Capecitabine

## Products Affected

- *capecitabine*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Caprelsa

## Products Affected

- CAPRELSA ORAL TABLET 100 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	2 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Caprelsa

## Products Affected

- CAPRELSA ORAL TABLET 300 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cartia XT

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## Products Affected

- CARTIA XT ORAL CAPSULE EXTENDED  
RELEASE 24 HOUR 120 MG, 300 MG, 180  
MG

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cartia XT

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## Products Affected

- CARTIA XT ORAL CAPSULE EXTENDED  
RELEASE 24 HOUR 240 MG

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Celecoxib

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## Products Affected

- *celecoxib oral*

<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Cerdelga

## Products Affected

- CERDELGA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ENDO/lysosomal_storage.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	2 caps Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Chantix

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## Products Affected

- CHANTIX

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Chantix Continuing Month Pak

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## Products Affected

- CHANTIX CONTINUING MONTH PAK

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Chantix Starting Month Pak

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## Products Affected

- CHANTIX STARTING MONTH PAK

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Chorionic Gonadotropin

## Products Affected

- *chorionic gonadotropin intramuscular\**

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cialis

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## Products Affected

- CIALIS ORAL TABLET 2.5 MG, 5 MG

<b>QL Criteria</b>	1 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cialis

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## Products Affected

- CIALIS ORAL TABLET 20 MG, 10 MG

<b>QL Criteria</b>	6 tabs Per 1 month
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Citalopram Hydrobromide

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## Products Affected

- *citalopram hydrobromide oral tablet*

<b>QL Criteria</b>	1 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Citalopram Hydrobromide

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## Products Affected

- *citalopram hydrobromide oral tablet*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Claravis

## Products Affected

- CLARAVIS

PA Criteria	Criteria Details
Covered Uses	severe recalcitrant nodular or cystic acne
Exclusion Criteria	
Required Medical Information	Member already has evidence of scarring and member is enrolled in the FDA iPLEDGE program (females of childbearing potential ONLY)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	5 months
Other Criteria	For coverage of additional quantities (up to 4 capsules per day) member must meet the following criteria: Patient requires more than 2 capsules per day to reach the appropriate dose for weight, and this is the members FIRST course of therapy or member now requires a second course of therapy and it has been at least 8 weeks after the first course was initiated (2 month holiday), and member has recieved a cumulative dose of less than 120 mg/kg during a course of therapy lasting 20 weeks or less.
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# CloNIDine HCl ER

## Products Affected

- *clonidine hcl er*

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD)
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	4 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Clopidogrel Bisulfate

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## Products Affected

- *clopidogrel bisulfate*

<b>QL Criteria</b>	1 tab Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Clopidogrel Bisulfate

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## Products Affected

- *clopidogrel bisulfate*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# CloZAPine

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## Products Affected

- *clozapine oral tablet dispersible 100 mg*
- *clozapine oral tablet 100 mg*

<b>QL Criteria</b>	9 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# CloZAPine

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## Products Affected

- *clozapine oral tablet dispersible 25 mg*
- *clozapine oral tablet 25 mg, 50 mg*

<b>QL Criteria</b>	3 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# CloZAPine

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## Products Affected

- *clozapine oral tablet dispersible 12.5 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# CloZAPine

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## Products Affected

- *clozapine oral tablet dispersible 150 mg*

<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# CloZAPine

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## Products Affected

- *clozapine oral tablet 200 mg*

<b>QL Criteria</b>	4 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# CloZAPine

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## Products Affected

- *clozapine oral tablet dispersible 200 mg*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Colchicine

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## Products Affected

- *colchicine oral tablet*

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Colcrys

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## Products Affected

- COLCRYS

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## Cometriq (100 mg Daily Dose)

### Products Affected

- COMETRIQ (100 MG DAILY DOSE)

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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## Cometriq (140 mg Daily Dose)

### Products Affected

- COMETRIQ (140 MG DAILY DOSE)

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	4 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## Cometriq (60 mg Daily Dose)

### Products Affected

- COMETRIQ (60 MG DAILY DOSE)

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	3 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Complera

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## Products Affected

- COMPLERA

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Contrace

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## Products Affected

- CONTRAVE

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Copaxone

## Products Affected

- COPAXONE SUBCUTANEOUS\* 40 MG/ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cuprimine

## Products Affected

- CUPRIMINE ORAL CAPSULE 250 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/metabolic_agents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 31, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Darifenacin Hydrobromide ER

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## Products Affected

- *darifenacin hydrobromide er*

<b>QL Criteria</b>	1 tablet Per 1 day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Delzicol

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## Products Affected

- DELZICOL

<b>QL Criteria</b>	12 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Depen Titratabs

## Products Affected

- DEPEN TITRATABS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/metabolic_agents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 31, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Descovy

## Products Affected

- DESCOVY

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ID/antiviral_hiv.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ID/antiviral_hiv.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Desloratadine

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## Products Affected

- *desloratadine oral tablet*
- *desloratadine oral tablet dispersible 2.5 mg*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dexedrine

## Products Affected

- DEXEDRINE ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Dexmethylphenidate HCl

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## Products Affected

- *dexmethylphenidate hcl*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dexmethylphenidate HCl ER

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## Products Affected

- *dexmethylphenidate hcl er*

<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Dextroamphetamine Sulfate

## Products Affected

- dextroamphetamine sulfate oral tablet*

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	4 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dextroamphetamine Sulfate

## Products Affected

- dextroamphetamine sulfate oral solution*

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	40 ML Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Dextroamphetamine Sulfate ER

## Products Affected

- *dextroamphetamine sulfate er*

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD)
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	3 caps Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diazepam

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## Products Affected

- *diazepam gel*

<b>QL Criteria</b>	1 pack Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Diclegis

## Products Affected

- DICLEGIS

PA Criteria	Criteria Details
Covered Uses	nausea and vomiting in pregnant women
Exclusion Criteria	
Required Medical Information	A documented diagnosis of nausea and vomiting in a pregnant woman who does not respond to conservative management (i.e. trigger avoidance, small frequent meals, etc) and a documented contraindication, intolerance, allergy, or failure of an adequate trial of one week of any of the following: otc doxylamine, or otc pyridoxine (vit B6), metoclopramide, promethazine, or ondansetron
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	60 tabs Per 1 fill
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diclofenac Sodium

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## Products Affected

- *diclofenac sodium transdermal gel 1 %*

<b>QL Criteria</b>	200 grams Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dificid

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## Products Affected

- DIFICID

<b>QL Criteria</b>	20 tabs Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dihydroergotamine Mesylate

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## Products Affected

- *dihydroergotamine mesylate nasal*

<b>QL Criteria</b>	8 vials Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diltiazem HCl CD

---

## Products Affected

- *diltiazem hcl cd*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diltiazem HCl ER

---

## Products Affected

- diltiazem hcl er oral capsule extended release  
24 hour 240 mg*

<b>QL Criteria</b>	2 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diltiazem HCl ER Beads

---

## Products Affected

- diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 120 mg, 300 mg, 360 mg*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diltiazem HCl ER Beads

---

## Products Affected

- diltiazem hcl er beads oral capsule extended release 24 hour 240 mg*

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Diltiazem HCl ER Coated Beads

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## Products Affected

- diltiazem hcl er coated beads oral capsule  
extended release 24 hour 360 mg, 300 mg, 120  
mg, 180 mg*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diltiazem HCl ER Coated Beads

---

## Products Affected

- diltiazem hcl er coated beads oral tablet  
extended release 24 hr\* 180 mg, 300 mg, 360  
mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diltiazem HCl ER Coated Beads

---

## Products Affected

- diltiazem hcl er coated beads oral capsule  
extended release 24 hour 240 mg*

<b>QL Criteria</b>	2 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diltiazem HCl ER Coated Beads

---

## Products Affected

- diltiazem hcl er coated beads oral tablet  
extended release 24 hr\* 240 mg*

<b>QL Criteria</b>	2 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Donepezil HCl

## Products Affected

- *donepezil hcl*

PA Criteria	Criteria Details
Covered Uses	Alzheimers Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, or severe Alzheimers Disease
Age Restrictions	PA applies to members less than 40 years old.
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Doxycycline

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## Products Affected

- *doxycycline*

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dronabinol

## Products Affected

- *dronabinol*

PA Criteria	Criteria Details
Covered Uses	Anorexia associated with weight loss in patients with AIDS, Chemotherapy-induced nausea and vomiting
Exclusion Criteria	
Required Medical Information	Documented diagnosis of Anorexia associated with weight loss in patients with AIDS, or Chemotherapy-induced nausea and vomiting
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	
QL Criteria	2 caps Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Duavee

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## Products Affected

- DUAVEE

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# DULoxetine HCl

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## Products Affected

- duloxetine hcl oral capsule delayed release particles 20 mg*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# DULoxetine HCl

---

## Products Affected

- duloxetine hcl oral capsule delayed release  
particles 40 mg, 30 mg*

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# DULoxetine HCl

---

## Products Affected

- *duloxetine hcl oral capsule delayed release particles 60 mg*

<b>QL Criteria</b>	1 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dutasteride

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## Products Affected

- *dutasteride*

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Edarbi

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## Products Affected

- EDARBI

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Edarbyclor

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## Products Affected

- EDARBYCLOR

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Edurant

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## Products Affected

- EDURANT

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Eligard

## Products Affected

- ELIGARD SUBCUTANEOUS\* KIT 7.5 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Emtriva

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## Products Affected

- EMTRIVA ORAL CAPSULE

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Enbrel

## Products Affected

- ENBREL SUBCUTANEOUS\* KIT
- ENBREL SUBCUTANEOUS\* 25 MG/0.5ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/immunologicalagents_rheumatoid_arthritis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/immunologicalagents_rheumatoid_arthritis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	8 syringes Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Enbrel

## Products Affected

- ENBREL SUBCUTANEOUS\* 50 MG/ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/immunologicalagents_rheumatoid_arthritis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/immunologicalagents_rheumatoid_arthritis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	4 syringes Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Enoxaparin Sodium

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## Products Affected

- *enoxaparin sodium*

<b>QL Criteria</b>	2 syringes Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Entecavir

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## Products Affected

- *entecavir*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Entresto

## Products Affected

- ENTRESTO

PA Criteria	Criteria Details
Covered Uses	Heart Failure
Exclusion Criteria	Known or suspected pregnancy
Required Medical Information	A documented diagnosis of chronic heart failure (NYHA Class II-IV) and reduced ejection fraction
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Epclusa

## Products Affected

- EPCLUSA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2016/GI/hepatitis_c.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Epoprostenol Sodium

## Products Affected

- *epoprostenol sodium*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CV/pulmonaryhypertensionagents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Eprosartan Mesylate

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## Products Affected

- *eprosartan mesylate*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Erivedge

## Products Affected

- ERIVEDGE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 cap Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Escitalopram Oxalate

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## Products Affected

- *escitalopram oxalate oral tablet*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Esomeprazole Magnesium

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## Products Affected

- *esomeprazole magnesium oral capsule delayed release 40 mg*

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Estradiol

---

## Products Affected

- *estradiol transdermal patch weekly*

<b>QL Criteria</b>	4 patches Per 28 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Estradiol-Norethindrone Acet

---

## Products Affected

- *estradiol-norethindrone acet*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Estradiol-Norethindrone Acet

---

## Products Affected

- *estradiol-norethindrone acet*

<b>QL Criteria</b>	1 EA Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Eszopiclone

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## Products Affected

- *eszopiclone*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Euflexxa

## Products Affected

- EUFLEXXA INTRA-ARTICULAR\*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/viscosupplements.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: June 01, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Famciclovir

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## Products Affected

- *famciclovir oral*

<b>QL Criteria</b>	21 tabs Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FastTake Test

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## Products Affected

- FASTTAKE TEST

<b>QL Criteria</b>	300 strips Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Felodipine ER

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## Products Affected

- *felodipine er*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fenofibrate

---

## Products Affected

- *fenofibrate oral*

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fenofibrate

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## Products Affected

- *fenofibrate oral*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fenofibrate

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## Products Affected

- *fenofibrate oral*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fenofibrate Micronized

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## Products Affected

- *fenofibrate micronized*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# FentaNYL

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## Products Affected

- *fentanyl*

<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FentaNYL Citrate

## Products Affected

- *fentanyl citrate buccal*

PA Criteria	Criteria Details
Covered Uses	For pain due to malignant diagnosis only
Exclusion Criteria	
Required Medical Information	A documented diagnosis of cancer with concomitant use of around the clock long acting opioid therapy for cancer pain, requiring management of breakthrough pain and meet step therapy requirements, or the patient is terminally ill.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	For additional quantities, the member must have a documented diagnosis of cancer and prescription is written by an oncologist or pain specialist, or the member is enrolled in a hospice program or meets hospice criteria, or the member is terminally ill, or the patient has signed an opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. In addition, there must be documentation of one of the following: (1) A Healthcare Provider verbal confirmation that an agreement has been signed by the patient meets the criteria requirement (exceptions to requiring the signed opioid agreement for additional quantities are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program), or (2) the member has current diagnosis of cancer(see exception to opioid agreement above) as the primary cause of the pain and is currently on long-acting opioid and is being titrated on the long-acting opioid by physician, and the member has tried and failed an adequate trial of two weeks of a single entity or combination pain medication containing an immediate release acting opioid (ex. oxycodone, morphine sulfate oral(Roxanol), oxymorphone(Opana), hydromorphone(Dilaudid), oxycodone/apap(Percocet))
QL Criteria	4 lozenge Per 1 Day
Notes/References	

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<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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# FLUoxetine HCl

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## Products Affected

- *fluoxetine hcl oral capsule 20 mg*

<b>QL Criteria</b>	4 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FLUoxetine HCl

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## Products Affected

- *fluoxetine hcl oral capsule 40 mg*

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FLUoxetine HCl

---

## Products Affected

- *fluoxetine hcl oral capsule 10 mg*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FLUoxetine HCl

---

## Products Affected

- *fluoxetine hcl oral capsule delayed release*

<b>QL Criteria</b>	4 caps Per 1 month
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FLUoxetine HCl

---

## Products Affected

- *fluoxetine hcl oral tablet 10 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# FLUoxetine HCl

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## Products Affected

- *fluoxetine hcl oral tablet 20 mg*

<b>QL Criteria</b>	4 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fluvastatin Sodium

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## Products Affected

- *fluvastatin sodium*

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Fluvastatin Sodium ER

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## Products Affected

- *fluvastatin sodium er*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fluvoxamine Maleate

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## Products Affected

- *fluvoxamine maleate oral tablet 50 mg, 25 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fluvoxamine Maleate

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## Products Affected

- *fluvoxamine maleate oral tablet 100 mg*

<b>QL Criteria</b>	3 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fondaparinux Sodium

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## Products Affected

- *fondaparinux sodium*

<b>QL Criteria</b>	2 syringes Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Forteo

## Products Affected

- FORTEO SUBCUTANEOUS\* SOLUTION  
600 MCG/2.4ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/bone_disease_agents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fortical

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## Products Affected

- FORTICAL

<b>QL Criteria</b>	1 bottle Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Gabapentin

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## Products Affected

- *gabapentin oral capsule*

<b>QL Criteria</b>	6 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gabapentin

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## Products Affected

- *gabapentin oral tablet*

<b>QL Criteria</b>	6 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Galantamine Hydrobromide

## Products Affected

- *galantamine hydrobromide*

PA Criteria	Criteria Details
Covered Uses	Alzheimers Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, or severe Alzheimers Disease
Age Restrictions	PA applies to members less than 40 years old.
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Galantamine Hydrobromide ER

## Products Affected

- *galantamine hydrobromide er*

PA Criteria	Criteria Details
Covered Uses	Alzheimers Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, or severe Alzheimers Disease
Age Restrictions	PA applies to members less than 40 years old.
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Gilenya

## Products Affected

- GILENYA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 cap Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gilotrif

## Products Affected

- GILOTRIF

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Glatopa

## Products Affected

- GLATOPA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gonal-f

## Products Affected

- GONAL-F

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
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# Gonal-f RFF

## Products Affected

- GONAL-F RFF

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gonal-f RFF Pen

## Products Affected

- GONAL-F RFF PEN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Gonal-f RFF Rediject

## Products Affected

- GONAL-F RFF REDIJECT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Harvoni

## Products Affected

- HARVONI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2016/GI/hepatitis_c.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Hizentra

## Products Affected

- HIZENTRA SUBCUTANEOUS\* SOLUTION  
2 GM/10ML, 10 GM/50ML, 1 GM/5ML, 4  
GM/20ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/ivig.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: September 28, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humira

## Products Affected

- HUMIRA SUBCUTANEOUS\* 20 MG/0.4ML, 10 MG/0.2ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/immunologicalagents_rheumatoid_arthritis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/immunologicalagents_rheumatoid_arthritis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	2 injections Per 28 months
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humira

## Products Affected

- HUMIRA SUBCUTANEOUS\* 40 MG/0.8ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/immunologicalagents_rheumatoid_arthritis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/immunologicalagents_rheumatoid_arthritis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	6 injections Per 28 months
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humira Pediatric Crohns Start

## Products Affected

- HUMIRA PEDIATRIC CROHNS START  
SUBCUTANEOUS\* 40 MG/0.8ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/immunologicalagents_rheumatoid_arthritis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/immunologicalagents_rheumatoid_arthritis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	4 injections Per 21 months
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Hycamtin

## Products Affected

- HYCAMTIN ORAL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# HYDROmorphone HCl ER

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## Products Affected

- *hydromorphone hcl er*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# HYDROmorphone HCl ER

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## Products Affected

- *hydromorphone hcl er*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# HYDROmorphone HCl ER

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## Products Affected

- *hydromorphone hcl er*

<b>QL Criteria</b>	1 EA Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Hysingla ER

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## Products Affected

- HYSINGLA ER

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ibandronate Sodium

## Products Affected

- *ibandronate sodium oral*

PA Criteria	Criteria Details
Covered Uses	All FDA Approved uses
Exclusion Criteria	
Required Medical Information	Documented trial and failure of 1 month of generic alendronate weekly (70mg weekly dose)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 tab Per 1 month
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Ibrance

## Products Affected

- IBRANCE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	21 capsules Per 28 Days
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Imatinib Mesylate

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## Products Affected

- *imatinib mesylate oral tablet 400 mg*

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Imatinib Mesylate

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## Products Affected

- *imatinib mesylate oral tablet 100 mg*

<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Imbruvica

## Products Affected

- IMBRUVICA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	4 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Imiquimod

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## Products Affected

- *imiquimod external*

<b>QL Criteria</b>	12 packets Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Incruse Ellipta

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## Products Affected

- INCRUSE ELLIPTA

<b>QL Criteria</b>	1 blister Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Inlyta

## Products Affected

- INLYTA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	4 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Intelligence

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## Products Affected

- INTELENCE ORAL TABLET 25 MG, 100 MG

<b>QL Criteria</b>	4 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Intelligence

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## Products Affected

- INTELENCE ORAL TABLET 200 MG

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Intron A

## Products Affected

- INTRON A

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2016/GI/hepatitis_c.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Invokamet

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## Products Affected

- INVOKAMET

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Invokana

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## Products Affected

- INVOKANA

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ipratropium Bromide

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## Products Affected

- *ipratropium bromide nasal*

<b>QL Criteria</b>	1 bottle Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Irbesartan

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## Products Affected

- *irbesartan*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Irbesartan-Hydrochlorothiazide

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## Products Affected

- *irbesartan-hydrochlorothiazide*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Isentress

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## Products Affected

- ISENTRESS ORAL TABLET

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Isentress

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## Products Affected

- ISENTRESS ORAL TABLET CHEWABLE

<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Itraconazole

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## Products Affected

- *itraconazole oral*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Jakafi

## Products Affected

- JAKAFI ORAL TABLET 10 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Jakafi

## Products Affected

- JAKAFI ORAL TABLET 15 MG, 20 MG, 5 MG, 25 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	2 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Janumet

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## Products Affected

- JANUMET

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Janumet XR

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## Products Affected

- JANUMET XR ORAL TABLET EXTENDED  
RELEASE 24 HR\* 50-500 MG, 100-1000 MG

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Janumet XR

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## Products Affected

- JANUMET XR ORAL TABLET EXTENDED  
RELEASE 24 HR\* 50-1000 MG

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Januvia

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## Products Affected

- JANUVIA

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Jentaduetto

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## Products Affected

- JENTADUETO

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Jentaduetto XR

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## Products Affected

- JENTADUETO XR ORAL TABLET  
EXTENDED RELEASE 24 HR\* 5-1000 MG

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Jentaduetto XR

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## Products Affected

- JENTADUETO XR ORAL TABLET  
EXTENDED RELEASE 24 HR\* 2.5-1000 MG

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ketoconazole

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## Products Affected

- *ketoconazole oral*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ketorolac Tromethamine

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## Products Affected

- *ketorolac tromethamine oral*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LamoTRigine

## Products Affected

- *lamotrigine oral kit 25 & 50 & 100 mg, 50 (42)-100(14) mg, 25 (21)-50 (7) mg*

PA Criteria	Criteria Details
Covered Uses	Epilepsy, Bipolar I disorder
Exclusion Criteria	
Required Medical Information	FOR LAMICTAL XR: A documented diagnosis of epilepsy. FOR LAMICTAL ODT: A documented diagnosis of epilepsy or Bipolar I.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities: The patient's dose being titrated by the physician OR does the patient require higher doses of the requested drug after failure of recommended standard doses
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# LamoTRigine

## Products Affected

- *lamotrigine oral tablet dispersible 100 mg, 200 mg*

PA Criteria	Criteria Details
Covered Uses	Epilepsy, Bipolar I disorder
Exclusion Criteria	
Required Medical Information	FOR LAMICTAL XR: A documented diagnosis of epilepsy. FOR LAMICTAL ODT: A documented diagnosis of epilepsy or Bipolar I.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities: The patient's dose being titrated by the physician OR does the patient require higher doses of the requested drug after failure of recommended standard doses
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LamoTRigine

## Products Affected

- *lamotrigine oral tablet dispersible 25 mg*

PA Criteria	Criteria Details
Covered Uses	Epilepsy, Bipolar I disorder
Exclusion Criteria	
Required Medical Information	FOR LAMICTAL XR: A documented diagnosis of epilepsy. FOR LAMICTAL ODT: A documented diagnosis of epilepsy or Bipolar I.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities: The patient's dose being titrated by the physician OR does the patient require higher doses of the requested drug after failure of recommended standard doses
QL Criteria	6 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# LamoTRigine

## Products Affected

- *lamotrigine oral tablet dispersible 50 mg*

PA Criteria	Criteria Details
Covered Uses	Epilepsy, Bipolar I disorder
Exclusion Criteria	
Required Medical Information	FOR LAMICTAL XR: A documented diagnosis of epilepsy. FOR LAMICTAL ODT: A documented diagnosis of epilepsy or Bipolar I.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities: The patient's dose being titrated by the physician OR does the patient require higher doses of the requested drug after failure of recommended standard doses
QL Criteria	3 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LamoTRigine ER

## Products Affected

- *lamotrigine er oral tablet extended release 24 hr\* 200 mg*

PA Criteria	Criteria Details
Covered Uses	Epilepsy, Bipolar I disorder
Exclusion Criteria	
Required Medical Information	FOR LAMICTAL XR: A documented diagnosis of epilepsy. FOR LAMICTAL ODT: A documented diagnosis of epilepsy or Bipolar I.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities: The patient's dose being titrated by the physician OR does the patient require higher doses of the requested drug after failure of recommended standard doses
QL Criteria	3 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# LamoTRigine ER

## Products Affected

- *lamotrigine er oral tablet extended release 24 hr\* 25 mg, 50 mg, 100 mg*

PA Criteria	Criteria Details
Covered Uses	Epilepsy, Bipolar I disorder
Exclusion Criteria	
Required Medical Information	FOR LAMICTAL XR: A documented diagnosis of epilepsy. FOR LAMICTAL ODT: A documented diagnosis of epilepsy or Bipolar I.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities: The patient's dose being titrated by the physician OR does the patient require higher doses of the requested drug after failure of recommended standard doses
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LamoTRigine ER

## Products Affected

- *lamotrigine er oral tablet extended release 24 hr\* 300 mg, 250 mg*

PA Criteria	Criteria Details
Covered Uses	Epilepsy, Bipolar I disorder
Exclusion Criteria	
Required Medical Information	FOR LAMICTAL XR: A documented diagnosis of epilepsy. FOR LAMICTAL ODT: A documented diagnosis of epilepsy or Bipolar I.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities: The patient's dose being titrated by the physician OR does the patient require higher doses of the requested drug after failure of recommended standard doses
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Lansoprazole

## Products Affected

- *lansoprazole oral capsule delayed release 30 mg*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented Diagnosis of one of the following: Treatment and maintenance of GERD and its complications (e.g., esophageal strictures, Barrett's Esophagus, erosive esophagitis, ulcers), Peptic ulcer disease, Treatment of gastroduodenal ulcers, Pathological hypersecretory conditions (i.e., Zollinger-Ellison Syndrome), Preventative needs (i.e., chronic oral steroid use, post transplant, NSAID use, chemotherapy or radiation therapy, etc) OR (2) the requested drug being prescribed for Helicobacter pylori eradication and the patient take two concurrent antibiotics (i.e., amoxicillin or clarithromycin or metronidazole or tetracycline) in the treatment regimen combined with the requested PPI as part of the therapy OR (3) member has a documented diagnosis listed above and Aciphex Sprinkle or Prevacid Solutab the drug being requested and the patient an infant, 1 month to 1 year of age or the patient unable to swallow tablets/capsules.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	For coverage of additional quantities, a members treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those members who meet ANY of the following criteria: Member has a diagnosis of a pathological hypersecretory condition (e.g., Zollinger-Ellison Syndrome, multiple endocrine neoplasia type 1 (MEN-1), or member is being treated for Barrett's esophagus, or member is being treated for eradication of H. pylori (triple therapy only, 30-day duration), or member has refractory gastroesophageal reflux disease (GERD) (defined as continued symptoms despite PPI therapy) and has had at least 4 weeks of once daily PPI therapy taken 30-60 min before a meal (any meal) and is experiencing acid breakthrough, or member's physician provides documentation (controlled clinical trial) from the peer- reviewed medical literature for use of a higher dose.

<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Latuda

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## Products Affected

- LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 120 MG

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Latuda

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## Products Affected

- LATUDA ORAL TABLET 80 MG

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Leflunomide

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## Products Affected

- *leflunomide oral*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Letairis

## Products Affected

- LETAIRIS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CV/pulmonaryhypertensionagents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Leuprolide Acetate

## Products Affected

- *leuprolide acetate injection*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LevETIRAcetam ER

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## Products Affected

- *levetiracetam er oral tablet extended release 24 hr\* 500 mg*

<b>QL Criteria</b>	6 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LevETIRAcetam ER

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## Products Affected

- *levetiracetam er oral tablet extended release 24 hr\* 750 mg*

<b>QL Criteria</b>	4 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Levocetirizine Dihydrochloride

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## Products Affected

- *levocetirizine dihydrochloride oral tablet*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Levonorgest-Eth Estrad 91-Day

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## Products Affected

- *levonorgest-eth estrad 91-day oral tablet*  
*0.15-0.03 mg*

<b>QL Criteria</b>	1.5 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lidocaine

## Products Affected

- *lidocaine external ointment*

PA Criteria	Criteria Details
<b>Covered Uses</b>	***AUTHORIZATION IS NOT REQUIRED FOR LESS THAN 50 GRAMS OF LIDOCAINE EVERY 30 DAYS*** For quantities over 50 grams every 30 days, there must be a documented temporary need for anesthesia for any of the following: Accessible mucous membranes of the oropharynx, skin and mucous membranes or stomatitis, or pain associated with a minor burns, including sunburn, abrasions of the skin, and insect bites.
<b>Exclusion Criteria</b>	Documentation of any of the following: Planned area of application includes non-intact skin, sensitivity to amide-type local anesthetics or any other component of the product, planned use on large surface area of the body as this can lead to increased toxicity, planned area of application includes severely traumatized skin (e.g., mucosal or skin abrasion, eczema, burns), the medication is being used in conjunction with a cosmetic procedure (i.e. hair removal), or if the product will be compounded with other products that would alter the total dose/dosage form being administered
<b>Required Medical Information</b>	A documented need for temporary anesthesia for any of the following: Accessible mucous membranes of the oropharynx, skin and mucous membranes or stomatitis, or pain associated with a minor burns, including sunburn, abrasions of the skin, and insect bites.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	3 months

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PA Criteria	Criteria Details
Other Criteria	<p>*Topical lidocaine ointment is used for temporary anesthesia. Prescription renewals for longer than 3 months require clinical documentation of medical necessity. Due to Safety Concerns higher quantities and prolonged use are not recommended. Renewal Duration: 3 months *Approval can made up to an additional 50gms per 30 days. Higher additional quantities are not approvable</p> <p>*FOR ADULTS: A single application should not exceed 5 g of Lidocaine Ointment 5%, containing 250 mg of lidocaine base (equivalent chemically to approximately 300 mg of lidocaine hydrochloride). This is roughly equivalent to squeezing a six (6) inch length of ointment from the tube. In a 70 kg adult this dose equals 3.6 mg/kg (1.6 mg/lb) lidocaine base. No more than one-half tube, approximately 17-20 g of ointment or 850-1000 mg lidocaine base, should be administered in any one day. FOR CHILDREN: For children less than ten years who have a normal lean body mass and a normal lean body development, the maximum dose may be determined by the application of one of the standard pediatric drug formulas (e.g., Clark's rule). For example a child of five years weighing 50 lbs., the dose of lidocaine should not exceed 75-100 mg when calculated according to Clark's rule. In any case, the maximum amount of lidocaine administered should not exceed 4.5 mg/kg (2.0 mg/lb) of body weight</p> <p>***Lidocaine toxicity resulting from transcutaneous absorption is theoretically possible. Signs and symptoms of systemic lidocaine toxicity include CNS excitation and/or depression, nervousness, confusion, dizziness, tinnitus, blurred or double vision, vomiting, twitching, tremors, seizures, unconsciousness, respiratory depression, bradycardia, hypotension, and cardiopulmonary arrest. If there is suspicion of lidocaine-related systemic toxicity, check lidocaine blood concentrations</p>
QL Criteria	50 grams Per 30 Days
Notes/ References	
Revision Date	<p>Prior Authorization: October 03, 2016</p> <p>Step Therapy: August 25, 2015</p> <p>Quantity Limits: August 25, 2015</p>

# Lidocaine-Prilocaine

## Products Affected

- *lidocaine-prilocaine external cream*

PA Criteria	Criteria Details
<b>Covered Uses</b>	***AUTHORIZATION IS NOT REQUIRED FOR LESS THAN 50 GRAMS OF LIDOCAINE EVERY 30 DAYS*** For quantities over 50 grams every 30 days, there must be a documented temporary need for topical anesthetic in either of the following situations: Normal, intact skin for local analgesia, or Genital mucous membranes for superficial minor surgery and as pretreatment for infiltration anesthesia
<b>Exclusion Criteria</b>	Documentation of any of the following: Planned area of application includes non-intact skin, Sensitivity to amide-type local anesthetics or any other component of the product, Planned use on large surface area of the body or for a period of time over 3 hours as this can lead to increased toxicity, the medication is being used in conjunction with a cosmetic procedure (i.e. hair removal), Use in situations where the drug may migrate into the middle ear, beyond the tympanic membrane, History of methemoglobinemia, or if the product will be compounded with other products that would alter the total dose/dosage form being administered
<b>Required Medical Information</b>	A documented need for topical anesthetic in either of the following situations: Normal, intact skin for local analgesia, or Genital mucous membranes for superficial minor surgery and as pretreatment for infiltration anesthesia
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	3 months
<b>Other Criteria</b>	*Topical lidocaine/prilocaine cream is used for temporary anesthesia. Prescription renewals for longer than 3 months require clinical documentation of medical necessity. Due to Safety Concerns higher quantities and prolonged use are not recommended. Renewal Duration: 3 months *Up to an additional 30 grams per 30 days. Higher additional quantities are not approvable.
<b>QL Criteria</b>	30 grams Per 30 Days
<b>Notes/References</b>	

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# Lindane

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## Products Affected

- *lindane external lotion*

<b>QL Criteria</b>	60 ml Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Linezolid

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## Products Affected

- *linezolid oral tablet*

<b>QL Criteria</b>	28 tablets Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Linzess

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## Products Affected

- LINZESS

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Losartan Potassium

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## Products Affected

- *losartan potassium oral tablet 25 mg, 50 mg*

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lovastatin

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## Products Affected

- *lovastatin*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lupron Depot

## Products Affected

- LUPRON DEPOT INTRAMUSCULAR\* KIT  
3.75 MG, 7.5 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lynparza

## Products Affected

- LYNPARZA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	480 capsules Per 30 prescriptions
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Maprotiline HCl

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## Products Affected

- *maprotiline hcl oral tablet 25 mg*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Maprotiline HCl

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## Products Affected

- *maprotiline hcl oral tablet 50 mg*

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Maprotiline HCl

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## Products Affected

- *maprotiline hcl oral tablet 75 mg*

<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Matzim LA

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## Products Affected

- MATZIM LA ORAL TABLET EXTENDED  
RELEASE 24 HR\* 240 MG

<b>QL Criteria</b>	2 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Matzim LA

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## Products Affected

- MATZIM LA ORAL TABLET EXTENDED  
RELEASE 24 HR\* 180 MG, 360 MG, 300 MG

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Mekinist

## Products Affected

- MEKINIST ORAL TABLET 2 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Mekinist

## Products Affected

- MEKINIST ORAL TABLET 0.5 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	3 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Memantine HCl

## Products Affected

- *memantine hcl oral tablet*

PA Criteria	Criteria Details
Covered Uses	Alzheimers Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, or severe Alzheimers Disease
Age Restrictions	PA applies to members less than 40 years old.
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Menopur

## Products Affected

- MENOPUR

PA Criteria	Criteria Details
<b>Covered Uses</b>	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Refer to the clinical policy bulletin above for details.
<b>Other Criteria</b>	
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Mesalamine

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## Products Affected

- *mesalamine oral*

<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: September 19, 2016

# Metadate ER

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## Products Affected

- METADATE ER ORAL TABLET  
EXTENDEDRELEASE\* 20 MG

<b>QL Criteria</b>	3 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methadone HCl

---

## Products Affected

- *methadone hcl oral tablet*

<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methamphetamine HCl

## Products Affected

- *methamphetamine hcl*

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	4 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methylphenidate HCl

---

## Products Affected

- *methylphenidate hcl oral solution 5 mg/5ml*

<b>QL Criteria</b>	60 ML Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Methylphenidate HCl

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## Products Affected

- methylphenidate hcl oral solution 10 mg/5ml*

<b>QL Criteria</b>	30 ML Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methylphenidate HCl

## Products Affected

- methylphenidate hcl oral tablet chewable*

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	6 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Methylphenidate HCl

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## Products Affected

- *methylphenidate hcl oral tablet*

<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methylphenidate HCl ER

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## Products Affected

- *methylphenidate hcl er oral tablet extended release\* 54 mg, 27 mg, 18 mg*
- *methylphenidate hcl er oral tablet extended release 24 hr\* 18 mg, 54 mg, 27 mg*

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Methylphenidate HCl ER

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## Products Affected

- *methylphenidate hcl er oral tablet extended release\* 36 mg*
- *methylphenidate hcl er oral tablet extended release 24 hr\* 36 mg*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methylphenidate HCl ER

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## Products Affected

- *methylphenidate hcl er oral tablet  
extended release\* 20 mg*

<b>QL Criteria</b>	3 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Methylphenidate HCl ER (CD)

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## Products Affected

- *methylphenidate hcl er (cd)*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methylphenidate HCl ER (LA)

---

## Products Affected

- *methylphenidate hcl er (la)*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Metoprolol Succinate ER

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## Products Affected

- metoprolol succinate er oral tablet extended release 24 hr\* 100 mg, 50 mg*

<b>QL Criteria</b>	1.5 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Metoprolol Succinate ER

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## Products Affected

- *metoprolol succinate er oral tablet extended release 24 hr\* 25 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Metoprolol Succinate ER

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## Products Affected

- *metoprolol succinate er oral tablet extended release 24 hr\* 200 mg*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Mimvey

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## Products Affected

- MIMVEY

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Mirtazapine

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## Products Affected

- *mirtazapine oral*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Mirtazapine

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## Products Affected

- *mirtazapine oral*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Modafinil

## Products Affected

- *modafinil*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Excessive daytime sleepiness associated with narcolepsy, Excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea syndrome (OSAHS), Shift Work Sleep Disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	FOR NARCOLEPSY: Documentation of diagnostic testing and clinical notations supporting diagnosis of Narcolepsy, such as MSLT, clinical progress notes, etc. (Failure to adequately support the diagnosis of narcolepsy may result in denial of coverage). FOR OSAHS: The prescribing physician is a sleep specialist, ear, nose and throat, neurologist or pulmonologist or has obtained a consult from a sleep specialist, and a Standard Diagnostic Nocturnal Polysomnography (NPSG) has confirmed the diagnosis of OSAHS, and the patient has received nasal continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) for at least 1 month, and CPAP or BIPAP therapy must be continued on a routine basis in combination with armodafinil therapy, and the daytime fatigue is significantly impacting, impairing, or compromising the patients ability to function normally, and the prescribing physician has established a patient care plan to treat the cause of OSAHS in conjunction with treating the daily fatigue, and patient must be compliant with recommendations for OSAHS treatment.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Montelukast Sodium

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## Products Affected

- *montelukast sodium oral*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Montelukast Sodium

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## Products Affected

- *montelukast sodium oral*

<b>QL Criteria</b>	1 pack Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Morphine Sulfate ER

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## Products Affected

- *morphine sulfate er oral capsule extended release 24 hour*

<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Morphine Sulfate ER

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## Products Affected

- *morphine sulfate er oral tablet  
extended release\**

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Morphine Sulfate ER Beads

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## Products Affected

- *morphine sulfate er beads*

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Multaq

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## Products Affected

- MULTAQ

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Myorisan

## Products Affected

- MYORISAN ORAL CAPSULE 30 MG

PA Criteria	Criteria Details
Covered Uses	severe recalcitrant nodular or cystic acne
Exclusion Criteria	
Required Medical Information	Member already has evidence of scarring and member is enrolled in the FDA iPLEDGE program (females of childbearing potential ONLY)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	5 months
Other Criteria	For coverage of additional quantities (up to 4 capsules per day) member must meet the following criteria: Patient requires more than 2 capsules per day to reach the appropriate dose for weight, and this is the members FIRST course of therapy or member now requires a second course of therapy and it has been at least 8 weeks after the first course was initiated (2 month holiday), and member has recieved a cumulative dose of less than 120 mg/kg during a course of therapy lasting 20 weeks or less.
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Myorisan

## Products Affected

- MYORISAN ORAL CAPSULE 40 MG, 20 MG, 10 MG

PA Criteria	Criteria Details
Covered Uses	severe recalcitrant nodular or cystic acne
Exclusion Criteria	
Required Medical Information	Member already has evidence of scarring and member is enrolled in the FDA iPLEDGE program (females of childbearing potential ONLY)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	5 months
Other Criteria	For coverage of additional quantities (up to 4 capsules per day) member must meet the following criteria: Patient requires more than 2 capsules per day to reach the appropriate dose for weight, and this is the members FIRST course of therapy or member now requires a second course of therapy and it has been at least 8 weeks after the first course was initiated (2 month holiday), and member has recieved a cumulative dose of less than 120 mg/kg during a course of therapy lasting 20 weeks or less.
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Myrbetriq

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## Products Affected

- MYRBETRIQ

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Namenda XR

## Products Affected

- NAMENDA XR

PA Criteria	Criteria Details
Covered Uses	Alzheimers Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, or severe Alzheimers Disease
Age Restrictions	PA applies to members less than 40 years old.
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Namenda XR Titration Pack

## Products Affected

- NAMENDA XR TITRATION PACK

PA Criteria	Criteria Details
Covered Uses	Alzheimers Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, or severe Alzheimers Disease
Age Restrictions	PA applies to members less than 40 years old.
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Naratriptan HCl

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## Products Affected

- *naratriptan hcl*

<b>QL Criteria</b>	9 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Neulasta

## Products Affected

- NEULASTA SUBCUTANEOUS\*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/bloodstimulators.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/bloodstimulators.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Nevirapine ER

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## Products Affected

- *nevirapine er oral tablet extended release 24 hr\* 400 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nevirapine ER

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## Products Affected

- *nevirapine er oral tablet extended release 24 hr\* 100 mg*

<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Next Choice One Dose

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## Products Affected

- NEXT CHOICE ONE DOSE

<b>QL Criteria</b>	1 tab Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nicotine

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## Products Affected

- *nicotine*

<b>QL Criteria</b>	1 patch Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nicotine Polacrilex

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## Products Affected

- *nicotine polacrilex mouth/throat gum*

<b>QL Criteria</b>	24 pieces Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nicotine Polacrilex

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## Products Affected

- *nicotine polacrilex mouth/throat lozenge*

<b>QL Criteria</b>	20 pieces Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Nicotrol

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## Products Affected

- NICOTROL

<b>QL Criteria</b>	16 cartridges Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nicotrol NS

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## Products Affected

- NICOTROL NS

<b>QL Criteria</b>	12 bottles Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Nifedical XL

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## Products Affected

- NIFEDICAL XL ORAL TABLET  
EXTENDED RELEASE 24 HR\* 30 MG

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nifedical XL

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## Products Affected

- NIFEDICAL XL ORAL TABLET  
EXTENDED RELEASE 24 HR\* 60 MG

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NIFEdipine ER

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## Products Affected

- *nifedipine er oral tablet extended release 24 hr\* 60 mg*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NIFEdipine ER

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## Products Affected

- *nifedipine er oral tablet extended release 24 hr\* 90 mg, 30 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NIFEdipine ER Osmotic Release

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## Products Affected

- *nifedipine er osmotic release oral tablet*  
*extended release 24 hr\* 30 mg, 90 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NIFEdipine ER Osmotic Release

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## Products Affected

- *nifedipine er osmotic release oral tablet*  
*extended release 24 hr\* 60 mg*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Nisoldipine ER

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## Products Affected

- *nisoldipine er oral tablet extended release 24 hr\* 30 mg*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nisoldipine ER

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## Products Affected

- nisoldipine er oral tablet extended release 24 hr\* 40 mg, 8.5 mg, 17 mg, 34 mg, 20 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Novarel

## Products Affected

- NOVAREL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nuedexta

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## Products Affected

- NUEDEXTA

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Octreotide Acetate

## Products Affected

- *octreotide acetate*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ENDO/Sandostatin.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ENDO/Sandostatin.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# OLANZapine

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## Products Affected

- *olanzapine oral tablet 15 mg, 20 mg, 7.5 mg, 10 mg, 5 mg*
- *olanzapine oral tablet dispersible 5 mg, 15 mg, 20 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# OLANZapine

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## Products Affected

- *olanzapine oral tablet 2.5 mg*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Omega-3-acid Ethyl Esters

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## Products Affected

- *omega-3-acid ethyl esters*

<b>QL Criteria</b>	4 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Omeprazole-Sodium Bicarbonate

## Products Affected

- *omeprazole-sodium bicarbonate oral packet*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented Diagnosis of one of the following: Treatment and maintenance of GERD and its complications (e.g., esophageal strictures, Barrett's Esophagus, erosive esophagitis, ulcers), Peptic ulcer disease, Treatment of gastroduodenal ulcers, Pathological hypersecretory conditions (i.e., Zollinger-Ellison Syndrome), Preventative needs (i.e., chronic oral steroid use, post transplant, NSAID use, chemotherapy or radiation therapy, etc) OR (2) the requested drug being prescribed for Helicobacter pylori eradication and the patient take two concurrent antibiotics (i.e., amoxicillin or clarithromycin or metronidazole or tetracycline) in the treatment regimen combined with the requested PPI as part of the therapy OR (3) member has a documented diagnosis listed above and Aciphex Sprinkle or Prevacid Solutab the drug being requested and the patient an infant, 1 month to 1 year of age or the patient unable to swallow tablets/capsules.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	For coverage of additional quantities, a members treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those members who meet ANY of the following criteria: Member has a diagnosis of a pathological hypersecretory condition (e.g., Zollinger-Ellison Syndrome, multiple endocrine neoplasia type 1 (MEN-1), or member is being treated for Barrett's esophagus, or member is being treated for eradication of H. pylori (triple therapy only, 30-day duration), or member has refractory gastroesophageal reflux disease (GERD) (defined as continued symptoms despite PPI therapy) and has had at least 4 weeks of once daily PPI therapy taken 30-60 min before a meal (any meal) and is experiencing acid breakthrough, or member's physician provides documentation (controlled clinical trial) from the peer- reviewed medical literature for use of a higher dose.

<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Omnitrope

## Products Affected

- OMNITROPE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ENDO/growthhormone.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ondansetron

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## Products Affected

- *ondansetron*

<b>QL Criteria</b>	60 tabs Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ondansetron HCl

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## Products Affected

- *ondansetron hcl oral tablet 4 mg, 8 mg*

<b>QL Criteria</b>	60 tabs Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ondansetron HCl

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## Products Affected

- *ondansetron hcl oral tablet 24 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# OneTouch Test

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## Products Affected

- ONETOUCH TEST

<b>QL Criteria</b>	300 strips Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# OneTouch Ultra Blue

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## Products Affected

- ONETOUCH ULTRA BLUE

<b>QL Criteria</b>	300 strips Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# OneTouch Verio

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## Products Affected

- ONETOUCH VERIO IN VITRO STRIP

<b>QL Criteria</b>	300 strips Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Opsumit

## Products Affected

- OPSUMIT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CV/pulmonaryhypertensionagents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# OrthoVisc

## Products Affected

- ORTHOVISC INTRA-ARTICULAR\*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/viscosupplements.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: June 01, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Osphena

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## Products Affected

- OSPHENA

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Oxybutynin Chloride

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## Products Affected

- *oxybutynin chloride oral tablet*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# OxyCODONE HCl ER

## Products Affected

- *oxycodone hcl er oral 80 mg, 10 mg, 40 mg, 20 mg*

PA Criteria	Criteria Details
Covered Uses	Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
Exclusion Criteria	
Required Medical Information	Documented diagnosis of Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	<p>For coverage of additional quantities, member must meet the following requirements: A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist, or member is enrolled in a hospice program or meets hospice criteria, or member's resident state or contract state is California and the member is terminally ill, or the patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine, Healthcare Provider verbal confirmation that an agreement has been signed by the patient meets the criteria requirement.*Exceptions to requiring the signed opioid agreement for additional quantities are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program.</p> <p><a href="http://www.partnersagainstpain.com/printouts/A7012CT6.pdf">http://www.partnersagainstpain.com/printouts/A7012CT6.pdf</a>.  <a href="http://www.prescriberresponsibly.com/sites/default/files/pdf/risk/Washington%20State%20Opioid%20Agreement%20F245-359-000.pdf">http://www.prescriberresponsibly.com/sites/default/files/pdf/risk/Washington%20State%20Opioid%20Agreement%20F245-359-000.pdf</a>.</p>
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	<p>Prior Authorization: August 25, 2015  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

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# OxyCONTIN

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## Products Affected

- OXYCONTIN ORAL

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Oxymorphone HCl ER

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## Products Affected

- *oxymorphone hcl er*

<b>QL Criteria</b>	4 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Paliperidone ER

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## Products Affected

- *paliperidone er oral tablet extended release 24 hr\* 9 mg*

<b>QL Criteria</b>	1 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Paliperidone ER

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## Products Affected

- *paliperidone er oral tablet extended release 24 hr\* 3 mg, 1.5 mg, 6 mg*

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Pamidronate Disodium

## Products Affected

- *pamidronate disodium*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/bone_disease_agents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Paricalcitol

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## Products Affected

- *paricalcitol oral*

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# PARoxetine HCl

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## Products Affected

- paroxetine hcl oral tablet 30 mg, 40 mg*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# PARoxetine HCl

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## Products Affected

- *paroxetine hcl oral tablet 10 mg, 20 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# PARoxetine HCl ER

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## Products Affected

- *paroxetine hcl er*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Phenoxybenzamine HCl

## Products Affected

- *phenoxybenzamine hcl oral*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CV/antihypertensive_misc.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CV/antihypertensive_misc.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Picato

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## Products Affected

- PICATO

<b>QL Criteria</b>	1 box Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Pioglitazone HCl

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## Products Affected

- *pioglitazone hcl*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Pioglitazone HCl-Glimepiride

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## Products Affected

- *pioglitazone hcl-glimepiride*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Pioglitazone HCl-Metformin HCl

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## Products Affected

- *pioglitazone hcl-metformin hcl*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Pomalyst

## Products Affected

- POMALYST

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 cap Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Pramipexole Dihydrochloride ER

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## Products Affected

- *pramipexole dihydrochloride er*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Pravastatin Sodium

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## Products Affected

- *pravastatin sodium*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Pregnyl

## Products Affected

- PREGNYL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/infertility.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Prezista

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## Products Affected

- PREZISTA ORAL SUSPENSION

<b>QL Criteria</b>	2 bottles Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Prezista

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## Products Affected

- PREZISTA ORAL TABLET 800 MG

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Prezista

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## Products Affected

- PREZISTA ORAL TABLET 150 MG, 75 MG, 600 MG

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Prezista

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## Products Affected

- PREZISTA ORAL TABLET 400 MG

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Procrit

## Products Affected

- PROCRIT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/Erythropoiesis_Stimulating_Agents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/Erythropoiesis_Stimulating_Agents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Propafenone HCl ER

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## Products Affected

- *propafenone hcl er*

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# QUetiapine Fumarate

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## Products Affected

- *quetiapine fumarate oral tablet 100 mg, 50 mg*

<b>QL Criteria</b>	3 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Q~~U~~Etiapine Fumarate

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## Products Affected

- *quetiapine fumarate oral tablet 25 mg*

<b>QL Criteria</b>	6 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# QUetiapine Fumarate

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## Products Affected

- *quetiapine fumarate oral tablet 200 mg*

<b>QL Criteria</b>	4 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# QUetiapine Fumarate

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## Products Affected

- *quetiapine fumarate oral tablet 400 mg, 300 mg*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# RABEprazole Sodium

## Products Affected

- *rabeprazole sodium*

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	A documented Diagnosis of one of the following: Treatment and maintenance of GERD and its complications (e.g., esophageal strictures, Barrett's Esophagus, erosive esophagitis, ulcers), Peptic ulcer disease, Treatment of gastroduodenal ulcers, Pathological hypersecretory conditions (i.e., Zollinger-Ellison Syndrome), Preventative needs (i.e., chronic oral steroid use, post transplant, NSAID use, chemotherapy or radiation therapy, etc) OR (2) the requested drug being prescribed for Helicobacter pylori eradication and the patient take two concurrent antibiotics (i.e., amoxicillin or clarithromycin or metronidazole or tetracycline) in the treatment regimen combined with the requested PPI as part of the therapy OR (3) member has a documented diagnosis listed above and Aciphex Sprinkle or Prevacid Solutab the drug being requested and the patient an infant, 1 month to 1 year of age or the patient unable to swallow tablets/capsules.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a members treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those members who meet ANY of the following criteria: Member has a diagnosis of a pathological hypersecretory condition (e.g., Zollinger-Ellison Syndrome, multiple endocrine neoplasia type 1 (MEN-1), or member is being treated for Barrett's esophagus, or member is being treated for eradication of H. pylori (triple therapy only, 30-day duration), or member has refractory gastroesophageal reflux disease (GERD) (defined as continued symptoms despite PPI therapy) and has had at least 4 weeks of once daily PPI therapy taken 30-60 min before a meal (any meal) and is experiencing acid breakthrough, or member's physician provides documentation (controlled clinical trial) from the peer- reviewed medical literature for use of a higher dose.
QL Criteria	1 tab Per 1 Day

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# Rebif

## Products Affected

- REBIF SUBCUTANEOUS\*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Rebif Rebidose

## Products Affected

- REBIF REBIDOSE SUBCUTANEOUS\*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Rebif Rebidose Titration Pack

## Products Affected

- REBIF REBIDOSE TITRATION PACK  
SUBCUTANEOUS\*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Rebif Titration Pack

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## Products Affected

- REBIF TITRATION PACK  
SUBCUTANEOUS\*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CNS/multiple_sclerosis.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Reyataz

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## Products Affected

- REYATAZ ORAL CAPSULE 150 MG, 300 MG

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Reyataz

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## Products Affected

- REYATAZ ORAL CAPSULE 200 MG

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Riluzole

## Products Affected

- *riluzole*

PA Criteria	Criteria Details
Covered Uses	amyotrophic lateral sclerosis (ALS)
Exclusion Criteria	
Required Medical Information	A documented diagnosis of amyotrophic lateral sclerosis (ALS)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Risedronate Sodium

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## Products Affected

- *risedronate sodium oral tablet delayed release*
- *risedronate sodium oral tablet 35 mg*

<b>QL Criteria</b>	4 tablets Per 28 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Risedronate Sodium

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## Products Affected

- *risedronate sodium oral tablet 5 mg, 30 mg*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Risedronate Sodium

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## Products Affected

- *risedronate sodium oral tablet 150 mg*

<b>QL Criteria</b>	1 tablet Per 28 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# RisperiDONE

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## Products Affected

- *risperidone oral tablet 4 mg*
- *risperidone oral tablet dispersible 4 mg*

<b>QL Criteria</b>	4 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# RisperiDONE

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## Products Affected

- *risperidone oral tablet dispersible 1 mg, 0.5 mg, 2 mg*
- *risperidone oral tablet 1 mg, 0.25 mg, 0.5 mg, 2 mg*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# RisperiDONE

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## Products Affected

- *risperidone oral tablet 3 mg*
- *risperidone oral tablet dispersible 3 mg*

<b>QL Criteria</b>	3 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# RisperiDONE

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## Products Affected

- *risperidone oral tablet dispersible 0.25 mg*

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# RisperiDONE M-TAB

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## Products Affected

- RISPERIDONE M-TAB ORAL TABLET  
DISPERSIBLE 1 MG, 0.5 MG, 2 MG

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# RisperiDONE M-TAB

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## Products Affected

- RISPERIDONE M-TAB ORAL TABLET  
DISPERSIBLE 3 MG

<b>QL Criteria</b>	3 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# RisperiDONE M-TAB

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## Products Affected

- RISPERIDONE M-TAB ORAL TABLET  
DISPERSIBLE 4 MG

<b>QL Criteria</b>	4 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Rivastigmine

## Products Affected

- *rivastigmine*

PA Criteria	Criteria Details
Covered Uses	Alzheimers Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, or severe Alzheimers Disease
Age Restrictions	PA applies to members less than 40 years old.
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Rivastigmine Tartrate

## Products Affected

- *rivastigmine tartrate*

PA Criteria	Criteria Details
Covered Uses	Alzheimers Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, or severe Alzheimers Disease
Age Restrictions	PA applies to members less than 40 years old.
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Rizatriptan Benzoate

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## Products Affected

- *rizatriptan benzoate*

<b>QL Criteria</b>	9 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# ROPINIrole HCl ER

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## Products Affected

- ropinirole hcl er oral tablet extended release*  
24 hr\* 12 mg

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ROPINIROLE HCl ER

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## Products Affected

- ropinirole hcl er oral tablet extended release*  
24 hr\* 2 mg, 4 mg, 6 mg, 8 mg

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Rosuvastatin Calcium

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## Products Affected

- *rosuvastatin calcium*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Selzentry

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## Products Affected

- SELZENTRY ORAL TABLET 150 MG

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sensipar

## Products Affected

- SENSIPAR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ENDO/myalept.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ENDO/myalept.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Serevent Diskus

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## Products Affected

- SEREVENT DISKUS

<b>QL Criteria</b>	1 box Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# SEROquel XR

## Products Affected

- SEROQUEL XR ORAL TABLET  
EXTENDED RELEASE 24 HR\* 200 MG, 150  
MG

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder, Bipolar disorder, or schizophrenia
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major depressive disorder, Bipolar disorder, or schizophrenia
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# SEROquel XR

## Products Affected

- SEROQUEL XR ORAL TABLET  
EXTENDED RELEASE 24 HR\* 400 MG, 300  
MG

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder, Bipolar disorder, or schizophrenia
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major depressive disorder, Bipolar disorder, or schizophrenia
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# SEROquel XR

## Products Affected

- SEROQUEL XR ORAL TABLET  
EXTENDED RELEASE 24 HR\* 50 MG

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder, Bipolar disorder, or schizophrenia
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major depressive disorder, Bipolar disorder, or schizophrenia
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	6 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sertraline HCl

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## Products Affected

- *sertraline hcl oral tablet 25 mg*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sertraline HCl

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## Products Affected

- *sertraline hcl oral tablet 100 mg*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sertraline HCl

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## Products Affected

- *sertraline hcl oral tablet 50 mg*

<b>QL Criteria</b>	1.5 tag Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sildenafil Citrate

## Products Affected

- *sildenafil citrate oral*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/CV/pulmonaryhypertensionagents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	3 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Silenor

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## Products Affected

- SILENOR

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Simvastatin

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## Products Affected

- *simvastatin oral*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sovaldi

## Products Affected

- SOVALDI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2016/GI/hepatitis_c.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Spiriva HandiHaler

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## Products Affected

- SPIRIVA HANDIHALER

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Spiriva Respimat

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## Products Affected

- SPIRIVA RESPIMAT

<b>QL Criteria</b>	1 inhaler Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Sprycel

## Products Affected

- SPRYCEL ORAL TABLET 100 MG, 140 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sprycel

## Products Affected

- SPRYCEL ORAL TABLET 80 MG, 50 MG, 20 MG, 70 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	2 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Stivarga

## Products Affected

- STIVARGA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	4 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Strattera

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## Products Affected

- STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Strattera

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## Products Affected

- STRATTERA ORAL CAPSULE 100 MG, 80 MG

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Stribild

## Products Affected

- STRIBILD

PA Criteria	Criteria Details
<b>Covered Uses</b>	A documented diagnosis of human immunodeficiency virus (HIV), and a documented viral load assay AND CD4 count indicating that the patient is stable on Stribild (stable or increase in CD4 counts AND viral load less than 50 copies/ml) (FOR renewals/continuations ONLY). For treatment naïve patients only, a documented resistance test within the past 3 months demonstrating virologic susceptibility to all of the following components of Stribild: elvitegravir, emtricitabine, and tenofovir AND A documented contraindication or intolerance or allergy or failure of an adequate trial of one month of one of the preferred regimens: 1) Triumeq (dolutegravir/abacavir/lamivudine) OR 2) Tivicay (dolutegravir) plus Truvada (tenofovir disoproxil fumarate/emtricitabine) OR 3) Isentress (Raltegravir) plus Truvada (tenofovir disoproxil fumarate/emtricitabine) OR 4) Prezista (Darunavir) plus Norvir (ritonavir) plus Truvada (tenofovir disoproxil fumarate/emtricitabine).
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	3 Years
<b>Other Criteria</b>	
<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: October 27, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Suboxone

## Products Affected

- SUBOXONE SUBLINGUAL FILM

PA Criteria	Criteria Details
<b>Covered Uses</b>	Opioid Dependence
<b>Exclusion Criteria</b>	Medical literature does not support the concurrent use of opioids/Tramadol as part of opioid drug dependence treatment. Abstinence of opioids/Tramadol is required both during and following therapy with Suboxone/Subutex/Zubsolv/Bunavail/buprenorphine, and will only be covered when determined to be medically necessary (defined as short-term use during and following opioid dependence treatment for the treatment of acute pain related to surgery, dental procedure, or an emergency situation or for long-term use following opioid dependence treatment for the treatment of chronic pain. For long term use, the member must be treated by a single provider of their choice, opioids will only be covered when prescribed by this single provider, and this single provider is aware of past buprenorphine use for opioid dependence treatment in which an opioid dependence diagnosis). Physicians can contact (855) 746-0013 with any information related to the medical necessity for opioid/Tramadol therapy.
<b>Required Medical Information</b>	Prescriber provides verbal verification of patients current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling. If the member is currently enrolled, the approval will be 6 months. If the member is NOT enrolled (answer=no) and prescriber provides verbal verification of patient's agreed commitment to become enrolled in an acceptable drug addiction treatment program counseling, the approval will be for 2 months (Note: 1 time approval ONLY). If after 2 months member does not enroll in a program, then all future requests will be denied until member enrolls in a program.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	6 months = current enrollement

PA Criteria	Criteria Details
Other Criteria	<p>For coverage of additional quantities, the following conditions must be met: FOR BUPRENORPHONE SL: Member is pregnant or breastfeeding (Up to 120 tablets in 30 days) or member has a documented contraindication, intolerance, or allergy to buprenorphine-naloxone sublingual tablet or Suboxone (will allow up to 90 tablets per month for max length of approval of 6 months). FOR SUBOXONE OR BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET 2mg/0.5mg: Members dose is being titrated by physician for 7 day induction therapy (max dose 12 mg/daily for total of 42 tablets/films in 7 days). FOR ZUBSOLBV 1.4mg/0.36mg: Members dose is being titrated by physician for 7 day induction therapy (max dose 8.4 mg/daily for total of 42 tablets/films in 7 days). Note: Aetna considers the following as acceptable programs: Outpatient drug addiction treatment programs and/or counseling, 12- step programs focused on "drug" addiction such as Narcotics Anonymous (N.A.), Other accepted programs can be found at <a href="http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx">http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx</a>. Aetna considers the following as non-acceptable programs: On-line programs such as Here to Help, 12-step programs that are not focused on "drug" addiction (ex: Alcoholics Anonymous).</p>
QL Criteria	2 film Per 1 Day
Notes/ References	
Revision Date	<p>Prior Authorization: August 25, 2015  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

# SulfaSALazine

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## Products Affected

- *sulfasalazine oral*

<b>QL Criteria</b>	8 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sulfazine

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## Products Affected

- SULFAZINE

<b>QL Criteria</b>	8 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# SUMAtriptan

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## Products Affected

- *sumatriptan nasal*

<b>QL Criteria</b>	6 sprays Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# SUMAtriptan Succinate

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## Products Affected

- *sumatriptan succinate subcutaneous\* 6 mg/0.5ml, 4 mg/0.5ml*
- *sumatriptan succinate subcutaneous\* solution*

<b>QL Criteria</b>	2 boxes Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# SUMAtriptan Succinate

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## Products Affected

- *sumatriptan succinate oral*

<b>QL Criteria</b>	9 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# SUMAtriptan Succinate Refill

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## Products Affected

- *sumatriptan succinate refill subcutaneous\**

<b>QL Criteria</b>	2 boxes Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# SureStep Pro Test

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## Products Affected

- SURESTEP PRO TEST

<b>QL Criteria</b>	300 strips Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# SureStep Test

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## Products Affected

- SURESTEP TEST

<b>QL Criteria</b>	300 strips Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sutent

## Products Affected

- SUTENT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 cap Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sylatron

## Products Affected

- SYLATRON SUBCUTANEOUS\* KIT 300 MCG, 600 MCG, 200 MCG, 4 X 200 MCG, 4 X 600 MCG, 4 X 300 MCG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Symbicort

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## Products Affected

- SYMBICORT

<b>QL Criteria</b>	1 inhaler Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# SymlinPen 120

## Products Affected

- SYMLINPEN 120 SUBCUTANEOUS\*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA Approved uses
<b>Exclusion Criteria</b>	Poor compliance with current insulin regimen, Poor compliance with prescribed self-blood glucose monitorings, An A1C greater than 9%, Recurrent severe hypoglycemia requiring assistance during the previous 6 months, Presence of hypoglycemia unawareness, Confirmed diagnosis of gastroparesis, Need for medications that stimulate GI motility , Patient is less than 18 years old, Concurrent use with other oral antidiabetic medications (except metformin and sulfonylureas) or drugs that alter gastrointestinal motility
<b>Required Medical Information</b>	A documented diagnosis of type 1 or type 2 diabetes mellitus and the patient concurrently using rapid or short-acting insulin (e.g., Humalog or regular insulin). For extended renewals: a documented diagnosis of type 1 or type 2 diabetes mellitus and the patient concurrently using rapid or short-acting insulin (e.g., Humalog or regular insulin), and the patient demonstrated an expected reduction in HbA1c since starting this therapy.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	initial: 6 months - extended: 12 months
<b>Other Criteria</b>	
<b>QL Criteria</b>	4 pens Per 1 fill
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# SymlinPen 60

## Products Affected

- SYMLINPEN 60 SUBCUTANEOUS\*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA Approved uses
<b>Exclusion Criteria</b>	Poor compliance with current insulin regimen, Poor compliance with prescribed self-blood glucose monitorings, An A1C greater than 9%, Recurrent severe hypoglycemia requiring assistance during the previous 6 months, Presence of hypoglycemia unawareness, Confirmed diagnosis of gastroparesis, Need for medications that stimulate GI motility , Patient is less than 18 years old, Concurrent use with other oral antidiabetic medications (except metformin and sulfonylureas) or drugs that alter gastrointestinal motility
<b>Required Medical Information</b>	A documented diagnosis of type 1 or type 2 diabetes mellitus and the patient concurrently using rapid or short-acting insulin (e.g., Humalog or regular insulin). For extended renewals: a documented diagnosis of type 1 or type 2 diabetes mellitus and the patient concurrently using rapid or short-acting insulin (e.g., Humalog or regular insulin), and the patient demonstrated an expected reduction in HbA1c since starting this therapy.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	initial: 6 months - extended: 12 months
<b>Other Criteria</b>	
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tacrolimus

## Products Affected

- *tacrolimus external*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Atopic dermatitis, Vitiligo
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	FOR PROTOPIC 0.03%: Approved for a patient less than 2 years old who requires treatment of mild to moderate atopic dermatitis (eczema) for short-term use (up to 3 months) or for a member diagnosed with atopic dermatitis (eczema) or vitiligo who is in an adult or a child 2 years of age or older. FOR PROTOPIC 0.1%: A documented diagnosis of atopic dermatitis (eczema) or vitiligo in an adult or an adolescent 16 years of age or older.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: April 26, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Tafinlar

## Products Affected

- TAFINLAR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	4 caps Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tarceva

## Products Affected

- TARCEVA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Taztia XT

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## Products Affected

- TAZTIA XT ORAL CAPSULE EXTENDED  
RELEASE 24 HOUR 300 MG, 360 MG, 180  
MG, 120 MG

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Taztia XT

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## Products Affected

- TAZTIA XT ORAL CAPSULE EXTENDED  
RELEASE 24 HOUR 240 MG

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Telmisartan

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## Products Affected

- *telmisartan*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Telmisartan-Amlodipine

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## Products Affected

- *telmisartan-amlodipine*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Telmisartan-HCTZ

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## Products Affected

- *telmisartan-hctz*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Temazepam

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## Products Affected

- *temazepam oral capsule 22.5 mg, 7.5 mg*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Temozolomide

## Products Affected

- *temozolomide*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Testosterone

## Products Affected

- *testosterone transdermal gel 25 mg/2.5gm (1%)*

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	Not covered for patients with carcinoma of the breast or suspected carcinoma of the prostate, or for patients who will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratorys reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratorys reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2.5 grams Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Testosterone

## Products Affected

- *testosterone transdermal gel 10 mg/act (2%)*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
<b>Exclusion Criteria</b>	Not covered for patients with carcinoma of the breast or suspected carcinoma of the prostate, or for patients who will be using therapy for muscle building purposes
<b>Required Medical Information</b>	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratorys reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratorys reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	4 grams Per 1 month
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Testosterone

## Products Affected

- *testosterone transdermal gel 12.5 mg/act (1%)*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
<b>Exclusion Criteria</b>	Not covered for patients with carcinoma of the breast or suspected carcinoma of the prostate, or for patients who will be using therapy for muscle building purposes
<b>Required Medical Information</b>	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratorys reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratorys reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	10 grams Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Testosterone

## Products Affected

- *testosterone transdermal gel 50 mg/5gm (1%)*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
<b>Exclusion Criteria</b>	Not covered for patients with carcinoma of the breast or suspected carcinoma of the prostate, or for patients who will be using therapy for muscle building purposes
<b>Required Medical Information</b>	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratorys reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratorys reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	10 grams Per 1 fill
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Tetrabenazine

## Products Affected

- tetrabenazine oral tablet 12.5 mg*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/huntingtons_xenazine.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/huntingtons_xenazine.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	8 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Tetrabenazine

## Products Affected

- tetrabenazine oral tablet 25 mg*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/huntingtons_xenazine.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MISC/huntingtons_xenazine.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	4 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# TiaGABine HCl

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## Products Affected

- *tiagabine hcl oral tablet 4 mg*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# TiaGABine HCl

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## Products Affected

- *tiagabine hcl oral tablet 2 mg*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tivicay

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## Products Affected

- TIVICAY

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tivicay

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## Products Affected

- TIVICAY

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tobramycin

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## Products Affected

- *tobramycin inhalation*

<b>QL Criteria</b>	56 vials Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tolterodine Tartrate ER

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## Products Affected

- *tolterodine tartrate er*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Topiramate

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## Products Affected

- *topiramate oral capsule sprinkle*

<b>QL Criteria</b>	4 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tradjenta

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## Products Affected

- TRADJENTA

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tramadol-Acetaminophen

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## Products Affected

- *tramadol-acetaminophen*

<b>QL Criteria</b>	8 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Tranexamic Acid

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## Products Affected

- *tranexamic acid oral*

<b>QL Criteria</b>	30 tablet Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tretinoin

## Products Affected

- *tretinoin external*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Acne Vulgaris (including comedonal, cystic, nodular and papular acne), actinic keratoses with lesions, hypertrophic scars or keloids, keratosis follicularis (e.g., Dariers disease, Darier-White disease), facial flat warts, multiple flat warts (e.g., common warts, plantar warts)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	For members greater than 36 years old, the following criteria must be met: Documented diagnosis of acne vulgaris (includes comedonal, cystic, nodular & papular acne), or documented diagnosis of actinic keratoses and lesions are on the face, or lesions are not on the face and therapy includes the use of 5-fluorouracil in conjunction with tretinoin, or a documented diagnosis of hypertrophic scars or keloids and intralesional injection of corticosteroids was ineffective or not tolerated, or Documented diagnosis of keratosis follicularis (Dariers disease, Darier-White disease), or documented diagnosis of facial flat warts, or documented diagnosis of multiple flat warts (includes common warts and plantar warts)
<b>Age Restrictions</b>	Prior authorization only applies for members greater than 36 years of age
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Trospium Chloride

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## Products Affected

- *trospium chloride*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Trospium Chloride ER

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## Products Affected

- *trospium chloride er*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Trulicity

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## Products Affected

- TRULICITY

<b>QL Criteria</b>	4 injections Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Truvada

## Products Affected

- TRUVADA

PA Criteria	Criteria Details
<b>Covered Uses</b>	A documented diagnosis of human immunodeficiency virus (HIV) in a patient who weighs 17KG or more OR initiating therapy for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 in adults at high risk who have documentation of all of the following: A negative HIV antibody test taken immediately before starting Truvada for PrEP and every 3 months thereafter while on therapy, confirmation that creatinine clearance value is greater than or equal to 60 mL/min before initiating Truvada for PrEP, and serum creatinine and calculate creatinine clearance checks performed at 3 months after initiation and then every 6 months thereafter. NOTE: Members may receive a 30 days' supply of medication upon initial request of Truvada for PrEP diagnosis. After 30 days, above criteria must be met.
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	
<b>Age Restrictions</b>	none
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	36 months HIV, 1 month initial PREP, 3 month PREP renewal
<b>Other Criteria</b>	4. Gilead Sciences, Inc.Truvada® (emtricitabine/tenofovir disoproxil fumarate) tablets, for oral use Foster City, CA: Gilead Sciences; 2004. Available at <a href="http://gilead.com/~media/files/pdfs/medicines/hiv/truvada/truvada_pi.pdf">http://gilead.com/~media/files/pdfs/medicines/hiv/truvada/truvada_pi.pdf</a> Accessed June 9th, 2016.
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: July 07, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Tykerb

## Products Affected

- TYKERB

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Valcyte

## Products Affected

- VALCYTE ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ID/antiviraloraltopical.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ID/antiviraloraltopical.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	102 tablets Per 30 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Valcyte

## Products Affected

- VALCYTE ORAL SOLUTION  
RECONSTITUTED

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ID/antiviraloraltopical.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ID/antiviraloraltopical.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ValGANciclovir HCl

## Products Affected

- *valganciclovir hcl oral tablet*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ID/antiviraloraltopical.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ID/antiviraloraltopical.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	102 tablets Per 30 30s
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Valsartan-Hydrochlorothiazide

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## Products Affected

- *valsartan-hydrochlorothiazide*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Vandetanib

## Products Affected

- *vandetanib*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Vascepa

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## Products Affected

- VASCEPA

<b>QL Criteria</b>	4 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Venlafaxine HCl

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## Products Affected

- *venlafaxine hcl oral tablet 100 mg, 25 mg*

<b>QL Criteria</b>	3 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Venlafaxine HCl

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## Products Affected

- *venlafaxine hcl oral tablet 75 mg*

<b>QL Criteria</b>	5 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Venlafaxine HCl

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## Products Affected

- *venlafaxine hcl oral tablet 50 mg*

<b>QL Criteria</b>	6 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Venlafaxine HCl

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## Products Affected

- *venlafaxine hcl oral tablet 37.5 mg*

<b>QL Criteria</b>	4 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Venlafaxine HCl ER

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## Products Affected

- *venlafaxine hcl er oral capsule extended release 24 hour 75 mg, 37.5 mg*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Venlafaxine HCl ER

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## Products Affected

- *venlafaxine hcl er oral tablet extended release*  
24 hr\* 37.5 mg, 225 mg, 75 mg

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Venlafaxine HCl ER

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## Products Affected

- *venlafaxine hcl er oral capsule extended release 24 hour 150 mg*

<b>QL Criteria</b>	2 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Venlafaxine HCl ER

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## Products Affected

- *venlafaxine hcl er oral tablet extended release*  
24 hr\* 150 mg

<b>QL Criteria</b>	2 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Verapamil HCl ER

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## Products Affected

- verapamil hcl er oral capsule extended release*  
*24 hour 300 mg, 100 mg*

<b>QL Criteria</b>	1 cap Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Verapamil HCl ER

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## Products Affected

- *verapamil hcl er oral capsule extended release*  
*24 hour 200 mg*

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# VESIcare

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## Products Affected

- VESICARE

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Viramune XR

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## Products Affected

- VIRAMUNE XR ORAL TABLET  
EXTENDED RELEASE 24 HR\* 100 MG

<b>QL Criteria</b>	3 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Viramune XR

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## Products Affected

- VIRAMUNE XR ORAL TABLET  
EXTENDED RELEASE 24 HR\* 400 MG

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Viread

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## Products Affected

- VIREAD ORAL TABLET

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Vistogard

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## Products Affected

- VISTOGARD

<b>QL Criteria</b>	20 packs Per 1 prescription
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Voltaren

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## Products Affected

- VOLTAREN TRANSDERMAL

<b>QL Criteria</b>	200 grams Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Vyvanse

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## Products Affected

- VYVANSE

<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Xalkori

## Products Affected

- XALKORI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	2 caps Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Xifaxan

## Products Affected

- XIFAXAN ORAL TABLET 550 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Hepatic Encephalopathy, Irritable Bowel Syndrome (IBS) with Diarrhea.
<b>Exclusion Criteria</b>	Pregnancy, Severe hepatic impairment (child-Pugh C)
<b>Required Medical Information</b>	FOR HEPATIC ENCEPHALOPATHY: Member must have a documented diagnosis and be 18 years and older. FOR IBS WITH DIARRHEA: Member must have a documented diagnosis and must have been prescribed a 14-day course of therapy with three times a day dosing. For reauthorization of 2nd or 3rd course of therapy, there must be at least a 10-week treatment free period from the previous course of therapy.
<b>Age Restrictions</b>	18 years or older
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	HEPATIC ENCEPHALOPATHY: 1 year. IBS: 14 days.
<b>Other Criteria</b>	
<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: July 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Xtandi

## Products Affected

- XTANDI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	4 caps Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zelboraf

## Products Affected

- ZELBORAF

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	8 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Zenatane

## Products Affected

- ZENATANE

PA Criteria	Criteria Details
<b>Covered Uses</b>	severe recalcitrant nodular or cystic acne
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	Member already has evidence of scarring and member is enrolled in the FDA iPLEDGE program (females of childbearing potential ONLY)
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	5 months
<b>Other Criteria</b>	For coverage of additional quantities (up to 4 capsules per day) member must meet the following criteria: Patient requires more than 2 capsules per day to reach the appropriate dose for weight, and this is the members FIRST course of therapy or member now requires a second course of therapy and it has been at least 8 weeks after the first course was initiated (2 month holiday), and member has recieved a cumulative dose of less than 120 mg/kg during a course of therapy lasting 20 weeks or less.
<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zenzedi

## Products Affected

- ZENZEDI ORAL TABLET 10 MG, 5 MG

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	4 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Zetia

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## Products Affected

- ZETIA

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ziprasidone HCl

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## Products Affected

- *ziprasidone hcl*

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Zoledronic Acid

## Products Affected

- *zoledronic acid intravenous\* concentrate*
- *zoledronic acid intravenous\* solution*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2016/MUSC/bone_disease_agents.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ZOLMitriptan

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## Products Affected

- *zolmitriptan oral tablet 5 mg*
- *zolmitriptan oral tablet dispersible 5 mg*

<b>QL Criteria</b>	30 tablet Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# ZOLMitriptan

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## Products Affected

- *zolmitriptan oral tablet dispersible 2.5 mg*

<b>QL Criteria</b>	6 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ZOLMitriptan

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## Products Affected

- *zolmitriptan oral tablet 2.5 mg*

<b>QL Criteria</b>	6 tabs Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Zolpidem Tartrate

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## Products Affected

- *zolpidem tartrate sublingual*

<b>QL Criteria</b>	1 tablet Per 1 day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zolpidem Tartrate

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## Products Affected

- *zolpidem tartrate oral*

<b>QL Criteria</b>	2 tabs Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Zolpidem Tartrate ER

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## Products Affected

- *zolpidem tartrate er*

<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zydelig

## Products Affected

- ZYDELIG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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# Zykadia

## Products Affected

- ZYKADIA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: May 27, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zytiga

## Products Affected

- ZYTIGA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2016/ANEOPL/Antineoplastics.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
QL Criteria	4 tabs Per 1 Day
Notes/References	
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